O-2

Presented at the
2022 ESMO World Congress on Gastrointestinal Cancer

29 June–2 July, 2022
Barcelona, Spain

Pemigatinib for Previously Treated Locally Advanced or Metastatic Cholangiocarcinoma: Final Results From FIGHT-202

Arndt Vogel, MD,[1]* Vaibhav Sahai, MBBS, MS,[2] Antoine Hollebecque, MD,[3] Gina M. Vaccaro, MD,[4] Davide Melisi, MD, PhD,[5] Raed M. Al Rajabi, MD,[6] Andrew S. Paulson, MD,[7] Mitesh J. Borad, MD,[8] David Gallinson, DO,[9] Adrian G. Murphy, MD,[10] Do-Youn Oh, MD, PhD,[11] Efrat Dotan, MD,[12] Daniel V. Catenacci, MD,[13] Eric Van Cutsem, MD, PhD,[14] Christine F. Lihou, BS,[15] Huiling Zhen, PhD,[15] Luisa Veronese, MD,[16] Ghassan K. Abou-Alfa, MD[17]

[1]Hannover Medical School, Hannover, Germany; [2]University of Michigan, Ann Arbor, MI, USA; [3]Gustave Roussy Cancer Center, Paris, France; [4]Providence Cancer Center Oncology and Hematology Care Clinic, Portland, OR, USA; [5]Università di Verona, Verona, Italy; [6]University of Kansas Medical Center, Kansas City, KS, USA; [7]Baylor University Medical Center, Dallas, TX, USA; [8]Mayo Clinic Cancer Center, Phoenix, AZ, USA; [9]Morristown Memorial Hospital, Morristown, NJ, USA; [10]Johns Hopkins University School of Medicine, Baltimore, MD, USA; [11]Seoul National University College of Medicine, Seoul, South Korea; [12]Fox Chase Cancer Center, Philadelphia, PA, USA; [13]University of Chicago Medicine, Chicago, IL, USA; [14]University Hospitals Gasthuisberg, Leuven & University of Leuven, Leuven, Belgium; [15]Incyte Corporation, Wilmington, DE, USA; [16]Incyte International Biosciences Sàrl, Morges, Switzerland; [17]Memorial Sloan Kettering Cancer Center, New York, NY, USA

* Presenting author

INTRODUCTION

- Cholangiocarcinoma (CCA) is an aggressive epithelial tumour of the bile duct with poor prognosis[1]
- CCA tumours are characterised by high genomic heterogeneity, with 40% to 50% of tumours harbouring at least 1 clinically actionable genetic alteration[2]
  - *FGFR1–3* alterations are among the oncogenic drivers found
- Pemigatinib is an oral, potent, selective fibroblast growth factor receptor 1, 2, and 3 inhibitor for the treatment of adults with previously treated, unresectable, locally advanced or metastatic CCA with an *FGFR2* fusion or other rearrangement[3]

OBJECTIVE

- To report the final results from FIGHT-202, an open-label, single-arm, multicentre phase 2 study evaluating the safety and efficacy of pemigatinib in patients with previously treated locally advanced or metastatic CCA (NCT02924376; EudraCT 2016-002422-36)

METHODS

Study Design and Patients

- Eligible patients were ≥18 years old, with locally advanced/metastatic or surgically unresectable CCA that progressed after ≥1 prior therapy, a documented *FGF/FGFR* status, Eastern Cooperative Oncology Group performance status ≤2, and adequate hepatic and renal function
- Patients were separated into 3 cohorts based on confirmed *FGF/FGFR* status
  - **Cohort A:** *FGFR2* fusions or rearrangements
  - **Cohort B:** other *FGF/FGFR* genetic alterations
  - **Cohort C:** no *FGF/FGFR* genetic alterations (United States only)
  - Patients were prescreened for *FGF/FGFR* status, documented either centrally (FoundationOne®, Foundation Medicine), based on local assessment, or an existing Foundation Medicine report; retrospective central confirmation of locally documented *FGF/FGFR* status was required
- Patients received an oral pemigatinib starting dose of 13.5 mg once daily (2 weeks on/1 week off) until progression or toxicity

