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Title of Presentation	Results from the Summit pivotal trial: Symptom improvement correlates with reductions in objective measures of disease in adults with non-advanced systemic mastocytosis
abstract-hint	
Abstract of Presentation	Background: Non-advanced systemic mastocytosis (NonAdvSM) comprises a spectrum of subtypes that share histopathologic features. The somatic KIT c.2447 C>T (p.D816V) mutation drives disease in most NonAdvSM patients, leading to neoplastic mast cell (MC) infiltration, mediator release, and symptoms across multiple domains. Diagnostic criteria for SM are based on the presence and characteristics of abnormal MCs, serum tryptase, and KIT p.D816V detection. NonAdvSM subtypes are further defined by the degree of MC tissue infiltration, KIT p.D816V variant allele frequency (VAF), serum tryptase levels, and organ involvement. The primary response assessments for NonAdvSM are patient-reported outcome measures that assess symptom severity and impact on quality of life. However, reduction in serum tryptase, KIT p.D816V VAF, and bone marrow (BM) MC burden have served as secondary endpoints in clinical trials evaluating NonAdvSM. These biomarker-based endpoints are objective, quantitative, disease-defining measures of pharmacodynamic activity in SM that complement the symptom-based endpoints. Methods: The relationship between symptom

	severity (measured by the Mastocytosis Symptom Severity Daily Diary (MS2D2) total symptom score (TSS)) and objective measures of disease (serum tryptase, KIT p.D816V VAF, and BM MC percentage) was assessed at Week 24 in Summit Part 2. Results: Improvement in MS2D2 TSS was significantly (P <0.001) correlated with reductions in all three objective measures of disease burden at Week 24. Conclusions: Significant correlation between disease burden reduction and symptom improvement supports the importance of achieving pathological response in NonAdvSM.