



Encorafenib plus binimetinib in patients (pts) with BRAFV600E-mutant advanced non-small cell lung cancer: updated efficacy and safety results from the IFCT-1904 ENCO-BRAF phase 2 trial



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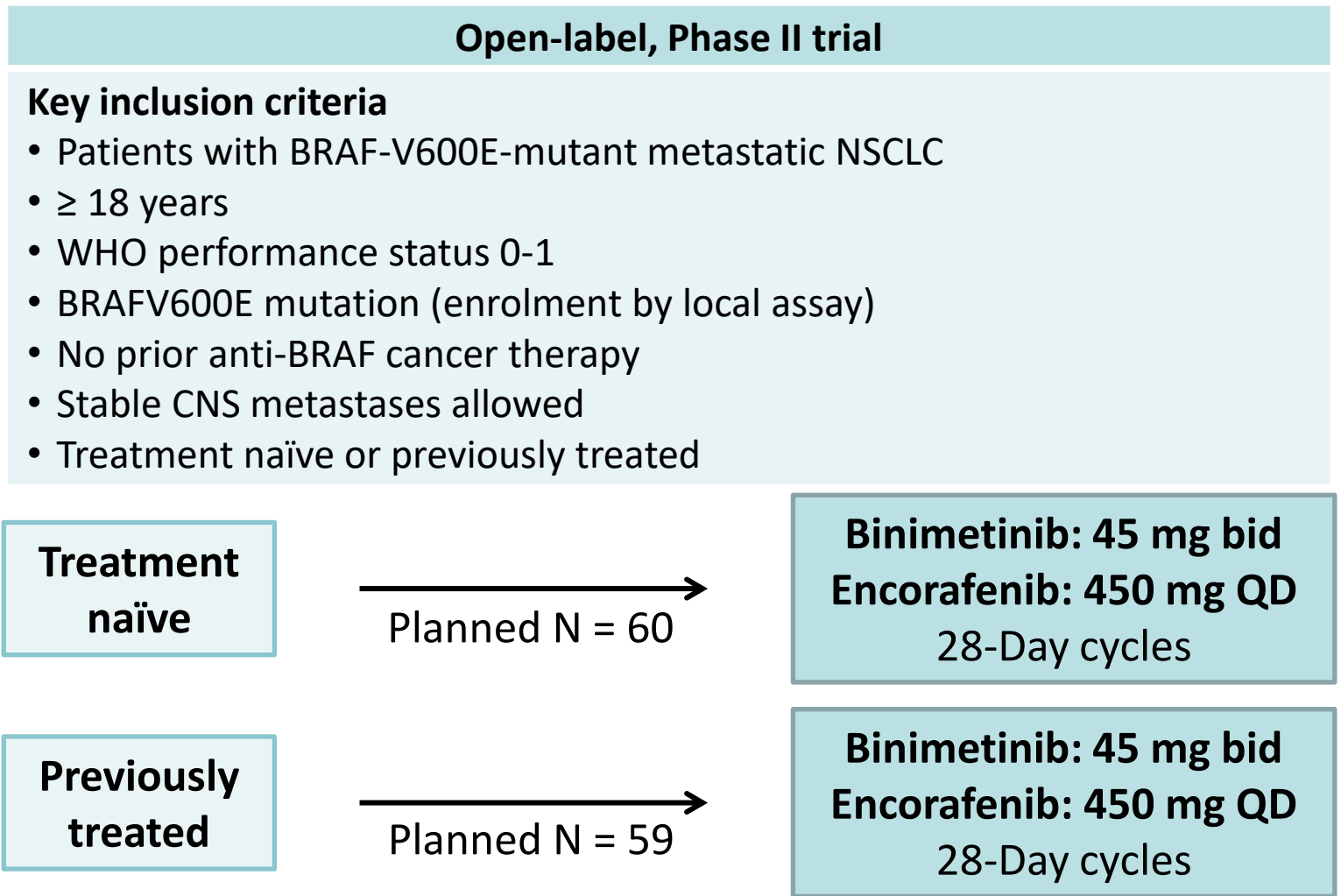
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Background

- BRAF-V600 activating mutations are oncogenic drivers in non-small cell lung cancer (NSCLC).
- The combination of BRAF inhibitor encorafenib plus MEK inhibitor binimetinib has demonstrated clinical efficacy in pts with BRAFV600E-mutant metastatic NSCLC and has received approval from the EMA and FDA.

