AYVAKIT™
avapritinib | tablets

The ONLY Targeted Therapy for Advanced Systemic Mastocytosis

Designed for **potent and selective inhibition of KIT D816V**[1]

Limitations of Use: AYVAKIT™ (avapritinib) is not recommended for the treatment of patients with AdvSM with platelet counts of <50 x 10^9/L.

Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.

BEGIN PRESENTATION >

Advanced SM can lead to significant disease burden and shortened overall survival[2-4]

Advanced SM is a clonal mast-cell neoplasm **causing significant symptom burden and impact to quality of life.**[2,3,5]

Patients may exhibit debilitating mast cell mediator symptoms, such as rash and life-threatening anaphylaxis.[3]

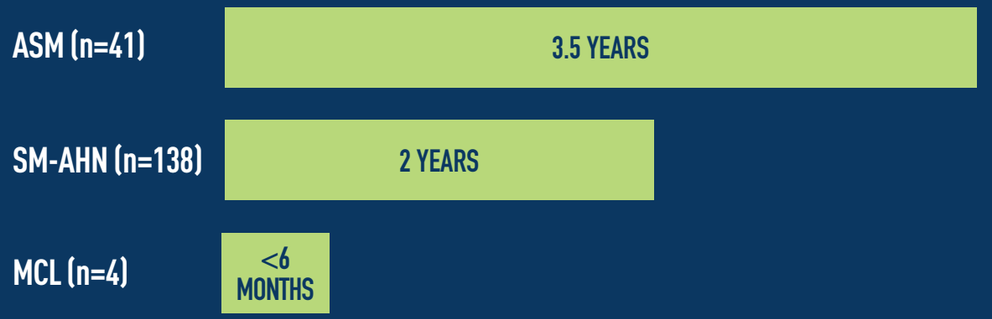
Additionally, patients with Advanced SM can experience organ damage, including ascites, osteolytic lesions, pleural effusion, liver dysfunction, weight loss, cytopenias, and hypersplenism.[3,6-8]

Advanced SM may be missed in patients with other myeloid neoplasms.[9]

The median time from symptom onset to diagnosis for patients with Advanced SM is 3 years.[3,*]

*Based on a survey in patients with Advanced SM (n=13).

MEDIAN OVERALL SURVIVAL (OS) FOR PATIENTS WITH ADVANCED SM[4]

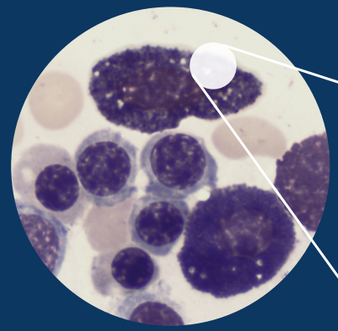


Overall survival was examined in a retrospective study at the Mayo Clinic between 1976 and 2007. Median follow-up was 20.7 months.[4] A later study with 23 MCL patients demonstrated a median overall survival for patients with MCL of 1.9 years, with a 10-year survival of 29.9%.[10]

