

Clinical activity Of BLU-554, a potent, highly-selective FGFR4 inhibitor in advanced HCC with FGFR4 pathway activation

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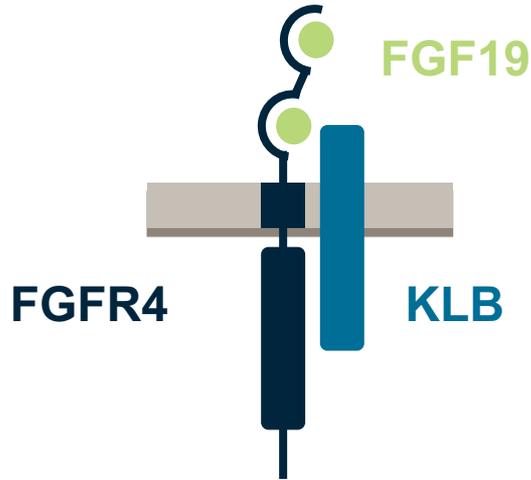
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Disclosures

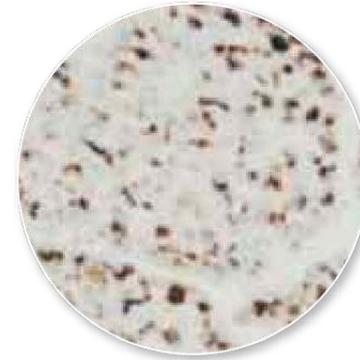
- BLU-554 is an investigational agent currently in development by Blueprint Medicines Corporation (Blueprint Medicines)
- Dr Yoon-Koo Kang is an investigator for Blueprint Medicines' ongoing Phase 1 studies in advanced HCC
- Dr Yoon-Koo Kang has the following disclosures:
 - Consultant: Blueprint Medicines, BMS, Ono, Astra Zenca, Roche, Merck, Novartis, Sanofi, Bayer, Daehwa, LSK Biopharma,
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 - Expert testimony: none
 - Patents: none

FGF19 identified as a potential HCC driver¹⁻⁴

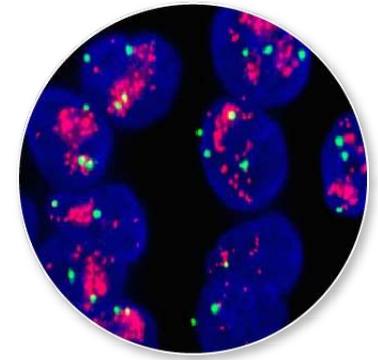
Pathway components



Pathway diagnostics



FGF19 IHC+
~30% HCC

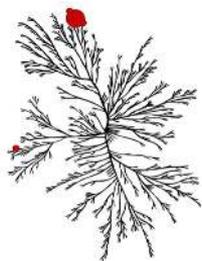


FGF19 FISH+
~7% HCC

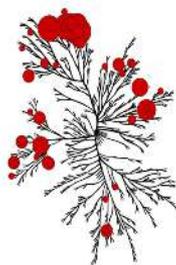
- FGF19 is a mitogen that signals via FGFR4 and KLB
 - Normal liver and HCC express FGFR4 and KLB
- Aberrant FGF19 expression may drive HCC and confer poor prognosis

