Cancer Research Consortium of West Michigan
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FAST FACTS

MATCH Treatment Subprotocol C1: Crizotinib in Patients with Tumors with MET Amplification

Crizotinib 250mg PO BID until progression or toxicity

Cycle = 28 days

1. Patient must fulfill all eligibility criteria outlined in Section 3.1 of MATCH Master protocol (excluding Section 3.1.6) at the time of registration to treatment step (Step 1, 3, 5, 7).
2. Patient must have MET amplification as defined by the MATCH NGS assay. Amplified MET will be defined as ≥ 7 copies/cell. See Appendix V for a list of the MET mutations and corresponding Levels of Evidence.
3. Patients must have an electrocardigram (ECG) within 8 weeks prior to treatment assignment and must not have clinically important abnormalities in rhythm, conduction or morphology of resting ECG, including complete left bundle branch block, third degree heart block.
4. Patients must not have known hypersensitivity to crizotinib or compounds of similar chemical or biologic composition.
5. Patient must not have had any of the following prior therapies: AMG 337, BMS 777607, Cabozantinib (XL184), Crizotinib (PF02341066), EMD1214063, Foretinib (GSK1363089) (XL880), Golvatinib (E7050), IncB28060 (INC280), JNJ 8877605, MGCD265, MK2461, MSC2156119J, PF 04217903, SGX523, Tivantinib (ARQ197) or any other novel MET TKI with any MET inhibitory activity IC50 < 1 uM. Prior anti-HGF or anti-MET antibodies are acceptable.
6. Patients must not have a history of extensive disseminated/bilateral or known presence of Grade 3 or 4 interstitial fibrosis or interstitial lung disease, including a history of pneumonitis, hypersensitivity pneumonitis, interstitial pneumonia, interstitial lung disease, obliterative bronchiolitis, and pulmonary fibrosis, but not history of prior radiation pneumonitis.
7. Patients must not have had myocardial infarction, severe/unstable angina, coronary/peripheral artery bypass graft, congestive heart failure, or cerebrovascular accident including transient ischemic attack within 3 months prior to start of study treatment * Clinically significant GI abnormalities that may alter absorption (e.g., malabsorption syndrome, major resection of stomach or small bowel).
8. Patients using drugs or foods that are known strong CYP3A4 inhibitors or inducers will be excluded. Patients must not require concurrent use of CYP3A substrates with narrow therapeutic indices. Please see Appendix II.
9. Patients must not have had major surgery or tumor embolization within 4 weeks and minor surgery within 2 weeks prior to the initiation of the study drug.