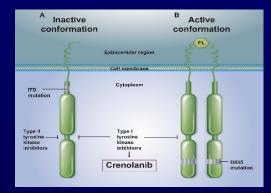
Crenolanib besylate, a type I pan-FLT3 inhibitor, demonstrates clinical activity in multiply relapsed FLT3-ITD and D835 AML

Jorge E. Cortes, Hagop M. Kantarjian, Tapan M. Kadia, Gautam Borthakur, Marina Konopleva, Guillermo Garcia-Manero, Naval G. Daver, Naveen Pemmaraju, Elias Jabbour, Zeev Estrov, Abhijit Ramachandran, Jamil Paradela, Blake Pond, Farhad Ravandi, Madhuri Vusirikala, Prapti Arvind Patel, Mark J. Levis, Alexander E. Perl, Michael Andreeff, and Robert Collins

Crenolanib

- Crenolanib inhibits both FLT3-ITD and FLT3-TKD mutations in the active conformation
- FLT3 is stabilized in an activated state by substitution of Asp835 with a hydrophobic AA
- Crenolanib binds to the active conformation of FLT3



Active FLT3 Conformation

Inactive FLT3 Conformation



Fathi AT et al. Blood 2013; 122: 3547-8; Gajiwala et al. (2016) Personal communication

Relative Efficacy of FLT3 Inhibitors Against FLT3 Mutations Compared to FLT3-ITD

_	Туре II			Туре І	Most	
_	Quizartinib	Sorafenib	Ponatinib	PLX3397	Crenolanib	Resistant
ITD+D835V-	560	2602	223	324	1	
ITD+D835F	1463	2506	226	415	1	10
ITD+D835H	713	2424	194	1966	1	
ITD+D835DeF	318	1794	166	122	1	8
ITD+D835Y-	182	1678	160	207	1	
ITD+D835H		295	132	40	1	6
ITD+D835A-	10	70	34	18	1	
ITD+D835G-	10	51	11	14	1	4
ITD+D835E	6	19	11	9	1	2
ITD+D835N-	7	17	11	10	2	
ITD-	1	1	1	1	1	0
						Least Resistant

 Substitution of D835 in the activation loop with increasingly hydrophobic amino acids like valine, isoleucine and phenylalanine results in increasing resistance to type II FLT3-TKIs

Crenolanib Phase 2 in FLT3-Mutated R/R AML Study design

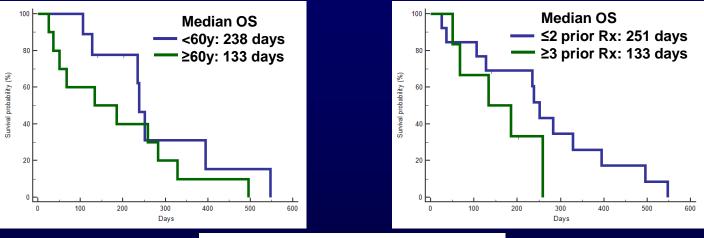
- 69 patients enrolled (Aug 2012-Aug 2015) in two parallel trials:
 - MDACC (NCT01657682) (N=56)
 - UT Southwestern (NCT01522469) (N=13)
- Patient Population: Refractory/Relapsed AML in 3 cohorts:
 - Cohort 1: No prior exposure to FLT3-TKI
 - Cohort 2: Prior exposure to FLT3-TKI
 - Cohort 3: Secondary AML
- **Primary Objective:** Response Rate, Safety/Tolerability
- Dosing Schedule
 - 100 mg TID (43 patients)
 - 66 mg/m² TID (26 patients)
 - Continuous oral dosing

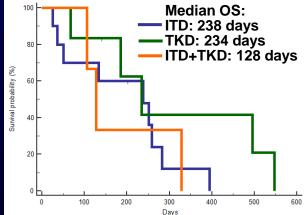
Crenolanib Phase 2 in FLT3-Mutated R/R AML Demographics

Median [range], or n (%)

Characteristics	Total (n=69)	TKI naïve (n=19)	Prior TKI (n=39)	Secondary AML (n=11)
Age, y	60 [21-87]	63 [37-81]	55 [21-87]	74 [38-83]
Sex, male	30 (43)	7 (37)	18 (46)	5 (45)
Prior Therapies				
1 – 2	31 (45)	13 (68)	13 (33)	5 (45)
≥3	38 (55)	6 (32)	26 (67)	6 (55)
FLT3 Status				
ITD	29 (42)	10 (53)	16 (41)	3 (27)
D835	11 (16)	6 (32)	2 (5)	3 (27)
ITD + D835	29 (42)	3 (16)	21 (54)	5 (45)
Treatment Duration, wks	7 [1-36]	8 [2-36]	6 [1-33]	5 [3-16]
Bridged to SCT	6 (9)	3 (16)	3 (8)	0 (0)