BLU-554: a potent and highly selective FGFR4 inhibitor for HCC

BLU-554



Sorafenib

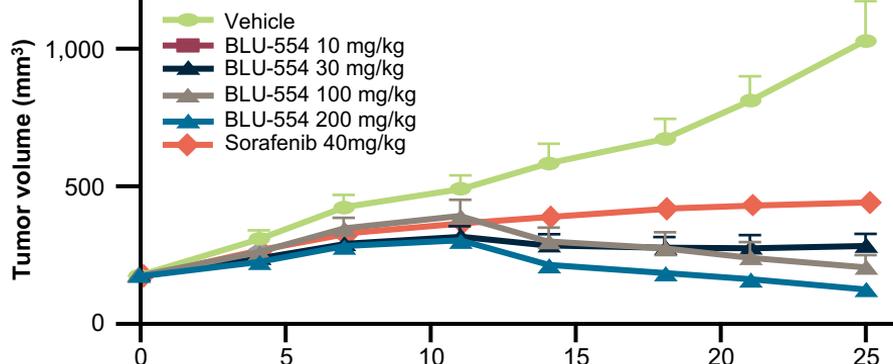


Regorafenib

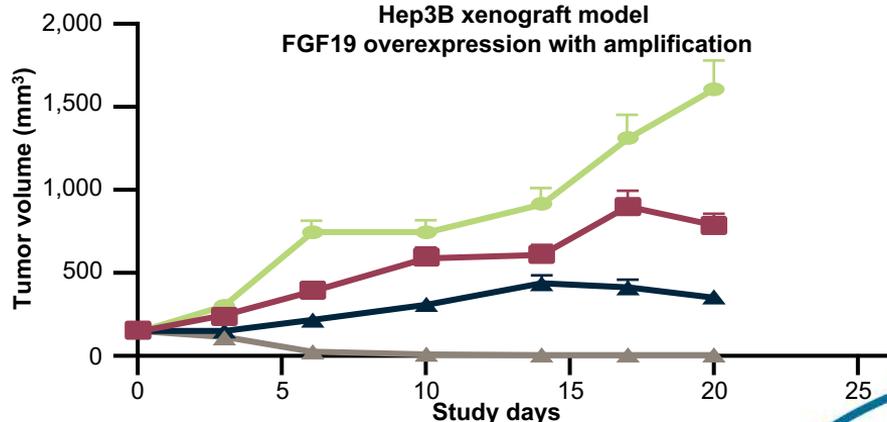


	Inhibitory Mechanism	TEL-FGFR4 IC ₅₀ nM Cellular
BLU-554	Type 1 Irreversible	3.5
sorafenib	Type 2 Reversible	4,142
regorafenib	Type 2 Reversible	3,021

LIX-066 PDX model
FGF19 overexpression without amplification



Hep3B xenograft model
FGF19 overexpression with amplification



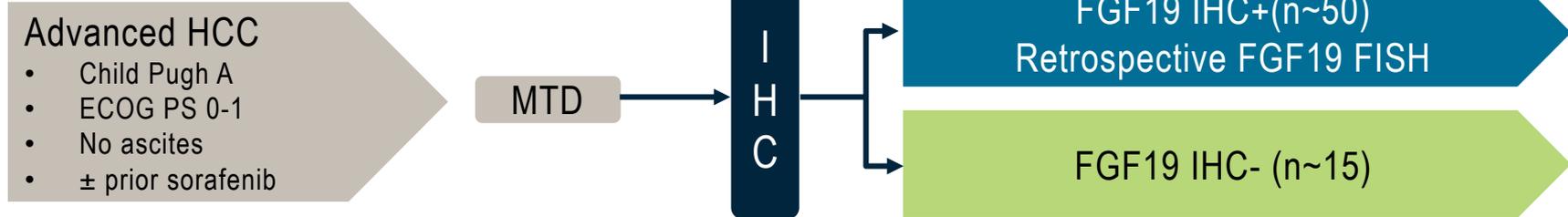
BLU-554: first-in-human study

Key objectives

- Define MTD, safety profile, pharmacokinetics and pharmacodynamics
- Assess preliminary anti-tumor activity in relation to FGF19 IHC and FISH status