Methods and Objectives



- Primary endpoint:** investigator-assessed confirmed best ORR (complete response + partial response)
- Secondary endpoints included:** DOR, PFS, OS, safety

Baseline characteristics

			Treatment naïve (N=64)	Previously treated (N=32)
Sex	Female	N (%)	34 (53.1)	16 (50.0)
	Male	N (%)	30 (46.9)	16 (50.0)
Age (years)		Mean ± SD	69.9 ± 10.7	69.2 ± 9.6
Smoking status	Current	N (%)	7 (10.9)	5 (15.6)
	Former	N (%)	34 (53.1)	18 (56.3)
	Never	N (%)	23 (35.9)	9 (28.1)
ECOG PS	0	N (%)	28 (43.8)	12 (37.5)
	1	N (%)	36 (56.3)	20 (62.5)
Brain metastasis	Yes	N (%)	11 (17.2)	2 (6.3)
	No	N (%)	53 (82.8)	30 (93.8)
PDL1 TPS	≥ 50%	N (%)	32 (50.0)	12 (37.5)
	≥ 1% and < 50%	N (%)	17 (26.6)	10 (31.3)
	< 1%	N (%)	13 (20.3)	8 (25.0)
	Not done	N (%)	2 (3.1)	2 (6.3)

CONCLUSIONS

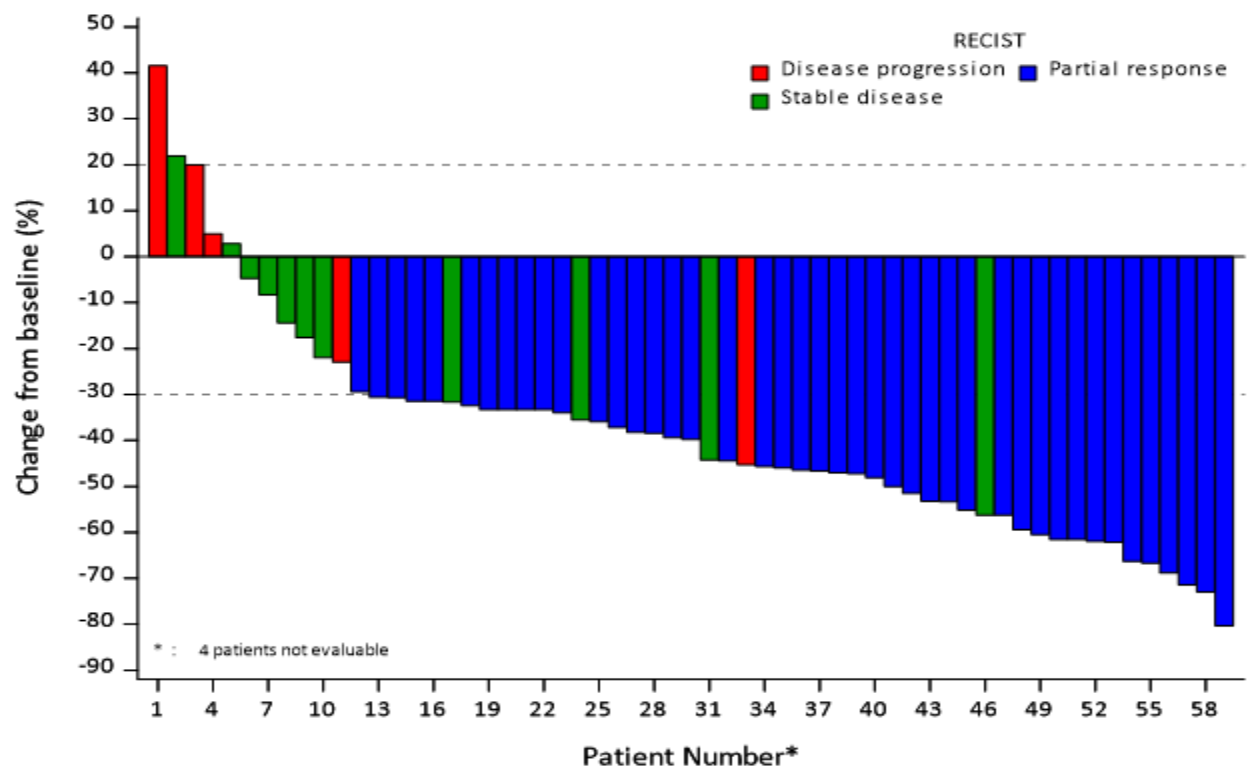
- The updated results of the IFCT-1904 ENCO-BRAF phase II trial further support the clinical activity of the encorafenib plus binimetinib combination in patients with BRAFV600E-mutant metastatic NSCLC.
- The safety profile was favourable and consistent with previous studies in lung cancer.
- These results confirm the combination as a therapeutic option in both first and second-line settings.

