New Molecular Entities

- **None**

Changes in Labeled Indications

- **Opdivo®** (*nivolumab*) and **Yervoy®** (*ipilimumab*) – FDA expanded the already approved indication for use of the two IO agents in combination to treat adult patients with unresectable or metastatic melanoma to now include use in treating pediatric patients 12 years of age or older.

- **Trodelvy®** (*sacituzumab govitecan*)—Immunomedics' antibody-drug conjugate, which came to market approved for use in triple-negative breast cancer, had its role in breast cancer expanded considerably with FDA's approval this month for its use in treating patients with HR-positive, HER2-negative disease. The specific approval is for use in unresectable locally advanced or metastatic patients with HR+/HER2- disease who have received endocrine-based therapy and at least two additional systemic therapies in the metastatic setting. HR+/HER2- disease is the most common subtype of breast cancer—occurring in more than 70 percent of patients who have a known subtype. The approval was supported by the results of a randomized study (n=543) showing that within a heavily pre-treated population of patients with progressive disease (patients had a median of 7 prior systemic therapies), those randomized to receive Trodelvy® had about a 35 percent reduction in the risk of progression compared to patients randomized to receive single-agent chemotherapy (Hazard Ratio of 0.66). Patients in the Trodelvy® arm of the trial also exhibited modest but significant gains in overall survival when compared to their counterparts treated with chemotherapy (median survival of 14.4 and 11.2 months, for the two groups respectively).

- **Lutrate® Depot Kit** *(leuprolide acetate*) – InvaGen Pharmaceuticals was informed that it could remove the word "palliative" from the already approved use of its gonadotropin-

releasing hormone agonist as treatment for advanced prostate cancer. The change was not accompanied by any additional data in the prescribing information but does mirror a similar change approved last April in the prostate cancer indication approved for Lupron Depot® Abbvie's *leuprolide acetate* product.

Accelerated Approvals Reconsidered

- **Jemperli®** (*dostarlimab*) -- When FDA first approved GSK's immune-oncology agent in April 2021, it was for use as second-line therapy for adult patients with mismatch repair deficient, recurrent or advanced endometrial cancer. That approval was supported by evidence showing that almost half (42.3 percent) of the 141 patients recruited to a multi-center trial responded to treatment with the checkpoint inhibitor. However, because the follow-up time for that trial was relatively short (median of 14.1 months), the durability of response remained uncertain. Now, with a longer follow-up period (median of 27.9 months) there is stronger evidence of durable responses to Jemperli® --85.9 percent of patients responding in the trial had responses of at least 12 months, and more than half (54.7 percent) had responses of 24 months or longer. Based on this new evidence, FDA has converted the "accelerated" approval into a full approval. The conversion was accompanied by a clarification that Jemperli® is not indicated for use in patients who are candidates for curative surgery or radiation.

New Generics and Biosimilars

Full approvals were granted for:

- *Bendamustine hydrochloride* from Breckenridge
- *Cabazitaxel* from Dr. Reddy's and from Apotex
- *Docetaxel* from Alembic
- *Gefitinib* from Qilu Pharmaceutical
- *Lenalidomide* from Torrent (10 and 25 mg) and from Sun Pharma (5, 10, 15, and 25 mg)

Tentative approval was granted for:

- *Afatinib from* MSN Pharmaceuticals
- *Bendamustine hydrochloride* from Apotex, Nanjing King-Friend, and Eugia Pharmaceuticals
- *Ibrutinib* from Sandoz
- *Lenalidomide* from Torrent
- *Paclitaxel* from Teva

Safety-Related Changes

- **Onivyde®** (*irinotecan liposome*) -- The recommended duration for contraceptive use by women of reproductive potential following their last dose of Onivyde®.undergoing therapy was changed from "one" to "seven" months

- **Mvasi®** (*bevacizumab-awwb*) and **Zirabev®** (*bevacizumab-bvzr*) **--** Edits were made to the labeling for both biosimilars in order to align their prescribing information with that for Avastin® (the reference product). Among the changes made, *anaphylactoid/anaphylactic reactions* were added to the list of possible infusion-related reactions listed in Section 5.9 for both products. -

- **Sprycel®** (*dasatanib*) – A new subsection on *hepatotoxicity* was added to the Warnings and Precautions section of the prescribing information for BMS' kinase inhibitor. The new subsection (5.11) suggests that clinicians monitor patients' transaminases at baseline and monthly (or as clinically indicated) during treatment and, in the event of *hepatoxicity,* that they reduce dose, withhold, or permanently discontinue therapy (based on severity). The new subsection suggests that patients' hepatic function also be monitored when Sprycel® is used in combination with chemotherapy.

Changes in Dosing/Administration

- **Akynzeo®** (*netupitant/palonosetron*) – Helsinn Therapeutics received approval for a "ready-to-use" vial of the injectable formulation of its antiemetic (one that does not require dilution). The NDC for the new product is 69639-106-01.

- **Erleada®** (*apalutimide*) – Janssen's androgen receptor inhibitor, which had been available only as a 60 mg tablet, will now also be available with a strength a 240 mg (with 30 tablets per bottles). Section 2.3 of the prescribing information, which describes alternative methods of administration for patients who have trouble swallowing, has been expanded to include specific suggestions relevant for the 240 mg tablet.

New Data

- **None**

Other

- **Somatuline® Depot** (*lanreotide acetate*) – The shelf-life for Ipsen's somatostatin analogue (when it is stored at the recommended temperature of 2°*C* - 8°*C*) was

extended from 24 to 36 months. The amount of time the product would remain safe for use at ambient temperatures below *40°C* was also extended--from 24 to 72 hours. In addition, the word "slowly" was added to the instructions for administering the deep SQ injection.

Clinical Trial Information

Please review select thoracic oncology trials currently available at MUSC listed below. We can ***pre-screen patients and offer video visits for trial evaluation prior to scheduling in-person visits.***

MUSC Hollings Cancer Center Key Thoracic Oncology Trials

Dr. John Wrangle (cell 504-251-4160, email wrangle@musc.edu)

Dr. Mariam Alexander (cell 786-303-2537, email alexanma@musc.edu)

Dr. Chris Rangel (email: rangelc@musc.edu)

Trial Coordinator: Taryn Wheeler (wheeleta@musc.edu)

NON-SMALL CELL LUNG CANCER

1) KRAS G12C mutated NSCLC after progression on KRAS G12C inhibitors

Phase IB/II Trial of Tarloxotinib (pan-HER inhibitor) and Sotorasib in Patients with KRAS G12C mutations who have progressed on any KRAS G12C inhibitor (Sotorasib/Lumakaras or Adagrasib/Krazati)

2) Second or subsequent line: AXL and ROR Antibody Drug Conjugates; BA3011 and BA3021

These trials investigate the anti-tumor activity of BA3011 or BA3021, a conditionally active AXL-ADC or ROR-2-ADC in patients that have progressed on prior PD-L1, EGFR or ALK therapy. We

will first evaluate AXL and ROR2 expression of their tumor, which can be determined with archival tissue (within 12 months) or fresh biopsy that we can arrange.

3) EGFR mutated Second/Third Line

This trial investigates the anti-tumor activity of the combination of Amivantamab (EGFR-MET bispecific antibody) in combination with Lazertinib (irreversible EGFR-TKI) after failure of Osimertinib +/- chemotherapy in EGFR mutated NSCLC.