

'Great Relief' for Australian Patients with New Therapy to Treat Rare GIST Cancers Listed on PBS

- *QINLOCK® (ripretinib) now PBS listed for Australian patients*
- *QINLOCK is the first new reimbursed therapy to treat advanced GIST in more than a decade*
- *Leading Australian oncologist says the listing will help to "buy patients more time"*
- *Data shows QINLOCK reduces risk of disease progression by 85%^{1,2}*

14 November, 2021: AUSTRALIAN cancer patients who have been diagnosed with rare gastrointestinal stromal tumours - GIST - will now have affordable access to a new therapy shown to improve survival, following its listing on the Pharmaceutical Benefits Scheme (PBS).³

The therapy, QINLOCK (ripretinib) is an oral medication and will be available to eligible patients on the PBS from **December 1**, in a listing described by cancer specialists and patient advocacy groups as "a great relief" for patients.

Leading Australian oncologist Professor John Zalcborg, who is a consultant medical oncologist at Alfred Health and is Head of Monash University's Cancer Research Program in the School of Public Health, welcomed the reimbursement of QINLOCK, describing it as a "fantastic" result for patients and their families.

Professor Zalcborg commented: "It has been more than 10 years since a new therapy able to treat GIST has been listed on the PBS. QINLOCK is a therapy that can buy patients more time, but the market price of this therapy has meant that until now, it has been out of bounds for most people. This PBS listing will be welcomed by many Australian patients and their families."

35-year-old Melbourne mother of two Renee Van Beelen was diagnosed with GIST five years ago, only eight weeks after giving birth to her second child. She has had her stomach removed and endured several cancer recurrences. She is relieved another therapy is now accessible.

“It can buy me time, at a price that we can afford for our family,” she said. “We simply would not have been able to come up with thousands of dollars every month. Having QINLOCK listed on the PBS means the world to us, because it means I have another tool in my back pocket to help me watch my children grow up. All I want is to create moments with my family and knowing that this therapy is available on the PBS is a huge relief.”

And Canberra teacher and mother Sarah McGoram, who was given a year to live 25 years ago, says this listing “will have a profound impact on my family.”

Sarah, who has led a national lobby campaign fighting for QINLOCK to be funded, says: “QINLOCK being funded on the PBS can buy me time. It buys me a treatment option that was not otherwise there. That’s all I want. I just want time with my family and time to fight this frustrating disease.”

Rare Cancers Australia Chief Executive Officer Richard Vines said today was “a red-letter day” for the GIST community, as patients previously had no further treatment options after other therapies failed.

“QINLOCK offers hope, it offers time and it offers a future that otherwise they would not have had,” Mr Vines said. “This has been a long time coming for GIST patients and it is a fantastic result.”

QINLOCK belongs to a class of drugs known as tyrosine kinase inhibitors, or TKIs. It works by inhibiting key enzymes linked to tumour growth. It is now reimbursed **“for the treatment of patients with advanced metastatic or unresectable GIST who have progressed following treatment with imatinib and sunitinib.”** ³

A pivotal Phase 3 clinical trial of QINLOCK – the INVICTUS study – demonstrated that QINLOCK was able to significantly reduce the risk of disease progression by 85% (hazard ratio of 0.15, $p < 0.0001$) with a median progression-free survival of 6.3 months in patients administered QINLOCK, compared to 1.0 month in the

placebo arm.¹ In addition, in a long-term follow up analysis, patients in the QINLOCK arm achieved a median overall survival of 18.2 months compared to 6.3 months in the placebo arm and QINLOCK reduced the risk of death by 58% (hazard ratio of 0.42).^{1, 4}

QINLOCK is made available in Australia by independent pharmaceutical company Specialised Therapeutics (ST) under exclusive license from US based Deciphera Pharmaceuticals.

ST Chief Executive Officer Carlo Montagner said it was vital rare cancer patients were provided affordable access to specialist medicines.

“Without PBS reimbursement, most patients would be unable to afford this therapy,” he said. “We are celebrating the PBS listing of QINLOCK and look forward to seeing it make a difference to GIST patients and their families.”

About GIST

Gastrointestinal stromal tumor (GIST) is a cancer affecting the digestive tract or nearby structures within the abdomen, most often presenting in the stomach or small intestine. GIST growth usually begins in the connective tissue in the wall of the affected organ and grows outwards. The common location of GISTs are in the stomach (50 to 60%) and small intestines (30 to 40%) but can occur in any site in the digestive system. Other possible GIST sites are the oesophagus, rectum, and colon. GIST cases are rare and estimated to cause between 0.1% and 3% of GI cancer in Australia. The risk of GIST diagnosis increases with age, with GIST incidence peaking among people in their fifties and sixties.⁵

About QINLOCK (ripretinib)

QINLOCK is a switch-control tyrosine kinase inhibitor that was engineered to broadly inhibit KIT and PDGFR α mutated kinases by using a dual mechanism of action that regulates the kinase switch pocket and activation loop to lock the kinase in the inactive state, preventing downstream signalling and cell proliferation. This dual mechanism of action provides broad inhibition of KIT and

PDGFRA kinase activity, including wild type and multiple primary and secondary mutations. Ripretinib also inhibits other kinases in vitro, such as PDGFRB, TIE2, VEGFR2, and BRAF.²

About Specialised Therapeutics

Headquartered in Singapore, Specialised Therapeutics Asia Pte Ltd (STA) is an international biopharmaceutical company established to commercialise new therapies and technologies to patients throughout South East Asia, as well as in Australia and New Zealand. STA and its regional affiliates collaborate with leading global pharmaceutical and diagnostic companies to bring novel, innovative and life-changing healthcare solutions to patients affected by a range of diseases. Its mission is to provide therapies where there is an unmet need. The company's broad therapeutic portfolio currently includes novel agents in oncology, haematology, neurology, ophthalmology and supportive care. Additional information can be found at www.stbiopharma.com

About the INVICTUS Phase 3 Study

INVICTUS is a Phase 3 randomised, double-blind, placebo-controlled, international, multicenter clinical study evaluating the safety, tolerability, and efficacy of QINLOCK compared to placebo in patients with advanced GIST whose previous therapies have included imatinib, sunitinib, and regorafenib. Patients were randomized 2:1 to either 150 mg of **QINLOCK** once daily (n=85) or placebo (n=44). The primary efficacy endpoint was progression-free survival (PFS) as determined by independent radiologic review using modified Response Evaluation Criteria in Solid Tumors (RECIST). The median PFS in the study was 6.3 months compared to 1.0 month in the placebo arm and significantly reduced the risk of disease progression or death by 85% (hazard ratio of 0.15, $p < 0.0001$).¹ Secondary endpoints as determined by independent radiologic review using modified RECIST included Objective Response Rate (ORR) and Overall Survival (OS). QINLOCK demonstrated an ORR of 9.4% compared with 0% for placebo ($p = 0.0504$)¹. In a long-term follow up of 19 months after the primary analysis, QINLOCK also demonstrated a median OS of 18.2 months compared to 6.3 months in the placebo arm and reduced the risk of death by 58% (hazard ratio of

0.42).⁴ The most common (>2%) grade 3 or 4 treatment related adverse events in the QINLOCK group included lipase increase (5%), hypertension (4%), fatigue (2%), and hypophosphataemia (2%); and in the placebo group, anaemia (7%), fatigue (2%), diarrhoea (2%), decreased appetite (2%), dehydration (2%), hyperkalaemia (2%), acute kidney injury (2%), and pulmonary oedema (2%).¹

Further Enquiries

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