Practical Perspectives: Experts Review
Actual Cases of Patients with Biliary Tract Cancers

A CME/MOC-Accredited Live Webinar

Wednesday, August 6, 2025
5:00 PM – 6:00 PM ET

Faculty

Haley Ellis, MD
James J Harding, MD

Moderator

Neil Love, MD

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Faculty

Haley Ellis, MD
Medical Oncologist
Massachusetts General Hospital
Instructor of Medicine
Harvard Medical School
Boston, Massachusetts

James J Harding, MD
Associate Attending
Memorial Sloan Kettering Cancer Center
Assistant Professor of Medicine
Weill Cornell Medical College
New York, New York

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

Commercial Support

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Dr Love — Disclosures

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Dr Ellis — Disclosures

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Data and Safety Monitoring Boards/Committees	Merck

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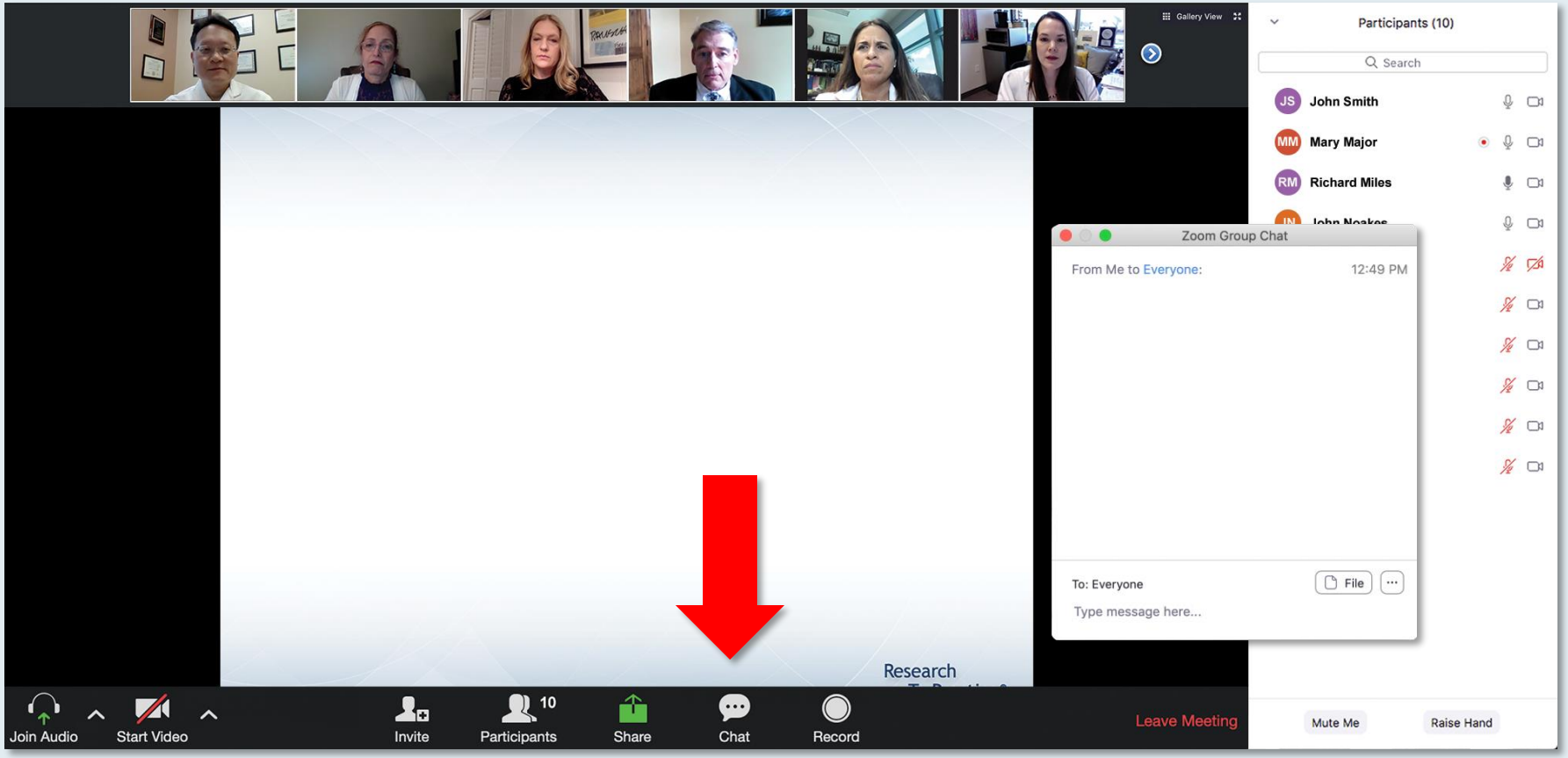

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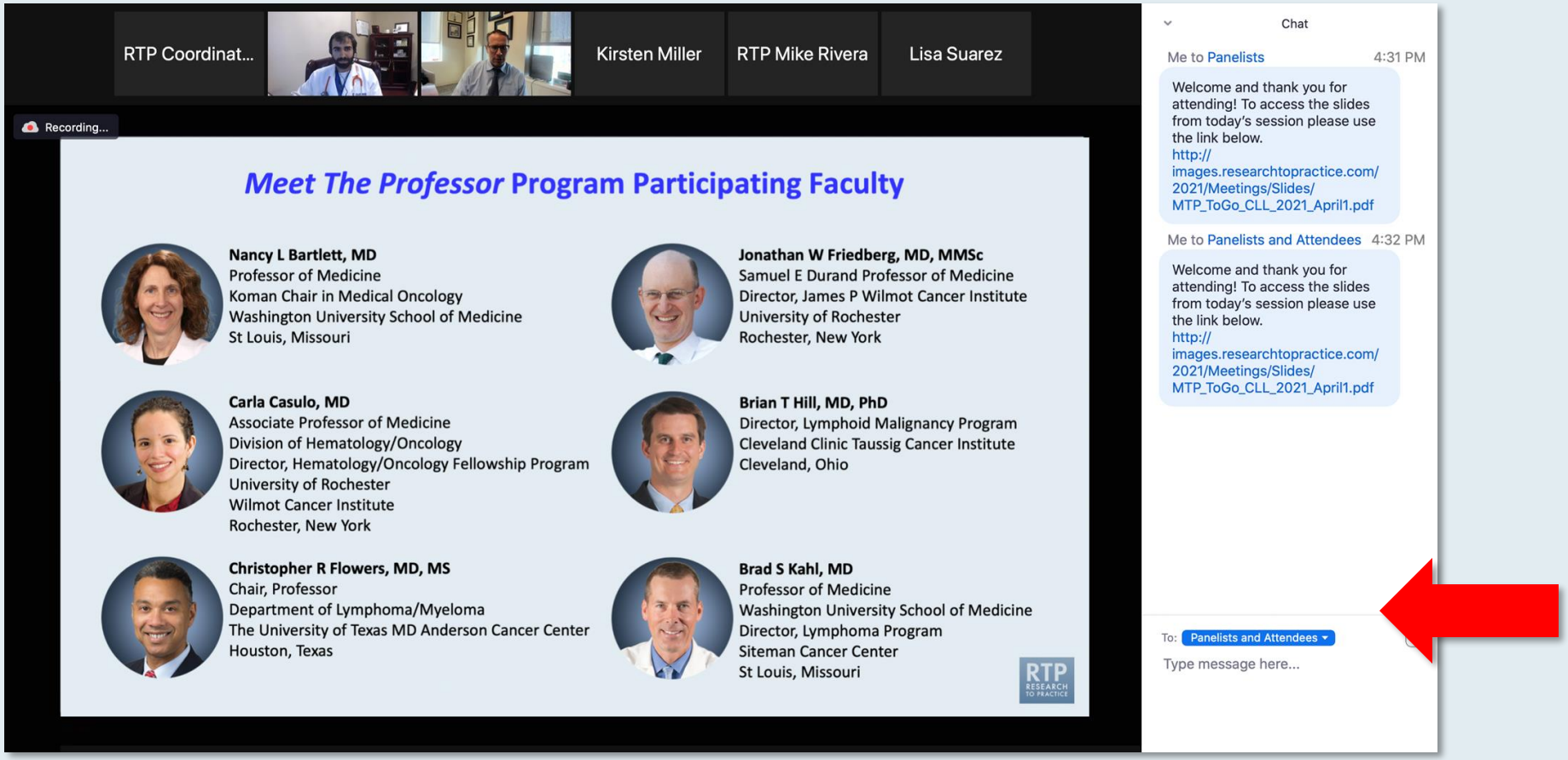

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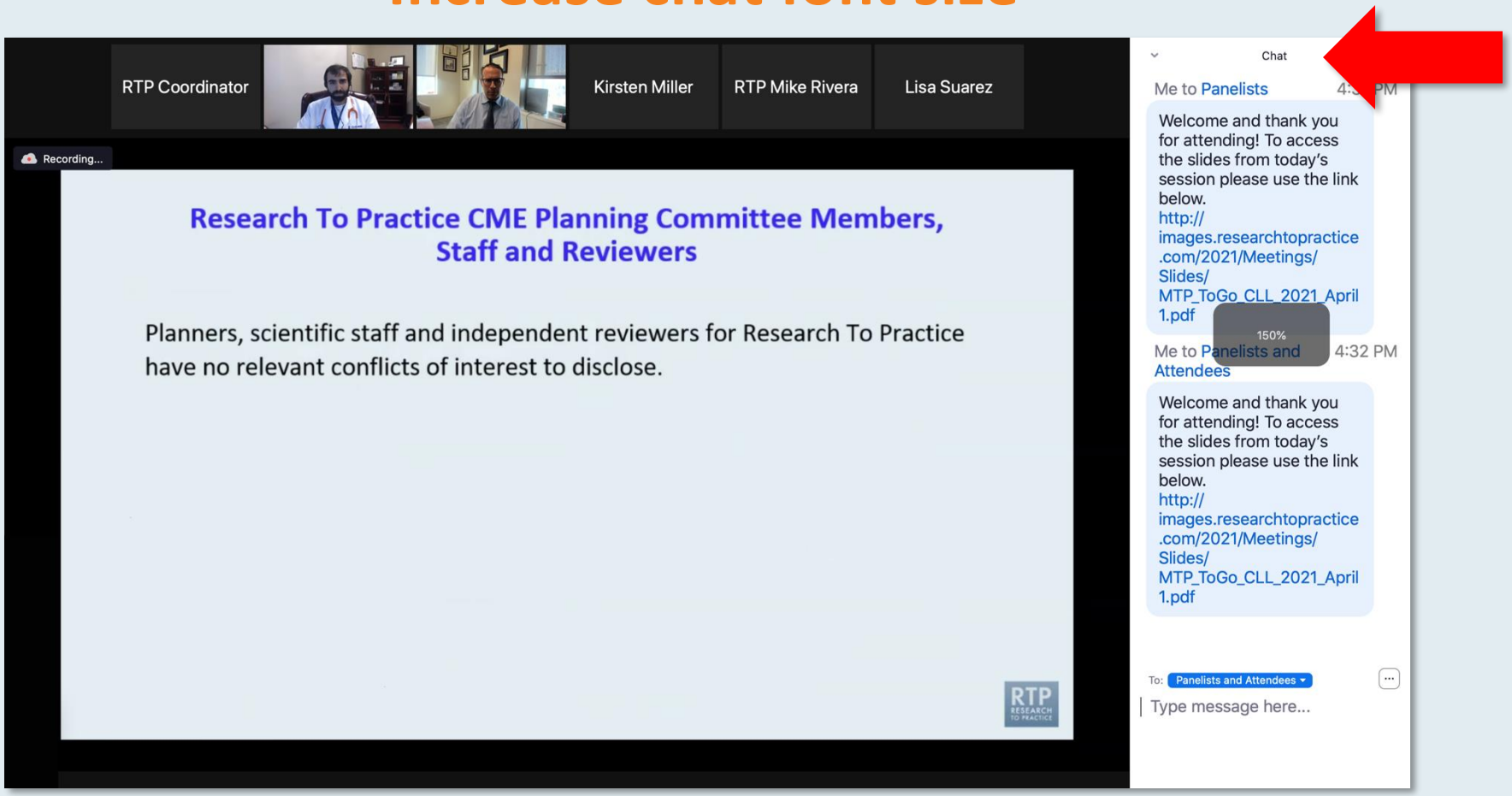

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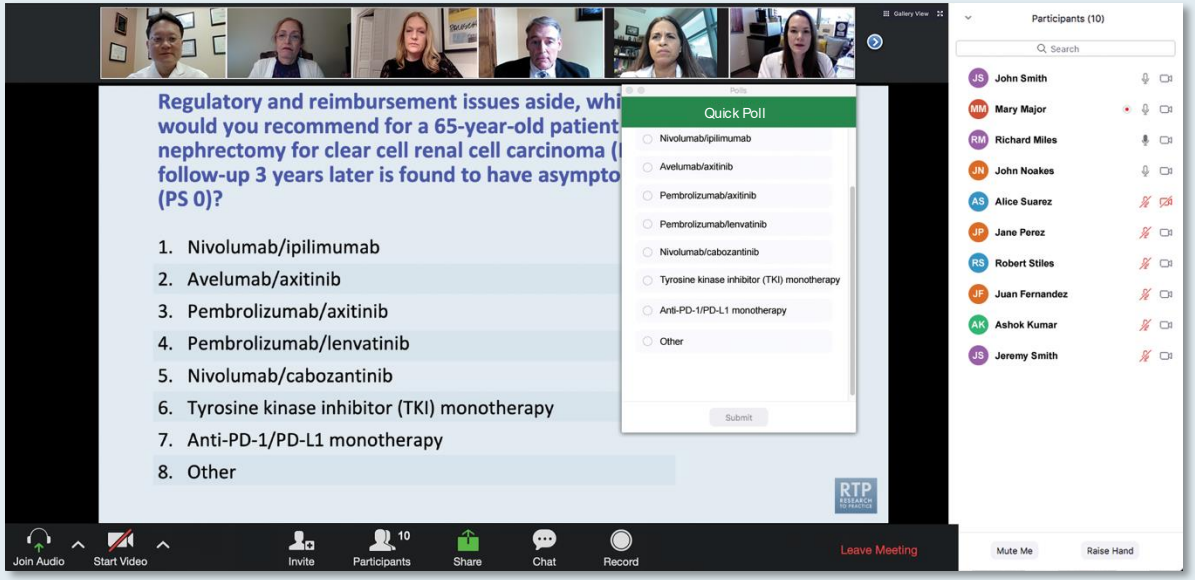

Biliary Tract Cancers — Reviewing Patient Cases with Prof John Bridgewater

PROF JOHN BRIDGEWATER
UCL CANCER INSTITUTE

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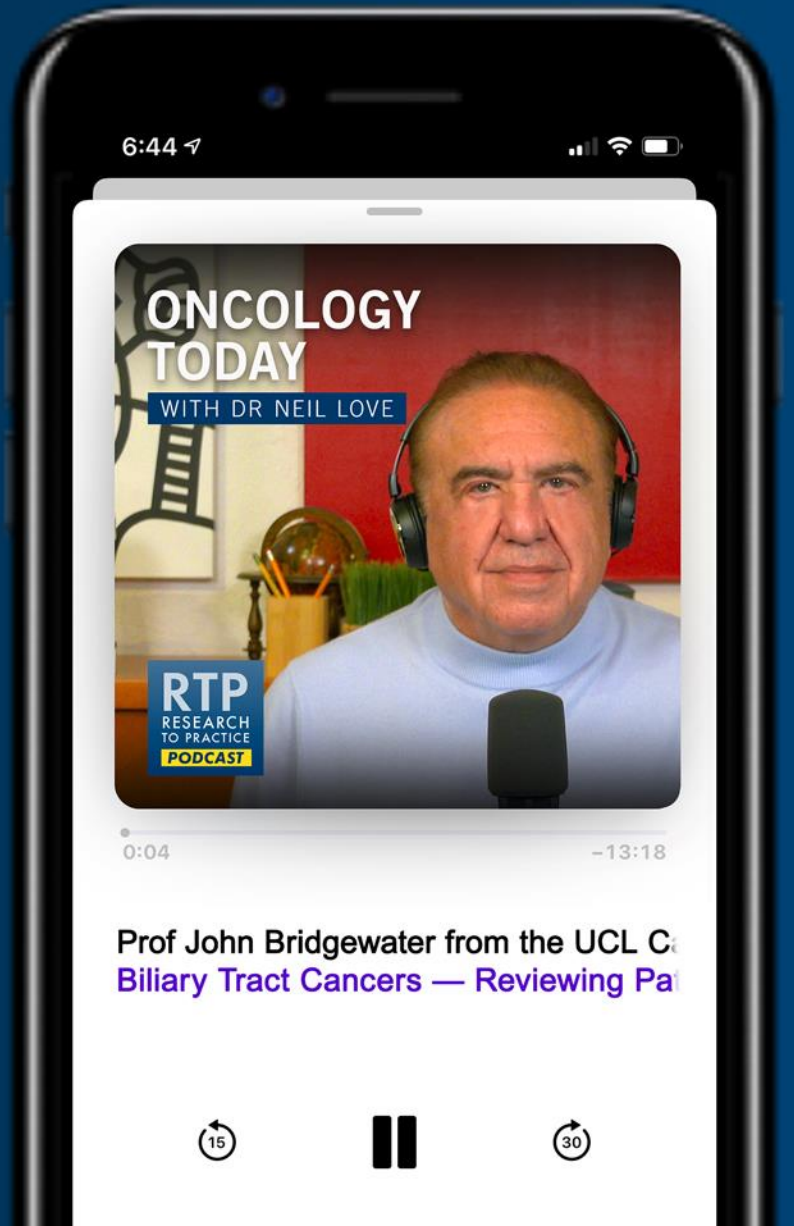

Cancer Q&A: Addressing Common Questions Posed by Patients with Relapsed/Refractory Multiple Myeloma

A CME/MOC-Accredited Webinar Developed in Partnership with Cancer*Care*®

Thursday, August 7, 2025
5:00 PM – 6:00 PM ET

Faculty

Natalie S Callander, MD
Sagar Lonial, MD, FACP

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

The Implications of Recent Datasets for the Current and Future Management of Breast Cancer — An ASCO 2025 Review

A CME/MOC-Accredited Live Webinar

Wednesday, August 13, 2025
5:00 PM – 6:00 PM ET

Faculty

Sara A Hurvitz, MD, FACP
Sara M Tolaney, MD, MPH

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Selection and Sequencing of Therapy for Metastatic Triple-Negative Breast Cancer

A CME/MOC-Accredited Live Webinar

Thursday, August 28, 2025
5:00 PM – 6:00 PM ET

Faculty

Ana C Garrido-Castro, MD
Professor Peter Schmid, FRCP, MD, PhD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Consensus or Controversy? Clinical Investigators Provide Perspectives on the Current and Future Care of Patients with Relapsed/Refractory Multiple Myeloma

Part 1 of a 2-Part CME/MOC-, NCPD- and ACPE-Accredited Satellite Symposium Series During the Society of Hematologic Oncology 2025 Annual Meeting

Thursday, September 4, 2025
6:42 PM – 7:42 PM CT

Faculty

Meletios-Athanasios (Thanos) C Dimopoulos, MD
Hans Lee, MD
Noopur Raje, MD

Moderator

Joseph Mikhael, MD, MEd

RTP RESEARCH TO PRACTICE

Consensus or Controversy? Clinical Investigators Provide Perspectives on the Current and Future Care of Patients with Follicular Lymphoma

Part 2 of a 2-Part CME/MOC-, NCPD- and ACPE-Accredited Satellite Symposium Series During the Society of Hematologic Oncology 2025 Annual Meeting

Friday, September 5, 2025

11:47 AM – 12:47 PM CT

Faculty

Jennifer Crombie, MD

Laurie H Sehn, MD, MPH

Moderator

Jeremy S Abramson, MD, MMSc

RTP RESEARCH TO PRACTICE

Addressing Current Knowledge and Practice Gaps in the Community — Optimizing the Use of Oral Selective Estrogen Receptor Degraders for Metastatic Breast Cancer, Part 2

A CME/MOC-Accredited Live Webinar

Wednesday, October 29, 2025

5:00 PM – 6:00 PM ET

Faculty

Rinath M Jeselsohn, MD

Joyce O'Shaughnessy, MD

Moderator

Neil Love, MD

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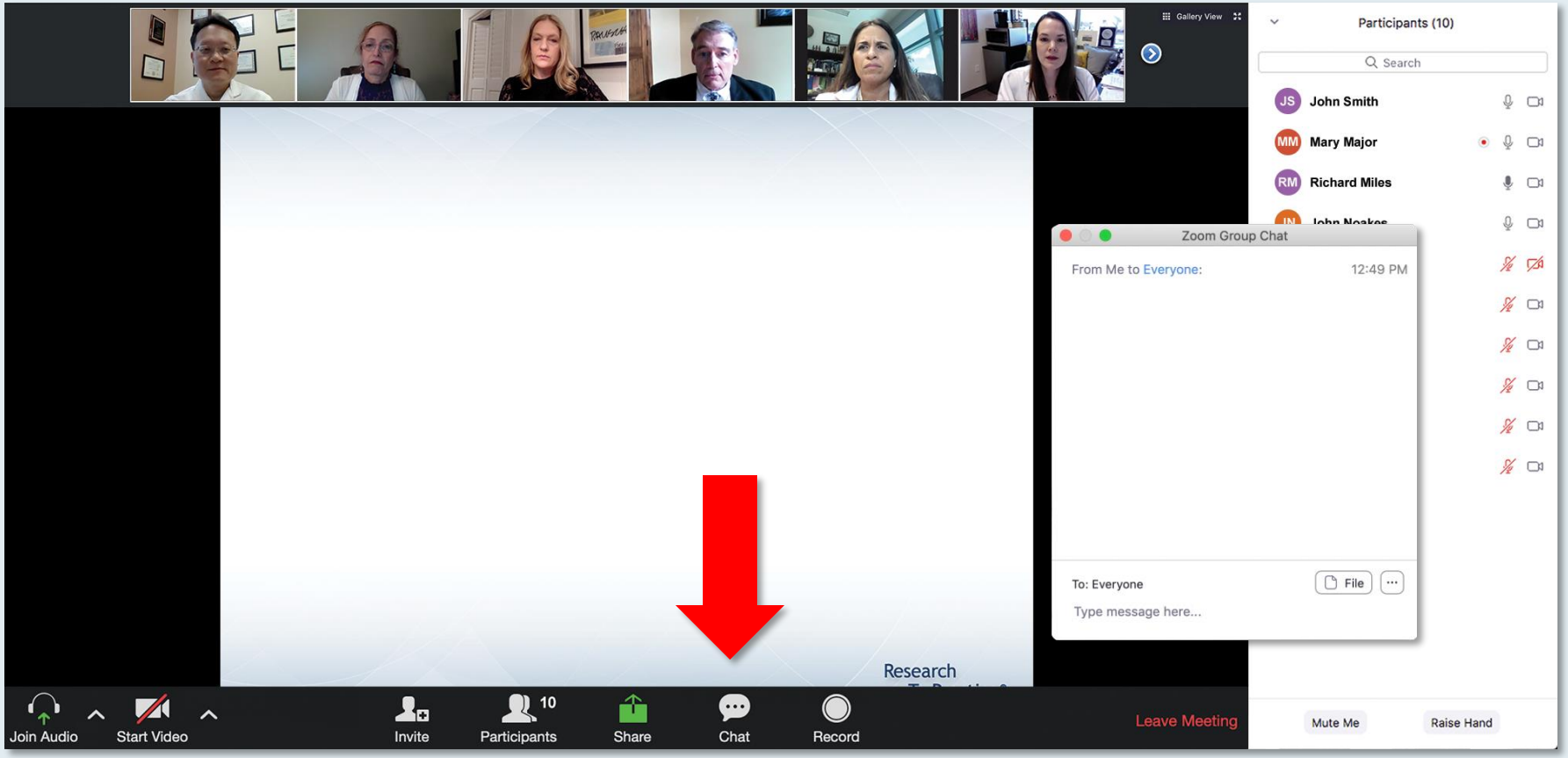

