
Avapritinib Improved Skin Findings In Patients With Indolent Systemic Mastocytosis (ISM) In the Registrational, Double-Blind, Placebo-Controlled PIONEER Study

Marcus Maurer,^{1,2} Frank Siebenhaar,^{1,2} Sigurd Broesby-Olsen,³ Tracy George,⁴ Cristina Bulai Livideanu,⁵ Ivan Alvarez-Twose,⁶ Jens Panse,^{7,8} Stephane Barete,⁹ Andreas Reiter,¹⁰ Ingunn Dybedal,¹¹ Cem Akin,¹² Paul Van Daele,¹³ Deepti Radia,¹⁴ Sonia Cerquozzi,¹⁵ Celalettin Ustun,¹⁶ Vito Sabato,¹⁷ Jason Gotlib,¹⁸ Mark Rafferty,¹⁹ Daniel J. DeAngelo,²⁰ Princess U. Ogbogu,²¹ Scott Florell,²² David A. Wada,²³ Anton Rets,⁴ Hui-Min Lin,²⁴ Janet Hong,²⁴ Teresa Green,²⁴ Robyn Scherber,²⁴ Maria Roche,²⁴ Mariana Castells,²⁵ Karin Hartmann^{26,27}

¹Institute of Allergology, Charité–Universitätsmedizin Berlin, Corporate member of Freie Universität Berlin and Humboldt-Universität zu Berlin, Berlin, Germany; ²Fraunhofer Institute for Translational Medicine and Pharmacology ITMP, Allergology and Immunology, Berlin, Germany; ³Department of Dermatology and Allergy Centre, Odense University Hospital, Odense, Denmark; ⁴ARUP Laboratories, Department of Pathology, University of Utah School of Medicine, Salt Lake City, UT; ⁵Department de dermatologie, Expert Centre of Mastocytosis (CEREMAST) CHU de Toulouse, Toulouse University Hospital - Larrey Hospital, Toulouse, France; ⁶Institute of Mastocytosis Studies of Castilla-La Mancha, Virgen del Valle Hospital, Toledo, Spain; ⁷Department of Oncology, Hematology, Hemostaseology, and Stem Cell Transplantation, University Hospital Aachen, Medical Faculty, RWTH Aachen University, Aachen, Germany; ⁸Center for Integrated Oncology (CIO), Aachen, Bonn, Cologne, Düsseldorf (ABCD), Aachen, Germany; ⁹Unit of Dermatology, Reference Centre for Mastocytosis (CEREMAST) Pitié-Salpêtrière Hospital, AP-HP, Sorbonne Université, Paris, France; ¹⁰Department of Hematology and Oncology, University Hospital Mannheim, Heidelberg University, Mannheim, Germany; ¹¹Department of Hematology, Oslo University Hospital, Oslo, Norway; ¹²University of Michigan, Ann Arbor, MI; ¹³Department of Internal Medicine and Immunology, Erasmus Medical Center, Rotterdam, The Netherlands; ¹⁴Guy's & St Thomas' NHS Foundation Trust, London, UK; ¹⁵Department of Medicine, University of Calgary, Calgary, AB, Canada; ¹⁶Department of Internal Medicine, Division of Hematology, Oncology and Cell Therapy, Section of Bone Marrow Transplantation and Cellular Therapy, Rush Medical College, Chicago, IL; ¹⁷Department of Immunology, Allergology, and Rheumatology, University of Antwerp and Antwerp University Hospital, Antwerp, Belgium; ¹⁸Stanford Cancer Institute/Stanford University School of Medicine, Stanford, CA; ¹⁹The Beatson West of Scotland Cancer Centre, Glasgow, Scotland; ²⁰Dana-Farber Cancer Institute, Boston, MA; ²¹Division of Pediatric Allergy, Immunology and Rheumatology, Department of Pediatrics, University Hospitals Rainbow Babies and Children's Hospital; Case Western Reserve University School of Medicine, Cleveland, OH; ²²University of Utah, University Hospital, Salt Lake City, UT; ²³Department of Dermatology, University of Utah School of Medicine, Salt Lake City, UT; ²⁴Blueprint Medicines Corporation, Cambridge, MA; ²⁵Department of Medicine, Division of Allergy and Clinical Immunology, Brigham and Women's Hospital, Harvard Medical School, Boston, MA; ²⁶Division of Allergy, Department of Dermatology, University Hospital Basel and University of Basel, Basel, Switzerland; ²⁷Department of Biomedicine, University Hospital Basel and University of Basel, Basel, Switzerland.

ISM is the most common form of SM; driven by the *KIT* D816V mutation in approximately 95% of cases¹⁻⁴

- Patients with ISM can have lifelong debilitating symptoms across multiple organ systems¹⁻⁵
- The vast majority of patients with ISM have highly heterogenous maculopapular skin lesions⁵⁻¹⁰
 - Lesions may be localized or diffuse, typically on the thighs and torso
 - Patients also experience Darier's sign, pruritus, and flushing
- Avapritinib has previously demonstrated improvements in multiple SM symptoms including skin manifestations and QoL measurements¹¹⁻¹³
- In Part 1 of PIONEER, avapritinib significantly reduced total mast cell burden and abnormal CD30+ mast cells in skin lesions

Avapritinib is approved in the USA and EU for AdvSM with a starting dose of 200 mg QD¹⁴⁻¹⁵

Skin improvements with avapritinib in patients with AdvSM from the EXPLORER study¹¹

