NCCN PREFERRED CATEGORY 1

Ripretinib (QINLOCK®) is **THE ONLY** recommended 4th-line therapy for advanced GIST[1]*

FOR ADVANCED GIST PATIENTS TREATED WITH ≥3 PRIOR TKIs

BREAK THROUGH RESISTANCE

and provide powerful progression-free survival[2]

- 6.3 months median PFS with QINLOCK® (ripretinib) (n=85) vs 1.0 month with placebo (n=44)[2]

  HR=0.15 (95% CI, 0.09–0.25); *P*<0.0001

Choose QINLOCK, the first and only switch-control kinase inhibitor for advanced GIST[2]

Approved for patients regardless of mutation, including[2]:

✔ **KIT** ✔ **PDGFRα** ✔ **WILD TYPE**

CI=confidence interval; GIST=gastrointestinal stromal tumor; HR=hazard ratio; KIT=KIT proto-oncogene receptor tyrosine kinase; NCCN®=National Comprehensive Cancer Network®; PDGFRα=platelet derived growth factor receptor α; PFS=progression-free survival; TKI=tyrosine kinase inhibitor.
*Preferred 4th-line therapy (Category 1) for unresectable or metastatic disease.[1]

INDICATION

QINLOCK is a kinase inhibitor indicated for the treatment of adult patients with advanced gastrointestinal stromal tumor (GIST) who have received prior treatment with 3 or more kinase inhibitors, including imatinib.

SELECT SAFETY INFORMATION

There are no contraindications for QINLOCK.

Palmar-plantar erythrodysesthesia syndrome (PPES): In INVICTUS, Grade 1-2 PPES occurred in 21% of the 85 patients who received QINLOCK. PPES led to dose discontinuation in 1.2% of patients, dose interruption in 2.4% of patients, and dose reduction in 1.2% of patients. Based on severity, withhold QINLOCK and then resume at same or reduced dose.

Please see additional Safety Information throughout and accompanying full Prescribing Information, including Patient Information.

QINLOCK® (ripretinib) 50 mg tablets

QINLOCKHCP.com

QINLOCK® (ripretinib) DEMONSTRATED POWERFUL PFS RESULTS[2]

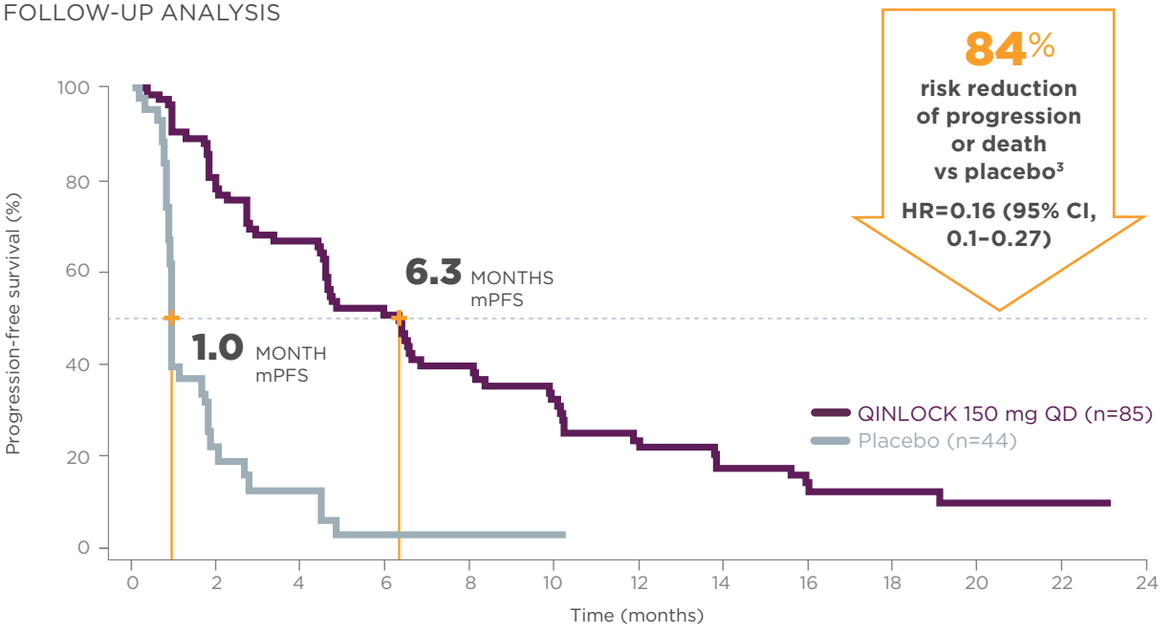
QINLOCK provided superior median PFS vs placebo in the primary analysis[2]

PRIMARY ENDPOINT: PFS

- 6.3 months vs 1.0 month (HR=0.15 [95% CI, 0.09-0.25]; *P*<0.0001)[2]

QINLOCK demonstrated consistent PFS results after 9 months of additional follow-up[3]*

