

The #1 prescribed TRK inhibitor for NTRK gene fusion-positive solid tumors^{25,a}

^aBased on medical claims and prescription data claims for the period January 2019 through January 2024. Validated by IQVIA in March 2024.



Click on a cancer type to learn more

about NCCN Category 2A recommendations for larotrectinib.



Guidelines included are current as of July 2024. To view the most recent and complete version of the NCCN Guidelines, go online to NCCN.org.

Indication¹

VITRAKVI is indicated for the treatment of adult and pediatric patients with solid tumors that:

- · have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation,
- · are metastatic or where surgical resection is likely to result in severe morbidity, and
- · have no satisfactory alternative treatments or that have progressed following treatment.

Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Biliary Tract Cancers²



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option - V.3.2024

Larotrectinib is recommended for:

- Primary treatment (useful in certain circumstances) for unresectable and metastatic biliary tract disease that is NTRK gene fusion-positive
- Subsequent-line therapy (useful in certain circumstances) for unresectable or metastatic biliary tract cancers if disease progresses

Sample Patient Journeys

Unresectable and metastatic biliary tract disease



NTRK gene fusionpositive



Systemic therapy option: Larotrectinib

Unresectable or metastatic biliary tract cancers



Subsequentline systemic therapy option: Larotrectinib

Biomarker Testing for NTRK Gene Fusion

The preferred assay is multi-gene NGS testing, preferably with a transcriptome-based approach. Testing for NTRK fusions is recommended for patients with unresectable or metastatic gallbladder cancer, intrahepatic CCA, or extrahepatic CCA.

CCA=cholangiocarcinoma; NCCN=National Comprehensive Cancer Network® (NCCN®); NGS=nextgeneration sequencing; NTRK=neurotrophic receptor tyrosine kinase.

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.²

Please see Important Safety Information throughout and full Prescribing Information.

VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

Includes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Breast Cancer³



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option useful in certain circumstances for treatment of appropriate patients with recurrent unresectable or stage IV breast cancer that is NTRK gene fusion-positive - V.4.2024

Sample Patient Journey

Recurrent unresectable or stage IV breast cancer



NTRK gene fusion-positive



Systemic therapy option: Larotrectinib

Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines indicate that FISH, NGS, and PCR are methods for detecting NTRK gene fusions.

FISH=fluorescence in situ hybridization; NCCN=National Comprehensive Cancer Network® (NCCN®); NGS=next generation sequencing; NTRK=neurotrophic receptor tyrosine kinase; PCR=polymerase chain

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.3

Please see Important Safety Information throughout and full Prescribing Information.

Indication'

VITRAKVI is indicated for the treatment of adult and pediatric patients with solid tumors that:

- · have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation,
- · are metastatic or where surgical resection is likely to result in severe morbidity, and
- · have no satisfactory alternative treatments or that have progressed following treatment.

Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Central Nervous System Cancers⁴



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option - V.1.2024

Larotrectinib is recommended as a preferred regimen for appropriate patients with:

• Brain metastases (tumor agnostic) that are NTRK gene fusion-positive

Larotrectinib is recommended as useful in certain circumstances for appropriate patients with:

- Recurrent or progressive adult circumscribed glioma that is NTRK gene fusionpositive
- Recurrent or progressive glioblastoma that is NTRK gene fusion-positive

Sample Patient Journeys

Brain metastases (tumor agnostic)



NTRK gene fusion-positive



Preferred systemic therapy option: Larotrectinib

Recurrent or progressive brain cancers (ie, adult circumscribed glioma, glioblastoma)



NTRK gene fusion-positive



NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase. *Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.4

Please see Important Safety Information throughout and full Prescribing Information.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Cervical Cancer⁵



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option useful in certain circumstances for second-line treatment of appropriate patients with NTRK gene fusion-positive recurrent or metastatic SCC, adenocarcinoma, or adenosquamous carcinoma - V.3.2024

Sample Patient Journeys

Recurrent or metastatic SCC, adenocarcinoma, or adenosquamous carcinoma



First-line



Second-line systemic therapy option: Larotrectinib for patients who are NTRK gene fusion-positive

Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines recommend considering NTRK gene fusion testing for patients with cervical sarcoma.

NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma.

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.5

Please see Important Safety Information throughout and full Prescribing Information.

VITRAKVI is indicated for the treatment of adult and pediatric patients with solid tumors that:

- · have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation,
- · are metastatic or where surgical resection is likely to result in severe morbidity, and
- · have no satisfactory alternative treatments or that have progressed following treatment.

Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Colon Cancer⁶



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option for second- or subsequent-line treatment of appropriate patients with advanced or metastatic colon cancer that is NTRK gene fusion-positive -V.4.2024

Sample Patient Journeys

Advanced or metastatic colon cancer

First-line therapy

gene fusion-

Second- or subsequentline systemic therapy option: Larotrectinib

Biomarker Testing for NTRK Gene Fusion

Data support limiting the subpopulation of colorectal cancers that should be tested for NTRK fusions to those with wild-type KRAS, NRAS, BRAF, and arguably to those that are MMR deficient (dMMR)/MSI-H. IHC, FISH, DNA-based and RNA-based NGS testing can be used to detect NTRK fusions. Positive IHC tests should be confirmed by RNA-based NGS.

BRAF=proto-oncogene B-Raf; FISH=fluorescence in situ hybridization; IHC=immunohistochemistry; KRAS=Kirsten rat sarcoma virus; MMR=mis-match repair; MSI-H=high levels of microsatellite instability; NCCN=National Comprehensive Cancer Network® (NCCN®); NGS=next generation sequencing; NRAS=N-ras oncogene; NTRK=neurotrophic receptor tyrosine kinase.

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.6

Please see Important Safety Information throughout and full Prescribing Information.

· have no satisfactory alternative treatments or that have progressed following treatment. Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.



LAROTRECTINIB (VITRAKVI®) IS RECOMMENDED IN [23] NCCN CLINICAL PRACTICE GUIDELINES IN





NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Esophageal and Esophagogastric Junction Cancers⁷



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option useful in certain circumstances for second- or subsequent-line treatment of appropriate patients with unresectable, locally advanced, recurrent, or metastatic esophageal and esophagogastric junction cancers that are *NTRK* gene fusion-positive – V.3.2024

Sample Patient Journeys

Unresectable locally advanced, recurrent, or metastatic esophageal or esophagogastric junction cancer (where local therapy is not indicated)



NTRK gene fusionpositive Second- or subsequent- line systemic therapy option: Larotrectinib

Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines recommend IHC, ISH, and targeted PCR be considered first to identify *NTRK* gene fusions, followed by NGS. If limited tissue is available or the patient is unable to undergo a traditional biopsy, a validated NGS assay performed in a CLIA-approved laboratory should be considered as sequential testing will exhaust the sample.

Liquid biopsy is increasingly used in patients with advanced disease, especially those unable to have a clinical biopsy for disease surveillance and management. For patients with metastatic or advanced esophageal and esophagogastric junction cancers who may be unable to undergo a traditional biopsy, or for disease progression monitoring, testing using a validated NGS-based comprehensive genomic profiling assay performed in a CLIA-approved laboratory may be considered. Negative results do not exclude the presence of tumor mutations or amplifications and should be interpreted with caution.

CLIA=Clinical Laboratory Improvement Amendments; IHC=immunohistochemistry; NCCN=National Comprehensive Cancer Network® (NCCN®); NGS=next generation sequencing; *NTRK*=neurotrophic receptor tyrosine kinase; PCR=polymerase chain reaction

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.⁷

Please see Important Safety Information throughout and full <u>Prescribing Information</u>.

and sleep disorders were observed in 12% with ordines of 1113.3% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Gastric Cancer⁸



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option useful in certain circumstances for second- or subsequent-line treatment of appropriate patients with unresectable locally advanced, recurrent, or metastatic gastric cancer that is NTRK gene fusion-positive - V.2.2024

Sample Patient Journeys

Unresectable locally advanced, recurrent, or metastatic gastric cancer (where local therapy is not indicated)



First-line



Second- or subsequent-line systemic therapy option: Larotrectinib

Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines recommend IHC, ISH, and targeted PCR be considered first to identify NTRK gene fusions, followed by NGS. If limited tissue is available or the patient is unable to undergo a traditional biopsy, a validated NGS assay performed in a CLIAapproved laboratory should be considered as sequential testing will exhaust the sample.

Liquid biopsy is increasingly used in patients with advanced disease, especially those unable to have a clinical biopsy for disease surveillance and management. For patients with metastatic or advanced gastric cancer who may be unable to undergo a traditional biopsy, or for disease progression monitoring, testing using a validated NGS-based comprehensive genomic profiling assay performed in a CLIA-approved laboratory may be considered. Negative results do not exclude the presence of tumor mutations or amplifications and should be interpreted with caution.