Baseline



On study

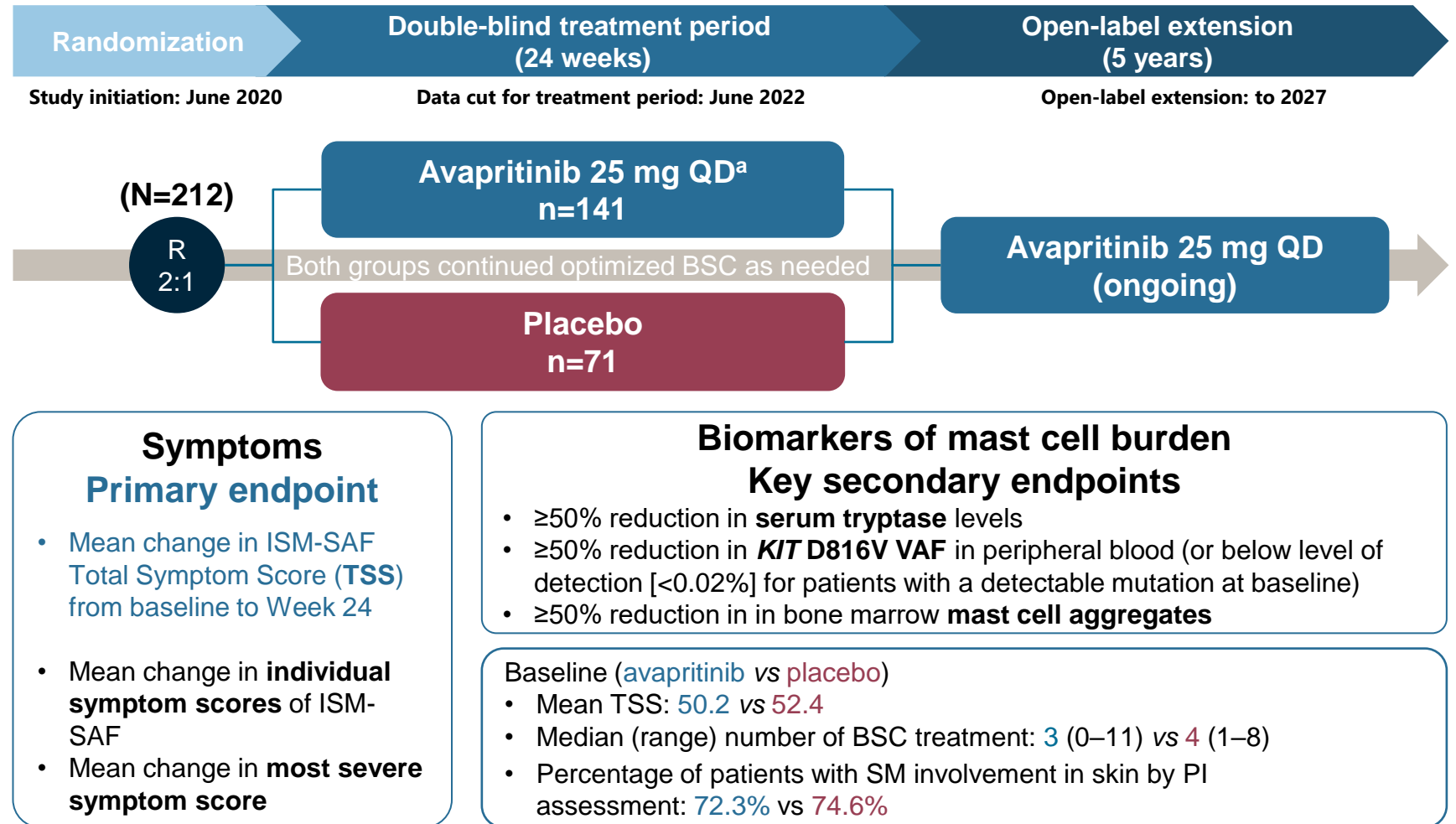


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Registrational PIONEER study: Randomized, double-blind, placebo-controlled study in patients with ISM

Screening period

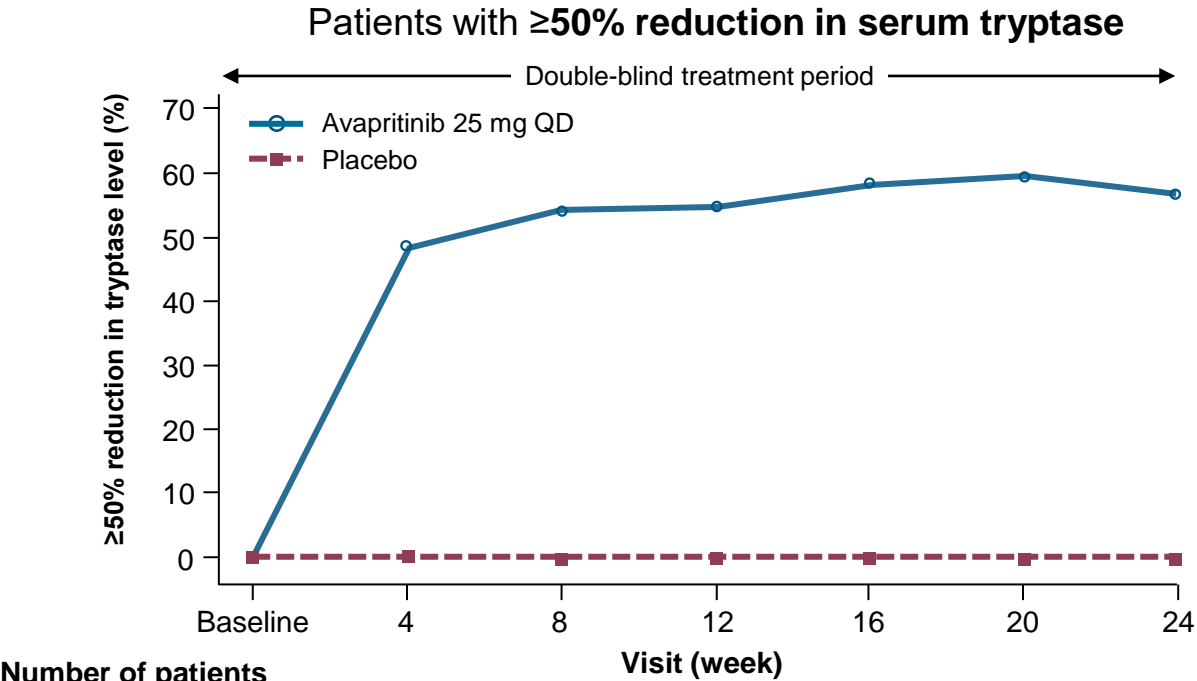
- Best supportive care medications (BSC) optimized for up to a month
 - Antihistamines, cromolyn, anti-IgE antibody, leukotriene receptor antagonists, corticosteroids, etc.
- Eligibility
 - Age ≥18 years
 - ISM by central pathology review
 - Moderate to severe symptoms (TSS ≥28) after ≥2 BSC medications



^aThe recommended dose of avapritinib for the double-blind period and open-label extension was identified based on efficacy and safety results from Part 1 that included 4 cohorts: 25 mg avapritinib (n=10), 50 mg avapritinib (n=10), 100 mg avapritinib (n=10) and placebo (n=9). Patients treated with high dose steroids within 7 days of primary endpoint (n=4) were excluded from the week 24 analysis, but included at other timepoints of the study. Percentages were calculated based on available data at the timepoint. One-sided P-values are reported for primary and key secondary endpoints. ISM-SAF, Indolent Systemic Mastocytosis-Symptom Assessment Form; MC-QoL, Mastocytosis Quality of Life Questionnaire; QD, once daily; QoL, quality of life; R, randomized; TSS, total symptom score; VAF, variant allele fraction.

