

GIST metastásico

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Barcelona



**Universidad
Europea**

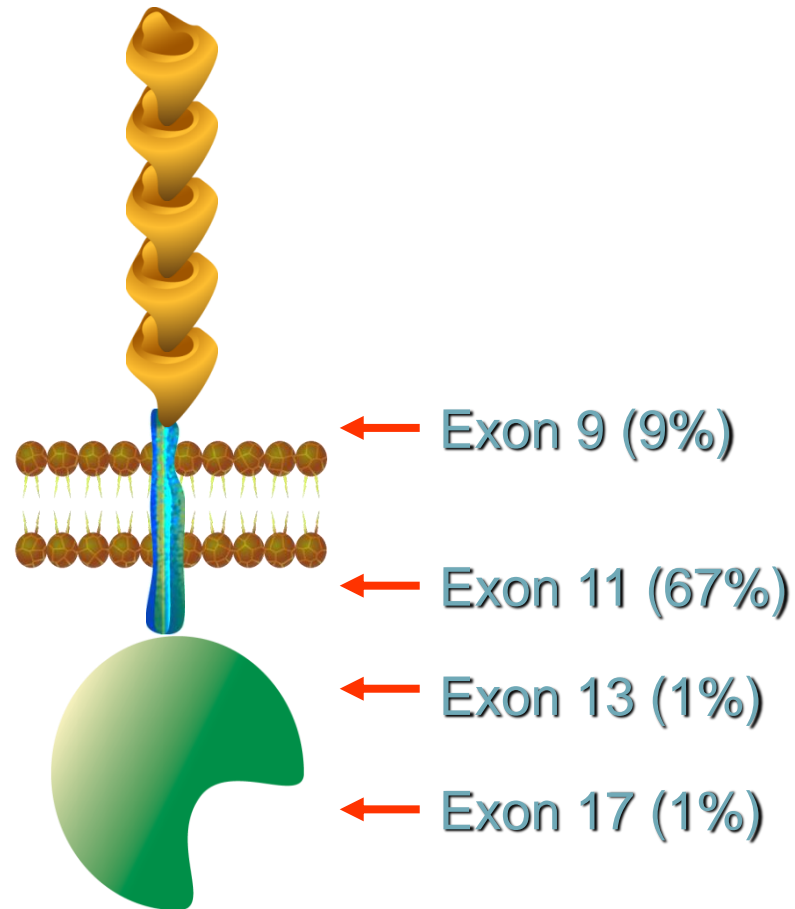


Máster en Tumores Musculoesqueléticos

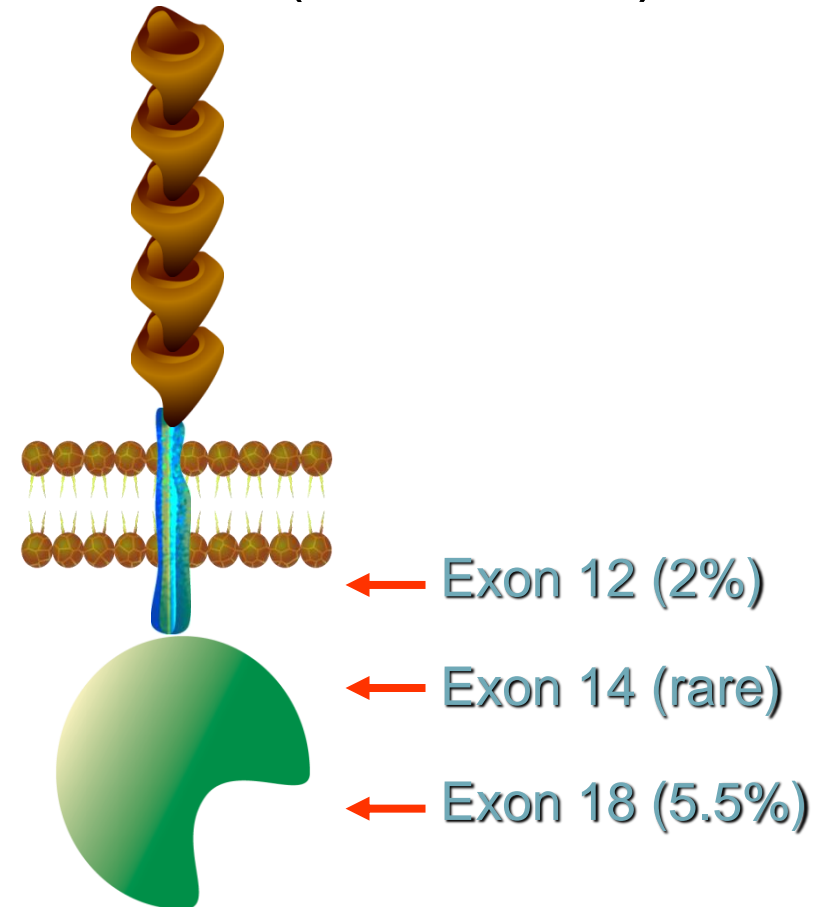
KIT and PDGFRA gain-of-function mutations are primary drivers of oncogenic signal in GIST

Overall Mutation Frequency (950 GISTs): **86%**

KIT (78.5%)



PDGFRA (7.5% total)



Courtesy of Jonathan A. Fletcher

Máster en Tumores Musculoesqueléticos

Approved agents for the treatment of locally-advanced or metastatic GIST

KIT/PDGFRA-
mutant GIST

PDGFRA D842V-
mutant GIST

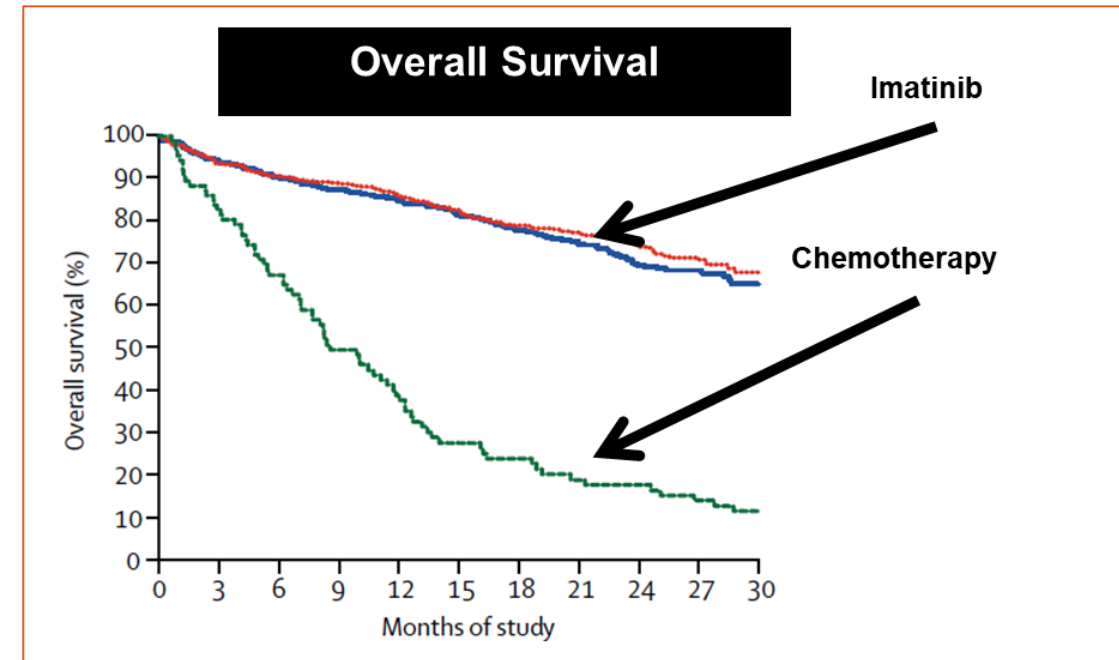
Approved agents for the treatment of locally-advanced or metastatic GIST: IMATINIB

IMATINIB 2001

mPFS 24 mo
ORR 68.1%

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Demetri, *NEJM* 2002
Blanke, *J Clin Oncol* 2008