CLIA=Clinical Laboratory Improvement Amendments; IHC=immunohistochemistry; ISH=in situ hybridization; NGS=next generation sequencing; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; PCR=polymerase chain reaction

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.8

Please see Important Safety Information throughout and full Prescribing Information.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Gastrointestinal Stromal Tumors (GIST)9



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option - V.1.2024

Larotrectinib is useful in certain circumstances for:

- Neoadjuvant therapy for treatment of appropriate patients with resectable GIST with significant morbidity and NTRK gene fusion-positive tumors
- First-line therapy for treatment of appropriate patients with unresectable, progressive, or metastatic GIST and NTRK gene fusion-positive tumors

Sample Patient Journeys

Resectable GIST with significant morbidity

gene fusion



Neoadjuvant



Systemic therapy option: Larotrectinib

Unresectable, progressive, or metastatic GIST



gene fusion positive



First-line systemic therapy option: Larotrectinib

Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines recommend testing for alternative driver mutations for tumors that are negative for KIT or PDGFRA mutations, including NGS for NTRK gene fusions.

KIT=KIT proto-oncogene receptor tyrosine kinase; NCCN=National Comprehensive Cancer Network® (NCCN®); NGS=next generation sequencing; NTRK=neurotrophic receptor tyrosine kinase; PDGFRA=platelet-derived growth factor receptor alpha.

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.9

Please see Important Safety Information throughout and full Prescribing Information.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Head and Neck Cancers¹⁰



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option useful in certain circumstances for treatment of appropriate patients with recurrent or metastatic salivary gland tumors (with no surgery or radiotherapy option) that are NTRK gene fusion-positive - V.4.2024

• The choice of systemic therapy should be individualized based on patient characteristics (eq. performance status, goals of therapy)

Sample Patient Journeys

Recurrent, unresectable, or metastatic salivary gland tumors (with no surgery or RT option)





Systemic therapy option: Larotrectinib

Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines recommend NGS and other biomarker tests to evaluate AR, NTRK, HRAS, PIK3CA, TMB, and HER2 status.

AR=androgen receptor; HER2=human epidermal growth factor receptor 2; HRAS=Harvey rat sarcoma; NGS=next generation sequencing; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; PIK3CA=phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha; RT=radiation therapy; TMB=tumor mutational burden.

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.¹⁰

Please see Important Safety Information throughout and full Prescribing Information.

- · are metastatic or where surgical resection is likely to result in severe morbidity, and
- · have no satisfactory alternative treatments or that have progressed following treatment.

Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

Includes fallopian tube cancer and primary peritoneal cancer.





The #1 prescribed TRK inhibitor for NTRK gene fusion-positive solid tumors^{25,a}

^aBased on medical claims and prescription data claims for the period January 2019 through January 2024.



NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Hepatocellular Carcinoma¹¹



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option – V.2.2024

• Larotrectinib is recommended as an option for subsequent-line treatment for hepatocellular carcinoma that is *NTRK* gene fusion-positive where there is disease progression.

Sample Patient Journeys

Hepatocellular carcinoma

First-line

Disease progression NTRK gene fusionpositive Subsequentline systemic therapy option: Larotrectinib

NCCN=National Comprehensive Cancer Network® (NCCN®); *NTRK*=neurotrophic receptor tyrosine kinase. *Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.¹¹

Please see Important Safety Information throughout and full Prescribing Information.

naication

VITRAKVI is indicated for the treatment of adult and pediatric patients with solid tumors that:

- · have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation,
- · are metastatic or where surgical resection is likely to result in severe morbidity, and
- · have no satisfactory alternative treatments or that have progressed following treatment.

Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.





NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Histiocytic Neoplasms¹²



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option useful in certain circumstances – V.2.2024

Larotrectinib is recommended as a systemic therapy option useful in certain circumstances for first- or subsequent-line treatment of appropriate patients with

- Multisystem or pulmonary LCH with NTRK gene fusion-positive tumors
- LCH CNS lesions with NTRK gene fusion-positive tumors
- Erdheim-Chester disease with NTRK gene fusion-positive tumors
- Rosai-Dorfman disease with NTRK gene fusion-positive tumors

Sample Patient Journeys

| Multisystem or pulmonary LCH | > | NTRK gene fusion- positive | > | First- or subsequent- line systemic therapy option: Larotrectinib |
|---------------------------------|-------------|----------------------------------|-------------|---|
| LCH CNS Lesions | > | NTRK gene fusion- positive | > | First- or subsequent- line systemic therapy option: Larotrectinib |
| Erdheim-Chester Disease | > | NTRK gene fusion- positive | > | First- or subsequent- line systemic therapy option: Larotrectinib |
| Rosai-Dorfman Disease | > | NTRK gene fusion- positive | > | First- or subsequent- line systemic therapy option: Larotrectinib |

Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines recommend RNA-based molecular panels in testing for *NTRK* gene fusion in LCH and Erdheim-Chester disease.