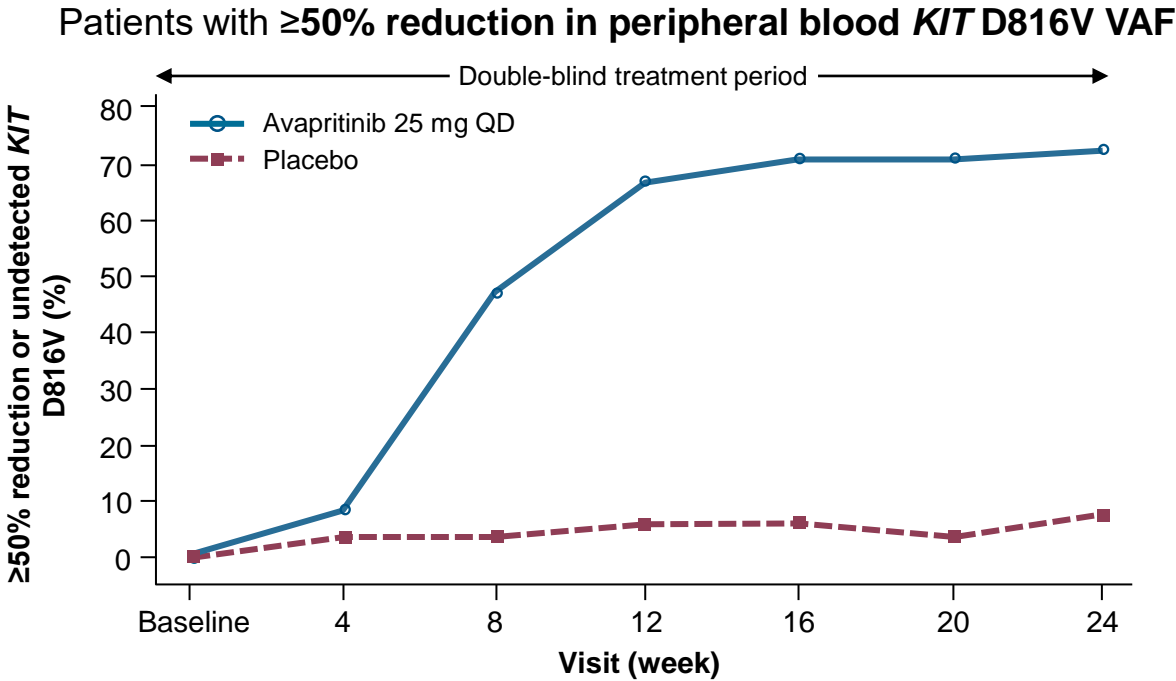
Rapid and sustained reductions in biomarkers of mast cell burden in avapritinib-treated patients *versus* placebo

Key secondary endpoints



Number of patients						
Avapritinib	141	133	136	132	133	128
Placebo	71	66	62	61	60	62

At Week 24	Avapritinib 25 mg QD (n=141)	Placebo (n=71)	P-value
Proportion of patients with $\geq 50\%$ reduction in serum tryptase (95% CI)	53.9% (45.3–62.3)	0.0% (0.0–5.1)	<0.0001



Number of patients						
Avapritinib	118	110	113	109	107	104
Placebo	63	57	54	52	51	53

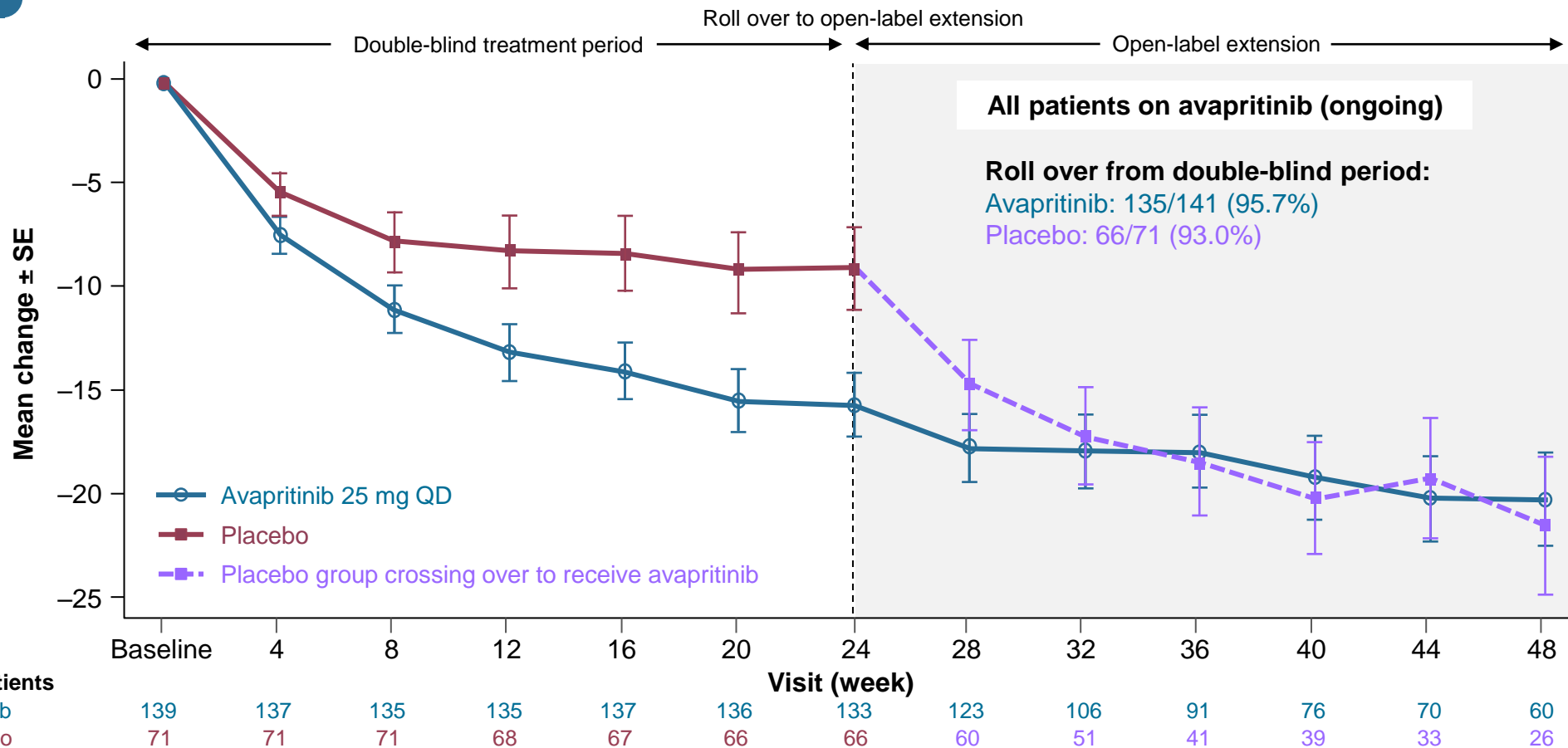
At Week 24	Avapritinib 25 mg QD (n=141)	Placebo (n=71)	P-value
Proportion of patients with $\geq 50\%$ reduction in <i>KIT</i> D816V VAF (95% CI)	67.8% (58.6–76.1)	6.3% (1.8–15.5)	<0.0001