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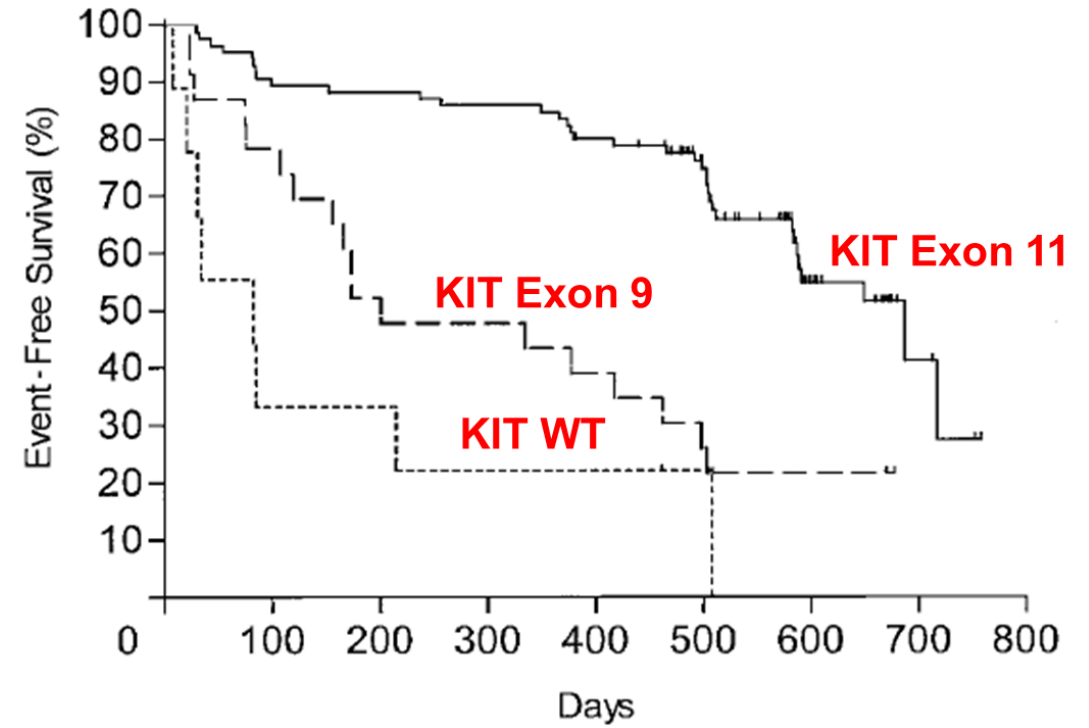
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KIT primary genotype predicts the activity of first-line imatinib

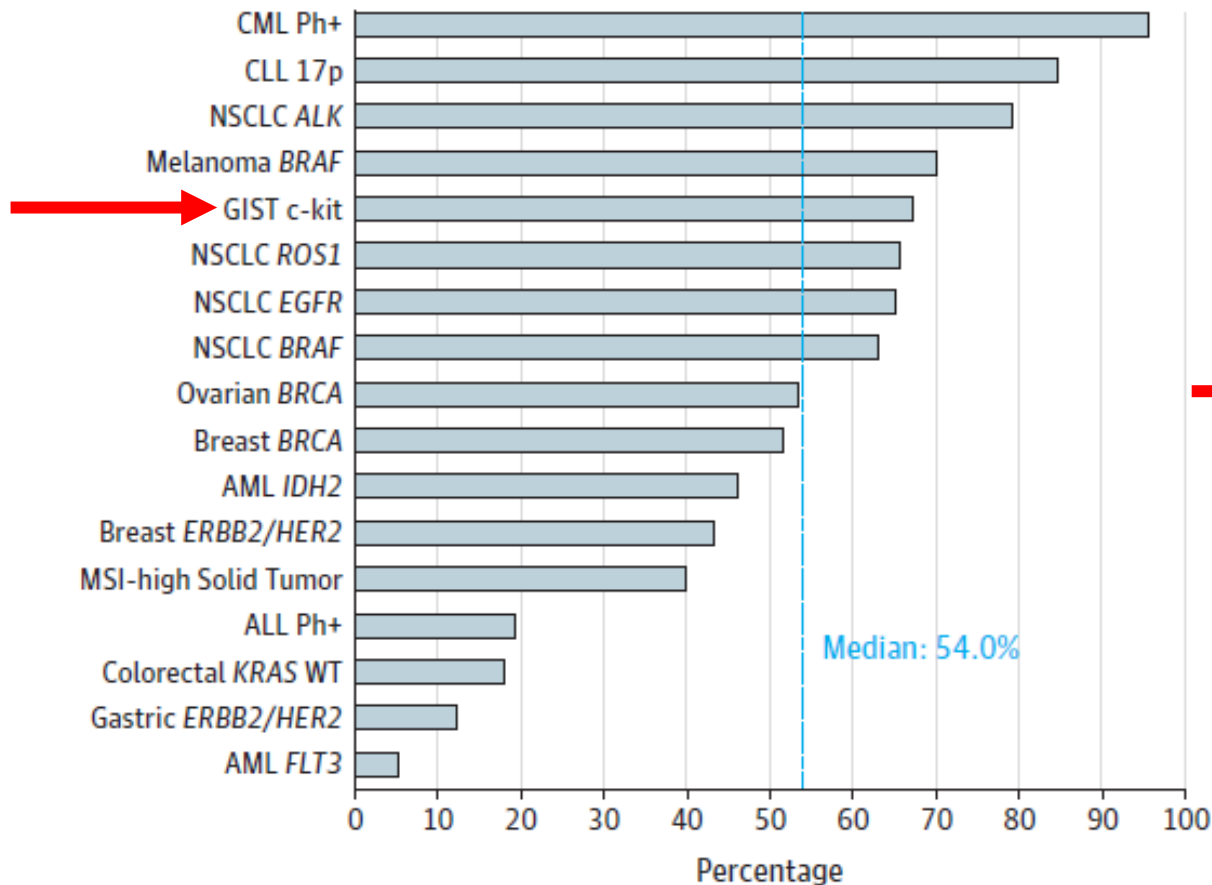


Heinrich, *J Clin Oncol* 2003

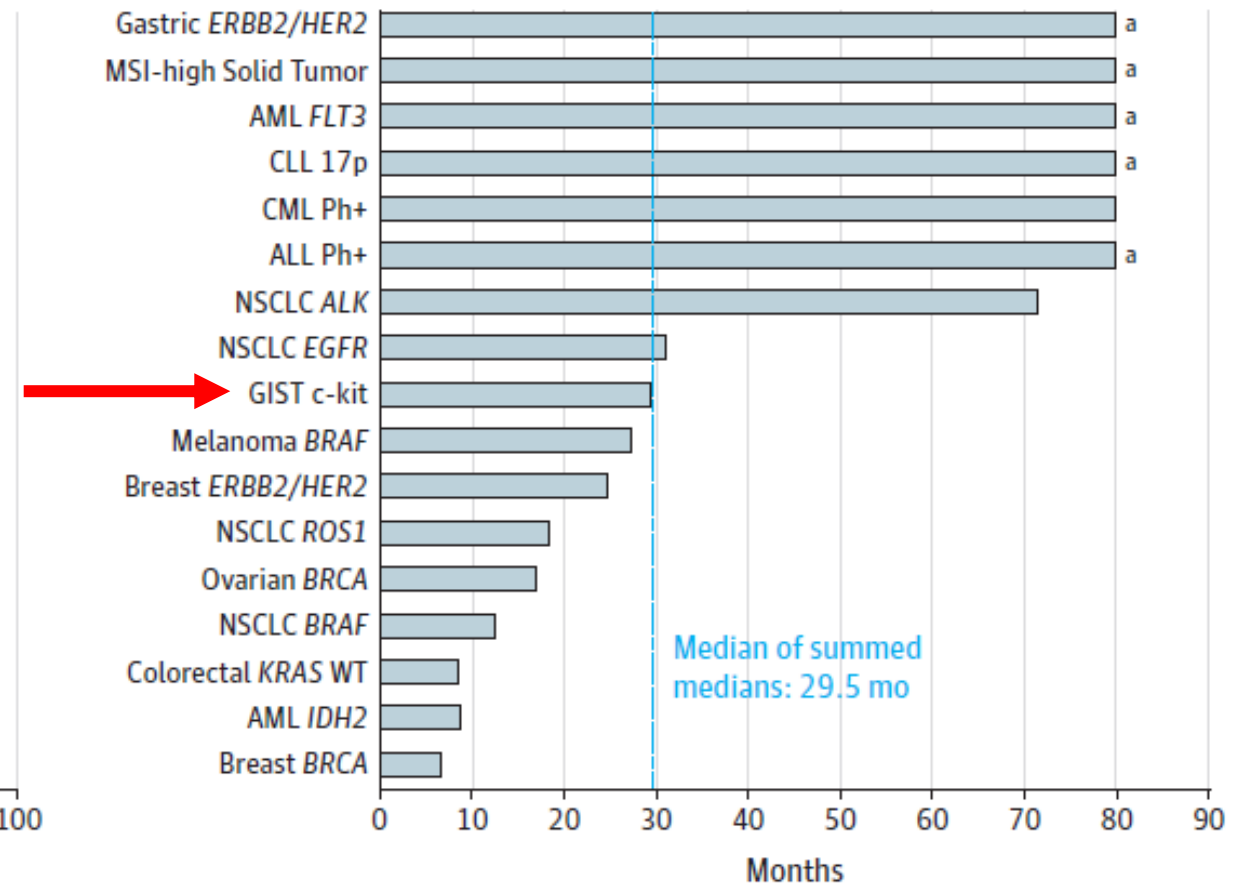
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Figure 2. Estimated Responses of US Patients to Genomically Informed Drug Treatment, 2006-2018

