INTRODUCTION

- Disease: Activating mutations in either KIT or PDGFRA result in an increased risk of gastrointestinal stromal tumors (GISTs).
- Presenting symptoms: Abdominal pain, gastrointestinal bleeding, and tumors.
- Treatment: Tyrosine kinase inhibitors (TKIs) are the mainstay of treatment.
- Current TKIs: Imatinib, sunitinib, regorafenib, axitinib.
- Imatinib: First-line treatment for KIT and PDGFRA wild-type GIST.
- Limitations: Resistance to first-line TKIs develops in up to 50% of patients.
- Avapritinib: Novel, potent, and highly selective KIT and PDGFR alpha inhibitor.
- Phase 3 VOYAGER study: Compared avapritinib to regorafenib in patients with unresectable GIST.
- Key objectives: Sustained disease control, improvement in quality of life, and safety.

METHODS

- Design: Prospective, randomized, phase 3 trial.
- Key Endpoint: Sustained disease control (SDC) with overall disease control rate (DCR).
- Treatment: Avapritinib 300 mg PO QD or regorafenib 160 mg PO QD.
- Study population: Patients with locally advanced (>3 cm) or unresectable GIST.
- Randomization: 2:1.
- Duration: 12 months.
- Safety: No significant differences in safety profile.

OBJECTIVE

- To evaluate the efficacy and safety of avapritinib versus regorafenib in patients with metastatic or locally advanced unresectable GIST previously treated with imatinib and 1 or 2 other TKIs.

CONCLUSIONS

- Avapritinib showed superior efficacy compared to regorafenib in terms of disease control.
- No significant differences in safety profile between the two arms.
- Avapritinib is a promising treatment option for patients with advanced unresectable GIST.
- Future studies: Further evaluation of avapritinib in other KIT/PDGFRA mutation subtypes and clinical scenarios.

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