CNS=central nervous system; FISH=fluorescence in situ hybridization; LCH=Langerhans cell histiocytosis; MAPK=mitogen-activated protein kinase; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase.

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.¹²

Please see Important Safety Information throughout and full Prescribing Information.

(NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.

Please see Important Safety Information throughout and full Prescribing Information.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Melanoma: Cutaneous¹³



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option useful in certain circumstances for second-line or subsequent treatment of appropriate patients with metastatic or unresectable cutaneous melanoma that is NTRK gene fusion-positive - V.2.2024

Sample Patient Journey

Metastatic or unresectable disease

Second-line or subsequent systemic therapy option: Larotrectinib for patients with NTRK gene fusion-positive tumors

NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase.

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.¹³

Please see Important Safety Information throughout and full Prescribing Information.







Guidelines included are current as of May 2024. To view the most recent and complete version of the NCCN Guidelines, go online to NCCN.org.

Indication¹

VITRAKVI is indicated for the treatment of adult and pediatric patients with solid tumors that:

- · have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation,
- · are metastatic or where surgical resection is likely to result in severe morbidity, and
- · have no satisfactory alternative treatments or that have progressed following treatment.

Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Non-small Cell Lung Cancer (NSCLC)14



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option for first- (preferred) or subsequent-line (based on timing of NTRK gene fusion discovery) treatment of appropriate patients with advanced or metastatic NSCLC that is NTRK1/2/3 gene fusion-positive - V.7.2024

Sample Patient Journeys

Advanced or metastatic NSCLC



NTRK1/2/3 gene fusionpositive



First- or subsequent-line systemic therapy option: Larotrectinib

Biomarker Testing for NTRK 1/2/3 Gene Fusion[†]

NCCN Guidelines recommend FISH, IHC, PCR, and NGS to detect NTRK gene fusions.

- False negatives may occur
- IHC methods may be complicated by baseline expressions in some tissues
- FISH may require 3 probe sets for a full analysis
- DNA-based NGS may under-detect NTRK1 and NTRK3
- Consider RNA-based NGS to maximize detection of fusion events

FISH=fluorescence in situ hybridization; IHC=immunohistochemistry; NCCN=National Comprehensive Cancer Network® (NCCN®); NGS=next generation sequencing; NTRK=neurotrophic receptor tyrosine kinase; PCR=polymerase chain reaction.

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.14

†The NCCN Guidelines for NSCLC provide recommendations for certain individual biomarkers that should be tested and recommend testing techniques but do not endorse any specific commercially available biomarker assays or commercial laboratories.14

Please see Important Safety Information throughout and full Prescribing Information.

confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.





The #1 prescribed TRK inhibitor for NTRK gene fusion-positive solid tumors^{25,a}

^aBased on medical claims and prescription data claims for the period January 2019 through January 2024. Validated by IQVIA in March 2024.

Click on a cancer type to learn more



NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Occult Primary¹⁵



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option useful in certain circumstances for occult primary squamous cell cancers and adenocarcinomas that are NTRK gene fusion-positive – V.2.2024

Sample Patient Journeys





gene fusionpositive



Systemic therapy option: Larotrectinib



Adenocarcinoma



gene fusion-



Systemic therapy option: Larotrectinib

NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase *Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.15

Please see Important Safety Information throughout and full Prescribing Information.

Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer¹⁶

NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option useful in certain circumstances for treatment of appropriate patients with recurrent epithelial ovarian (including LCOC), fallopian tube, or primary peritoneal cancer that is NTRK gene fusion-positive - V.3.2024

Sample Patient Journeys

Recurrent ovarian, fallopian tube, or primary peritoneal cancer



NTRK gene fusionpositive



Systemic therapy option: Larotrectinib

Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines recommend tumor molecular analysis in the recurrence setting to identify potential benefit from targeted therapeutics where NTRK gene fusions are found.

LCOC=less common ovarian cancers; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase.

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.¹⁶

Please see Important Safety Information throughout and full Prescribing Information.