Endpoints and Assessments

- The primary endpoint was objective response rate (ORR) in cohort A, confirmed by independent central review
  - ORR was defined as the percentage of patients with complete response (disappearance of all target lesions) or partial response (≥30% decrease in the sum of the longest diameters of target lesions)
- Secondary endpoints included ORR in cohorts A+B, B, and C, as well as duration of response (DOR), disease control rate, progression-free survival (PFS), overall survival (OS), and safety in all cohorts

Statistical Analyses

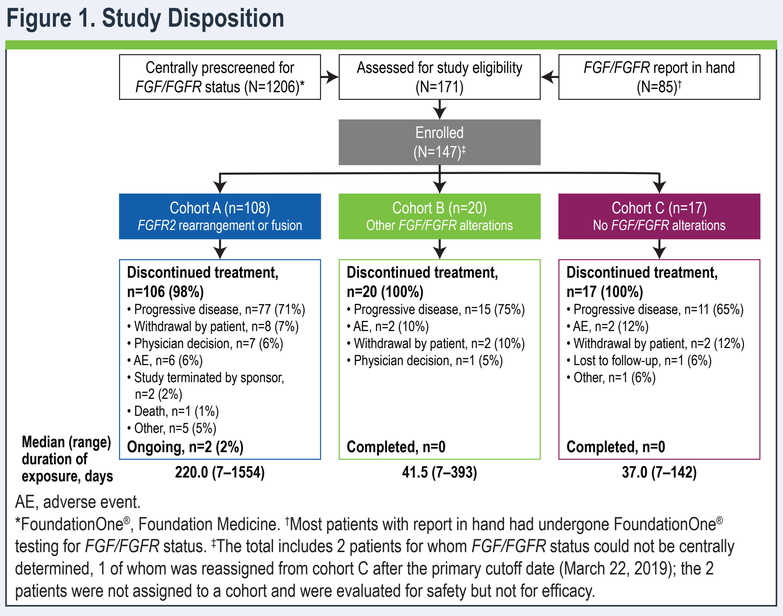
- The efficacy population included all patients with centrally confirmed *FGF/FGFR* status who received ≥1 pemigatinib dose
- The safety population included all patients who received ≥1 pemigatinib dose

RESULTS

Patients

- A total of 147 patients enrolled (**Figure 1**)

Figure 1. Study Disposition



AE, adverse event.
*FoundationOne®, Foundation Medicine. †Most patients with report in hand had undergone FoundationOne® testing for *FGF/FGFR* status. ‡The total includes 2 patients for whom *FGF/FGFR* status could not be centrally determined, 1 of whom was reassigned from cohort C after the primary cutoff date (March 22, 2019); the 2 patients were not assigned to a cohort and were evaluated for safety but not for efficacy.

- Patient demographics and baseline clinical characteristics are shown in **Table 1**

Table 1. Patient Demographics and Baseline Clinical Characteristics

Characteristic	Cohort A (n=108)	Cohort B (n=20)	Cohort C (n=17)	Total (N=147)*
Age, median (range), y	55.5 (26–77)	63.0 (45–78)	65.0 (49–78)	59.0 (26–78)
Women, %	61	55	41	58
White, %	73	45	82	71
Time since initial diagnosis, median (range), y	1.3 (0.2–11.1)	0.7 (0.2–2.5)	1.0 (0.3–4.3)	1.1 (0.2–11.1)
ECOG PS, %				
0	43	35	35	41
1	53	50	47	52
2	5	15	18	7
Intrahepatic CCA, %	99	65	59	90
Metastatic disease, %	82	100	94	86
≥2 prior systemic therapies, %	40	40	35	39

CCA, cholangiocarcinoma; ECOG PS, Eastern Cooperative Oncology Group performance status.
*The total includes 2 patients for whom *FGF/FGFR* status could not be centrally determined; the 2 patients were not assigned to a cohort and were evaluated for safety but not for efficacy.