A Best overall response rate, %



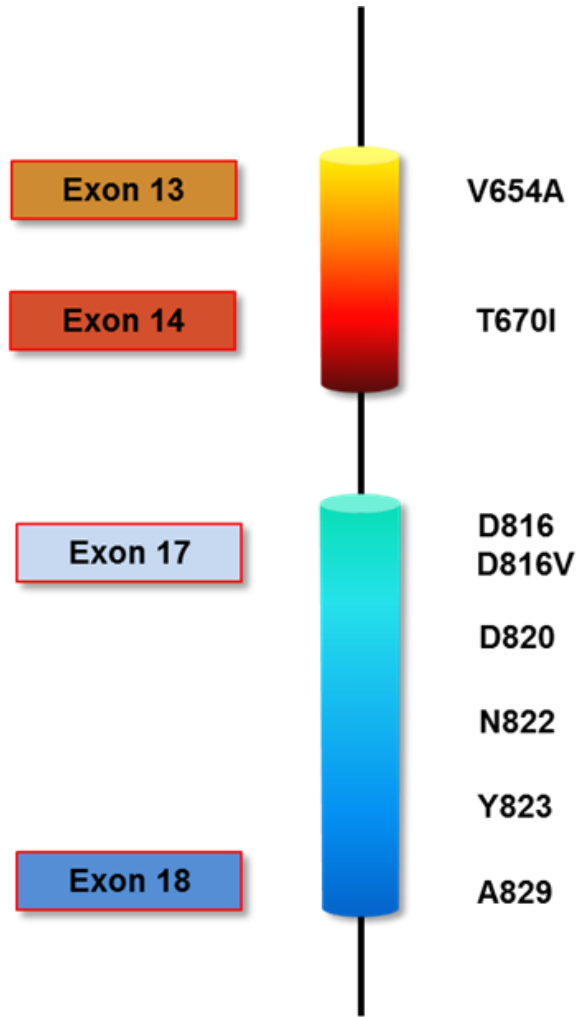
B Total duration of response, mo



Marquart, *JAMA Oncol* 2018

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Imatinib resistance: KIT secondary mutations



Approved agents for the treatment of locally-advanced or metastatic GIST: SUNITINIB y REGORAFENIB



IMATINIB 2001

mPFS 24 mo
ORR 68.1%

SUNITINIB 2006

mPFS 5.6 mo
ORR 6.8%

REGORAFENIB 2012

mPFS 4.8 mo
ORR 4.5%

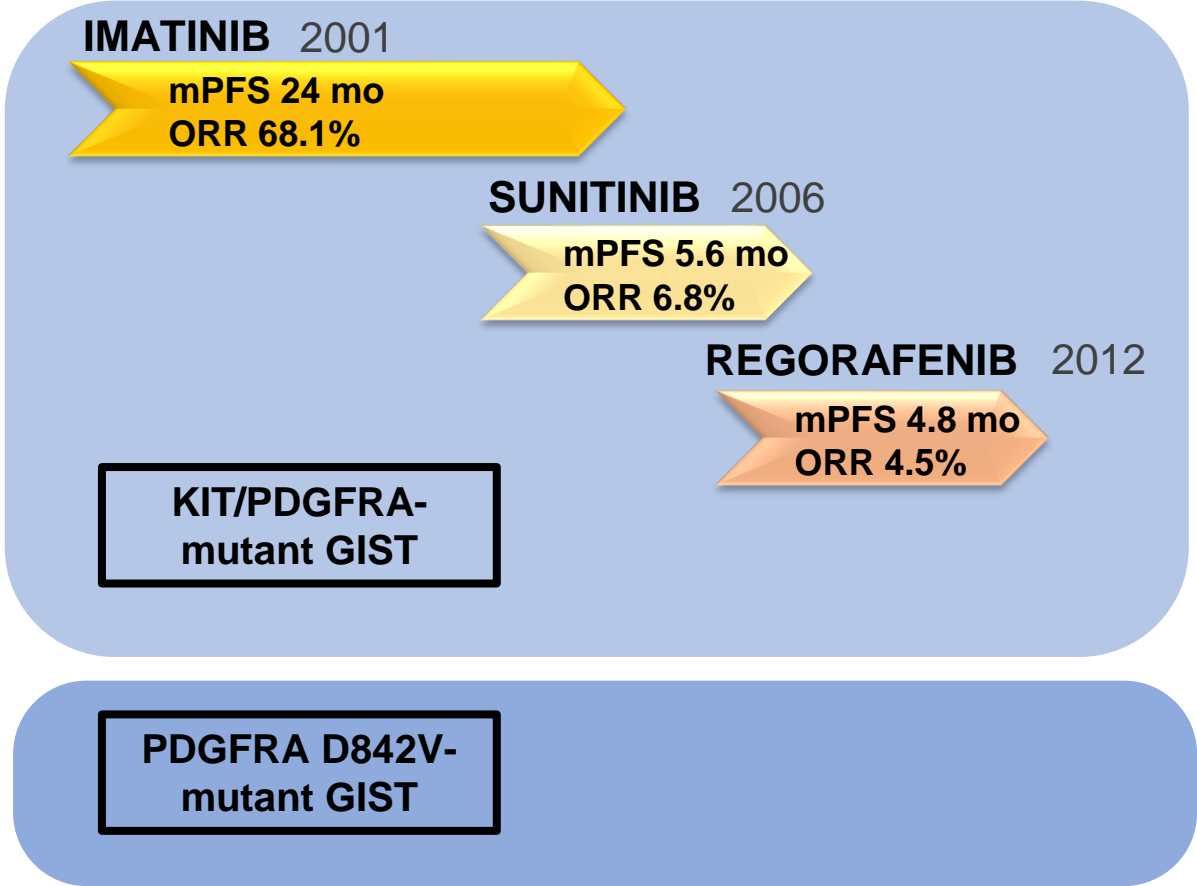
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Demetri, *Lancet* 2006

Demetri, *Lancet* 2013

Approved agents for the treatment of locally-advanced or metastatic GIST: SUNITINIB y REGORAFENIB



	Imatinib (n=147)	Sunitinib (n=207)	Regorafenib (n=133)
ORR	68.1%	6.8%	4.5%
SD_{12 weeks}	15.6%	53%	48.1%
TTP/PFS	24 mo	5.6 mo	4.8 mo

Demetri, *Lancet* 2006
Demetri, *Lancet* 2013

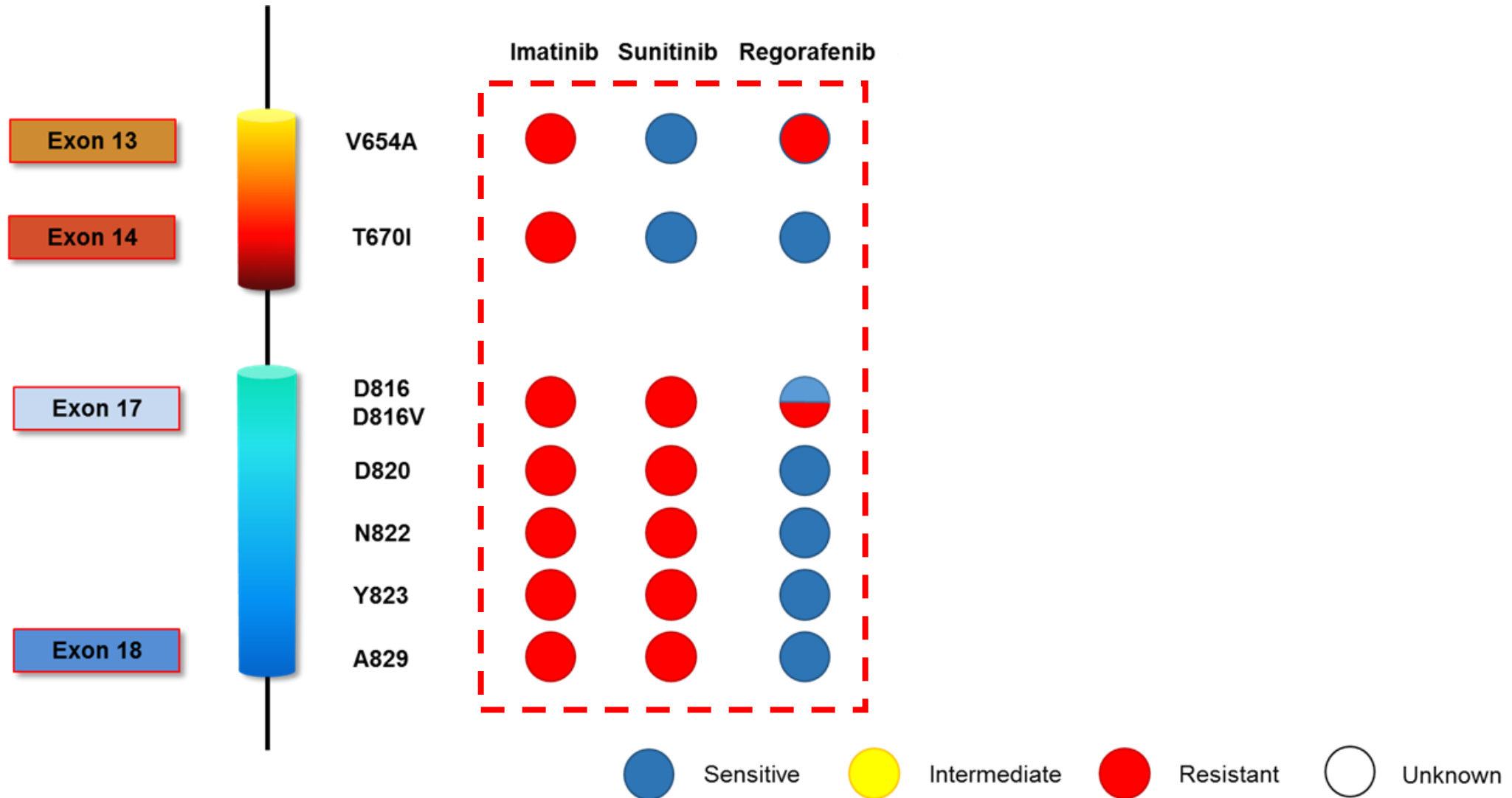
Approved agents for the treatment of locally-advanced or metastatic GIST: OTHER TKIs

