NCCN PREFERRED CATEGORY 1

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

Starting & Managing Patients on QINLOCK® (ripretinib)

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.

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

QINLOCK® (ripretinib) 50 mg tablets

QINLOCKHCP.com

CLINICAL PROFILE

Clinical Profile

An overview of the efficacy and safety of QINLOCK® (ripretinib)

QINLOCK® (ripretinib) 50 mg tablets

QINLOCK® (ripretinib) PROVIDES PROVEN, ESTABLISHED EFFICACY FOR YOUR PATIENTS[2]

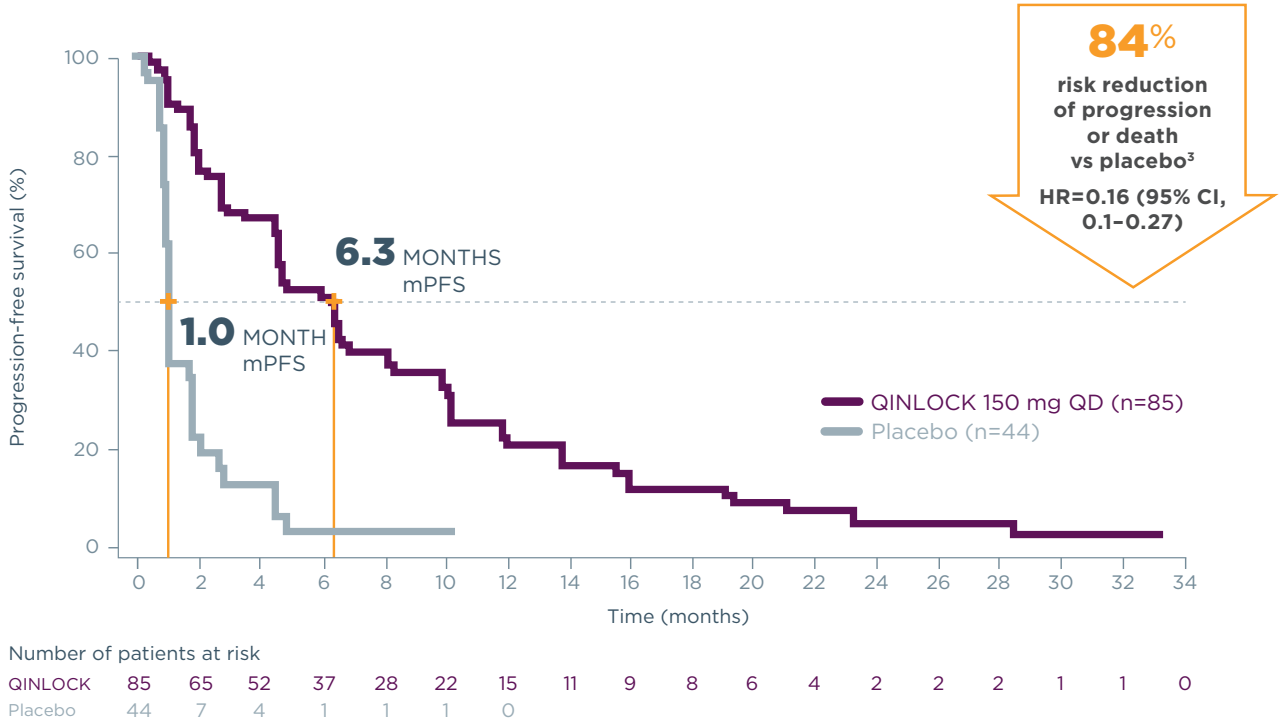
QINLOCK provided superior median PFS vs placebo in the primary analysis[2]

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 at long-term follow-up[3]*

LONG-TERM FOLLOW-UP ANALYSIS



*The long-term follow-up analysis was conducted approximately 19 months from the data cutoff date in the primary analysis and was not powered to show statistical significance.[3]

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), 19 months of additional follow-up was conducted (January 15, 2021).[2-4†]

4L=fourth line; BICR=blinded independent central review; CI=confidence interval; HR=hazard ratio; mPFS=median progression-free survival; ORR=objective response rate; OS=overall survival; PFS=progression-free survival; QD=once a day; RECIST=response evaluation criteria in solid tumors.

†44 patients were randomized to placebo but one did not receive treatment.

SELECT SAFETY INFORMATION

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.

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

KEY SECONDARY ENDPOINT: ORR

PRIMARY ANALYSIS

9.4% QINLOCK® (ripretinib)
vs.
0.0% Placebo (*P*=0.0504)[2,4*]

- 66% of QINLOCK-treated patients experienced stable disease≥6 weeks vs 20% with placebo[4]

LONG-TERM 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]

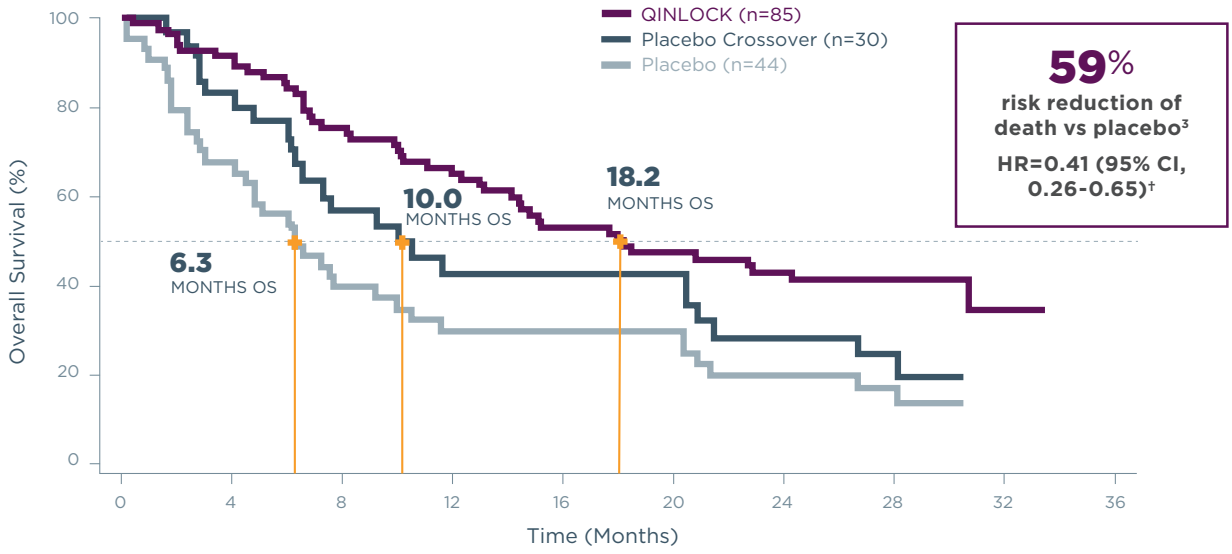
Clinically meaningful OS vs placebo in the primary analysis[2,4‡]