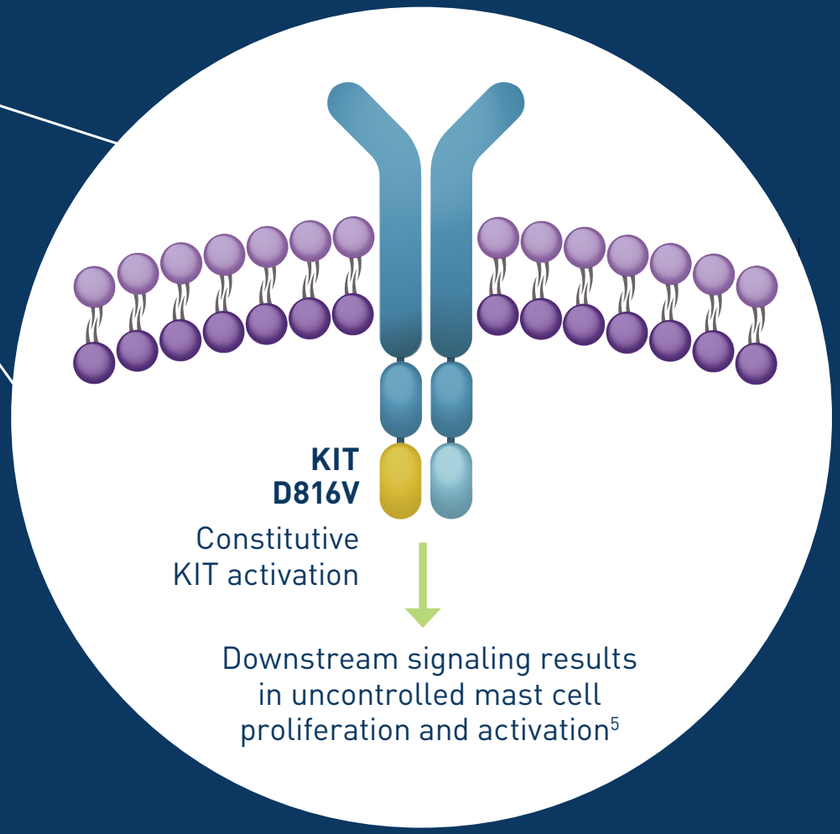
ASM=aggressive systemic mastocytosis; MCL=mast cell leukemia; SM-AHN=systemic mastocytosis with an associated hematological neoplasm.

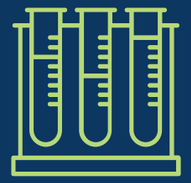
Advanced SM is driven by KIT D816V in ~95% of cases[5,7,11]

The KIT D816V mutation constitutively activates downstream pathways regulating cellular functions including proliferation and survival of abnormal mast cells.[12,13]



Spindle-shaped KIT D816V mutation positive mast cell in bone marrow





The KIT D816V mutation may be overlooked or missed in patients with other myeloid neoplasms.[14]

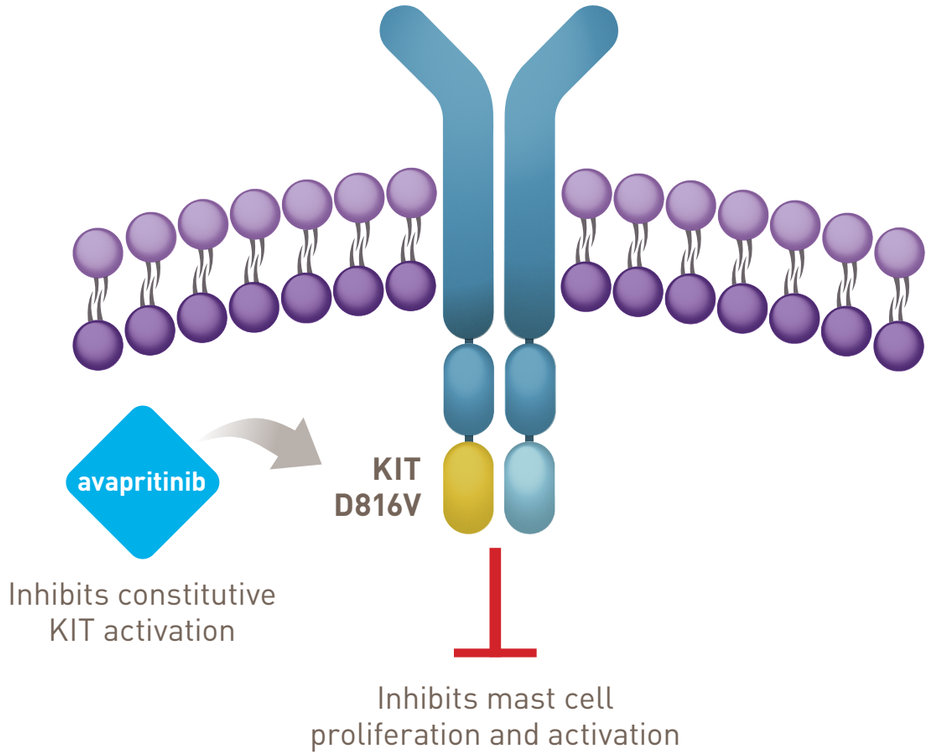
High-sensitivity (<1%) testing may aid in identifying patients where Advanced SM is suspected.[2,15]

Historically, patients with Advanced SM had **no treatment options that selectively targeted the underlying mutation.[6,16]**

The ONLY treatment to selectively target the underlying mutation[1]

Avapritinib is a tyrosine kinase inhibitor designed for the potent and selective inhibition of KIT D816V.