Confirmed best objective response rate (ORR) and best overall response

Treatment naïve N=63

Confirmed best ORR (CR + PR): 68.3% [95% CI: 56.8%-79.7%]

Confirmed best overall response:

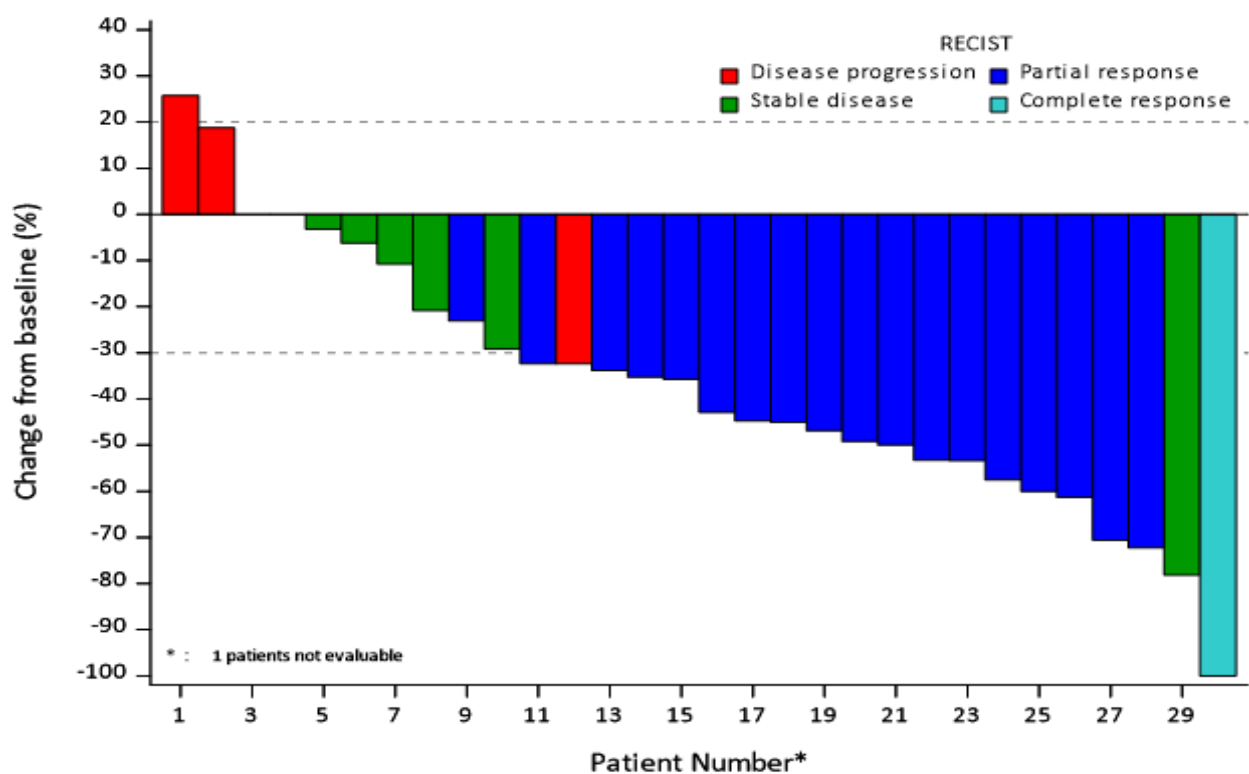