Part 1: Dose escalation – completed

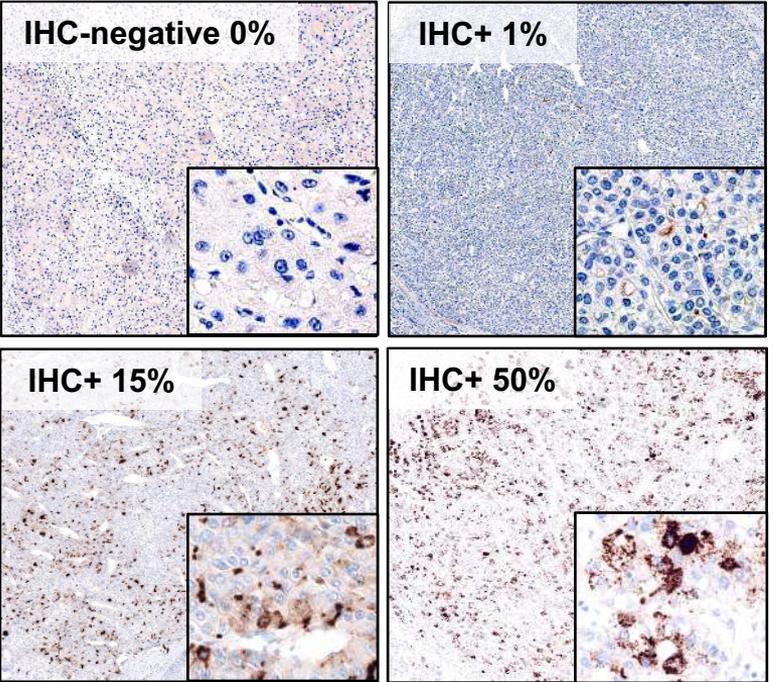
Part 2: Dose expansion – enrolling



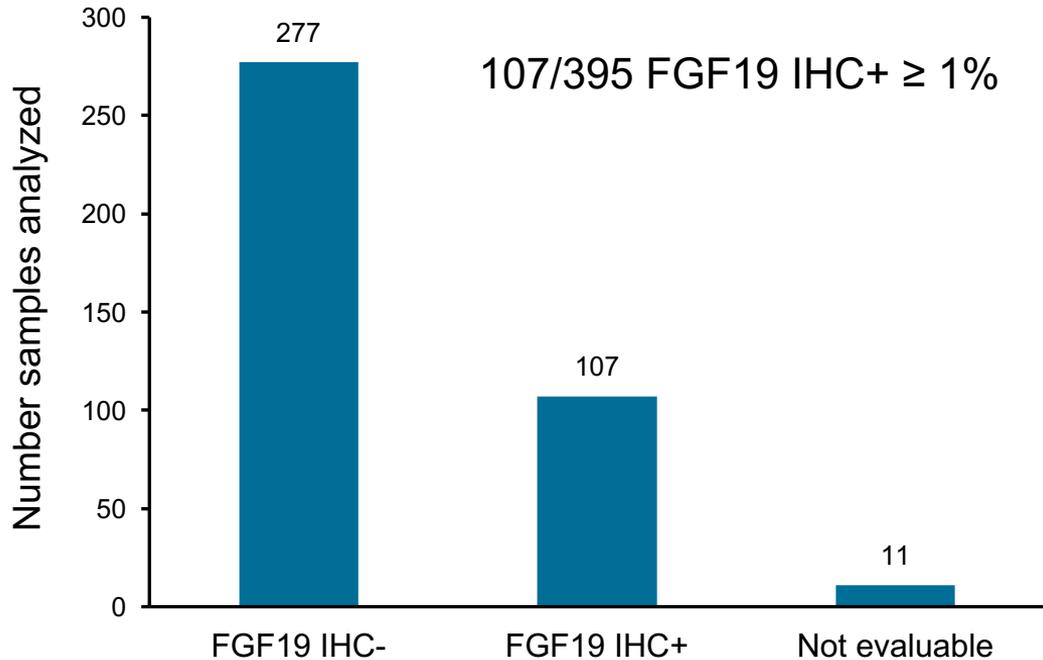
- 3+3 dose escalation (140-900 mg PO QD)
- 600 mg established as MTD

