Lytgobi® (futibatinib) – New orphan drug approval

- On September 30, 2022, Taiho Oncology's announced the FDA approval of Lytgobi (futibatinib), for the treatment of adult patients with previously treated, unresectable, locally advanced or metastatic intrahepatic cholangiocarcinoma harboring fibroblast growth factor receptor 2 (FGFR2) gene fusions or other rearrangements.
    - This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).
- Cholangiocarcinoma is a cancer of the bile ducts and is diagnosed in approximately 8,000 individuals each year in the U.S. This includes both intrahepatic (inside the liver) and extrahepatic (outside the liver) forms of the disease. Approximately 20% of patients diagnosed with cholangiocarcinoma have the intrahepatic form of the disease and within this 20%, approximately 10% to 16% of patients have FGFR2 gene rearrangements.
- Lytgobi is a kinase inhibitor of FGFR 1, 2, 3, and 4. Constitutive FGFR signaling can support the proliferation and survival of malignant cells.
- The efficacy of Lytgobi was established in TAS-120-101, an open-label, single-arm study in 103 patients with previously treated, unresectable, locally advanced or metastatic intrahepatic cholangiocarcinoma. The major efficacy outcome measures were overall response rate (ORR) and duration of response (DOR).
    - The ORR was 42% (95% CI: 32, 52).
    - The median DOR was 9.7 months (95% CI: 7.6, 17.1).
- Warnings and precautions for Lytgobi include ocular toxicity, hyperphosphatemia and soft tissue mineralization, and embryo-fetal toxicity.
- The most common adverse reactions (≥ 20%) with Lytgobi use were nail toxicity, musculoskeletal pain, constipation, diarrhea, fatigue, dry mouth, alopecia, stomatitis, abdominal pain, dry skin, arthralgia, dysgeusia, dry eye, nausea, decreased appetite, urinary tract infection, palmar-plantar erythrodysesthesia syndrome, and vomiting.
- The most common laboratory abnormalities (≥ 20%) with Lytgobi use were increased phosphate, increased creatinine, decreased hemoglobin, increased glucose, increased calcium, decreased sodium, decreased phosphate, increased alanine aminotransferase, increased alkaline phosphatase, decreased lymphocytes, increased aspartate aminotransferase, decreased platelets, increased activated partial thromboplastin time, decreased leukocytes, decreased albumin, decreased neutrophils, increased creatine kinase, increased bilirubin, decreased glucose, increased prothrombin international normalized ratio, and decreased potassium.
- The recommended dosage of Lytgobi is 20 mg (five 4 mg tablets) taken orally once daily until disease progression or unacceptable toxicity occurs.
    - Patients should be selected for treatment with Lytgobi based on the presence of an FGFR2 gene fusion or rearrangement.
- Taiho Oncology's launch plans for Lytgobi are pending. Lytgobi will be available as a 4 mg tablet.