SECONDARY ENDPOINT: OS

- 15.1 months vs 6.6 months (HR=0.36 [95% CI, 0.21-0.62])[2,4‡]

QINLOCK demonstrated a median OS of 18.2 months at long-term follow-up[3†]

LONG-TERM FOLLOW-UP ANALYSIS



Number of patients at risk

QINLOCK	85	76	59	49	39	32	29	18	3	0
Placebo Crossover	30	25	17	12	12	12	8	5	0	
Placebo	44	29	17	12	12	12	8	5	0	

Patients who started QINLOCK earlier observed an mOS of 18.2 months, while patients who had a delayed start observed an mOS of 10.0 months.

Patients should be started on QINLOCK as soon as indicated.

mOS=median overall survival; NE=not estimable.
OS data include all time periods. Placebo curve includes patients who crossed over to QINLOCK treatment.

*All responses were partial responses.

†The long-term follow-up analysis was conducted approximately 19 months from the data cutoff date in the primary analysis and was not powered to show statistical significance.[3]

‡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 for the secondary endpoints of ORR and OS.[2,3]

QINLOCK® (ripretinib) 50 mg tablets

Please see additional Safety Information throughout.

SAFETY ESTABLISHED ACROSS A BROAD RANGE OF PATIENTS[2,4]

Serious adverse reactions

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

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

Dose modifications due to adverse reactions

	QINLOCK (n=85)[2]	Placebo (n=43)[5*†]
Discontinuation	**8%**	12%
Dose reduction	**7%**	2%
Dose interruption	**24%**	21%

- Safety findings after 19 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)[5]

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

NA=not applicable.

*44 patients were randomized to placebo, but 1 did not receive treatment.[5]

†Placebo values represent dose modifications for treatment-emergent adverse events.[5]

‡In the double-blind treatment period of INVICTUS primary analysis.

§There is no grade 3 or 4 alopecia as per Common Terminology Criteria for Adverse Events (CTCAE) v4.03.[6]

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
General				
Fatigue	42%	3.5%	23%	2.3%
Peripheral edema	17%	1.2%	7%	0
Asthenia	13%	1.2%	14%	4.7%
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 primary analysis.
*44 patients were randomized to placebo, but 1 did not receive treatment.[5]

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

Other adverse reactions: Clinically relevant adverse reactions that occurred in <10% of QINLOCK-treated patients in INVICTUS included peripheral sensory neuropathy, dermatitis acneiform, and rash.