At Week 24	Avapritinib 25 mg QD (n=141)	Placebo (n=71)	P-value
Proportion of patients with $\geq 50\%$ reduction in BM mast cell aggregates (95% CI)	52.8% (42.9–62.6)	22.8% (12.7–35.8)	<0.0001

BM, bone marrow; CI, confidence interval.

Avapritinib demonstrated significant and durable improvement in symptoms *versus* placebo

TSS over time



Primary endpoint

A one-sided P-value of <0.025 was needed to declare avapritinib as superior in reducing TSS *versus* placebo SE, standard error of the mean.

At Week 24	Avapritinib 25 mg QD (n=141)	Placebo (n=71)	P-value
Mean change in TSS (95% CI)	-15.58 (-18.61, -12.55)	-9.15 (-13.12, -5.18)	0.003

Comprehensive assessment of skin changes from baseline to Week 24



ISM-SAF (completed by all patients)

- Daily PRO assessment of 11 ISM related symptoms
- Each evaluated on a 0–10 scale (no symptoms – worst imaginable)
- Skin domain is comprised of spot, flushing and itching for a total scale of 0–30



Skin photographs (avapritinib n=74, placebo n=37)

- Optional, taken at baseline and every 12 weeks
- Photographs assessed by
 - *Computer-generated algorithm* - calculated affected surface area
 - *Blinded SAC*



Skin biopsies (avapritinib n=107, placebo n=60)

- Performed in patients with mastocytosis in skin at baseline and at Week 24
- Quantification of mast cell infiltrates was performed by central pathology
- Mast cell number and immunophenotype in skin biopsies were assessed via light microscopy and immunohistochemistry

Blinded SAC evaluation of skin photographs

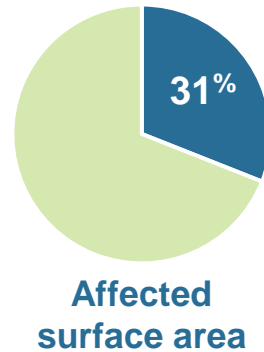
- **Blinded SAC determined:**

- Most affected region at baseline
- Color change over time

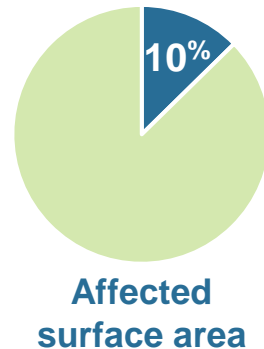
- **Computer-generated algorithm for each patient**

- Affected surface area was followed with computer generated detection method
- Number of lesions, fractional area, and percent fractional area were determined

Baseline



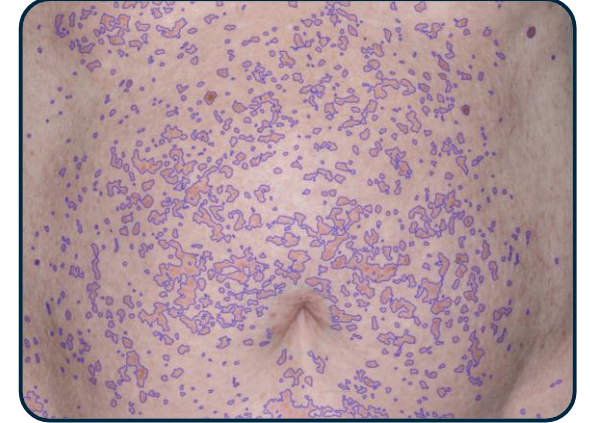
On study



Photograph



Computer detection



More than 70% of PIONEER patients had skin involvement; baseline characteristics were comparable to the ITT population

Patient demographics	Skin biopsy (n=167)		ITT population (N=212)	
	Avapritinib 25 mg QD (n=107)	Placebo (n=60)	Avapritinib 25 mg QD (n=141)	Placebo (n=71)
Age (years), median (range)	49 (18–77)	55 (29–79)	50.0 (18–77)	54.0 (26–79)
Female, n (%)	78 (72.9)	45 (75.0)	100 (70.9)	54 (76.1)
TSS baseline, mean (SD) ^{a,b}	50.8 (19.1)	53.9 (18.8)	50.2 (19.1)	52.4 (19.8)
Most severe symptom score, mean (SD)	7.7 (1.7)	8.1 (1.6)	7.7 (1.7)	7.9 (1.7)
Mast cell burden				
Median serum tryptase (central), ng/mL (range)	39.5 (3.6–256.0)	49.6 (5.7–501.6)	38.4 (3.6–256.0)	43.7 (5.7–501.6)
Median bone marrow biopsy mast cells (central), % (range)	7.0 (1.0–50.0)	7.0 (1.0–70.0)	7.0 (1.0–50.0)	7.0 (1.0–70.0)
Mast cell aggregates present, n (%)	84 (78.5)	50 (83.3)	106 (75.2)	57 (80.3)
Median <i>KIT</i> D816V VAF in peripheral blood, % (range) ^c	0.5 (0.02–41.3)	0.4 (0.02–36.7)	0.4 (0.02–41.3)	0.3 (0.02–36.7)
SM Therapy				
Prior cytoreductive therapy, n (%) ^d	15 (14.0)	6 (10.0)	19 (13.5)	7 (9.9)
Prior TKI therapy, n (%)	8 (7.5)	4 (6.7)	10 (7.1)	4 (5.6)
Number of BSC treatments, median (range) ^e	3 (0–11)	3 (1–8)	3 (0–11)	4 (1–8)