Drug	Clinical Trial	Setting Treatment Line	ORR (%)	mPFS (mo)	Phase
Avapritinib	Kang (2021) ⁷⁸	Third/fourth	17	4.2	III-R
→ Cabozantinib	Schöffski (2020) ⁷⁹	Third	14	5.5	II
Dasatinib	Schuetze (2018) ⁸⁰	Second or more	4	2.9	II
Dovitinib	Kang (2013) ⁸¹	Third or more	3	3.6	II
	Joensuu (2017) ⁸²	Third or more	5	4.6	II
Masitinib	Adenis (2014) ⁸³	Second	NA	3.7	II
Nilotinib	Montemurro (2009) ⁸⁴	Third or more	10	2.8	II
	Sawaki (2011) ⁸⁵	Third	3	3.7	II
	Cauchi (2012) ⁸⁶	Third or more	0	2.0	II
	Reichardt (2012) ⁸⁷	Third	< 1	3.6	III-R
→ Pazopanib	Ganjoo (2014) ⁸⁸	Second or more	0	1.9	II
	Mir (2016) ⁸⁹	Second or more	0	3.4	II-R
	Eriksson (2021) ⁹⁰	Third/fourth	3	4.5	II
Ponatinib*	George (2022) ⁹¹	Second or more	8	4.3	II
→ Sorafenib	Kindler (2011) ⁹²	Second or more	13	5.2	II
	Park (2012) ⁹³	Third or more	13	4.9	II

Schaefer, DeMatteo and Serrano, ASCO EBook 2022

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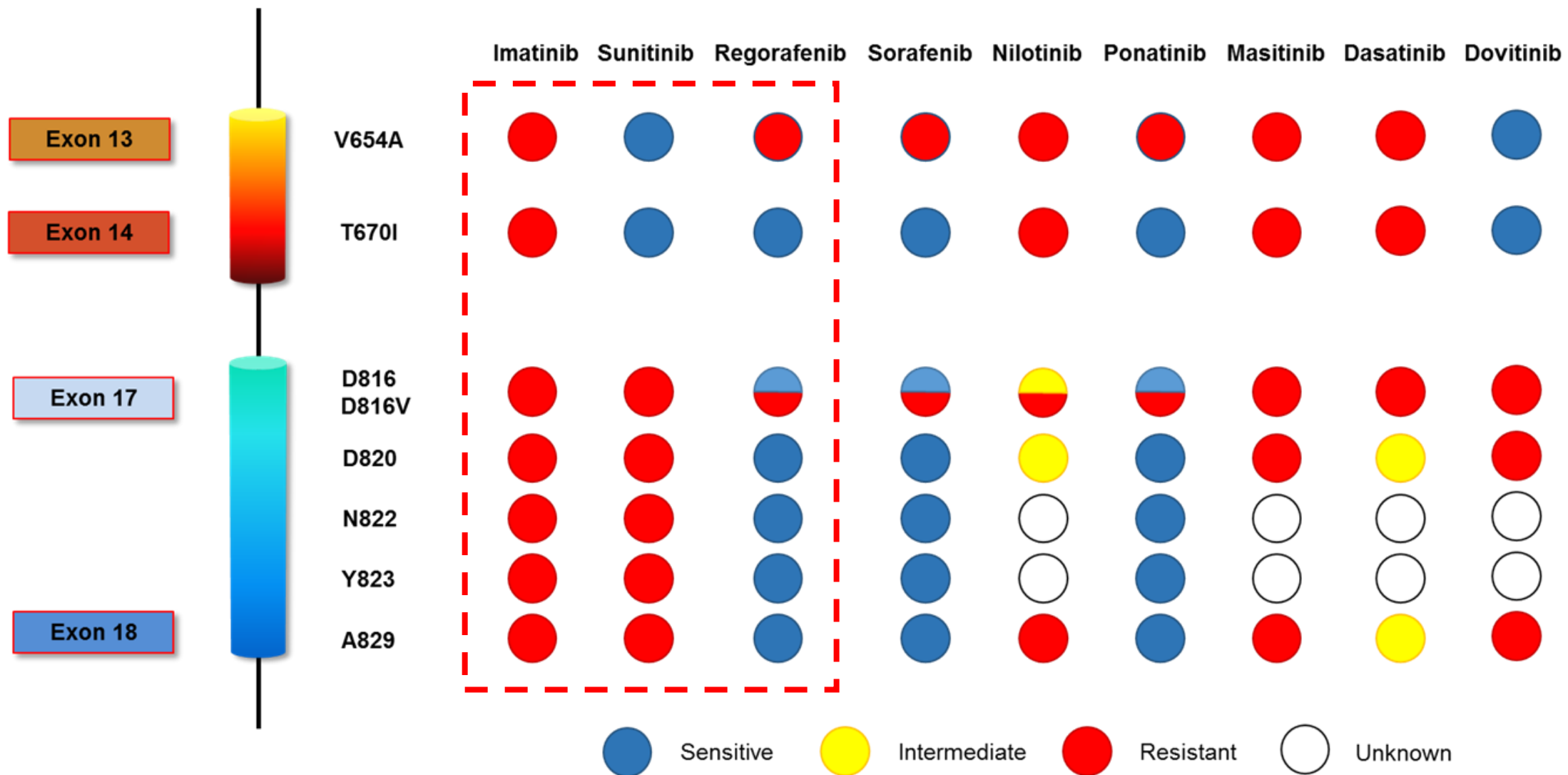
KIT / PDGFRA 2nd genotype predicts response to TKIs