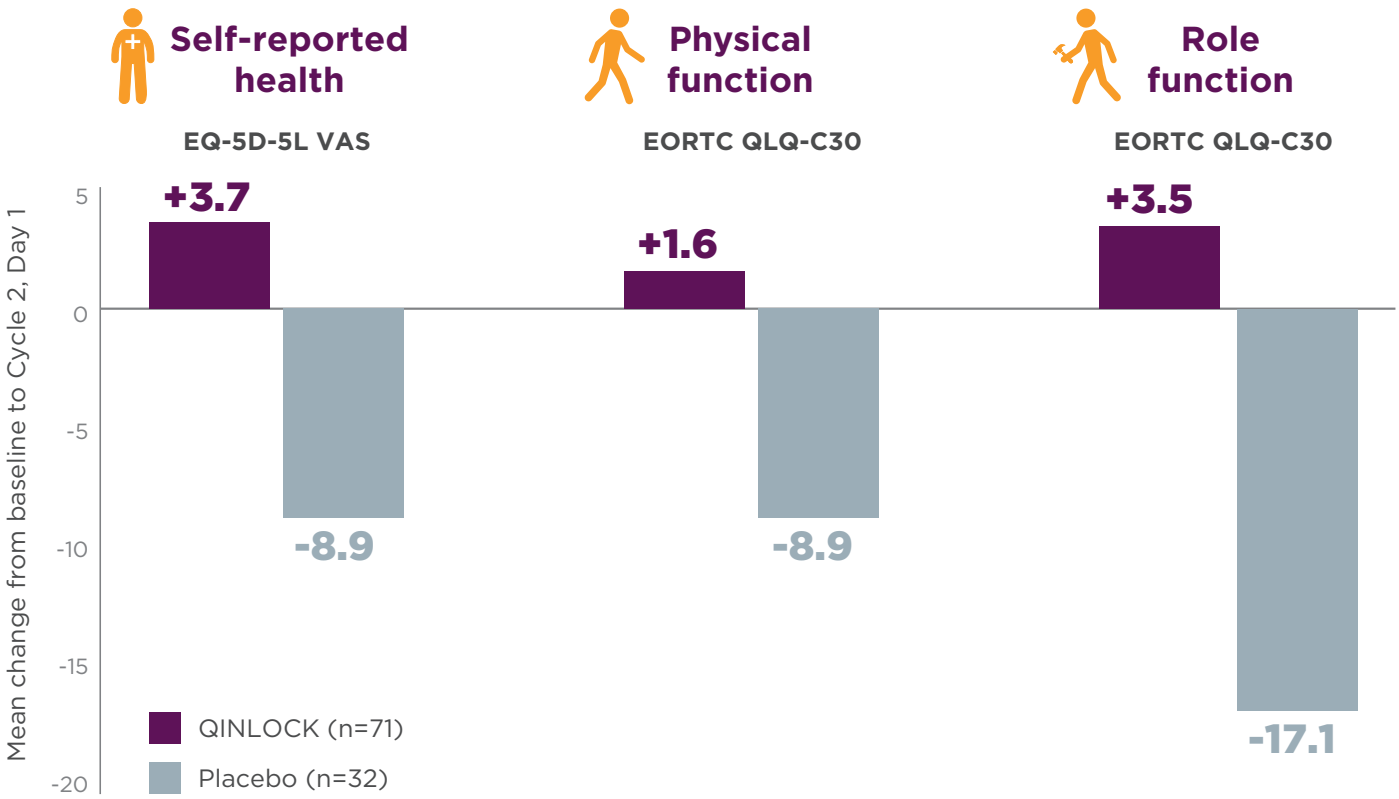
QINLOCK® (ripretinib) 50 mg tablets

QINLOCK® (ripretinib) QOL RESULTS IN INVICTUS[4]

Clinically relevant differences were observed between QINLOCK and placebo in the following prespecified QOL assessments[4]

- QOL assessments that were prespecified in the statistical analysis plan compared the change from baseline on Cycle 1, Day 1 to Cycle 2, Day 1 (28 days later) using EQ-5D-5L VAS and the EORTC QLQ-C30 questionnaires
  - Comparisons were only made out to Cycle 2, Day 1 due to the low number of patients in the placebo arm after this point
- The minimally important clinical difference has been defined as a >10% mean score change or a 5-point change

SECONDARY ENDPOINT PRESPECIFIED ANALYSIS[4,7]



Overall health remained stable with QINLOCK compared to a decrease with placebo.

Physical function remained stable with QINLOCK compared to a decrease with placebo.

Role function remained stable with QINLOCK compared to a decrease with placebo.

- The QOL endpoint was not evaluated for statistical significance as a result of the sequential testing procedure used for secondary endpoints

See below for more information about how the above scores were calculated.

The EQ-5D-5L VAS was calculated from patient's self-rated health on a vertical visual analogue scale from 0 ("Worst imaginable state of health") to 100 ("Best imaginable state of health"). The analysis included 70 patients in the QINLOCK arm and 32 patients in the placebo arm.[4,7]

The EORTC QLQ-30 physical function score was calculated from five questions asking patients to respond to items about their strength, endurance, and daily physical functioning on a four-point scale ranging from 1 ("Not at all") to 4 ("Very much"). Responses were converted to a score ranging from 0 to 100, with higher scores indicating better functioning. The analysis included 71 patients in the QINLOCK arm and 32 patients in the placebo arm.[4,7]

The EORTC QLQ-C30 role function score was calculated from two questions asking patients to respond to items about limitations in their daily activities on a four-point scale ranging from 1 ("Not at all") to 4 ("Very much"). Responses were converted to a score ranging from 0 to 100, with higher scores indicating better functioning. The analysis included 70 patients in the QINLOCK arm and 32 patients in the placebo arm.[4,7]

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 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 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.

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.

QINLOCK® (ripretinib) 50 mg tablets

Getting started

Initiating and optimizing patient care on QINLOCK® (ripretinib) is as simple as

1 INFORM

Advise patients about adverse reactions and how to proactively manage them, before treatment starts

2 INVITE

Invite patients to access support from Deciphera, enroll them in Deciphera AccessPoint™, and count on Deciphera as your trusted partner

3 INITIATE

Initiate treatment with QINLOCK, ensure patients understand dosing, and encourage adherence and persistence

See pages 12 to 17 for this 3-step guided approach.

For a guide to optimizing therapy on QINLOCK, including adverse reaction management, see pages 20 to 25.

QINLOCK® (ripretinib) 50 mg tablets

Inform patients about common adverse reactions and possible serious side effects that may be associated with QINLOCK® (ripretinib)

- Advise patients to read the FDA-approved patient labeling (Patient Information)
- Help your patients be prepared with counseling and support in advance
- Empower patients to speak up about side effects and stay in touch with you

TIPS FOR MANAGEMENT OF SELECT AND COMMON ADVERSE REACTIONS (ARs)*

AR(s)	Rates Among QINLOCK-Treated Patients (n=85)[2,8†]		General Supportive Care Options That May Be Helpful When Individualized
Alopecia Patients may experience hair thinning or hair loss[2]	**52%** (Grade 1 – 40%, Grade 2 – 12%) Grade 1=hair loss or hair thinning <50% Grade 2=hair loss >50% of normal[‡]		• Advise that alopecia in QINLOCK-treated patients was usually mild and generally did not worsen over time[9†] • Consider dermatology referral at first sign of alopecia[‡] • Review the alopecia section on pages 24 and 25
	GRADE 1–4	**GRADE 3–4**	
Fatigue	42%	3.5%	• In case of fatigue, attempt to rule out other causes[10] • Advise patients to: – Try to stay physically active[10] – Consider having OTC pain medication on hand per your instructions[11§] – Stay hydrated[10]
Myalgia	32%	1.2%	
Arthralgia	18%	0%	
Abdominal Pain	36%	7%	
Nausea	39%	3.5%	• Advise patients to: – Stay hydrated[12-15] – Have prescriptions available for anti-nausea, anti-constipation, or anti-diarrheal medications, in case they are needed[12,13§] – Consider consulting with a dietitian or nutritionist prior to treatment and consuming smaller, more frequent meals[12]
Constipation	34%	1.2%	
Diarrhea	28%	1.2%	
Vomiting	21%	3.5%	
Decreased Appetite	27%	1.2%	

Mutational testing is not required to administer QINLOCK.[2]

Serious and common adverse reactions

- Serious adverse reactions occurring in >2% of patients were abdominal pain (4.7%), anemia (3.5%), nausea (2.4%) and vomiting (2.4%)[†]
- The most common Grade 3 or 4 laboratory abnormalities (≥4%) were increased lipase (7%) and decreased phosphate (5%)[†]
- Safety findings were generally consistent after 19 months of additional follow-up in the INVICTUS trial[3†]

FDA=Food and Drug Administration; OTC=over-the-counter.

