

# Interim Analysis Results of Surufatinib in US Patients with Neuroendocrine Tumors (NETs)

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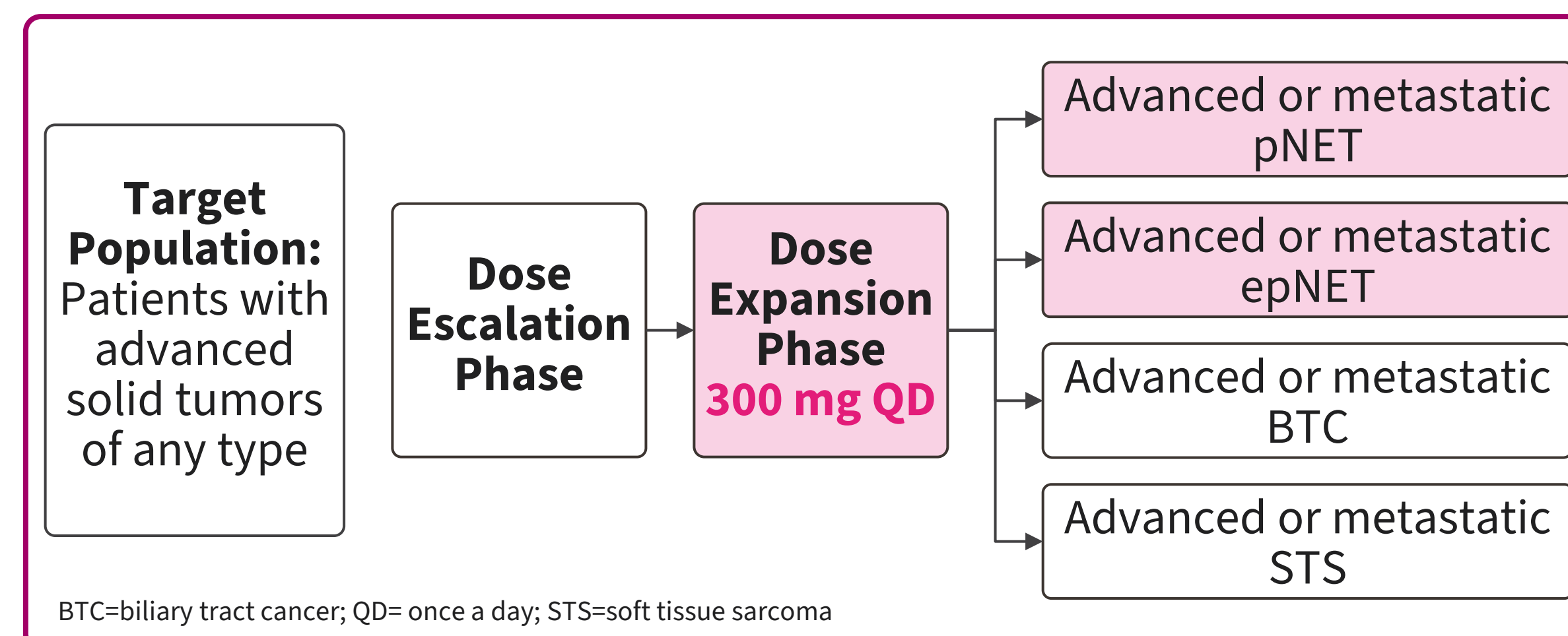
## INTRODUCTION

- Surufatinib is a targeted inhibitor of tyrosine kinases VEGFR1,2, and 3; FGFR1; and CSF-1R
- Surufatinib has recently been approved for the treatment of patient (pts) with extrapancreatic (ep) NETs and pancreatic (p) NETs in China
- SANET-ep<sup>1</sup>: Pts with epNETs achieved a median progression-free survival (mPFS) of 9.2 vs 3.8 months (hazard ratio [HR] 0.334; p<0.0001), with surufatinib vs placebo, respectively
- SANET-p<sup>2</sup>: Pts with pNETs achieved a mPFS of 10.9 vs 3.7 months (HR 0.491; p=0.0011), with surufatinib vs placebo, respectively
- Surufatinib is under review by both US FDA and EMA for treatment of advanced NETs

## METHODS

- A phase 1, dose escalation and dose expansion trial was conducted to evaluate and confirm the efficacy and safety of surufatinib in US pts
- Dose Escalation was completed, and the maximum tolerated dose and recommended phase 2 dose were determined to be 300 mg, the same as previous trials conducted in China
- The data presented here are from epNET and pNET patients in Dose Expansion Phase
- The primary endpoint was investigator-assessed PFS rate at 11 months
- Secondary objectives included assessment of safety and pharmacokinetics of surufatinib

