



**JOSHA'S CRITICAL REVIEW OF "Efficacy of  
Larotrectinib in TRK Fusion- Positive Cancers in  
Adults and Children"**

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**CRITICAL REVIEW OF: „EFFICACY OF LAROTRECTINIB  
IN TRK FUSION– POSITIVE CANCERS IN ADULTS AND CHILDREN“**

By A. Drilon et al. N Engl J Med 2018;378:731-9.

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Fusions involving one of three tropomyosin receptor kinases (TRK) occur in diverse cancers in children and adults. *TRK* fusions defined a unique molecular subgroup of advanced solid tumors in children and adults in whom larotrectinib was highly active.

In three Phase 1-2 studies evaluating the efficacy and safety of larotrectinib, in adults and children who had tumors with these fusions remarkable response rates and durable responses were seen. Durable responses were observed without regard to the age of the patient, tumor tissue, and fusion status.

A total of 55 patients, ranging in age from 4 months to 76 years, were enrolled and treated. Patients had 17 unique *TRK* fusion–positive tumor types. The overall response rate was 75% (95% confidence interval [CI], 61 to 85) according to independent review and 80% (95% CI, 67 to 90) according to investigator assessment. At 1 year, 71% of the responses were ongoing and 55% of the patients remained progression-free. The median duration of response and progression-free survival had not been reached. At a median follow-up of 9.4 months, 86% of the patients with a response (38 of 44 patients) were continuing treatment or had undergone surgery that was intended to be curative. No patient discontinued larotrectinib owing to drug-related adverse events.

Larotrectinib had marked and durable antitumor activity in patients with *TRK* fusion–positive cancer, regardless of the age of the patient or of the tumor type.

Salivary-gland tumor (n=19, 37%)<sup>[SEP]</sup>, Other soft-tissue sarcoma (n=12, 22 %), Infantile fibrosarcoma (n=11, 20%), Thyroid tumor<sup>[SEP]</sup> (n=7, 13%), as well as a variety of other malignancies

**JOSHAs Conclusion:** Important Progress, especially for patients with sarcomas for whom very few treatment alternatives exist. TRK-Fusion testing should become routine in patients with sarcoma and selected patients with other refractory malignancies.

## Original Abstract

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**Background** Fusions involving one of three tropomyosin receptor kinases (TRK) occur in diverse cancers in children and adults. *TRK* fusions defined a unique molecular subgroup of advanced solid tumors in children and adults in whom larotrectinib was highly active.

**Methods** In three Phase 1-2 studies evaluating the efficacy and safety of larotrectinib, in adults and children who had tumors with these fusions remarkable response rates and durable responses were seen. Durable responses were observed without regard to the age of the patient, tumor tissue, and fusion status.

**Results** A total of 55 patients, ranging in age from 4 months to 76 years, were enrolled and treated. Patients had 17 unique *TRK* fusion-positive tumor types. The overall response rate was 75% (95% confidence interval [CI], 61 to 85) according to independent review and 80% (95% CI, 67 to 90) according to investigator assessment. At 1 year, 71% of the responses were ongoing and 55% of the patients remained progression-free. The median duration of response and progression-free survival had not been reached. At a median follow-up of 9.4 months, 86% of the patients with a response (38 of 44 patients) were continuing treatment or had undergone surgery that was intended to be curative. No patient discontinued larotrectinib owing to drug-related adverse events.

**Conclusions** Larotrectinib had marked and durable antitumor activity in patients with *TRK* fusion–positive cancer, regardless of the age of the patient or of the tumor type. Salivary-gland tumor (n=19, 37%)<sup>[SEP]</sup>, Other soft-tissue sarcoma (n=12, 22 %), Infantile fibrosarcoma (n=11, 20%), Thyroid tumor<sup>[SEP]</sup> (n=7, 13%), as well as a variety of other malignancies

**JOSHAs Conclusion: Important Progress, especially for patients with sarcomas for whom very few treatment alternatives exist. TRK-Fusion testing should become routine in patients with sarcoma and selected patients with other refractory malignancies.**

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