

TREATMENTS FOR MET EXON 14 SKIPPING MUTATED

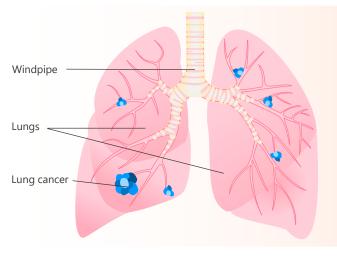
ADVANCED NON-SMALL-CELL LUNG CANCER



Around **1,600 people** are diagnosed with lung cancer **every year**, making it one of the **most common** cancers in Singapore. It is also one of the **leading causes** of cancer-related **deaths** locally.¹

Two in three patients¹ have cancer that has spread outside of the lungs to other parts of the body, which is known as **advanced lung cancer**.

There are different types of lung cancer depending on which cells are affected. Non-small-cell lung cancer or **NSCLC** is the most common type.



Doctors may send samples of the cancer for **testing** to determine which treatment will work best.

Up to 4% of patients with NSCLC have an abnormality (**mutation**) in the exon 14 region of the mesenchymal-epithelial transition (**MET**) gene which helps the cancer grow and spread. This is called **MET exon 14 skipping mutated NSCLC**.

This type of NSCLC is **uncommon** in Singapore. Only 50 patients are diagnosed with it every year.

How is NSCLC treated?

Advanced NSCLC treatment options include:

Chemotherapy

Radiotherapy

Targeted therapy

Immunotherapy +/- chemotherapy

Local doctors often recommend **targeted therapy for** patients with MET exon 14 skipping mutated advanced NSCLC.

Targeted therapy are medicines that can **find** and **stop the growth** of cancer cells with **specific** genetic mutations.

There are 2 targeted therapies approved for patients with MET exon 14 skipping mutated advanced NSCLC. These drugs are known as MET inhibitors:

Capmatinib tablets

Tepotinib tablets



Published studies show that both MET inhibitors are **effective** treatment options.

- ➤ For patients with MET exon 14 skipping mutated advanced NSCLC, **capmatinib and tepotinib** are likely to be **as effective** in **extending** the length of time patients can live without their cancer getting worse.
- Patients treated with either capmatinib or tepotinib are likely to **maintain** their **quality of life**.

ACE reviewed all available clinical evidence and received clinical advice from doctors about each treatment. ACE also negotiated prices with the companies. 2

- Capmatinib and tepotinib may have similar **effectiveness** and **safety** based on published studies and advice from doctors.
- Tepotinib was the best value for money (most cost-effective) at the price proposed by the company.



Tepotinib was **recommended** for government funding³ because it is **effective** and provides the best value for money for treating MET exon 14 skipping mutated advanced NSCLC.



Capmatinib was **not recommended** for funding because its benefits do not justify its cost at the price offered by the company.

Talk to your **doctor** to discuss which treatment is suitable for you. You can also speak to a **medical social worker** if you need further financial assistance, or you can reach out to local patient support groups⁴ if you want to meet people with similar experiences.

. Health Promotion Board National Registry of Diseases Office. Singapore Cancer Registry Annual Report 2019. 28 Jan 2022

ACE Technology Guidance, Capmatinib and tepotinib for treating METex14sk mutated metastatic non-small cell lung cancer. 31 August 2022. Ministry of Health, Singapore. Cancer Drug List. Lung Cancer Education and Advocacy for Patients (LEAP), Singapore Cancer Society.



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^{*} Expenses will differ according to the amount of medicine that each patient needs and does not include other costs for doctor consultations, medical tests etc. MediSave withdrawal is capped at \$600 per month for these treatments. For Singaporeans who are eligible for subsidy, treatment costs will be subsidised by 40% to 75%. For subsidised drugs, expenses have been calculated using prices proposed by the companies including patient assistance programmes. For non-subsidised drugs, prices at public healthcare institutions at the time of subsidy review were used.