Asia subgroup overall survival and long-term follow-up results of the phase 2b HERIZON-BTC-01 study: Zanidatamab in previously treated human epidermal growth factor receptor 2 (HER2)-amplified biliary tract cancer (BTC)

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ABSTRACT

Background: In patients with previously treated HER2+ BTC, HER-2 targeted zanidatamab demonstrated a meaningful clinical benefit with a manageable safety profile in the overall population and Asia subgroup (HERIZON-BTC-01 trial, NCT04466891).[1] Here, we report updated analyses and overall survival for Cohort 1 (HER2-amplified with either immunohistochemistry 2+ or 3+) from the Asia subgroup (China and South Korea).

Methods: This open-label, phase 2b study enrolled adults with HER2-amplified, unresectable, locally advanced/metastatic BTC, and ≥1 prior gemcitabine-containing systemic therapy. Patients received zanidatamab monotherapy (20 mg/kg IV Q2W). Primary endpoint: confirmed objective response rate. Select secondary endpoints: duration of response, progression-free survival, overall survival, and adverse events.

Results: Cohort 1 enrolled 50 patients from Asia. Baseline demographic and disease characteristics were stated previously.[1] As of July 28, 2023, 4 patients (8%) remained on treatment; median study follow-up was 20.8 months (range 16.5-31.9). Efficacy data is in Table. Thirty-five patients (70%) experienced ≥1 treatment-related adverse events (TRAEs); most common were infusion-related reaction (42%) and diarrhea (28%). Seven patients (14%) experienced ≥1 grade 3 or higher TRAEs, most common was ejection fraction decreased (4%); 3 patients (6%) experienced serious TRAEs. One patient (2%) had a TRAE leading to treatment discontinuation; no TRAE leading to death was reported.

Conclusions: With longer follow-up, zanidatamab demonstrated extended response with an encouraging median overall survival for patients from Asia with previously treated HER2+ BTC and remained well tolerated with manageable adverse events.

Table:

	Asia subgroup (n=50)
Objective response rate[a], % (95% CI)[b]	42 (28-57)
Median duration of response, months (95% CI)[c]	11.2 (3.9-not estimable)
Duration of response ≥16 weeks, n (%) (95% CI)[b]	17 (81) (58-95)
Median progression-free survival, months (95% CI)[c]	5.5 (3.3-7.2)
Median overall survival, months (95% CI)[c]	13.4 (9.7-18.1)
12-month overall survival, % (95% CI)[d]	54 (38-67)

[a]Confirmed by independent central review per RECIST v1.1.
95% CI estimated using methods:
[b]Clopper-Pearson exact binomial.
[c]Brookmeyer & Crowley with log-log transformation.
[d]Greenwood.
CI, confidence interval.