AVAPRITINIB KINASE INHIBITOR ACTIVITY



Potently and selectively inhibits the autophosphorylation of KIT D816V, with an IC_{50} of 4 nanomolar in selective cellular assays

KIT D816V testing is not required for AYVAKIT treatment.

Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.

The efficacy and safety of AYVAKIT were studied in patients with Advanced SM[1]

EXPLORER AND PATHFINDER WERE 2 MULTICENTER, SINGLE-ARM, OPEN-LABEL CLINICAL TRIALS

Response-evaluable patients: Confirmed diagnosis of Advanced SM per WHO criteria and deemed evaluable by modified IWG-MRT-ECNM criteria at baseline. Received at least 1 dose of AYVAKIT, had at least 2 post-baseline bone marrow assessments, and were on study for at least 24 weeks, or had an end-of-study visit.

Demographic Characteristics at Baseline (N=53)	
Median Age	67 years (37-85)
Gender	58% male, 42% female
ECOG PS	0-1: 68%
	2-3: 32%
Ongoing corticosteroid use	40%
Presence of KIT D816V mutation	94% (as measured by ddPCR)
Prior antineoplastic therapy	66%
Prior midostaurin	47%
Advanced SM subtypes	ASM: 3.8% (n=2)
	SM-AHN: 75.5% (n=40)
	MCL: 20.7% (n=11)
Baseline platelet count ≥50 x 10^9/L	91%

- 53 patients were evaluable for a response across the 2 trials, with median follow-up of 11.6 months (95% CI: 9.9 to 16.3 months)
- Patients enrolled in EXPLORER received a starting dose of AYVAKIT ranging from 30 mg to 400 mg orally once daily. In PATHFINDER, patients were enrolled at a starting dose of 200 mg orally once daily
- Efficacy was based on overall response rate (ORR) in 53 patients with Advanced SM dosed at up to 200 mg daily, per modified IWG-MRT-ECNM criteria as adjudicated by the central committee
- In the subgroup of patients with MCL, the efficacy was based on CR

CR=complete remission; ddPCR=droplet digital polymerase chain reaction; ECNM=European Competence Network on Mastocytosis; ECOG PS=Eastern Cooperative Oncology Group Performance Status; IWG-MRT=International Working Group-Myeloproliferative Neoplasms Research and Treatment; MTD=maximum tolerated dose; ORR=overall response rate; WHO=World Health Organization.

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Efficacy tested by updated, clinically meaningful criteria[8,17]

AYVAKIT IS THE FIRST THERAPY APPROVED BY THE FDA USING THE MODIFIED INTERNATIONAL WORKING GROUP (IWG) CRITERIA TO EVALUATE EFFICACY FOR ADVANCED SM PATIENTS

The modified IWG criteria evaluates overall response rate by:

≥12 weeks
response duration

Resolution of ≥1 findings of nonhematologic and hematologic organ damage (C-findings)*

≥50% reduction in biomarker response (bone marrow mast cell aggregates and serum tryptase)[a]

*C-findings:

- Bone marrow dysfunction manifested by 1 or more cytopenia (ANC <1 x 10^9/L, Hb <10 g/dL, or platelets <100 x 10^9/L)
- Palpable hepatomegaly with impairment of liver function, ascites, and/or portal hypertension
- Skeletal involvement with large osteolytic lesions and/or pathologic fractures
- Palpable splenomegaly with hypersplenism
- Malabsorption with weight loss from gastrointestinal tract mast cell infiltrates

[a]Serum tryptase must be <20 ng/mL if baseline was ≥40 ng/mL for CR or CRh.

Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.