*For a complete list of common adverse reactions associated with QINLOCK, please refer to the full Prescribing Information.

†In the primary analysis of the INVICTUS trial, a global multicenter, randomized, double-blind, placebo-controlled Phase 3 trial in 129 patients who had received ≥3 prior anticancer therapies for advanced GIST.[2] The long-term follow-up analysis (data cutoff: January 15, 2021) includes 19 months of follow-up data after the primary analysis (data cutoff: May 31, 2019)[3,4]

‡There is no Grade 3 or 4 alopecia as per Common Terminology Criteria for Adverse Events (CTCAE) v4.03[6]

§Advise patients to inform you about any concomitant medications, including prescription medications, OTC drugs, vitamins, and herbal products.[2]

Possible serious side effects that may be associated with QINLOCK® (ripretinib)

Ask patients about all past or current medical conditions, including PPES (palmar-plantar erythrodysesthesia syndrome), high blood pressure, heart problems, previous or upcoming surgery, and sensitivity to sunlight. Also ask about the medications they take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. See page 16 for information about possible drug-drug interactions.

RECOMMENDED MONITORING AND MANAGEMENT[2]			
Side Effect(s)*	**Before Treatment**	**Regularly**	**As Clinically Indicated**
 **PPES** Grade 1–2: 21% of patients	• Ask patients about prior history of PPES • Review the PPES section on pages 12 and 13	• Advise patients to contact you immediately if they experience severe skin changes	• Based on severity, withhold QINLOCK and then resume at same or reduced dose
 **New primary cutaneous malignancies** cuSCC: 4.7% Melanoma: 2.4%	• Perform dermatologic evaluation when initiating QINLOCK	• Encourage patients to watch for, and contact you immediately if they see, suspicious lesions and/or skin changes • Consider conducting routine dermatologic examinations	• Conduct routine dermatologic examinations • Manage suspicious skin lesions with excision and dermatopathologic evaluation, while continuing QINLOCK at the same dose
 **Hypertension** Grade 1–3: 14% Grade 3: 7%	• Advise patients that hypertension may develop during treatment • Do not initiate QINLOCK in patients with uncontrolled hypertension	• Advise patients that blood pressure should be monitored regularly during treatment	• Monitor blood pressure as clinically indicated • Based on severity, withhold QINLOCK and then resume at same or reduced dose or permanently discontinue
 **Cardiac Dysfunction** Cardiac failure: 1.2% Grade 3 decreased ejection fraction: 2.6%†	• Advise patients that cardiac failure may develop during treatment	Advise patients to: • Expect regular monitoring of signs/symptoms of cardiac dysfunction • Contact you immediately if they experience any symptoms of cardiac dysfunction	• Assess ejection fraction by echocardiogram or MUGA scan prior to and during treatment as clinically indicated • Permanently discontinue QINLOCK for Grade 3 or 4 left ventricular systolic dysfunction
 **Potential risk of impaired wound healing**	• Advise patients that QINLOCK may impair wound healing		• Withhold QINLOCK for ≥1 week before elective surgery, ≥2 weeks after major surgery, and until wounds adequately heal • The safety of resuming QINLOCK following successful wound healing has not been established
 **Photosensitivity** 0.6% (n=621)	• Inform patients of the potential risk of photosensitivity reactions with QINLOCK	• Advise patients to limit direct ultraviolet exposure by using sunscreen and protective clothing during treatment with QINLOCK	
 **Potential embryo-fetal toxicity**	• 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 contraception during treatment and for 1 week after last dose	

There are no contraindications for QINLOCK.[2]

cuSCC=cutaneous squamous cell carcinoma; MUGA=multigated acquisition.

*Please refer to the full Prescribing Information for QINLOCK for more information on possible serious side effects.
†Of the 77 patients who had a baseline and at least one post-baseline echocardiogram.[2]

QINLOCK® (ripretinib) 50 mg tablets

Please see additional Safety Information throughout.

2 INVITE

Invite patients to access support from Deciphera, your trusted partner

decīphera AccessPoint™

Enroll patients in Deciphera AccessPoint to help them navigate insurance access

Enroll patients right when you prescribe QINLOCK® (ripretinib) to gain access to assistance and support. It doesn't matter how you prescribe (eg, directly through Deciphera AccessPoint or through a specialty pharmacy or specialty distributor) to gain access.

Enrollment forms are available at **decipheraaccesspoint.com**. Your Deciphera sales representative can also provide printed enrollment forms to keep on hand at the office.

Find services and solutions to help eligible patients start QINLOCK

SUPPORT SERVICES, including:

- Benefits investigation
- Prior authorization and appeals support
- Temporary supply programs

FINANCIAL HELP

- For patients with different types of insurance or no insurance at all*
- As little as $0 per month for eligible patients with commercial insurance*
- Referral to foundations and other funding sources
- Free medication for eligible patients