- · have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation,
- · are metastatic or where surgical resection is likely to result in severe morbidity, and
- · have no satisfactory alternative treatments or that have progressed following treatment.

Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.





NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Pancreatic Adenocarcinoma¹⁷



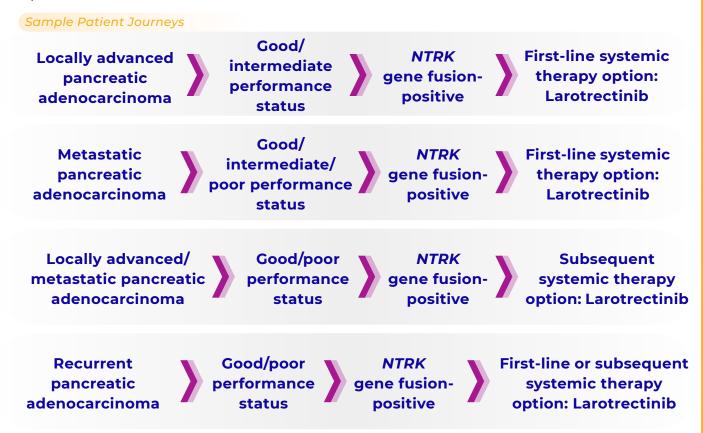
NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option useful in certain circumstances – V.2.2024

Larotrectinib is recommended as a systemic therapy option useful in certain circumstances for

- First-line treatment of appropriate patients with locally advanced pancreatic adenocarcinoma that is *NTRK* gene fusion-positive and good or intermediate performance status
- First-line treatment of appropriate patients with metastatic pancreatic adenocarcinoma that is *NTRK* gene fusion-positive and good, intermediate, or poor performance status

Larotrectinib is recommended as a systemic therapy preferred regimen for:

- Subsequent treatment of appropriate patients with locally advanced/metastatic pancreatic adenocarcinoma that is NTRK gene fusion-positive and good or poor performance status
- First-line or subsequent treatment of appropriate patients with recurrent pancreatic adenocarcinoma that is *NTRK* gene fusion-positive and good or poor performance status



Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines recommend gene profiling for *NTRK* gene fusion and other somatic findings in patients with locally advanced or metastatic pancreatic adenocarcinoma.

NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase. *Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.¹⁷







NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Pediatric CNS Cancers¹⁸



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option for treatment of pediatric diffuse high-grade gliomas that are *TRK* gene fusion-positive – V.1.2024

Larotrectinib is a systemic therapy option useful in certain circumstances as:

• Adjuvant therapy for appropriate pediatric patients with diffuse high-grade glioma that is *TRK* gene fusion-positive

Larotrectinib is another recommended regimen as:

 Adjuvant therapy for appropriate pediatric patients <3 years of age with diffuse high that is TRK gene fusion-positive

Larotrectinib is a preferred regimen as:

• Adjuvant therapy for appropriate pediatric patients with recurrent or progressive diffuse high-grade glioma that is *TRK* gene fusion-positive

Sample Patient Journeys

Pediatric diffuse high-grade glioma TRK gene fusion-positive Adjuvant therapy therapy Larotrectinib

Recurrent or progressive TRK gene Adjuvant Systemic

progressive pediatric diffuse high-grade glioma

fusion-positive

Adjuvan therapy Systemic therapy option:
Larotrectinib

Systemic

Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines indicate that broad molecular testing is required for comprehensive classification of pediatric diffuse high-grade gliomas and recommend NGS with fusion detection for NTRKI/2/3 gene fusions and other actionable findings.

NCCN=National Comprehensive Cancer Network® (NCCN®); NGS=next generation sequencing; NTRK=neurotrophic receptor tyrosine kinase; TRK=tropomyosin receptor kinase

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.¹8

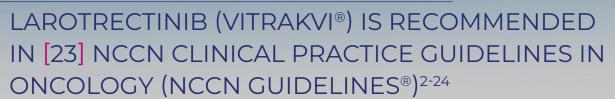
Please see Important Safety Information throughout and full Prescribing Information.

and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.







