

Supplemental information

**Strategies for mitigating adverse events
related to selective RET inhibitors
in patients with RET-altered cancers**

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SUPPLEMENT

Supplementary Table 1. ORR among the different RET inhibitors

| Reference | Phase | RET inhibitor | Disease | Response rate for RET alterations (%) |
|---|-------|---------------|--|--|
| Schlumberger et al., 2017 ¹ | III | cabozantinib | RET-mutant MTC | 28 (34% if RET M918T mutation) |
| Drilon et al., 2016 ² | II | cabozantinib | RET-fusion NSCLC | 28 |
| Wells et al., 2012 ³ | III | vandetanib | RET-mutant MTC* | 30.9-51.8 |
| Wirth et al., 2020/2022 ⁴ | I/II | selpercatinib | RET-mutant MTC** | 73 (69% if previous non-selective RET inhibitor) |
| Drilon et al., 2020/2022 ⁵ | I/II | selpercatinib | RET-fusion NSCLC | 85 (64% if previous platinum treatment) |
| Subbiah et al., 2022 ⁶ (LIBRETTO-001) | I/II | selpercatinib | RET-fusion pan-tumor (except MTC and NSCLC) | 43.9 |
| Subbiah et al., 2021 ⁷ (cohort from ARROW trial) | I/II | pralsetinib | RET-mutant MTC or RET-fusion thyroid cancer | 71 (89% if RET-fusion thyroid cancer; 60% of ORR in second line) |
| Griensinger et al., 2022 ⁸ (cohort from ARROW trial) | I/II | pralsetinib | RET-fusion NSCLC | 72 |
| Subbiah et al., 2022 ⁹ (ARROW trial) | I/II | pralsetinib | RET-altered pan-tumor (except MTC and NSCLC) | 57 |

*Patients with MEN2A (type 2A multiple endocrine neoplasia), MEN2B (type 2B multiple endocrine neoplasia), or FMTC (familial medullary thyroid cancer) and a germline RET mutation were eligible.

**Mutations non-specified in the inclusion criteria

Supplementary Table 2. Selpercatinib suggested dose modification

| Dose reduction | Less than 50 Kg | \geq 50 Kg |
|----------------|--------------------------|---------------------------|
| First | 80 mg orally twice daily | 120 mg orally twice daily |
| Second | 40 mg orally twice daily | 80 mg orally twice daily |
| Third | 40 mg orally once daily | 40 mg orally twice daily |

Supplementary Table 3. Pralsetinib suggested dose modification

| Dose reduction | All patients |
|----------------|--------------------------|
| First | 300 mg orally once daily |
| Second | 200 mg orally once daily |
| Third | 100 mg orally once daily |

Supplementary Table 4: Selpercatinib Dose Modifications when Combined with Moderate and Strong CYP3A Inhibitors

| Current Selpercatinib Dosage | Recommended Selpercatinib Dosage | |
|------------------------------|----------------------------------|--------------------------|
| | Moderate CYP3A Inhibitor | Strong CYP3A Inhibitor |
| 120 mg orally twice daily | 80 mg orally twice daily | 40 mg orally twice daily |
| 160 mg orally twice daily | 120 mg orally twice daily | 80 mg orally twice daily |

Supplementary Table 5: Pralsetinib Dose Modifications when Combined with P-gp and Strong CYP3A Inhibitors

| Current Pralsetinib Dosage | Recommended Pralsetinib Dosage |
|-----------------------------------|---------------------------------------|
| 400 mg orally once daily | 200 mg orally once daily |
| 300 mg orally once daily | 200 mg orally once daily |
| 200 mg orally once daily | 100 mg orally once daily |

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