

# Clinical activity of BLU-285, a highly potent and selective KIT/PDGFR $\alpha$ inhibitor designed to treat gastrointestinal stromal tumor (GIST)

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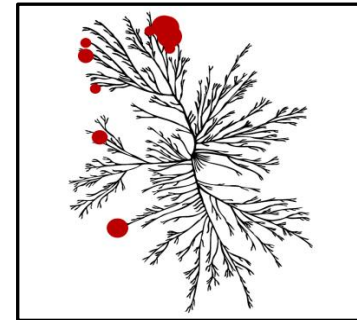
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# Disclosures

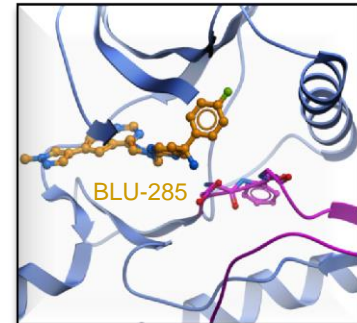
- BLU-285 is an investigational agent discovered and currently in development by Blueprint Medicines Corporation (Blueprint Medicines)
- Dr. Michael Heinrich is an investigator for Blueprint Medicines' ongoing Phase 1 study in unresectable gastrointestinal stromal tumor
- Dr. Michael Heinrich has the following disclosures:
  - Consultant: Blueprint Medicines, Novartis, MolecularMD, Deciphera
  - Equity interest: MolecularMD
  - Research funding: Blueprint Medicines, Deciphera, Ariad
  - Expert testimony: Novartis
  - Patents: four patents on diagnosis and treatment of PDGFR $\alpha$ -mutant GIST

# BLU-285: highly selective targeting and potent inhibition of mutant KIT and PDGFR $\alpha$ in GIST

		BLU-285 IC <sub>50</sub>	Imatinib IC <sub>50</sub>
KIT Exon 11 deletion	JM domain mutations	0.6 nM	12 nM
KIT Exon 11 V560G		1 nM	87 nM
KIT Exon 11/13	ATP binding site mutations	11 nM	9160 nM
KIT Exon 11/14		28 nM	19650 nM
KIT Exon 17	Activation loop mutations	<2 nM	60–12750 nM
KIT Exon 17 D816V		0.27 nM	8150 nM
PDGFR $\alpha$ Exon 18 D842V		0.24 nM	759 nM



- High kinome selectivity\*

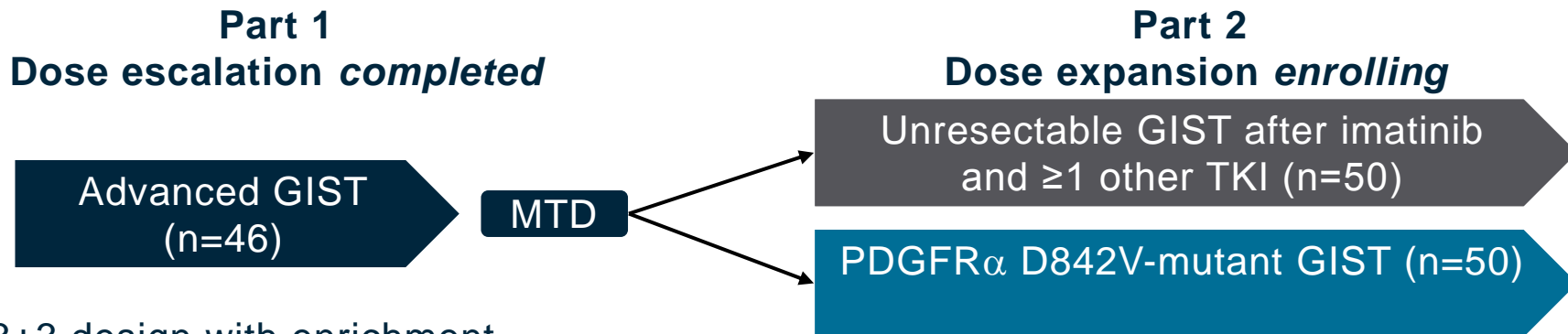


- Binds active conformation

# BLU-285 Phase 1 study

## Key objectives

- Part 1: MTD, safety, pharmacokinetics, ctDNA analyses, anti-tumor activity
- Part 2: response rate, duration of response, safety