The #1 procesibed TDK inhibitor for NTDK gape fusion-positive solid tumors^{25,8}



NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Rectal Cancer¹⁹



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option for second- or subsequent-line treatment of appropriate patients with advanced or metastatic rectal cancer that is *NTRK* gene fusion-positive - V.3.2024

Sample Patient Journeys

Advanced or metastatic rectal cancer



First-line therapy



Second- or subsequent- line systemic therapy option: Larotrectinib

Biomarker Testing for NTRK Gene Fusion

Data support limiting the subpopulation of colorectal cancers that should be tested for *NTRK* fusions to those with wild-type KRAS, NRAS, *BRAF*, and arguably to those that are MMR deficient (dMMR)/MSI-H. IHC, FISH, DNA-based and RNA-based NGS testing can be used to detect *NTRK* fusions. Positive IHC tests should be confirmed by RNA-based NGS.

BRAF=proto-oncogene B-Raf; FISH=fluorescence in situ hybridization; IHC=immunohistochemistry; KRAS=Kirsten rat sarcoma virus; MMR=mis-match repair; MSI-H=high levels of microsatellite instability; MSS=microsatellite stable; NCCN=National Comprehensive Cancer Network® (NCCN®); NGS=next generation sequencing; NRAS=N-ras oncogene; NTRK=neurotrophic receptor tyrosine kinase; POLE/POLDI=DNA polymerase epsilon, catalytic subunit

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.¹⁹

Please see Important Safety Information throughout and full Prescribing Information.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Small Bowel Adenocarcinoma (SBA)20



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option for treatment of appropriate patients with advanced or metastatic SBA that is NTRK gene fusion-positive - V.4.2024

Sample Patient Journeys

Advanced or metastatic SBA







NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase. *Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.²⁰

Please see Important Safety Information throughout and full Prescribing Information.









Vaginal Cancer

Guidelines included are current as of May 2024. To view the most recent and complete version of the NCCN Guidelines, go online to NCCN.org.

Indication¹

VITRAKVI is indicated for the treatment of adult and pediatric patients with solid tumors that:

- · have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation,
- · are metastatic or where surgical resection is likely to result in severe morbidity, and
- · have no satisfactory alternative treatments or that have progressed following treatment.

Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Soft Tissue Sarcoma²¹



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy preferred regimen for first-line treatment of appropriate patients with advanced or metastatic NTRK gene fusion-positive soft tissue sarcomas - V.1.2024

Sample Patient Journeys

Advanced or metastatic soft tissue sarcoma



NTRK gene fusionpositive



First-line systemic therapy option: Larotrectinib

NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase. *Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.21

Please see Important Safety Information throughout and full Prescribing Information.









Vaginal Cancer **Vulvar Cancer (SCC)**

Guidelines included are current as of May 2024. To view the most recent and complete version of the NCCN Guidelines, go online to NCCN.org.

Indication¹

VITRAKVI is indicated for the treatment of adult and pediatric patients with solid tumors that:

- · have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation,
- · are metastatic or where surgical resection is likely to result in severe morbidity, and
- · have no satisfactory alternative treatments or that have progressed following treatment.

Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Thyroid Carcinoma²²



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option for treatment of appropriate patients with locally recurrent, advanced, and/or metastatic, NTRK gene fusion-positive differentiated thyroid carcinoma† not amenable to RAI therapy and metastatic, NTRK gene fusion-positive anaplastic carcinoma - V.3.2024

Sample Patient Journey

Locally recurrent, advanced, or metastatic thyroid carcinoma† not amenable to RAI therapy



NTRK gene fusionpositive



Systemic therapy option: Larotrectinib

Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines recommend genomic testing to identify actionable mutations, including NTRK, for advanced, progressive, or threatening thyroid carcinoma.

NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; RAI=radioactive iodine.

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.²²

[†]For follicular, oncocytic, and papillary.

Please see Important Safety Information throughout and full Prescribing Information.

- · are metastatic or where surgical resection is likely to result in severe morbidity, and
- · have no satisfactory alternative treatments or that have progressed following treatment.

Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Uterine Neoplasms²³



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option - V.2.2024

Larotrectinib is

- Useful in certain circumstances for second-line or subsequent treatment of appropriate patients with recurrent endometrial carcinoma that is NTRK gene fusion-positive
- Useful in certain circumstances as a first-line treatment for appropriate patients with advanced, recurrent/metastatic, or inoperable uterine sarcoma that is NTRK gene fusion-positive

Sample Patient Journeys

Recurrent endometrial carcinoma

Second-line systemic therapy option: Larotrectinib

Advanced, recurrent/metastatic, or inoperable uterine sarcoma



First-line systemic therapy option: Larotrectinib

Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines recommend considering NTRK gene fusion testing for metastatic or recurrent endometrial carcinoma and testing of at least NTRK, MSI, and TMB proteins in uterine sarcoma.