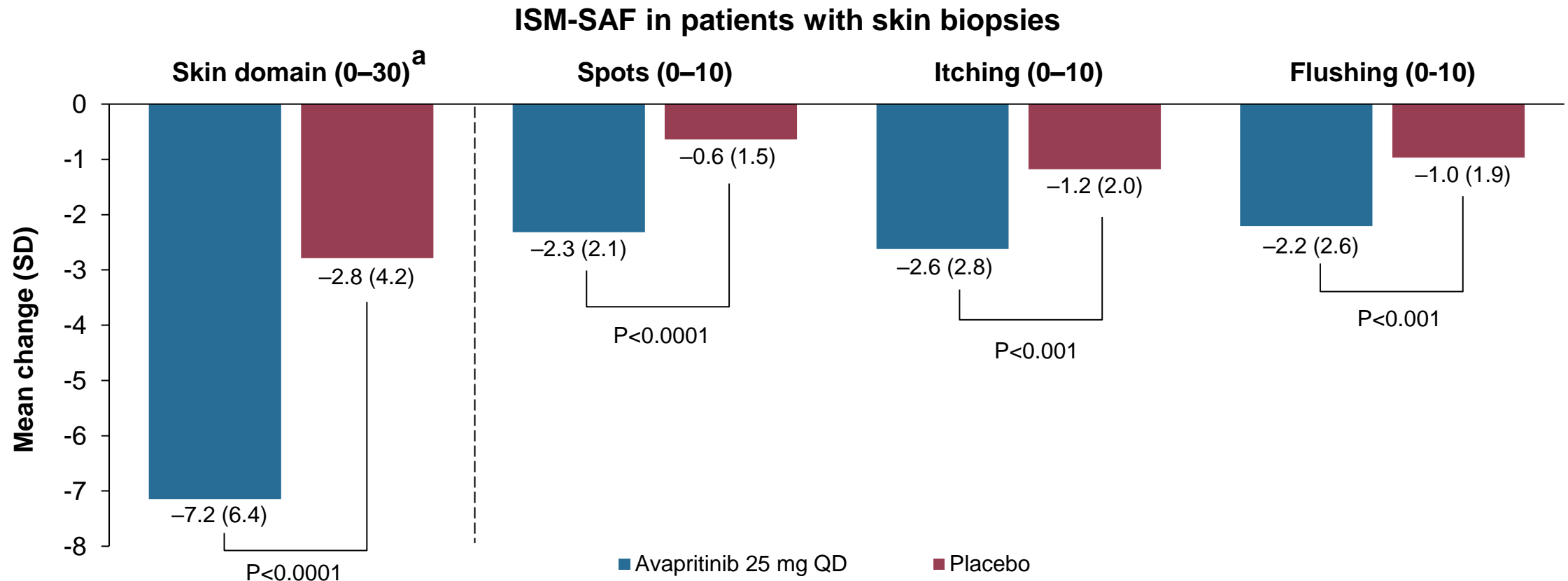
- **A subset of patients with skin biopsies agreed to optional skin photographs; baseline characteristics were similar to patients with skin biopsies and ITT population**

^aEligibility for enrollment was based on TSS ≥ 28 at screening; patients may have a score < 28 at baseline. ^bTwo patients in the avapritinib group had missing baseline TSS values; therefore, the denominator was based on patients with available data at baseline (n=139). ^cThe limit of detection was 0.02%. ^dCytoreductive therapies included dasatinib, imatinib, masitinib, nilotinib, midostaurin, brentuximab vedotin, cladribine, hydroxyurea, rapamycin, and interferon alpha. Includes treatments received by patients at baseline; patients may have received BSC treatments previously that had been discontinued at the time of enrollment/baseline. ^eAll patients had at least 2 BSC prior to or at screening. A total of 10 (7.1%) patients treated with avapritinib and 5 (7.0%) patients treated with placebo had < 2 BSC at the start of the study.

ITT; intent-to-treat; SD, standard deviation; TKI, tyrosine kinase inhibitor.

Significant improvements in ISM-SAF patient-reported skin domain, individual skin symptoms, and QoL in avapritinib-treated patients

- In the majority of patients, the most severe symptom domain at baseline was the skin domain
- A correlation was observed between ISM-SAF skin domain score change from baseline and MC-QoL total score change from baseline

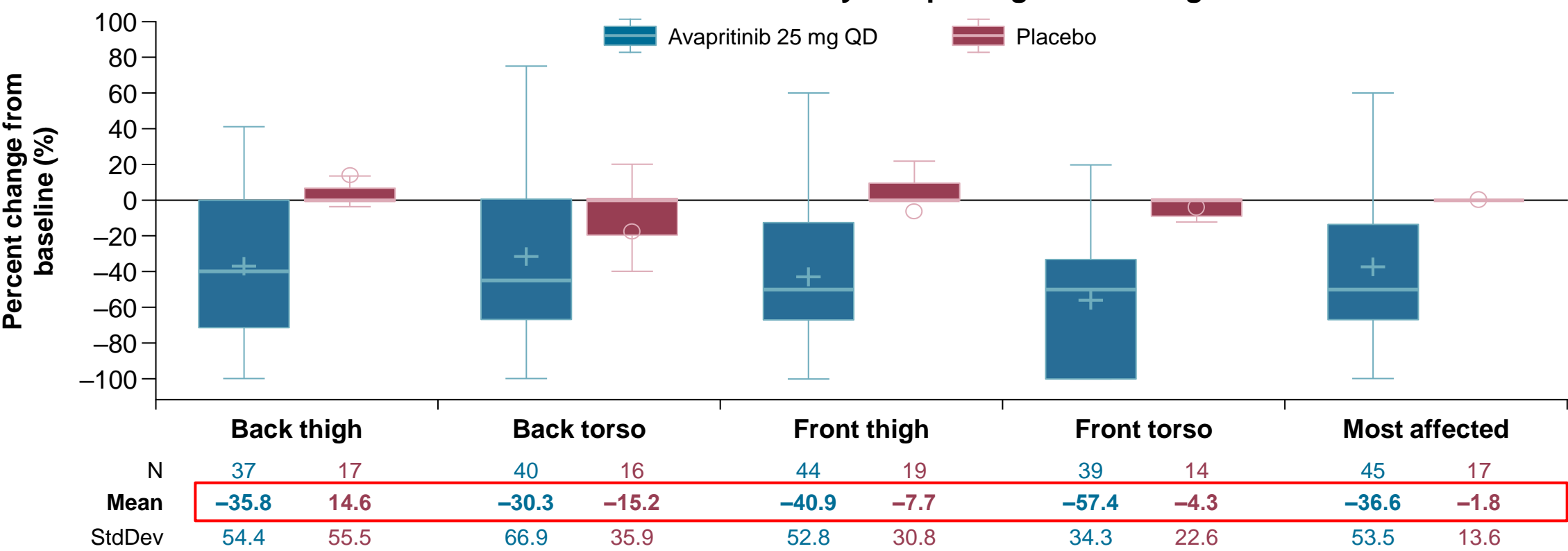


^aSkin domain scores include the total score for spot, itching, and flushing severity.