- 3+3 design with enrichment
- MTD determined to be 400 mg PO QD
- RP2D determined to be 300 mg PO QD

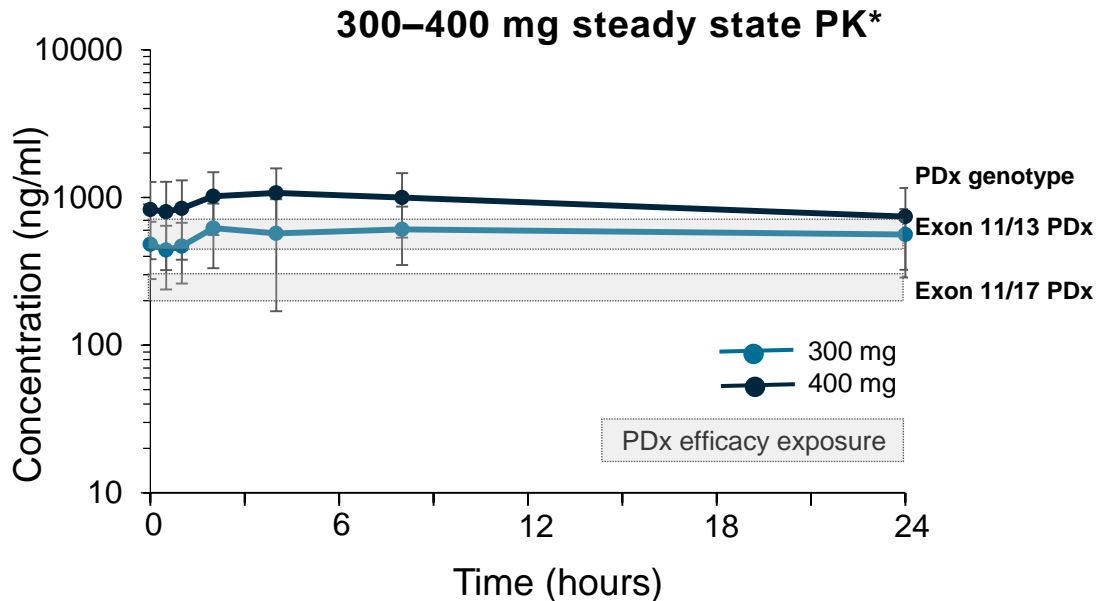
MTD, maximum tolerated dose; RP2D, recommended Phase 2 dose

# Demography and baseline patient characteristics

Parameter	All patients, N=116	
Age (years), median (range)	62 (25–85)	
	n (%)	
GIST subtype*		
KIT mutant	76 (66)	
PDGFR $\alpha$ D842 mutant	37 (32)	
PDGFR $\alpha$ Exon 14 (N659K) mutant	2 (2)	
KIT & PDGFR $\alpha$ WT	1 (1)	
Metastatic disease	107 (92)	
Largest target lesion size (cm)		
≤5	27 (23)	
>5–≤10	42 (36)	
>10	46 (40)	
pending	1 (1)	
No. prior kinase inhibitors		
Median (range)	<u>PDGFR<math>\alpha</math></u>	<u>KIT</u>
≥3	1 (0–6)	4 (2–11)
Prior regorafenib	11 (28)	67 (87)
	8 (21)	64 (83)