Median duration of response (DOR, months): 14.8 [95% CI: 9.3-22.1]
DOR > 6 months (N): 33 (76.7%)

Previously treated N=31

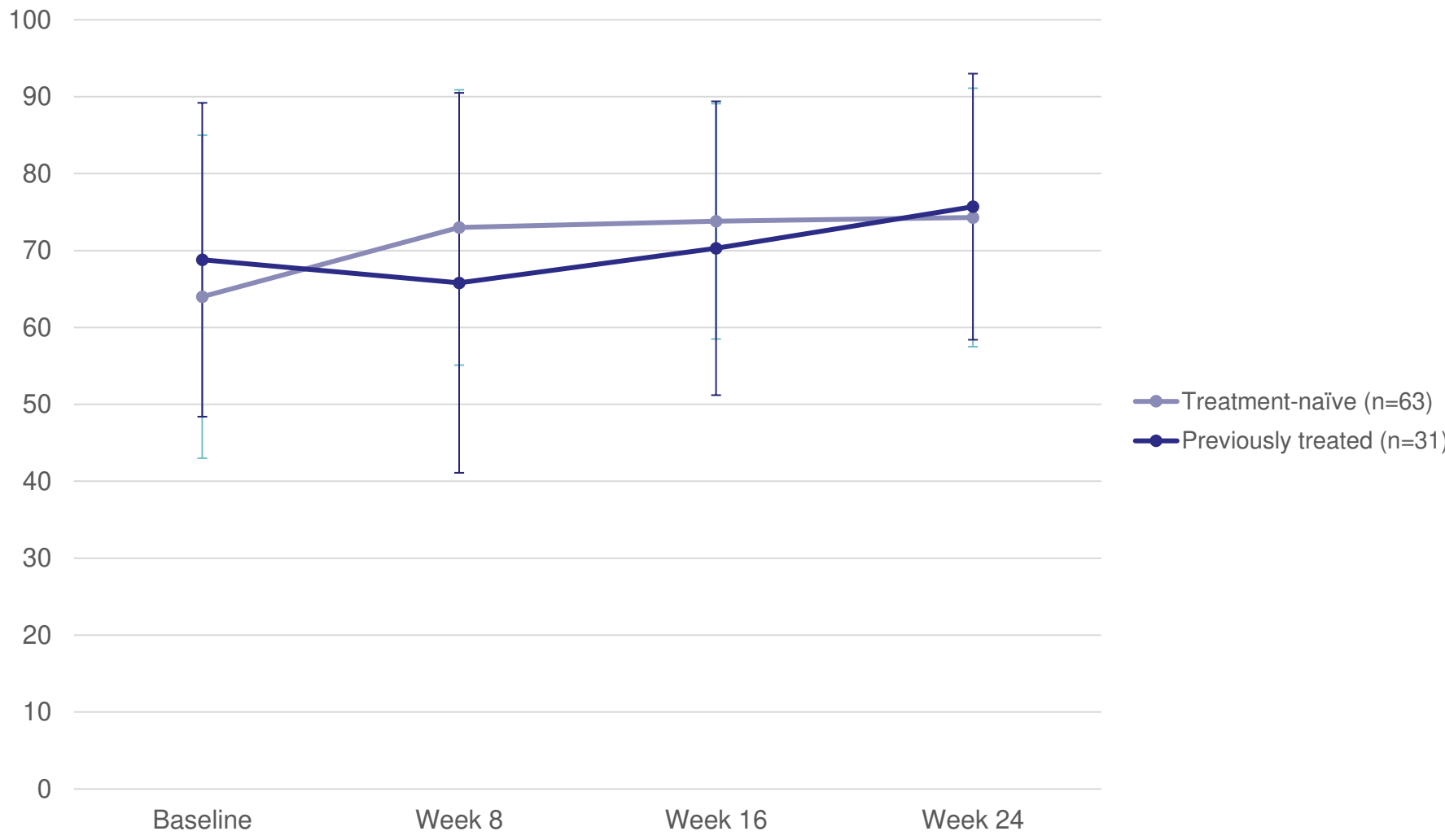
Confirmed best ORR (CR + PR): 61.3% [95% CI: 44.1%-78.4%]