FGF19 immunohistochemistry (IHC) identifies aberrant pathway activation

Central Laboratory IHC



Aberrant pathway activation in 27%



Data are preliminary as of data cut off: 18 August 2017

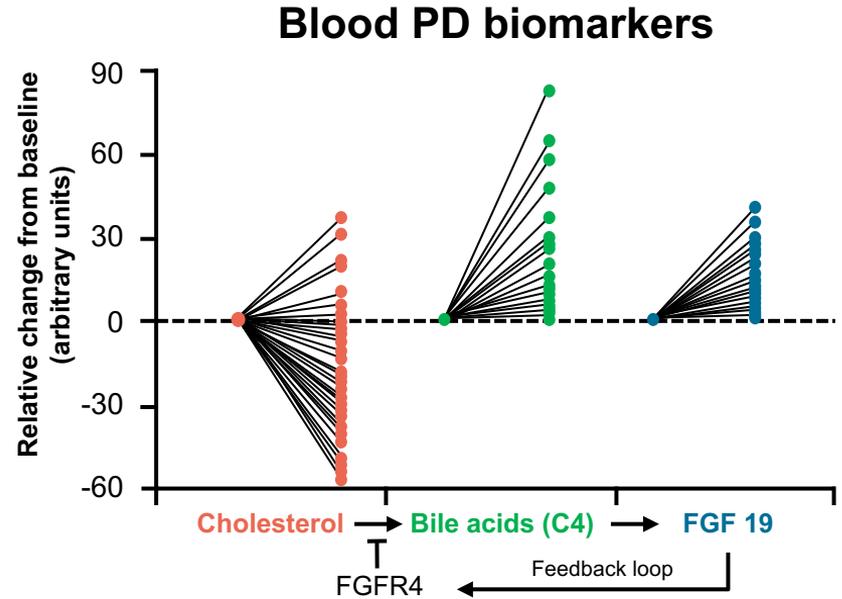
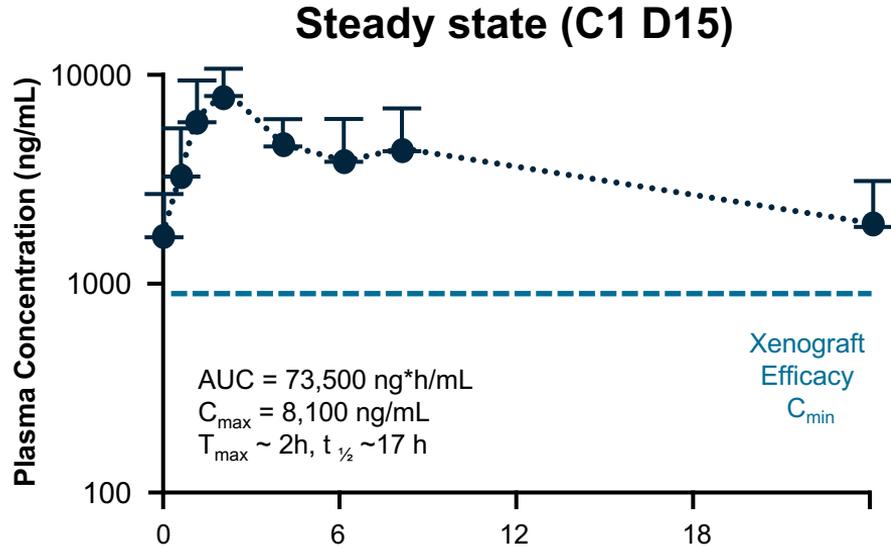
Patient demography and baseline characteristics

- Predominantly 2nd line/post-sorafenib patient population
- IHC+: more MVI* and higher AFP**

Parameter, n (%)	All patients, N = 77 n=25 escalation; n=52 expansion
Age – years, median (range)	61 (18–85)
Gender – male	60 (78)
Etiology	
Non-viral	10 (13)
HBV	36 (47)
HCV	10 (13)
Other/unknown	21 (27)
Metastatic Disease	61 (79)
FGF19 IHC	
IHC ≥1% (IHC+)	44 (57)
IHC <1% (IHC-)	28 (36)
Unknown	5 (6)

Parameter, n (%)	All patients, N = 77 n=25 escalation; n=52 expansion	
FGF19 FISH		
FISH+	5 (6)	
FISH-	58 (75)	
Unknown	11 (14)	
Pending	3 (4)	
Prior Therapy		
Surgical resection	58 (75)	
Radiotherapy	25 (32)	
TACE / embolization	40 (52)	
Immunotherapy	18 (23)	
nivolumab	15 (19)	
Kinase inhibitor	63 (82)	
sorafenib	62 (81)	
Systemic therapy	70 (91)	
	FGF19 IHC+	FGF19 IHC-
<u>MacroVascular Invasion*</u>	18 (41)	5 (15)
AFP ≥400 (ng/mL)**	27 (61)	8 (24)

