Update on Cabozantinib

Neuroendocrine Cancer Foundation Interview with Dr. Aman Chauhan

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Lisa Yen: I'm Lisa Yen, Director of Programs and Outreach for the Neuroendocrine Cancer Foundation, and I'm here in Miami with Dr. Aman Chauhan. Dr. Chauhan, you've been a world traveler. I know you were recently in Berlin where you attended a large medical conference out there, and there was some exciting data about a new drug for neuroendocrine tumor, not a new drug for cancer, but a new drug for neuroendocrine tumor that was just FDA approved in March of this year. Can you explain a little bit about this drug and what that is and what the data showed?

Dr. Aman Chauhan: Thank you, Lisa, for having me here. So earlier this year, we got the best news of 2025 in neuroendocrine oncology. That is a new drug was approved called **Cabozantinib**. And this is based on a clinical trial called **CABINET**. It was a trial led by ALLIANCE group and a good friend of ours, Dr. Jennifer Chan from Dana -Farber, brilliantly designed study. They tested this pill called Cabozantinib, which is a **VEGF TKI**.

It's a targeted therapy, so not like a chemotherapy. And it was tested in both pancreatic NETs as well as patients who had extra-pancreatic NET. That could be small bowel NET, rectal NET, or lung NET. And the study was resoundingly positive where the data was so good the FDA approved it for use in metastatic neuroendocrine tumor patients.

Now earlier this month a subgroup analysis was presented at ESMO in Berlin where we were where the data regarding effectiveness of Cabozantinib in **lung NET patients** was revealed. And as expected, it was found that is very effective in lung NET subgroup as well. Mind you, lung NETs unfortunately are often neglected in many clinical trials. So big kudos to CABINET team to include lung NET patients because it is otherwise very difficult to find treatments or approved treatments for lung NET patient population. Almost 20 % of CABINET population belong to thoracic NETs including thymic neuroendocrine tumor. And what we learned: just like how Cabozantinib is very effective to control disease in pancreatic and extra pancreatic, lung NET population also benefited big time including typical and atypical or higher-grade intermediate

grade well-differentiated neuroendocrine tumor. So, a big shout out to the CABINET team. They did a fantastic study in a good timeline, and it has changed the practice.

Lisa Yen Yeah, I know we have several videos and conversations with Dr. Jennifer Chan as she's been rolling out this data over the years. We've interviewed her in Madrid and Barcelona where we talked about all the data as it's been rolling out. How does this one change the field for neuroendocrine?

Dr. Aman Chauhan: So especially lung NET patients are very unique and also challenging patient population because a large subset of lung NET patients don't express somatostatin receptors. That renders them ineligible for somatostatin analogs and PRRT. Those are our two important tools. So, we always struggle to find appropriate treatment for lung NET patients, especially if they are somatostatin receptor negative. Now we have a very effective tool in Cabozantinib in addition to Everolimus and CAPTEM. And we really needed more treatment options for especially lung NET patients.

So, this is a big step forward. The other unique thing about CABINET study was that they included **higher-grade well-differentiated** patients. This is a very rare but unmet clinical need where we have very few treatment options for grade three well-differentiated neuroendocrine tumors. Outside chemotherapy, the data regarding targeted therapy is very limited. So, Cabozantinib was found to be very effective even in higher grade or higher grade two, grade three, well differentiated neuroendocrine tumor and expand some of our tools to fight this disease.

Lisa Yen: Yeah, that's really helpful to know that it can work for a wide variety of neuroendocrine tumor and also for people who've tried other drugs and treatments.

Dr. Aman Chauhan: Absolutely. So overall, this has been a big success, and it is now paving the way for further drug development, and there is a next generation of VEGF TKI called **Zanzalintinib** that is looking very promising based on some early clinical trials from other cancer types, from safety profile and effectiveness. So I'm very happy to see that now this drug would be available to NET patients under clinical trial protocol for a **phase 3 study**. So, stay tuned for more information on this and check out **ClinicalTrials.gov** to look for sites near you.

Lisa Yen: What is that drug again, could you just repeat that?

Dr. Aman Chauhan: Zanzalintinib. I like to call it **Zanza**. It's so much easier to say it. But Zanzalintinib.

Lisa Yen: So, wow. So, it's a new drug in development that is related to Cabozantinib in some way?

Dr. Aman Chauhan: Yes. It is in a way you can say the next generation of Cabozantinib, which some may argue might be better and also safer. But that is yet to be proven in the clinical trials, but it is the more refined next generation of a VEGF TKI.

Lisa Yen: That's really exciting that this drug was just FDA approved and they're already working on the next one. Wow.

Dr. Aman Chauhan: Yes, so much energy and enthusiasm in our industry partners to help us find newer and better treatment. So, we are not stopping with one approved drug. We are constantly trying to raise our bar, find better drug, the next improvement next incremental improvement so hats off to not only the patient advocates and the patients and the government but our industry partners without whom we would not be able to be where we are today.

Lisa Yen: It's a team effort for sure.

Dr. Aman Chauhan: Absolutely.

Lisa Yen: Well, thank you so much. Appreciate you.

Dr. Aman Chauhan: Thank you, Lisa.

***Clarification:** The recent CABINET subgroup analysis presented at ESMO included thoracic NET patients (lung and thymic), with approximately 80% being lung NETs. Additionally, in the epNET cohort, about 20% of patients had lung NETs.*