Confirmed best overall response:

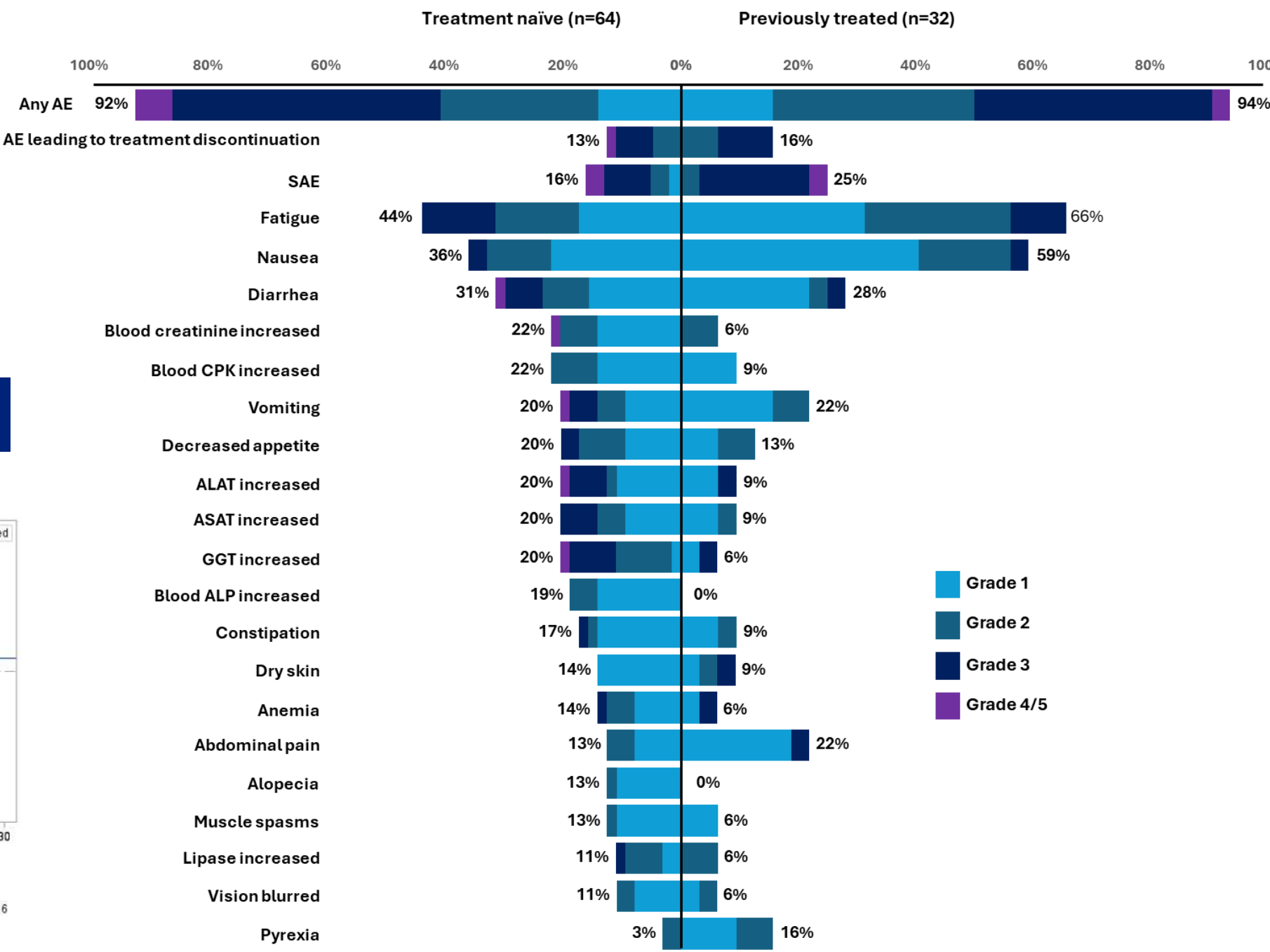


Median duration of response (DOR, months): 9.3 [95% CI: 4.8-NR]
DOR > 6 months (N): 10 (52.6%)