MSI=microsatellite instability; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; TMB=tumor mutational burden.

*Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.23

Please see Important Safety Information throughout and full Prescribing Information.

and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

Includes fallopian tube cancer and primary peritoneal cancer.









NCCN Guidelines® Recommended Use of Larotrectinib (VITRAKVI) in Vulvar Cancer (Squamous Cell Carcinoma)²⁴



NCCN Guidelines recommend larotrectinib (VITRAKVI) as a Category 2A* systemic therapy option useful in certain circumstances for second-line treatment of appropriate patients with advanced or recurrent/metastatic vulvar cancer that is NTRK gene fusion-positive - V.4.2024

Sample Patient Journey

Advanced or recurrent metastatic cancer





Second-line systemic therapy option: Larotrectinib

Biomarker Testing for NTRK Gene Fusion

NCCN Guidelines recommend considering NTRK gene fusion testing for patients with advanced, recurrent, or metastatic vulvar cancer.

NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase. *Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.24

Please see Important Safety Information throughout and full Prescribing Information.

Indication¹

VITRAKVI is indicated for the treatment of adult and pediatric patients with solid tumors that:

- · have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation,
- · are metastatic or where surgical resection is likely to result in severe morbidity, and
- · have no satisfactory alternative treatments or that have progressed following treatment.

Select patients for therapy based on an FDA-approved test.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

CNS=central nervous system; NCCN=National Comprehensive Cancer Network® (NCCN®); NTRK=neurotrophic receptor tyrosine kinase; SCC=squamous cell carcinoma; TRK=tropomyosin receptor kinase.

blncludes fallopian tube cancer and primary peritoneal cancer.



Important Safety Information¹

Central Nervous System Effects: Central nervous system (CNS) adverse reactions occurred in patients receiving VITRAKVI, including dizziness, cognitive impairment, mood disorders, and sleep disturbances.

In patients who received VITRAKVI, all grades CNS effects including cognitive impairment, mood disorders, dizziness and sleep disorders were observed in 42% with Grades 3-4 in 3.9% of patients.

Cognitive impairment occurred in 11% of patients. The median time to onset of cognitive impairment was 5.6 months (range: 2 days to 41 months). Cognitive impairment occurring in \geq 1% of patients included memory impairment (3.6%), confusional state (2.9%), disturbance in attention (2.9%), delirium (2.2%), cognitive disorders (1.4%), and Grade 3 cognitive adverse reactions occurred in 2.5% of patients. Among the 30 patients with cognitive impairment, 7% required a dose modification and 20% required dose interruption.

Mood disorders occurred in 14% of patients. The median time to onset of mood disorders was 3.9 months (range: 1 day to 40.5 months). Mood disorders occurring in ≥1% of patients included anxiety (5%), depression (3.9%), agitation (2.9%), and irritability (2.9%). Grade 3 mood disorders occurred in 0.4% of patients.

Dizziness occurred in 27% of patients, and Grade 3 dizziness occurred in 1.1% of patients. Among the 74 patients who experienced dizziness, 5% of patients required a dose modification and 5% required dose interruption.

Sleep disturbances occurred in 10% of patients. Sleep disturbances included insomnia (7%), somnolence (2.5%), and sleep disorder (0.4%). There were no Grade 3-4 sleep disturbances. Among the 28 patients who experienced sleep disturbances, 1 patient each (3.6%) required a dose modification or dose interruption.

Advise patients and caretakers of these risks with VITRAKVI. Advise patients not to drive or operate hazardous machinery if they are experiencing neurologic adverse reactions. Withhold or permanently discontinue VITRAKVI based on the severity. If withheld, modify the VITRAKVI dosage when resumed.

Skeletal Fractures: Among 187 adult patients who received VITRAKVI across clinical trials, fractures were reported in 7% and among 92 pediatric patients, fractures were reported in 9% (N=279; 8%). Median time to fracture was 11.6 months (range 0.9 to 45.8 months) in patients followed per fracture. Fractures of the femur, hip or acetabulum were reported in 4 patients (3 adult, 1 pediatric). Most fractures were associated with minimal or moderate trauma. Some fractures were associated with radiologic abnormalities suggestive of local tumor involvement. VITRAKVI treatment was interrupted due to fracture in 1.4% patients.

Promptly evaluate patients with signs or symptoms of potential fracture (e.g., pain, changes in mobility, deformity). There are no data on the effects of VITRAKVI on healing of known fractures or risk of future fractures.

