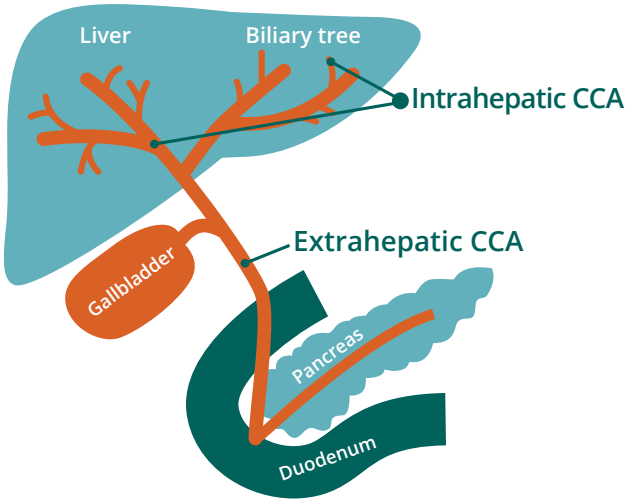
Cholangiocarcinoma

Cholangiocarcinoma (CCA) is a rare cancer that forms in the bile duct – a thin tube that connects the liver to the gallbladder and small intestine. The duct carries digestive fluid, known as bile, which helps the body break down fats.[1]

CCA is classified by origin within the bile duct

Intrahepatic cholangiocarcinoma (iCCA) is inside the liver, and **extrahepatic cholangiocarcinoma (eCCA)** is outside the liver.[1] The location of a CCA tumor can affect how it is treated.



Average age

>65[2]

Symptoms can include:

Abdominal pain, night sweats, fatigue, jaundice, general discomfort and weakness.[3]

The cells that make up each tumor have their own unique features – or genomic abnormalities.

Research has identified a number of clinically significant genomic alterations in patients with CCA.[4]

FGFR2 fusions or rearrangements can drive iCCA oncogenesis (the process of healthy cells transforming into cancer cells).[5]

FGFR2 fusions or rearrangements are found almost exclusively in people with iCCA, occurring in 10-16% of all iCCA patients.[6-8]

Limited Options Currently for CCA

- The incidence of CCA varies regionally and ranges between **0.3–3.4 per 100,000** in North America and Europe.[3,9,10]
- It is **difficult to diagnose** because of its non-specific symptoms and is often diagnosed late, when the prognosis is poor.[3,11]
- **Surgery (or resection) can be curative**, but many patients are not eligible.[12]
  - Even after surgery, **relapse rates of CCA are high**.[13]
  - For unresectable CCA, **there are limited options beyond first-line chemotherapy**, and patients have a median survival of ~12 months.[14]

Molecular Profiling

Molecular profiling can help doctors better understand each patient's tumor.

- Molecular profiling is a **detailed study of tumor samples** to see what may be driving the cancer.
- **~50% of patients with CCA have a clinically significant genomic abnormality,** such as an FGFR2 fusion or rearrangement.[4,15]
- FGFR2 fusions or rearrangements are **detectable early in disease progression** through molecular profiling.[16]

Prepared by Incyte Corporation

References:
1 What is Bile Duct Cancer? American Cancer Society. https://www.cancer.org/cancer/bile-duct-cancer/about/what-is-bile-duct-cancer. Accessed August 2019. **2** Wu L, et al. World J Surg. 2019; 43(7): 1777-1787. **3** Banales JM, et al. Nat Rev Gastroenterol Hepatol. 2016; 13:261-280. **4** Lowery MA et al. Clin Cancer Res. 2018; 24(17):4154-4161. **5** Sia D, et al. Nat Commun. 2015; 6:6087. **6** Graham RP, et al. Hum Pathol. 2014; 45: 1630-1638. **7** Farshidfar F, et al. Cell Rep. 2017; 18(11):2780–2794. **8** Ross JS, et al. The Oncologist. 2014; 19:235–242. **9** Supriya S, et al. The Oncologist. 2016; 21(5): 594–599. **10** Mukkamalla SKR, et al. J Natl Compr Canc Netw. 2018;16(4):370-376. **11** Uhlig J, et al. Ann Surg Oncol. 2019; 26:1993–2000. **12** NCCN Guidelines for Hepatobiliary Cancers. 2018. **13** Yang H, et al. Front. Oncol. 2019; 9. **14** Bridgewater J, et al. J Hepatol. 2014;60(6):1268-1289. **15** Ross JS, et al. Oncologist. 2014; 19(3) 235-242. **16** Jain A, et al. JCO Precis Oncol. 2018:1-12. doi: 10.1200/PO.17.00080.

MAT-ONC-00064 02/20