Heinrich, *JCO* 2008; Serrano, *BJC* 2019; Serrano, *Oncotarget* 2019

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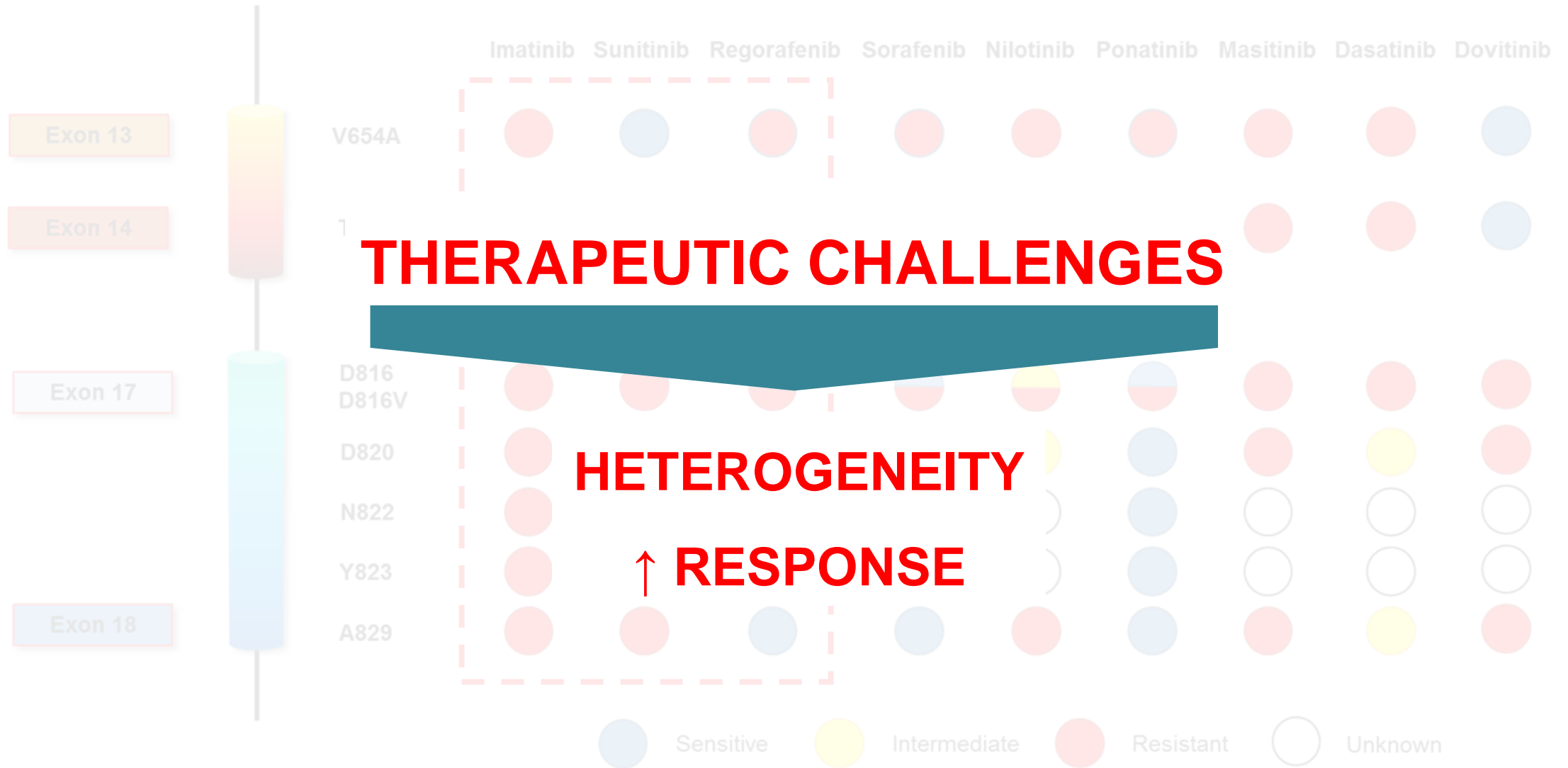
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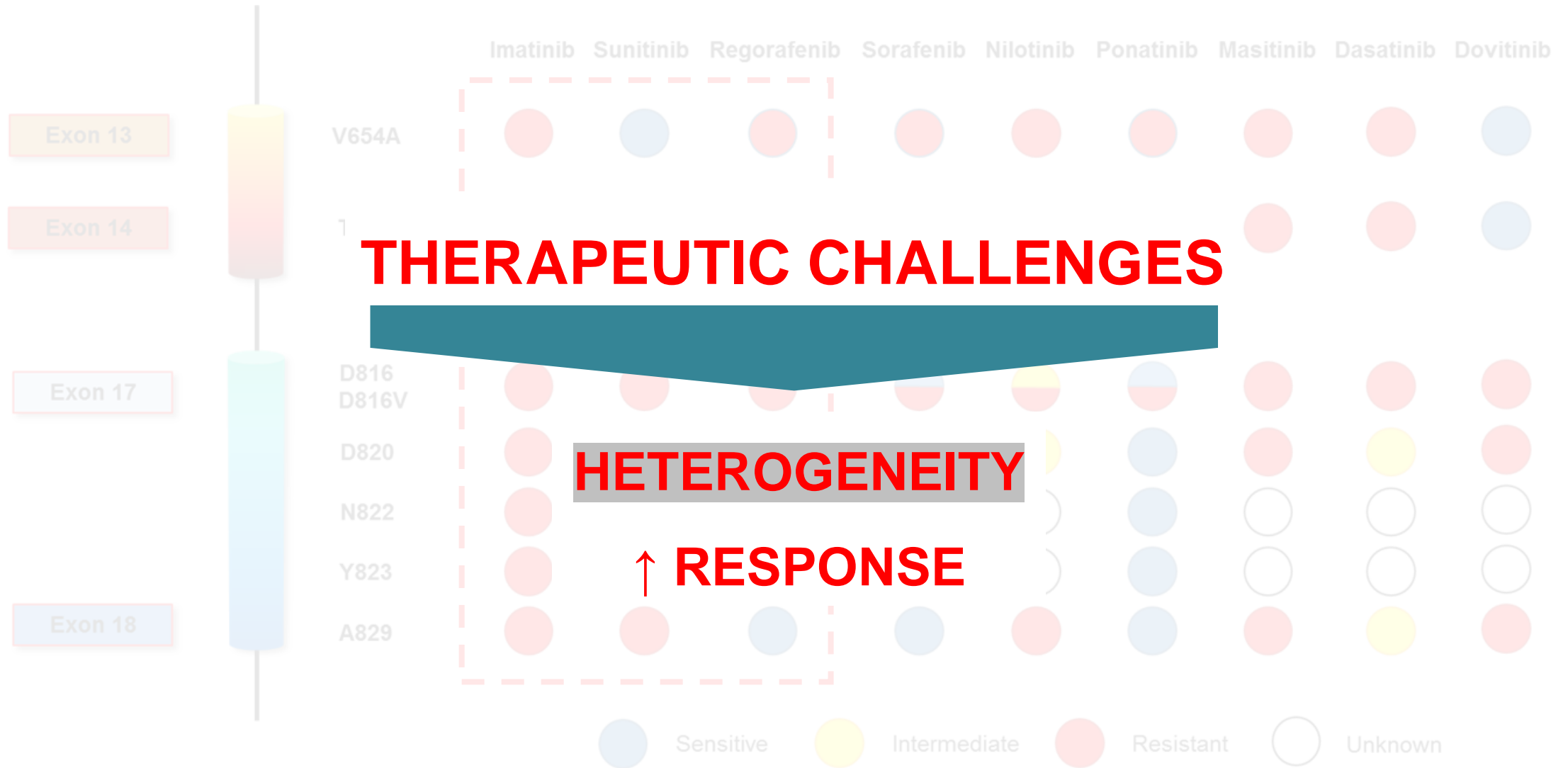
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Máster en Tumores Musculoesqueléticos

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PDGFR D842V-
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2020

RIPRETINIB

mPFS 6.3 mo
ORR 9.4%

AVAPRITINIB

mPFS 29.2 mo
ORR 91.0%

HETEROGENEITY

↑ **RESPONSE**

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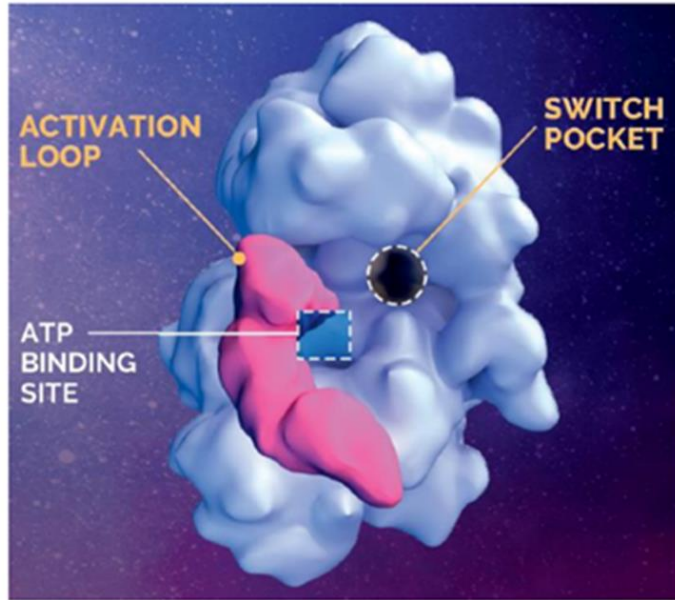
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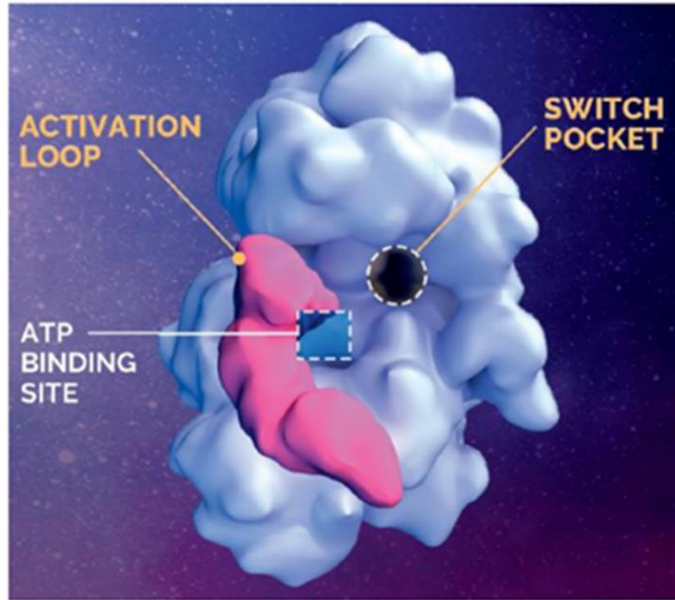
RIPRETINIB has broad activity against KIT/PDGFRα mutants



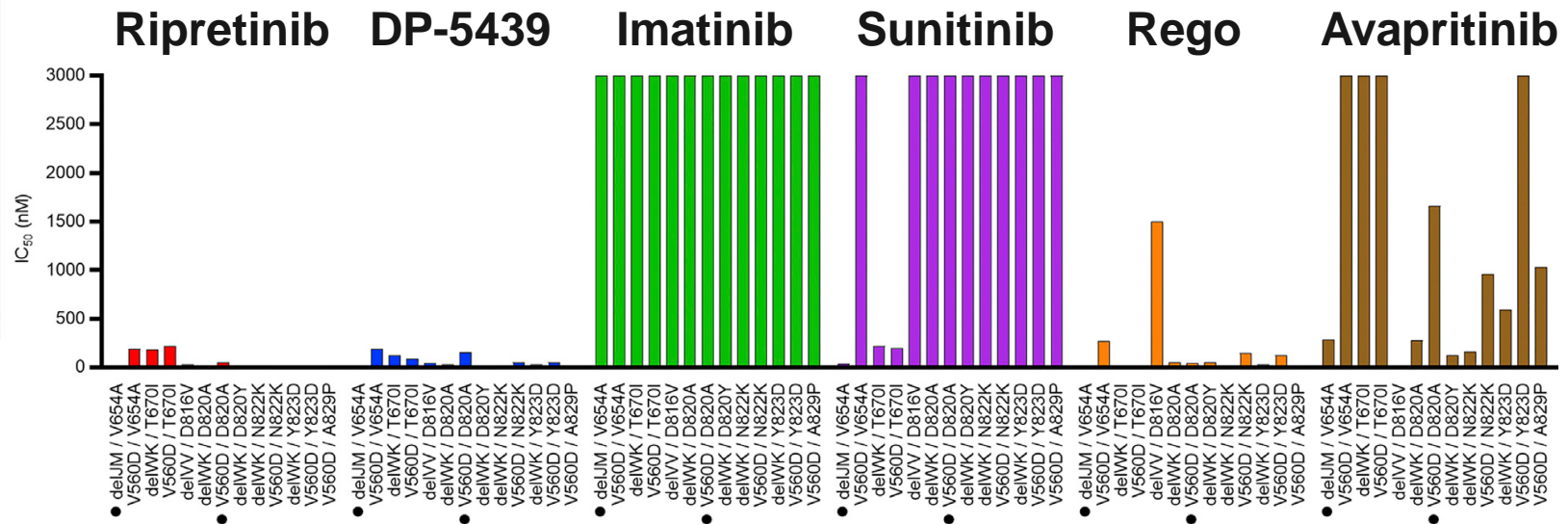
- ❖ **Switch control** kinase inhibition
- ❖ **Ripretinib** binds to the activation loop and the switch pocket
- ❖ Lock the kinase in the **inactive state**