Surface area of skin lesions was reduced at Week 24 in avapritinib-treated patients

- In patients with paired photographs (baseline and Week 24), mean percent reduction (SD) in lesion surface area was -36.6% (53.5) with avapritinib *versus* -1.8% (13.6) with placebo in most affected skin region

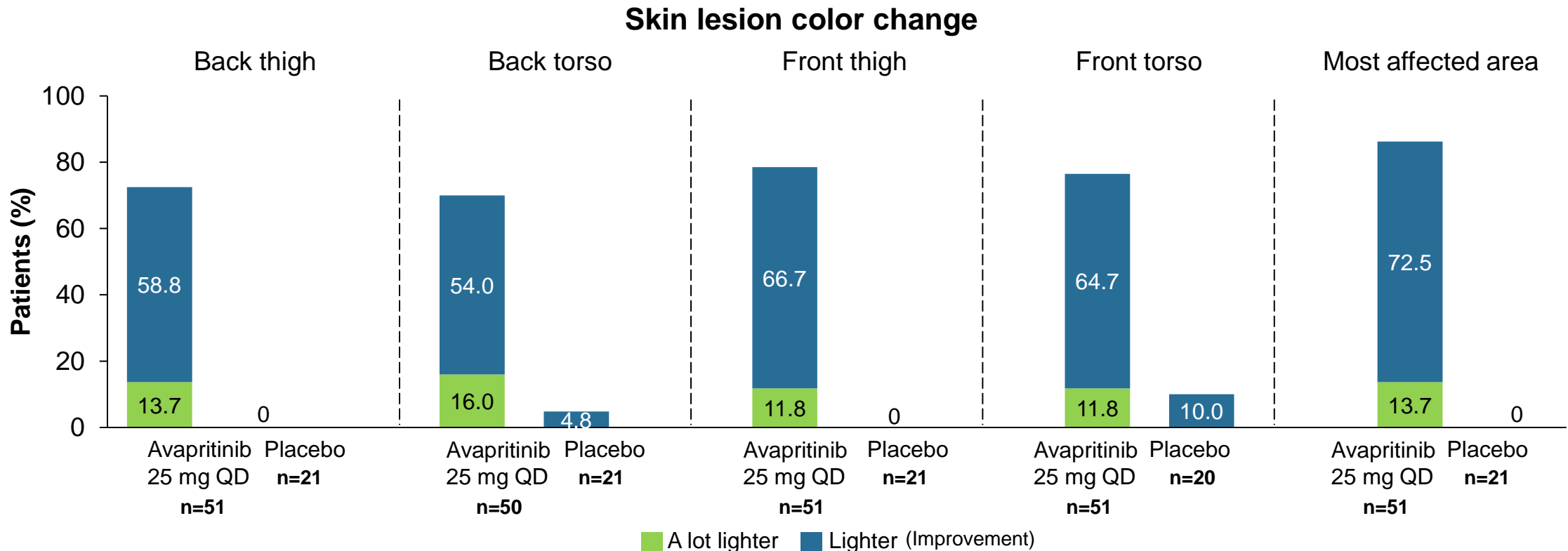
Fractional area estimate determined by computer-generated algorithm



Outliers are removed for visual presentation. The box represents the first and third quartile of the data. The symbol represents the mean, the line within the box represents the median, and the whiskers represent the upper 75th to 90th percentiles and lower 10th to 25th percentiles.

Avapritinib treatment improved skin lesion color at Week 24 as assessed by blinded Skin Assessment Committee

- In patients with paired photographs, 86.2% of avapritinib-treated patients *versus* 0% of placebo had improved skin lesion color in most affected skin region at Week 24
- Rapid improvement in skin lesion color with avapritinib *versus* placebo was observed
 - At Week 12, 57.2% vs 3.8% of patients, respectively, had improved skin lesion color in most affected area

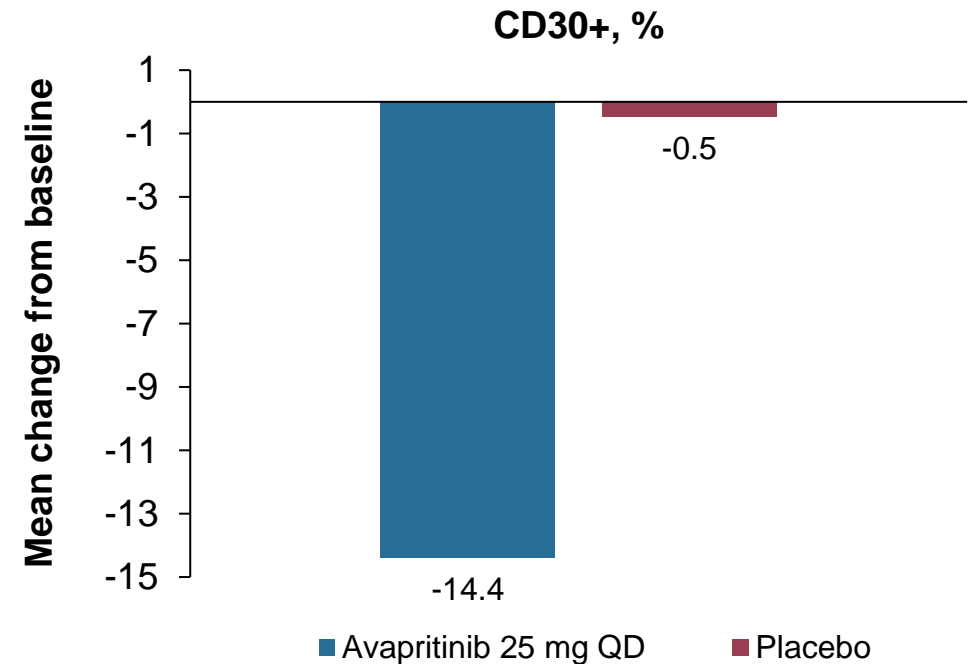
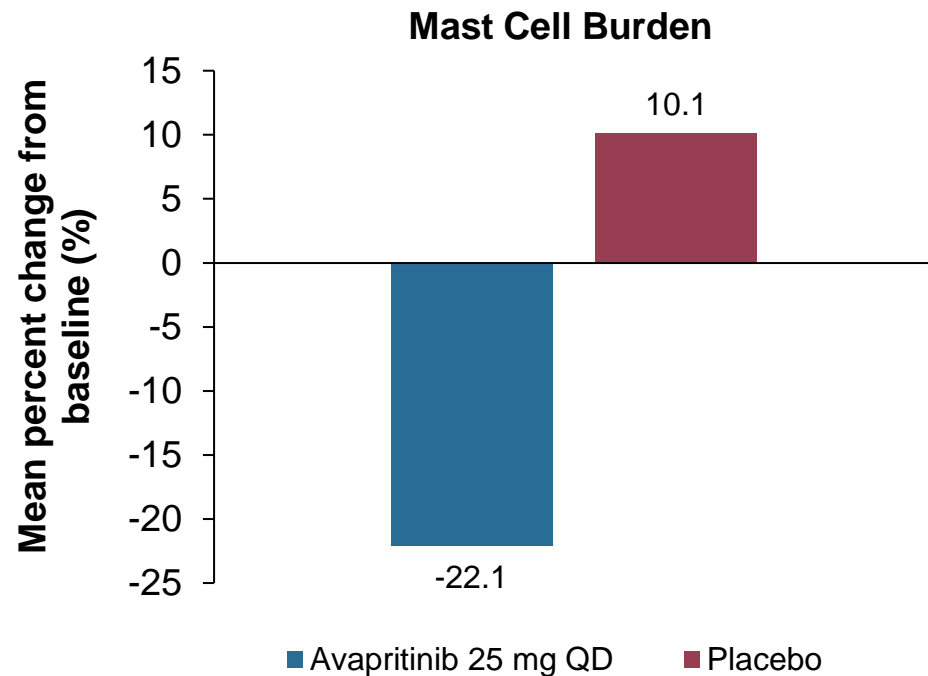