BLU-554 pharmacokinetics and pharmacodynamics



- Steady state exposure provides $C_{trough} > C_{min}$ associated with xenograft efficacy
- Long half life supports QD dosing
- Blood biomarkers demonstrate consistent pathway modulation

Data are preliminary as of data cut off: 18 August 2017

PK and PD represent 600mg expansion dose

AUC, area under the curve; C1, Cycle1; C_{max} , maximum blood plasma concentration; C_{min} , minimum blood plasma concentration; D15, Day15; PD, pharmacodynamics; PK, pharmacokinetic; QD, one a day; T_{max} , time to maximum blood plasma concentration

Radiographic response in post-sorafenib non-viral HCC 7

Week 0

8

16

24

32

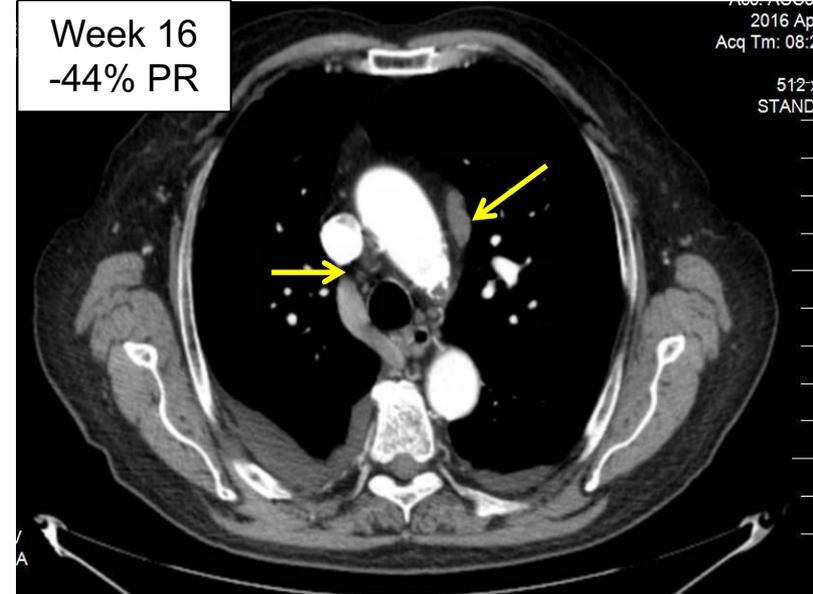
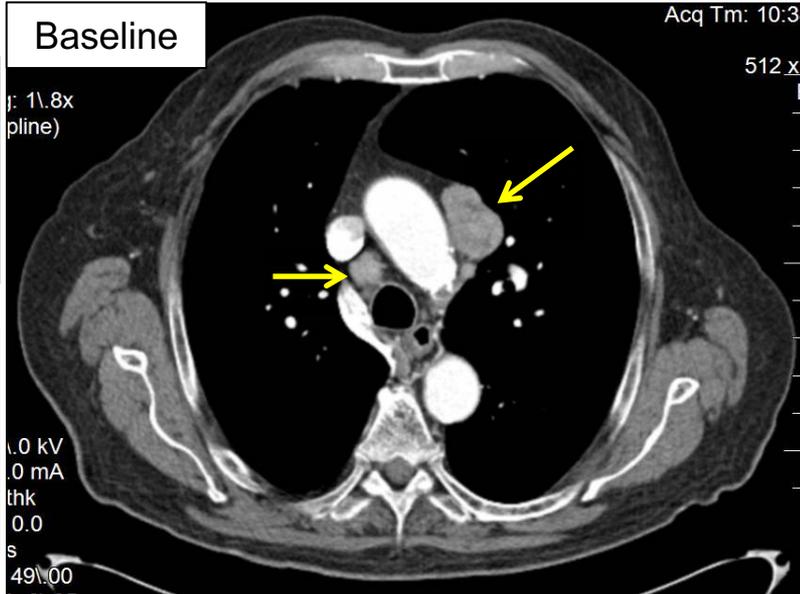
Baseline