Proven efficacy and demonstrated duration of response[1]

57% ORR ACROSS ALL EVALUABLE ADVANCED SM PATIENTS WHO WERE DOSED UP TO 200 MG DAILY (N=53)[1,a]

(95% CI: 42%, 70%)*

72% ORR was achieved with the addition of patients who had a clinical improvement[b]

- **CR+CRh: 28%**
- **PR: 28%**
- **Clinical improvement: 15%**

Median duration of response (DOR)

38.3 MONTHS

(95% CI: 19, NE) driven primarily by SM-AHN patients

2.1 MONTHS Median time to response (n=30)

9.2 MONTHS Median time to CR and CRh (n=15)[18]

*ORR per modified IWG-MRT-ECNM is defined as patients who achieved a CR, CRh, or PR.

[a] Median duration of follow-up was 11.6 months (95% CI: 9.9, 16.3).

[b] Clinical improvement is defined as having a response duration of ≥12 weeks and fulfillment of 1 or more of the nonhematologic and/or hematologic response criteria.[8]

CR=complete remission; CRh=complete remission with partial hematologic recovery; NE=not estimable; PR=partial remission.

Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.

Proven efficacy across subtypes and regardless of prior antineoplastic therapy[1,18]

MAST CELL LEUKEMIA (MCL) (n=11)[1]

[95% CI: 17%, 77%]

SYSTEMIC MASTOCYTOSIS WITH AN ASSOCIATED HEMATOLOGICAL NEOPLASM (SM-AHN) (n=40)[1]

[95% CI: 41%, 73%]

78% ORR was achieved with the addition of patients who had a clinical improvement

AGGRESSIVE SYSTEMIC MASTOCYTOSIS (ASM) (n=2)[1]

[95% CI: 16%, 100%]

1/2 patients achieved CR/CRh

IN A PRE-PLANNED SUBGROUP ANALYSIS:

In treatment-naïve patients (n=18), **ORR was 72.2%** (95% CI: 46.5%, 90.3%)[18]

In patients with prior antineoplastic therapy (including midostaurin), (n=35), **ORR was 48.6%** (95% CI: 31.4%, 66%)[18]

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Reductions in mast cell measures

A MAJORITY OF PATIENTS EXPERIENCED ≥50% REDUCTIONS IN SERUM TRYPTASE AND BONE MARROW (BM) MAST CELLS[18]

57% ORR[1]

(95% CI: 42%, 70%)*

Modified IWG evaluated response by resolution of ≥1 C-findings, and ≥50% reduction in serum tryptase[a] and BM mast cell aggregates

Serum Tryptase	BM Mast Cell Aggregates
93% of patients (49/53) had ≥50% decrease[18]	**89%** of patients (46/52[b]) had ≥50% decrease[18]

Limitations: A subset of a pre-planned secondary endpoints analysis, reductions in BM mast cell aggregates and serum tryptase, which are components of modified IWG response criteria, was conducted. These measures in EXPLORER and PATHFINDER were not statistically powered to demonstrate this reduction and were not subject to type 1 error control; therefore, results could represent chance findings and definitive conclusions cannot be drawn. Some patients may have had a reduction in these components without achieving a response.

71% OF PATIENTS (37/52[b]) HAD ≥50% DECREASE IN KIT D816V MUTANT ALLELE FRACTION (MAF)[18]

Limitations: A subset of a pre-planned secondary endpoints analysis was conducted on KIT D816V MAF. KIT D816V MAF was not a component of the modified IWG response criteria and the EXPLORER and PATHFINDER studies were not statistically powered to demonstrate this reduction, either individually or as part of composite endpoint. This measure was not subject to type I error control; therefore, results could represent chance findings and definitive conclusions cannot be drawn. Some patients may have had a reduction in KIT D816V MAF without achieving a response.

*ORR per modified IWG-MRT-ECNM is defined as patients who achieved a CR, CRh, or PR. [a]To achieve a CR and CRh, serum tryptase had to be <20 ng/mL if the baseline was ≥40 ng/mL. [b]52 patients were evaluable for BM mast cell aggregates and KIT D816V MAF.

Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.