\* Data are preliminary and based on a cut off date of 11 Oct 2017

# BLU-285 pharmacokinetics support once daily dosing and broad mutational coverage

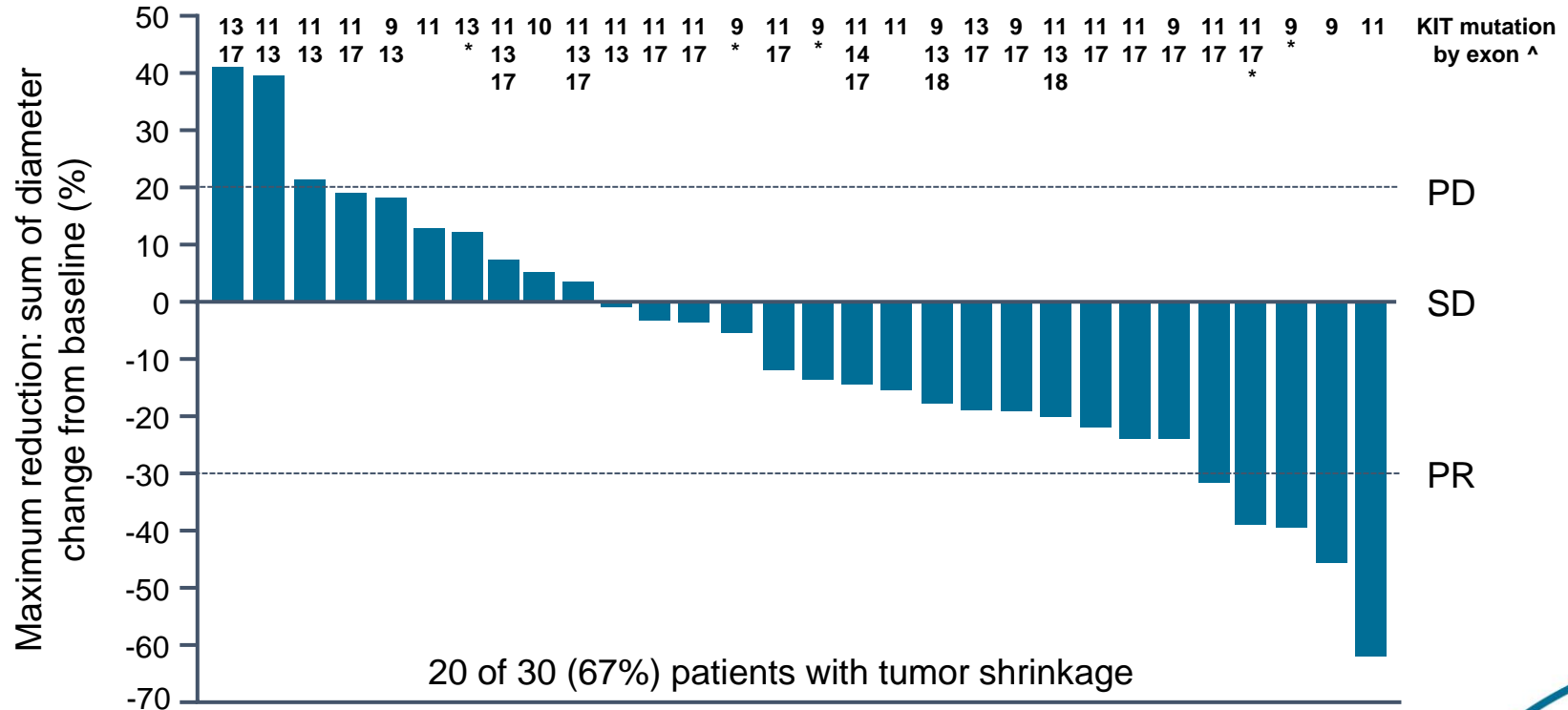


- Relatively rapid absorption median  $T_{max}$  4–6 hours, dose-proportional exposure and long half-life >24 hours
- 300 mg selected as RP2D based on safety, PK, anti-tumor activity

\*Includes escalation and expansion data

# Tumor reduction across multiple KIT genotypes (central radiology review)

N=30 patients 300 mg (RP2D) – 400 mg (MTD)



