Capmatinib and Tepotinib Registrational Trials

Safety Results

Capmatinib: Geometry mono-1

All patients from *MET* exon 14 skipping mutation and *MET* amplification cohorts (N = 373)

AEs in >20% of patients, n (%)			
	Any grade	Grade 3/4	
Any AE	367 (98.4)	256 (68.6)	
Peripheral edema	202 (54.2)	36 (9.7)	
Nausea	168 (45.0)	9 (2.4)	
Vomiting	105 (28.2)	9 (2.4)	
Increased blood creatinine	99 (26.5)	0	
Dyspnea	87 (23.3)	25 (6.7)	
Fatigue	83 (22.3)	16 (4.3)	
Decreased appetite	79 (21.2)	4 (1.1)	

Tepotinib: VISION

All patients enrolled in cohorts A and C as of July 1, 2020 (N = 255)

AEs in >10% of patients, n (%)			
	Any grade	Grade 3/4	
Any AE	220 (86.3)	62 (24.3)	
Peripheral edema	138 (54.1)	19 (7.5)	
Nausea	51 (20.0)	1 (0.4)	
Diarrhea	50 (19.6)	1 (0.4)	
Increased blood creatinine	45 (17.6)	1 (0.4)	
Hypoalbuminemia	37 (14.5)	6 (2.4)	

Peripheral edema associated with (% of patients):

•	Dose reductions	14.1%
•	Dose interruptions	16.1%

Permanent discontinuation 3.5%

AE, adverse event.

Peripheral Edema and MET Targeted Agents

Peripheral edema is a common side effect of small molecule MET inhibitors

- Usually mild to moderate severity but high symptom burden that can affect daily activities and quality of life
- May require dose reductions or interruptions, rarely requires discontinuation

Incidence of peripheral edema in clinical trials of MET inhibitors		
Capmatinib	21%-54%	
Crizotinib	31%-50%	
Savolitinib	21%-54%	
Tepotinib	26%-63%	

Diagnosis and evaluation

- Evaluate for pre-existing conditions that might cause edema and address
- Distinguish between generalized, systemic edema, and localized lymphedema caused by other cancer treatments
- Patient education: what to expect, how to manage, how to care for skin and feet to avoid secondary cellulitis

Management

- Diuretics
- Lower limb elevation
- Compression stockings
- Lymphatic massage
- Exercise and diet changes
- Dose reduction or interruption for persistent Grade ≥2