### Background

- Sunvozertinib (DZD9008) is a rationally designed, irreversible EGFR inhibitor targeting EGFR mutations and with wild-type EGFR selectivity1.
- Based on WU-KONG6 (NCT05712902) results, sunvozertinib has been approved in China for the treatment of ≥ 2nd line NSCLC with EGFR exon20 insertion mutations (exon20insNs).
- An equivalent multinational pivotal study is going.
- Sunvozertinib’s clinical activities are also being explored in treatment naïve patients with EGFR exon20insNs in two ongoing clinical studies (WU-KONG1 and WU-KONG15).

### Methods

- WU-KONG1 (NCT03974022) is a phase II/III multinational study. WU-KONG15 (NCT05559645) is an investigator-initiated phase II study in China.
- EGFR mutation status was confirmed by local or central laboratory testing using tumor tissue, plasma or cytological samples.
- Sunvozertinib was administered orally at 200 mg or 300 mg once daily (QD).
- The duration of response (DoR) and progression free survival (PFS) were estimated based on the same evaluable patient set previously reported for efficacy analysis to ensure sufficient follow-up.
- All dosed patients by data cut-off date (September 15, 2023) were included in the safety analysis set.

### Patient Demographics and Baseline Characteristics

**Table 1. Patient Demographics of Efficacy Analysis Set**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>200 mg (N = 19)</th>
<th>300 mg (N = 9)</th>
<th>Total (N = 28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age, years (range)</td>
<td>61 (42, 84)</td>
<td>68 (43, 77)</td>
<td>67 (43, 84)</td>
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<tr>
<td>Female, n (%)</td>
<td>16 (84.2)</td>
<td>5 (55.6)</td>
<td>21 (75.0)</td>
</tr>
<tr>
<td>Race (White/Asian), n (%)</td>
<td>0 (0/19) (100.0)</td>
<td>1 (11/18) (61.1)</td>
<td>1 (3/27) (96.4)</td>
</tr>
<tr>
<td>ECOG (0/1/2), n (%)</td>
<td>4 (2/1/5) (78.9)</td>
<td>6 (6/6) (100.0)</td>
<td>10 (5/7/18) (43.3)</td>
</tr>
<tr>
<td>Baseline BMI, n (%)</td>
<td>6 (3/16)</td>
<td>33 (33.3)</td>
<td>31 (11/20)</td>
</tr>
</tbody>
</table>

**Table 2. Summary of Subtypes**

<table>
<thead>
<tr>
<th>Subtype</th>
<th>Number of Patients (%)</th>
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<tbody>
<tr>
<td>EGFR L858R + exon20ins</td>
<td>10 (34.8)</td>
</tr>
<tr>
<td>EGFR L861Q + exon20ins</td>
<td>6 (21.4)</td>
</tr>
</tbody>
</table>

### Results - Efficacy

- With median follow-up of 10.8 months, the median DoRs were 9.2 months and not reached for the 200 mg and 300 mg cohorts, respectively, with 50% responders still ongoing in both cohorts.
- With median follow-up of 11.5 months, the estimated median PFS was 10.2 and 12.4 months for the 200 mg and 300 mg cohorts, respectively.
- By investigator assessment, all patients (100%) achieved tumor shrinkage at the target lesions. The confirmed objective response rate (ORR) was 78.6% for both dose cohorts.
- Tumor response was observed in a variety of EGFR exon20ins subtypes, and patients with baseline brain metastasis (6/9, 66.7%).

### Results - Safety

- A total of 57 patients were included in the safety analysis (200 mg, n = 27; 300 mg, n = 31).
- Similar to previous reports3, the most common ≥ grade 3 drug-related treatment emergent adverse events (TEAEs) included blood creatine phosphokinase increased (17.5%), diarrhea (7%), lipase increased (5.3%), anemia (9.5%), QT prolongation (3.5%) and amylase increased (3.5%), which were clinical manageable and reversible.
- There were 2 patients (3.5%) and 4 patients (7%) that had dose reduction and discontinuation due to drug-related TEAEs, respectively.

### Summary

- Sunvozertinib demonstrated impressive clinical efficacy with acceptable safety profile as monotherapy in the 1st line setting for advanced NSCLC with EGFR exon20insNs.
- Anti-tumor efficacy was durable with DoR not reached and PFS of 12.4 months at 300 mg (>10 months follow-up).
- Anti-tumor activity was observed across a variety of EGFR exon20ins subtypes and with baseline brain metastasis.

### Acknowledgments

- We thank the patients, their families and their caregivers.
- We thank investigators and their team members at each study site.
- We thank staffs involved in WU-KONG1 and WU-KONG15 studies.

### References