Quality of Life – VAS score

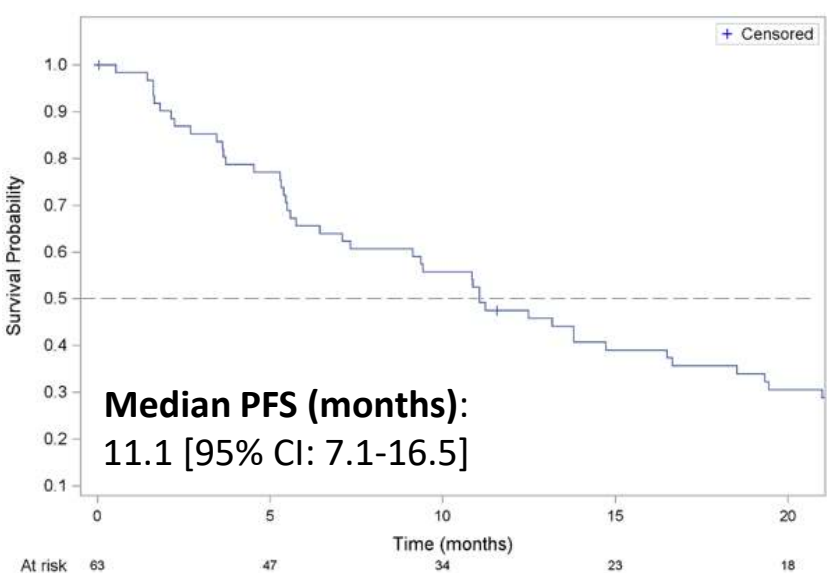


Safety – TRAE any grade ≥10%

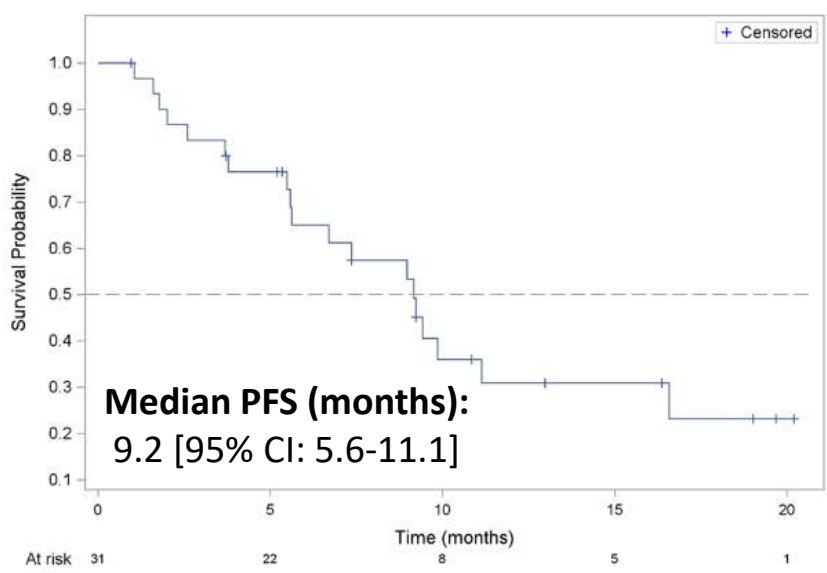


Progression-Free Survival (PFS)