FOLLOW-UP ANALYSIS



Number of patients at risk

QINLOCK	85	65	52	37	28	22	16	12	8	5	2	1	0
Placebo	44	7	4	1	1	1	0						

*The follow-up analysis was conducted approximately 9 months from the data cutoff date in the primary analysis and was not powered to show statistical significance.[3]

Estimated PFS in INVICTUS after 9 months of additional follow-up[3]

Estimated landmark PFS	QINLOCK (n=85)	Placebo (n=84)
6-months PFS (95% CI)	**51.0%** (39.4–61.4)	**3.2%** (0.2–13.8)
12-months PFS (95% CI)	**23.6%** (14.6–34.0)	**NE** (NE–NE)
18-months PFS (95% CI)	**12.6%** (6.0–21.9)	**NE** (NE–NE)

Data will continue to mature as additional patient follow-up is conducted and these estimates are therefore subject to inherent limitations.

mPFS=median progression-free survival; NE=not estimable; QD=once a day.

SELECT SAFETY INFORMATION

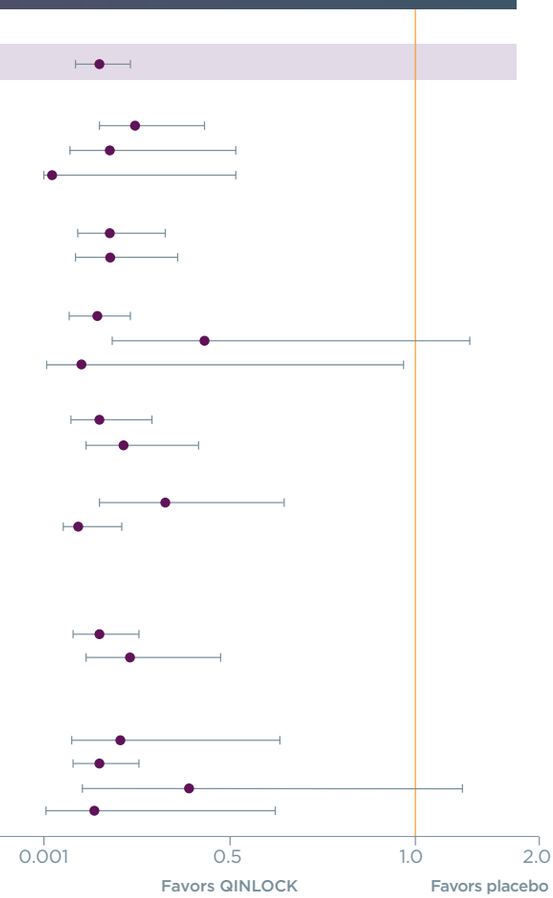
New Primary Cutaneous Malignancies: In INVICTUS, cutaneous squamous cell carcinoma (cuSCC) occurred in 4.7% of the 85 patients who received QINLOCK with a median time to event of 4.6 months (range 3.8 to 6 months). In the pooled safety population, cuSCC and keratoacanthoma occurred in 7% and 1.9% of 351 patients, respectively. In INVICTUS, melanoma occurred in 2.4% of the 85 patients who received QINLOCK. In the pooled safety population, melanoma occurred in 0.9% of 351 patients. Perform dermatologic evaluations when initiating QINLOCK and routinely during treatment. Manage suspicious skin lesions with excision and dermatopathologic evaluation. Continue QINLOCK at the same dose.

QINLOCK® (ripretinib) PROVIDED GENERALLY CONSISTENT PFS ACROSS PRIMARY MUTATIONS AND OTHER SUBGROUPS[3,4]

PFS results for QINLOCK vs placebo in select patient subgroups after 9 months of additional follow-up[3,4*]

EXPLORATORY FOLLOW-UP ANALYSIS

Subgroup	QINLOCK 150 mg QD (n)	Placebo (n)	Hazard Ratio (95% CI)
INVICTUS ITT population	85	44	**0.16** (0.10, 0.27)
Age Group			
18-64 years	57	22	**0.26** (0.14, 0.46)
65-74 years	20	12	**0.18** (0.06, 0.56)
75 years or older	8	10	**0.03** (0.00, 0.56)
Gender			
Male	47	26	**0.18** (0.10, 0.35)
Female	38	18	**0.20** (0.10, 0.39)
Race			
White	64	33	**0.14** (0.07, 0.25)
Non-white	13	7	**0.46** (0.15, 1.42)
Not reported	8	4	**0.11** (0.01, 0.97)
Country			
US	40	20	**0.17** (0.08, 0.34)
Non-US	45	24	**0.23** (0.12, 0.43)
Screening ECOG PS			
0	38	19	**0.34** (0.16, 0.69)
1 or 2	47	25	**0.10** (0.05, 0.21)
Number of prior systemic anti-cancer treatments			
3	54	27	**0.15** (0.08, 0.29)
≥4	31	17	**0.27** (0.13, 0.55)
Baseline primary mutation			
KIT Exon 9	14	6	**0.22** (0.07, 0.69)
KIT Exon 11	47	28	**0.15** (0.08, 0.29)
Other KIT, PDGFRα, Wild type†	12	5	**0.38** (0.11, 1.37)
Not available/not done‡	12	5	**0.13** (0.02, 0.66)



*This analysis was exploratory and was not powered to determine treatment effect in any subgroup. Mutation status was retrospectively assessed in tumor samples from evaluable patients treated with QINLOCK (n=73) and placebo (n=39).