Hepatotoxicity: Hepatotoxicity including drug induced liver injury (DILI) has been reported in patients taking VITRAKVI.

In patients who received VITRAKVI, increased AST of any grade occurred in 52% of patients and increased ALT of any grade occurred in 45%. Grade 3-4 increased AST or ALT occurred in 3.1% and 2.5% of patients, respectively. The median time to onset of increased AST was 2.1 months (range: 1 day to 4.3 years). The median time to onset of increased ALT was 2.3 months (range: 1 day to 4.2 years). Increased AST and ALT leading to dose modifications occurred in 1.4% and 2.2% of patients, respectively. Increased AST or ALT led to permanent discontinuation in 3 (1.1%) of patients.

There have been reports in adult patients from clinical studies and post-marketing cases of Grade ≥ 2 increases in ALT and/or AST with increases in bilirubin $\geq 2 \times ULN$.

Obtain liver function tests (ALT, AST, ALP and bilirubin) before initiation of VITRAKVI and monitor every 2 weeks during the first two months of treatment, then monthly thereafter, or more frequently following the occurrence of Grade 2 or greater AST or ALT elevation. Temporarily withhold, reduce the dose, or permanently discontinue VITRAKVI based on severity.

Embryo-Fetal Toxicity: VITRAKVI can cause fetal harm when administered to a pregnant woman. Larotrectinib resulted in malformations in rats and rabbits at maternal exposures that were approximately 11- and 0.7-times, respectively, those observed at the clinical dose of 100 mg twice daily. Advise women of the potential risk to a fetus. Advise females of reproductive potential to use an effective method of contraception during treatment and for 1 week after the last dose of VITRAKVI.

Adverse Reactions

The most common adverse reactions (≥20%), including laboratory abnormalities, were: increased AST (52%), increased ALT (45%), anemia (42%), musculoskeletal pain (42%), fatigue (36%), hypoalbuminemia (36%), neutropenia (36%), increased alkaline phosphatase (34%), cough (32%), leukopenia (28%), constipation (27%), diarrhea (27%), dizziness (27%), hypocalcemia (25%), nausea (25%), vomiting (25%), pyrexia (24%),lymphopenia (22%) and abdominal pain (21%)..

Drug Interactions

Avoid coadministration of VITRAKVI with strong CYP3A4 inhibitors (including grapefruit or grapefruit juice), strong CYP3A4 inducers (including St. John's wort), or sensitive CYP3A4 substrates. If coadministration of strong CYP3A4 inhibitors or inducers cannot be avoided, modify the VITRAKVI dose as recommended. If coadministration of sensitive CYP3A4 substrates cannot be avoided, monitor patients for increased adverse reactions of these drugs. For coadministration with moderate CYP3A4 inhibitors, monitor for adverse reactions more frequently and reduce the dosage based on severity. For coadministration with moderate CYP3A4 inducers, modify dose as recommended.

Use in Specific Populations

Lactation: Advise women not to breastfeed during treatment with VITRAKVI and for 1 week after the last dose.

References: 1. VITRAKVI [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc.; November 2023. 2. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Biliary Tract Cancers V.3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer V.4.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 4. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Central Nervous System Cancers V.1.2024. © National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 5. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Cervical Cancer V.3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 6. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Colon Cancer V.4.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 7. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Esophageal and Esophagogastric Junction Cancers V.3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 8. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Gastric Cancer V.2.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 9. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Gastrointestinal Stromal Tumors V.1.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 10. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Head and Neck Cancers V.4.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 11. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Hepatocellular Carcinoma V.2.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 12. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Histiocytic Neoplasms V.2.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 19, 2024. To view the most recent version of the guideline, go online to NCCN.org. 13. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Melanoma: Cutaneous V.2.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 14. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer V.7.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 15. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Occult Primary V.2.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 16. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Ovarian Cancer V.3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 17. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Pancreatic Adenocarcinoma V.2.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org.

NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.



References (continued): 18. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Pediatric Central Nervous System Cancers V.1.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 19. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Rectal Cancer V.3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 20. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Small Bowel Adenocarcinoma V.4.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 21. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Soft Tissue Sarcoma V.1.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 22. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Thyroid Carcinoma V.3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the quideline, go online to NCCN.org. 23. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Uterine Neoplasms V.2.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 24. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Vulvar Cancer V.4.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12, 2024. To view the most recent version of the guideline, go online to NCCN.org. 25. Data on file. Bayer HealthCare Pharmaceuticals, Inc., Whippany, NJ.

NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.