Crenolanib Phase 2 in FLT3-Mutated R/R AML OS by age, prior Rx and FLT3 Mutation - TKI naïve





Crenolanib Phase 2 in FLT3-Mutated R/R AML Prior TKI – Cohort 2

Prior	TKIs	N=39
	Sorafenib only	21
1 TKI	Quizartinib only	5
(n=29)	Pexidartinib only	2
	Midostaurin only	1
2 TKIs (N=7)	Sorafenib → Gilteritinib	2
	Quizartinib → Sorafenib	2
	Sorafenib \rightarrow Quizartinib \rightarrow Sorafenib	1
	Sorafenib → Midostaurin	1
	FLX925 → Sorafenib	1
3TKIs (n=3)	Quizartinib → Sorafenib → Pexidartinib	2
	Sorafenib \rightarrow Midostaurin \rightarrow Quizartinib \rightarrow Sorafenib	1

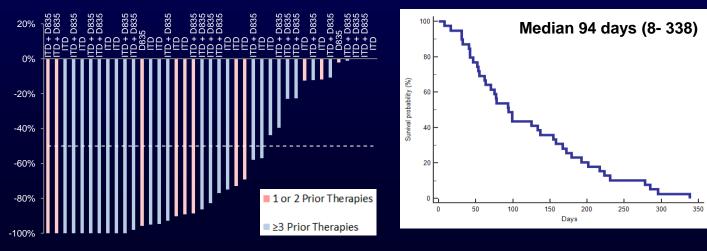
Crenolanib Phase 2 in FLT3-Mutated R/R AML Response rate and overall survival – Prior TKI

Response (n=39)	n (%)
CR/CRi	6 (15)
PR	5 (13)
ORR (CR+PR)	11 (28)
Blast Response	15 (38)
Clinical Benefit (CR +PR+HI)	26 (67)
RD	13 (33)
Duration of CR/CRi: 47.5 days (17 - 189)*	

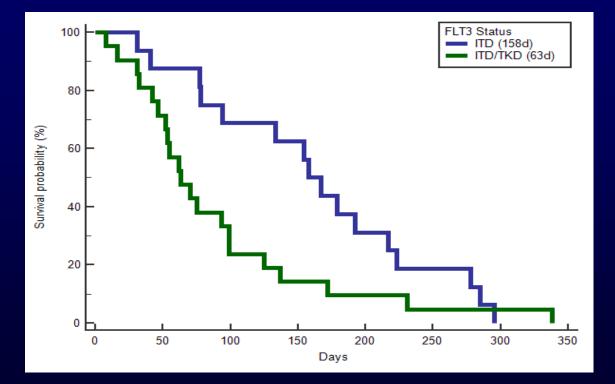
* 2 patients bridged to SCT, 2 came off study while in CR/CRi

Peripheral Blast Reduction

Overall Survival



Crenolanib Phase 2 in FLT3-Mutated R/R AML OS by FLT3 Mutational Status – Cohort 2: Prior TKI

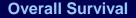


 The 2 patients with TKD only had OS of 42 and 201 days, respectively

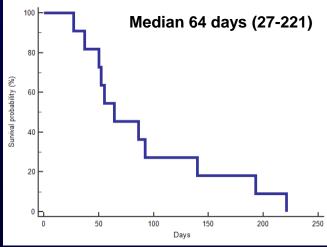
Crenolanib Phase 2 in FLT3-Mutated R/R AML Response rate and overall survival – Secondary AML

Response (n=11)	n (%)
CR/CRi	0 (0)
PR	1 (9)
ORR (CR+PR)	1 (9)
Blast Response	4 (36)
Clinical Benefit (CR +PR+HI)	5 (45)
RD	6 (55)

Peripheral Blast Reduction







Crenolanib Phase 2 in FLT3-Mutated R/R AML Response rate and overall survival – Secondary AML

Exons 17 and 20 ultra-deep sequencing in 17 paired samples

- No acquisition of TKD mutations in 6/6 patients with FLT3-ITD/no TKD at baseline
- -1/20 patients acquired F691L at time of relapse
- A833S, D839Y/G and N841K at baseline in pts \rightarrow eliminated on crenolanib
- Whole exome sequencing in 42 patients
 - Three novel mutations (L601F, K429E and D200N) at relapse; 2 present at baseline
 - 3/42 developed F691L at time of resistance
 - Increased frequency of WT1, NRAS, SF3B1, STAG2, ASXL1, IDH2, TET1 & CCND3 mutations at relapse