†Includes other KIT exon mutations, PDGFRα mutations, and KIT/PDGFRα wild-type patients.

‡Includes patients who failed sequencing due to low tumor content and patients with no specimen.

Study design: INVICTUS was a global, multicenter, randomized, double-blind, placebo-controlled Phase 3 trial in 129 patients who had received ≥3 prior anticancer therapies for advanced GIST. The primary endpoint was PFS based on BICR using modified RECIST 1.1 criteria. The key secondary endpoint was ORR based on BICR. Additional secondary endpoints included OS, quality of life, and safety. Participants were randomized 2:1 to receive 150 mg QD QINLOCK (n=85) or placebo (n=44). Treatment continued until disease progression or unacceptable toxicity. At disease progression, placebo patients could cross over to QINLOCK. After the primary analysis data cutoff date (May 31, 2019), 9 months of additional follow-up was conducted (March 9, 2020).[2,3,5]

BICR=blinded independent central review; ECOG PS=Eastern Cooperative Oncology Group Performance Status; ITT=intent-to-treat; ORR=objective response rate; OS=overall survival; RECIST=response evaluation criteria in solid tumors.

SELECT SAFETY INFORMATION

Hypertension: In INVICTUS, Grade 1-3 hypertension occurred in 14% of the 85 patients who received QINLOCK, including Grade 3 hypertension in 7% of patients. Do not initiate QINLOCK in patients with uncontrolled hypertension. Monitor blood pressure as clinically indicated. Based on severity, withhold QINLOCK and then resume at same or reduced dose or permanently discontinue.

Please see additional Safety Information throughout.

QINLOCK® (ripretinib) 50 mg tablets

QINLOCK® (ripretinib) WAS ASSOCIATED WITH CLINICALLY MEANINGFUL OVERALL SURVIVAL[2]

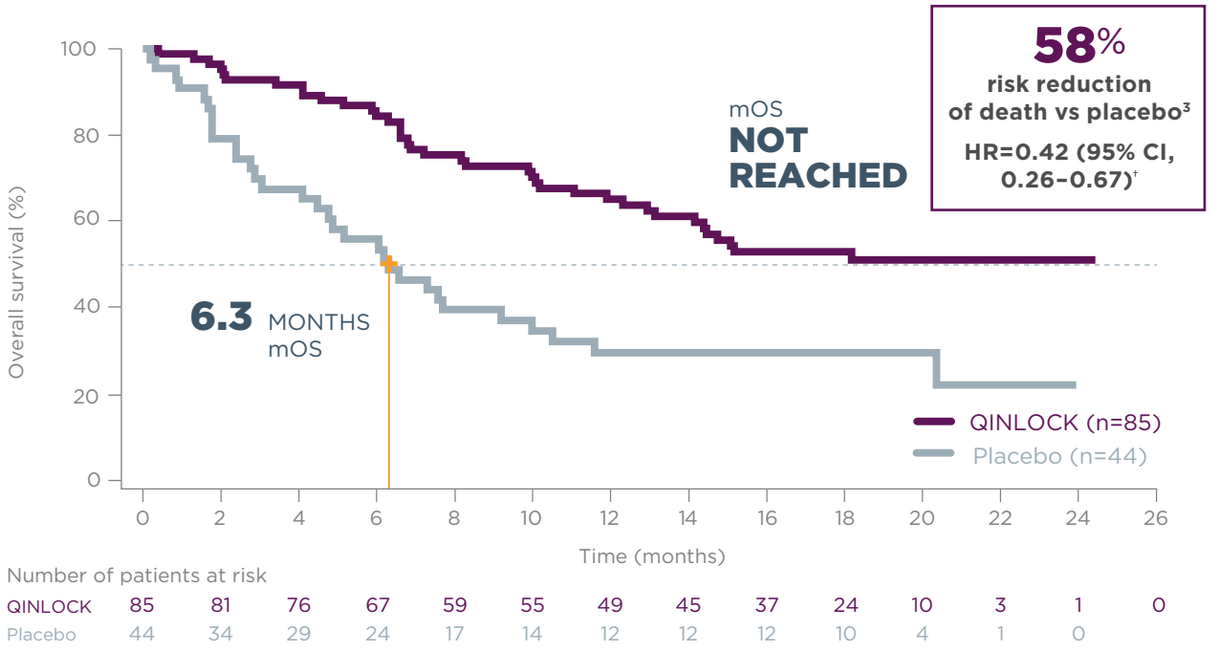
QINLOCK overall survival (OS) vs placebo in the primary analysis[2,5*]

SECONDARY ENDPOINT: OS

- 15.1 months vs 6.6 months (HR=0.36 [95% CI, 0.21-0.62])[2,5*]

QINLOCK median OS was not reached after 9 months of additional follow-up[3†]

FOLLOW-UP ANALYSIS



Number of patients at risk

QINLOCK	85	81	76	67	59	55	49	45	37	24	10	3	1	0
Placebo	44	34	29	24	17	14	12	12	12	10	4	1	0	

OS data includes all time periods. Placebo curve includes patients who crossed over to QINLOCK treatment.

mOS=median overall survival.

