Neladalkib

This is the name of Nuvalent Inc's 4th generation TKI – formerly known as NVL-655.

The clinical trial of this drug (ALKOVE-1) started in June 2022 and three hospitals in the UK participated (The Royal Marsden in London, The Christies in Manchester and Western General in Edinburgh).

Phase 1 was designed to evaluate the safety and tolerability of the drug, determine the recommended phase 2 dose, and evaluate the antitumor activity.

Phase 2 determined the objective response rate, duration of response, time to response, progression-free survival, overall survival, and clinical benefit rate.

The trial produced very positive results and, in May 2024, the USA's Food and Drug Administration (FDA) granted break through therapy designation to expedite development.

The trial has now closed to new recruits and a final report is expected in March next year. This means that the trial is no longer available to patients who, in future, exhaust all other TKIs.

A new Phase 3 trial will open in the first half of 2025 comparing Neladalkib with Alectinib as a first line treatment for newly diagnosed patients.

Patients currently on the Phase1/2 trial will remain on the trial and continue to receive the drug.

Nuvalent has opened an Expanded Access Programme (EAP). This is a potential pathway for patients to gain access to Neladalkib outside of a clinical trial when no comparable or satisfactory alternative therapy option is available.

However, the EAP has certain limitations –

1. Patients will be considered for the AEP only if there is no comparable or satisfactory alternative available. Nuvalent has confirmed that a patient taking Lorlatinib who progresses will not have to be given chemotherapy before accessing the EAP.

2. Nuvalent has approved only the three trial hospitals as being able to access the EAP. Their reason for this is that the hospital should have experience with the drug and have the capability, including adequate facilities, equipment, and personnel, to administer the drug and provide any care for the patient needed in a safe manner. Patients' own oncologist can make referrals to the EAP providing a trial hospital has agreed to treat the patient.

3. Patients participating in the trial had their expenses paid by Nuvalent. In the trial Nuvalent reimbursed the hospital for all their costs but, under the EAP, Nuvalent will supply the drug but not meet any other costs incurred by the hospital or the patient.

The big question is whether the three trial hospitals will treat out-of-area NHS patients under the EAP. The charity is communicating with Nuvalent and the three hospitals to find answers.