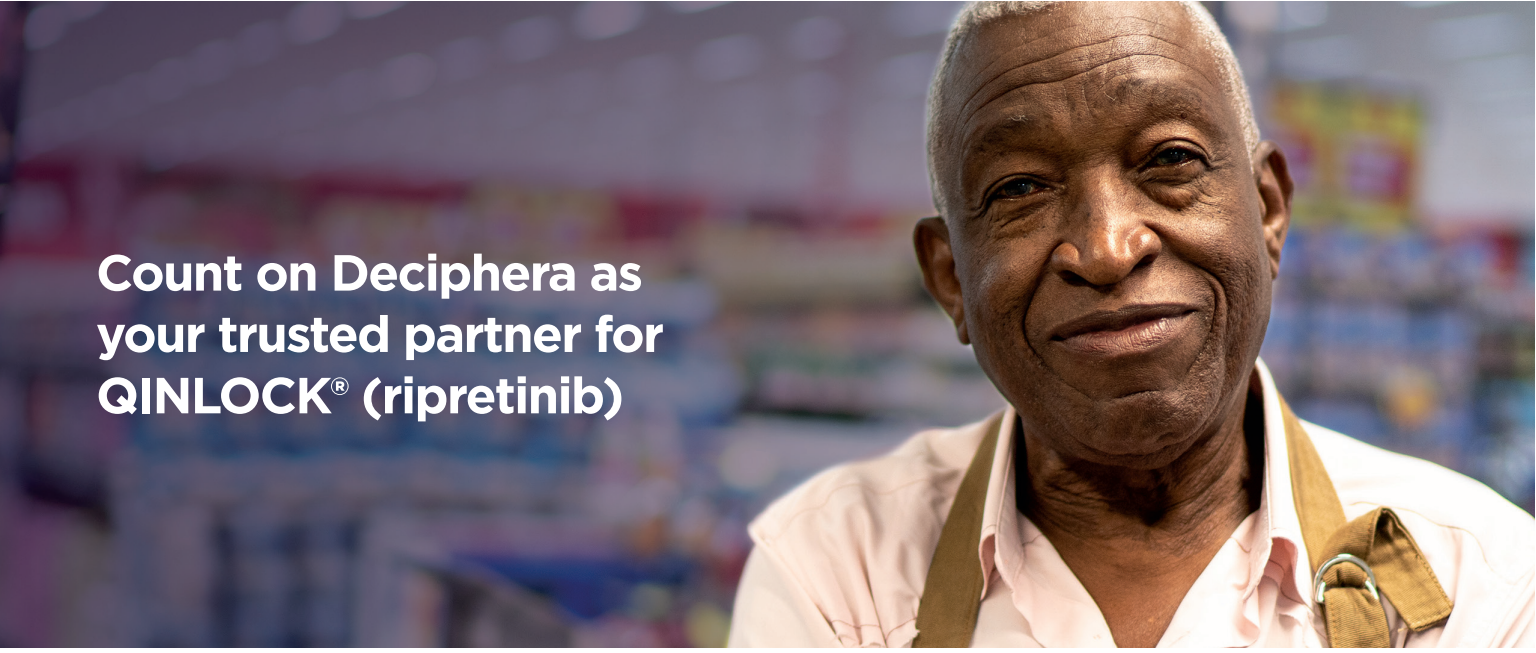
DEDICATED CASE MANAGERS

on call for patients and practices, Monday–Friday 8AM–8PM ET

Prescribe QINLOCK through Deciphera AccessPoint and select your preferred specialty pharmacy

Specialty Pharmacy	Website	Telephone/Fax Number	
Biologics by McKesson	biologics.mckesson.com	**T:** 800-850-4306	**F:** 800-823-4506
PANTHERx	www.pantherxrare.com	**T:** 833-711-8824	**F:** 866-242-6915

*Terms and conditions apply. Copay program is subject to an annual benefit maximum. Full terms and conditions provided prior to enrollment.



Count on Deciphera as your trusted partner for QINLOCK® (ripretinib)

For more information, visit **DecipheraAccessPoint.com**
or contact a dedicated Case Manager at
1-833-4DACCES (1-833-432-2237)

Your Deciphera representatives are ready and available to support your practice needs:

TERRITORY MANAGER (TM) — Your Primary Point of Contact
Provides practice support, information on QINLOCK, and helpful resources

DIRECTOR OF FIELD ACCESS (DFA)
Available to help overcome access challenges

MEDICAL SCIENCE LIAISON (MSL)
Offers medical information and answers to scientific questions that may arise

[TM TO AFFIX BUSINESS CARD HERE]

Tap or scan to access enrollment form:

QINLOCK® (ripretinib) 50 mg tablets

3 INITIATE

Ensure patients understand QINLOCK® (ripretinib) dosing and encourage adherence to therapy

The recommended dose of QINLOCK is 150 mg*

3 x 50 mg tablets

Dosed once daily*

Advise patients to take all 3 pills in one sitting at the same time every day

May be taken with or without food

Additionally, there are no known dietary restrictions

Drug-drug interactions[2]:

- Administer strong CYP3A inhibitors with caution
- Monitor patients who are administered strong CYP3A inhibitors more frequently for ARs
- Avoid concomitant use with strong or moderate CYP3A inducers.

If concomitant use with a moderate CYP3A inducer cannot be avoided, increase QINLOCK dose to 150 mg twice daily during the coadministration period. If the cocomitant moderate CYP3A inducer is discontinued, resume QINLOCK at 150 mg once daily 14 days after the discontinuation.

In the event of a missed dose, advise patients to:

- QINLOCK 150 mg QD: Take a replacement dose only if within 8 hours of the missed dose
- QINLOCK 150 mg BID: Take a replacement dose only if within 4 hours of the missed dose

If more time has passed than outlined above, skip the missed dose, and then take the next dose at the regularly scheduled time.

For full dosing information, please see the full Prescribing Information for QINLOCK.

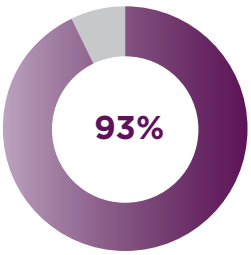
Mutational testing is not required to administer QINLOCK.[2]

BID=twice daily; QD=once daily.

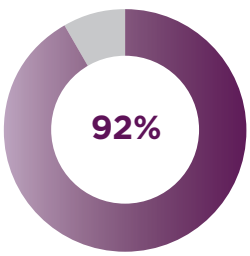
Make sure patients know the importance of taking the full prescribed dose

To encourage adherence, remind patients that the clinical benefits of QINLOCK in the INVICTUS trial were achieved by starting at the full indicated dose.[2*]

Most patients in INVICTUS were able to start and stay on the full indicated dose:



did not experience a dose reduction due to an adverse reaction[2†]



did not discontinue QINLOCK due to an adverse reaction[2†]

*Until disease progression or unacceptable toxicity.
†In the primary analysis.