*OS was a secondary endpoint in the INVICTUS trial. OS was not evaluated for statistical significance as a result of the sequential testing procedure used in the primary analysis for the secondary endpoints of ORR and OS.[2,5]

†The follow-up analysis was conducted approximately 9 months from the data cutoff date in the primary analysis and was not powered to show statistical significance.[3]

SELECT SAFETY INFORMATION

Cardiac Dysfunction: In INVICTUS, cardiac failure occurred in 1.2% of the 85 patients who received QINLOCK. In the pooled safety population, cardiac dysfunction (including cardiac failure, acute left ventricular failure, diastolic dysfunction, and ventricular hypertrophy) occurred in 1.7% of 351 patients, including Grade 3 adverse reactions in 1.1% of patients.

In INVICTUS, Grade 3 decreased ejection fraction occurred in 2.6% of the 77 patients who received QINLOCK and who had a baseline and at least one post-baseline echocardiogram. Grade 3 decreased ejection fraction occurred in 3.4% of the 263 patients in the pooled safety population who received QINLOCK and who had a baseline and at least one post-baseline echocardiogram.

In INVICTUS, cardiac dysfunction led to dose discontinuation in 1.2% of the 85 patients who received QINLOCK. The safety of QINLOCK has not been assessed in patients with a baseline ejection fraction below 50%. Assess ejection fraction by echocardiogram or MUGA scan prior to initiating QINLOCK and during treatment, as clinically indicated. Permanently discontinue QINLOCK for Grade 3 or 4 left ventricular systolic dysfunction.

NCCN PREFERRED CATEGORY 1

Ripretinib (QINLOCK®) is **THE ONLY therapy recommended** for 4th-line advanced GIST by the National Comprehensive Cancer Network® (NCCN®)[1]

Estimated OS after 9 months of additional follow-up[3]

Estimated landmark OS	QINLOCK (n=85)	Placebo (n=44)
6-months OS (95% CI)	**84.3%** (74.5–90.6)	**55.9%** (39.9–69.2)
12-months OS (95% CI)	**65.1%** (53.6–74.5)	**29.7%** (16.8–43.7)
18-months OS (95% CI)	**53.0%** (41.3–63.3)	**29.7%** (16.8–43.7)
24-months OS (95% CI)	**50.6%** (38.5–61.4)	**NE** (NE–NE)

Data will continue to mature as additional patient follow-up is conducted and these estimates are therefore subject to inherent limitations.

Clinically meaningful improvement in objective response rate (ORR) by BICR

KEY SECONDARY ENDPOINT: ORR
PRIMARY ANALYSIS

9.4% QINLOCK **vs. 0.0%** Placebo
(*P*=0.0504)[2,5*]

- 66% of QINLOCK-treated patients experienced stable disease ≥6 weeks vs 20% with placebo (exploratory analysis)[5]

FOLLOW-UP ANALYSIS

11.8% QINLOCK **vs. 0.0%** Placebo[3†]

- Median duration of response was 14.5 months with QINLOCK vs NE with placebo[3]

*All responses were partial responses.
†The follow-up analysis was conducted approximately 9 months from the data cutoff in the primary analysis and was not powered to show statistical significance.

SELECT SAFETY INFORMATION

Risk of Impaired Wound Healing: QINLOCK has the potential to adversely affect wound healing. Withhold QINLOCK for at least 1 week prior to elective surgery. Do not administer for at least 2 weeks following major surgery and until adequate wound healing. The safety of resumption of QINLOCK after resolution of wound healing complications has not been established.

Embryo-Fetal Toxicity: QINLOCK can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential and males with female partners of reproductive potential to use effective contraception during treatment and for at least 1 week after the final dose. Because of the potential for serious adverse reactions in the breastfed child, advise women not to breastfeed during treatment and for at least 1 week after the final dose. QINLOCK may impair fertility in males of reproductive potential.

Please see additional Safety Information throughout.

QINLOCK® (ripretinib) 50 mg tablets

SAFETY ESTABLISHED ACROSS A BROAD RANGE OF PATIENTS IN THE INVICTUS TRIAL PRIMARY ANALYSIS[2,5]

Serious adverse reactions

- Serious adverse reactions occurring in >2% of patients who received QINLOCK® (ripretinib) were abdominal pain (4.7%), anemia (3.5%), nausea (2.4%), and vomiting (2.4%)[2]

Rates of dose modification due to adverse reactions were similar between QINLOCK® (ripretinib) and placebo

Dose modifications due to adverse reactions

	QINLOCK (n=85)[2]	Placebo (n=43)[6*†]
Discontinuation	**8%**	12%
Dose reduction	**7%**	2%
Dose interruption	**24%**	21%