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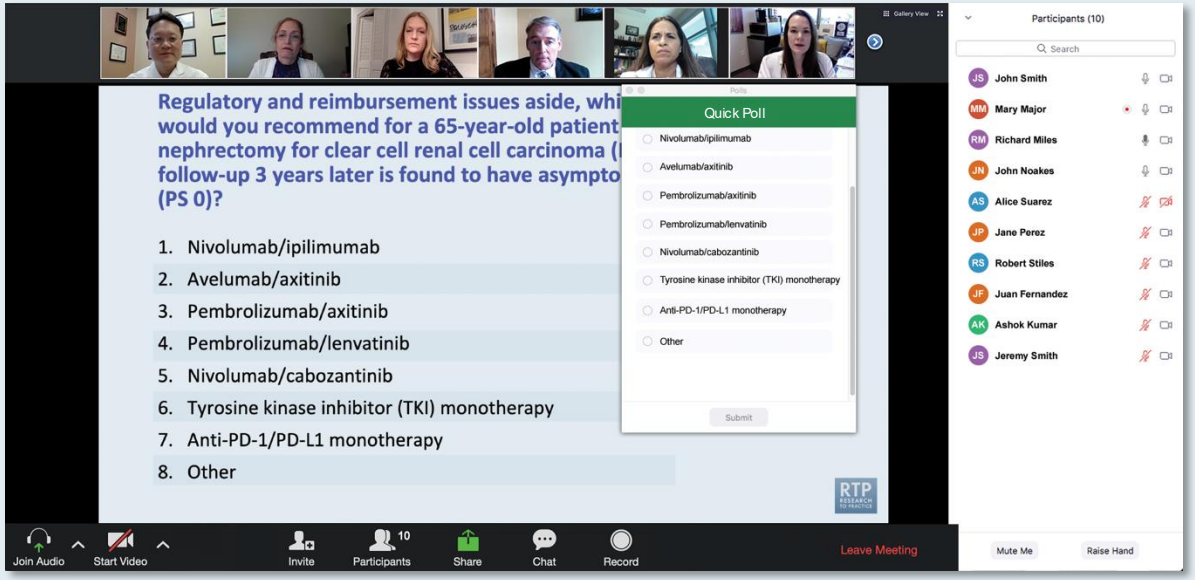

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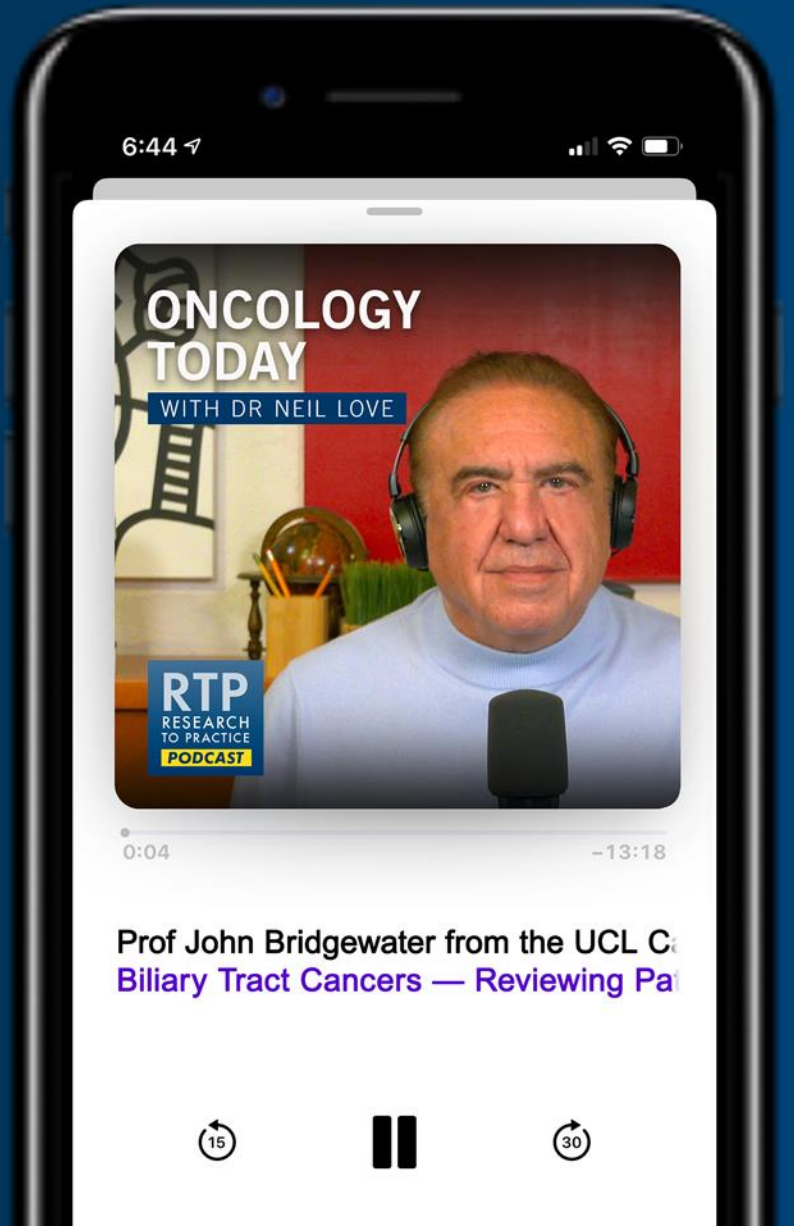

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Contributing Medical Oncologists

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Shaachi Gupta, MD, MPH
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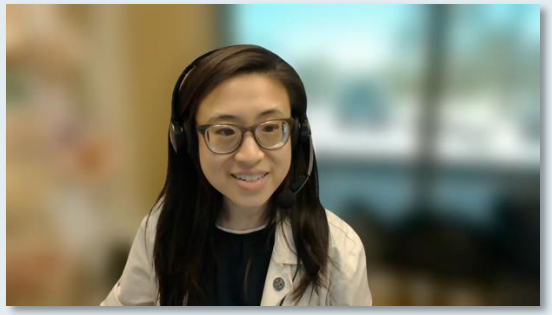
Lake Worth, Florida



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Bloomington, Illinois

Joseph Martins, MD
UT Health Science Center
Tyler, Texas

Neil Morganstein, MD
Atlantic Health System
Summit, New Jersey

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Agenda

Introduction: Is Biliary Tract Cancer (BTC) the New Non-Small Cell Lung Cancer? … Why?

Case 1: Do BTC Subtypes Respond Differently to Checkpoint Inhibitors?

Case 2: Anti-HER2-Directed Therapy for HER2-Low BTC?

Case 3: FGFR Inhibitors in the Front-Line Setting?

Case 4: Bone and Muscle Pain with an FGFR Inhibitor

Case 5: Improved Targeted Clinical Benefit for Specific FGFR Mutations?

Case 6: Sequencing of Available HER2-Targeted Agents

Case 7: IDH Inhibitors in Combination with Chemotherapy as Initial Therapy?

Case 8: BRAF and IDH Mutations — Which Targeted Treatment First?

Case 9: Measurable Residual Disease (MRD) as a Biomarker?

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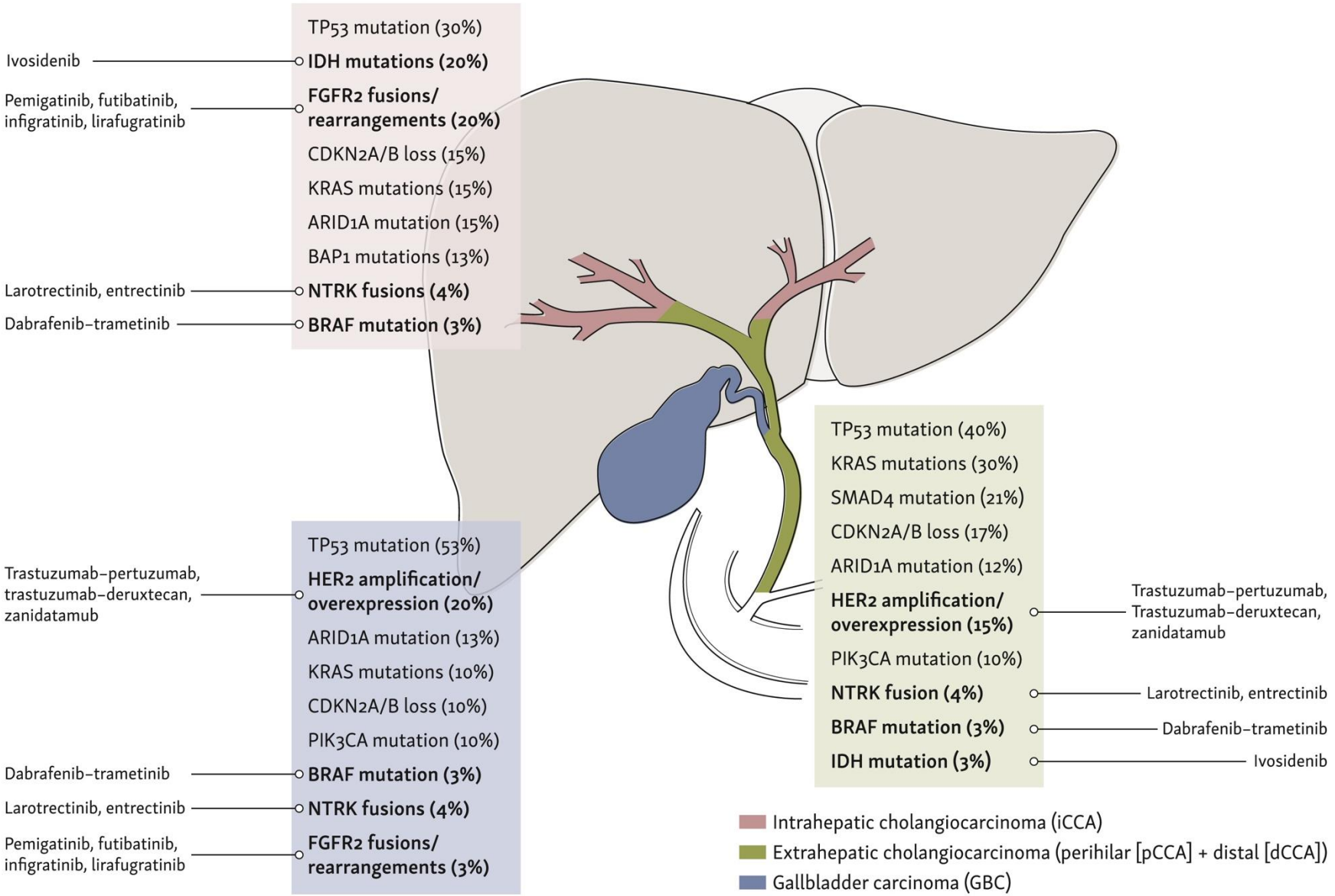
BTC harbor targetable genomic alterations



Courtesy of Haley Ellis, MD

Kehmann et al. ESMO Open 2024C

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Case Presentation: 75-year-old woman with metastatic cholangiocarcinoma who received first-line gemcitabine/cisplatin with durvalumab

Dr Warren Brenner (Boca Raton, Florida)

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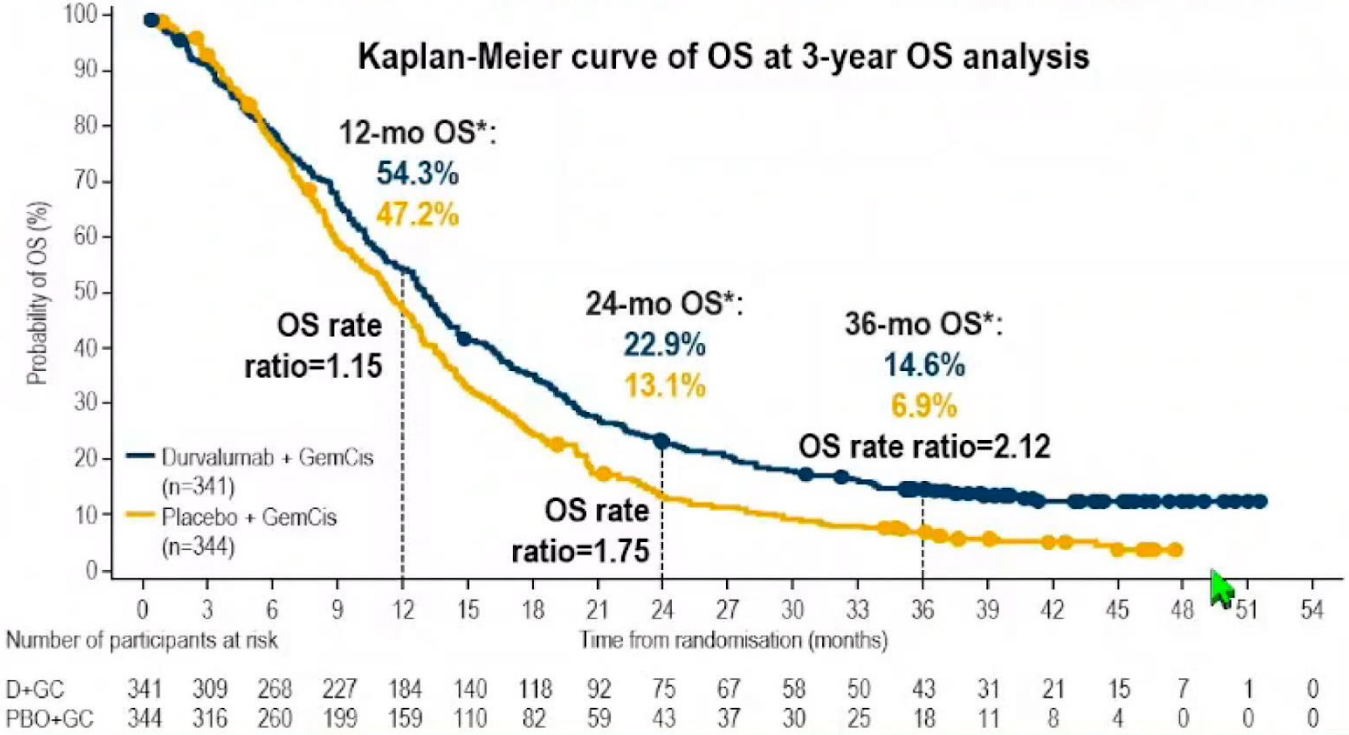
TOPAZ-1 Trial: 3-Year Overall Survival (OS) Update

OS benefit with durvalumab + GemCis continued at the updated DCO



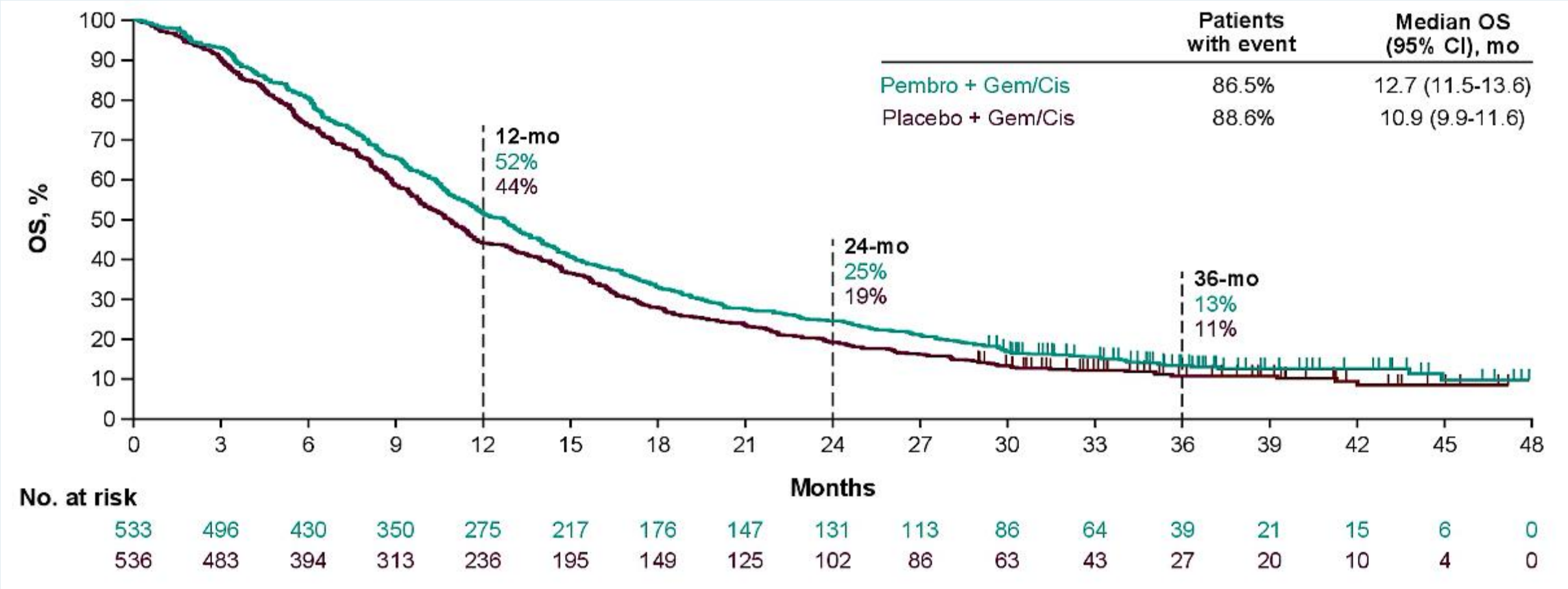
	Primary analysis[1,†] DCO: 11 Aug 2021		3-year OS analysis[‡] DCO: 23 Oct 2023	
	D+GC (n=341)	PBO+GC (n=344)	D+GC (n=341)	PBO+GC (n=344)
Median OS* (95% CI), months	12.8 (11.1–14.0)	11.5 (10.1–12.5)	12.9 (11.6–14.1)	11.3 (10.1–12.5)
OS HR[§] (95% CI)	0.80 (0.66–0.97)		0.74 (0.63–0.87)	

At 36-months, the survival rate in the durvalumab + GemCis arm was more than double the survival rate in the placebo + GemCis arm

GemCis = gemcitabine/cisplatin; DCO = data cutoff

Oh D-Y et al. ESMO GI 2024;Abstract 279MO.

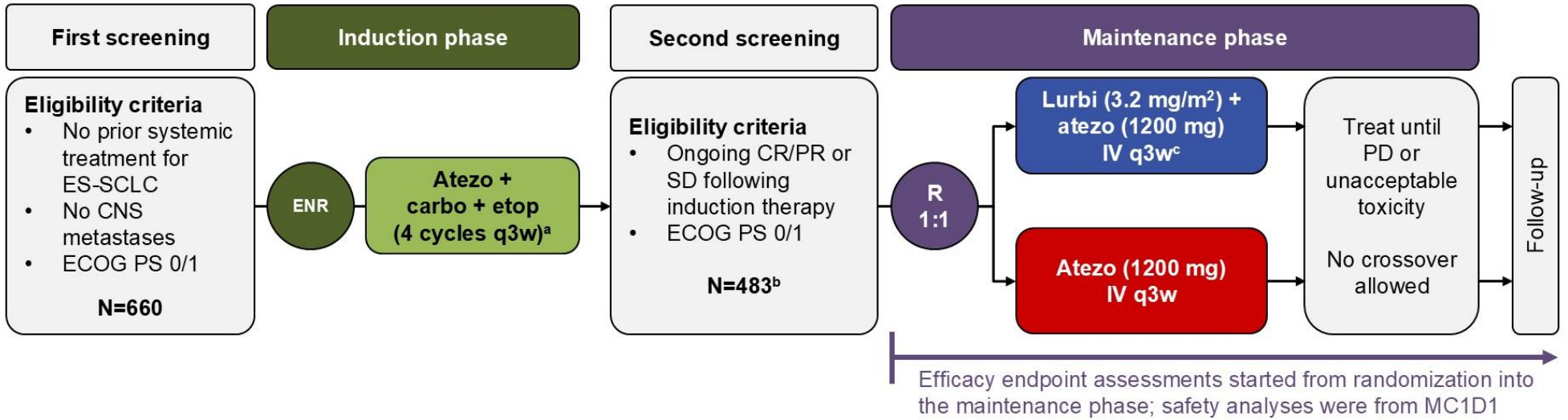
KEYNOTE-966 Trial: 3-Year OS Update



– Median OS of 12.7 months (95% CI 11.5-13.6) in the pembrolizumab arm vs 10.9 months (95% CI 9.9-11.6) in the placebo arm (HR 0.86, 95% CI 0.75-0.98; nominal *P* = 0.0099)

Finn R et al. ASCO 2024;Abstract 4093.

