The disease control rate was 100% for BRAFi naïve and 64% for BRAFi pretreated melanoma patients and 67% for PTC patients.

Table 2. Clinical Efficacy—Phase Ib

<table>
<thead>
<tr>
<th>Tumor Type</th>
<th>BRAFi naïve melanoma</th>
<th>BRAFi pretreated melanoma</th>
<th>PTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best overall response</td>
<td>51 (33-68)</td>
<td>51 (25-70)</td>
<td>60 (30-67)</td>
</tr>
<tr>
<td>Complete response</td>
<td>7 (10.0)</td>
<td>1 (1.6)</td>
<td>—</td>
</tr>
<tr>
<td>Partial response</td>
<td>14 (20.0)</td>
<td>11 (17.2)</td>
<td>0</td>
</tr>
<tr>
<td>Progressive disease</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Stable disease</td>
<td>30 (43.3)</td>
<td>39 (59.0)</td>
<td>60 (30.0)</td>
</tr>
<tr>
<td>Duration of response</td>
<td>6 (2-42)</td>
<td>223 (18-950)</td>
<td>(NA)</td>
</tr>
</tbody>
</table>

DISCLOSURES

The authors have no conflicts of interest to disclose.

REFERENCES

2. Winkel S, et al. Presented at the 22nd EORTC-NCI-AACR Symposium on Molecular Targets and Cancer Therapeutics; November 16-19, 2010; Berlin, Germany.
3. Nadege Pfender, and Darrin Stuart) for providing support for this presentation.
4. The authors have no conflicts of interest to disclose.

RESULTS (cont)

Figure 4. Summary of Dose-Escalation Schedule, Patient Treatment, and DLTs (as of April 16, 2013)

Figure 5. Median PK Profiles at Day 1 and Day 15 for LGX818 and MEK162

Figure 6. Best Confirmed Responses by Disease State and BRAFi Status

Table 3. AEs Suspected to Be Treatment Related (% of Patients)

<table>
<thead>
<tr>
<th>Tumor Type</th>
<th>BRAFi naïve melanoma</th>
<th>BRAFi pretreated melanoma</th>
<th>PTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 1</td>
<td>51 (33-68)</td>
<td>51 (25-70)</td>
<td>60 (30-67)</td>
</tr>
<tr>
<td>Grade 2</td>
<td>1 (1.6)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Grade 3</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Grade 4</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Cardiac disorders</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Dermatologic</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Hematologic</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Liver anomalies</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Metabolic disorders</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Nervous system disorders</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Skin disorders</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Endocrine</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Urinary tract</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Other disorders</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>

CONCLUSIONS

The combination of LGX818 and MEK162 is being planned for advanced BRAF V600E mutation-positive melanoma and PTC patients.

REFERENCES

2. Winkel S, et al. Presented at the 22nd EORTC-NCI-AACR Symposium on Molecular Targets and Cancer Therapeutics; November 16-19, 2010; Berlin, Germany.
3. Nadege Pfender, and Darrin Stuart) for providing support for this presentation.
4. The authors have no conflicts of interest to disclose.

RESULTS

Figure 1. Mechanism of Action of Study Medications

Figure 2. Practical Data in a Model of BRAF-Mutant Melanoma Support the Combination of LGX810 and MEK162

Figure 3. Study Design

RESULTS (cont)

Figure 4. Summary of Dose-Escalation Schedule, Patient Treatment, and DLTs (as of April 16, 2013)

Figure 5. Median PK Profiles at Day 1 and Day 15 for LGX818 and MEK162

Figure 6. Best Confirmed Responses by Disease State and BRAFi Status

Table 1. Patient Characteristics—Phase Ib

Table 2. Clinical Efficacy—Phase Ib

Table 3. AEs Suspected to Be Treatment Related (% of Patients)

CONCLUSIONS

The combination of LGX818 and MEK162 is being planned for advanced BRAF V600E mutation-positive melanoma and PTC patients.

REFERENCES

2. Winkel S, et al. Presented at the 22nd EORTC-NCI-AACR Symposium on Molecular Targets and Cancer Therapeutics; November 16-19, 2010; Berlin, Germany.
3. Nadege Pfender, and Darrin Stuart) for providing support for this presentation.
4. The authors have no conflicts of interest to disclose.

RESULTS (cont)

Figure 1. Mechanism of Action of Study Medications

Figure 2. Practical Data in a Model of BRAF-Mutant Melanoma Support the Combination of LGX810 and MEK162

Figure 3. Study Design

RESULTS (cont)

Figure 4. Summary of Dose-Escalation Schedule, Patient Treatment, and DLTs (as of April 16, 2013)

Figure 5. Median PK Profiles at Day 1 and Day 15 for LGX818 and MEK162

Figure 6. Best Confirmed Responses by Disease State and BRAFi Status

Table 1. Patient Characteristics—Phase Ib

Table 2. Clinical Efficacy—Phase Ib

Table 3. AEs Suspected to Be Treatment Related (% of Patients)

CONCLUSIONS

The combination of LGX818 and MEK162 is being planned for advanced BRAF V600E mutation-positive melanoma and PTC patients.

REFERENCES

2. Winkel S, et al. Presented at the 22nd EORTC-NCI-AACR Symposium on Molecular Targets and Cancer Therapeutics; November 16-19, 2010; Berlin, Germany.
3. Nadege Pfender, and Darrin Stuart) for providing support for this presentation.
4. The authors have no conflicts of interest to disclose.

RESULTS (cont)

Figure 1. Mechanism of Action of Study Medications

Figure 2. Practical Data in a Model of BRAF-Mutant Melanoma Support the Combination of LGX810 and MEK162

Figure 3. Study Design

RESULTS (cont)

Figure 4. Summary of Dose-Escalation Schedule, Patient Treatment, and DLTs (as of April 16, 2013)

Figure 5. Median PK Profiles at Day 1 and Day 15 for LGX818 and MEK162

Figure 6. Best Confirmed Responses by Disease State and BRAFi Status

Table 1. Patient Characteristics—Phase Ib

Table 2. Clinical Efficacy—Phase Ib

Table 3. AEs Suspected to Be Treatment Related (% of Patients)