Response

- In cohort A, ORR was 37% (95% CI: 28, 47; **Table 2**)

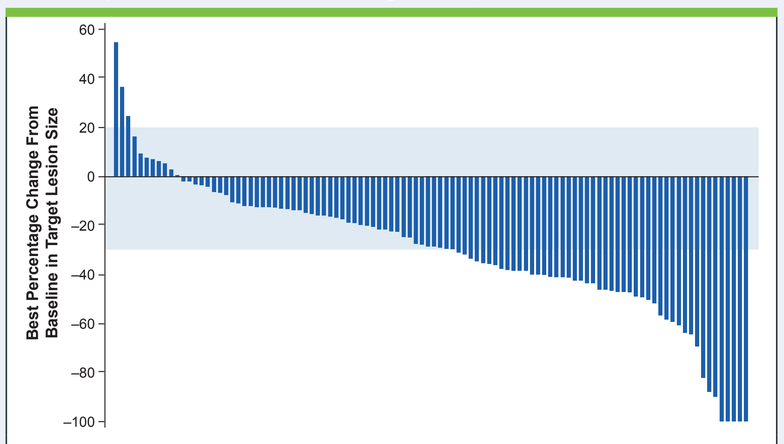
Table 2. Response to Pemigatinib

Parameter	Cohort A (n=108)	Cohort B (n=20)	Cohort C (n=17)
Duration of follow-up, median (range), mo	42.9 (19.9–52.2)	47.5 (43.7–51.1)	51.9 (49.5–53.7)
ORR,* % (95% CI)	37 (28, 47)	0 (0, 17)	0 (0, 20)
DCR,† % (95% CI)	82 (74, 89)	40 (19, 64)	18 (4, 43)
Best overall response, %			
Complete response	3	0	0
Partial response	34	0	0
Stable disease	45	40	18
Progressive disease	15	35	65
Not evaluable	3	25	18
DOR, median (95% CI), mo	9.1 (6.0, 14.5)	—	—

DCR, disease control rate; DOR, duration of response; ORR, objective response rate.
*ORR is complete response + partial response; †DCR is complete response + partial response + stable disease.

- Among 104 evaluable patients, median best percentage change from baseline in the sum of target lesion diameters was –28.4% (range, –100% to +55%; **Figure 2**)

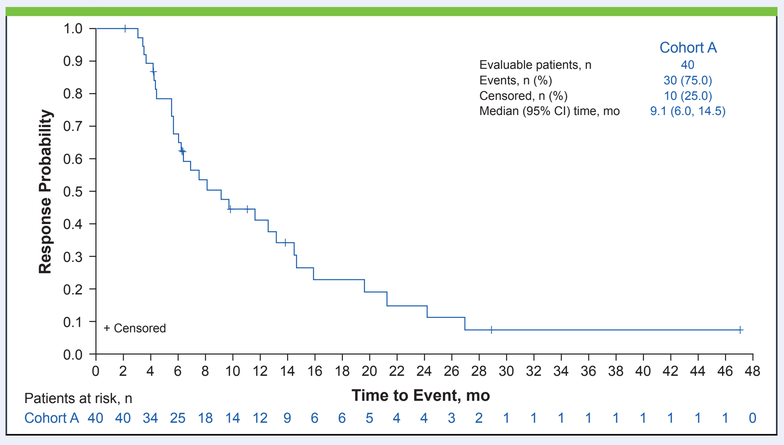
Figure 2. Best Percentage Change From Baseline in Target Lesion Size in Cohort A (*FGFR2* Fusions or Rearrangements)



Lower limit of blue shading indicates criterion for partial response (≥30% decrease in sum of target lesion diameters).

- Median DOR in cohort A was 9.1 months (95% CI: 6.0, 14.5; **Figure 3**)