Crenolanib Phase 2 in FLT3-Mutated R/R AML PK/PD

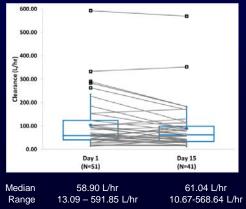
- Rapid absorption: T_{max} 1.5-2 hr
- Maximal FLT3 inhibition within 2-3 hr
- t_{1/2} 6-8 hr

pFLT3 inhibition

- Consistent PK on day 1 and day 15 (no accumulation)
- Trough levels adequate to inhibit FLT3: median 384nM (IC₅₀ of pFLT3 inhibition in plasma: 34 nM)

Pre 30m 1hr 2hr 4hr 8hr 24hr Pre 30m 6hr pFLT3 FLT3 Cycle 1 Day 1 Cycle 1 Day 15

D1 and D15 Clearance



Panetta et al. ASH 2015. Abstract 3695

Crenolanib Phase 2 in FLT3-Mutated R/R AML Treatment-emergent AE (regardless of attribution)

Event Name	Percentage			
	All Grade	Grade 3-4		
Nausea	70	9		
Vomiting	58	9		
Diarrhea	56	2		
Fatigue	36	11		
Febrile neutropenia	35	35		
Pneumonia	32	23		
Peripheral Edema	30	2		
Pleural effusion	21	8		
Dyspnea	20	5		
Epistaxis	20	8		

TEAEs (all grades) reported in ≥ 20% subjects

Crenolanib Phase 2 in FLT3-Mutated R/R AML Selected TEAE Grade 3-4 (regardless of attribution)

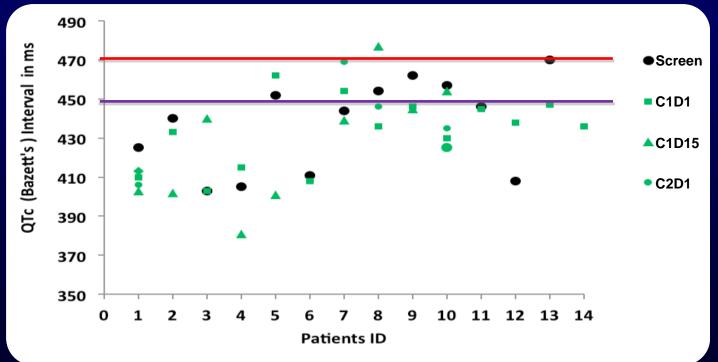
Event Name	n (%)		
	Grade 3	Grade 4	
Gastrointestinal hemorrhage	11 (16)	1 (1)	
Sepsis	-	6 (9)	
Respiratory failure	1 (1)	6 (9)	
Pericardial effusion	2 (3)	-	
AST elevation	4 (6)	1 (1)	
ALT elevation	3 (4)	1 (1)	
Bilirubin elevation	4 (6)	-	
Rash maculo-papular	1 (1)	-	

2/69 patients discontinued crenolanib due to adverse events

- 1 Grade 3 fatigue, abdominal pain, and headache
- 1 Grade 3 pneumonia
- Two neutropenic septic deaths (2 and 21 days after discontinuation of crenolanib, respectively)

Crenolanib Phase 2 in FLT3-Mutated R/R AML EKG Analysis (n=14)

EKG done at screening, C1D1, C1D15 and C2D1



QTc interval was less than <475ms in all patients at all times tested

Crenolanib Phase 2 in FLT3-Mutated R/R AML Conclusions

- Clinical benefit with Crenolanib in R/R FLT3-mutated AML
- Better outcome in FLT3-TKI naïve population
 - Mostly CRi in patients exposed to FLT-3 TKI's
- Responses seen in FLT3-ITD, D835, ITD+D835 as well as in FLT3-A833, D839, N841
- Secondary FLT3 resistance mutations not seen at time of relapse
- Favorable toxicity profile
- No crenolanib accumulation over time

	Ongoing Trials	Identifier
ARO-006	Crenolanib + Chemotherapy, Newly Diagnosed AML	NCT02283177
ARO-009	Crenolanib Single Agent, Post-SCT Maintenance	NCT02400255
ARO-008	Crenolanib + Sorafenib, R/R Hematologic Malignancies, Pediatric/AYA	NCT02270788
ARO-010	Crenolanib + 5-Azacytidine or Cytarabine/Idarubicin, R/R AML	NCT02400281
ARO-007 AMLSG	Crenolanib + HAM, 1 st R/R AML, Double-blind, randomized	NCT02298166

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