## STUDY DESIGN



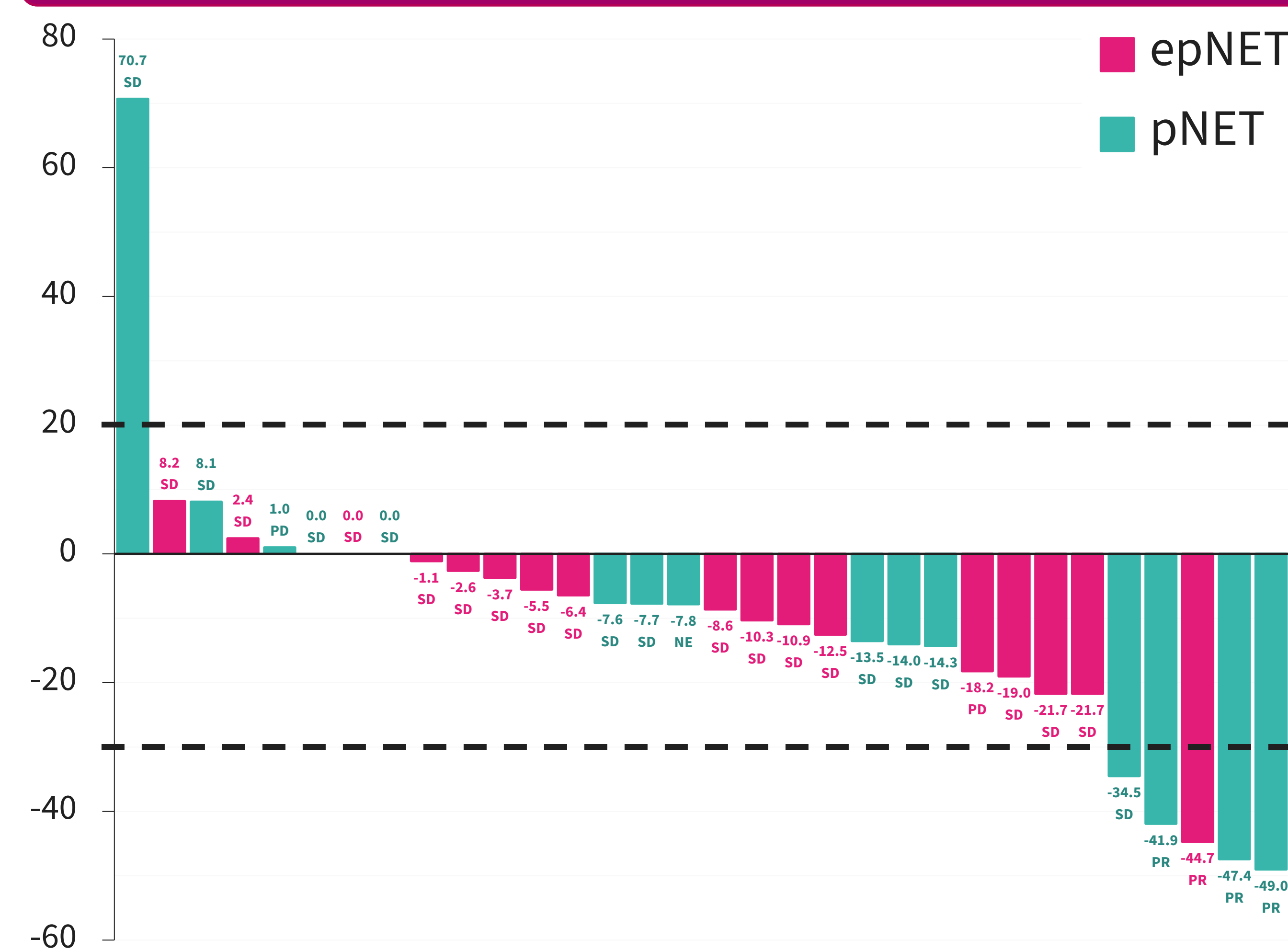
## BASELINE DEMOGRAPHICS

	epNET (N=16)	pNET (N=16)
<b>Median age, years (range)</b>	62.2 (44-75)	64.4 (39-72)
<b>Gender, n (%)</b>		
Male	11 (68.8)	11 (68.8)
<b>Race, n (%)</b>		
Asian	0	2 (12.5)
Black or African American	4 (25.0)	0
White	9 (56.3)	6 (37.5)
Other	3 (18.8)	0
Not Reported	0	8 (50.0)
<b>Ethnicity, n (%)</b>		
Hispanic or Latino	4 (25.0)	1 (6.3)
Not Hispanic or Latino	12 (75.0)	7 (43.8)
<b>Baseline ECOG PS</b>		
0	8 (50.0)	3 (18.8)
1	8 (50.0)	13 (81.3)
<b>Median lines of prior therapy*, (range)</b>	2 (2-5)	4 (1-8)

\*All pts previously received everolimus and/or sunitinib

- 32 pts with heavily pretreated progressive NETs (16 epNET and pNET each) were enrolled in the Dose Expansion Phase
- As of the data cutoff of 30-Jun-20, 7 pts remained on treatment (4 epNET; 3 pNET)
- Median number of cycles received was 8 (range: 2,15) for epNET and 8.5 (range: 2,23) for pNET

