

Clinical safety and activity from a Phase 1 study of LOXO-101, a selective TRKA/B/C inhibitor, in solid-tumor patients with NTRK gene fusions

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DISCLOSURE SLIDE

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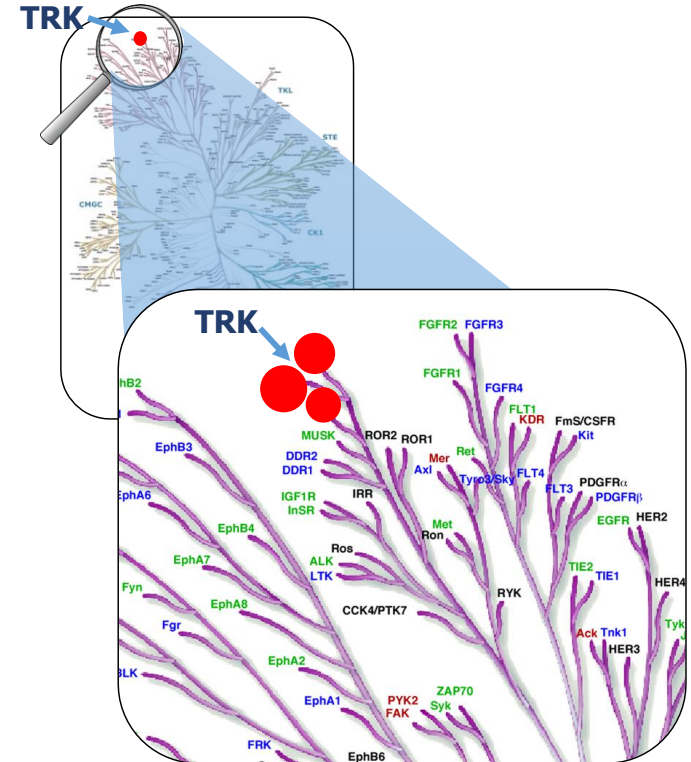
I am an investigator on numerous Phase 1 studies of molecularly targeted agents, including other NTRK-targeting compounds

TRK FUSIONS ARE FOUND ACROSS HUMAN CANCER

TRK fusion frequency		
<5%	5–25%	>75%
<p>CNS</p> <ul style="list-style-type: none"> ✓ Astrocytoma ✓ Brain low-grade glioma ✓ Glioblastoma <p>GI</p> <ul style="list-style-type: none"> ✓ Colorectal cancer ✓ Cholangiocarcinoma ✓ GIST ✓ Pancreatic cancer <p>Head and neck</p> <ul style="list-style-type: none"> ✓ Squamous cell carcinoma 	<p>Lung</p> <ul style="list-style-type: none"> ✓ Adenocarcinoma ✓ Large cell neuroendocrine <p>Other</p> <ul style="list-style-type: none"> ✓ Acute myeloid leukemia ✓ Breast invasive carcinoma ✓ Melanoma ✓ Sarcoma 	<ul style="list-style-type: none"> ✓ Congenital mesoblastic nephroma ✓ Papillary thyroid cancer ✓ Pontine glioma ✓ Spitz tumors
		<ul style="list-style-type: none"> ✓ Mammary analogue secretory carcinoma (MASC) of the salivary glands ✓ Secretory breast carcinoma ✓ Infantile fibrosarcoma

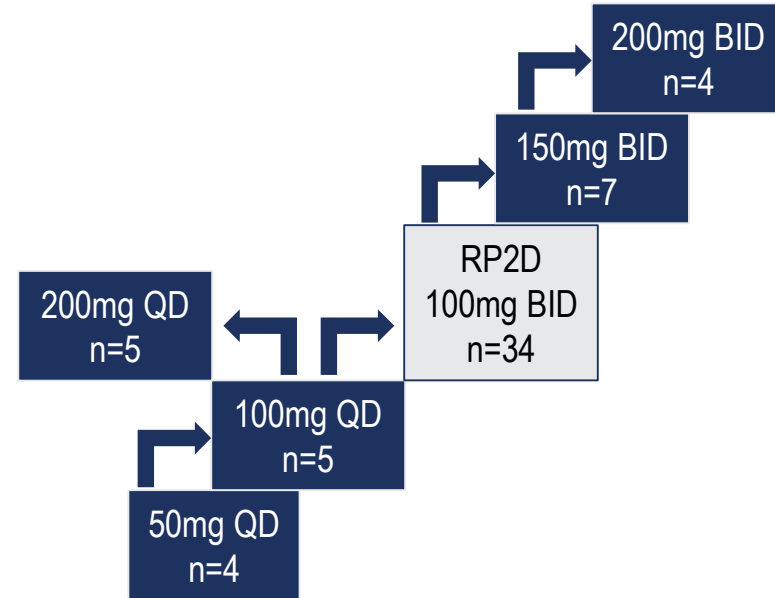
LAROTRECTINIB (LOXO-101)

