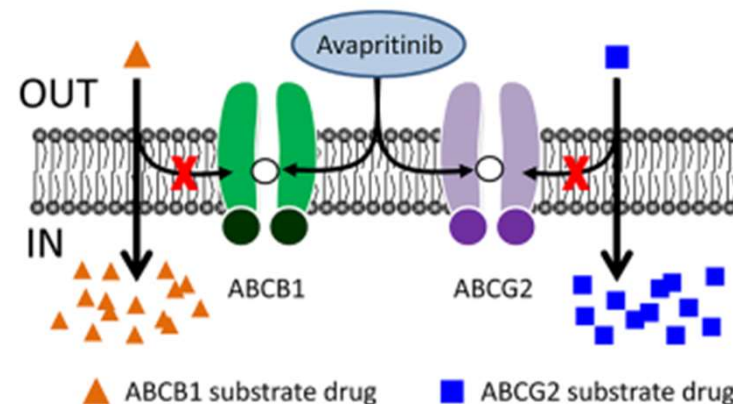
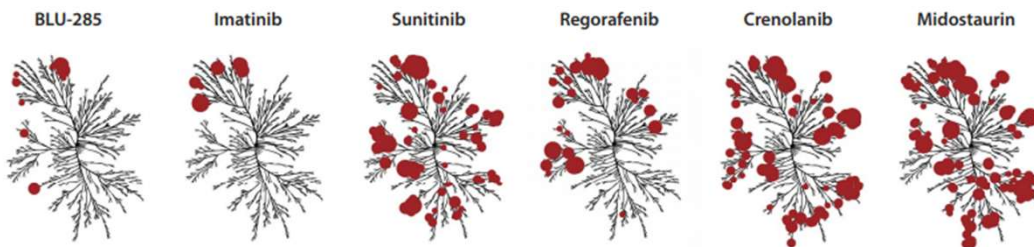


- Approved in January 2020 for treatment of unresectable, metastatic gastrointestinal stromal tumors (GIST)
- Received Breakthrough Therapy, fast track and orphan drug designations
- Selective tyrosine kinase inhibitor of KIT and platelet derived growth factor receptor alpha (PDGFRA)
- One of the first medications available for treatment of MDR cancers
- First treatment approved for GIST patients with a PDGFRA exon 18 mutation
- Daily oral dose of 300 mg

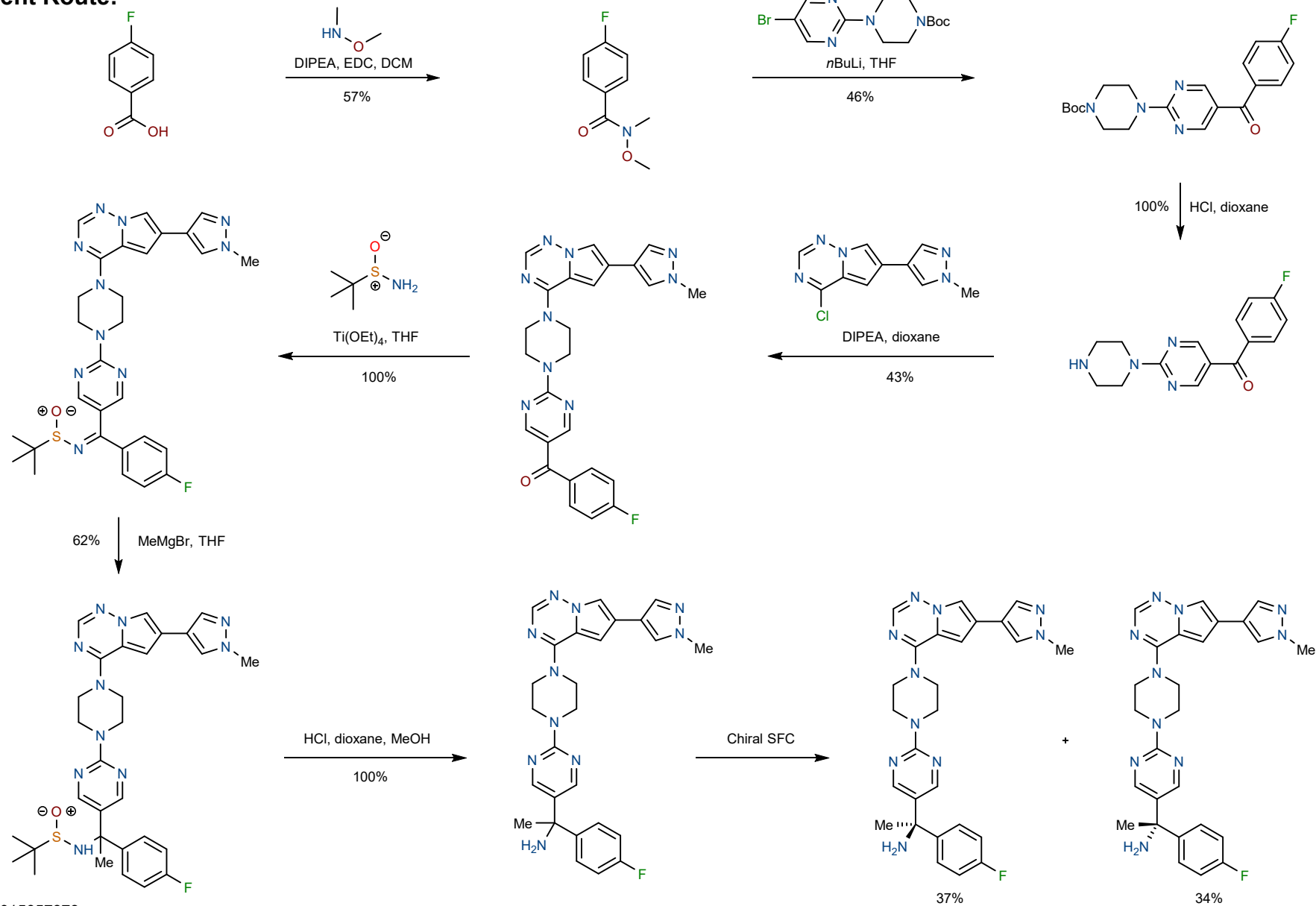
- Imatinib is a tyrosine kinase inhibitor that transformed treatment of GIST
 - Achieves disease control in at 85% of cases
 - Limited response for metastatic GIST
 - Resistance occurs due to secondary mutations
- Secondary mutations in *KIT* or *PDGFRA* likely the most important event leading to TKI resistance
 - *KIT* exon 13 and 14 (ATP-binding pocket of receptor)
 - *KIT* exon 17 and 18 (kinase activation loop)
- Avapritinib (BLU-285) has limited potential for activity outside of *KIT* and *PDGFRA*
 - Activity against *KIT* exon 17 mutants, including D816V
 - Inhibits *PDGFRA* D842V
 - Type I inhibitor (binds active form)



- Increases accumulation of ABCB1 and ABCG2 (ATP-binding cassette) substrates
- Reversed MDR mediated by ABCB1 or ABCG2 at nontoxic concentrations
- Has no effect on protein levels of ABCB1 or ABCG2
- Stimulates ATPase activity
- Docking studies show binding to the drug-binding pocket in transmembrane regions of transporters
- Overexpression of ABCB1 or ABCG2 doesn't alter chemosensitivity



Patent Route:



WO2015057873