- Safety findings after 9 months of additional follow-up were generally consistent with the primary analysis[3]

The overall rates of grade 3/4 adverse reactions were similar between QINLOCK and placebo (49.4% vs 44.2%, respectively)[6]

Adverse reactions reported in ≥10% of patients who received QINLOCK[2‡]

	QINLOCK (n=85)		Placebo (n=43)[†]	
	Grades 1–4	**Grades 3–4**	**Grades 1–4**	**Grades 3–4**
Skin and subcutaneous tissue				
Alopecia	52%	NA[§]	4.7%	NA[§]
Palmar-plantar erythrodysesthesia syndrome	21%	0	0	0
Dry skin	13%	0	7%	0
Pruritus	11%	0	4.7%	0
General				
Fatigue	42%	3.5%	23%	2.3%
Peripheral edema	17%	1.2%	7%	0
Asthenia	13%	1.2%	14%	4.7%

NA=not applicable.
*Placebo values represent dose modifications for treatment-emergent adverse events.[6]
†44 patients were randomized to placebo, but 1 did not receive treatment.[6]
‡In the double-blind treatment period of INVICTUS.
§There is no grade 3 or 4 alopecia as per Common Terminology Criteria for Adverse Events v4.03.[7]

SELECT SAFETY INFORMATION

Adverse Reactions: The most common adverse reactions (≥20%) were alopecia, fatigue, nausea, abdominal pain, constipation, myalgia, diarrhea, decreased appetite, PPES, and vomiting. The most common Grade 3 or 4 laboratory abnormalities (≥4%) were increased lipase and decreased phosphate.

Adverse reactions reported in ≥10% of patients who received QINLOCK® (ripretinib), cont'd[2]*

	QINLOCK (n=85)		Placebo (n=43)†	
	Grades 1–4	Grades 3–4	Grades 1–4	Grades 3–4
Gastrointestinal				
Nausea	39%	3.5%	12%	0
Abdominal pain	36%	7%	30%	4.7%
Constipation	34%	1.2%	19%	0
Diarrhea	28%	1.2%	14%	2.3%
Vomiting	21%	3.5%	7%	0
Stomatitis	11%	0	0	0
Musculoskeletal and connective tissue				
Myalgia	32%	1.2%	12%	0
Arthralgia	18%	0	4.7%	0
Muscle spasms	15%	0	4.7%	0
Metabolism and nutrition				
Decreased appetite	27%	1.2%	21%	2.3%
Investigations				
Decreased weight	19%	0	12%	0
Nervous system				
Headache	19%	0	4.7%	0
Vascular				
Hypertension	14%	7%	4.7%	0
Respiratory, thoracic and mediastinal				
Dyspnea	13%	0	0	0

*In the double-blind treatment period of INVICTUS.
†44 patients were randomized to placebo, but 1 did not receive treatment.[6]

The most common Grade 3 or 4 laboratory abnormalities (≥4%) were increased lipase (7%) and decreased phosphate (5%)[2]

- There were no Grade 4 laboratory abnormalities associated with QINLOCK

QINLOCK IS DOSED ONCE DAILY, WITH OR WITHOUT FOOD[2]

The recommended dose of QINLOCK is 150 mg[2]

(3 x 50 mg tablets)

Dosed once daily

No known dietary restrictions

QINLOCK should be taken at the same time each day.

In the event of a missed dose, advise patients to take a replacement dose only if it is within 8 hours of the missed dose.

Please see additional Safety Information throughout.

QINLOCK® (ripretinib) 50 mg tablets

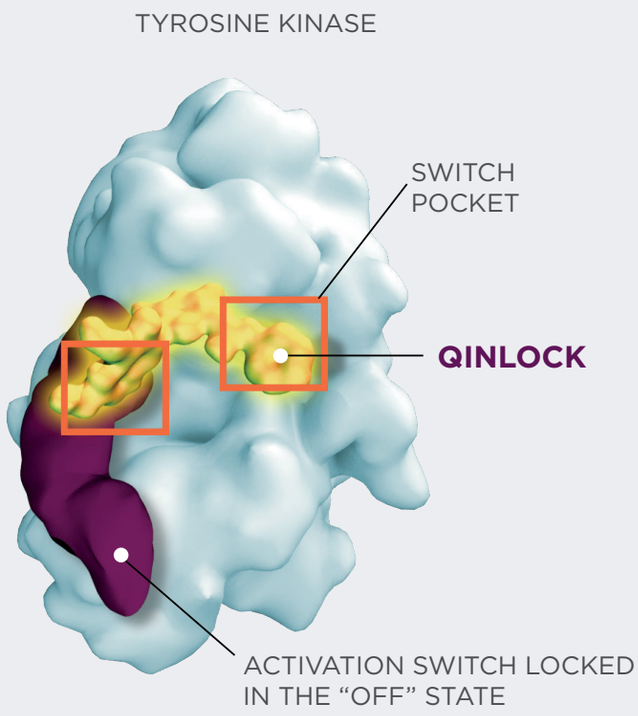
QINLOCK® (ripretinib)—THE FIRST AND ONLY SWITCH-CONTROL KINASE INHIBITOR ENGINEERED TO BLOCK THE DRIVERS OF RESISTANCE IN ADVANCED GIST[2,8]

QINLOCK provides broad-spectrum inhibition of KIT and PDGFRα kinase signaling *in vitro* through a dual mechanism of action[2,8]

Kinase activation requires the interaction of two critical regions[8,9]:

ACTIVATION SWITCH

SWITCH POCKET



As shown in preclinical studies, QINLOCK[2,8]

BINDS
to both the activation switch and switch pocket, regardless of where mutations arise

LOCKS
the kinase in the inactive ("off") state, inhibiting downstream signaling and cancer cell proliferation

In vitro studies not designed to assess clinical efficacy.

