# Turning Point Therapeutics Announces Positive Topline Data by Blinded Independent Central Review for Repotrectinib Across All ROS1-Positive NSCLC Cohorts of Phase 1/2 TRIDENT-1 Study

April 13, 2022

- ***In a total of 71 TKI-naïve patients, confirmed objective response rate (cORR) of 79% (95% CI: 68, 88)***
- ***In the TKI-naïve population with approximately 10 months of follow-up, initial estimated durability of response and progression free survival of 85% and 82% at 12-month landmarks, respectively***
- ***In TKI-pretreated patients, cORR of 42% in those treated with 1 TKI and platinum-based chemotherapy (EXP-2), cORR of 28% in those treated with two TKIs (EXP-3), and cORR of 36% in those treated with 1 TKI (EXP-4)***
- ***In TKI-pretreated patients with an identified ROS1 G2032R solvent front mutation, cORR of 59%***
- ***Pre-NDA meeting anticipated this quarter to discuss potential NDA in ROS1-positive NSCLC***
- ***Conference Call Scheduled for Tomorrow, April 13 at 8 a.m. ET***

SAN DIEGO, April 12, 2022 (GLOBE NEWSWIRE) -- Turning Point Therapeutics, Inc. (NASDAQ: TPTX), a clinical-stage precision oncology company developing next-generation therapies that target genetic drivers of cancer, today announced positive topline results from the registrational TRIDENT-1 study across all four *ROS1*-positive advanced non-small cell lung cancer (NSCLC) cohorts, as reported by Blinded Independent Central Review (BICR).

"We are very encouraged by the topline results from the pooled Phase 1 and Phase 2 portions of TRIDENT-1 by BICR shared today and continue to believe repotrectinib is a potentially best-in-class drug candidate for patients with *ROS1*-positive advanced NSCLC," said Athena Countouriotis, M.D., President and Chief Executive Officer. "The confirmed ORR data and 95% confidence intervals across all four cohorts remain strong, and the initial estimated Kaplan-Meier landmark analyses based on limited median follow-up of approximately 10 months for both duration of response and progression free survival in the TKI-naïve population are trending in the direction we had hoped for given this is the highest area of unmet medical need. We believe a differentiated profile is built upon a strong ORR and durability of response that could improve upon the current standard of care."

The primary objective of the TRIDENT-1 study is to determine the cORR based on BICR as assessed by RECIST 1.1, and the key secondary objectives include duration of response (DOR), progression free survival (PFS) and intracranial activity. The dataset utilizes a February 11, 2022 data cutoff date. The safety analysis included 380 treated patients from the pooled Phase 1 and Phase 2 portions of TRIDENT-1 across all cohorts, of which 287 patients were treated at the Phase 2 dose. The efficacy analyses included pooled patients from Phase 1 across all dose levels with an identified ROS1 fusion by next generation sequencing at baseline and Phase 2 patients. All patients received at least one dose of repotrectinib with at least four months of follow-up, and the majority of responders had at least six months of DOR follow-up.

**Pooled Phase 1 and Phase 2 Topline Efficacy Analyses by BICR**
*ROS1*-positive TKI-Naïve NSCLC (EXP-1; n=71 (8 from Phase 1 and 63 from Phase 2)):

- In the *ROS1*-positive TKI-naïve advanced NSCLC population (EXP-1: n=71), the cORR was 79% (n=56/71; 95% CI: 68, 88), with 4 patients (6%) achieving a complete response (CR) and 52 patients (73%) achieving a partial response (PR). The cORR does not include one patient in an unconfirmed partial response (uPR) with tumor regression of -38% on the last scan, who remained on treatment awaiting the next scan as of the data cutoff date.
    - DOR ranged from 1.4+ to 35.1+ months with probability of patients in a response at 6, 9, 12 and 18 months reflected in Table 1 utilizing a Kaplan-Meier analysis, with a median duration of follow-up of 10.2 months.

