When response matters, consider LENVIMA®

in the first-line treatment of uHCC

In the REFLECT study*, LENVIMA®:

Demonstrated non-inferiority to sorafenib in OS
(primary endpoint)[1,2]

13.6 MONTHS

13.6-month median OS, vs. sorafenib (12.3 months)
HR: 0.92, 95% CI: 0.79-1.06

Doubled the median PFS vs. sorafenib
(secondary endpoint)[1,2]

2X

7.3-month median PFS†, vs. sorafenib (3.6 months)
HR: 0.64, 95% CI: 0.55-0.75; $p<0.00001$

Resulted in nearly 3.5 times ORR vs. sorafenib
(secondary endpoint)[1,2]

3.5X

41% ORR† (n=194) vs. 12% (n=59) with sorafenib
$p<0.001$

The most common adverse reactions of any grade observed in patients treated with LENVIMA® (≥20%) were, in order of decreasing frequency, hypertension, fatigue, diarrhea, decreased appetite, decreased weight, arthralgia/myalgia, abdominal pain, palmar-plantar erythrodysesthesia syndrome, proteinuria, dysphonia, hemorrhagic events, hypothyroidism, and nausea.[1]

Indication & clinical use:

LENVIMA® (lenvatinib) is indicated for the first-line treatment of adult patients with unresectable hepatocellular carcinoma (HCC). Efficacy and safety data for Child-Pugh Class B and Class C are not available.

Pediatrics (<18 years): The safety and efficacy of LENVIMA® in children and adolescents <18 years have not been established. LENVIMA® should not be used in children younger than 2 years.

Geriatrics (≥65 years): No overall differences in safety or effectiveness were observed between patients ≥65 years but <75 years, and younger subjects. Patients ≥75 years showed reduced tolerability to LENVIMA®.

LENVIMA® should be prescribed and supervised by a qualified health care professional experienced in the use of antineoplastic therapy.

Most serious warnings & precautions:

Hypertension and its complications: Serious cases of aortic dissection, some fatal, reported with increased blood pressure over baseline or with poorly controlled hypertension. Blood pressure should be well controlled prior to treatment. Early detection and management of hypertension are important to minimize dose interruptions and reductions. Withhold LENVIMA® for Grade 3 hypertension that persists; discontinue for life-threatening hypertension.

Cardiac: Cardiac dysfunction events (cardiopulmonary failure; congestive cardiac failure; cardiogenic shock; cardiac failure) reported, including fatal cases. Monitor for clinical symptoms or signs of cardiac decompensation. Withhold LENVIMA® for Grade 3 cardiac dysfunction until improvement; discontinue for Grade 4 cardiac dysfunction.

Arterial thromboembolism: Exercise caution in patients at risk for, or with a history of, arterial thromboembolic events; discontinue LENVIMA® following an event. Base treatment decisions upon patient benefit/risk.

Gastrointestinal perforation/fistula formation: Serious events, some resulting in death, of gastrointestinal perforation or fistula formation and their sequelae have been commonly reported in clinical trials; discontinue LENVIMA® if these occur.

Hepatotoxicity/hepatic failure: No dosing recommendations available for HCC patients with moderate and severe hepatic impairment. LENVIMA® is not recommended for use in Child-Pugh C patients. Monitor patients for worsening liver function including hepatic encephalopathy. Withhold LENVIMA® for development of Grade 3 or greater liver impairment; discontinue for hepatic failure.

Renal failure/impairment: Risk is primarily due to dehydration/hypovolemia because of diarrhea and vomiting. Withhold LENVIMA® for development of Grade 3 or 4 renal failure/impairment. LENVIMA® is not recommended in patients with end stage renal disease.

Hemorrhage: Hemorrhagic events, some fatal, included epistaxis, hematuria, gingival bleeding and serious tumour-related bleeds. Withhold LENVIMA® for the development of Grade 3 hemorrhage; discontinue for Grade 4.

Posterior Reversible Encephalopathy Syndrome (PRES): Upon appearance of signs/symptoms of PRES, dose interruptions, adjustments, or discontinuation may be necessary.

Other relevant warnings & precautions:

- Prior anticancer treatments
- Wound healing complications
- QT interval prolongation
- Hypocalcemia
- Hypothyroidism/thyroid dysfunction
- Fatigue
- Diarrhea
- Proteinuria
- Fertility
- Pregnancy and breastfeeding
- Blood cell count monitoring
- Electrolyte-disrupting drugs

For more information:

Consult the Product Monograph at https://pdf.hres.ca/dpd_pm/00053223.PDF for important information relating to adverse reactions, drug interactions, and dosing not discussed in this piece. The Product Monograph is also available by calling Eisai Limited at 1-888-551-0547.

*The REFLECT study is a multicenter, randomized, open-label, Phase 3 trial comparing efficacy and safety of LENVIMA® vs. sorafenib in the treatment of 954 patients with previously untreated, unresectable hepatocellular carcinoma. Patients enrolled had Child-Pugh A and BCLC Stage C or B HCC and were ineligible for local liver-directed therapy; had an ECOG PS of 0 or 1; had received no prior systemic therapy for HCC; and had ≥1 measurable target lesion according to mRECIST for HCC. Patients were randomized (1:1) to receive LENVIMA® (n=478; 12 mg for baseline body weight ≥60 kg or 8 mg for baseline body weight <60 kg) orally once daily or sorafenib (n=476) 400 mg orally twice daily until radiological disease progression or unacceptable toxicity. The primary endpoint was OS. REFLECT was designed to show the noninferiority of LENVIMA® to sorafenib for OS. Select secondary efficacy endpoints were PFS and ORR according to mRECIST for HCC.[1,2]

†Tumour assessments were conducted by independent radiology review and were based on mRECIST for HCC criteria, which measure the sum of viable (enhancement in the arterial phase) tumour diameters.

BCLC = Barcelona Clinic Liver Cancer; ECOG PS = Eastern Cooperative Oncology Group performance status; HCC = hepatocellular carcinoma; mRECIST = modified Response Evaluation Criteria in Solid Tumors; ORR = objective response rate; OS = overall survival; PFS = progression-free survival; uHCC = unresectable hepatocellular carcinoma.

REFERENCES

1. LENVIMA® Product Monograph. Eisai Limited. September 2019.
2. Kudo M, et al. *Lancet*. 2018;391:1163-1173.

hhc human health care

LENVIMA® (lenvatinib) capsules 4 mg
RESULTS THAT MATTER