Build confidence

- Consider increasing the frequency of touchpoints with patients (in-office, virtual, telephone)
- For the first couple of months, schedule regular touchpoints to discuss side effects

Encourage adherence

- Reinforce the importance of adherence at the full indicated dose—the outcomes from INVICTUS were reached through adherence to QINLOCK® (ripretinib)[2]
- Encourage patients to schedule their first appointment within one week of receiving QINLOCK
- Ensure patients have supportive medications on hand*
- Advise patients to call if they have problems, and not to discontinue QINLOCK without consulting with their care team
- Remind patients of the longer-term goal of staying on treatment[17]

Tips to recommend for adherence

- ✓ Keep a calendar and mark each time medication is taken[18]
- ✓ Store medication in a location where it is visible every day or aligned to daily routines[17†]
- ✓ Set an alarm or electronic reminder to take medication[18]
- ✓ Ask a family member or friend for dosing reminders[19]

Tips to help encourage persistence

- ✓ Remind patients to refill their QINLOCK prescriptions every month, before they are down to their last dose
  - Patients may receive a call from their pharmacy, or need to call their pharmacy
- ✓ Suggest patients set up reminders on their phones or calendars to authorize monthly prescription refills

Point your patients to advocacy groups offering GIST support and information:

The Life Raft Group **GIST Support International**

Deciphera is not affiliated with these organizations, does not endorse any particular service or group, and is not responsible for the content on their website or any services or materials they may provide.

*Advise patients to inform you about any concomitant medications, including prescription medications, OTC drugs, vitamins, and herbal products.[2]
†Store in the original container at room temperature between 20°C to 25°C (68°F to 77°F).[2]

QINLOCK® (ripretinib) 50 mg tablets

Please see additional Safety Information throughout.

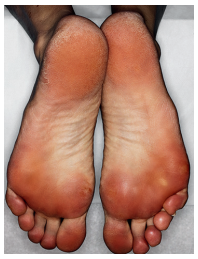
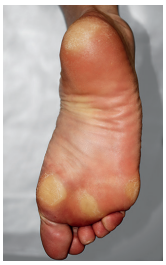
Managing Adverse Reactions for QINLOCK® (ripretinib) Patients

Review the common adverse events associated with QINLOCK and management tips for your patients

QINLOCK® (ripretinib) 50 mg tablets

PALMAR-PLANTAR ERYTHRODYSESTHESIA SYNDROME (PPES)

PPES occurred in 21.2% of patients treated with QINLOCK® (ripretinib), the majority of which was Grade 1 (mild)[9]

Severity[6]		Rate Among QINLOCK Treated Patients[20]*
Grade 1 Minimal skin changes or dermatitis (eg, erythema, edema, or hyperkeratosis) without pain.	 Photo of actual QINLOCK patient†	**12.9%**
Grade 2 Skin changes (eg, peeling, blisters, bleeding, edema, or hyperkeratosis) with pain; limiting instrumental activities of daily life (ADL).	 Photo of actual QINLOCK patient†	**8.2%**
Grade 3 Severe skin changes (eg, peeling, blisters, bleeding, edema, or hyperkeratosis) with pain; limiting self-care ADL.	There were no cases of Grade 3 PPES in INVICTUS	**0%**

*From primary analysis.

†Illustrative photos of PPES observed in QINLOCK-treated patients (Grade 1 and Grade 2 PPES shown, as graded by expert oncodermatologist).

Source: CTCAE version 4.03 used in the INVICTUS trial.[20]

DOSE MODIFICATIONS DUE TO PPES IN THE INVICTUS STUDY[2]

Dose interruption	Dose reduction	Discontinuation
2.4%	1.2%	1.2%

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 patients, including Grade 3 adverse reactions in 1.1% of patients.

Time to onset and maximum severity of PPES occurred almost simultaneously[9]

- Median time to first occurrence: 1.9 months
- Median time to worst severity grade: 1.9 months

Managing QINLOCK® (ripretinib) patients experiencing PPES

Severity[6]	How to Manage[2]
Grade 1	**No dose modifications recommended.** Consider supportive care (see below).
Grade 2	**Dose modification recommended:** • Withhold QINLOCK until Grade ≤1 or baseline. If recovered within 7 days, resume QINLOCK at same dose; otherwise resume at reduced dose* • Consider re-escalating QINLOCK if maintained at Grade ≤1 or baseline for at least 28 days • If PPES recurs, withhold QINLOCK until Grade ≤1 or baseline and then resume QINLOCK at a reduced dose regardless of time to improvement*
Grade 3	**Dose modification recommended:** • Withhold QINLOCK for at least 7 days or until Grade ≤1 or baseline (maximum 28 days). Resume QINLOCK at a reduced dose* • Consider re-escalating QINLOCK if maintained at Grade ≤1 or baseline for at least 28 days

*The recommended dose reduction for adverse reactions is QINLOCK 100 mg orally once daily.[2]

Mild to moderate PPES (Grades 1–2) was observed in the INVICTUS trial. It is likely that any PPES experienced with QINLOCK will be mild to moderate, based on the occurrence of PPES in INVICTUS[2,20]

- After 19 months of additional follow-up, the rate and grades of PPES were generally consistent in QINLOCK-treated patients (22%; Grades 1 or 2)[3]

Supportive care for PPES

NOTE: The below are general tips and suggestions of supportive care for patients experiencing PPES. They are not specific to QINLOCK or the INVICTUS study.