**Table 1.**

| | ***TKI-Naïve (EXP-1) Responder Population (n=56 (Phase 1 n=7, Phase 2 n=49))*** | |
|---|---|---|
| ***Efficacy Parameter*** | ***Patients at Risk*** | ***DOR Landmark*** |
| % DOR ≥ 6 months<br>95% CI | 35 | 91%<br>(82, 100) |
| % DOR ≥ 9 months<br>95% CI | 29 | 88%<br>(78, 98) |

| | | |
|---|---|---|
| % DOR ≥ 12 months<br>95% CI | 21 | 85%<br>(73, 96) |
| % DOR ≥ 18 months<br>95% CI | 8 | 76%<br>(61, 91) |

Patients at Risk: Patients who have reached the specified timepoint without censoring or an event (progression or death).

- PFS ranged from 0+ to 40.4+ months with probability of patients remaining progression free at 6, 9, 12 and 18 months reflected in Table 2 utilizing a Kaplan-Meier analysis, with a median duration of follow-up of 10.8 months.

**Table 2.**

| | ***TKI-Naïve (EXP-1) Overall Population (n=71 (Phase 1 n=8, Phase 2 n=63))*** | |
|---|---|---|
| ***Efficacy Parameter*** | ***Patients at Risk*** | ***PFS Landmark*** |
| % PFS ≥ 6 months<br>95% CI | 46 | 91%<br>(84, 98) |
| % PFS ≥ 9 months<br>95% CI | 37 | 85%<br>(75, 94) |
| % PFS ≥ 12 months<br>95% CI | 26 | 82%<br>(72, 93) |
| % PFS ≥ 18 months<br>95% CI | 11 | 72%<br>(58, 86) |

Patients at Risk: Patients who have reached the specified timepoint without censoring or an event (progression or death).

*ROS1*-positive TKI-Pretreated NSCLC (EXP-2, EXP-3, and EXP-4; n=100):

- In the *ROS1*-positive advanced NSCLC population pretreated with one prior TKI and prior platinum-based chemotherapy (EXP-2: n=26 (3 from Phase 1 and 23 from Phase 2)), the cORR was 42% (n=11/26; 95% CI: 23, 63), with 1 patient (4%) achieving a CR and 10 patients (38%) achieving a PR. Duration of response ranged from 3.6 to 18.3+ months.

- In the *ROS1*-positive advanced NSCLC population pretreated with two prior TKIs without prior chemotherapy (EXP-3: n=18 (1 from Phase 1 and 17 from Phase 2)), the cORR was 28% (n=5/18; 95% CI: 10, 54), with 1 patient (6%) achieving a CR and 4 patients (22%) achieving a PR. Duration of response ranged from 1.9+ to 20.3+ months.

- In the *ROS1*-positive advanced NSCLC population pretreated with one prior TKI without prior chemotherapy (EXP-4: n=56 (3 from Phase 1 and 53 from Phase 2)), the cORR was 36% (n=20/56; 95% CI: 23, 50), with 4 patients (7%) achieving a CR and 16 patients (30%) achieving a PR. The cORR does not include two patients with an uPR who both had tumor regressions of -47% on their last scans, both of whom remained on treatment awaiting their next scans as of the data cutoff date. Duration of response ranged from 1.9+ to 17.8 months.

- Across the *ROS1*-positive TKI-pretreated advanced NSCLC population (EXP-2, EXP-3 and EXP-4), 17 patients had an identified ROS1 G2032R solvent front mutation detected, of which the cORR was 59% (n=10/17; 95% CI: 33, 82), with 1 patient (6%) achieving a CR and 9 patients (53%) achieving a PR. Duration of response ranged from 1.9+ to 20.3+ months.

**TRIDENT-1 Topline Safety Analyses**

Repotrectinib was generally well tolerated in a total of 380 patients with a safety and tolerability profile that was consistent with previously reported findings. The most commonly reported treatment emergent adverse event remained dizziness (61% all grade), of which 76% of patients who reported dizziness had a maximum severity of grade 1. The safety profile was comparable among the 287 patients who were treated at the Phase 2 dose.