IMforte Study Design



Stratification factors for randomization
- ECOG PS (0/1)
- LDH (≤ULN/>ULN)
- Presence of liver metastases (Y/N) at induction BL
- Prior receipt of PCI (Y/N)

Primary endpoints
IRF-PFS and OS

Secondary endpoints included
INV-PFS, ORR, DOR, and safety

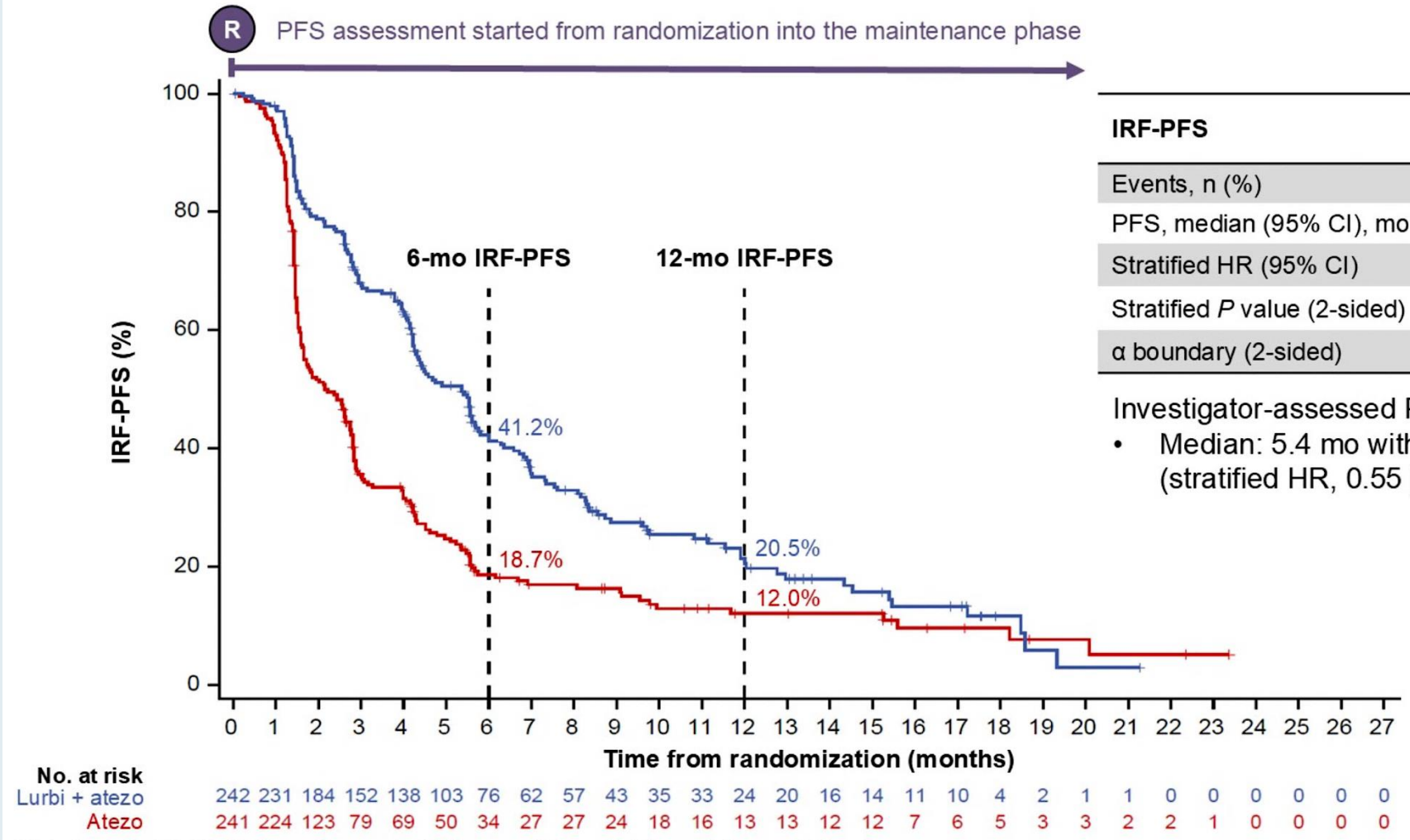
Last patient randomized: April 30, 2024
Clinical cutoff: July 29, 2024

ClinicalTrials.gov ID: NCT05091567.
[a] Administered per standard dose. [b] 73% of patients continued from induction to maintenance. [c] With **prophylactic granulocyte colony-stimulating factor** and anti-emetics.
atezo, atezolizumab; BL, baseline; carbo, carboplatin; CNS, central nervous system; ECOG PS, Eastern Cooperative Oncology Group performance status; ENR, enrollment; etop, etoposide; INV-PFS, investigator-assessed PFS; IRF-PFS, independent review facility-assessed PFS; IV, intravenously; LDH, lactate dehydrogenase; lurbi, lurbinectedin; MC1D1, maintenance Cycle 1 Day 1; PCI, prophylactic cranial irradiation; q3w, every 3 weeks; R, randomization; ULN, upper limit of normal; Y/N, yes/no.

CR = complete response; PR = partial response; SD = stable disease; PD = disease progression

Paz-Ares L et al. ASCO 2025;Abstract 8006. Paz-Ares L et al. *Lancet* 2025;405(10495):2129-43.

IMforte: PFS from Randomization into Maintenance Phase



IRF-PFS	Lurbi + atezo (n=242)	Atezo (n=241)
Events, n (%)	174 (71.9)	202 (83.8)
PFS, median (95% CI), mo	5.4 (4.2, 5.8)	2.1 (1.6, 2.7)
Stratified HR (95% CI)	**0.54 (0.43, 0.67)**	
Stratified *P* value (2-sided)	<0.0001	
α boundary (2-sided)	0.001	

Investigator-assessed PFS was consistent with IRF-PFS

- Median: 5.4 mo with lurbi + atezo and 2.7 mo with atezo (stratified HR, 0.55 [95% CI: 0.45, 0.68])

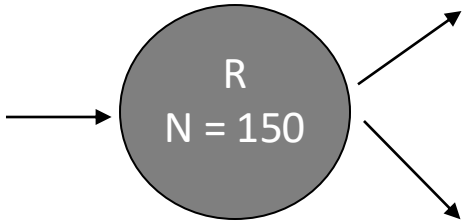
Clinical cutoff: July 29, 2024; median survival follow-up: 15.0 mo (minimum follow-up: 3.0 mo).
CI, confidence interval; HR, hazard ratio.

Paz-Ares L et al. ASCO 2025;Abstract 8006. Paz-Ares L et al. *Lancet* 2025;405(10495):2129-43.

NEODISCO Trial: Neoadjuvant Gemcitabine and Cisplatin in Combination with Perioperative Pembrolizumab versus Up-Front Surgery for Patients with Primary Resectable and Borderline-Resectable Perihilar and Distal Cholangiocarcinoma

<u>Key Eligibility Criteria</u>

- Age ≥18 years
- ECOG PS 0-1
- Confirmed resectable or borderline resectable pCCA and dCCA
- No prior therapy with anti-PD-1 or anti-PD-L1 antibodies or other agents directed to another stimulatory or co-inhibitory T-cell receptor



Neoadjuvant gemcitabine + cisplatin + perioperative pembrolizumab (IV)

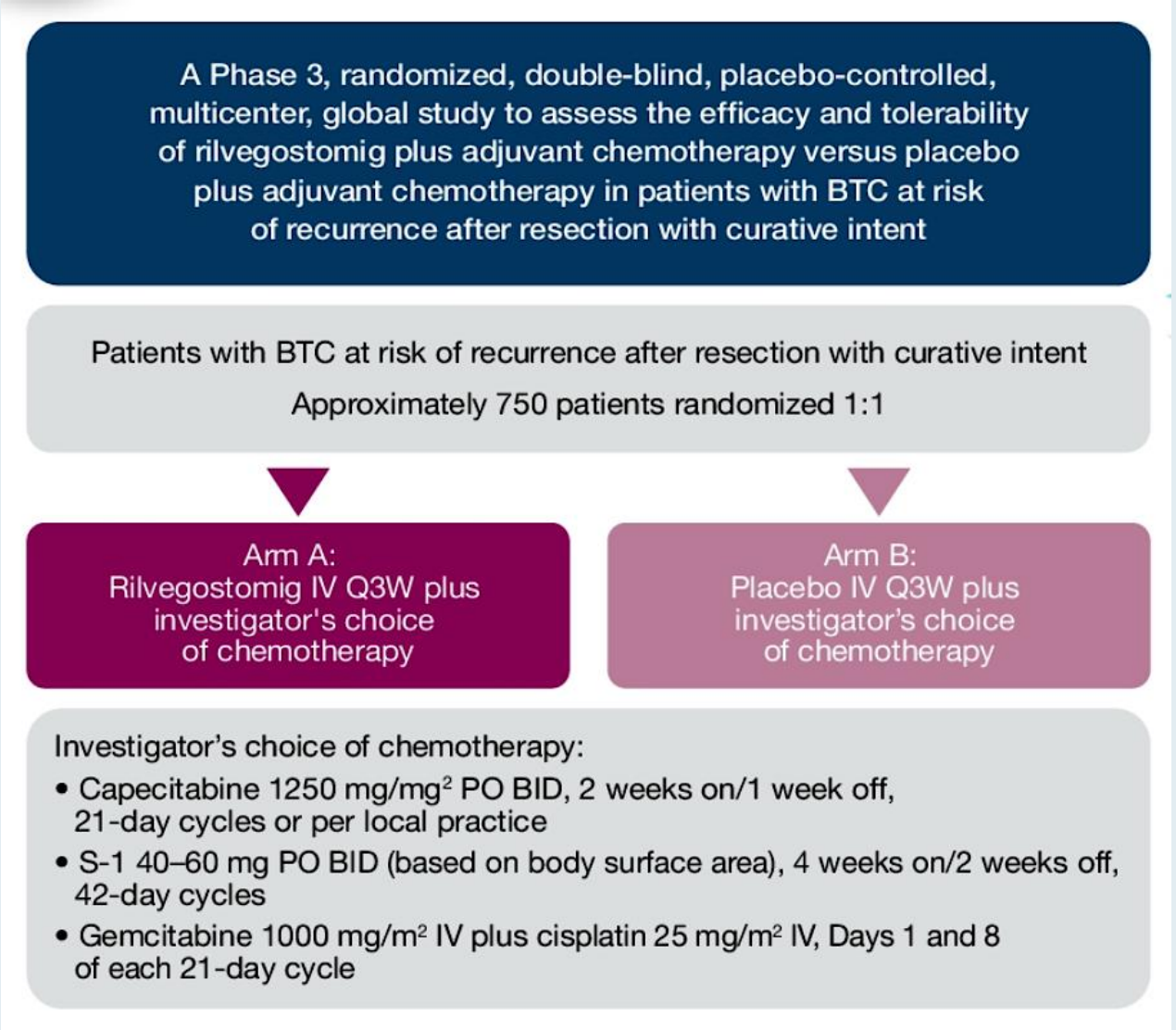
Surgery

Primary Outcome Measure: Event-free survival

pCCA = perihilar cholangiocarcinoma; dCCA = distal cholangiocarcinoma; IV = intravenous

www.clinicaltrials.gov. NCT06923475. Accessed August 2025.

ARTEMIDE-Biliary01 Trial: Rilvegostomig and Chemotherapy as Adjuvant Therapy for Biliary Tract Cancer After Resection



Fan J et al. ASCO 2024;Abstract TPS4199.

RTP RESEARCH TO PRACTICE

Agenda

Introduction: Is Biliary Tract Cancer (BTC) the New Non-Small Cell Lung Cancer? … Why?

Case 1: Do BTC Subtypes Respond Differently to Checkpoint Inhibitors?

Case 2: Anti-HER2-Directed Therapy for HER2-Low BTC?

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Case 9: Measurable Residual Disease (MRD) as a Biomarker?

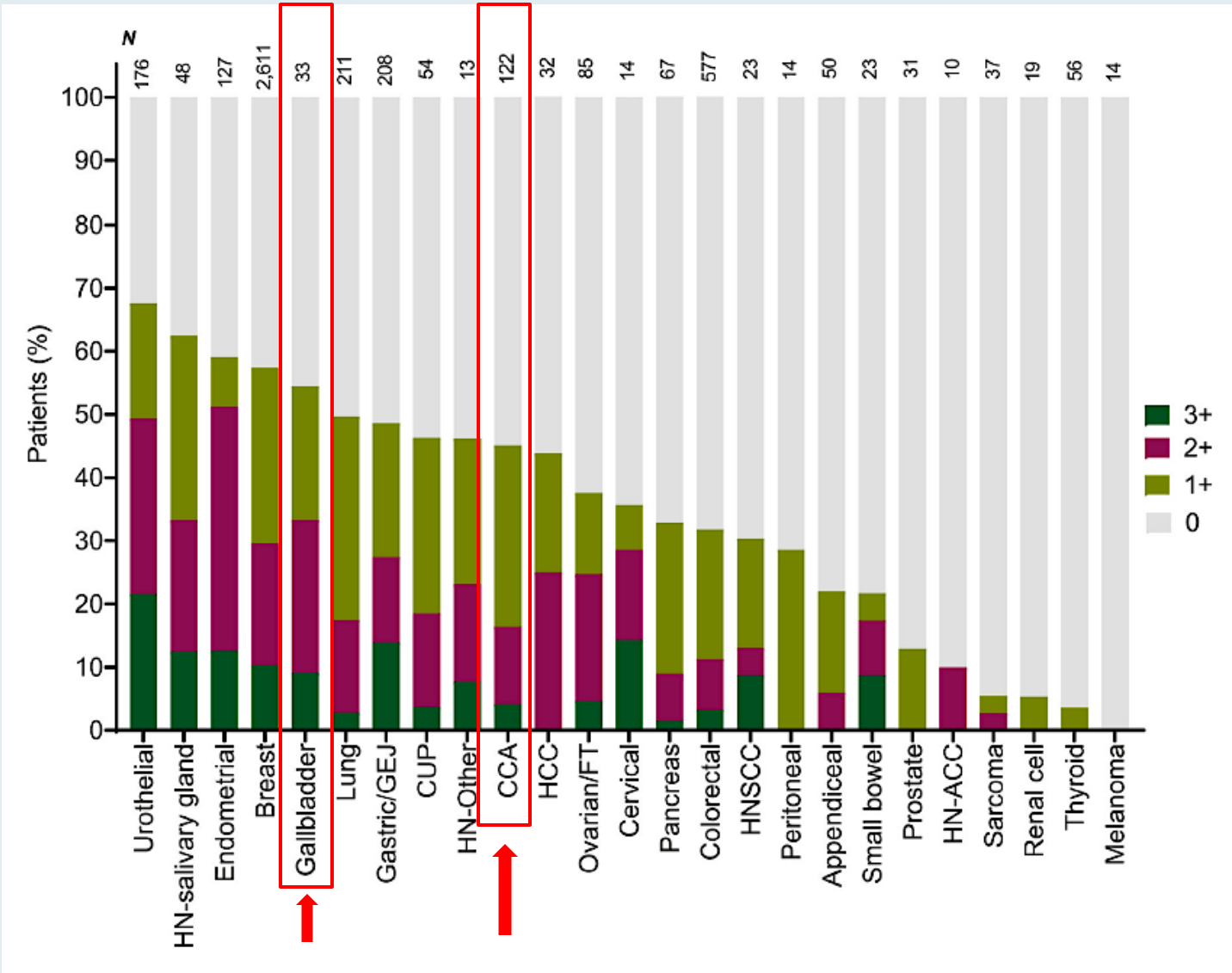
RTP RESEARCH TO PRACTICE

Case Presentation: 79-year-old man with history of Crohn's disease and metastatic biliary cancer (HER2 IHC 2+) discontinues first-line chemotherapy/IO due to exacerbation of Crohn's

Dr Neil Morganstein (Summit, New Jersey)

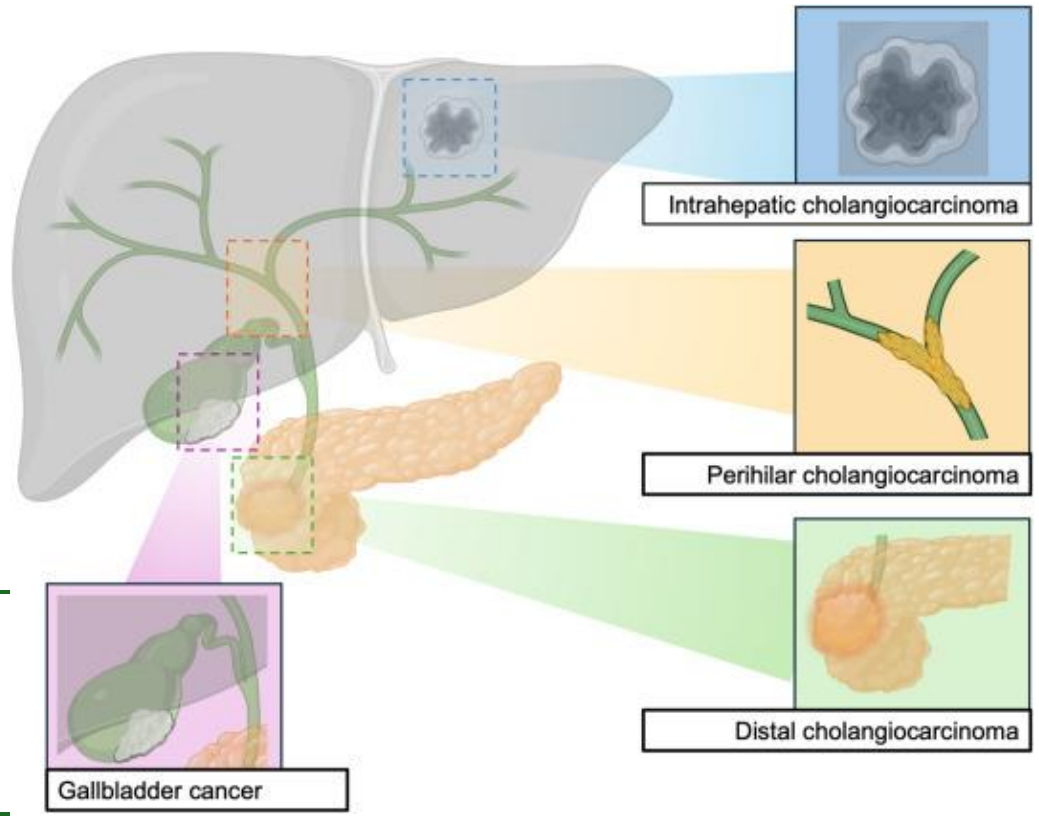
RTP
RESEARCH
TO PRACTICE

Distribution of HER2 IHC Expression Levels Across Cancer Types



Uzunparmak B et al. *Ann Oncol* 2023 November;34(11):1035-46.

HER2 amplification/overexpression spans all BTC subtypes



Intrahepatic cholangiocarcinoma (iCCA)
~3-5%

Extrahepatic cholangiocarcinoma (eCCA)
~10-20%

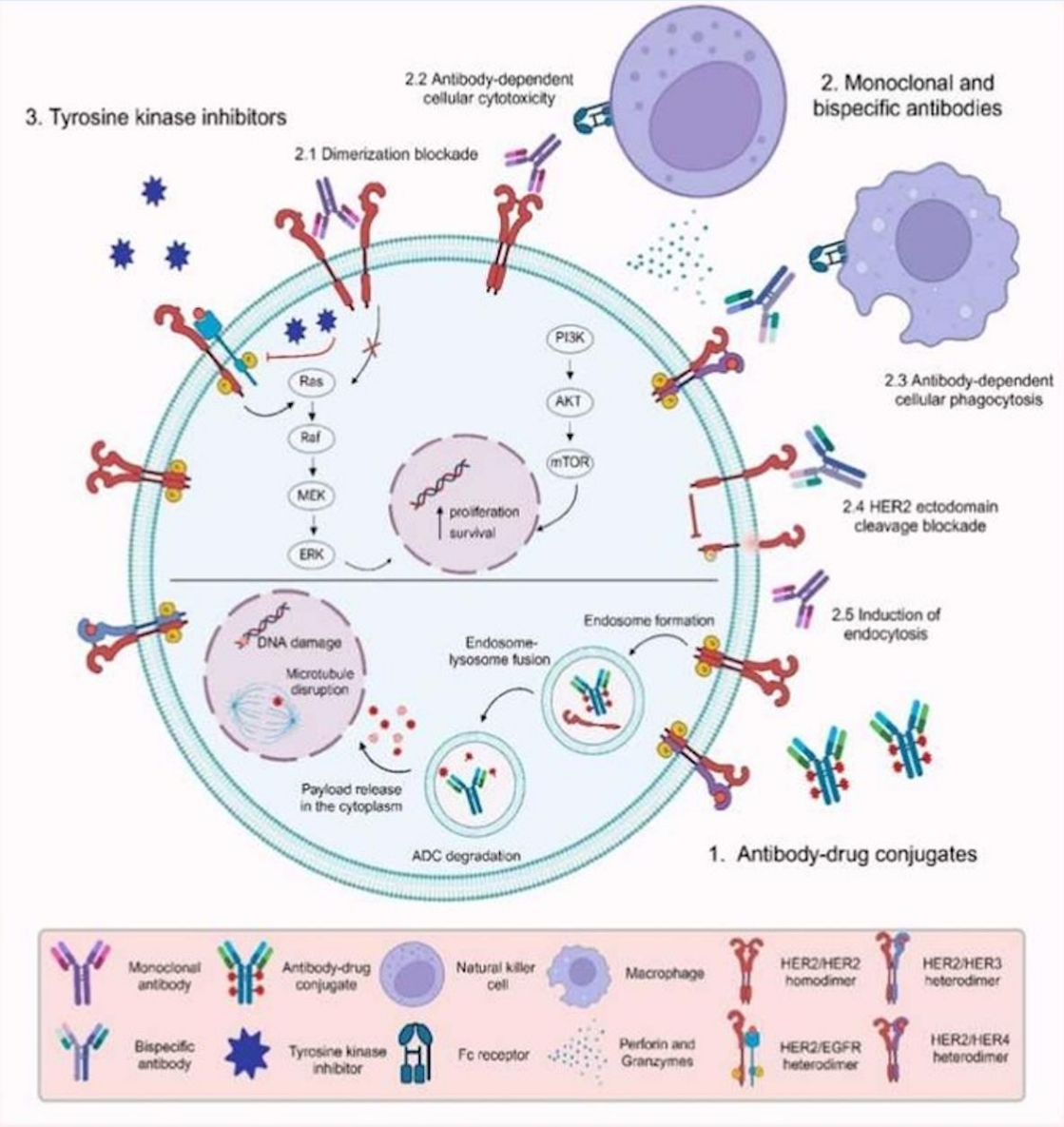
Gallbladder cancer (GBC)
~15-35%

HER2 positivity is associated with a **worse prognosis** in advanced BTC

Courtesy of Haley Ellis, MD

Galdy et al. Cancer Metastasis Rev 2017 | Ayasun et al. Cancers 2023 | Lee et al. ASCO GI 2025 | Soreide et al. Eur J Surg Oncol 2025

HER2-Targeted Modalities in Biliary Tract Cancers



Theocharopoulos C et al. *Crit Rev Oncol Hematol* 2025 April;208:104655.