- First and only selective TRK inhibitor
- Highly potent against TRKA, TRKB, TRKC (5-11 nM IC50)
- Highly selective: limited inhibition of other kinases and >1,000x selective over non-kinase off targets
- Highly soluble and bioavailable
- Moderately protein-bound
- Two clinical formulations: capsule and liquid



STUDY DESIGN

- ◆ Ongoing dose escalation study
 - ◆ Advanced or metastatic solid tumors
 - ◆ ECOG 0/1, normal organ function
 - ◆ QD or BID oral fixed, continuous dosing, 28-day cycles
- ◆ Outcome measures
 - ◆ Safety and tolerability
 - ◆ Pharmacokinetics measured at cycle 1, days 1 and 8
 - ◆ Efficacy assessments conducted every other cycle starting C3D1



Data cutoff 10-Nov-2016

BASELINE CHARACTERISTICS

Characteristics		Subjects (N= 59)
Median age (range), years		59.0 (19 – 82)
Sex	Male / Female	34 (58%) / 25 (42%)
Race	White / Black / Other	49 (83%) / 7 (12%) / 3 (5%)
Tumor Type*	Non-small cell lung	9 (15%)
	Soft tissue sarcoma	8 (14%)
	Colon	5 (8%)
	Salivary gland	5 (8%)
	Breast	4 (7%)
	Pancreatic	4 (7%)
ECOG Status	0 / 1 / 2 / 3 / Unknown	16 (27%) / 39 (66%) / 1 (2%) / 1 (2%) / 2 (3%)
Prior systemic anticancer therapy, n (%)		58 (98%)
Median number of regimens (range)		3 (0-24)
TRK-fusion positive		
	Mammary analogue secretory carcinoma (ETV6-NTRK3)	3
	GIST (ETV6-NTRK3)	2
	Soft tissue sarcoma (LMNA-NTRK1)	1
	Thyroid (ETV6-NTRK3)	1
	NSCLC (TPR-NTRK1)	1
	Total	8

LAROTRECTINIB PHASE 1 INTERIM TREATMENT-EMERGENT ADVERSE EVENTS

Regardless of attribution to study drug

DOSE	100 MG BID (N=34)		TOTAL (N=59)	
	Gr 3/4 n (%)	All Gr n (%)	Gr 3/4 n (%)	All Gr n (%)
Adverse Events (AEs)*				
Fatigue	2 (6%)	10 (29%)	4 (7%)	22 (37%)
Dizziness	1 (3%)	10 (29%)	1 (2%)	17 (29%)
Anemia	3 (9%)	10 (29%)	5 (8%)	15 (25%)
Dyspnea	2 (6%)	7 (21%)	3 (5%)	15 (25%)
Nausea	0	8 (24%)	0	13 (22%)
Cough	0	6 (18%)	0	12 (20%)
Constipation	0	5 (15%)	1 (2%)	11 (19%)
Arthralgia	0	8 (24%)	1 (2%)	10 (17%)
Increased AST	1 (3%)	7 (21%)	4 (7%)	10 (17%)
Decreased appetite	1 (3%)	5 (15%)	2 (3%)	10 (17%)
Pyrexia	0	7 (21%)	1 (2%)	10 (17%)
Vomiting	0	6 (18%)	0	10 (17%)
Diarrhea	0	5 (15%)	0	9 (15%)
Lymphocyte count decreased	2 (6%)	5 (15%)	2 (3%)	6 (10%)
Pneumonia	2 (6%)	3 (9%)	2 (3%)	4 (7%)

*Treatment-emergent adverse events (reported by > 15% of total subjects) or any Grade 3-4 events that occurred in at least 2 patients at 100 mg BID.