Patients with no change or darkening of skin lesion color have not been included in the figure.

Marked reduction of mast cell burden and CD30+ in skin lesions with avapritinib treatment

- Mean percent change (SD) of mast cell burden decreased at Week 24 with avapritinib (−22.1% [106], n=87) but increased with placebo (10.1% [121], n=49)
- Avapritinib significantly decreased CD30+ mast cell proportion in skin lesions at Week 24 *versus* placebo (−14.4% vs −0.5%; P=0.0015)

Skin lesional tissue pathology



Avapritinib 25mg QD was well tolerated, with a similar safety profile to placebo

- Majority of AEs were Grade 1 or 2 with a low rate of discontinuation
- SAEs were reported more frequently in the placebo group (no treatment-related SAEs in either group)
- Edema adverse events were higher in the avapritinib group (majority Grade 1, and did not result in discontinuation)

	Avapritinib 25 mg QD (N=141)	Placebo (N=71)
Any AEs^{a,b}, n (%)	128 (90.8)	66 (93.0)
Grade 1–2 AEs	98 (69.5)	51 (71.8)
Grade 1–2 related AEs	74 (52.5)	30 (42.3)
Grade ≥3 AEs	30 (21.3)	15 (21.1)
Grade ≥3 related AEs	3 (2.1)	2 (2.8)
SAEs, n (%)	7 (5.0)	8 (11.3)
Any grade TRAEs	77 (54.6)	32 (45.1)
Most frequently reported TRAEs (≥5% of patients)		
Headache	11 (7.8)	7 (9.9)
Nausea	9 (6.4)	6 (8.5)
Peripheral edema	9 (6.4)	1 (1.4)
Periorbital edema	9 (6.4)	2 (2.8)
Dizziness	4 (2.8)	5 (7.0)
TRAEs leading to discontinuation	2 (1.4)	1 (1.4)

^aAEs reported occurred between day 1 of Part 2 through to a day prior to day 1 of Part 3 if the patient crossed over to Part 3; if the patient did not crossover, then through 30 days after the last dose of study drug. Treatment-emergent AEs were defined as any AE that occurred between day 1 of Part 2 through to a day prior to day 1 of Part 3 if the patient crossed over to Part 3; if the patient did not crossover, then through 30 days after the last dose of study drug.

^bThere were too few events (≤5 per group) to assess the impact of avapritinib on anaphylaxis.
AEs, adverse events; SAEs, serious adverse events; TRAEs, treatment-related adverse events.

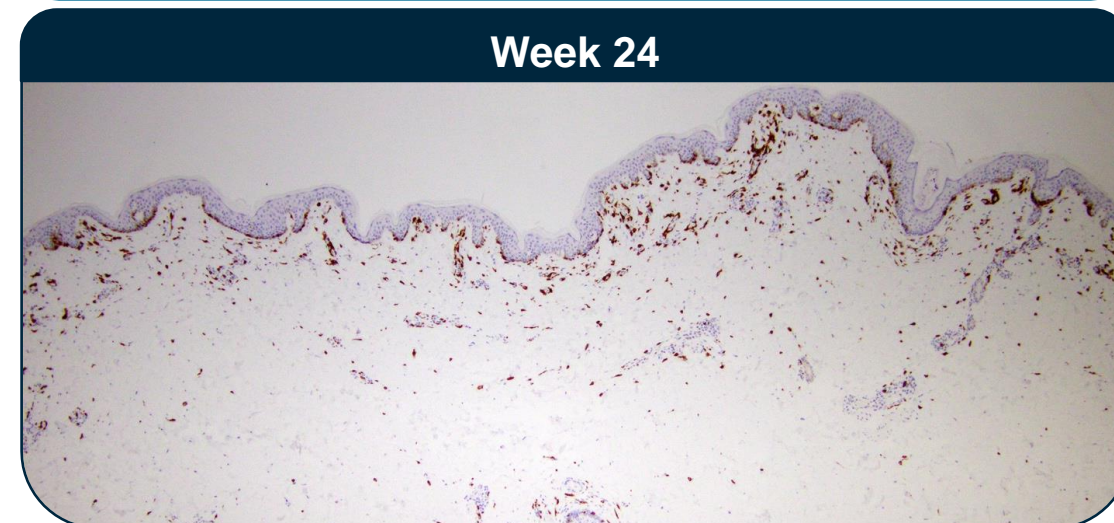
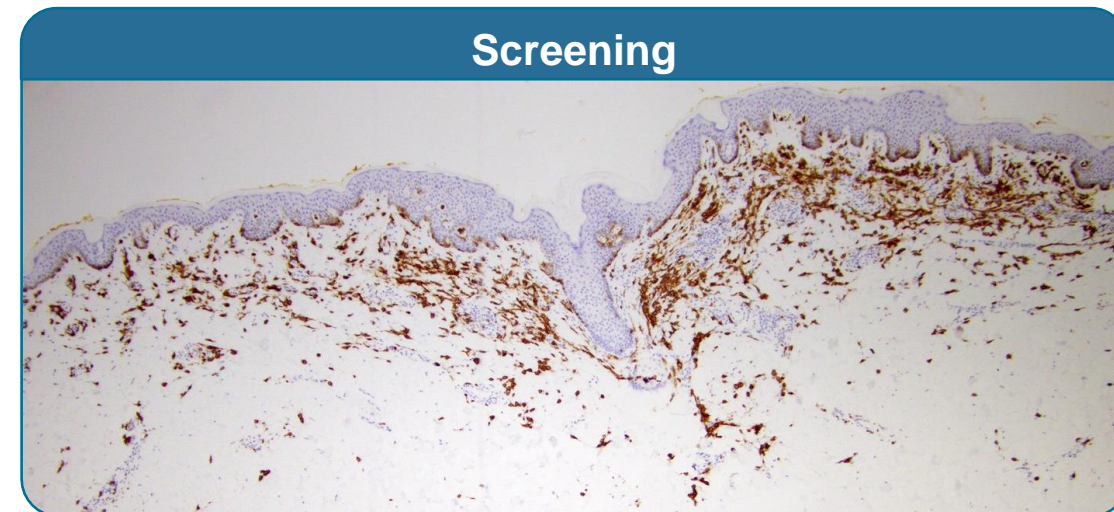
Case study