-26% SD

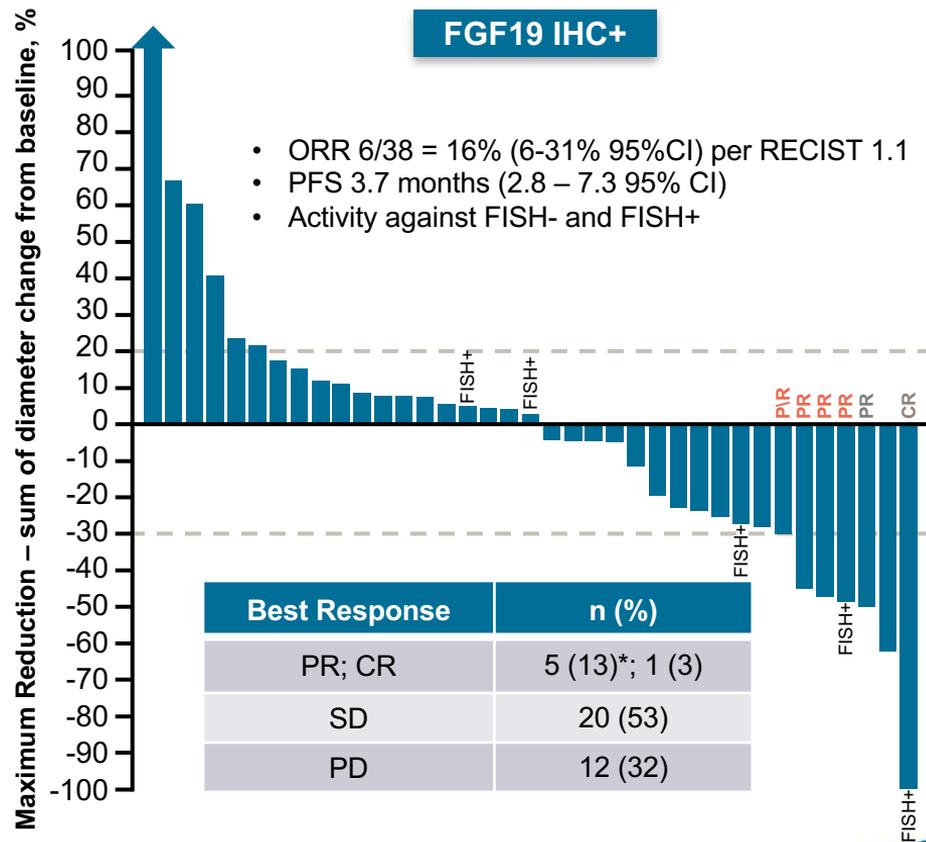
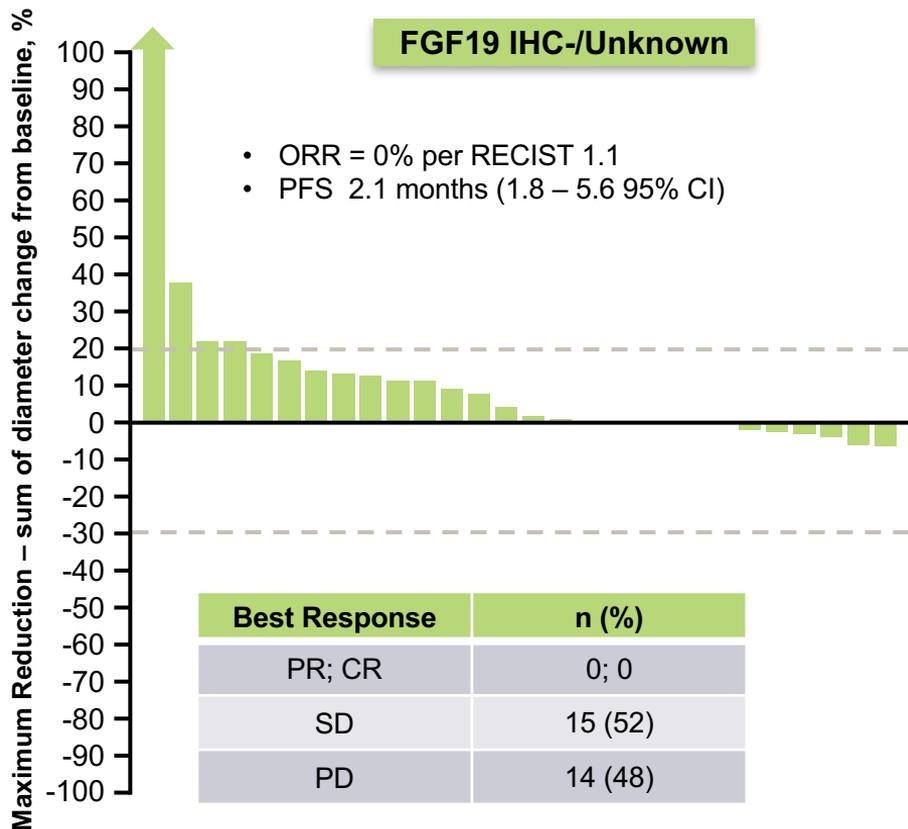
-44% PR

