Avapritinib for the Treatment of GIST: Analysis of Efficacy, Safety, and Patient Management Strategies at the Recommended Phase 2 Dose

Cissimol P. Joseph, Sarah N. Abacris, Michelle A. Angeles, Suzanee George, Robin L. Jones, Yoon-Koo Kang, Richard F. Reid, Patrick Schoflski, Cesar Serrano, Jonathan Teek, Tsai Dong Shi, Enriss Zhou, Ashley Boyle, Maria Rocha, Tracy Havnaer

The University of Texas MD Anderson Cancer Center, Houston, TX, USA; Brigham Young University, School of Medicine, Orem, UT, USA; James Cancer Hospital and Solove Research Institute and The Ohio State University Wexner Medical Center, Columbus, OH, USA; Dana Farber Cancer Institute, Boston, MA, USA; Memorial Sloan Kettering Cancer Center, New York, NY, USA; Memorial Sloan Kettering Cancer Center, New York, NY, USA; Dana-Farber Cancer Institute, Boston, MA, USA; BluePrint Medicines, Cambridge, MA, USA; Asan Medical Centre, Seoul, South Korea; Oregon Health & Science University, Portland, OR, USA; Sylvester Comprehensive Cancer Center, University of Miami, Miami, FL, USA

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BACKGROUND
- Treatment of metastatic GIST that contains the PDGFRα D842V mutation is limited.
- Two phase 1/2 studies showed promising results for avapritinib.
- Phase 2 trial in PDGFRα PDGFRα non-D842V

OBJECTIVES AND STUDY DESIGN
- Evaluate the efficacy and safety of avapritinib at the recommended phase 2 dose of 300 mg QD.
- Assess patient management strategies.

RESULTS
- Patients: 184 patients from NAVIGATOR (n=154) and VOYAGER (n=30) studies.
- Efficacy:
  - Primary endpoint: PFS
  - Secondary endpoints: ORR, duration of response, safety and tolerability
- Safety:
  - Mild to moderate AEs were common.
  - Dose modification was used for AEs.
- Cognitive effects:
  - AEs were observed.
  - Management strategies were used.

CONCLUSIONS
- Avapritinib showed promising efficacy and safety in the phase 2 setting.
- Dose modification was an effective strategy for managing AEs.

References

Abbreviations

Dose Modification Does Not Affect Survival in GIST

GIST 400 mg

Dose
Survival probability (%)

GIST 300 mg

GIST 200 mg

Survival probability (%)

Weeks from first dose

GIST 300 mg

GIST 400 mg

Survival probability (%)

Months from first dose

Conclusions}

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In the NAVIGATOR and VOYAGER studies, avapritinib was generally well-tolerated and maintained the recommended 300 mg QD dose. - Dose modification was used for the management of AEs. - The majority of grade ≥ 3 AEs were considered not related to avapritinib treatment. - Grade ≥ 3 AEs included atrial fibrillation, anemia, and hypothyroidism. - Dose modification was an effective method of improving grade 2 or higher events in a median of 12.0 days after onset. - The majority of cognitive effect AEs were grade 1 and were generally manageable with dose modification. - In the NAVIGATOR and VOYAGER studies, avapritinib was generally well tolerated at the recommended 300 mg QD dose.