## BEST % CHANGE IN TARGET LESION DIAMETER



## ANTI-TUMOR ACTIVITY

	epNET (N=16)	pNET (N=16)
<b>Confirmed best overall response, n (%)</b>		
Complete response (CR)	0	0
Partial response (PR)	1 (6.3)	3 (18.8)
Stable disease (SD)	14 (87.5)	11 (68.8)
Progressive disease (PD)	1 (6.3)	1 (6.3)
Not evaluable (NE)	0	1 (6.3)
<b>Objective response rate (ORR)*, % (95% CI)</b>	<b>6.3</b> (0.2, 30.2)	<b>18.8</b> (4.0, 45.6)
<b>Disease control rate (DCR)*, % (95% CI)</b>	<b>93.8</b> (69.8, 99.8)	<b>87.5</b> (61.7, 98.4)
<b>Progression free survival (PFS)<sup>+</sup></b>		
<b>Median PFS, months (95% CI)</b>	<b>11.5</b> (6.47, 11.50)	<b>15.2</b> (5.19, NR)
<b>PFS rate at 11 months, % (95%CI)</b>	<b>51.1</b> (12.8, 80.3)	<b>57.4</b> (28.7, 78.2)

\*95% exact CI for ORR and DCR was based on Clopper-Pearson method

<sup>+</sup>Kaplan-Meier method was used to summarize PFS

## SAFETY

SOC Preferred Term	epNET (N=16) n (%)		pNET (N=16) n (%)		Total (N=32) n (%)	
	Any Grade	≥ Grade 3	Any Grade	≥ Grade 3	Any Grade	≥ Grade 3
Any TEAE	16 (100)	13 (81.3)	16 (100)	11 (68.8)	32 (100)	24 (75.0)
Fatigue	11 (68.8)	1 (6.3)	4 (25.0)	0	15 (46.9)	1 (3.1)
Hypertension	7 (43.8)	6 (37.5)	7 (43.8)	6 (37.5)	14 (43.8)	12 (37.5)
Proteinuria	5 (31.3)	1 (6.3)	7 (43.8)	1 (6.3)	12 (37.5)	2 (6.3)
Diarrhea	6 (37.5)	2 (12.5)	5 (31.3)	1 (6.3)	11 (34.4)	3 (9.4)
Vomiting	5 (31.3)	0	4 (25.0)	1 (6.3)	9 (28.1)	1 (3.1)
Nausea	5 (31.3)	0	3 (18.8)	1 (6.3)	8 (25.0)	1 (3.1)
Edema peripheral	2 (12.5)	1 (6.3)	5 (31.3)	0	7 (21.9)	1 (3.1)

Treatment-emergent adverse events (TEAE) in >20% of patients

- The safety profile of surufatinib remains consistent with previously completed trials conducted in China
- All pts (n=32) had reported at least 1 TEAE, and 24 pts (75%) reported TEAEs ≥ grade 3
- Serious adverse events occurred in 43.8% of pts
- Adverse events leading to treatment discontinuation occurred in 7 pts (21.9%)
- TEAEs leading to dose reduction occurred in 9 pts (28.1%)
- TEAEs leading to dose interruption occurred in 18 pts (56.3%)

## CONCLUSIONS

- Surufatinib has demonstrated anti-tumor activity in heavily pretreated US pts with progressive NETs with a manageable safety profile**
- Data are consistent with 2 completed phase 3 trials**
- Surufatinib continues to be studied in other ongoing clinical trials globally**
- Surufatinib is under review by both US FDA and EMA for treatment of advanced NETs**

**DISCLOSURES**  
DL reports research grants from Brooklyn Immunotherapeutics & AstraZeneca to the institution & personal fees from Lexicon, Ipsen, Eisai, Exelixis, Advanced Accelerator Applications, Genentech, Coherus, Sun Pharma, TerSera, Merck, Mina Therapeutics, Adagene, & QED. SP reports stock in Actinium, Aptose & Alexion; honoraria from Cardinal Health; a consulting role with Amgen, BMS, Eisai, Advanced Accelerator Applications, Incyte, Exelixis, Pfizer & QED Therapeutics; institutional research funding from BMS, Exelixis, Taiho, AZ, Incyte, Deciphera, & G1 Therapeutics. CT, JK, SN and MK are all employees of HUTCHMED; JK, SN, MK all own stock in HUTCHMED. AD reports a consulting role with Ipsen, Novartis, Voluntas, Lexicon, AAA & HUTCHMED and research funding from Novartis, HUTCHMED, Merck, Guardant Health & Ipsen.

**REFERENCES**  
1.Xu et al. *The Lancet Oncology*. 2020; 21: 1500-12.  
2.Xu et al. *The Lancet Oncology*. 2020; 21: 1489-99.

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