AYVAKIT was generally well tolerated[1]

THE MAJORITY OF ADVERSE REACTIONS WERE GRADE 1 OR 2

The safety of AYVAKIT was evaluated in 148 patients in EXPLORER and PATHFINDER. Patients received a starting dose of AYVAKIT ranging from 30 mg to 400 mg orally once daily and were centrally confirmed to have Advanced SM (N=131), including 80 patients who received the recommended starting dose of 200 mg once daily.

Fatal adverse reactions occurred in 2.5% [2/80] of patients receiving the recommended starting dose of 200 mg. No specific adverse reaction leading to death was reported in more than 1 patient.

10% of patients permanently discontinued due to any adverse reaction at the recommended starting dose of 200 mg.

Serious adverse reactions were seen in 34% of patients receiving the recommended starting dose of 200 mg (N=80).

The most common adverse reactions (≥20%) were edema, diarrhea, nausea, and fatigue/asthenia.

Adverse reactions criteria per National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE) version 4.03 and 5.0. Among patients receiving AYVAKIT, 70% were treated for 6 months or longer and 37% were exposed for >1 year.

Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.

ADVERSE REACTIONS AND LAB ABNORMALITIES (≥10%) FOR PATIENTS RECEIVING 200 MG ONCE DAILY STARTING DOSE IN EXPLORER AND PATHFINDER (N=80)[1,*]

Adverse Reactions	All Grades %	Grade ≥3 %
General		
Edema[a]	79	5
Fatigue/asthenia	23	4
Gastrointestinal		
Diarrhea	28	1
Nausea	24	1
Vomiting	18	3
Abdominal pain[b]	14	1
Constipation	11	0
Nervous system		
Headache	15	0
Cognitive effects[c]	14	1
Taste effects[d]	13	0
Dizziness	13	0
Musculoskeletal and connective tissue		
Arthralgia	10	1
Respiratory, thoracic and mediastinal		
Epistaxis	11	0

Laboratory Abnormality	All Grades %	Grade ≥3 %
Hematology		
Decreased platelets	64	21
Decreased hemoglobin	55	23
Decreased neutrophils	54	25
Decreased lymphocytes	34	11
Increased activated partial thromboplastin time	14	1
Increased lymphocytes	10	0
Chemistry		
Decreased calcium	50	3
Increased bilirubin	41	3
Increased aspartate aminotransferase	38	1
Decreased potassium	26	4
Increased alkaline phosphatase	24	5
Increased creatinine	20	0
Increased alanine aminotransferase	18	1
Decreased sodium	18	1
Decreased albumin	15	1
Decreased magnesium	14	1
Increased potassium	11	0

See appendix for additional detail on specific adverse reactions.

Clinically relevant adverse reactions occurring in <10% of patients were: cardiac failure (2.5%), cardiac failure congestive (1.3%), ascites (5%), gastrointestinal hemorrhage (1.3%), large intestine perforation (1.3%), cholelithiasis (1.3%), upper respiratory tract infection (6%), urinary tract infection (6%), herpes zoster (2.5%), flushing (3.8%), hypertension (3.8%), hypotension (3.8%), hot flush (2.5%), insomnia (6%), pain in extremity (6%), dyspnea (9%), cough (2.5%), rash[e] (8%), alopecia (9%), pruritus (8%), hair color changes (6%), decreased appetite (8%), lacrimation increased (9%), and decreased phosphate (9%).

Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.

Warnings & Precautions[1]

INTRACRANIAL HEMORRHAGE

Serious intracranial hemorrhage (ICH) may occur with AYVAKIT treatment; fatal events occurred in <1% of patients. Overall, ICH (eg, subdural hematoma, ICH, and cerebral hemorrhage) occurred in 2.9% of 749 patients who received AYVAKIT. In Advanced SM patients who received AYVAKIT at 200 mg daily, ICH occurred in 2 of 75 patients (2.7%) who had platelet counts ≥50 x 10^9/L prior to initiation of therapy and in 3 of 80 patients (3.8%) regardless of platelet counts.

Monitor patients closely for risk of ICH including those with thrombocytopenia, vascular aneurysm or a history of ICH or cerebrovascular accident within the prior year.

Permanently discontinue AYVAKIT if ICH of any grade occurs.