SUMMARY OF BEST RESPONSE FOR PATIENTS WITH TRK FUSIONS

Data as of 10-Nov-2016

	N=7*
CR	0
PR	6
SD	1
PD	0
Off-study prior to first response assessment	0
Overall Response Rate	86% (6/7)

CR = complete response (confirmed)

PR = partial response (confirmed)

SD = stable disease

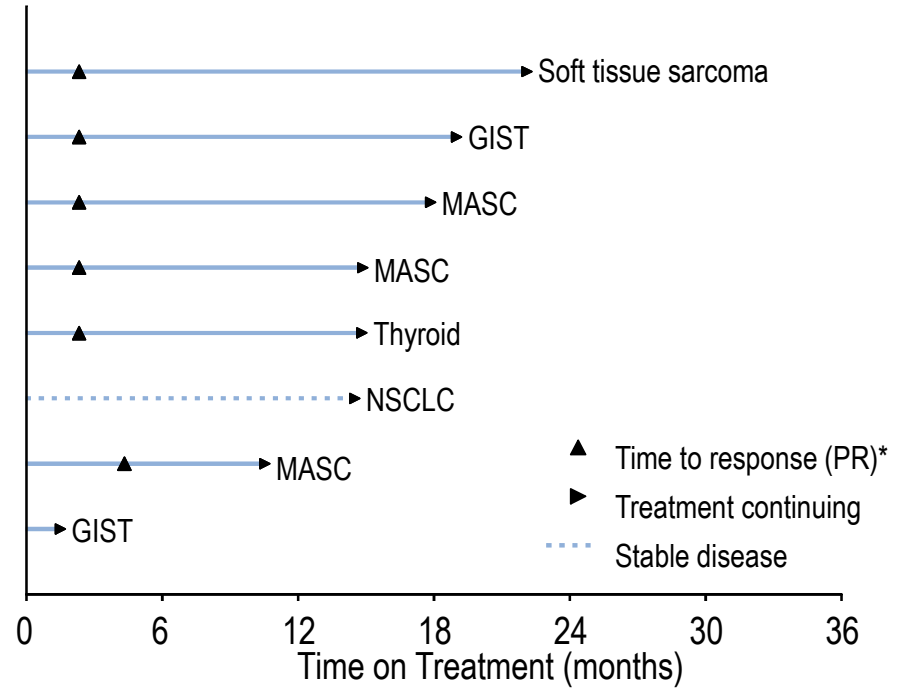
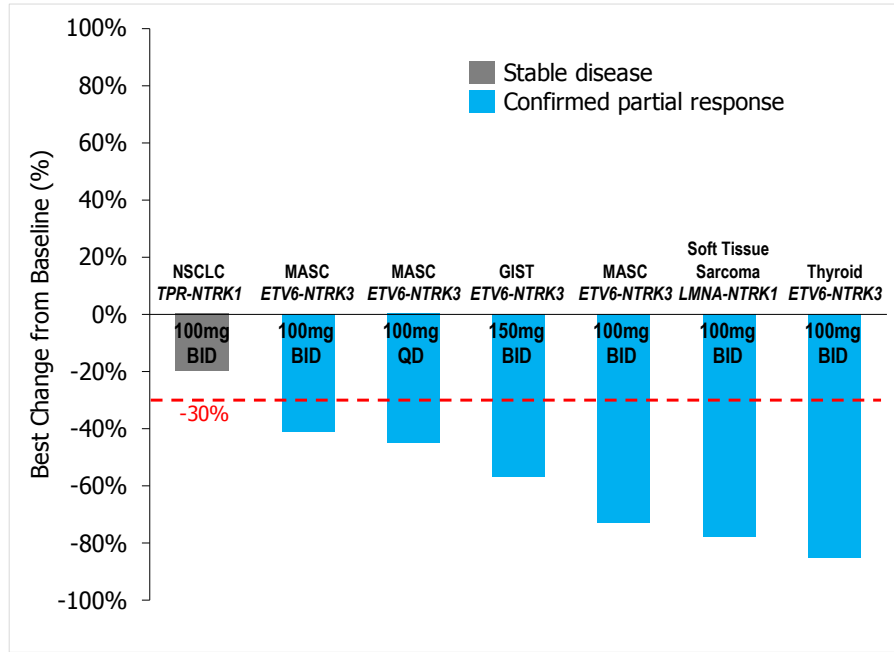
PD = progressive disease

RECIST v1.1

* Excludes 1 recently enrolled patient, on study for less than 8 weeks as of November 10, 2016.

Note: Of the other 51 patients, a total of 7 (14%) continue to receive larotrectinib, ranging from 2 to 22 cycles. A total of 44 (86%) discontinued treatment. 32 patients discontinued within the first 2 cycles, and 12 patients discontinued after more than 2 cycles (range 3-11 cycles).