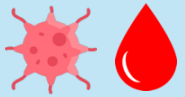
HER2 testing in BTC: who, when, and how

✅ **WHO:** All patients with locally advanced or metastatic BTC (GBC, eCCA, iCCA)

✅ **WHEN:** At diagnosis

- 1st line trials!
- Future direction: consider earlier testing for neoadjuvant/perioperative strategies

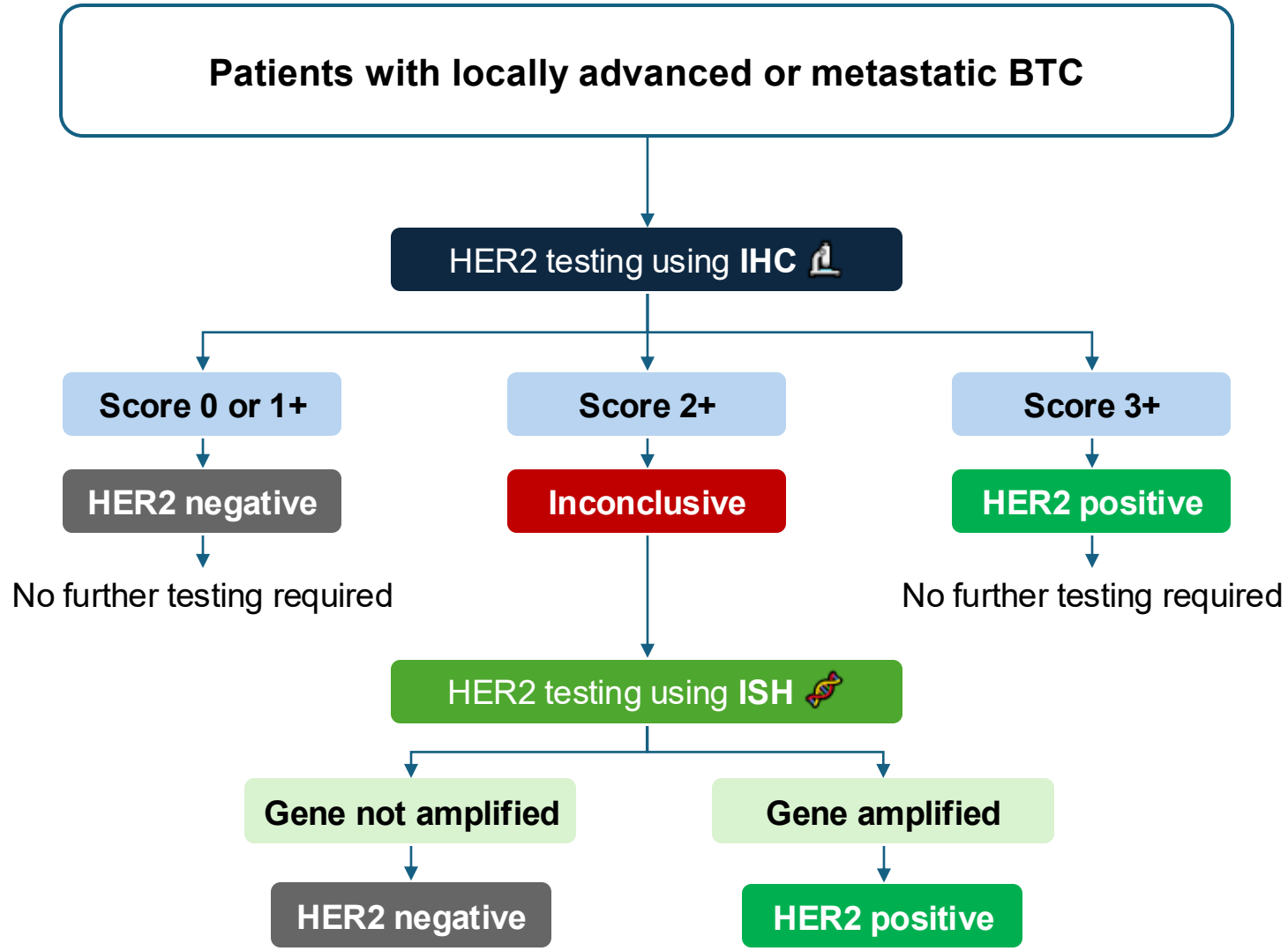
✅ **HOW:**

	Immunohistochemistry (IHC)	*In situ* hybridization (ISH)	Next-generation sequencing (NGS)
What it detects	HER2 **protein**	*ERBB2* **DNA**	*ERBB2* **DNA**
What it indicates	HER2 **overexpression**	*ERBB2* **amplification**	*ERBB2* **amplification**
Tissue and/or blood-based			

Courtesy of Haley Ellis, MD

Javle et al. Cancer 2016 | Jacobi et al. Oncol Res Treat 2021

HER2 testing in BTC follows gastroesophageal cancer guidelines



Courtesy of Haley Ellis, MD

Comprehensive HER2 testing with NGS *and* IHC is important

Correlation of HER2 grading using NGS and IHC

	NGS result	
	HER2 not amplified* (n=182)	*HER2* amplified* (n=19)
IHC score		
0	30%	0%
1+	25%	11%
2+	40%	58%
3+	5%	32%
HER2 IHC classification		
HER2 negative	85%	**16%**
HER2 positive	**15%**	68%
N/A (2+, ISH not done)	0%	21%

~15% discordance between HER2 assessment by NGS vs IHC in BTC

Courtesy of Haley Ellis, MD

Lee et al. ASCO GI 2025

Evolving treatment landscape in HER2+ BTC in second-line setting and beyond

	Treatment	Trial	# BTC pts	Prior HER2 Tx	HER2 Status	ORR	DCR	mDOR (mo)	mPFS (mo)	mOS (mo)
ABC-06[1] 2021	**FOLFOX**	Phase 3	162	--	--	5%	33%	--	4.0	6.2
MyPathway[2] 2021	**Trastuzumab + Pertuzumab**	Phase 2a	39	No	IHC 3+, ISH+, or NGS Amp	23%	51%	10.8	4.0	10.9
KCSG-HB19-14[3] 2023	**Trastuzumab + FOLFOX**	Phase 2	34	No	IHC 3+, IHC 2+/ISH+, or NGS Amp	29%	79%	4.9	5.1	10.7
HERIZON-BTC-01[4] 2023	**Zanidatamab**	Phase 2b	62 80	No	**IHC 3+** IHC 3+ or IHC 2+/Amp	**52%** 41%	**79%** 69%	**14.9** 12.9	**7.2** 5.5	**18.1** 15.5
SGNTUC-019[5] 2023	**Trastuzumab + Tucatinib**	Phase 2	30	No	IHC 3+, ISH+, or NGS Amp	47%	77%	6.0	5.5	15.5
DESTINY-PanTumor02[6] 2023	**Trastuzumab Deruxtecan**	Phase 2	16 41 14	**Yes (17%)**	**IHC 3+** IHC 3+ or 2+ IHC 2+	**56%** 22% 0%	**78%** -- --	**22.1** 8.6 --	**7.4** 4.6 4.2	**12.4** 7.0 6.0
HERB[7] 2024	**Trastuzumab Deruxtecan**	Phase 2	22 8	Yes (n=0)	**IHC 3+ or IHC 2+/ISH+** IHC 2+/ISH-, IHC 1+, or IHC 0/ISH+	**36%** 13%	**82%** 75%	**7.4** --	**5.1** 3.5	**7.1** 8.9

[1]Lamarca et al. Lancet Oncol 2021 | [2]Javle et al. Lancet Oncol 2021 | [3]Lee et al. Lancet Gastroenterol Hepatol 2023 | [4]Harding, Fan, et al. Lancet Oncol 2023 | [5]Nakamura et al. J Clin Oncol 2023 | [6]Meric-Bernstam et al. J Clin Oncol 2023 | [7]Ohba et al. J Clin Oncol 2024

Courtesy of Haley Ellis, MD

Agenda

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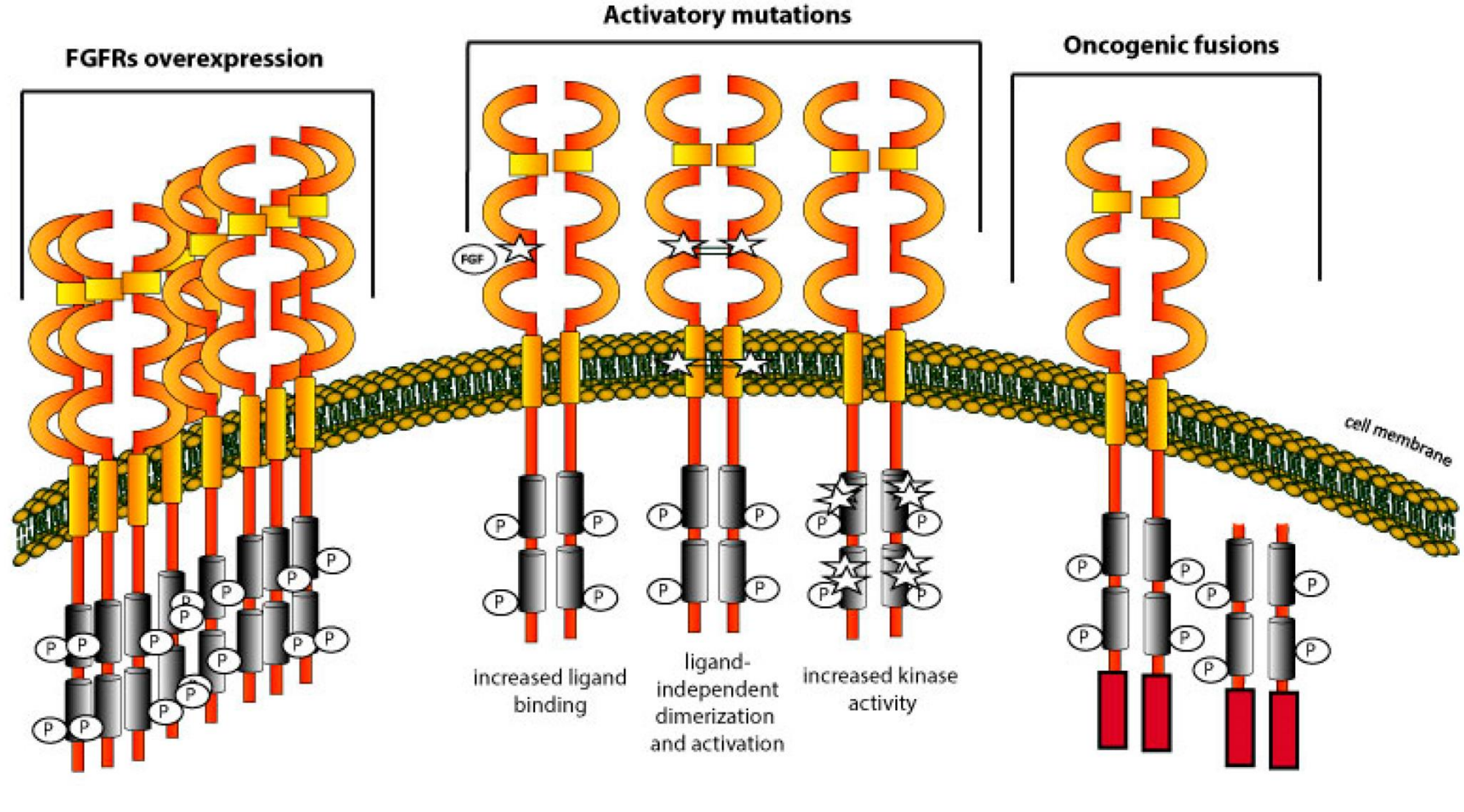
RTP RESEARCH TO PRACTICE

Case Presentation: 72-year-old man with metastatic cholangiocarcinoma (FGFR2 rearrangement) receives gemcitabine/oxaliplatin with durvalumab and experiences a rapid clinical decline

Dr Kimberly Ku (Bloomington, Illinois)

RTP RESEARCH TO PRACTICE

Cellular Trafficking of FGFR as a Therapeutic Target for Intrahepatic Cholangiocarcinoma



Porębska N et al. *J Clin Med* 2019 December 20;8(1):7.

Efficacy of FDA-Approved FGFR Inhibitors for Cholangiocarcinoma with an FGFR2 Fusion

	Pemigatinib (N = 108)	Futibatinib (N = 67)
Objective response rate	37.0%	42.0%
Disease control rate	82.4%	83.0%
Median progression-free survival	7.0 mo	9.0 mo
Median overall survival	17.5 mo	21.7 mo
Toxicities	Hyperphosphatemia, alopecia, diarrhea	Hyperphosphatemia, diarrhea, dry mouth

Vogel A et al. *ESMO Open* 2024;9(6):103488; Goyal L et al. *N Engl J Med* 2023;388:228-39.

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

ESMO OPEN SCIENCE FOR OPTIMAL CANCER CARE

ORIGINAL RESEARCH

An open-label study of pemigatinib in cholangiocarcinoma: final results from FIGHT-202☆

A. Vogel[1,2,3*], V. Sahai[4], A. Hollebecque[5], G. M. Vaccaro[6], D. Melisi[7], R. M. Al Rajabi[8], A. S. Paulson[9], M. J. Borad[10], D. Gallinson[11], A. G. Murphy[12], D.-Y. Oh[13], E. Dotan[14], D. V. Catenacci[15], E. Van Cutsem[16], C. F. Lihou[17], H. Zhen[17], M. L. Veronese[18] & G. K. Abou-Alfa[19,20,21]

[1]Hannover Medical School, Hannover, Germany; [2]Toronto General Hospital, Toronto; [3]Princess Margaret Cancer Centre, Toronto, Canada; [4]University of Michigan, Ann Arbor, USA; [5]Gustave Roussy Cancer Center, Paris, France; [6]Providence Cancer Center, Portland, USA; [7]Università degli studi di Verona, Verona, Italy; [8]University of Kansas Medical Center, Kansas City; [9]Baylor University Medical Center, Dallas; [10]Mayo Clinic Cancer Center, Phoenix; [11]Morristown Memorial Hospital, Morristown; [12]Johns Hopkins University School of Medicine, Baltimore, USA; [13]Seoul National University Hospital, Cancer Research Institute, Seoul National University College of Medicine, Integrated Major in Innovative Medical Science, Seoul National University Graduate School, Seoul, Republic of Korea; [14]Fox Chase Cancer Center, Philadelphia; [15]University of Chicago Medicine, Chicago, USA; [16]University Hospitals Gasthuisberg, Leuven & University of Leuven, Leuven, Belgium; [17]Incyte Corporation, Wilmington, USA; [18]Incyte International Biosciences Sàrl, Morges, Switzerland; [19]Memorial Sloan Kettering Cancer Center, New York; [20]Weill Medical College at Cornell University, New York, USA; [21]Trinity College Dublin School of Medicine, Dublin, Ireland

2024;9(6):103488.

FIGHT-202 Final Results: Response to Pemigatinib

Parameter	*FGFR2* fusions or rearrangements (*n* = 108)	Other *FGF/FGFR* alterations (*n* = 20)	No *FGF/FGFR* alterations (*n* = 17)
Duration of follow-up, median (range), months	42.9 (19.9-52.2)	47.5 (43.7-51.1)	51.9 (49.5-53.7)
ORR, *n* (%)	40 (37.0)	0	0
95% CI	27.9-46.9	0-16.8	0-19.5
Best overall response, *n* (%)			
CR	3 (2.8)	0	0
PR	37 (34.3)	0	0
SD	49 (45.4)	8 (40.0)	3 (17.6)
Progressive disease	16 (14.8)	7 (35.0)	11 (64.7)
Not evaluable	3 (2.8)	5 (25.0)	3 (17.6)
Time to response, median (range), months	2.7 (0.7-16.6)	—	—
DOR			
Events, *n* (%)	30 (75.0)	0	0
Censored, *n* (%)	10 (25.0)	0	0
Median (95% CI), months	9.1 (6.0-14.5)	—	—
≥12 months, *n* (%)[a]	12 (30.0)	—	—
Kaplan—Meier estimate (95% CI)			
6 months	67.8 (50.4-80.3)	—	—
12 months	41.2 (24.8-56.8)	—	—
DCR, *n* (%)	89 (82.4)	8 (40.0)	3 (17.6)
95% CI	73.9-89.1	19.1-63.9	3.8-43.4

ORR = objective response rate

Vogel A et al. *ESMO Open* 2024;9(6):103488.

RTP RESEARCH TO PRACTICE

121P- PemiBil : efficacy and safety of PEMIGATINIB in advanced cholangiocarcinoma with FGFR2 fusions/rearrangements in real-world, results of multicentric French cohort from ACABI consortium

B. Delaunay[1] , A. Hollebecque[2] , M. Bouattour[3] , J.F. Blanc[4] , E. Assenat[5] , A. Turpin[6] , M. Sarabi[7] , G. Roth[8] , D. Tougeron[9] , J. Edeline[10] , M. Ben Abdelghani[11] , A. Vienne[12] , S. Hiret[13] , P. Artru[14] , M. Stacoffe[15] , D. Malka[16] , C. Neuzillet[17] , A. Lievre[18] , R. Guimbaud[1] , N. Fares[1]

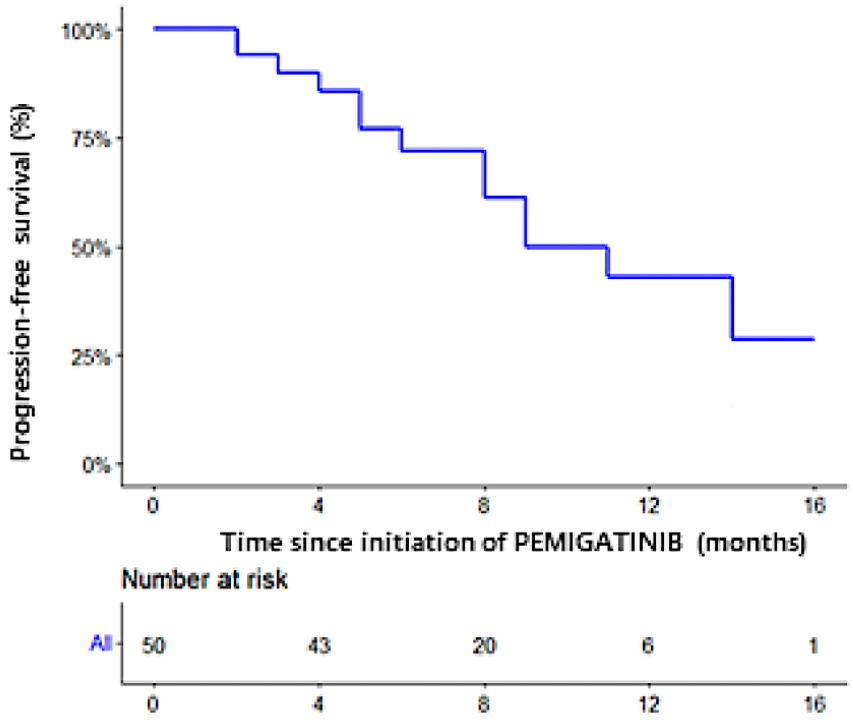
Delaunay B et al. ESMO 2023;Abstract 121P.

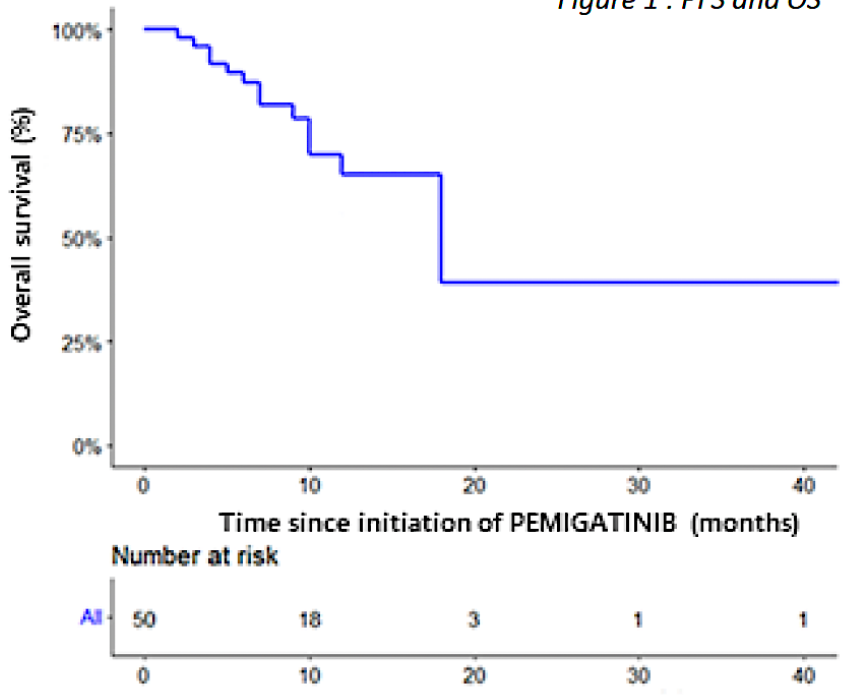
Real-World Efficacy with Pemigatinib

The objective response rate was 45,3% with 3 (5,7%) complete responses and 21 (39,6%) partial responses (n = 24).
The disease control rate was 88,7% in the whole cohort.

The median progression free survival (PFS) was 9 months (IIQ 6-14) and the median overall survival (OS) was 18 months (IIQ 12-NA) (*Figure 1*) .

Figure 1 : PFS and OS





Delaunay B et al. ESMO 2023;Abstract 121P.

Real-World Safety with Pemigatinib

Adverse event at 13,5 mg dose (n = 48)	All grade n (%)	Grade 1 n (%)	Grade 2 n (%)	Grade 3 n (%)
Hyperphosphatemia	28 (58)	13 (27)	15 (31)	-
Nail toxicities	28 (58)	15 (31)	10 (21)	3 (6)
Dry eye	20 (42)	14 (29)	6 (12)	-
Keratitis	5 (10)	4 (8)	1 (2)	1 (2)
Retinal detachment	4 (8)	3 (6)	1 (2)	-
Asthenia	28 (58)	18 (37)	6 (12)	4 (8)
Weight decreased	16 (33)	15 (31)	1 (2)	-
Erythema	7 (15)	5 (10)	2 (4)	-
Palmo-plantar erythrodysesthesia	14 (29)	6 (12)	6 (12)	2 (4)
Myalgia	15 (31)	12 (25)	1 (2)	2 (4)
Dysgeusia	6 (12)	5 (10)	1 (2)	-
Stomatitis	23 (48)	12 (25)	9 (18)	2 (4)
Diarrhea	14 (29)	10 (21)	4 (8)	-
Nausea / vomiting	8 (17)	7 (15)	1 (2)	-
Alopecia	12 (25)	2 (4)	10 (21)	-
Arthralgia	5 (10)	3 (6)	1 (2)	1 (2)
Anemia	13 (27)	6 (12)	6 (12)	1 (2)
Hepatic cytolysis	9 (19)	6 (12)	2 (4)	1 (2)
Hypophosphatemia	6 (12)	4 (8)	2 (4)	-

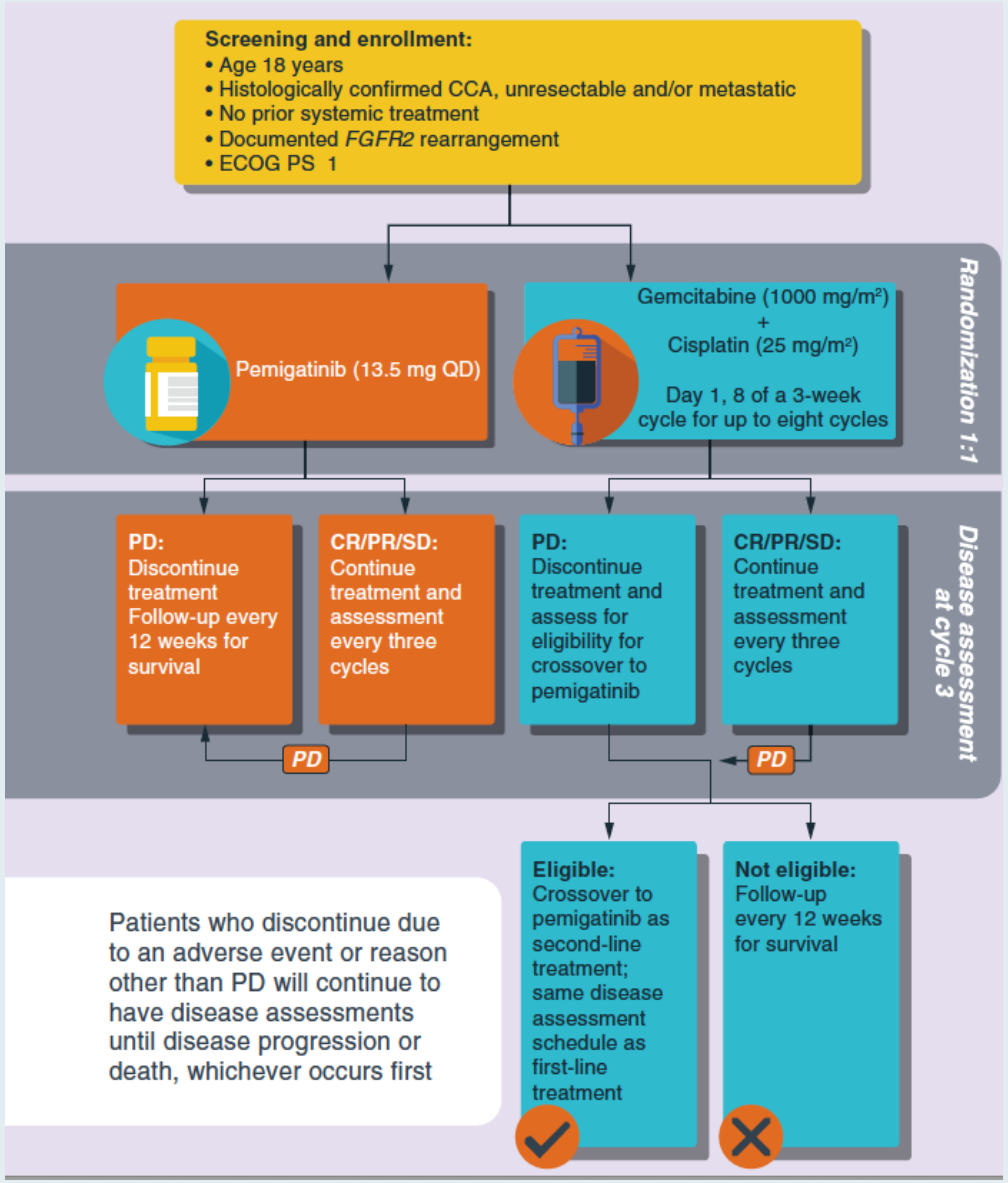
Table 2: toxicities at 13,5 mg dose

Delaunay B et al. ESMO 2023;Abstract 121P.