In preclinical studies, this dual mechanism provided broad-spectrum inhibition of KIT and PDGFRα kinase activity, including[2]:

- Multiple primary mutations
- Multiple secondary mutations
- Wild type

SELECT SAFETY INFORMATION

The safety and effectiveness of QINLOCK in pediatric patients have not been established.

Administer strong CYP3A inhibitors with caution. Monitor patients who are administered strong CYP3A inhibitors more frequently for adverse reactions. Avoid concomitant use with strong CYP3A inducers.

To report SUSPECTED ADVERSE REACTIONS, contact Deciphera Pharmaceuticals, LLC, at 1-888-724-3274 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see accompanying full Prescribing Information, including Patient Information.

QINLOCK® (ripretinib) IS INDICATED FOR ALL PATIENTS IN 4TH-LINE GIST—REGARDLESS OF MUTATION[2]

✔ Diagnosed with advanced gastrointestinal stromal tumor

✔ Have failed or experienced intolerance to ≥3 prior TKIs, including imatinib

Patients are eligible for treatment with QINLOCK regardless of[2,5]:

- Mutational status
- Sequence of prior TKIs
- Evidence of progression
- ECOG Performance Status*

*Patients with ECOG Performance Status 0-2 were included in INVICTUS.[5]

QINLOCK IS THE ONLY THERAPY PROVEN FOR 4L ADVANCED GIST[2,5]

Agent	FDA approval for advanced GIST†	Positive pivotal phase 3 RCT in advanced GIST†	Endpoint for FDA approval in phase 3 RCT in advanced GIST†	NCCN Preferred Category 1 recommendation for 4L advanced GIST‡	QOL prespecified in a pivotal phase 3 RCT in ≥ 4L advanced GIST†
FDA-approved agents[2,5,10-14]					
Ripretinib (QINLOCK)[2,5]	**✔ (4L)**	**✔**	**PFS**	**✔**	**✔**
Regorafenib[10]	✔ (3L)	✔	PFS		
Sunitinib[11,12]	✔ (2L)	✔	PFS		
Imatinib[13]	✔ (1L)	✔	PFS		

Avapritinib is indicated for GIST with PDGFRα Exon 18 mutations, including PDGFRα D842V (5-6% of GIST patients).[14-16]

Additional TKI options after failure of approved therapies, as listed by NCCN[1§]					
Avapritinib[14,17,18]	Limited§	—‖	—‖	—	—‖
Cabozantinib[19]	N/A	—	—	—	—
Dasatinib[20]	N/A	—	—	—	—
Nilotinib[21]	N/A	—	—	—	—
Pazopanib[22]	N/A	—	—	—	—
Sorafenib[23]	N/A	—	—	—	—

No cross-trial comparisons can be drawn from this comparison.

RCT=randomized controlled trial.

† In advanced, unresectable, or metastatic GIST.

‡ Preferred 4th-line therapy (Category 1) for unresectable or metastatic disease. NCCN-preferred denotes interventions based on superior efficacy, safety, and evidence; NCCN Category 1 indicates high-level evidence and uniform NCCN consensus that the intervention is appropriate.[1]

§ List of additional systemic therapy agents and regimens for unresectable GISTs with significant morbidity not exhaustive. Please refer to complete NCCN Guidelines.[1]

‖ In the phase 3 VOYAGER clinical trial, avapritinib did not meet the primary endpoint of improved PFS vs regorafenib in patients with 3rd- or 4th-line GIST. QOL was a secondary outcome measure in the VOYAGER study. QOL results are not published.[17,18]

QINLOCK® (ripretinib) 50 mg tablets

TIME MATTERS IN ADVANCED GIST. WE CAN HELP WITH YOUR PATIENTS' ACCESS ISSUES

A single point-of-contact to serve practices and patients*

- From BIs to PAs and appeals, we provide services and solutions to help get patients started on QINLOCK® (ripretinib)
- Financial help is available for patients with different types of insurance, or no insurance at all

decīphera AccessPoint™

To get started, contact a dedicated Case Manager at **1-833-4DACCES (1-833-432-2237)** Monday–Friday 8AM–8PM ET or visit **DecipheraAccessPoint.com**

QINLOCK® (ripretinib) is available through the following specialty pharmacy providers

Specialty Pharmacy	Website	Telephone/Fax Number	
Biologics By McKesson	biologics.mckesson.com	**T:** 800-850-4306	**F:** 800-823-4506
US Bioservices AmerisourceBergen	www.usbioservices.com	**T:** 877-757-0667	**F:** 888-899-0067
PANTHERx RARE	www.pantherxrare.com	**T:** 833-711-8824	**F:** 866-242-6915

*Terms and conditions apply

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BI=benefits investigation; PA=prior authorization.

