EGFRChannel | OncLive

VRN110755 in *EGFR*-mutant NSCLC

Phase 1a REACH-EGFR study

Navigating the Rapidly Shifting Therapeutic Landscape From Frontline Standard of Care to Next-Gen TKIs

Headline numbers 87.5%

ctDNA reduction in all 6 evaluable patients

25.8%
Confirmed ORR in *EGFR*-confirmed subset

96.8%
Disease control rate, 3rd-line+ population

100%
Overall ORR, 160–400 mg monotherapy cohort

What is VRN110755?

A next-generation, brain-penetrant, noncovalent EGFR tyrosine kinase inhibitor designed to selectively target oncogenic *EGFR* mutations–including C797S-mediated resistance after osimertinib–while sparing wild-type *EGFR*.

Once-daily oral dosing of a brain-penetrant noncovalent TKI covers C797S resistance to common and uncommon *EGFR* mutations.

Safety compared to osimertinib

VRN110755 safety profile

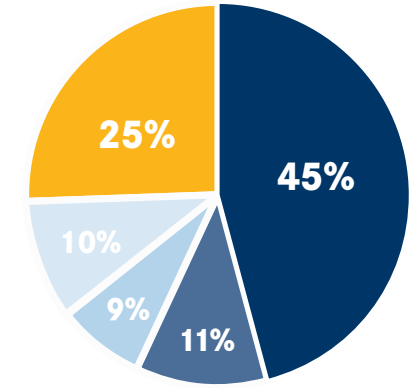
- Any-grade TRAEs in 60% of patients
- Only 2% grade 3+ (no grade 4 events)
- No dose-limiting toxicities at any dose up to 480 mg
- No clinically meaningful QT prolongation or ILD
- Lower rates of stomatitis, rash, diarrhea, fatigue vs osimertinib 80 mg

Patient population

Who was enrolled

- **65 patients, median age 60**
- **66%** female, **98%** Asian
- **Median 3** prior lines of therapy
- **45%** had CNS metastases at baseline

EGFR mutation breakdown

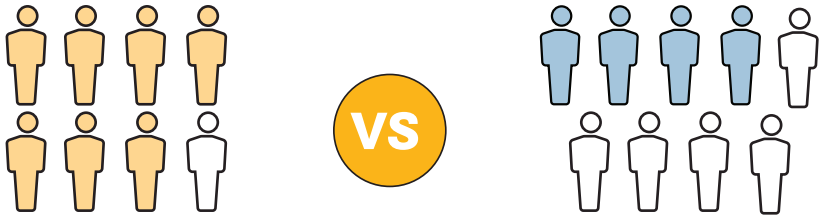


Efficacy highlights

Responses seen at

- Partial responses at 40 mg through 400 mg
- Tumor shrinkage −41% to −54.5% from baseline
- 5 of 6 evaluable patients: complete ctDNA clearance

C797S-mutant comparison



VRN110755
87.5% PR rate (7/8 patients)

Silevertinib
44.4% PR rate (4/9 patients)

Where the study goes next

- RP2D not yet determined – dose optimization ongoing
- 480 mg dose level completed in escalation schema
- Phase 1b expansion cohorts at 160, 240, 320, and 400 mg
- PK supports once-daily dosing; plasma concentrations exceed IC_{50} at ≥160 mg

Source: Jung et al, 2026 AACR Annual Meeting, Abstract LB336