FIGHT-302: An Ongoing Phase III Trial of First-Line Pemigatinib versus Gemcitabine/Cisplatin for Advanced Cholangiocarcinoma with FGFR2 Rearrangements

Trial identifier: NCT03656536 (Closed)
Actual enrollment: 167

Primary endpoint: Progression-free survival

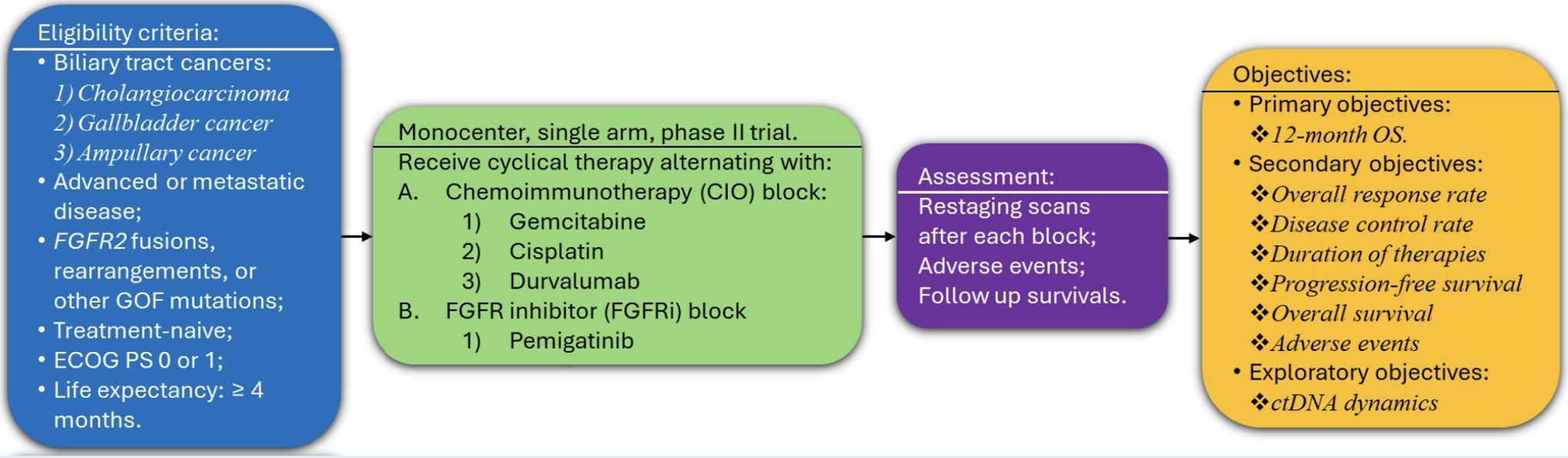


CCA = cholangiocarcinoma; PD = disease progression

Bekaii-Saab T et al. *Future Oncol* 2020;16(30):2385-99; www.clinicaltrials.gov. Accessed August 2025.

Phase IIa Study of First-Line Cyclical Therapy Alternating Durvalumab/Gemcitabine/Cisplatin with Pemigatinib

- In this monocenter, single-arm, and 3-year phase 2 clinical trial, treatment-naive patients with FGFR2-altered advanced BTCs, PS ≤ 1, are eligible (**Figure 2**).
- Cyclical therapy is alternated between two therapy-blocks, starting from C-IO block (2 cycles of gemcitabine, cisplatin and durvalumab, 28-day/cycle), then FGFRi block (3 cycles of pemigatinib on day 1-14 of 21-day/cycle). Block-switch continues until progressive disease (PD), and then we will continue alternated block until the next PD (more details in **Figure 3**).
- A sample size of 30 is calculated based on an expected 12-month OS rate of ≥ 55%.



Li C et al. Gastrointestinal Cancers Symposium 2025;Abstract TPS645.

The NEW ENGLAND JOURNAL of MEDICINE

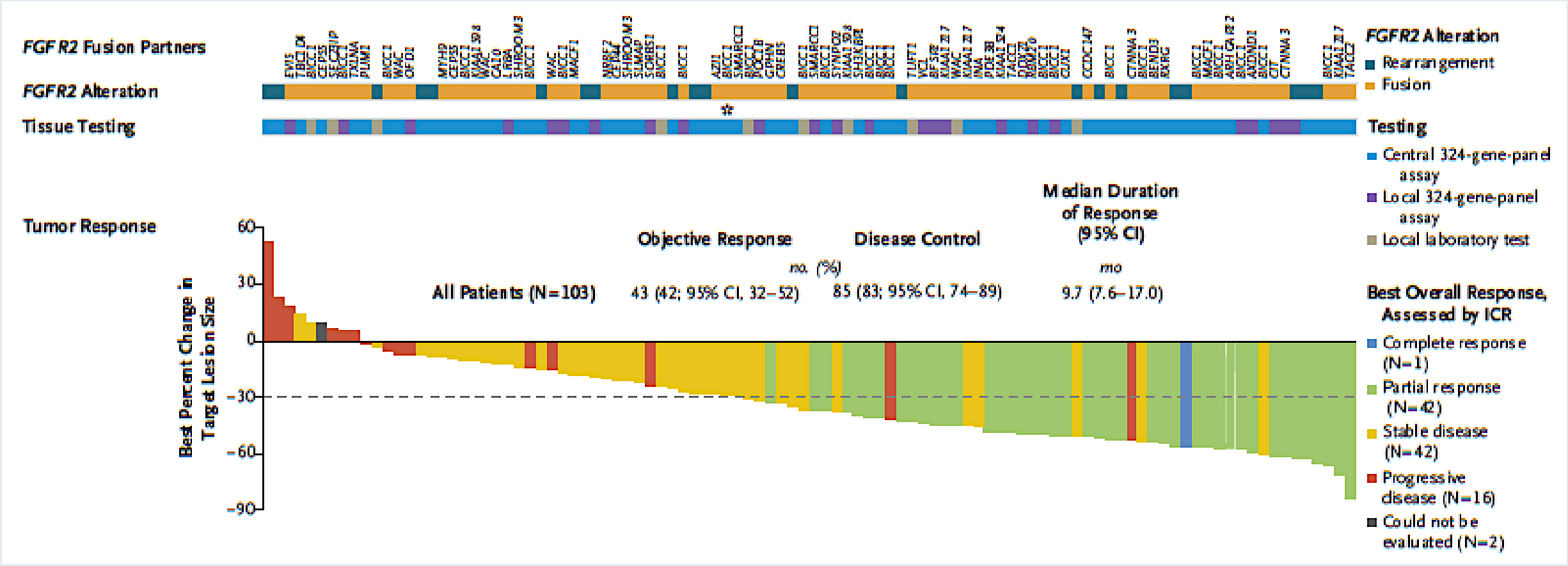
ORIGINAL ARTICLE

Futibatinib for *FGFR2*-Rearranged Intrahepatic Cholangiocarcinoma

L. Goyal, F. Meric-Bernstam, A. Hollebecque, J.W. Valle, C. Morizane, T.B. Karasic, T.A. Abrams, J. Furuse, R.K. Kelley, P.A. Cassier, H.-J. Klümpen, H.-M. Chang, L.-T. Chen, J. Tabernero, D.-Y. Oh, A. Mahipal, M. Moehler, E.P. Mitchell, Y. Komatsu, K. Masuda, D. Ahn, R.S. Epstein, A.-B. Halim, Y. Fu, T. Salimi, V. Wacheck, Y. He, M. Liu, K.A. Benhadji, and J.A. Bridgewater, for the FOENIX-CCA2 Study Investigators*

2023;388:228-39.

FOENIX-CCA2: A Phase II Study of Futibatinib for Intrahepatic Cholangiocarcinoma with FGFR2 Fusions or Rearrangements



Median PFS: 9.0 mo
Median OS: 21.7 mo

Goyal L et al. *N Engl J Med* 2023;388:228-39.

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RTP RESEARCH TO PRACTICE

Case Presentation: 60-year-old man with metastatic cholangiocarcinoma (FGFR2 rearrangement) experiences severe muscle pain while receiving infigratinib

Dr Joseph Martins (Tyler, Texas)

RTP
RESEARCH
TO PRACTICE

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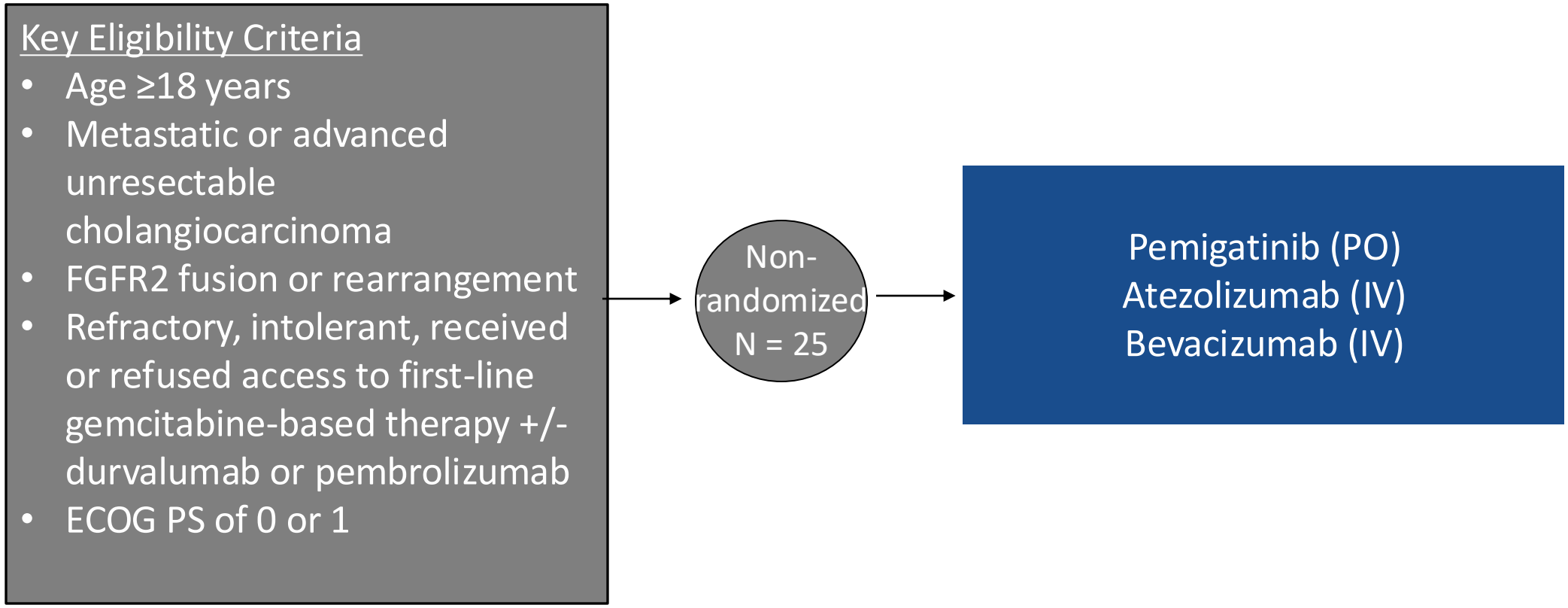
RTP RESEARCH TO PRACTICE

Case Presentation: 49-year-old woman with Stage IV recurrent cholangiocarcinoma (FGFR2 rearrangement) receives pemigatinib

Dr Justin Favaro (Charlotte, North Carolina)

RTP RESEARCH TO PRACTICE

Phase I/II Trial of Pemigatinib in Combination with Atezolizumab and Bevacizumab for Advanced Cholangiocarcinoma with FGFR2 Fusion

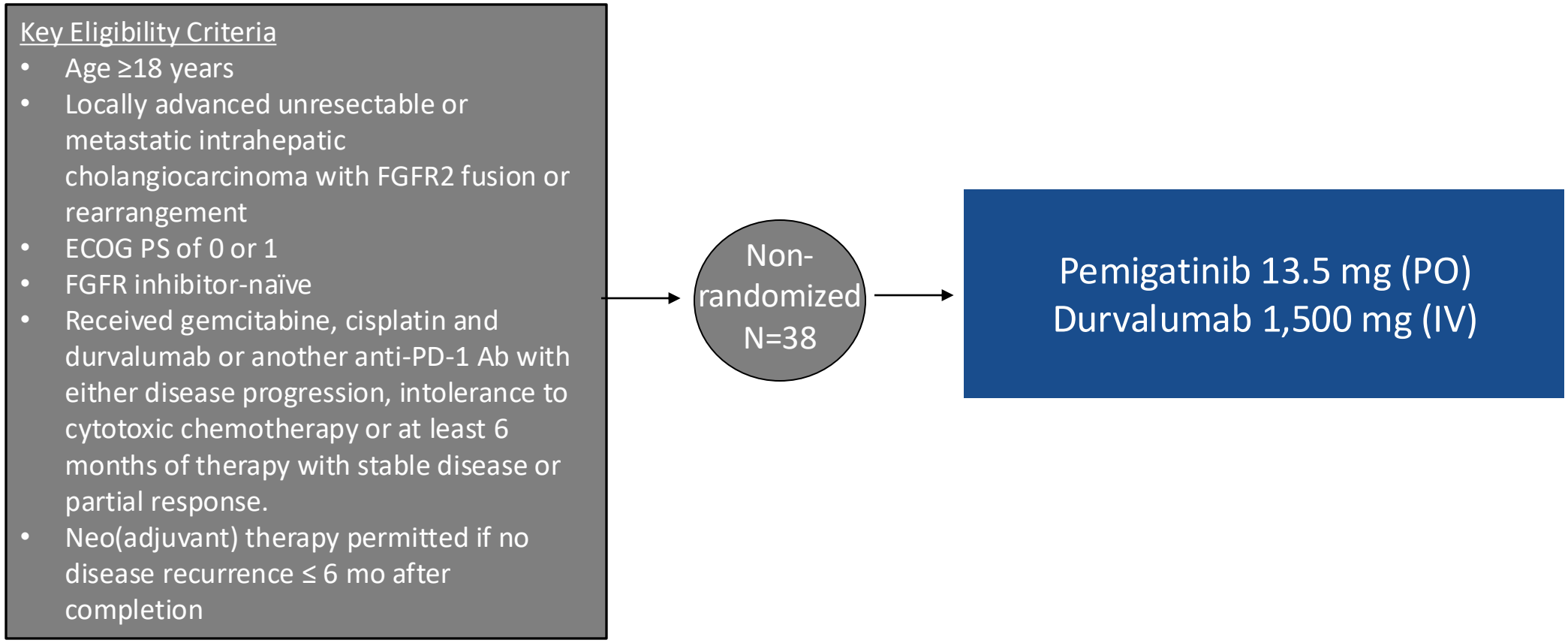


Primary Outcome Measures: Safety and adverse events

PO = By mouth; IV = Intravenous

www.clinicaltrials.gov. NCT06439485. Accessed August 2025.

Phase II Study of Pemigatinib and Durvalumab for Previously Treated Advanced Intrahepatic Cholangiocarcinoma with FGFR2 Fusion or Rearrangement

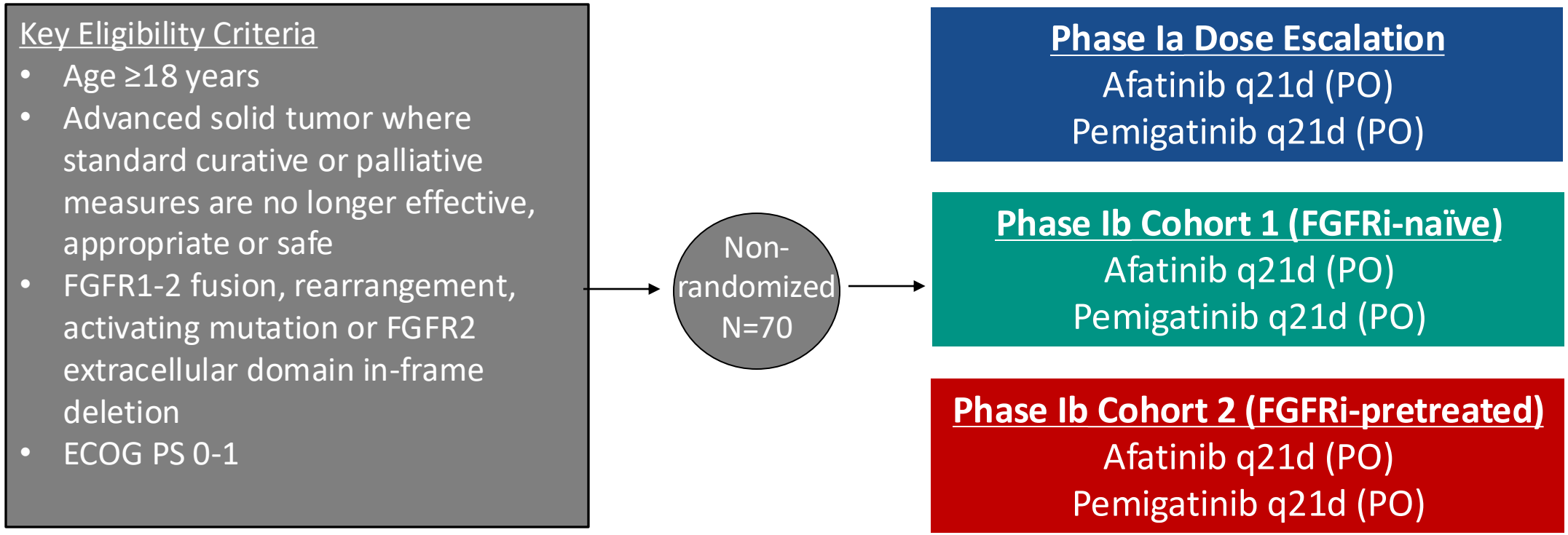


Primary Outcome Measure: Confirmed objective response rate

Ab = antibody

www.clinicaltrials.gov. NCT06728410. Accessed August 2025.

Pemigatinib with Afatinib for Advanced Refractory Solid Tumors



Primary Outcome Measures: maximum tolerated dose, objective response rate

FGFRi = FGFR inhibitor

www.clinicaltrials.gov. NCT06728410. Accessed August 2025.

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RTP RESEARCH TO PRACTICE

Case Presentation: 63-year-old woman with HER2-positive cholangiocarcinoma develops metastatic disease during adjuvant capecitabine therapy

Dr Neil Morganstein (Summit, New Jersey)

RTP
RESEARCH
TO PRACTICE

FDA Grants Accelerated Approval to Zanidatamab for Previously Treated Unresectable or Metastatic HER2-Positive Biliary Tract Cancer

Press Release: November 20, 2024

"The Food and Drug Administration granted accelerated approval to zanidatamab-hrii, a bispecific HER2-directed antibody, for previously treated, unresectable or metastatic HER2-positive (IHC 3+) biliary tract cancer (BTC), as detected by an FDA-approved test.

Efficacy was evaluated in HERIZON-BTC-01 (NCT04466891), an open-label multicenter, single-arm trial in 62 patients with unresectable or metastatic HER2-positive (IHC3+) BTC. Patients were required to have received at least one prior gemcitabine-containing regimen in the advanced disease setting. The major efficacy outcome measures were objective response rate (ORR) and duration of response (DOR) as determined by an independent central review according to RECIST v1.1. ORR was 52% and median DOR was 14.9 months.

The prescribing information contains a boxed warning for embryo-fetal toxicity. The most common adverse reactions reported in at least 20% of patients who received zanidatamab-hrii were diarrhea, infusion-related reactions, abdominal pain, and fatigue.The recommended zanidatamab-hrii dose is 20 mg/kg administered as an intravenous infusion once every 2 weeks until progression or unacceptable toxicity."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-grants-accelerated-approval-zanidatamab-hrii-previously-treated-unresectable-or-metastatic-her2

RTP RESEARCH TO PRACTICE

2024 ASCO ANNUAL MEETING

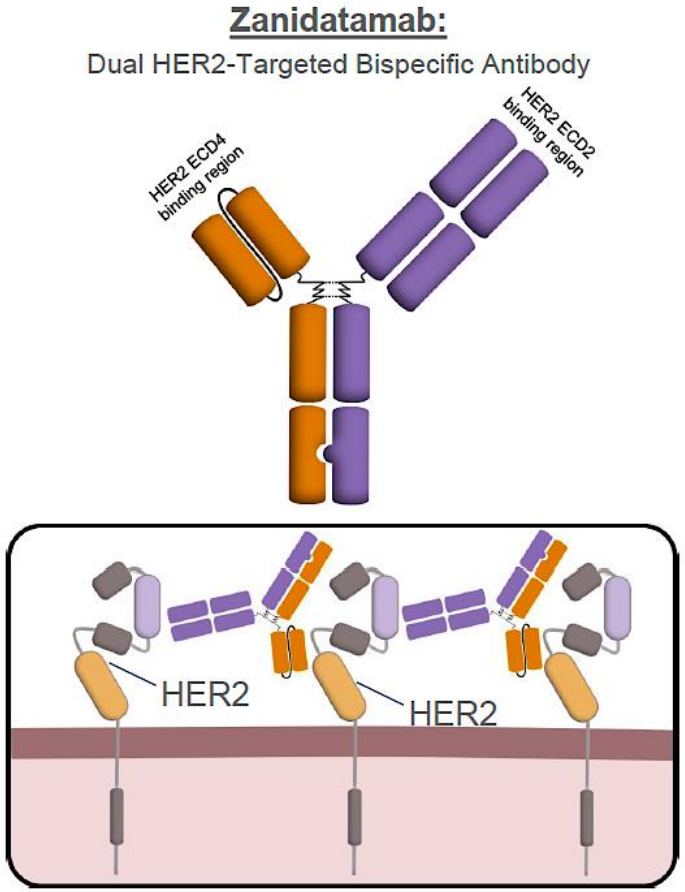
Abstract 4091

Zanidatamab in Previously Treated HER2-Positive Biliary Tract Cancer: Overall Survival and Longer Follow-Up From the Phase 2b HERIZON-BTC-01 Study

Shubham Pant,[1,*] Jia Fan,[2] Do-Youn Oh,[3] Hye Jin Choi,[4] Jin Won Kim,[5] Heung-Moon Chang,[6] Lequn Bao,[7] Hui-Chuan Sun,[2] Teresa Macarulla,[8] Feng Xie,[9] Jean-Philippe Metges,[10] Jie-Er Ying,[11] John A Bridgewater,[12] Mohamedtaki A Tejani,[13] Emerson Y Chen,[14] Harpreet Wasan,[15] Michel Ducreux,[16] Yi Zhao,[17] Phillip M Garfin,[18] James J Harding[19]

RTP RESEARCH TO PRACTICE

HERIZON-BTC-01: Zanidatamab Mechanism of Action and Study Background



- BTC accounts for less than 1% of adult cancers and is associated with a poor prognosis[1,2]
- After failure of first-line treatment, subsequent chemotherapy is associated with a median OS of approximately 6-9 months and poor tolerability[3,4]
- Zanidatamab is a humanized, IgG1-like, HER2-targeted bispecific antibody that binds to 2 distinct domains on HER2[5]
- After a median follow-up of 12.4 months (data cutoff: October 10, 2022), zanidatamab showed encouraging antitumor activity (41.3% cORR) with rapid and durable responses and a manageable safety profile in patients with previously treated HER2-positive BTC[6]

