Vemurafenib in patients (pts) harboring BRAF V600 mutation. Results of non-small cell lung cancer (NSCLC) cohort from the AcSe trial.

Background

- Vemurafenib is registered as a monotherapy for the treatment of adult patients with BRAF V600 wild-type unresectable advanced melanoma.

- Responses were observed in other tumour types (except NSCLC, colorectal and melanoma).

- New data could lead to open clinical studies in melanoma and non-melanoma tumours harboring the BRAF V600 mutation.

Population

- Patients 18 years or older with advanced refractory malignancy and no alternative therapeutic option and harboring a BRAF V600 mutation.

Main objective

- Assess the safety and efficacy of vemurafenib in previously untreated patients with advanced refractory malignancy harboring a BRAF V600 mutation.

Treatment scheme

- Single 4× daily vemurafenib 960 mg.

- Disease response assessed every 8 weeks.

- Treatment is stopped at day 112 max.


Conclusion

- Vemurafenib provided reasonable response rate and tolerability in preselected NSCLC patients with BRAF V600 mutations.

- Tolerability was manageable.

- These results emphasize the need of integrating BRAF V600 in routine biorepositories screening.

- Vemurafenib has comparable efficacy to dabrafenib monotherapy even if the combination of dabrafenib and trametinib remains the standard of care.