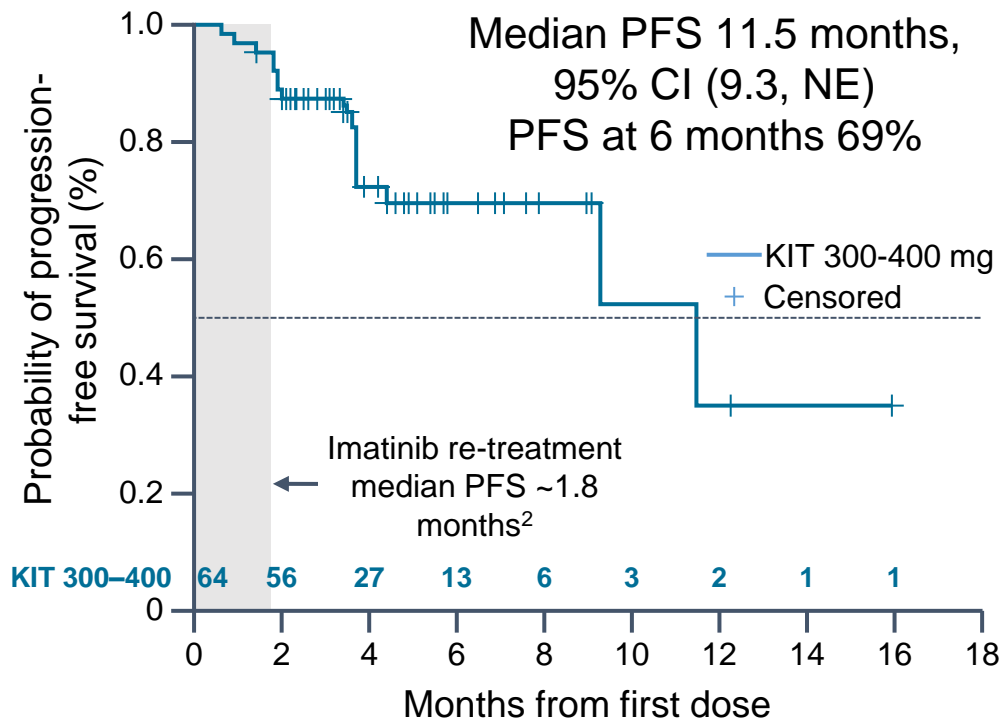
\* ctDNA results pending; ^ per archival tumor and ctDNA

# Prolonged PFS in heavily pre-treated KIT-mutant GIST (central radiology review)

Best response (N=30)*	Choi Criteria n (%)	RECIST 1.1 n (%)
PR	16 (53)	5 (17)^
SD	7 (23)	18 (60)
DCR (PR+SD)	23 (77)	23 (77)
PD	7 (23)	7 (23)