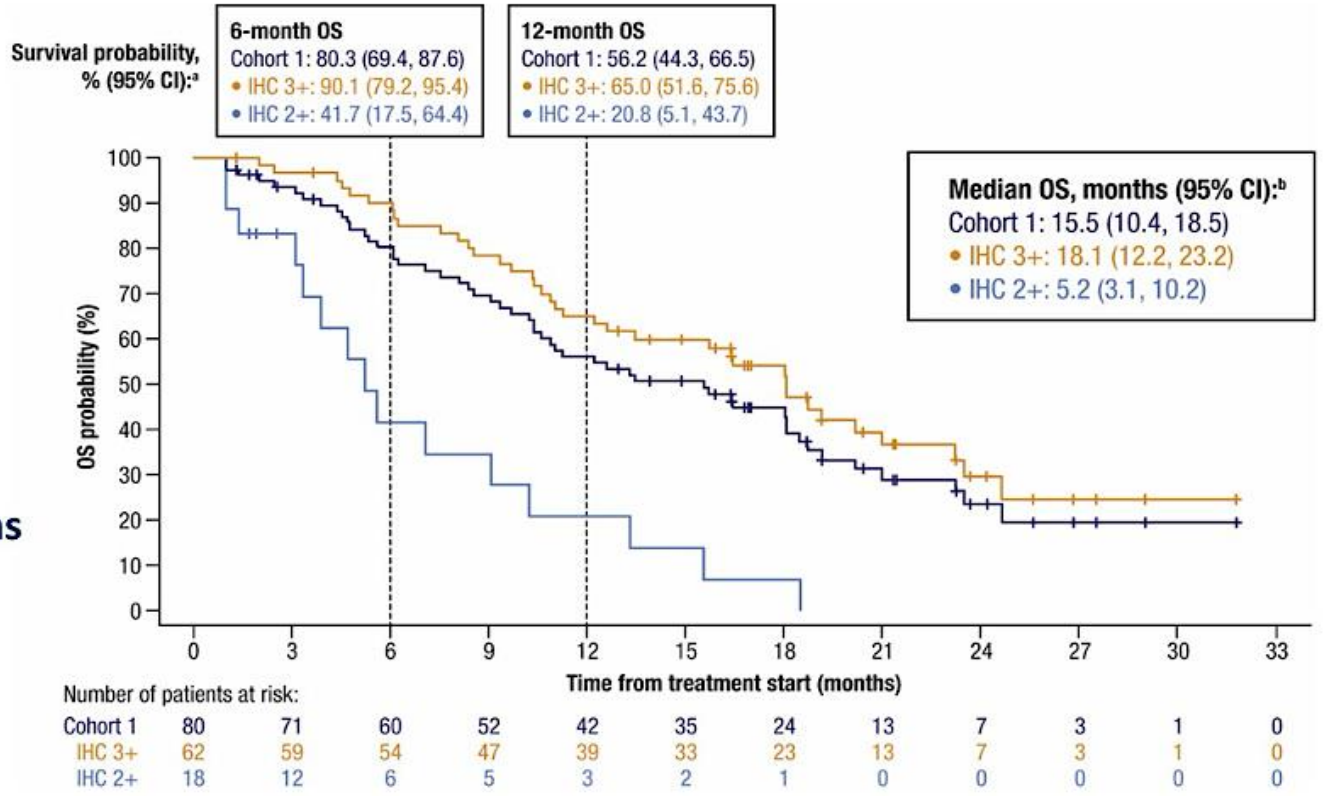
Here, we report the efficacy, including OS, and safety of zanidatamab in patients with HER2-positive BTC enrolled in HERIZON-BTC-01 with additional follow-up

cORR = confirmed objective response rate

Pant S et al. ASCO 2024;Abstract 4091; Rha SY et al. ESMO 2024;Abstract 516MO.

HERIZON-BTC-01: Long-Term Efficacy Outcomes

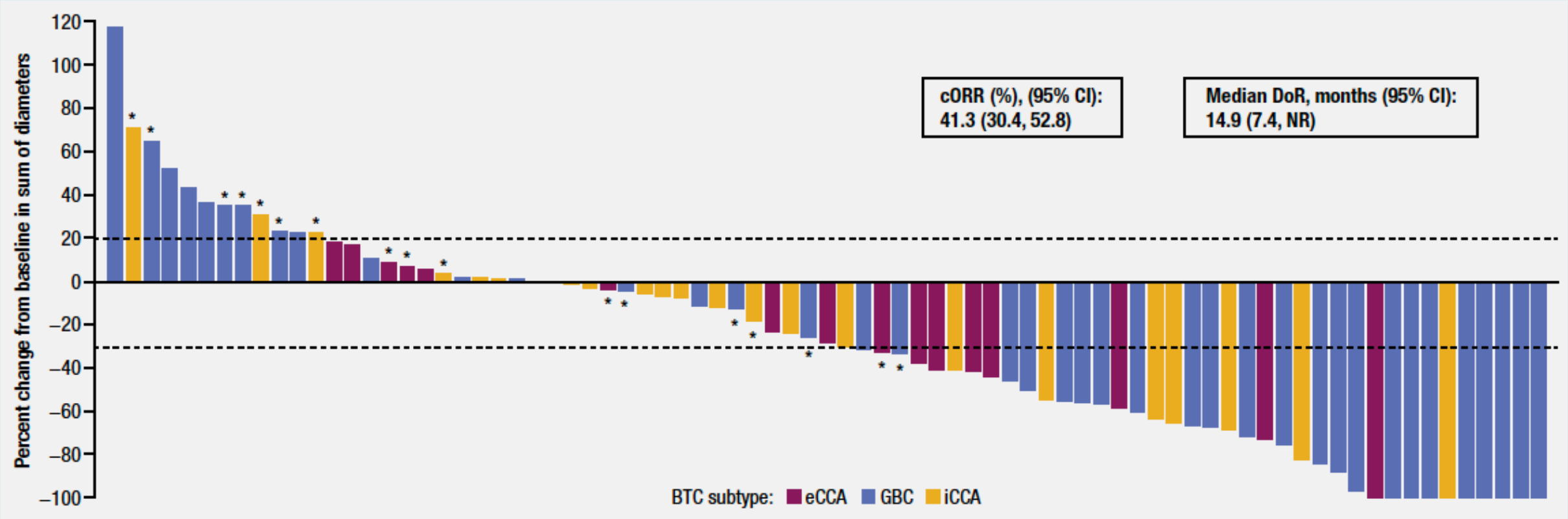
- The median (range) duration of follow-up was 22 (16-34) months (data cutoff: July 28, 2023)
- **cORR (41.3%) and DCR (68.8%) were maintained from the primary analysis;[1] 1 additional patient achieved a CR**
  - In a pre-planned subgroup analysis of cORR by HER2 expression, responses were observed in both IHC 3+ (cORR: 51.6%) and IHC 2+ (cORR: 5.6%)
- **The median DOR (95% CI) increased to 14.9 (7.4, NR) months from the primary analysis[1]**
- **The median OS (95% CI) was 15.5 (10.4, 18.5) months**



DCR = disease control rate; CR = complete response; DOR = duration of response; NR = not reached

Pant S et al. ASCO 2024;Abstract 4091.

HERIZON-BTC-01: Target Lesion Reduction with Zanidatamab



eCCA = extrahepatic cholangiocarcinoma; GBC = gallbladder cancer; iCCA = intrahepatic cholangiocarcinoma

Pant S et al. ASCO 2024;Abstract 4091.

HERIZON-BTC-01: Long-Term Safety Outcomes

- **The safety profile of zanidatamab was largely unchanged with additional follow-up**
- **There were no deaths related to zanidatamab treatment**
- **TRAEs leading to dose reductions remained infrequent**
  - Grade 3 diarrhea (n=1), grade 1 diarrhea and grade 1 nausea (n=1), and grade 2 weight decreased (n=1)
- **One patient experienced serious TRAEs since the prior analysis** (alanine aminotransferase increased and aspartate aminotransferase increased)
- **No patients discontinued treatment due to TRAEs since the prior analysis**

All Patients (Cohort 1 and Cohort 2)	N=87	
Any TEAE, n (%)	84 (96.6)	
Any TRAE, n (%)	63 (72.4)	
Grade 1-2	45 (51.7)	
Grade 3-4[a]	18 (20.7)	
Grade 5	0 (0)	
Serious TRAEs[b]	8 (9.2)	
TRAEs leading to treatment discontinuation, n (%)	2 (2.3)[c]	
Most common TRAEs,[d] n (%)	**All grades**	**Grades 3-4**
Diarrhea	32 (36.8)	4 (4.6)
Infusion-related reaction	29 (33.3)	1 (1.1)
Ejection fraction decreased	9 (10.3)	3 (3.4)
Nausea	8 (9.2)	1 (1.1)
Alanine aminotransferase increased	6 (6.9)	1 (1.1)
Aspartate aminotransferase increased	6 (6.9)	2 (2.3)
Vomiting	6 (6.9)	0 (0)
Fatigue	5 (5.7)	0 (0)
Anemia	4 (4.6)	3 (3.4)
AESI, n (%)		
Infusion-related reaction	29 (33.3)	1 (1.1)
Confirmed cardiac events	5 (5.7)	3 (3.4)
Non-infectious pulmonary toxicities	1 (1.1)	1 (1.1)

TRAE = treatment-related adverse event; TEAE = treatment-emergent adverse event; AESI = adverse event of special interest

Pant S et al. ASCO 2024;Abstract 4091.

HERIZON-BTC-01: Author Conclusions

- In this long-term analysis, zanidatamab monotherapy demonstrated durable and sustained antitumor activity in previously treated patients with HER2-positive unresectable, locally advanced, or metastatic BTC; these results support the clinically meaningful benefit of continued treatment with zanidatamab
  - The cORR was maintained (41.3%) and there are now 2 complete responses
  - The median DOR increased to 14.9 months from the prior analysis
  - Zanidatamab led to a median OS of 15.5 months (18.1 months in patients with IHC 3+ tumors)
- The safety profile remained manageable with favorable tolerability and infrequent discontinuations
- The efficacy (including OS) and manageable safety profile of zanidatamab is notable in this patient population who historically have had poor outcomes and high unmet needs
- The clinical development of zanidatamab in the treatment of HER2-positive BTC continues with the ongoing, global, randomized phase 3 study (HERIZON-BTC-02; NCT06282575) that is investigating zanidatamab in combination with standard-of-care therapy in the first-line setting for patients with HER2-positive BTC

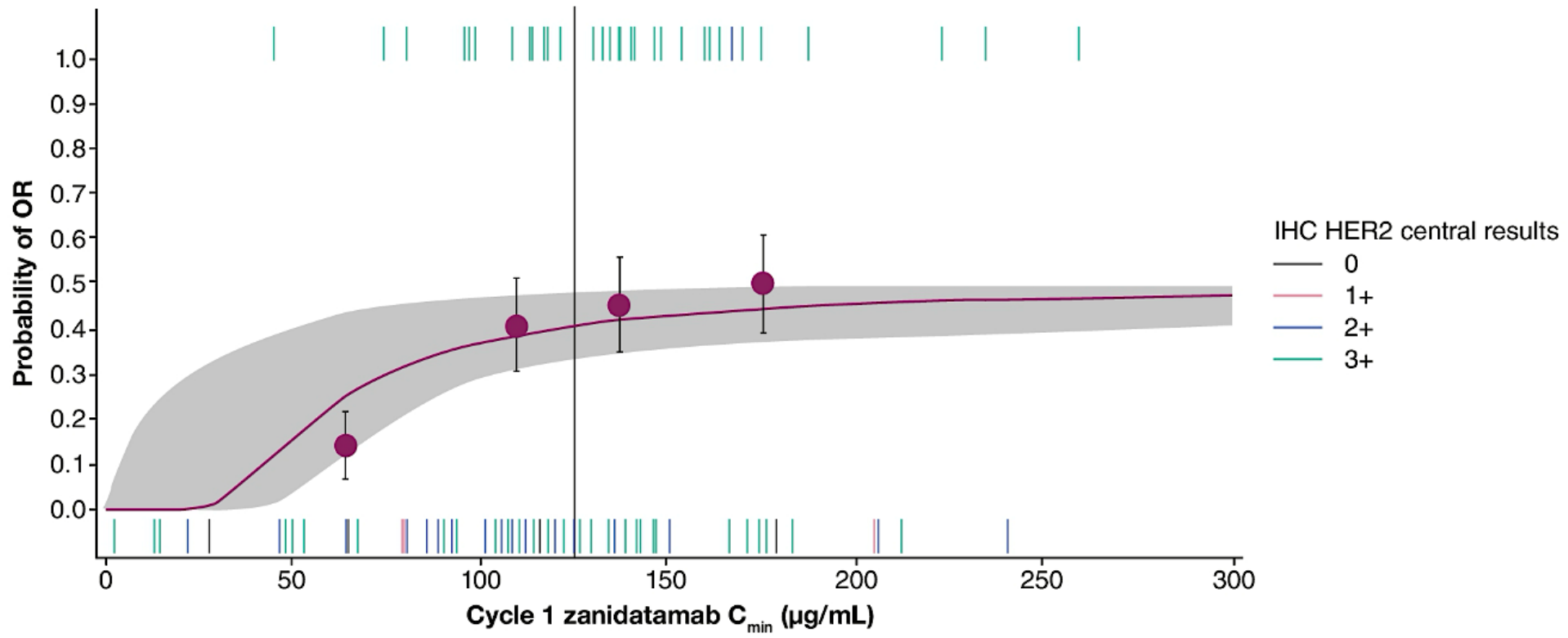
Pant S et al. ASCO 2024;Abstract 4091.

Zanidatamab Dose Optimization in Patients with HER2-Positive Biliary Tract Cancer

Trueman S et al.
Gastrointestinal Cancers Symposium 2025;Abstract 546.

Zanidatamab Pharmacokinetics

Figure 3. Zanidatamab Exposure-Efficacy Relationship in Patients With BTC



Conclusions

- This analysis supports the approved dose of zanidatamab (20 mg/kg Q2W) for patients with HER2-positive BTC based on:
  - Reaching the desired target exposure (IC90 for LDGI)
  - Saturating target-mediated elimination pathway
  - The exposure-response analysis showing that exposures following this dose support the efficacy (exposures for the majority of patients on the plateau) and safety (no correlation with grade ⩾3 diarrhea) balance in the BTC population

Trueman S et al. Gastrointestinal Cancers Symposium 2025;Abstract 546.

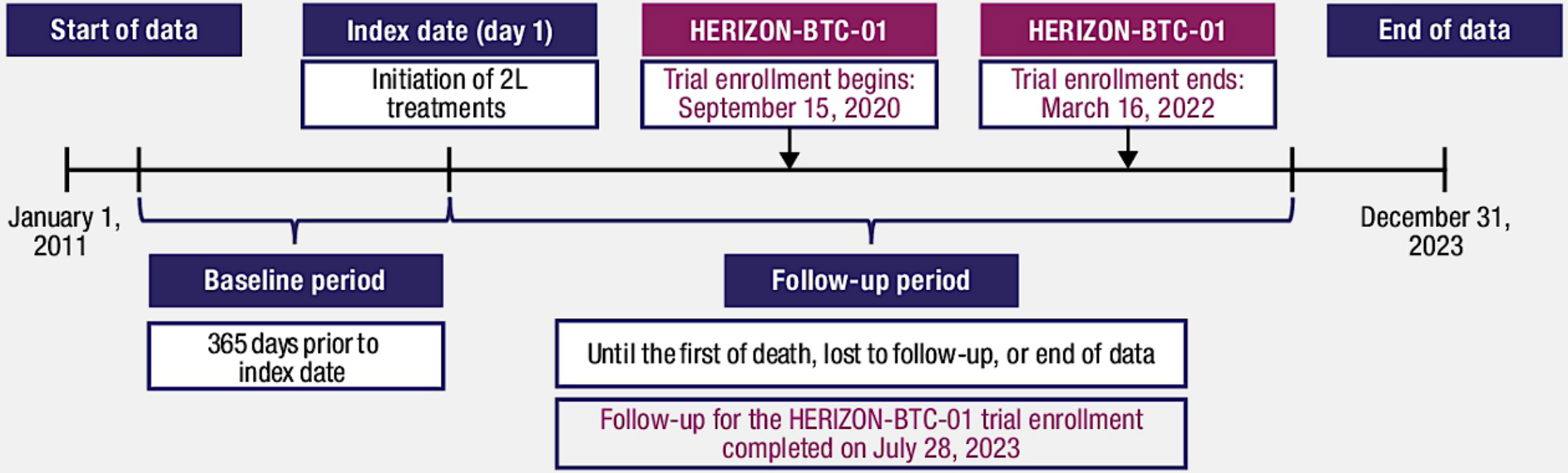
Survival Outcomes for Zanidatamab-hrii Compared to Chemotherapy in Previously Treated HER2-Positive (IHC3+) Biliary Tract Cancer (BTC): HERIZON-BTC-01 vs a Real-World (RW) External Control Arm (ECA)

Kim RD et al.

ASCO 2025;Abstract 4101.

HERIZON-BTC-01 versus a Real-World External Control Arm (ECA)

- This study compared 2 cohorts:
  - **Zanidatamab** - patients from the HERIZON-BTC-01 trial (NCT04466891) with HER2+ (IHC 3+), unresectable, locally advanced, or metastatic BTC (iCCA, eCCA, GBC) who had received prior gemcitabine-containing therapy
    - Patients had received zanidatamab 20 mg/kg intravenously every 2 weeks
  - **ECA** - constructed using data from the Flatiron Health Research Analytic Database (longitudinal, deidentified, patient-level database derived from electronic health records [EHRs] at community and academic cancer clinics in the USA)
    - Patients had received 2L chemotherapy, as defined in the database

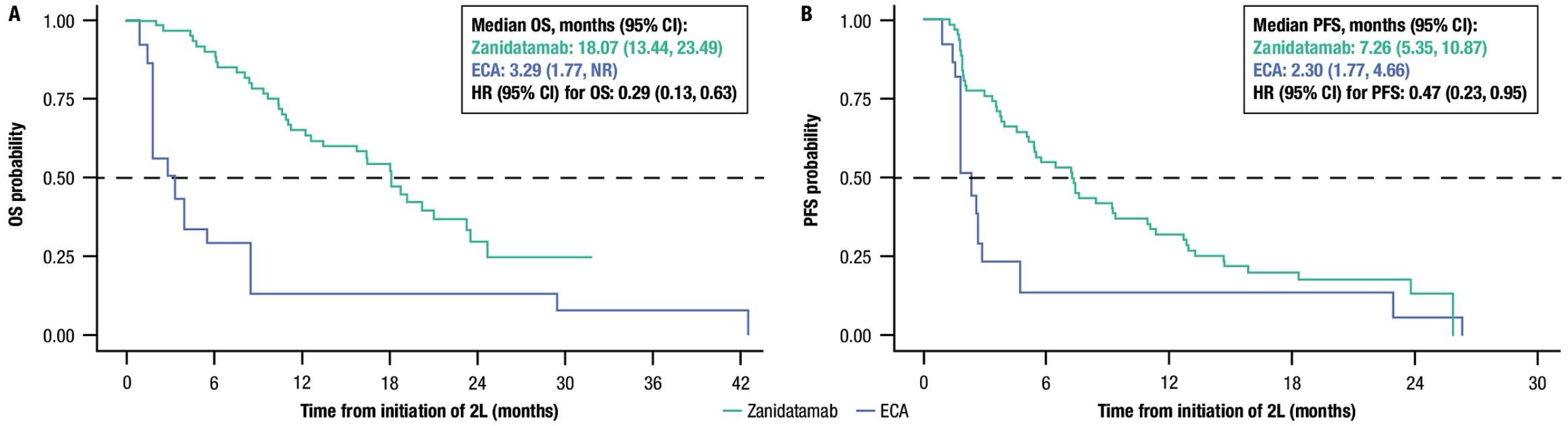


Note: A total of 29,000 patients were initially assessed, with 290 patients meeting the criteria listed.
2L, second-line

Kim RD et al. ASCO 2025;Abstract 4101.

HERIZON-BTC-01 versus a Real-World ECA: Survival

Figure 3. SMR-Weighted (A) OS and (B) PFS



SMR = standardized mortality ratio; OS = overall survival; PFS = progression-free survival

Kim RD et al. ASCO 2025;Abstract 4101.

HERIZON-BTC-01 versus a Real-World ECA: 6-Month and 12-Month Outcomes

	6 Months		12 Months	
	Survival	Difference in Survival	Survival	Difference in Survival
OS, % (95% CI)				
Zanidatamab	90 (83, 98)	61 (32, 90)	65 (54, 78)	52 (29, 74)
ECA	29 (11, 75)		13 (3, 55)	
PFS, % (95% CI)				
Zanidatamab	55 (44, 69)	41 (20, 62)	32 (22, 46)	18 (-2, 39)
ECA	14 (4, 47)		14 (4, 47)	

CI, confidence interval; ECA, external control arm; OS, overall survival; PFS, progression-free survival.

Kim RD et al. ASCO 2025;Abstract 4101.

Antitumour Activity and Safety of First-Line Zanidatamab + Cisplatin-Gemcitabine in Patients with HER2-Expressing Biliary Tract Cancer (BTC)

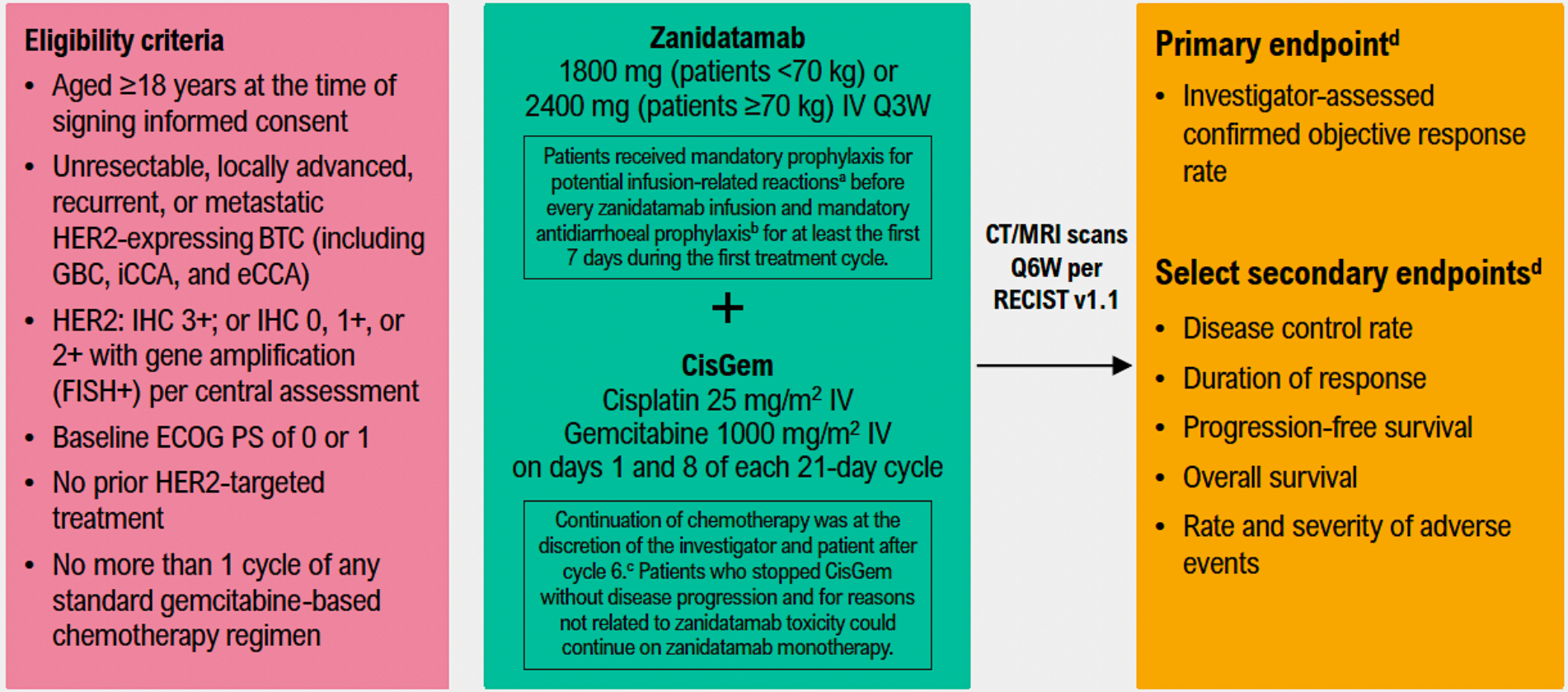
Oh D-Y et al.