-45% PR

PD



IHC-positivity enriches for radiographic tumor reduction and response



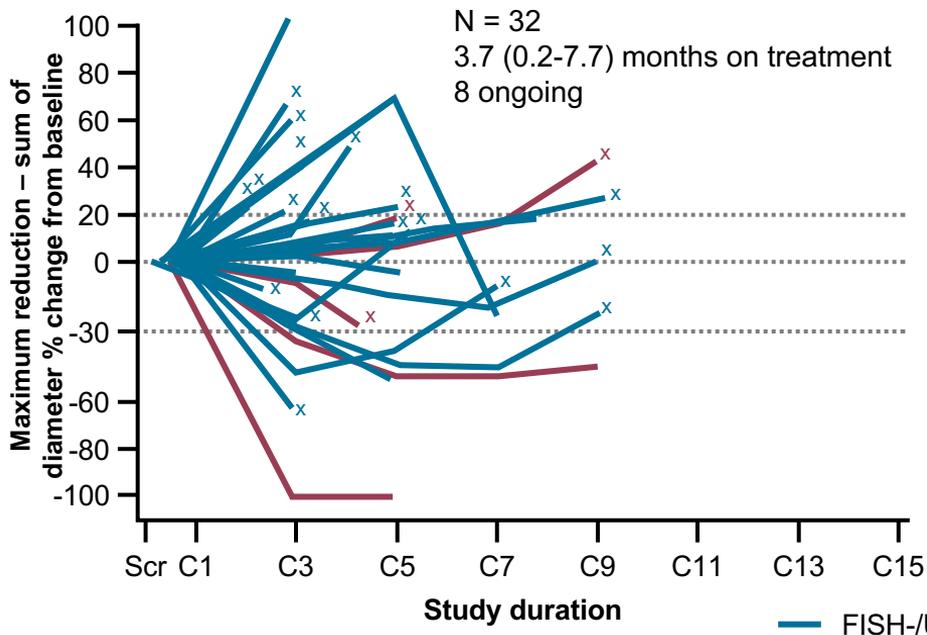
*4 confirmed PR; 1 PR/1 CR, unconfirmed

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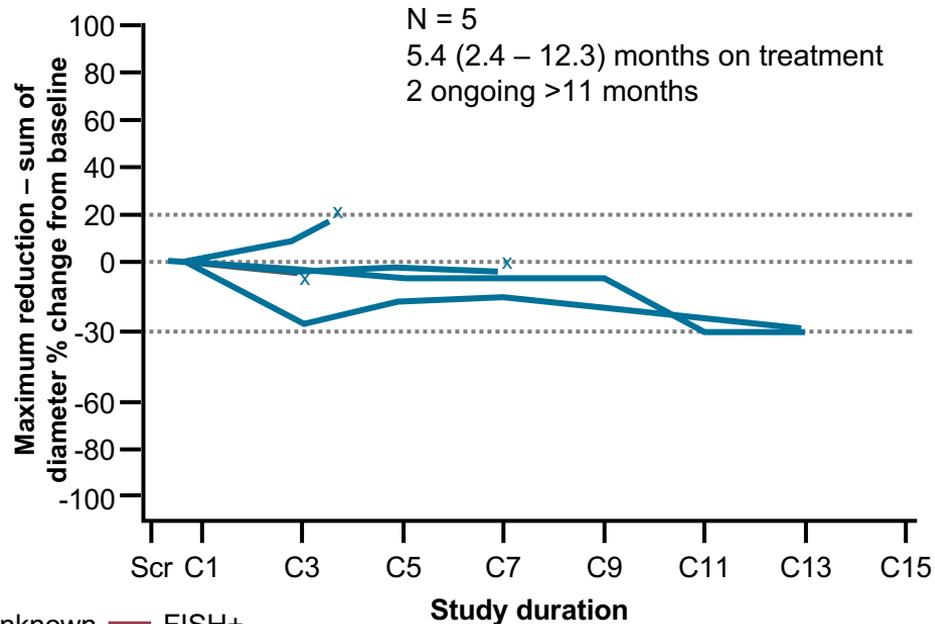
CR, complete response; ORR, overall response rate; PFS, progression-free survival

FGF19 IHC+ tumor growth kinetics per prior kinase inhibitor treatment

Encouraging duration of treatment, particularly in kinase inhibitor naïve patients



Previous kinase inhibitor treatment



No prior kinase inhibitor treatment

Adverse events*

Most AEs are Grade 1 or 2: manageable on-target toxicity

Safety population, N=77	Severity					
Preferred term, n (%)	Any AE	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Patients with at least 1 Related AE	75 (97)					
Diarrhea	55 (71)	36 (47)	13 (17)	6 (8)	0	0
Nausea	32 (42)	21 (27)	9 (12)	2 (3)	0	0
Vomiting	28 (36)	19 (25)	5 (6)	4 (5)	0	0
AST	26 (34)	7 (9)	5 (6)	12 (16)	2 (3)	0
ALT	25 (32)	7 (9)	7 (9)	10 (13)	1 (1)	0
Fatigue	22 (29)	9 (12)	11 (14)	2 (3)	0	0
Decreased appetite	14 (18)	6 (8)	8 (10)	0	0	0
Blood bilirubin increased	13 (17)	4 (5)	7 (9)	2 (3)	0	0