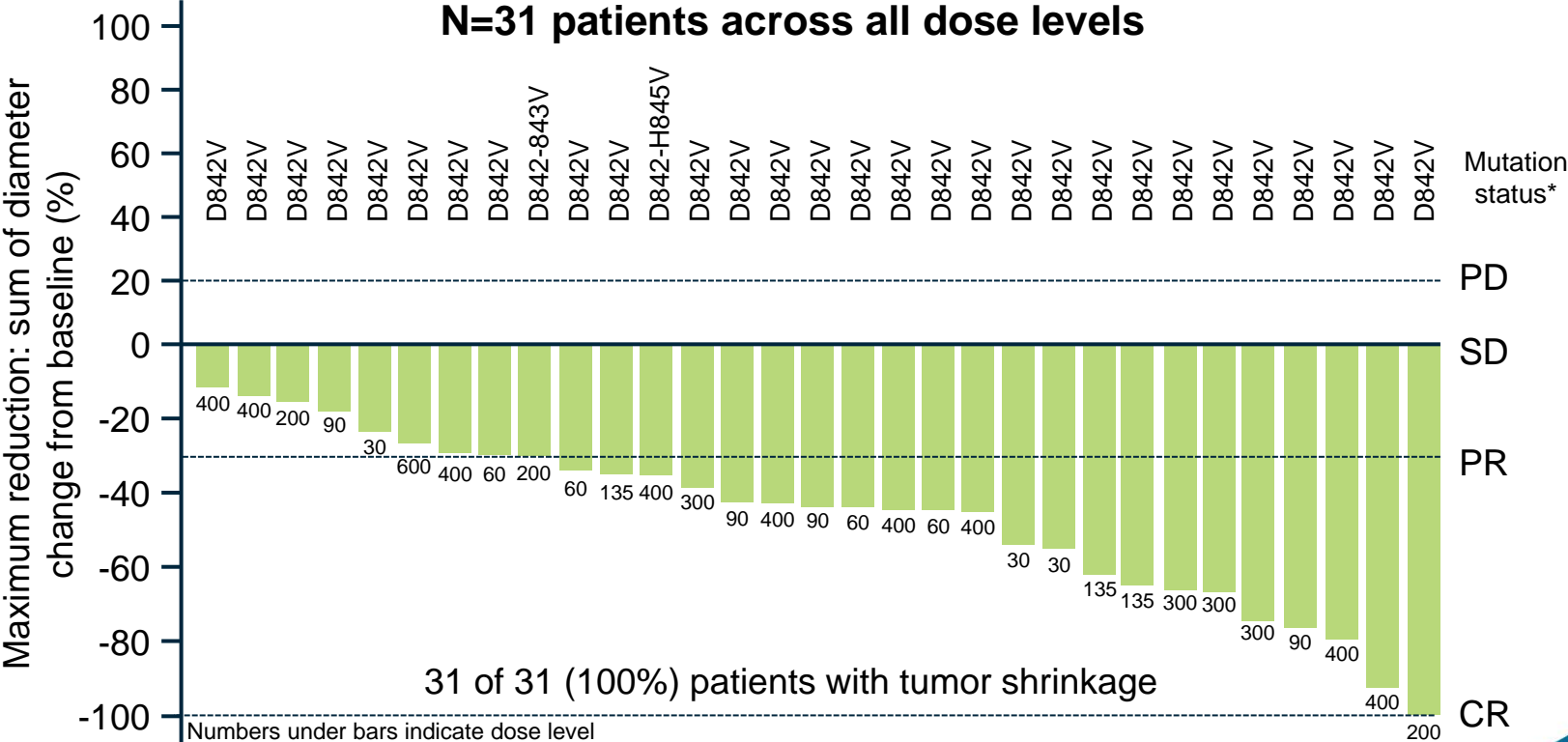
\*300 RP2D–400 MTD mg; ^2 pending confirmation

- No approved therapies beyond third-line regorafenib
  - ORR ~0% with imatinib re-treatment in  $\geq$ third-line<sup>2</sup>