Smith, *Cancer Cell* 2019

RIPRETINIB has broad activity against KIT/PDGFRΑ mutants



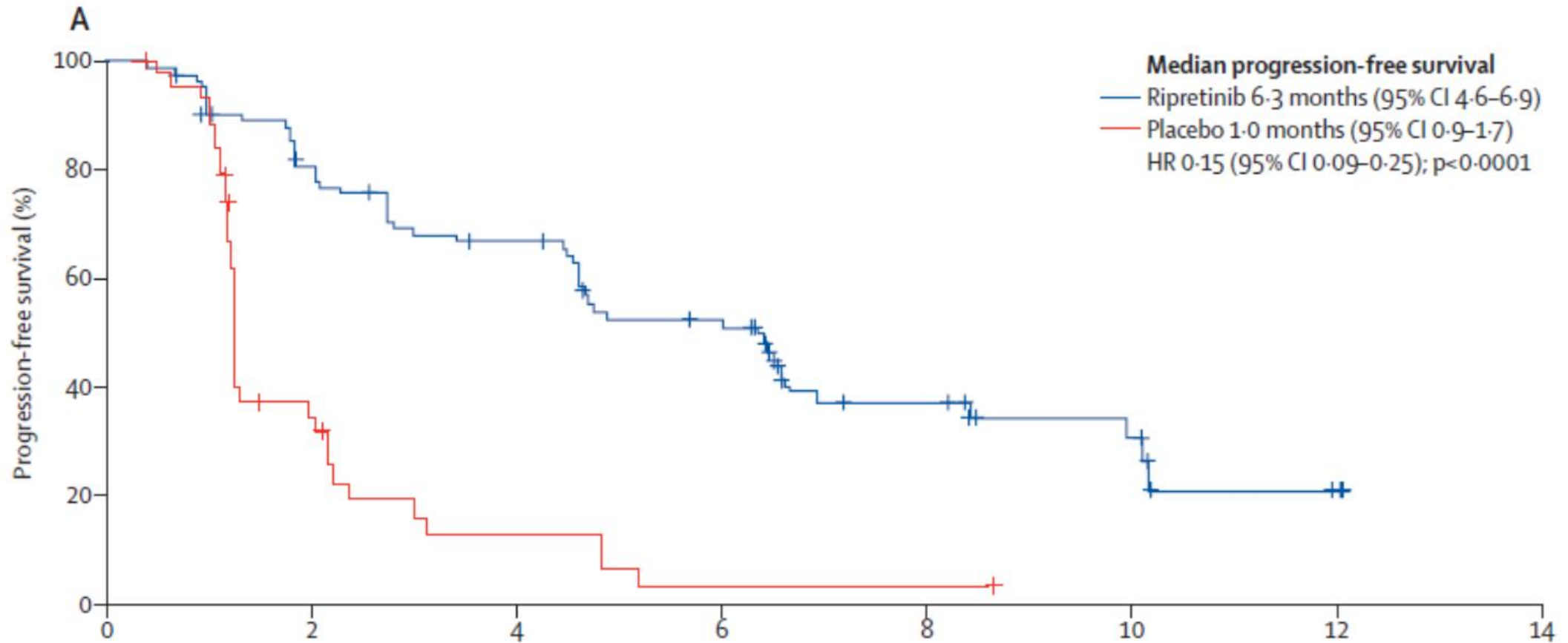
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Inhibition of KIT and PDGFRΑ mutants in transfected CHO or Ba/F3 cells
IC50 values

Phase III INVICTUS trial: ripretinib v. placebo $\geq 4L$

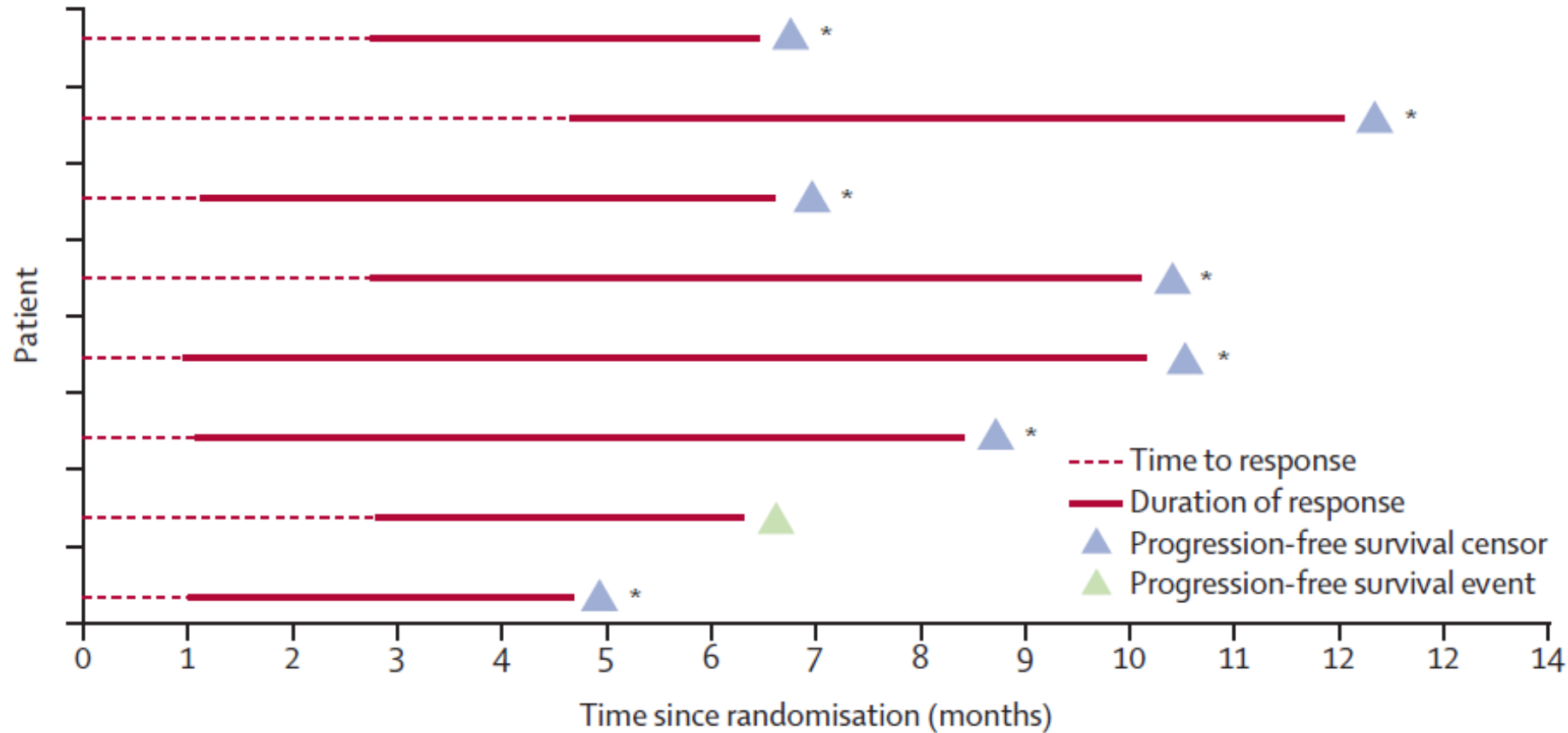
❖ **Benefit in mPFS:** ripretinib (6.3 mo) v. placebo (1.0 mo)