References: 1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Gastrointestinal Stromal Tumors (GISTs) V.1.2021 ©National Comprehensive Cancer Network, Inc. 2020. All rights reserved. Published October 30, 2020. Accessed October 30, 2020. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **2.** Qinlock [package insert]. Waltham, MA: Deciphera Pharmaceuticals, Inc; 2020. **3.** Zalcberg J, Heinrich M, George S, et al. Clinical benefit with ripretinib as ≥4th line therapy in patients with advanced gastrointestinal stromal tumors (GIST): Update from the Phase 3 INVICTUS study. Mini oral presentation at: European Society for Medical Oncology Virtual Congress 2020; September 19-21, 2020. **4.** Schöffski P, Bauer S, Heinrich M, et al. Ripretinib demonstrated activity across all KIT/PDGFRA mutations in patients with fourth-line advanced gastrointestinal stromal tumor: Analysis from the phase 3 INVICTUS study. Poster presentation at: 2020 Connective Tissue Oncology Society Virtual Meeting; November 18-21, 2020. **5.** Blay JY, Serrano C, Heinrich MC, et al. Ripretinib in patients with advanced gastrointestinal stromal tumours (INVICTUS): a double-blind, randomised, placebo-controlled, phase 3 trial. *Lancet Oncol.* 2020;21(7):923-934. **6.** von Mehren M, Attia S, Bauer S, et al. INVICTUS: A phase 3, interventional, double-blind, placebo-controlled study to assess the safety and efficacy of ripretinib as ≥4th line therapy in patients with advanced gastrointestinal stromal tumors (GIST) who have received treatment with prior anticancer therapies (NCT03353753). Oral presentation at: European Society for Medical Oncology Annual Meeting; October, 2019; Barcelona, Spain. **7.** National Cancer Institute (U.S.). 2010. Common terminology criteria for adverse events: (CTCAE). Available at: https://evs.nci.nih.gov/ftp1/CTCAE/CTCAE_4.03/CTCAE_4.03_2010-06-14_QuickReference_5x7.pdf. Accessed March 10, 2020. **8.** Smith BD, Kaufman MD, Lu WP, et al. Ripretinib (DCC-2618) is a switch control kinase inhibitor of a broad spectrum of oncogenic and drug-resistant KIT and PDGFRA variants. *Cancer Cell.* 2019;35(5):738-751. **9.** Hemming ML, Heinrich MC, Bauer S, George S. Translational insights into gastrointestinal stromal tumor and current clinical advances. *Ann Oncol.* 2018;29(10):2037-2045. **10.** Stivarga [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc; 2020. **11.** Sutent [package insert]. New York, NY: Pfizer Inc; 2020. **12.** Table of Surrogate Endpoints That Were the Basis of Drug Approval or Licensure. Food and Drug Administration Website. Available at: https://www.fda.gov/drugs/development-resources/table-surrogate-endpoints-were-basis-drug-approval-or-licensure. Accessed January 24, 2021. **13**. Gleevec [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corp; 2020. **14.** Ayvakit [package insert]. Cambridge, MA: Blueprint Medicines Corp; 2020. **15.** Lopes LF, Bacchi CE. Imatinib treatment for gastrointestinal stromal tumor (GIST). *J Cell Mol Med.* 2010;14(1-2):42-50. **16.** OncologyPRO. PDGFRA in gastrointestinal stromal tumours (GIST): ESMO biomarker factsheet. Available at: https://oncologypro.esmo.org/education-library/factsheets-on-biomarkers/pdgfra-in-gastrointestinal-stromal-tumours-gist. Accessed January 24, 2021. **17.** Kang YK, George S, Jones RL, et al. Avapritinib vs regorafenib in patients with locally advanced unresectable or metastatic gastrointestinal stromal tumor (GIST): Efficacy and safety data from Phase 3 VOYAGER study. Poster presentation at: 2020 Connective Tissue Oncology Society Virtual Meeting; November 18-21, 2020. **18.** Blueprint Medicines Corp. (VOYAGER) study of avapritinib vs regorafenib in patients with locally advanced unresectable or metastatic GIST. Available at: https://clinicaltrials.gov/ct2/show/NCT03465722?term=avapritinib&draw=2&rank=2. ClincialTrials.gov Identifier: NCT03465722. Accessed January 28, 2021. **19.** Cabometyx [package insert]. Alameda, CA: Exelixis, Inc; 2020. **20.** Sprycel [package insert]. Princeton, NJ: Bristol-Myers Squibb Co; 2018. **21.** Tasigna [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corp; 2019. **22.** Votrient [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corp; 2020. **23.** Nexavar [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals, Inc; 2020.