# Remarkable activity in PDGFR $\alpha$ D842-mutant GIST (central radiology review)



\* per archival tumor and ctDNA

# High response rate and prolonged PFS in PDGFR $\alpha$ D842-mutant GIST (central radiology review)

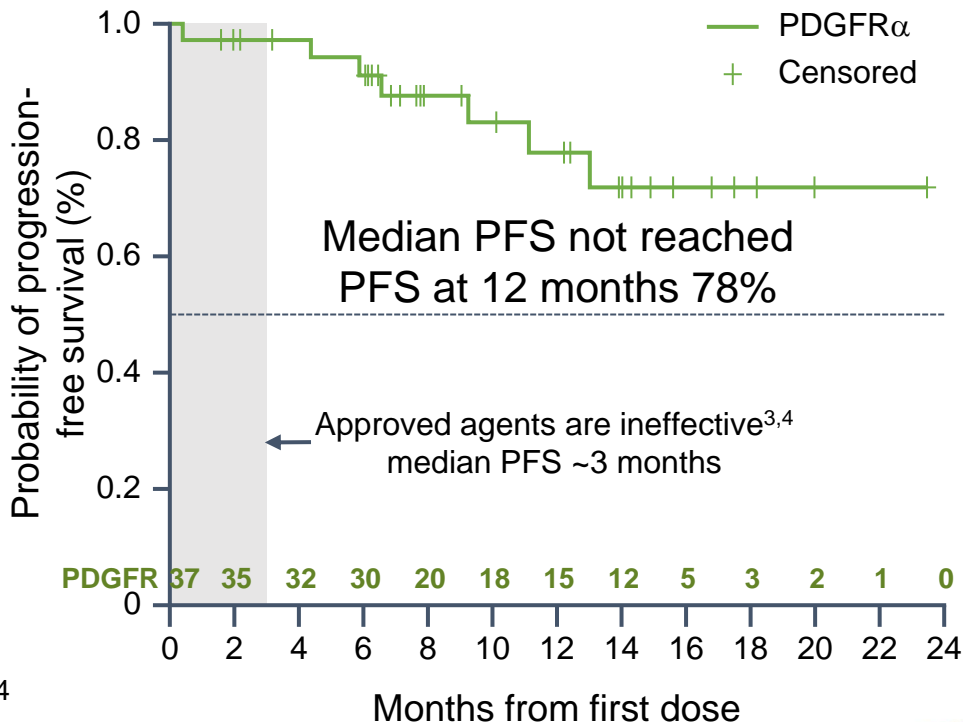
Best response (N=31)*	Choi Criteria n (%)	RECIST 1.1 n (%)
CR	1 (3)	1 (3) <sup>^</sup>
PR	30 (97)	21 (68) <sup>†</sup>
CR+PR	31 (100)	22 (71)
SD	0	9 (29)
DCR (PR+SD)	31 (100)	31 (100)
PD	0	0

\*All dose levels included

<sup>^</sup>PR from C3 to C13, CR at C16, CR pending confirmation

<sup>†</sup>3 pending confirmation

- ORR ~0% with currently approved agents<sup>3,4</sup>



# Treatment emergent adverse events $\geq 20\%$

Safety population (all patients) N=116		Severity				
Preferred Term, n (%)	Any AE	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Nausea	65 (56)	41 (35)	17 (15)	7 ( 6)	0	0
Fatigue	62 (53)	23 (20)	31 (27)	8 ( 7)	0	0
Periorbital edema	50 (43)	42 (36)	8 ( 7)	0	0	0
Vomiting	48 (41)	36 (31)	9 ( 8)	3 ( 3)	0	0
Edema peripheral	39 (34)	28 (24)	9 ( 8)	2 ( 2)	0	0
Anemia	36 (31)	7 ( 6)	10 ( 9)	17 (15)	2 ( 2)	0
Diarrhea	36 (31)	26 (22)	8 ( 7)	2 ( 2)	0	0
Cognitive Effects*	35 (30)	20 (17)	10 ( 9)	4 ( 3)	1 ( 1)	0
Lacrimation increased	35 (30)	29 (25)	6 ( 5)	0	0	0
Decreased appetite	33 (28)	24 (21)	6 ( 5)	3 ( 3)	0	0
Dizziness	27 (23)	21 (18)	6 ( 5)	0	0	0
Constipation	25 (22)	18 (16)	6 ( 5)	0	1 ( 1)	0
Hair color changes	25 (22)	24 (21)	0	0	0	0

\* Consists of multiple similar AEs that have been aggregated into a single category. 42% of patients at 400 mg (MTD), 18% of patients at 300 mg (RP2D).

- 39 (34%) patients had grade  $\geq 3$  treatment-related AEs: anemia (9%), fatigue (7%), hypophosphatemia (4%), nausea (4%), cognitive effects (3%)
- 67 patients on treatment; 49 discontinued: PD n=40, AEs n=6, withdrew consent n=3

# BLU-285 has potent, clinically important activity in GIST

- BLU-285 is well-tolerated at the 300 mg RP2D and provides broad mutational coverage
- Remarkable response rates and prolonged PFS in PDGFR $\alpha$ -driven GIST may support expedited approval path
- Prolonged PFS in heavily pretreated KIT-driven GIST warrants further study, expanding current cohort to 100 patients
- Based on these encouraging data:
  - Second-line expansion cohort has been added and sites are open
  - Phase 3 randomized study comparing BLU-285 to regorafenib in third-line GIST is planned to begin in 1H 2018

# Acknowledgments

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