COGNITIVE EFFECTS

Cognitive adverse reactions can occur in patients receiving AYVAKIT. Cognitive adverse reactions occurred in 39% of 749 patients and in 28% of 148 systemic mastocytosis patients (3% were Grade >3). Memory impairment occurred in 16% of patients; all events were Grade 1 or 2. Cognitive disorder occurred in 10% of patients; <1% of these events were Grade 3. Confusional state occurred in 6% of patients; <1% of these events were Grade 3. Other events occurred in <2% of patients.

Depending on the severity, withhold AYVAKIT and then resume at same dose or at a reduced dose upon improvement, or permanently discontinue.

EMBRYO-FETAL TOXICITY

Based on findings from animal studies and its mechanism of action, AYVAKIT can cause fetal harm when administered to pregnant women.

Please see the **Prescribing Information** and **AYVAKIT Dosing & Patient Management Guide** for additional information on dosing and administration of AYVAKIT.

Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.

Starting AYVAKIT—one tablet, once-daily dosing[1]

THE RECOMMENDED DOSAGE OF AYVAKIT FOR ADVANCED SYSTEMIC MASTOCYTOSIS IS 200 MG ORALLY ONCE DAILY

AYVAKIT is also available in dose strengths of 100 mg, 50 mg, and 25 mg for dose modification for adverse reactions or drug interactions (for example, CYP3A inhibitors).

AYVAKIT should be taken:

One tablet orally

One time each day

On an empty stomach, at least 1 hour before or 2 hours after a meal

Do not initiate AYVAKIT in patients with platelet counts <50 x 10^9/L

Make a monitoring plan with your patients and their caregivers.

- Treatment should continue until disease progression or unacceptable toxicity
- Dose reductions should be considered if a patient's platelet counts decrease below 50 x 10^9/L or if certain adverse reactions occur (see page 16)
- Administration of antiemetic therapy is not required

Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.

Starting AYVAKIT—platelet monitoring[1]

MONITOR YOUR PATIENTS AT INITIATION AND AS INDICATED DURING TREATMENT TO HELP REDUCE AND MANAGE POTENTIAL ADVERSE REACTIONS

Platelet Monitoring

Manage platelet counts of <50 x 10^9/L by treatment interruption or dose reduction of AYVAKIT. Platelet support may be necessary.

Thrombocytopenia was generally reversible by reducing or interrupting treatment with AYVAKIT. Dose interruptions and dose reductions for thrombocytopenia occurred in 20% and 22% of AYVAKIT-treated patients, respectively.

In an ad hoc analysis of patients starting at the 200 mg recommended dose (N=80)[18]:

- 18/80 (23%) of patients experienced a Grade ≥3 adverse event of thrombocytopenia or platelet count decrease
- Median time to onset: **3.1 weeks**
- Median time to improvement: **3.3 weeks***

*Defined as improvement to Grade 0-2. Not all patients showed improvement; 4 patients were censored.

Time on therapy	Monitoring plan	Treatment plan
Prior to initiation	Perform platelet count.	**AYVAKIT is not recommended in Advanced SM patients with platelet counts <50 x 10^9/L.**
First 8 weeks	Perform platelet count every 2 weeks regardless of baseline platelet count.	If platelet count <50 x 10^9/L occurs, interrupt AYVAKIT until platelet count is ≥50 x 10^9/L, then resume at reduced dose. If platelet counts do not recover above 50 x 10^9/L, consider platelet support.
After 8 weeks	Monitor platelet counts: • Every 2 weeks if values are <75 x 10^9/L (or more frequently as clinically indicated) • Every 4 weeks if values are 75-100 x 10^9/L • As clinically indicated if values are >100 x 10^9/L	

Use with caution in patients with **potential increased risk of ICH,** including those with thrombocytopenia, vascular aneurysm, or a history of intracranial hemorrhage or cerebrovascular accident within the prior year.

Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.

It is common to modify AYVAKIT dosage[1]

MANY PATIENTS IN THE EXPLORER AND PATHFINDER TRIALS HAD THEIR DOSE MODIFIED DUE TO ADVERSE REACTIONS

AYVAKIT dose reductions and interruptions in clinical trials

Among Advanced SM patients in clinical trials who started at 200 mg (N=80), many patients had their dose modified.

