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Yifei Zhou, Dongliang Bian#, Peng Zhang#
Department of Thoracic Surgery, Shanghai Pulmonary Hospital, Shanghai, China

Introduction

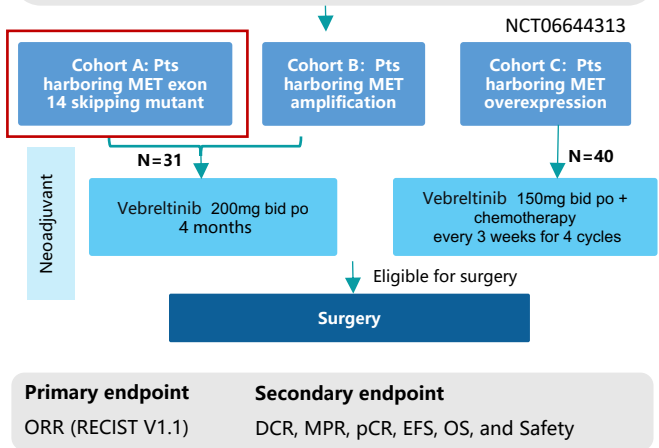
- MET-TKIs are currently the standard treatment for NSCLC with MET exon 14 skipping mutant and MET amplification. Although there are currently ongoing studies of neoadjuvant therapy for NSCLC with MET alterations, no data have been released.
- Vebreltinib has been approved for locally advanced or metastatic NSCLC with MET exon 14 skipping mutant or MET amplification in China.
- The effectiveness and safety of Vebreltinib as neoadjuvant therapy in MET exon 14 skipping mutation-positive NSCLC are being explored in this trial.

Methods

Study design

Key Eligibility Criteria

- Treatment-naïve patients histologically or cytologically confirmed resectable NSCLC (IIIA-IIIB N2) ;
- cMET dysregulation was tested (MET exon 14 skipping mutant, MET amplification or MET overexpression IHC ≥50 2+)
- PS=0-2.



Results-Cohort A

Patients

- At data cutoff on August 10, 2026, 20 pts were enrolled in cohort A.
- The median follow-up time was 9.5 months(range 0.8-21.6).
- Baseline characteristics are shown in Table 1.

Table 1. The Characteristic of Patients

Characteristic (N=20)		No. of patients	%
Age(years)	Median(range)	71(55-80)	/
Gender	Male	11	55
	Female	9	45
ECOG PS	0	13	65
	1	7	35
Smoking	Never	14	70
	Former	5	25
	Current	1	5
Tumor stage	IIIA	12	60
	IIIB	8	40
Histological subtype	Adenocarcinoma	11	55
	Adeno Squamous	2	10
	sarcomatoid carcinoma	3	15
	others	4	20

Efficacy

- The ORR was 85.7% (12/14) and DCR was 100%(14/14).
- 14 pts completed neoadjuvant and 10 pts underwent surgery .
- 4 pts did not undergo the surgery. 3 pts with old age (≥77) refused the surgery, and 1 pts was ineligible for surgery.
- No recurrence or death has beenobserved in operation patients up to data cutoff date.

Table 2. The Efficacy and Pathological remission of Patients

ORR, n(%)	DCR, n(%)	complete resection (R0), n(%)	pCR rate, n(%)	MPR rate, n(%)
12 (85.7)	14 (100)	9 (90) *	2 (20)	4 (40)

*1 pts without complete resection: Due to unclear demarcation between right hilar lymph nodes and adjacent tracheovascular structures, with high bleeding risk, aggressive dissection was avoided.

Figure 1. Best Change in Tumor Size

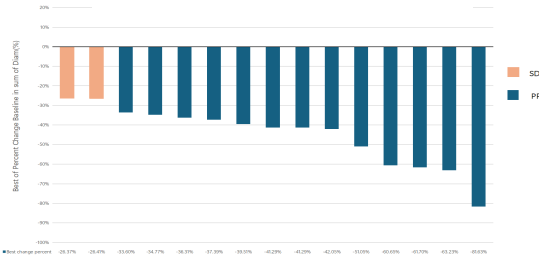


Figure 2. Spider Plot Base on Assessment

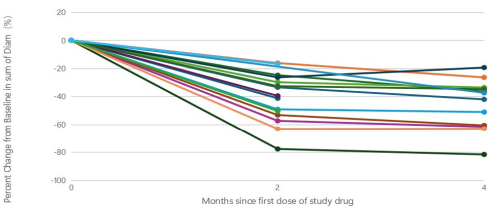


Table 3. Surgical Outcomes

Surgical Outcoms	
Tpye of surgery, n(%)	VATS transform to open thoracotomy 1(10)
	VATS 7(70)
	robot-assisted pulmonary resections 2(20)
residual tumor volume, % (range)	
20(5-80)	
Operative time, hours (range)	
2.0(1.5-5.83)	
Tissue adhesion, n(%)	
5(50)	
Estimated blood loss, mL (range)	
20(10-200)	
Intraoperative blood transfusion, n(%)	
0(0)	
Drainage tube removal time, , day (range)	
5(3-18)	
Length of hospital stay after surgery, day (range)	
5(3-12)	

VATS: Video-assisted thorascopic surgery

Safety-Cohort A

- The incidence of any grade TRAE was 85% in all 20 pts.
- The most common TRAEs was edema peripheral (11, 55%) , AST increased(11,55%) and ALT increased(10,50%)

Table 4. The incidence of TRAEs

AE, n (%)	All grades, n (%)	Grade ≥3, n (%)
TRAE	17 (85)	5 (25)
Treatment-related SAE	1 (5)	1 (5)
TRAE leading to dose reduction	6 (30)	5 (25)
TRAE leading to dose discontinuation	0	0
TRAE occurring in >20% of patients		
Edema peripheral	11 (55)	0
AST increased	11 (55)	5 (25)
ALT increased	10 (50)	5 (25)
Hypoalbuminemia	6 (30)	0
Rash	6 (30)	0
Creatinine increased	4 (20)	0

Conclusion

- Vebreltinib as neoadjuvant treatment for NSCLC pts with MET exon 14 skipping mutant had manageable safety profile and encouraging effectiveness.
- A Longer follow up and a larger multi-center trial are warranted to further verify the efficacy and safety.

Contact

Dr. Yifei Zhou (zyf991115@163.com)