ESMO GI 2025;Abstract 319P.

Phase II Study of First-Line Zanidatamab with Cisplatin/Gemcitabine

- This is a global, open-label, 2-part, phase 2 trial (NCT03929666) evaluating zanidatamab plus standard combination chemotherapy for HER2-expressing advanced gastrointestinal cancers, including gastro-oesophageal adenocarcinoma,[13] colorectal cancer,[14] and BTC

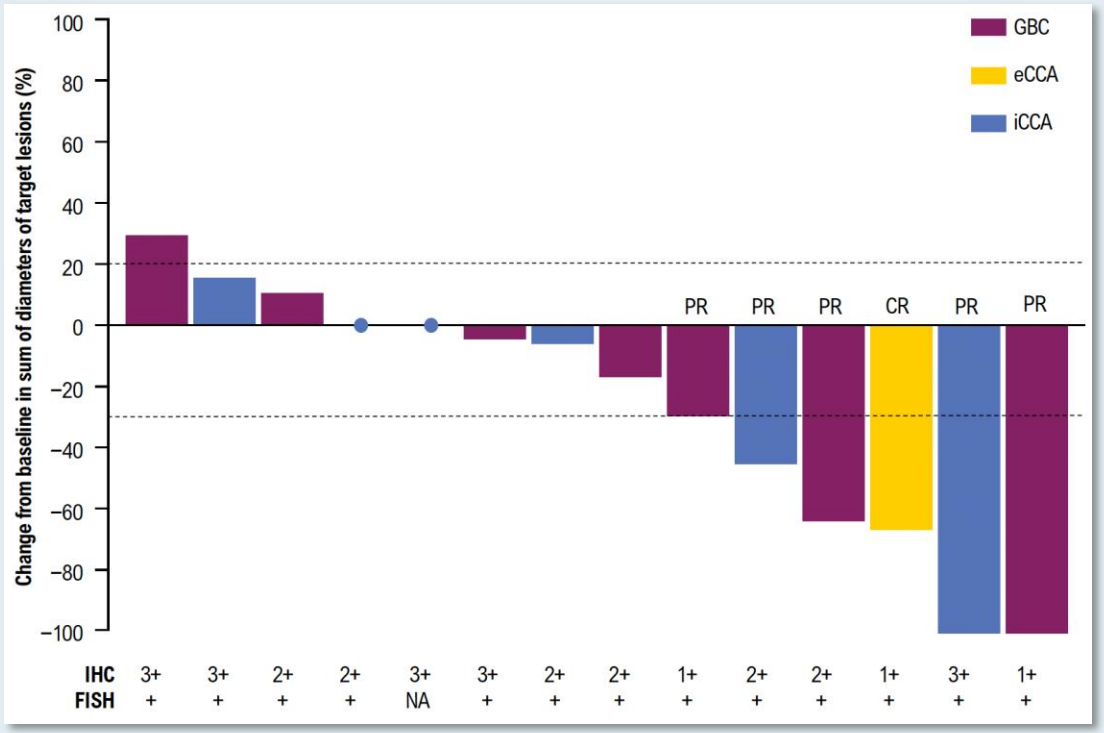
Figure 2. Study Design



Oh D-Y et al. ESMO GI 2025;Abstract 319P.

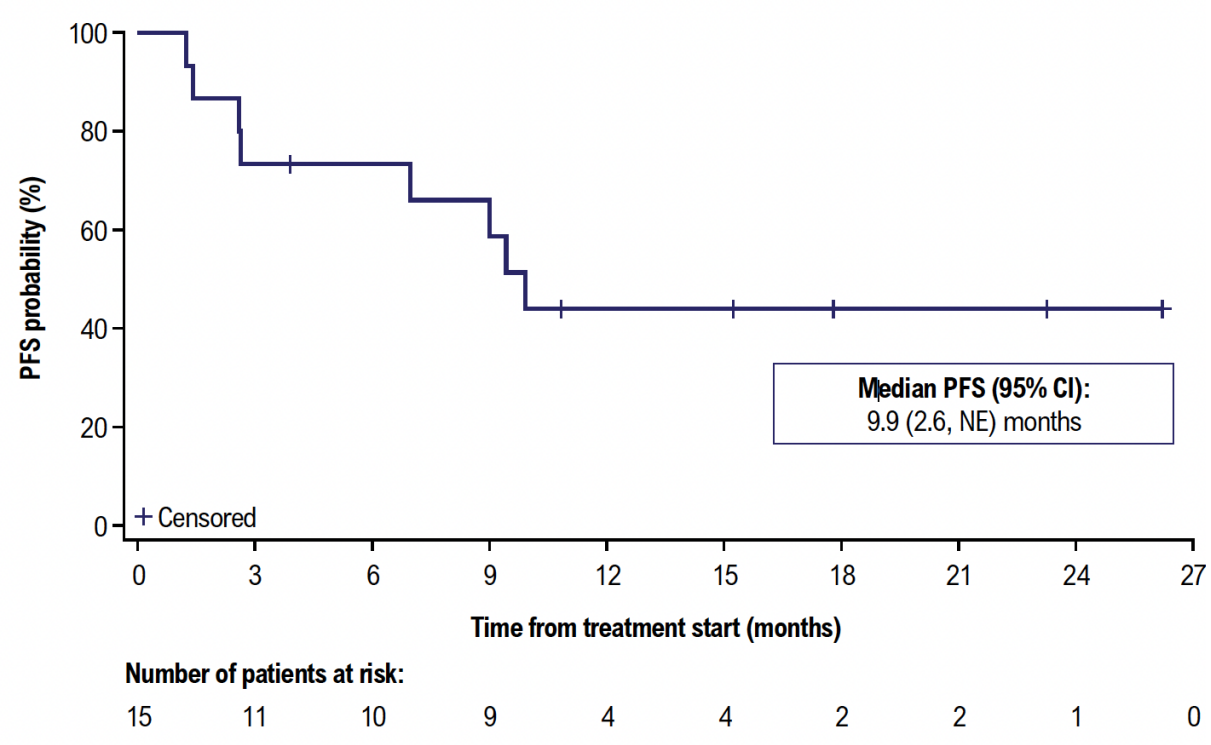
Phase II Study of First-Line Zanidatamab with Chemotherapy: Response

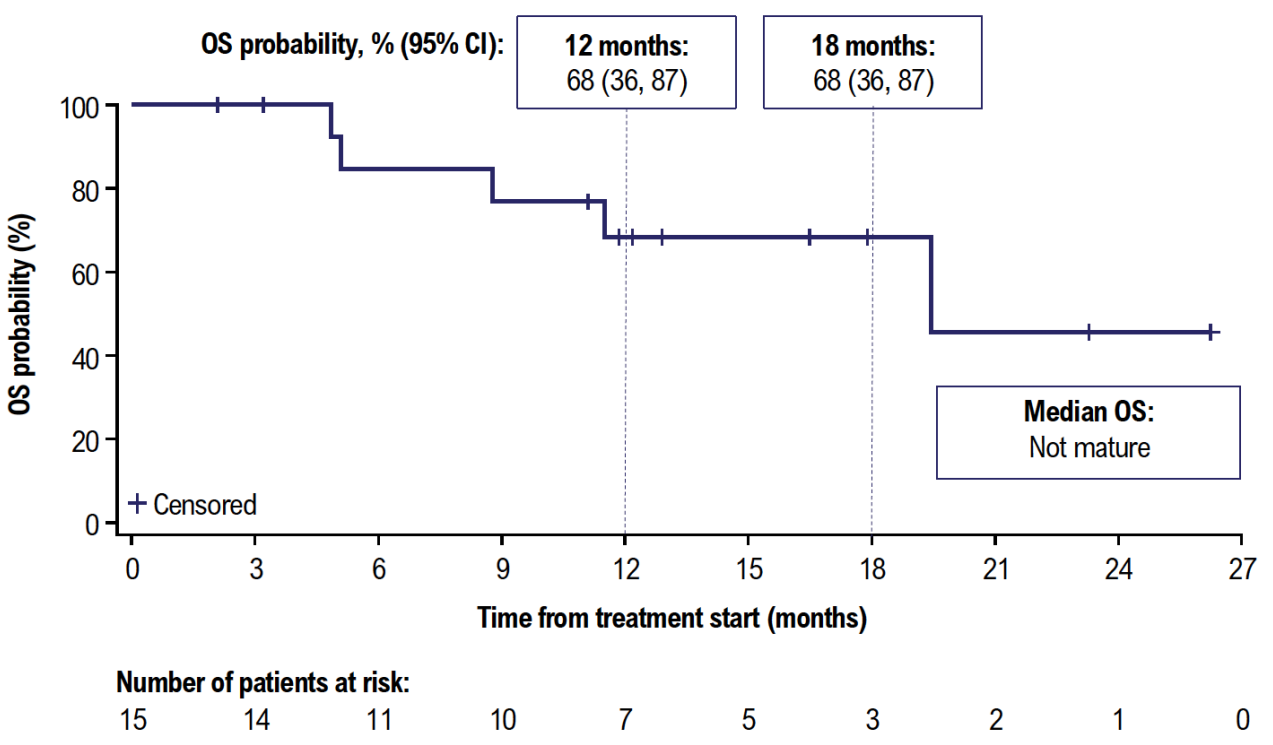
	Response-Evaluable Patients[a] (n = 14)
Confirmed objective response rate, n (% [95% CI])	6 (43 [18, 71])
Best confirmed response, n (%)	
Complete response	1 (7)
Partial response	5 (36)
Stable disease	6 (43)
Progressive disease	2 (14)
Disease control rate[b], n (% [95% CI])	12 (86 [57, 98])



Oh D-Y et al. ESMO GI 2025;Abstract 319P.

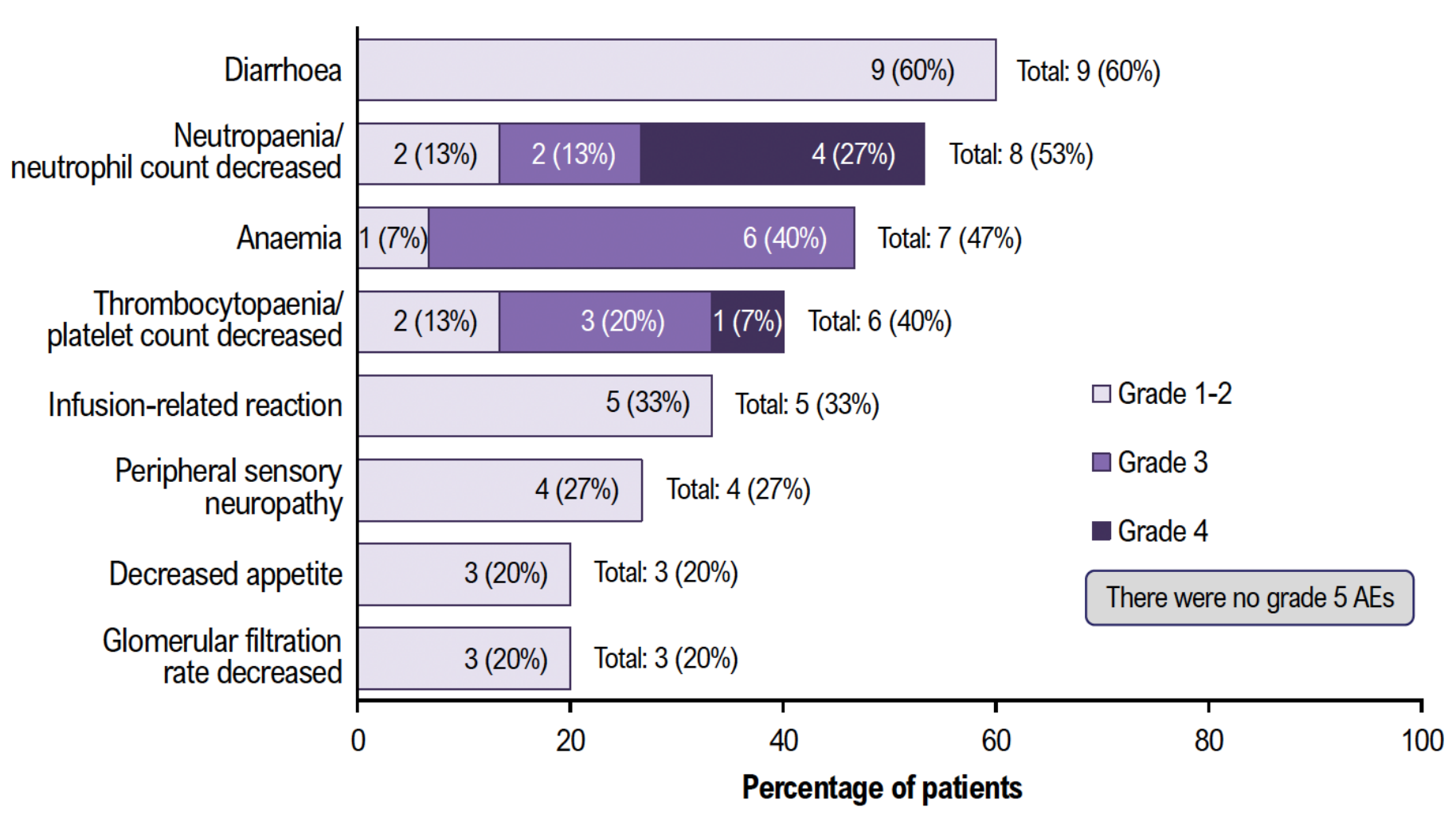
Phase II Study of First-Line Zanidatamab with Chemotherapy: PFS and OS





Oh D-Y et al. ESMO GI 2025;Abstract 319P.

Phase II Study of First-Line Zanidatamab with Chemotherapy: Safety



AEs = adverse events

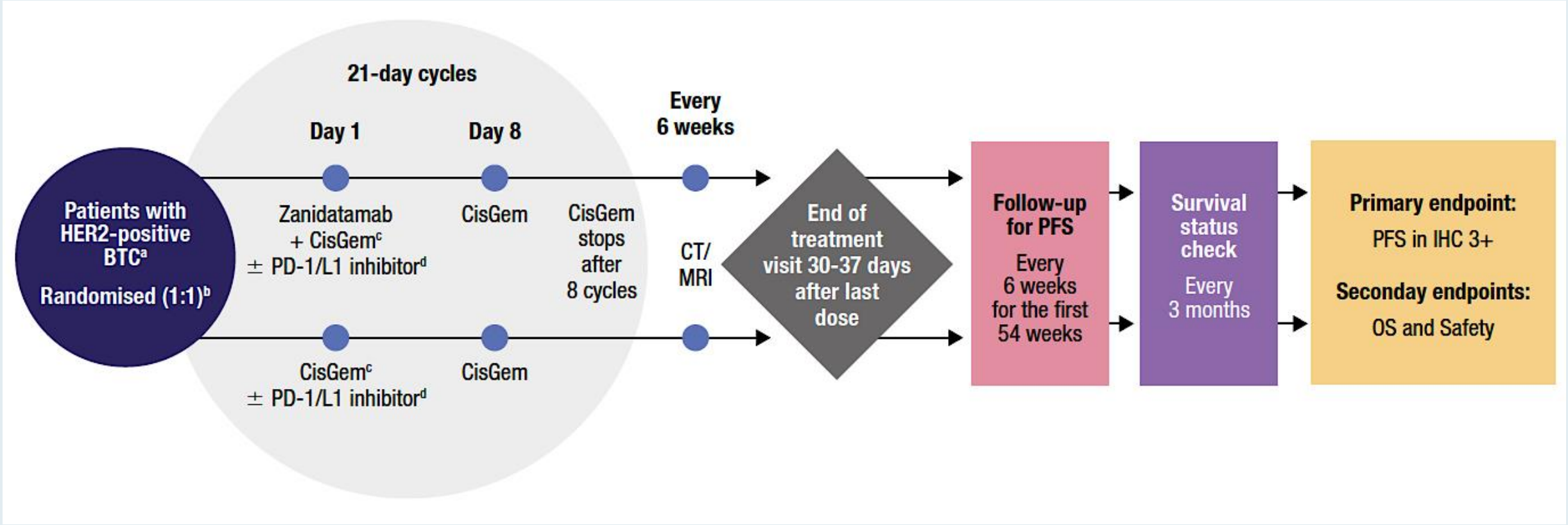
Oh D-Y et al. ESMO GI 2025;Abstract 319P.

HERIZON-BTC-302: A Phase 3 Study of Zanidatamab with Standard-of-Care (SOC) Therapy vs SOC Alone for First-Line Treatment of Human Epidermal Growth Factor Receptor 2 (HER2)-Positive Advanced/ Metastatic Biliary Tract Cancer (BTC)

Harding JJ et al.

Gastrointestinal Cancers Symposium 2025;Abstract TPS648.

HERIZON-BTC-302: Ongoing Pivotal Phase III Trial Design

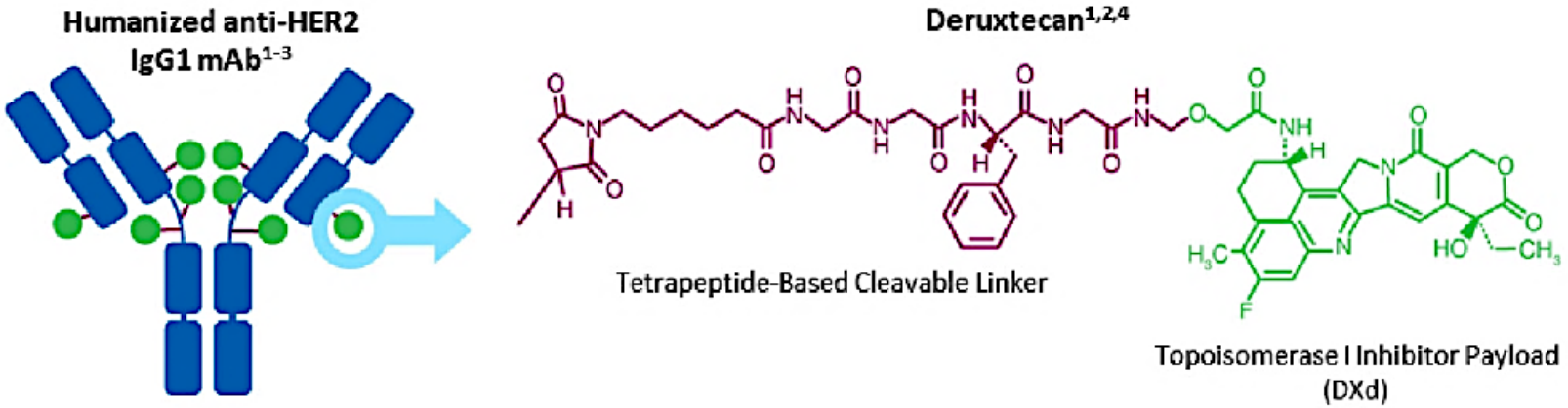


Harding JJ et al. Gastrointestinal Cancers Symposium 2025;Abstract TPS648.

Antibody-Drug Conjugate Trastuzumab Deruxtecan (T-DXd)

T-DXd is an ADC with 3 components:

- A humanized anti-HER2 IgG1 mAb with the same amino acid sequence as trastuzumab
- A topoisomerase I inhibitor payload, an exatecan derivative
- A tetrapeptide-based cleavable linker



Payload mechanism of action: topoisomerase I inhibitor
High potency of payload
High drug to antibody ratio ≈ 8
Payload with short systemic half-life
Stable linker-payload
Tumor-selective cleavable linker
Membrane-permeable payload

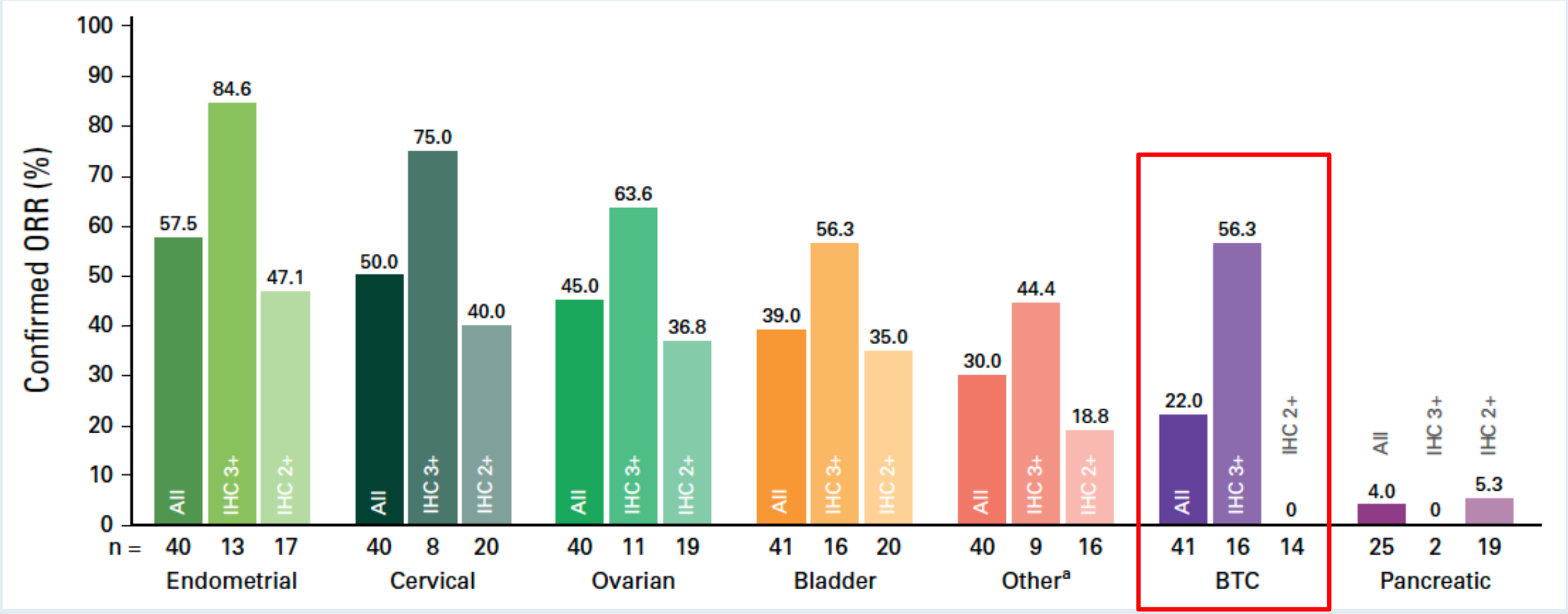
Smit EF et al. ASCO 2020;Abstract 9504.