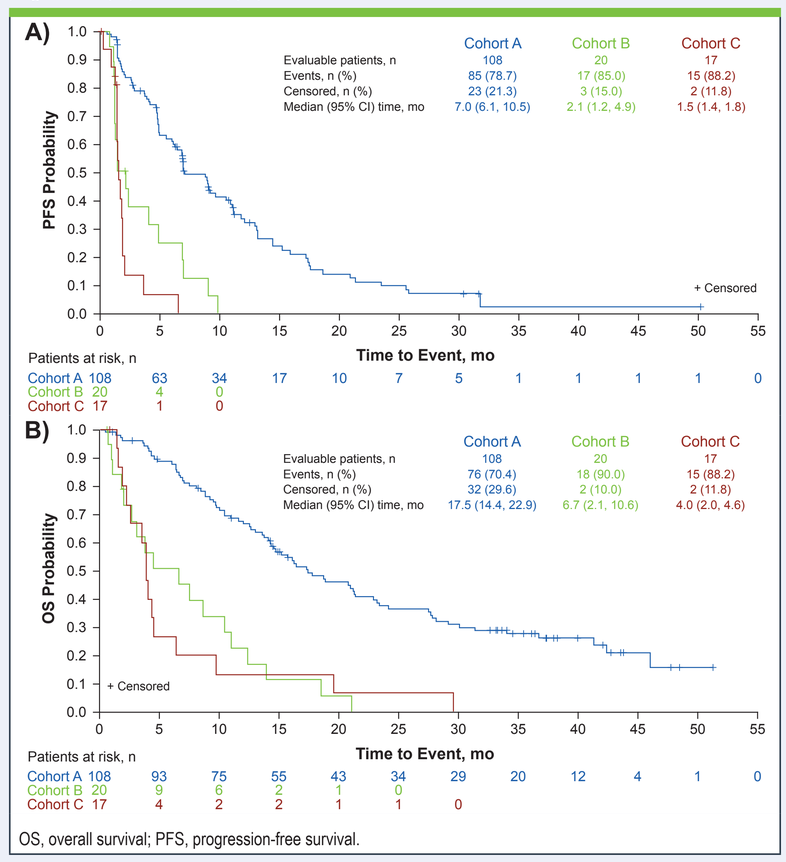
Figure 3. Duration of Response in Cohort A (*FGFR2* Fusions or Rearrangements)



Survival Outcomes

- In cohort A, median PFS was 7.0 months (95% CI: 6.1, 10.5; **Figure 4A**), and median OS was 17.5 months (95% CI: 14.4, 22.9; **Figure 4B**)

Figure 4. (A) PFS and (B) OS in All Cohorts



OS, overall survival; PFS, progression-free survival.

Safety

- All patients experienced ≥1 treatment-emergent adverse event (TEAE; grade ≥3, 69%)
  - The most common TEAEs overall were hyperphosphatemia, alopecia, and diarrhoea (**Table 3**)

Table 3. TEAEs Occurring in ≥25% of Patients Overall

Event	Cohort A (n=108)		Cohort B (n=20)		Cohort C (n=17)		Total (N=147)*	
	All Grades	Grade ≥3	All Grades	Grade ≥3	All Grades	Grade ≥3	All Grades	Grade ≥3
Any TEAE, %	100	67	100	75	100	76	100	69
Hyperphosphatemia	56	0	65	0	71	0	59	0
Alopecia	59	0	20	0	18	0	50	0
Diarrhoea	54	4	25	0	35	6	48	3
Fatigue	46	5	25	0	53	18	44	5
Nausea	43	3	35	0	41	0	41	2
Stomatitis	43	9	30	0	18	0	38	7
Constipation	43	1	25	0	12	0	37	1
Dysgeusia	42	0	15	0	18	0	36	0
Decreased appetite	31	1	40	5	41	6	34	2
Dry mouth	39	0	25	0	6	0	34	0
Arthralgia	34	6	25	10	12	0	30	6
Vomiting	33	2	15	0	24	0	29	1
Dry eye	35	0	5	0	6	0	28	1

TEAE, treatment-emergent adverse event.
*The total includes 2 patients for whom *FGF/FGFR* status could not be centrally determined; the 2 patients were not assigned to a cohort and were evaluated for safety but not for efficacy.

- The safety profile remained consistent with the primary publication[4]; no new safety signals were observed

CONCLUSIONS

- **In the final analysis of FIGHT-202, pemigatinib continued to demonstrate durable response and prolonged OS in patients with previously treated advanced or metastatic CCA with *FGFR2* fusions or rearrangements**
- **The safety profile continued to be manageable, and no new safety signals were identified**
- **These results further highlight the need for molecular testing in patients with CCA**

Acknowledgments

Support for this study was provided by Incyte Corporation (Wilmington, DE, USA). Writing assistance was provided by Jane Kovalevich, PhD, an employee of ICON (Blue Bell, PA, USA), and was funded by Incyte.

References

1. Banales JM, et al. *Nat Rev Gastroenterol Hepatol*. 2020;17(9):557-588. **2.** Silverman IM, et al. *Cancer Discov*. 2021;11(2):326-339. **3.** PEMAZYRE® (pemigatinib). Full Prescribing Information, Incyte Corporation, Wilmington, DE, USA, 2021. **4.** Abou-Alfa GK, et al. *Lancet Oncol*. 2020;21(5):671-684.

To download a copy of this poster, scan code