ASCO TAPUR
Targeted Agent and Profiling Utilization Registry Study

Sunitinib in Patients with Metastatic Colorectal Cancer and *FLT-3* alterations: Results from the Targeted Agent and Profiling Utilization Registry (TAPUR) Study

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Background

- The TAPUR Study is a phase II basket study that evaluates the anti-tumor activity of commercially available targeted agents used in patients (pts) with advanced cancers with genomic alterations that are known targets for drugs in TAPUR.
- Results from a cohort of pts with metastatic colorectal (mCRC) cancer with *FLT-3* amplification treated with sunitinib, an oral multi-kinase inhibitor that inhibits Fms-related tyrosine kinase 3, are reported.

Methods

Study Design:

- Eligible pts had mCRC with no remaining standard treatment options, PS 0-2, and adequate organ function. Treatment was assigned according to pre-specified protocol matching rules based on genomic testing performed using commercially available tests selected by clinical sites.
- All pts in this analysis had mCRC with *FLT-3* amplification.
- Pts received sunitinib (S) at a dose of 50 mg orally once daily for four weeks followed by two weeks off until disease progression. Tumor evaluations were performed at weeks (wks) 8 and 16 after treatment initiation.

Primary endpoint is objective response (OR) at or before 16 wks or stable disease (SD) ≥ 16 wks per RECIST v1.1. Secondary endpoints are progression-free survival (PFS), overall survival (OS) and toxicity per CTCAE. Grades 3-4 adverse events (AEs) at least possibly related to drug are reported.

Statistical methods:

- Simon's optimal two stage design was used to test the null hypothesis of 15% response rate versus the alternative of 35%.
- Power and type I error rate were set at 85% and 10%, respectively.
- Design requires 10 pts in stage 1 and if <2 pts have OR at or before 16 wks or SD ≥ 16 wks, the cohort is closed.

Results

- Baseline demographics and clinical characteristics are shown in Table 1.

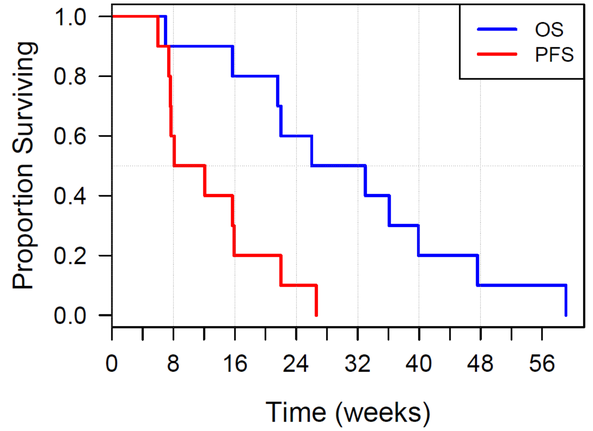
Treatment Exposure and Clinical Outcomes

- 10 pts were enrolled from November 2016 to April 2018.
- No ORs were observed and despite observation of 2 pts with SD at ≥ 16 wks, the cohort was closed after further examination revealed both pts with SD died due to disease progression shortly after the 16 wk evaluation (see Figure 2).
- mPFS, wks, (90% CI) : 10.1 (7.1, 15.9)
- mOS, wks, (90%CI) : 29.5 (15.7, 39.9)
- A single grade 3 AE (diarrhea) was reported that was at least possibly related to S.

Table 1: Demographics and Baseline Characteristics

Characteristic	Sunitinib targeting *FLT-3* alterations, N (%)
Tumor Type	mCRC (N=10)
Median Age, years (range)	56 (41-71)
Sex	
Male	8 (80%)
Race	
White	10 (100%)
ECOG Performance Status	
0	3 (30%)
1	7 (70%)
2	0 (0%)
Prior Treatments	
Pts with radiation therapy	6 (60%)
Pts with prior systemic therapies	
1	1 (10%)
2	1 (10%)
3	8 (80%)
Genomic Test Performed	
FoundationOne	9 (90%)
NGS test from local laboratory (Molecular Diagnostic Laboratory at MD Anderson Cancer Center)	1 (10%)

Figure 1: OS and PFS in mCRC Pts with *FLT-3* amplification treated with Sunitinib



Conclusions

These results suggest monotherapy with S does not have sufficient clinical activity in pts with metastatic colorectal cancer with *FLT-3* amplification for continued evaluation in this pt population. Other treatments should be considered for these pts, including treatments offered in clinical trials.

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