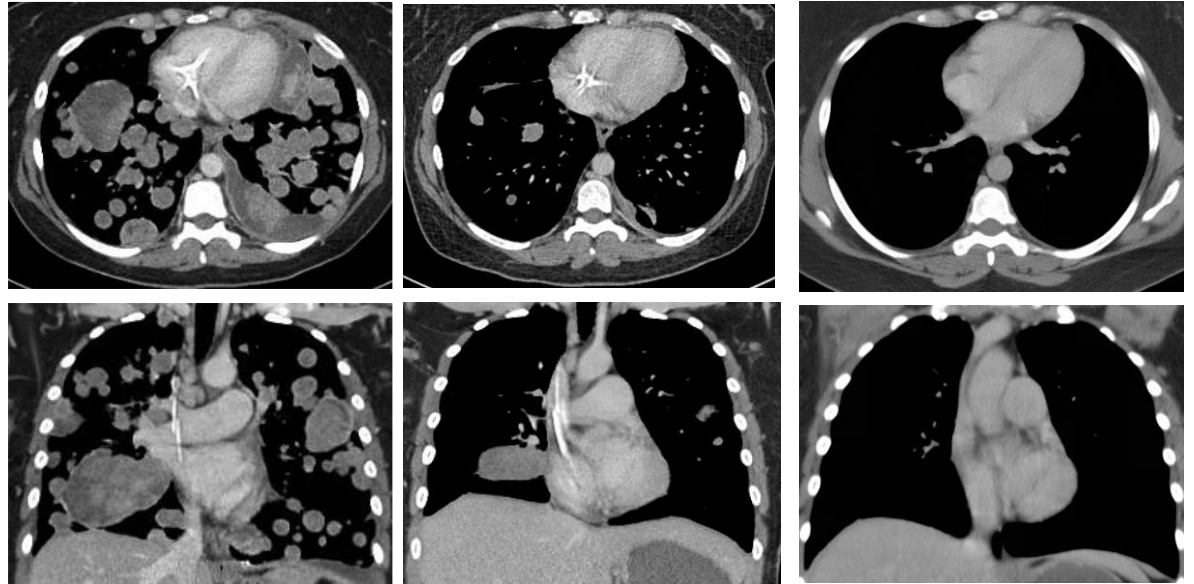
BEST RESPONSE TO LAROTRECTINIB AND DURATION OF THERAPY FOR PATIENTS WITH TRK FUSIONS



FIRST TRK FUSION TREATED WITH LAROTRECTINIB

LMNA-NTRK1 fusion soft tissue sarcoma

- ◆ 42 yo female with undifferentiated sarcoma progressed through epirubicin, ifosfamide, sorafenib, and doxorubicin
- ◆ 100mg BID
- ◆ Rapid resolution of dyspnea and hypoxemia
- ◆ Confirmed partial response
- ◆ Currently on study in cycle 22



Study baseline

Study cycle 3 day 1

Study cycle 13 day 1

CONCLUSIONS

- ◆ Larotrectinib is a purpose-built, oral, selective and potent TRK inhibitor
- ◆ Larotrectinib is well tolerated, with few adverse events likely related to drug
- ◆ Larotrectinib appears broadly active against TRK fusion cancers in this Phase 1 study
- ◆ Confirmed RECIST responses observed in 6 of 7 evaluable patients, with tumor regression in all 7
- ◆ Encouraging durability signal: All TRK fusion patients remain on study with most past one year
- ◆ Larotrectinib Phase 2 basket trial currently enrolling patients with TRK gene fusions

NAVIGATE TRIAL

Larotrectinib Phase 2 Basket Study

- ◆ Solid tumors, including CNS tumors, with TRK fusion based on local or pre-existing testing
- ◆ Enrolling patients ≥ 12 yo; ECOG 0-3
- ◆ Dose: 100mg BID
- ◆ Primary endpoint: Best ORR
- ◆ Global study: Active in US, EU, and Asia (South Korea, Singapore, Japan)
- ◆ Patient assistance for trial travel and logistics

ACKNOWLEDGEMENTS

- ◆ Larotrectinib patients and their families and caregivers
- ◆ Co-investigators and study support staffs
- ◆ This trial sponsored and supported by Loxo Oncology
- ◆ Larotrectinib invented by Array BioPharma