Consider advising patients to:

- Avoid hot water and hand products containing alcohol[21,22]
- Wear thick cotton gloves and/or socks at night[21,22]
- Use moisturizing creams, creams containing urea, or topical soothing ointments[21,23]

QINLOCK® (ripretinib) 50 mg tablets

HYPERTENSION

Hypertension occurred in 14.1% of patients treated with QINLOCK® (ripretinib)[2,5]

- Grade 3 hypertension was reported in 7.1% of QINLOCK-treated patients[2,5]

Managing QINLOCK patients experiencing hypertension

Severity[6]	Rate Among QINLOCK Treated Patients[20]*	How to Manage[2]
Grade 1 Systolic BP 120–139 mm Hg or diastolic BP 80–89 mm Hg.	**2.4%**	**No dose modifications recommended.**
Grade 2 Systolic BP 140–159 mm Hg or diastolic BP 90–99 mm Hg; medical intervention indicated; recurrent or persistent (≥24 hrs); symptomatic increase by >20 mm Hg (diastolic) or to >140/90 mm Hg if previously WNL; monotherapy indicated.	**4.7%**	
Grade 3 Systolic BP ≥160 mm Hg or diastolic BP ≥100 mm Hg; medical intervention indicated; more than one drug or more intensive therapy than previously used indicated.	**7.1%**	**Dose modification recommended:** • If symptomatic, withhold QINLOCK until symptoms have resolved and blood pressure is controlled • If blood pressure is controlled to Grade ≤1 or baseline, resume QINLOCK at the same dose; otherwise, resume QINLOCK at reduced dose† • If Grade 3 hypertension recurs, withhold QINLOCK until symptoms have resolved and blood pressure is controlled. Resume QINLOCK at a reduced dose†

WNL=within normal limits.
*From primary analysis.
†The recommended dose reduction for adverse reactions is QINLOCK 100 mg orally once daily.[2]
Source: CTCAE version 4.03 used in the INVICTUS trial.[20]

SELECT SAFETY INFORMATION

Cardiac Dysfunction (cont.): 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 who received QINLOCK and who had a baseline and at least one post-baseline echocardiogram.

Managing QINLOCK® (ripretinib) patients experiencing hypertension (continued)

Severity[6]	Rate Among QINLOCK Treated Patients[20]*	How to Manage[2]
Grade 4 Life-threatening consequences (eg, malignant hypertension, transient or permanent neurologic deficit, hypertensive crisis); urgent intervention indicated.	**0%**	While there were no cases of Grade 4 hypertension in the INVICTUS study, discontinue QINLOCK if it occurs.

*From primary analysis
Source: CTCAE version 4.03 used in the INVICTUS trial.[20]

- After 19 months of additional follow-up, hypertension occurred in 15% of patients. Grades 3–4 hypertension was reported in 7% of QINLOCK-treated patients[3]

No patients dose modified or discontinued treatment due to hypertension in INVICTUS study[20]

DOSE MODIFICATIONS DUE TO HYPERTENSION IN THE INVICTUS STUDY[19]

Dose interruption	Dose reduction	Discontinuation
0%	0%	0%

Do not initiate QINLOCK in patients with uncontrolled hypertension[2]

- Adequately control blood pressure prior to initiating QINLOCK
- Monitor blood pressure as clinically indicated
- Initiate or adjust antihypertensive therapy as appropriate

Advise patients on QINLOCK to:

Undergo routine blood pressure monitoring[2]

Contact their healthcare provider immediately if they experience changes in blood pressure

SELECT SAFETY INFORMATION

Cardiac Dysfunction (cont'd): 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.

QINLOCK® (ripretinib) 50 mg tablets

Please see additional Safety Information throughout.

ALOPECIA

Alopecia occurred in 51.8% of patients treated with QINLOCK® (ripretinib), the majority of which was Grade 1 (mild)[9]

- Alopecia was defined to include hair thinning, not just complete hair loss[2]

Severity[6]		Rate Among QINLOCK Treated Patients[20]*
Grade 1 Hair loss of <50% of normal not obvious from a distance. May require different hairstyle but not a wig or hair piece.	BASELINE  GRADE 1  *For illustrative purposes*	**40.0%**
Grade 2 Hair loss of ≥50% normal that is apparent to others; a wig or hair piece is necessary; associated with psychosocial impact.	BASELINE  GRADE 2  *For illustrative purposes*	**11.8%**

*From primary analysis.
Source: CTCAE version 4.03 used in the INVICTUS trial.[20]

- After 19 months of additional follow-up, alopecia occurred in 52% of QINLOCK-treated patients[3]

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.

Photosensitivity: QINLOCK may cause photosensitivity reactions. In 621 patients treated with QINLOCK in clinical trials, photosensitivity reactions occurred in 0.6% of patients. Advise patients to limit direct ultraviolet exposure during treatment with QINLOCK and for at least 1 week after discontinuation of treatment.

Time to onset (1.9 months) and time to maximum severity (2.1 months) of alopecia occurred almost simultaneously[9]

- This indicates that alopecia generally did not worsen over time[9]

Dose modifications are not recommended for patients who experience alopecia while taking QINLOCK® (ripretinib)[2]

- Instead, consider supportive care (see below)

DOSE MODIFICATIONS DUE TO ALOPECIA IN THE INVICTUS STUDY[20]

Dose interruption	Dose reduction	Discontinuation
1.2%	1.2%	0%

Supportive care for alopecia

NOTE: The below are general tips and suggestions of supportive care for patients experiencing alopecia. They are not specific to QINLOCK or the INVICTUS study.

Consider recommending that patients:

- **Talk about it** with a counselor, friend, family member or someone going through a similar experience[24]
- **With the help of a hair stylist,** find a cut and style that optimizes body and coverage[24]
- **Talk to a dermatologist** who specializes in hair loss about helpful treatments
  - The American Hair Research Society, a nonprofit organization composed of physicians, scientists, and industry partners, is also a good resource. Patients can visit americanhairresearchsociety.org for more information
- **Use a gentle, fragrance-free shampoo** to clean hair and scalp. Gently pat hair dry and use a soft brush. Use sun protection on the scalp when outdoors, and cover the head during cold weather. Avoid blow drying hair with excessive heat, and curling or straightening hair with chemicals[24]
- **Consider a wig, scarf, or turban**: Purchase the wig before hair falls out to ensure a good match. Visit a full-service wig salon that specializes in hair loss, and advise patients to save their receipt for potential insurance and medical tax deductions[24,25]
- **Consider use of hair powders or fibers,** or scalp micropigmentation[26]

SELECT SAFETY INFORMATION

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 1 week after the last dose. Because of the potential for serious adverse reactions in the breastfed child, advise women not to breastfeed during treatment and for 1 week after the last dose. QINLOCK may impair fertility in males of reproductive potential.