60%
Dose interruption

68%
Dose reduction: (median time to reduction: 6.9 weeks)[18]

10%
Permanent discontinuation due to adverse reaction

Adverse reactions requiring dosage interruption or dose reduction in >2% of patients who received AYVAKIT at 200 mg once daily:

- Thrombocytopenia
- Neutropenia
- Anemia
- Elevated blood alkaline phosphatase
- Cognitive disorder
- Peripheral edema
- Periorbital edema
- Fatigue
- Arthralgia

Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.

It is common to modify AYVAKIT dosage (cont'd)[1]

MANY PATIENTS IN THE EXPLORER AND PATHFINDER TRIALS HAD THEIR DOSE MODIFIED DUE TO ADVERSE REACTIONS

Recommended dose modifications for patients experiencing adverse reactions

Adverse Reaction	Severity[a]	Dosage Modification
Intracranial Hemorrhage	Any Grade	Permanently discontinue AYVAKIT.
Cognitive Effects	Grade 1	Continue AYVAKIT at same dose or reduced dose or withhold until improvement to baseline or resolution. Resume at same dose or reduced dose.
	Grade 2 or Grade 3	Withhold AYVAKIT until improvement to baseline, Grade 1, or resolution. Resume at same dose or reduced dose.
	Grade 4	Permanently discontinue AYVAKIT.
Thrombocytopenia	<50 x 10^9/L	Interrupt AYVAKIT until platelet count is ≥50 x 10^9/L, then resume at reduced dose per the recommended reductions. If platelet counts do not recover above 50 x 10^9/L, consider platelet support.
Other	Grade 3 or Grade 4	Withhold AYVAKIT until improvement to Grade ≤2. Resume at same dose or reduced dose, as clinically appropriate.

Recommended dose reductions from the 200 mg once-daily starting dose

Recommended dose reductions for adverse reactions	
Dose Reduction	**Starting Dose (200 mg)[b]**
First	**100 mg** once daily
Second	**50 mg** once daily
Third	**25 mg** once daily

[a] Severity as defined by the National Cancer Institute Common Terminology Criteria for Adverse Events version 5.0.

[b] Permanently discontinue AYVAKIT in patients who are unable to tolerate a dose of 25 mg daily.

Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.

Important Safety Information

INDICATION

AYVAKIT™ (avapritinib) is indicated for the treatment of adult patients with Advanced SM (AdvSM) including patients with aggressive systemic mastocytosis (ASM), systemic mastocytosis with an associated hematological neoplasm (SM-AHN), and mast cell leukemia (MCL).

Limitations of Use: AYVAKIT is not recommended for the treatment of patients with AdvSM with platelet counts of <50 x 10^9/L.

IMPORTANT SAFETY INFORMATION

There are no contraindications for AYVAKIT.

Serious intracranial hemorrhage (ICH) may occur with AYVAKIT treatment; fatal events occurred in <1% of patients. Overall, ICH (eg, subdural hematoma, ICH, and cerebral hemorrhage) occurred in 2.9% of 749 patients who received AYVAKIT. In AdvSM patients who received AYVAKIT at 200 mg daily, ICH occurred in 2 of 75 patients (2.7%) who had platelet counts ≥50 x 10^9/L prior to initiation of therapy and in 3 of 80 patients (3.8%) regardless of platelet counts. Monitor patients closely for risk of ICH including those with thrombocytopenia, vascular aneurysm or a history of ICH or cerebrovascular accident within the prior year. Permanently discontinue AYVAKIT if ICH of any grade occurs. A platelet count must be performed prior to initiating therapy. AYVAKIT is not recommended in AdvSM patients with platelet counts <50 x 10^9/L. Following treatment initiation, platelet counts must be performed every 2 weeks for the first 8 weeks. After 8 weeks of treatment, monitor platelet counts every 2 weeks or as clinically indicated based on platelet counts. Manage platelet counts of <50 x 10^9/L by treatment interruption or dose reduction.

Please click here to see the full Prescribing Information for AYVAKIT.

