US health utility in advanced non-small cell lung cancer (NSCLC) patients harboring MET exon 14 (METex14) skipping mutations treated with tepotinib

**CONCLUSIONS**

- **VISION** is the first trial of a MET inhibitor to provide data on health utilities (preference-based measures of HRQoL) in patients with METex14 skipping NSCLC.
- Overall HRQoL scores remained stable with tepotinib treatment, with no meaningful change in EORTC QLQ-C30 or EQ-5D-5L scores up to 84 weeks.
- EORTC QLQ-C30 and EQ-5D-5L utilities showed moderate-to-high functioning and quality of life during tepotinib therapy until progression.
- The increase in EQ-5D utilities with tepotinib before IRC-assessed progression exceeded the previously reported minimally important difference in cancer of 0.04-0.05 for EQ-5D.
- Utility with tepotinib did not vary by prior treatment status, or by adenocarcinoma or squamous histology.
- EORTC QLQ-C100 and EQ-5D utilities from matched data collection points were highly correlated, suggesting similarities between both utility instruments.

**INTRODUCTION**

- Tepotinib is a highly selective, oral, once-daily MET inhibitor\(^1\) that has been approved in the US for treatment of advanced NSCLC harboring METex14 skipping.
- Approval was based on the Phase II VISION trial (Figure 1), in which tepotinib showed durable clinical activity and was well tolerated in patients with advanced METex14 skipping NSCLC.
- PRs were evaluated as a secondary endpoint using EORTC QLQ-C30 and the EQ-5D-5L questionnaires, and showed maintenance of overall HRQoL during tepotinib treatment\(^2\).
- Results were scored from 0 to 100, where a change of ±10 points from baseline was considered to be the minimal clinically important difference; higher scores indicated improvement on EORTC QLQ-C30 global health and EQ-5D-5L VAS scores.
- Health utilities are HRQoL metrics reflecting patient preferences for different health states, and are expressed on a scale from 0 (dead) to 1 (full health).
- Utilities are widely used to inform cost-effectiveness analyses in Health Technology Assessment (HTA).
- To complement the clinical findings obtained from the data collected in the trial to evaluate utilities in tepotinib-treated patients with METex14 skipping NSCLC (Cohort A; data cut-off: July 1, 2020), PRs were also collected at EoT and safety follow-up visits, allowing data on post-progression HRQoL in patients who stopped treatment to be captured.

**METHODS**

In VISION, PRs were assessed according to the schedule in Table 1.

**RESULTS** (CONTINUED)

**EORTC QLQ-C100 and EQ-5D utilities**

- Of 151 patients analyzed for HRQoL, 86 and 407 observations were available for estimating EORTC QLQ-C100 and EQ-5D utilities, respectively.
- In linear mixed models:
  - EORTC QLQ-C100 health utilities were found to be significantly associated with baseline utility and progression status (Figure 5).
  - EQ-5D utilities were found to be significantly associated with baseline utility and progression status by IRC, but not with prior treatment status or status.
- Separate utility values for baseline and post-progression health states were included in the analysis.
- Therefore, separate utility values for baseline and post-progression health states were included in the analysis.

**CONCLUSIONS**

- EORTC QLQ-C100 and EQ-5D utilities were increased after tepotinib initiation, from 0.001 to baseline at 0.722 in the IRC-assessed progression-free period, and decreased after progression (0.671).
- EORTC QLQ-C100 utilities increased after tepotinib initiation, from 0.727 at baseline to 0.808 in the IRC-assessed progression-free period, and decreased after progression (0.731).
- Similar trends were seen when progression was based on SV assessment (Figure 6).
- Figures 3 and 4 show the estimated mean EQ-5D utilities, according to baseline utility and progression status (INv-assessed).

**METHODS**

In VISION, PRs were assessed according to the schedule in Table 1.

**RESULTS** (CONTINUED)

- Estimated mean EORTC QLQ-C100 utilities increased after tepotinib initiation, from 0.727 at baseline to 0.808 in the IRC-assessed progression-free period, and decreased after progression (0.731).
- Figures 3 and 4 show the estimated mean EQ-5D utilities, according to baseline utility and progression status (INv-assessed).