

64.6% ($p = 0.025$), and 65.1% to 83.5% ($p = 0.007$), respectively. Oncologists found the tool useful but cited time and resource constraints as key barriers to GA.

Conclusion: This study demonstrates a practical, low-resource approach to enhancing GA in oncology clinics. However, additional resources are needed to influence treatment decisions and patient outcomes.

432 | Tepotinib in Patients With *MET* Exon 14 (*MET*Ex14) Skipping Non-Small Cell Lung Cancer (NSCLC) From the VISION Study: ≥ 3 -Year Follow-Up Outcomes

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Background: Tepotinib, a highly selective *MET* inhibitor, has demonstrated robust and durable efficacy and safety in patients with *MET*Ex14 skipping NSCLC in Cohorts A + C (data cutoff: November 20, 2022; follow-up: Cohort A >35 months, Cohort C >18 months) and in patients with high-level *MET* amplification (*MET*amp) NSCLC in Cohort B of the Phase II VISION

study (NCT02864992). We report long-term efficacy and safety outcomes from VISION in patients with ≥ 3 -year follow-up (data cutoff: May 20, 2024).

Methods: Patients with advanced NSCLC and *MET*Ex14 skipping or *MET*amp received tepotinib 500 mg (450 mg active moiety) QD. Primary endpoint was objective response (Independent review using RECIST v1.1). Secondary endpoints included duration of response (DOR), progression-free survival (PFS), overall survival (OS), and safety.

Results: Of 313 patients enrolled in Cohorts A + C (male: 49.2%; median age: 72 years; ECOG PS 1: 73.8%; smoking history: 47.6%), the median duration of treatment was 7.5 months, and treatment was ongoing in 18 patients (first-line [1L]: 12/164; second-or-later line [2L+]: 6/149). Overall, objective response rate (ORR) was 51.8% (95% CI: 46.1, 57.4), mDOR was 18.0 months (12.6, 31.8), mPFS was 11.2 months, and mOS was 19.7 months.

In 1L patients, ORR was 57.9%, mDOR was 31.7 months, mPFS was 12.6 months, and mOS was 21.1 months, while in 2L+ patients, ORR was 45.0%, mDOR was 12.6 months, mPFS was 11.0 months, and mOS was 19.3 months. No new safety concerns were observed. Grade ≥ 3 TRAEs occurred in 36.1% patients, while 15.7% patients discontinued treatment due to TRAEs.

Long-term outcomes from Cohort B will also be presented.

Conclusions: Tepotinib continued to demonstrate robust and durable activity across treatment lines. Importantly, outcomes in patients with *MET*Ex14 skipping were consistent with previous results, reinforcing tepotinib as a meaningful treatment option in this setting.

433 | Safety and Patient-Reported Outcomes With Tepotinib in Patients With *MET*Ex14 Skipping NSCLC: ≥ 3 -Year Follow-Up of VISION

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Background: Patients with NSCLC harboring *MET*ex14 skipping are typically elderly with a poor prognosis; therefore, treatments with a manageable safety profile are especially relevant. Tepotinib is an oral, highly selective MET TKI, approved in multiple countries for the treatment of advanced/metastatic NSCLC with *MET*ex14 skipping based on the outcomes from the VISION study. Though safety outcomes and HRQoL PROs of tepotinib from VISION have previously been reported, here we report long-term safety outcomes and HRQoL PROs in patients with ≥ 3 -year follow-up (data cutoff: May 20, 2024).

Methods: Patients with advanced *EGFR/ALK* wild-type NSCLC and *MET*ex14 skipping received tepotinib 500 mg (450 mg active moiety) QD until disease progression, intolerable toxicity, or withdrawal of consent. Secondary endpoints included safety and HRQoL, assessed using EORTC QLQ-C30 global health score (GHS), EQ-5D-5L visual analog scale (VAS), and EORTC QLQ-LC13 cough, dyspnea, and chest pain scores.

Results: A total of 313 patients (median age: 72 years; ECOG 1, 73.8%) were evaluated for safety.

Safety outcomes included all-cause any grade AEs, 99.0% patients (Grade ≥ 3 : 68.4%); any grade TRAEs, 91.7% patients (Grade ≥ 3 : 36.1%); and any grade serious TRAEs, 16.0% patients. The most common TRAE was peripheral edema, 67.7% (Grade ≥ 3 : 11.8%).

In patients analyzed for HRQoL, mean change ($\pm$ SD) from baseline for EORTC QLQ-C30 GHS was -7.1 (26.66) ($n = 174$) and for EQ-5D-5L VAS was -10 (23.7) ($n = 172$), with positive values indicating improvement. Similarly, EORTC QLQ-LC13 symptom scores for cough, dyspnea, and chest pain were -6.1 (28.16) ($n = 175$), 7.1 (21.05) ($n = 175$), and -2.3 (28.13) ($n = 174$), respectively (negative values indicating improvement). Overall, HRQoL PROs remained stable during treatment with tepotinib.

Conclusions: Tepotinib demonstrated a continued manageable safety profile with no new safety signals, as well as stability in HRQoL PROs, consistent with earlier findings. These considerations support maximizing clinical benefits for this elderly patient population while maintaining their quality of life.

