

FDA grants accelerated approval to zenocutuzumab-zbco for non-small cell lung cancer and pancreatic adenocarcinoma

On December 4, 2024, the Food and Drug Administration granted accelerated approval to zenocutuzumab-zbco (Bizengri, Merus N.V.) for adults with the following:

- advanced, unresectable, or metastatic non-small cell lung cancer (NSCLC) harboring a neuregulin 1 (*NRG1*) gene fusion with disease progression on or after prior systemic therapy, or
- advanced, unresectable, or metastatic pancreatic adenocarcinoma harboring a *NRG1* gene fusion with disease progression on or after prior systemic therapy.

This represents the first FDA approval of a systemic therapy for patients with NSCLC or pancreatic adenocarcinoma harboring an *NRG1* gene fusion.

Full prescribing information for Bizengri will be posted on Drugs@FDA (<https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm>).

Efficacy was evaluated in the eNRGy study (NCT02912949), a multicenter, open-label, multicohort trial. The trial enrolled 64 adults with advanced or metastatic *NRG1* fusion-positive NSCLC and 30 adults with advanced or metastatic *NRG1* fusion-positive pancreatic adenocarcinoma who had disease progression following standard of care treatment. Identification of positive *NRG1* gene fusion status was prospectively determined by next generation sequencing assays.

The major efficacy outcome measures were confirmed overall response rate (ORR) and duration of response (DOR), determined by blinded independent central review according to RECIST v1.1. For NSCLC, ORR was 33% (95% CI: 22%, 46%) and median DOR was 7.4 months (95% CI: 4.0, 16.6). For pancreatic adenocarcinoma, ORR was 40% (95% CI: 23%, 59%) and the DOR range was 3.7 months to 16.6 months.

In the pooled safety population, the most common adverse reactions ($\geq 10\%$) were diarrhea, musculoskeletal pain, fatigue, nausea, infusion-related reactions, dyspnea, rash, constipation, vomiting, abdominal pain, and edema. The most common Grade 3 or 4 laboratory abnormalities

(≥10%) were increased gamma-glutamyl transferase, decreased hemoglobin, decreased sodium, and decreased platelets. The prescribing information includes a Boxed Warning for embryo-fetal toxicity.

The recommended zenocutuzumab-zbco dose is 750 mg, as an intravenous infusion every 2 weeks, until disease progression or unacceptable toxicity.


Expedited Programs

This review used the [Assessment Aid \(/about-fda/oncology-center-excellence/assessment-aid\)](#), a voluntary submission from the applicant to facilitate the FDA's assessment.

This application was granted priority review, breakthrough designation, and orphan drug designation. FDA expedited programs are described in the [Guidance for Industry: Expedited Programs for Serious Conditions-Drugs and Biologics \(/regulatory-information/search-fda-guidance-documents/expedited-programs-serious-conditions-drugs-and-biologics\)](#).

Healthcare professionals should report all serious adverse events suspected to be associated with the use of any medicine and device to FDA's [MedWatch Reporting System \(https://www.accessdata.fda.gov/scripts/medwatch/index.cfm\)](#) or by calling 1-800-FDA-1088.

For assistance with single-patient INDs for investigational oncology products, healthcare professionals may contact OCE's [Project Facilitate \(/about-fda/oncology-center-excellence/project-facilitate\)](#) at 240-402-0004 or email OncProjectFacilitate@fda.hhs.gov (<mailto:OncProjectFacilitate@fda.hhs.gov>).

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