As previously guided, the company anticipates discussing the topline BICR data with the U.S. Food and Drug Administration (FDA) at a pre-NDA meeting this quarter. The company plans to present detailed study results, including intracranial activity, from the *ROS1*-positive advanced NSCLC cohorts of the TRIDENT-1 study, at a medical conference in the second half of 2022.

**Webcast/Conference Call Information**

Turning Point will host a webcast and conference call on April 13, 2022 at 8 a.m. ET / 5 a.m. PT to discuss these results. Athena Countouriotis, M.D., President and Chief Executive Officer of Turning Point Therapeutics, will host the virtual event for investors and will be joined by Mohammad Hirmand, M.D., Chief Medical Officer. In addition, Alexander Drilon, M.D., Chief, Early Drug Development Service, Memorial Sloan Kettering Cancer Center, will also be available on the call.

The event will be accessible through the “Investors” section of www.tptherapeutics.com or by dialing (877) 388-2118 (in the United States) or (470) 495-9489 (outside the U.S.) using conference ID 3197444. A replay will be available shortly after the live event through the “Investors” section of www.tptherapeutics.com.

**About Turning Point Therapeutics Inc.**

Turning Point Therapeutics is a clinical-stage precision oncology company with a pipeline of internally discovered investigational drugs designed to

address key limitations of existing cancer therapies. The company's lead drug candidate, repotrectinib, is a next-generation kinase inhibitor targeting the ROS1 and TRK oncogenic drivers of non-small cell lung cancer and advanced solid tumors. Repotrectinib, which is being studied in a registrational Phase 2 study in adults and a Phase 1/2 study in pediatric patients, has shown antitumor activity and durable responses among kinase inhibitor treatment-naïve and pre-treated patients. The company's pipeline of drug candidates also includes TPX-0022, targeting MET, CSF1R and SRC, which is being studied in a Phase 1 trial of patients with advanced or metastatic solid tumors harboring genetic alterations in MET; TPX-0046, targeting RET, which is being studied in a Phase 1/2 trial of patients with advanced or metastatic solid tumors harboring genetic alterations in RET; and TPX-0131, a next-generation ALK inhibitor, which is being studied in a Phase 1/2 trial of previously treated patients with ALK-positive advanced or metastatic non-small cell lung cancer. The company is driven to develop therapies that mark a turning point for patients in their cancer treatment. For more information, visit www.tptherapeutics.com.

**Forward Looking Statements**

Statements contained in this press release regarding matters that are not historical facts are "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Such forward-looking statements include statements regarding, among other things, Turning Point Therapeutics' belief that repotrectinib is a potentially best-in-class drug candidate across all *ROS1*-positive NSCLC indications, the initial estimated Kaplan-Meier landmark analyses for both duration of response and progression free survival in the TKI-naïve population and related trends, anticipated timing for a pre-NDA meeting with the FDA regarding the topline BICR data for repotrectinib, the efficacy, safety and therapeutic potential of repotrectinib, plans regarding future regulatory submissions, and the regulatory approval paths for repotrectinib. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Words such as "plans", "will", "believes," "anticipates," "expects," "intends," "goal," "potential" and similar expressions are intended to identify forward-looking statements. These forward-looking statements are based upon Turning Point Therapeutics' current expectations and involve assumptions that may never materialize or may prove to be incorrect. Actual results could differ materially from those anticipated in such forward-looking statements as a result of various risks and uncertainties, which include, without limitation, risks and uncertainties associated with Turning Point Therapeutics' business in general, risks and uncertainties related to the impact of the COVID-19 pandemic to Turning Point Therapeutics' business and the other risks described in Turning Point Therapeutics' filings with the Securities and Exchange Commission (SEC), including its annual report on Form 10-K filed with the SEC on February 28, 2022. All forward-looking statements contained in this press release speak only as of the date on which they were made. Turning Point Therapeutics undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

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