Treatment naïve N=63

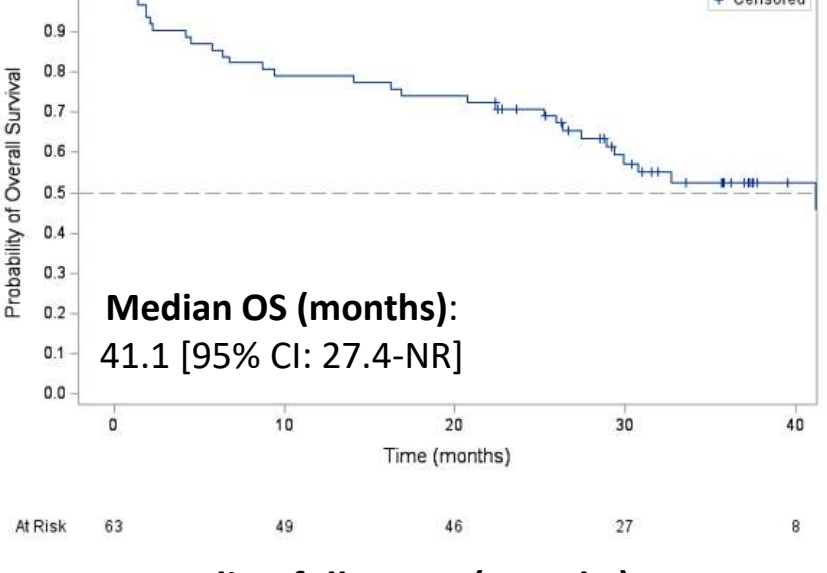


Previously treated N=31



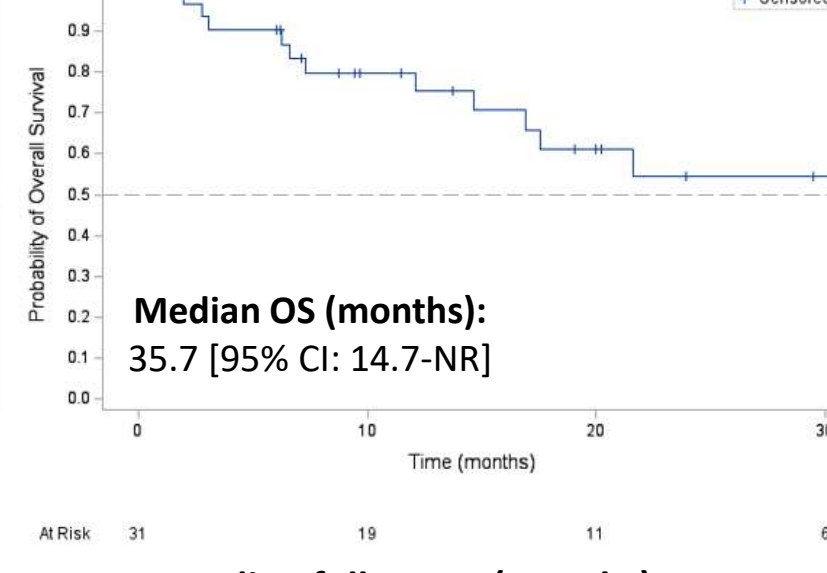
Overall Survival (OS)

Treatment naïve N=63



Median follow-up (months): 36.2 [95% CI: 31.9-37.5]

Previously treated N=31



Median follow-up (months): 20.2 [95% CI: 13.7-34.0]

Special thanks to



Patients who participated in this study, and their families and caregivers



Nursing, medical and clinical research staff of the participating centres



Independent data monitoring committee members: Eric Dansin (Lille), Charlée Nardin (Besançon) and Marie-Anne Vibet (Nantes).



Aquilab for blinded independent central review of images

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