434 | Long-Term Outcomes With Tepotinib for Clinically Relevant Subgroups of Patients With *MET* Exon 14 (*MET*ex14) Skipping NSCLC in the VISION Study: A ≥ 3 -Year Follow-Up

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Background: Tepotinib, an oral MET TKI, showed robust and durable efficacy and safety in patients with ≥ 3 years follow-up in the VISION study. Here, we report long-term efficacy of tepotinib in clinically relevant subgroups of patients with ≥ 3 years follow-up (data cutoff: May 20, 2024).

Methods: Patients with advanced/metastatic *MET*ex14 skipping NSCLC, detected by tissue (T+) and/or liquid biopsy (L+), received tepotinib 500 mg (450 mg active moiety) QD. The primary endpoint was objective response (RECIST v1.1) by IRC. Subgroup analyses were preplanned; exploratory analysis of brain lesions was conducted using RANO-BM criteria.

Results: Of 313 patients (median age 72.0 years), 41.2% were ≥ 75 years, 47.6% had smoking history, and 18.2% had brain metastases at baseline; 208 patients were T+ (first line [1L]: 111; second-or-later line [2L+]: 97), 178 were L+ (1L: 95; 2L+: 83), and 73 patients were T+/L+.

T+ patients had an ORR of 54.8% (mDOR, 17.4 months) while L+ patients had an ORR of 51.7% (mDOR, 15.2 months). L+

patients had shorter time-dependent endpoints, potentially due to a higher baseline disease burden.

In patients aged <75 years ($n = 184$), ORR was 55.4% (mDOR, 19.4 months) versus 46.5% (mDOR, 15.7 months) in patients ≥ 75 years ($n = 129$). Patients with a smoking history ($n = 149$) had an ORR of 56.4% (mDOR, 18.0 months) versus 47.4% (mDOR, 20.8 months) in patients without ($n = 154$).

Among 57 patients with baseline brain metastases, systemic ORR was 56.1% (mDOR, 9.0 months) versus 50.8% (mDOR, 19.4 months) in patients without ($n = 256$). In patients with brain tumors as target lesions evaluable by RANO-BM ($n = 15$), intracranial ORR was 66.7% (DCR, 86.7%).

Conclusions: Tepotinib continued to show robust and durable efficacy in patients with ≥ 3 years follow-up, irrespective of T+/L+ status, age, smoking status, or brain metastases at baseline, consistent with previously reported findings of the overall population.

435 | Treatment Sequencing of Tepotinib in Patients With MET Exon 14 (METex14) Skipping Non-Small Lung Cancer (NSCLC): Outcomes From ≥ 3 Years Follow-Up of the VISION Study

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Background: Tepotinib, an oral MET TKI, is approved in the European Union for advanced/metastatic METex14 skipping NSCLC after immunotherapy (IO) and/or platinum-based chemotherapy (CT), and regardless of prior treatments in other countries, including the UK and Switzerland. The VISION study showed robust and durable efficacy and safety of tepotinib in patients with ≥ 3 years follow-up. We report long-term efficacy data prior/peri/post-tepotinib, treatment interruption details, and data on long-term responders in VISION (data cutoff: May 20, 2024).

Methods: Patients received tepotinib 500 mg (450 mg active moiety) QD. Primary endpoint was objective response (RECIST v1.1) by IRC. Prior/post-tepotinib treatment was investigator's choice; outcomes were reported per investigator.

Results: Of 313 patients (median age 72.0 years), 164 received tepotinib in 1L with ORR of 57.9%, mDOR of 31.7 months, and mPFS of 12.6 months while 149 received it in 2L+ with ORR of 45.0%, mDOR of 12.6 months, and mPFS of 11.0 months. For patients receiving tepotinib in 2L+ in VISION, 104 patients had previously received platinum-based CT alone, 59 IO monotherapy, and 22 IO-CT. Across all prior treatment lines, ORR was 28.9%, mDOR was 6.0 months, and mPFS was 5.0 months; outcomes with tepotinib in 2L+ were improved.

The median time on treatment was 7.5 months; 19 (6.1%) patients received tepotinib for ≥ 48 months (maximum 83 months).

Overall, 295 (94.2%) patients discontinued tepotinib. TRAEs led to dose reductions in 104 (33.2%) patients, treatment interruptions in 137 (43.8%) patients, permanent discontinuation in 49 (15.7%) patients, and death in 3 (1.0%) patients. Of patients who discontinued tepotinib, 145 started subsequent treatments; 65 received MET inhibitors.

Conclusions: In VISION, outcomes with tepotinib across treatment lines in patients with ≥ 3 years follow-up demonstrated robust and durable efficacy (consistent with previously reported findings), particularly in the 1L-setting, supporting its early use in the treatment sequence.

436 | The role of Platinum-Free Interval in Advanced Endometrial Cancer Treatment: A Real-World Study of 843 Patients

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Background/Rationale: Time between completion of last platinum-based chemotherapy (PBC) and recurrence is predictive of outcomes in recurrent ovarian cancer; however, its applicability to endometrial cancer (EC) remains uncertain. This retrospective real-world study assessed platinum-free interval