BSC: fexofenadine, montelukast, famotidine, omalizumab (all ongoing)

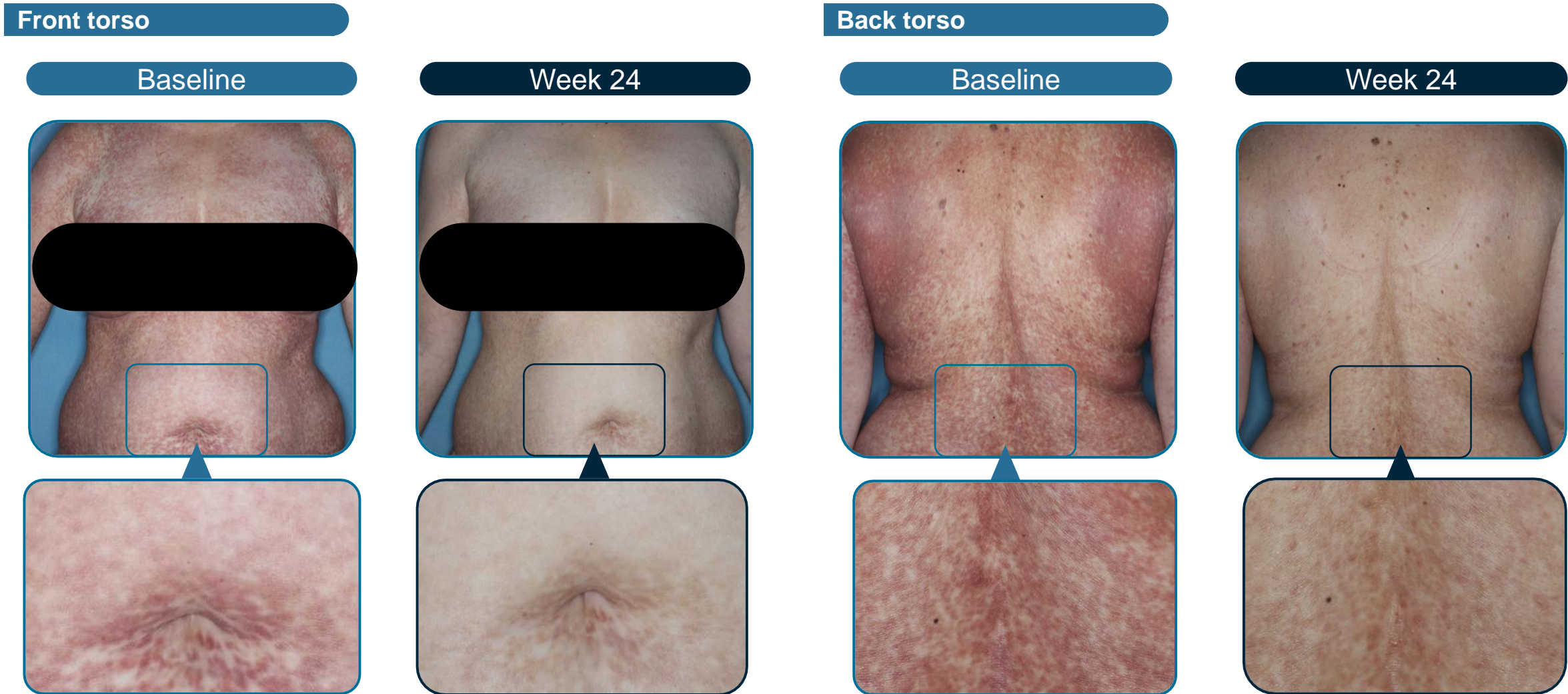
levocetirizine, hydroxyzine (discontinued after ~3 months)

	% change from baseline to Week 24
ISM-SAF TSS	-23.3
Skin domain score	-44.4
MC-QoL total score	-54.7
Skin domain score	-77.3
Serum tryptase	-26.3
KIT D816V	Central lab: -63.2
BM mast cells	No sample collected at Week 24



Brown staining indicated CD117 positivity.

Case study: Area and color of skin lesions improved at Week 24 with avapritinib treatment



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Case study: Area and color of skin lesions improved at Week 24 with avapritinib treatment



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Summary

- Avapritinib demonstrated statistically significant and clinically meaningful improvement versus placebo in symptoms in the primary analysis, as measured with the TSS and biomarkers of mast cell burden
 - Of the patients with skin involvement, those treated with avapritinib experienced marked reductions in skin symptoms, skin color, surface area of skin lesions, and pathologic mast cell burden
 - Results confirmed the findings from Part 1, CD30 may be the most relevant biomarker of aberrant mast cells in skin lesions and further research is warranted
 - Improvements in skin symptoms were correlated with improvement in QoL
- Avapritinib was well tolerated and demonstrated a similar safety profile to placebo

Conclusion

- Avapritinib selectively targets KIT D816V, the underlying driver of disease
- Avapritinib substantially impacted ISM-related skin symptoms and skin lesion area and color in addition to providing overall disease improvement in mast cell burden, symptoms, and QoL for patients with ISM

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