Blay, *Lancet Oncol* 2020

Phase III INVICTUS trial: ripretinib v. placebo $\geq 4L$

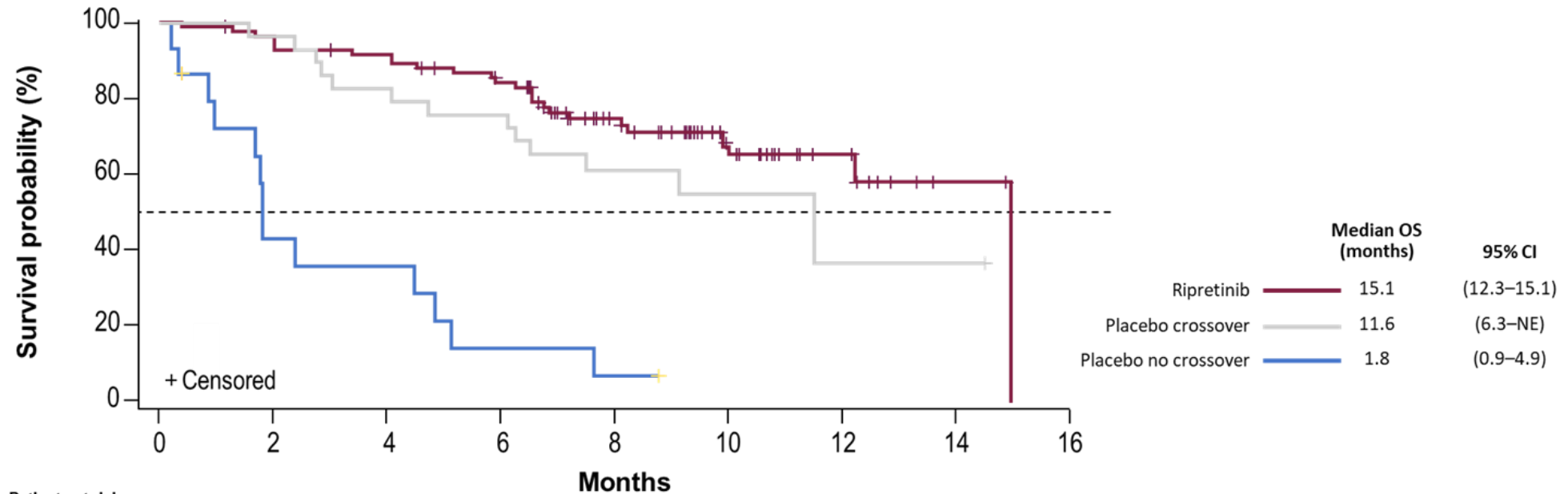
❖ **ORR 9.4%**, comparable with other TKIs in IM-resistant GIST



Blay, *Lancet Oncol* 2020

Phase III INVICTUS trial: ripretinib v. placebo $\geq 4L$

- ❖ **OS benefit:** 11.6 months with crossover v. 1.8 months without crossover
- GIST becomes a highly aggressive disease over time



Patients at risk:		0	2	4	6	8	10	12	14	16
Ripretinib	85	81	76	67	42	24	10	2	0	0
Placebo crossover	29	28	24	22	13	8	1	1	0	0
Placebo no crossover	15	6	5	2	1	0	0	0	0	0

Serrano, *ESMO GI 2020*

Phase III INVICTUS trial: ripretinib v. placebo $\geq 4L$

❖ Safety profile: treatment-related adverse events ($\geq 5\%$)

	Ripretinib group (n=85)			
	Grade 1-2	Grade 3	Grade 4	Grade 5
Alopecia	42 (49%)†	..	..	..
Myalgia	23 (27%)	1 (1%)	..	..
Nausea	21 (25%)	1 (1%)	..	..
Fatigue	20 (24%)	2 (2%)	..	..
Palmar–plantar erythrodysesthesia syndrome	18 (21%)	0	..	..
Diarrhoea	17 (20%)	1 (1%)	0	0
Constipation	13 (15%)	0	0	0
Decreased appetite	12 (14%)	1 (1%)	0	0
Weight loss	13 (15%)	0	..	..
Blood bilirubin increased	12 (14%)	0	0	..
Arthralgia	10 (12%)	0	..	..
Muscle spasms	10 (12%)	0	..	..
Hypertension	4 (5%)	3 (4%)	0	0
Lipase increase	4 (5%)	4 (5%)	0	..
Pain in extremity	5 (6%)	1 (1%)	..	..
Hypophosphataemia	3 (4%)	2 (2%)	0	0

Blay, *Lancet Oncol* 2020

; **Musculoesqueléticos**

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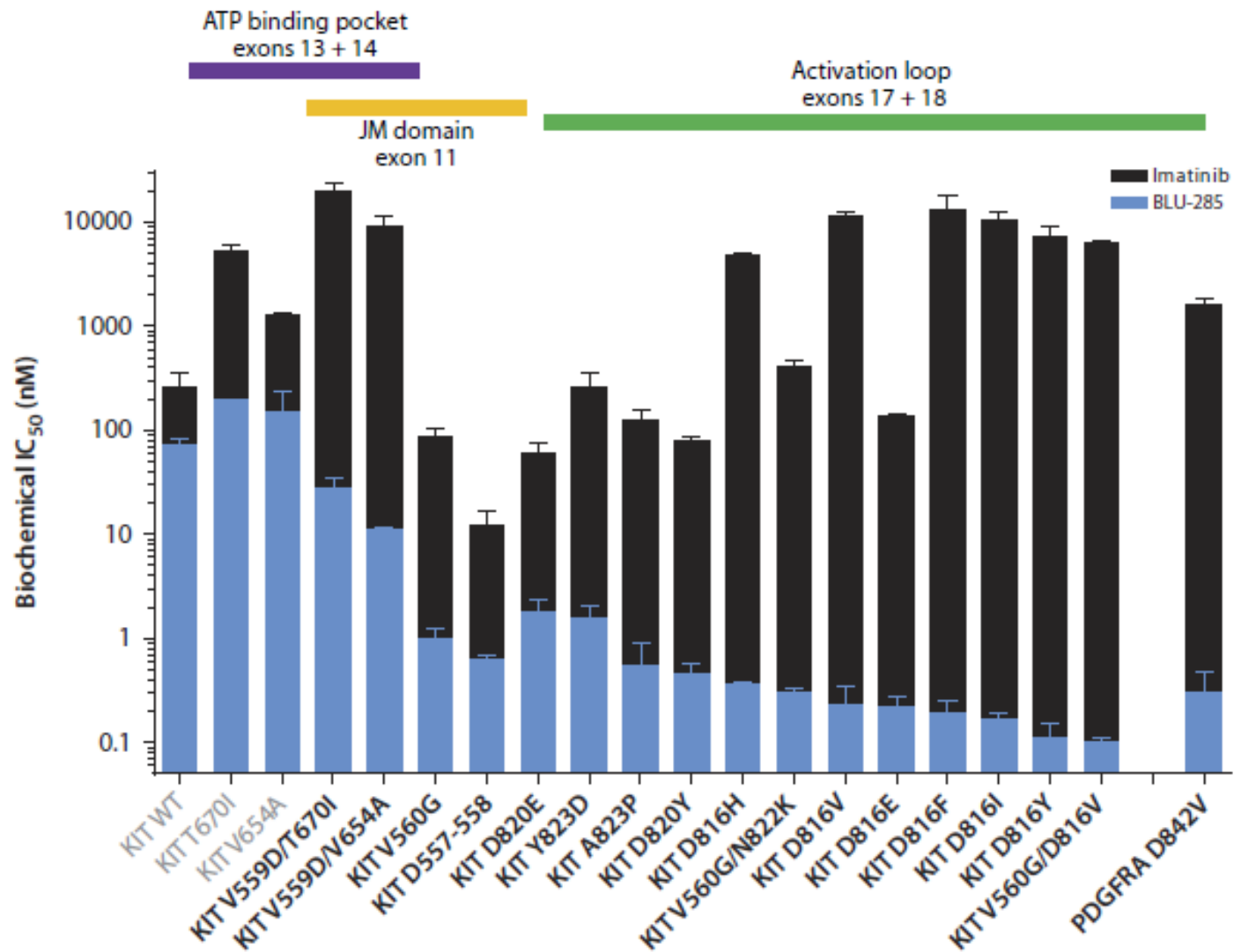
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↑ RESPONSE

AVAPRITINIB is a type I TKI highly active against mutations in *PDGFRA* exon 18 D842V