NOTES

QINLOCK® (ripretinib) 50 mg tablets

BREAK THROUGH RESISTANCE

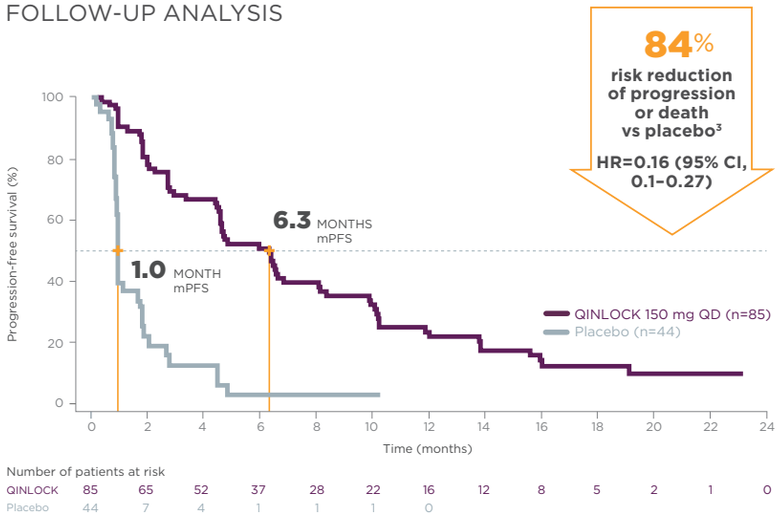
RIPRETINIB IS **NCCN PREFERRED CATEGORY 1**[1*]

*Ripretinib (QINLOCK) is the preferred 4th-line therapy (Category 1) for unresectable or metastatic disease.[1]

QINLOCK® (ripretinib): THE FIRST AND ONLY SWITCH-CONTROL KINASE INHIBITOR FOR ADVANCED GIST[2,8]

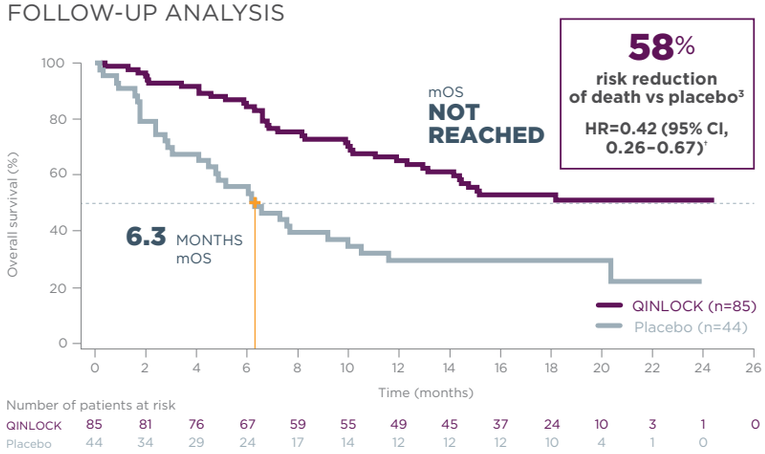
Powerful PFS results in the primary analysis (6.3 months vs 1.0 month; *P*<0.0001); consistent after 9 months of additional follow-up[2,3†]

FOLLOW-UP ANALYSIS



Clinically meaningful OS in the primary analysis (15.1 months vs 6.6 months); mOS not reached after 9 months of additional follow-up[2,3†‡]

FOLLOW-UP ANALYSIS



Clinically meaningful ORR results[2,3,5]

- **Primary analysis:** 9.4% with QINLOCK vs 0.0% with placebo (*P*=0.0504)[2,5]
- **Follow-up analysis:** 11.8% with QINLOCK vs 0.0% with placebo[3†]

Serious and common adverse reactions

- Serious adverse reactions occurring in >2% of patients who received QINLOCK were abdominal pain (4.7%), anemia (3.5%), nausea (2.4%), and vomiting (2.4%)[2]
- The most common adverse reactions (≥20%) were alopecia (52%), fatigue (42%), nausea (39%), abdominal pain (36%), constipation (34%), myalgia (32%), diarrhea (28%), decreased appetite (27%), PPES (21%), and vomiting (21%). The most common Grade 3 or 4 laboratory abnormalities (≥4%) were increased lipase (7%) and decreased phosphate (5%)[2]
- Safety findings were generally consistent after 9 months of additional follow-up[3]

Dose QINLOCK with confidence—most patients were able to start and stay on the full indicated dose in the primary analysis

- 93% **did not** have their dose reduced due to an adverse reaction[2]
- 92% **did not** discontinue due to an adverse reaction[2]

Mutational testing is not required to administer QINLOCK[2]

Visit QINLOCKHCP.com to learn more

†Follow-up analyses were not powered to show statistical significance.[3]
‡OS was not evaluated for statistical significance as a result of the sequential testing procedure used for the secondary endpoints of ORR and OS.[2,5]

Please see Safety Information throughout and accompanying full Prescribing Information, including Patient Information.

QINLOCK® (ripretinib) 50 mg tablets