TPS8665 Poster Session

NVL-330, a selective HER2 tyrosine kinase inhibitor, in patients with advanced or metastatic HER2-altered non-small cell lung cancer: The phase 1 HER0EX-1 study.

Xiuning Le, Zofia Piotrowska, Alexander I. Spira, Christina S. Baik, Maria Quintos Baggstrom, Gerald Steven Falchook, Joel W. Neal, Shirish M. Gadgeel, Gilberto Lopes, Melissa Lynne Johnson, Jonathan W. Riess, Danny Nguyen, Lisa Morelli, Danieska Sandino, Steven Margossian, Vivek Upadhyay, Fernando Santini; The University of Texas MD Anderson Cancer Center, Houston, TX; Massachusetts General Hospital, Boston, MA; NEXT Oncology, Fairfax, VA; University of Washington, Hutchinson Cancer Center, Seattle, WA; Washington University School of Medicine, St. Louis, MO; Sarah Cannon Research Institute at HealthONE, Denver, CO; Stanford Cancer Institute, Stanford University, Stanford, CA; Henry Ford Cancer, Henry Ford Health, Detroit, MI; Sylvester Comprehensive Cancer Center, University of Miami, Miami, FL; Sarah Cannon Research Institute, Nashville, TN; University of California Davis Comprehensive Cancer Center, Sacramento, CA; City of Hope Orange County Lennar Foundation Cancer Center, Irvine, CA; Nuvalent, Cambridge, MA; Memorial Sloan Kettering Cancer Center, New York, NY

Background: Oncogenic mutations and gene amplifications in the HER2 receptor tyrosine kinase are detected in approximately 2-4% and 1-5% of non-small cell lung cancers (NSCLC) in the US, respectively. Exon 20 insertion mutations (exon20ins) are the predominant HER2 mutations in NSCLC, and ~50% of patients with HER2-mutant metastatic NSCLC develop brain metastases. The antibody drug conjugate (ADC) trastuzumab deruxtecan (T-DXd) has received FDA accelerated approval for HER2-mutant NSCLC, but no tyrosine kinase inhibitors (TKIs) are currently approved for this indication. NVL-330 is a novel, brain-penetrant, HER2selective investigational TKI, designed to address the medical need of targeting HER2-mutant tumors, and treating brain metastases, while minimizing treatment related adverse events due to off-target inhibition of wild-type EGFR. Methods: HEROEX-1 (NCT06521554) is a first-inhuman, Phase 1a/1b trial. The Phase 1a dose escalation portion employs a Bayesian optimal interval design with a 3+3 run-in, followed by a Phase 1b dose expansion. The study population includes adult patients with advanced or metastatic NSCLC with a HER2 oncogenic mutation (Phase 1a/1b) or amplification (Phase 1a only) determined by local testing. Eligible patients must have received at least one prior systemic therapy including platinum-based chemotherapy with or without immunotherapy, or are unsuitable candidates for available therapies. Prior HER2-directed antibodies and HER2-directed ADCs are allowed. Prior HER2 TKIs are allowed in Phase 1a only. Patients will receive NVL-330 by oral administration once or twice daily. The primary objectives are to evaluate safety and tolerability, determine the recommended Phase 2 dose, and, if applicable, the maximum tolerated dose of NVL-330. Additional objectives include assessment of preliminary activity and characterization of the pharmacokinetic and pharmacodynamic profiles of NVL-330. Analyses will be performed to evaluate tumor and blood-based biomarkers of response and other relevant biomarkers. The study is open to accrual. Clinical trial information: NCT06521554. Research Sponsor: Nuvalent.