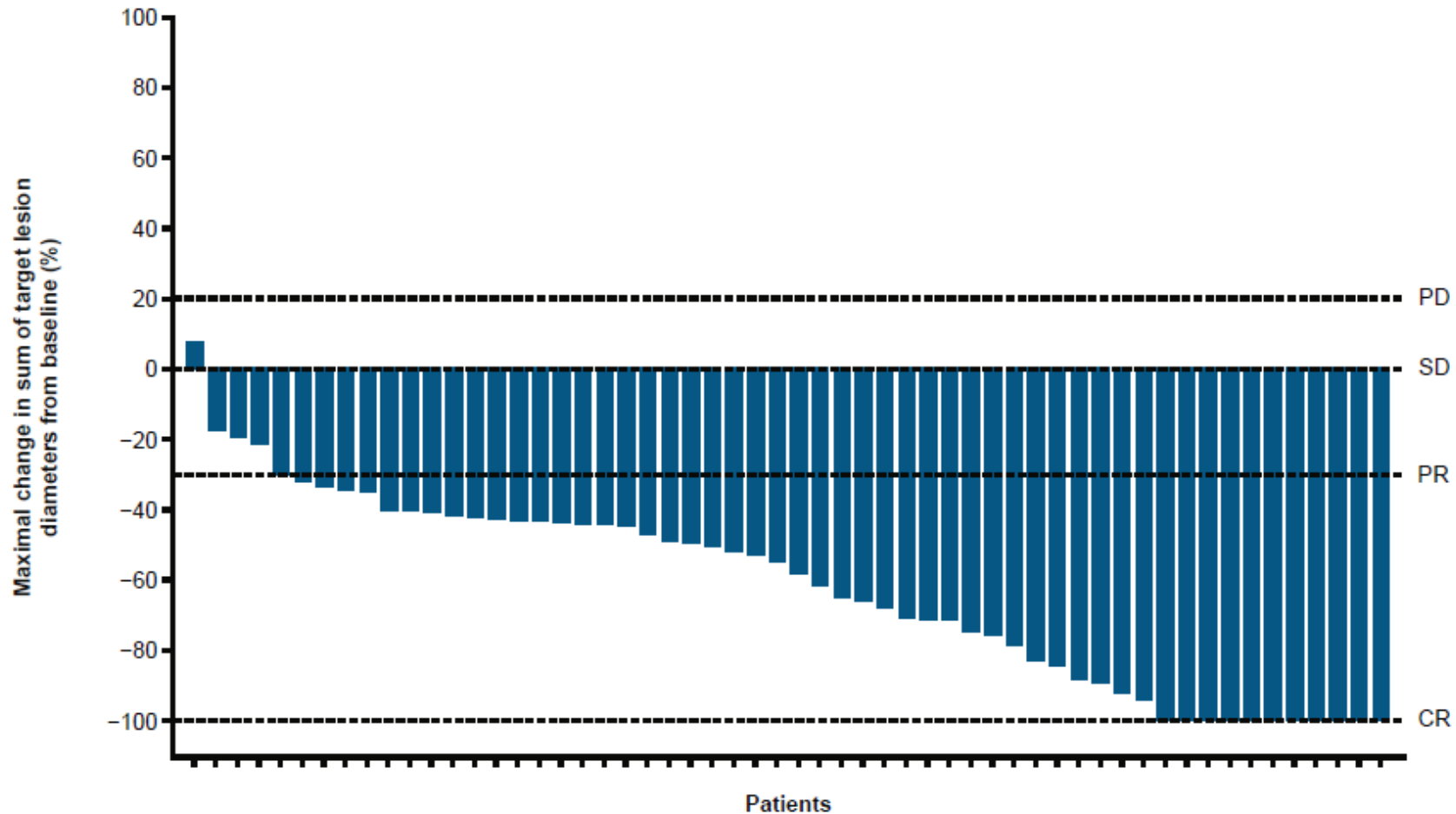
- ❖ Selective activity against mutations in the activation loop
- ❖ Type I TKI: binds to the active conformation of the kinase

Evans, *Sci Transl Med* 2017

Phase I NAVIGATOR trial: avapritinib in PDGFRA D842V GIST



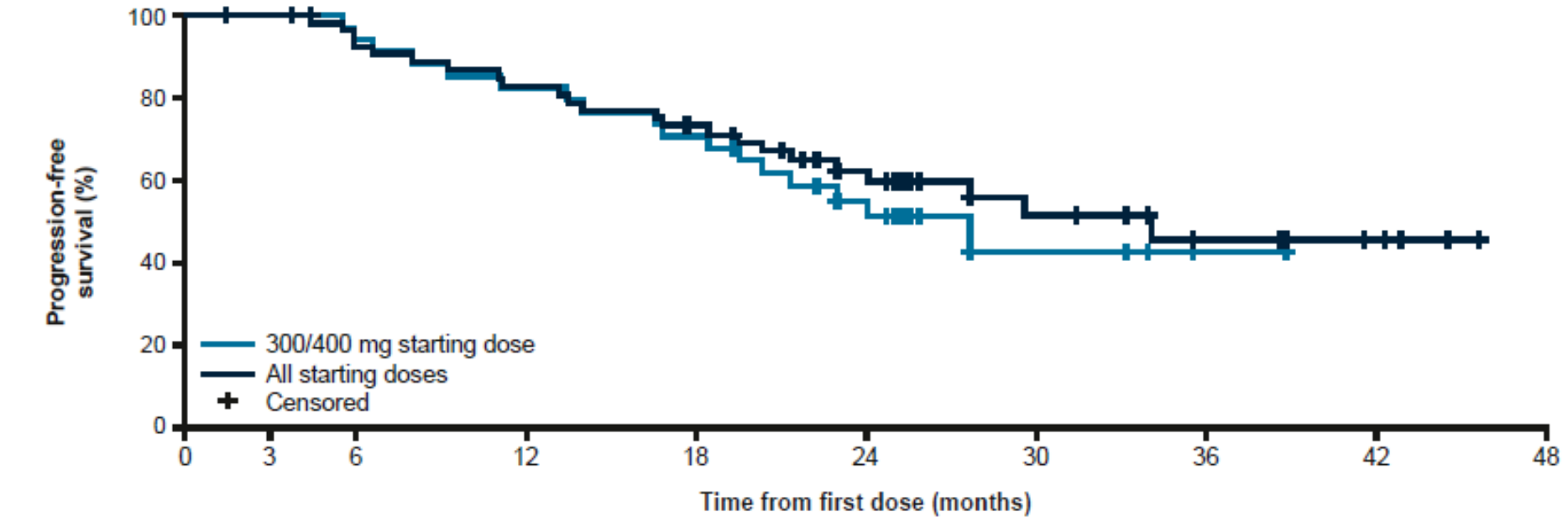
❖ ORR **91%**, Disease control rate ≥ 16 weeks, **100%**



Heinrich, *Lancet Oncol* 2020; Jones, *Eur J Can* 2021

Máster en Tumores Musculoesqueléticos

❖ mPFS (all patients) **34.0 months**



Number at risk

	0	3	6	12	18	24	30	36	42	48
300/400 mg starting dose	38	37	32	28	24	14	4	1	0	
All starting doses	56	55	48	43	36	23	12	7	4	0

Heinrich, *Lancet Oncol* 2020; Jones, *Eur J Can* 2021

❖ Safety profile: all-cause adverse events ($\geq 20\%$)

Preferred term, n (%)	<i>PDGFRA</i> D842V population (n = 56)	Safety population (N = 250)	Preferred term, n (%)	<i>PDGFRA</i> D842V population (n = 56)	Safety population (N = 250)
Nausea	38 (68)	161 (64)	Dizziness	16 (29)	59 (24)
Fatigue	35 (63)	157 (63)	Face oedema	13 (23)	57 (23)
Anaemia	37 (66)	136 (54)	Increased blood bilirubin	16 (29)	54 (22)
Diarrhoea	37 (66)	112 (45)	Hypokalaemia	14 (25)	48 (19)
Periorbital oedema	27 (48)	110 (44)	Headache	13 (23)	48 (19)
Vomiting	21 (38)	106 (42)	Dysgeusia	13 (23)	47 (19)
Decreased appetite	23 (41)	101 (40)	Decreased weight	15 (27)	46 (18)
Increased lacrimation	21 (38)	88 (35)	Dyspepsia	13 (23)	44 (18)
Memory impairment	23 (41)	81 (32)	Cough	15 (27)	39 (16)
Peripheral oedema	21 (38)	80 (32)	Neutropenia	14 (25)	29 (12)
Abdominal pain	19 (34)	64 (26)	Upper respiratory tract infection	12 (21)	27 (11)
Constipation	12 (21)	64 (26)			
Hair colour changes	16 (29)	62 (25)			

❖ Safety profile: cognitive effects

	Patients (<i>n</i> = 167)				
	AE incidence				AEs leading to permanent treatment discontinuation
	Grade 1	Grade 2	Grade 3	Total ^a	
Cognitive effects, <i>n</i> (%)	47 (28.1)	15 (9.0)	5 (3.0)	67 (40.1)	10 (6.0)
Memory impairment	36 (21.6)	8 (4.8)	1 (<1.0)	45 (26.9)	1 (<1.0)
Cognitive disorder ^b	12 (7.2)	8 (4.8)	1 (<1.0)	21 (12.6)	5 (3.0)
Confusional state	7 (4.2)	2 (1.2)	2 (1.2)	11 (6.6)	2 (1.2)
Encephalopathy	0	0	1 (<1.0)	1 (<1.0)	2 (1.2)

^aNo patient experienced grade 4 or 5 cognitive effects.

^bCognitive disorders leading to permanent treatment discontinuation included acute psychotic episode, worsening cognitive disturbances, mental status change, and delirium.

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Modified from Serrano, Clin Can Res 2020

New clinical trials ongoing or shortly ongoing

Phase	Trial	Treatment	Setting
III	PEAK	SU vs SU + Bezuclastinib	2 nd
III	INSIGHT	RI vs SU – ctDNA KIT ex 11 + ex 17	2 nd
I	IDRX-42-001	IDRX-42 (pan KIT/PDGFRA)	>1 st
I	NB003-01	NB003 (pan KIT/PDGFRA)	>1 st
II	MK-6482	MK-6482 (HIF2a inh)	Any

- We are currently assisting to a golden-age with **paradigm-shifting drugs** tested in clinical trials.
- **Avapritinib** targets for the first-time ever *PDGFRA* D842V mutation.
- **Ripretinib** has a broader activity against KIT receptor heterogeneity.
- Future efforts will focus on **combination of agents** and **ctDNA-based strategies** aiming to overcome KIT/PDGFR α heterogeneity.

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 [@DrCeSarcoma](https://twitter.com/DrCeSarcoma)