Important Safety Information (cont'd)

Cognitive adverse reactions can occur in patients receiving AYVAKIT. Cognitive adverse reactions occurred in 39% of 749 patients and in 28% of 148 SM patients (3% were Grade >3). Memory impairment occurred in 16% of patients; all events were Grade 1 or 2. Cognitive disorder occurred in 10% of patients; <1% of these events were Grade 3. Confusional state occurred in 6% of patients; <1% of these events were Grade 3. Other events occurred in <2% of patients. Depending on the severity, withhold AYVAKIT and then resume at same dose or at a reduced dose upon improvement, or permanently discontinue.

AYVAKIT can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females and males of reproductive potential to use an effective method of contraception during treatment with AYVAKIT and for 6 weeks after the final dose of AYVAKIT. Advise women not to breastfeed during treatment with AYVAKIT and for 2 weeks after the final dose.

The most common adverse reactions (≥20%) at all doses were edema, diarrhea, nausea, and fatigue/asthenia.

Avoid coadministration of AYVAKIT with strong and moderate CYP3A inhibitors. If coadministration with a moderate CYP3A inhibitor cannot be avoided, reduce dose of AYVAKIT. Avoid coadministration of AYVAKIT with strong and moderate CYP3A inducers.

To report suspected adverse reactions, contact Blueprint Medicines Corporation at 1-888-258-7768 or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please click here to see the full Prescribing Information for AYVAKIT.

The ONLY targeted therapy for Advanced SM: Designed for potent and selective inhibition of KIT D816V[1]

~95%

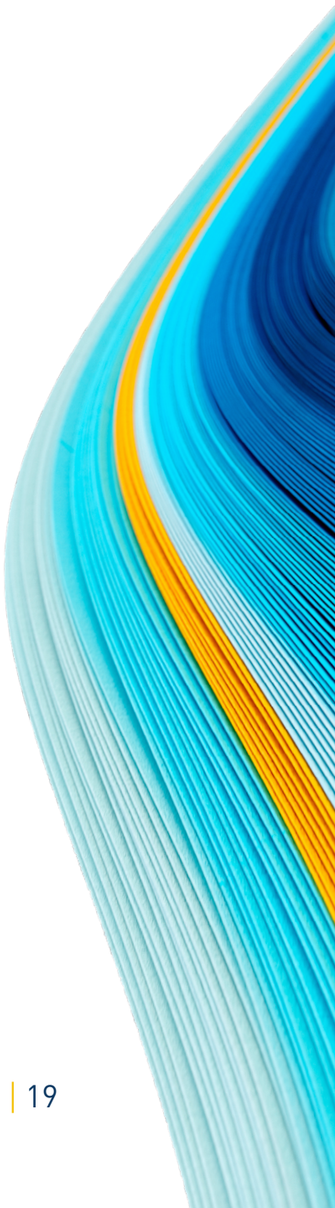
Advanced SM is driven by the KIT D816V mutation in ~95% of cases[5,7,11]

Proven efficacy across all Advanced SM subtypes and regardless of prior antineoplastic therapy[1,18]

Generally well tolerated with specific guidelines for patient monitoring and management; most common adverse reactions were Grade 1 or 2. The most common adverse reactions were edema, diarrhea, nausea, and fatigue/asthenia[1]

One tablet, once-daily dosing starting at 200 mg[1]

The YourBlueprint™ support program is available to help patients access AYVAKIT



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Appendix

FOOTNOTES FROM EXPLORER AND PATHFINDER ADVERSE REACTIONS DATA (PAGE 11)

*Per National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE) version 4.03 and 5.0.

[a] Edema includes face swelling, eyelid edema, orbital edema, periorbital edema, face edema, peripheral edema, edema, generalized edema, and peripheral swelling.

[b] Abdominal pain includes abdominal pain, upper abdominal pain, and abdominal discomfort.

[c] Cognitive effects include memory impairment, cognitive disorder, confusional state, delirium, and disorientation.

[d] Taste effects include dysgeusia.

[e] Grouped term including rash and rash maculo-papular.

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Please see Important Safety Information on pages 17-18, and click here to see full Prescribing Information for AYVAKIT.