Abdominal pain	12 (16)	5 (6)	6 (8)	1 (1)	0	0
Anemia	11 (14)	4 (5)	2 (3)	5 (6)	0	0
Blood alkaline phosphatase increased	10 (13)	2 (3)	5 (6)	3 (4)	0	0
Pruritus	8 (10)	6 (8)	2 (3)	0	0	0

- 2 DLT at 900 mg (1 Gr 3 fatigue lasting > 7 days; 1 Gr 3 abdominal pain)
- BLU-554 discontinuations: PD n=42, AE n=11, investigator's decision n=2, withdrew consent n=3

*Treatment-related adverse events reported in ≥10% patients; AE, adverse event; ALT, alanine aminotransferase; AST, aspartate aminotransferase; DLT, dose-limiting toxicity

Conclusions

- BLU-554 provides acceptable tolerability, pathway engagement and anti-tumor activity in heavily pre-treated FGF19 IHC+ patients
 - Aberrant pathway activation (FGF19 IHC+) demonstrated in ~30% of HCC patients
 - BLU-554 demonstrates clinical activity regardless of HCC etiology and prognostic factors
- These data validate FGFR4 as a therapeutic target and FGF19 IHC as selection marker for pathway activation in advanced HCC
- Planning is underway for further clinical development of BLU-554 in kinase inhibitor naïve, FGF19 IHC+ HCC alone and in combination with immunotherapy

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Thank you