Efficacy and Safety of Trastuzumab Deruxtecan in Patients With HER2-Expressing Solid Tumors: Primary Results From the DESTINY-PanTumor02 Phase II Trial

Funda Meric-Bernstam, MD[1]; Vicky Makker, MD[2,3]; Ana Oaknin, MD[4]; Do-Youn Oh, MD[5]; Susana Banerjee, PhD[6]; Antonio González-Martín, MD[7]; Kyung Hae Jung, MD[8]; Iwona Ługowska, MD[9]; Luis Manso, MD[10]; Aránzazu Manzano, MD[11]; Bohuslav Melichar, MD[12]; Salvatore Siena, MD[13]; Daniil Stroyakovskiy, MD[14]; Anitra Fielding, MBChB[15]; Yan Ma, MSc[16]; Soham Puvvada, MD[15]; Norah Shire, PhD[15]; and Jung-Yun Lee, MD[17]

J Clin Oncol 2024 January 1;42(1):47-58

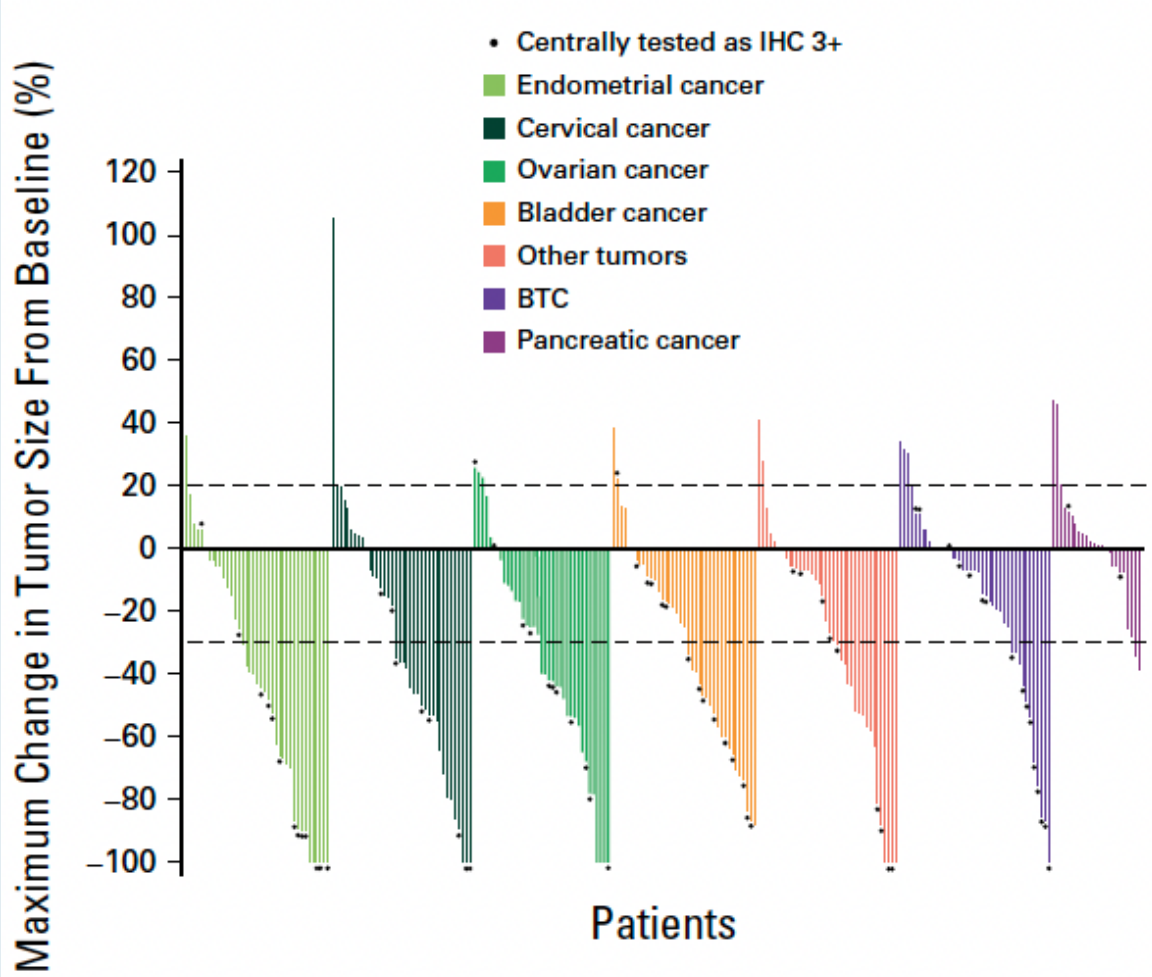
DESTINY-PanTumor02: Response with T-DXd for Patients with HER2-Expressing Solid Tumors

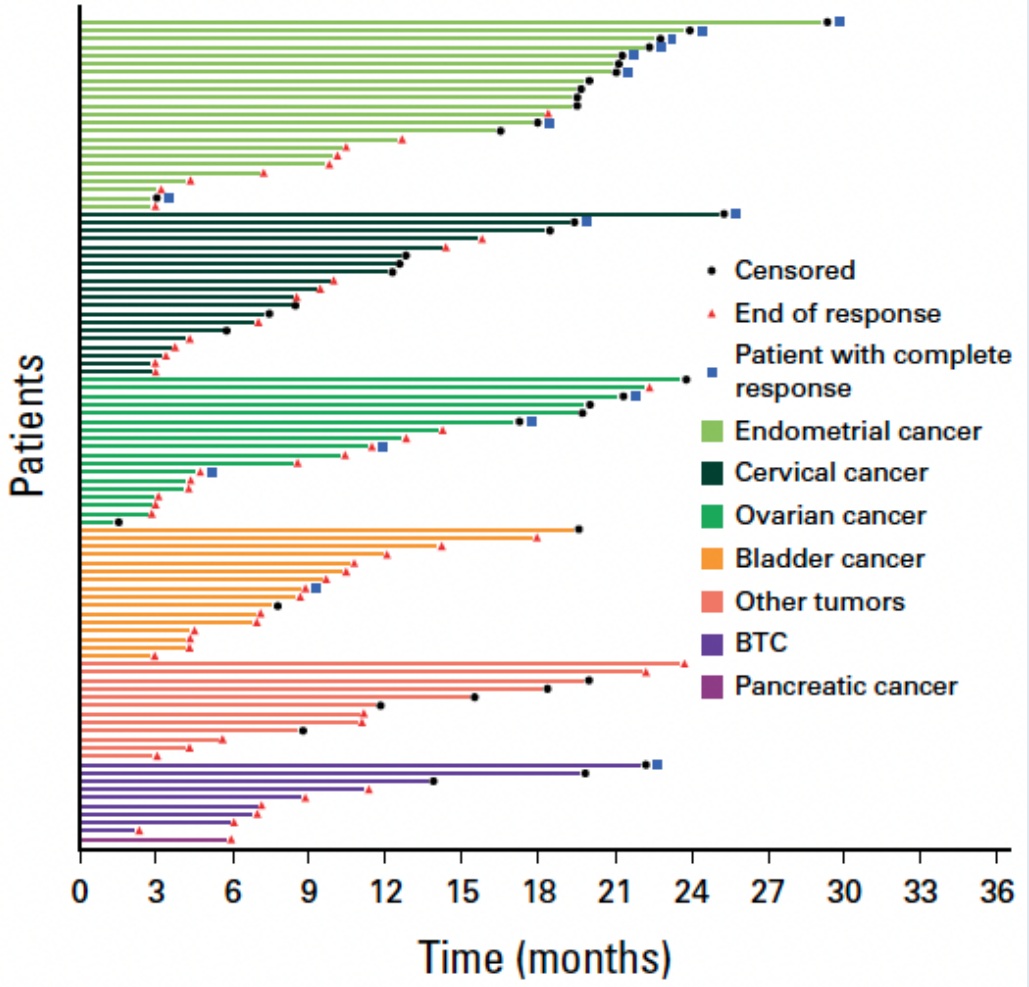


[a] Extramammary Paget disease, oropharyngeal neoplasm, head and neck cancer, and salivary gland cancer

Meric-Bernstam F et al. *J Clin Oncol* 2024 January 1;42(1):47-58.

DESTINY-PanTumor02: Maximum Change in Tumor Size with T-DXd for Patients with HER2-Expressing Solid Tumors





Meric-Bernstam F et al. *J Clin Oncol* 2024 January 1;42(1):47-58.

Poster 4090

Trastuzumab deruxtecan in patients with HER2-expressing biliary tract cancer and pancreatic cancer: outcomes from DESTINY-PanTumor02

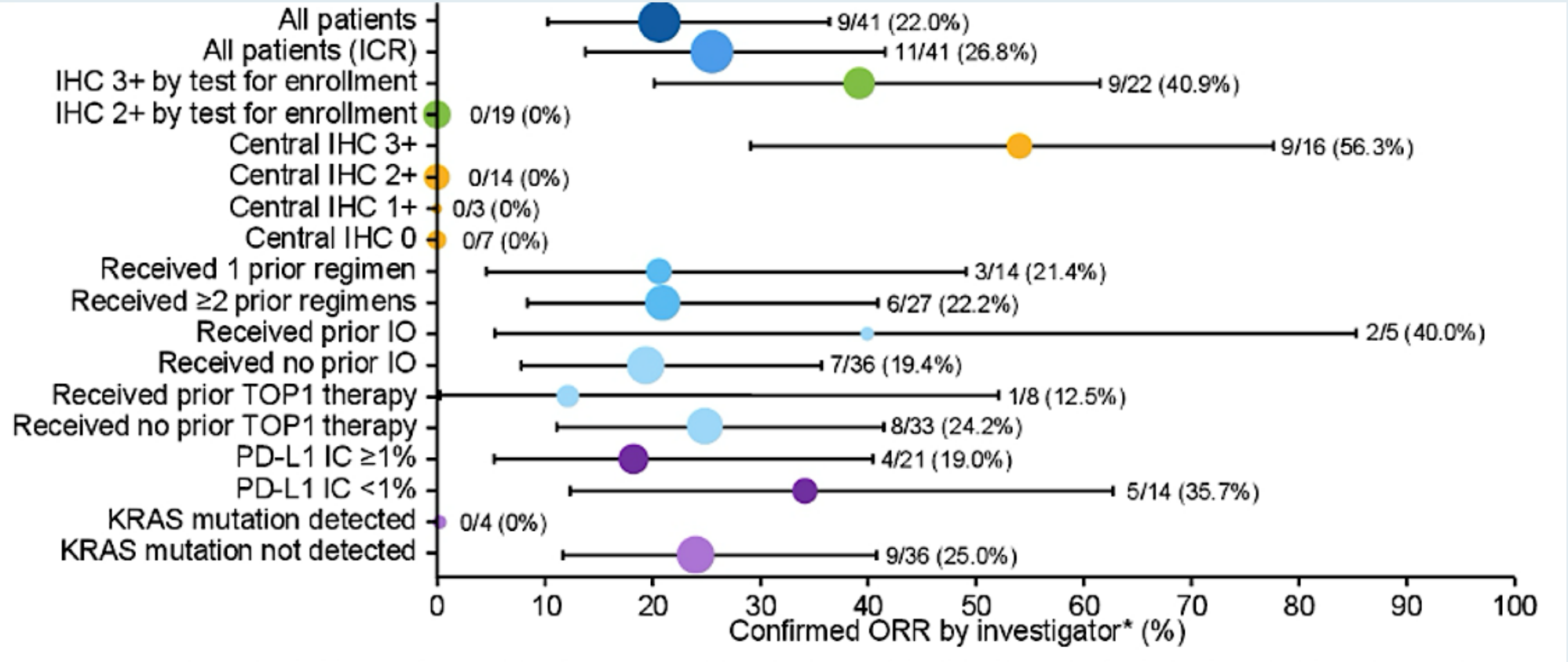
Do-Youn Oh,[1] Iwona Ługowska,[2] Daniil Stroyakovskiy,[3] Kyung Hae Jung,[4] Olivier Dumas,[5] Konstantin Penkov,[6] Arunee Dechaphunkul,[7] Ana Oaknin,[8] Seung Tae Kim,[9] Naureen Starling,[10] Busyamas Chewaskulyong,[11] Chanchai Charonpongsuntorn,[12] Deborah Doroshow,[13] Sheng-Yen Hsiao,[14] Yi-Ping Hung,[15] Lindsey Jung,[16] Nataliya Kuptsova-Clarkson,[17] Flavia Michelini,[18] Soham Puvvada,[17] Funda Meric-Bernstam[19]

[1]Department of Internal Medicine, Seoul National University Hospital, Republic of Korea; [2]Early Phase Clinical Trials Unit, Maria Skłodowska-Curie National Research Institute and Oncology Centre, Warsaw, Poland; [3]Healthcare Department, Moscow City Oncology Hospital No. 62, Russia; [4]Department of Oncology, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Republic of Korea; [5]Hôtel-Dieu de Québec, Canada; [6]Clinical Hospital "RZHD-Medicine", Saint Petersburg, Russia; [7]Medical Oncology Unit, Department of Medicine, Faculty of Medicine, Prince of Songkla University, Songkhla, Thailand; [8]Gynaecologic Cancer Programme, Vall d'Hebron Institute of Oncology, University Hospital Vall d'Hebron, Barcelona, Spain; [9]Sungkyunkwan University School of Medicine, Samsung Medical Center, Seoul, Republic of Korea; [10]Gastrointestinal Unit, The Royal Marsden NHS Foundation Trust and Institute of Cancer Research, London, UK; [11]Medical Oncology Unit, Department of Internal Medicine, Faculty of Medicine, Chiang Mai University, Thailand; [12]Medical Oncology Unit, Department of Internal Medicine, Faculty of Medicine, Srinakharinwirot University, Nakhon Nayok, Thailand; [13]Icahn School of Medicine at Mount Sinai, New York, NY, US; [14]Division of Hematology-Oncology, Department of Internal Medicine, Chi Mei Medical Center, Liouying, Tainan, Taiwan; [15]Taipei Veterans General Hospital, Taiwan; [16]AstraZeneca, Gaithersburg, MD, US; [17]Oncology R&D, AstraZeneca, Gaithersburg, MD, US; [18]Translational Medicine, Oncology R&D, AstraZeneca, Waltham, MA, US; [19]Department of Investigational Cancer Therapeutics, University of Texas MD Anderson Cancer Center, Houston, TX, US

ASCO 2024

RTP RESEARCH TO PRACTICE

DESTINY-PanTumor02 Trial of T-DXd for Patients with HER2-Expressing BTC and Pancreatic Cancer: ORR in the BTC Cohort



ORR = objective response rate; IHC = immunohistochemistry; IO = immuno-oncology; IC = immune cells

Oh D-Y et al. ASCO 2024;Abstract 4090.

DESTINY-BTC01: An Ongoing Phase III Trial of First-Line T-DXd and Rilvegostomig versus Standard Therapy for Advanced HER2-Expressing BTC

Trial identifier: NCT06467357 (Open)
Estimated enrollment: 620

Eligibility

- Advanced or metastatic BTC or GBC
- No prior treatment in advanced or metastatic setting
- HER2 expressing (IHC 3+/2+)

Safety run-in

T-DXd 5.4 mg/kg + rilvegostomig 750 mg q3w until PD

R

Arm A
T-DXd + rilvegostomig

Arm B
T-DXd monotherapy

Arm C
Gemcitabine + cisplatin or carboplatin + durvalumab

Primary endpoint, randomized portion:
Overall survival in HER2 IHC 3+ population

GBC = gallbladder cancer; PD = disease progression

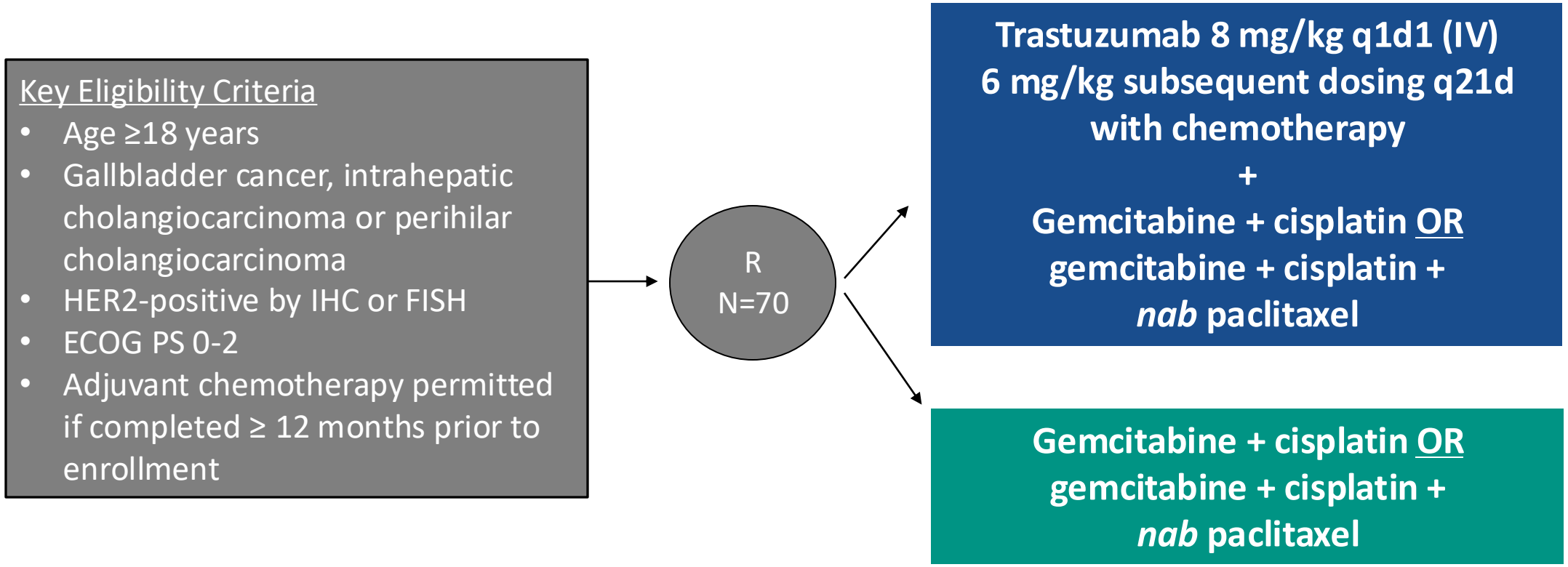
Ikeda M et al. ESMO Asia Congress 2024;Abstract 261TiP; www.clinicaltrials.gov. Accessed August 2025.

Ongoing Phase III Trials Evaluating HER2-Targeted Strategies for Treatment-Naïve HER2-Positive Advanced BTC

Study	N	Eligibility	Randomization arms	Estimated primary completion
HERIZON-BTC-302	286	• Locally advanced unresectable or metastatic BTC • No more than 2 cycles of systemic therapy with gemcitabine + platinum agent +/- PD-1/L1 inhibitor (durvalumab or pembrolizumab) • No prior HER2-targeted agent	• Zanidatamab + standard therapy • Standard therapy	December 2028
DESTINY-BTC01	620	• Unresectable, previously untreated, locally advanced or metastatic BTC • Histologically confirmed HER2-expressing (IHC 3+ or IHC 2+) BTC • No prior HER2-targeted agent	• T-DXd + rilvegostomig • T-DXd • Gemcitabine + platinum + durvalumab	June 2028

www.clinicaltrials.gov. Accessed August 2025.

Phase III TAB-2 Trial: First-Line Trastuzumab with Chemotherapy versus Chemotherapy Alone for HER2-Positive Advanced BTC



Primary Outcome Measure: Progression-free survival

IV = Intravenous; PS = performance status; PFS = progression-free survival

www.clinicaltrials.gov. NCT07062263. Accessed August 2025.

Agenda

Introduction: Is Biliary Tract Cancer (BTC) the New Non-Small Cell Lung Cancer? … Why?

Case 1: Do BTC Subtypes Respond Differently to Checkpoint Inhibitors?

Case 2: Anti-HER2-Directed Therapy for HER2-Low BTC?

Case 3: FGFR Inhibitors in the Front-Line Setting?

Case 4: Bone and Muscle Pain with an FGFR Inhibitor

Case 5: Improved Targeted Clinical Benefit for Specific FGFR Mutations?

Case 6: Sequencing of Available HER2-Targeted Agents

Case 7: IDH Inhibitors in Combination with Chemotherapy as Initial Therapy?

Case 8: BRAF and IDH Mutations — Which Targeted Treatment First?

Case 9: Measurable Residual Disease (MRD) as a Biomarker?

RTP RESEARCH TO PRACTICE

Case Presentation: 52-year-old man with hilar cholangiocarcinoma and PD s/p gemcitabine/capecitabine is found to have IDH1-mutant disease

Dr Shaachi Gupta (Lake Worth, Florida)

RTP RESEARCH TO PRACTICE

Agenda

Introduction: Is Biliary Tract Cancer (BTC) the New Non-Small Cell Lung Cancer? … Why?

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Case 5: Improved Targeted Clinical Benefit for Specific FGFR Mutations?

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Case 7: IDH Inhibitors in Combination with Chemotherapy as Initial Therapy?

Case 8: BRAF and IDH Mutations — Which Targeted Treatment First?

Case 9: Measurable Residual Disease (MRD) as a Biomarker?

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Case Presentation: 77-year-old man with IDH1- and BRAF-mutant metastatic cholangiocarcinoma

Dr Philip Brooks (Brewer, Maine)

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Agenda

Introduction: Is Biliary Tract Cancer (BTC) the New Non-Small Cell Lung Cancer? … Why?

Case 1: Do BTC Subtypes Respond Differently to Checkpoint Inhibitors?

Case 2: Anti-HER2-Directed Therapy for HER2-Low BTC?

Case 3: FGFR Inhibitors in the Front-Line Setting?

Case 4: Bone and Muscle Pain with an FGFR Inhibitor

Case 5: Improved Targeted Clinical Benefit for Specific FGFR Mutations?

Case 6: Sequencing of Available HER2-Targeted Agents

Case 7: IDH Inhibitors in Combination with Chemotherapy as Initial Therapy?

Case 8: BRAF and IDH Mutations — Which Targeted Treatment First?

Case 9: Measurable Residual Disease (MRD) as a Biomarker?

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Case Presentation: 53-year-old man with recurrent metastatic cholangiocarcinoma with a BRAF V600E mutation receives dabrafenib/trametinib

Dr Farshid Dayyani (Orange, California)

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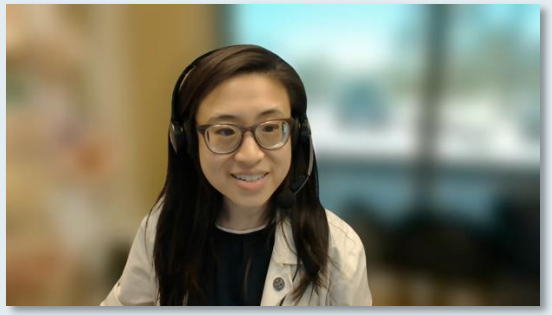

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Cancer Q&A: Addressing Common Questions Posed by Patients with Relapsed/Refractory Multiple Myeloma

A CME/MOC-Accredited Webinar Developed in Partnership with Cancer*Care*®

Thursday, August 7, 2025
5:00 PM – 6:00 PM ET

Faculty

Natalie S Callander, MD
Sagar Lonial, MD, FACP

Moderator

Neil Love, MD

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