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Survival and safety of tinengotinib in pooled patients with advanced, fibroblast growth factor receptor (FGFR) inhibitor refractory/relapsed cholangiocarcinoma (CCA)

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Background

FGFR inhibitors (FGFRi) have a proven role in the treatment of chemotherapy-refractory, FGFR2-altered CCA. However, systemic chemotherapy in the setting of FGFRi-refractory CCA has limited effectiveness, with a median progression-free survival (mPFS) of 2 months (m) and a median overall survival (mOS) of 6.0 m. Tinengotinib, a novel FGFRi, has demonstrated success in overcoming acquired resistance to prior FGFRi. Here the survival and safety of tinengotinib in FGFR2-altered CCA patients (pts) who have progressed on prior FGFRi are presented.

Methods

Pooled data from CCA pts across four trials (NCT03654547, NCT04742959, NCT04919642, NCT05253053) were analyzed for safety and efficacy. All pts analyzed received oral tinengotinib once daily. data from CCA pts across four trials (NCT03654547, NCT04742959, NCT04919642, NCT05253053) were analyzed for safety and efficacy. All pts analyzed received oral tinengotinib once daily.

Results

A total of 109 CCA pts were enrolled between Dec 2019 - Jul 2023. Median age was 61 years (24-81), 59% were female, 100% pts had ≥ 1 prior therapy, 46% pts had prior FGFRi, 59% had ECOG of 1 and 96% had stage IV disease at screening. Treatment-related adverse events (TRAE) were reported in 105 (96.3%) pts, with 59 (54.1%) Grade (G)3, 3 (2.8%) G4, and no G5. The most common G3 and 4 TRAE (≥ 5%) were hypertension (24.8%), stomatitis (7.3%), palmar-plantar erythrodysesthesia (7.3%) and diarrhea (5.5%), consistent with TRAE seen in other advanced solid tumor populations. In 54 efficacy-evaluable pts with FGFR2-altered CCA, median follow-up time was 10.1 m. The mPFS and mOS were 7.26 m (95%CI, 5.55-9.20) and 15.93 m (95%CI, 9.43-19.48), respectively. Among these, 34 pts who had progressed on prior FGFRi received tinengotinib 10 mg daily. In this subgroup, mPFS was 5.55 m (95% CI: 4.90–9.10), and mOS was 17.05 m (95% CI: 8.05–19.48).

Conclusions

Tinengotinib shows promising efficacy with an acceptable safety profile in CCA pts with notable clinical benefit in FGFR2-altered CCA with prior FGFRi(s). A global phase III study is currently open to further assess the efficacy and safety of tinengotinib in FGFR2-altered CCA pts who progressed on chemotherapy and FGFRi.

Clinical trial identification

NCT03654547, NCT04742959, NCT04919642, NCT05253053.

Legal entity responsible for the study

TransThera Sciences (Nanjing), Inc.

Funding

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Disclosure

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