

MET Fact Sheet

If a biomarker test shows you have MET positive (MET+) non-small cell lung cancer (NSCLC), what does that mean? This fact sheet explains the diagnosis and how it might affect your treatment.



WHAT IS MET?

The MET gene produces **a protein that plays a role in cell growth and cell signaling**, which is how cells communicate and keep your body working well. When the MET gene changes, or mutates, a malfunction in cell signaling can cause cancer to grow and spread. MET mutations are found not only in lung cancers, but also in liver, kidney, head and neck cancers. The cause is not yet known.



WHO HAS MET+ LUNG CANCER?

About 3-4% of people with NSCLC test positive for MET.



HOW DO DOCTORS TREAT MET+ LUNG CANCERS?

There are two types of MET+ NSCLC, MET overexpression and the MET exon 14 skipping mutation. Chemotherapy and immunotherapy are the standard of care for MET overexpression, and there are two U.S. Food and Drug Administration approved targeted therapies for the exon 14 skipping variation: capmatinib (Tabrecta), taken twice a day, and tepotinib (Tepmetko), taken once a day. Targeted treatments can prevent cancer from growing and spreading, while having far fewer side effects than chemotherapy. Other treatments may be available in clinical trials.

Common side effects of these drugs include:

- Decreased appetite (Tabrecta only)
- Diarrhea
- Fatigue
- Nausea and vomiting
- Shortness of breath
- Swelling of the legs

In rare cases, Tabrecta and Tepmetko may cause serious lung, breathing or liver problems. Sun protection is recommended for people taking Tabrecta because it can increase sensitivity to the sun.