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.

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There were no Grade 4 laboratory abnormalities reported with QINLOCK® (ripretinib)[2]

Select laboratory abnormalities (≥10%) worsening from baseline in patients who received QINLOCK with a difference of >5% compared to placebo[2*]

	QINLOCK (n=85)†		Placebo (n=43)†	
	Grades 1–4	Grades 3–4‡	Grades 1–4	Grades 3–4
Hematology				
Increased activated partial thromboplastin time	35%	0	9%	0
Increased INR	21%	3.8%	15%	0
Decreased neutrophil count	10%	0	2.5%	0
Chemistry				
Increased lipase	32%	7%	13%	8%
Decreased phosphate	26%	4.9%	2.5%	0
Increased triglycerides	26%	2.4%	23%	0
Decreased calcium	23%	0	8%	0
Increased blood bilirubin	22%	0	5%	2.5%
Increased CPK	21%	1.2%	10%	0
Decreased sodium	17%	2.4%	10%	2.5%
Increased creatinine	16%	0	18%	0
Increased serum amylase	13%	1.2%	5%	0
Increased ALT	12%	1.2%	5%	0

ALT=alanine aminotransferase; CPK=creatine phosphokinase; INR=international normalized ratio.

*In the double-blind treatment period of INVICTUS primary analysis.

†The denominator used to calculate the rate varied from 82 to 83 for QINLOCK and 39 to 40 for placebo based on the number of patients with a baseline value and at least one post-treatment value.

‡Only includes Grade 3 laboratory abnormalities.

SELECT SAFETY INFORMATION

Adverse Reactions (cont'd): 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 and moderate CYP3A inducers. If a moderate CYP3A inducer cannot be avoided, increase QINLOCK dosing frequency from the recommended dose of 150 mg once daily to 150 mg twice daily during the co-administration period. If the concomitant moderate CYP3A inducer is discontinued, resume QINLOCK dosage back to 150 mg once daily 14 days after the discontinuation of the moderate CYP3A inducer.

Please see accompanying full Prescribing Information, including Patient Information.

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.

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1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Gastrointestinal Stromal Tumors (GIST) V.1.2023. © National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed November 16, 2023. 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; 2023. **3.** von Mehren M, Heinrich M, George S, et al. Ripretinib as ≥4th-line treatment in patients with advanced gastrointestinal stromal tumour (GIST): Long-term update from the phase 3 INVICTUS study. Poster presented at: 2021 European Society for Medical Oncology Virtual Meeting; September 16-21, 2021. **4.** Blay JY, Serrano C, Heinrich MC, et al. 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QINLOCK® (ripretinib) 50 mg tablets

QINLOCK® (ripretinib): THE FIRST AND ONLY SWITCH-CONTROL KINASE INHIBITOR FOR ADVANCED GIST

For adult GIST patients who have received prior treatment with ≥3 kinase inhibitors, including imatinib[2]

RIPRETINIB IS NCCN PREFERRED CATEGORY 1*

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

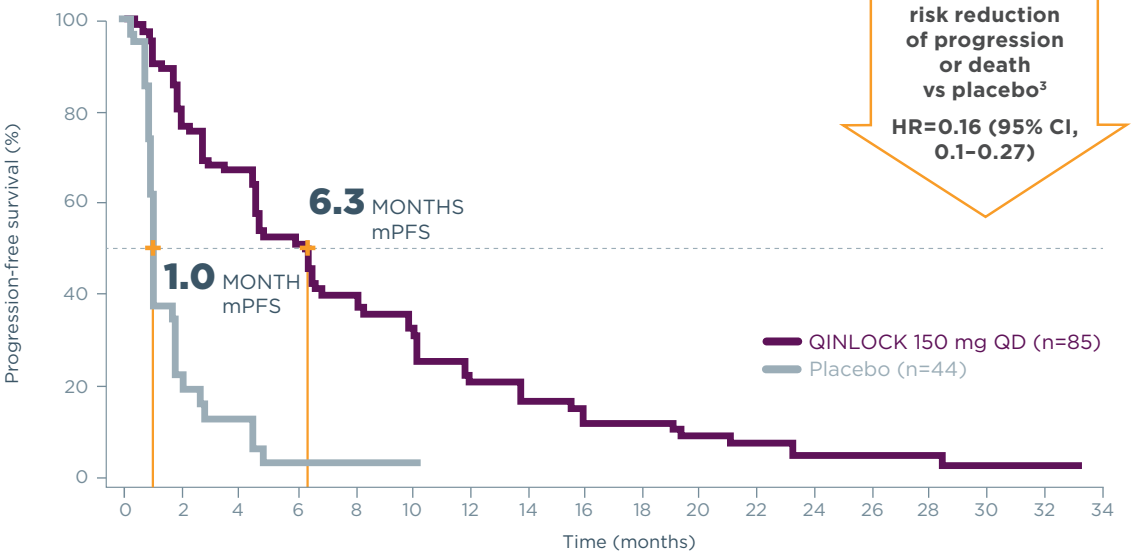
QINLOCK provided superior median PFS vs placebo in the primary analysis[2]

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 at long-term follow-up[3†]

LONG-TERM FOLLOW UP ANALYSIS



Number of patients at risk

QINLOCK	85	65	52	37	28	22	15	11	9	8	6	4	2	2	2	1	1	0
Placebo	44	7	4	1	1	1	0											

†The long-term follow-up analysis was conducted approximately 19 months from the data cutoff date in the primary analysis and was not powered to show statistical significance.[3]

Serious and common adverse reactions

- Serious adverse reactions occurring in >2% of patients 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 19 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 treatment due to an adverse reaction[2]

Mutational testing is not required to administer QINLOCK[2]

Visit QINLOCKHCP.com to learn more

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

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