



FGFR2b – An Emerging Biomarker and Investigational Target in Gastric Cancer



There Remains an Unmet Need in Gastric Cancer



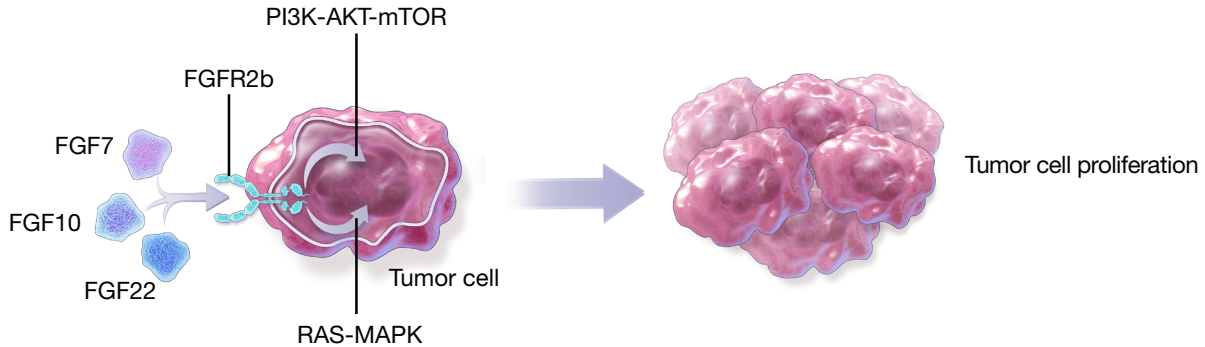
~30% patients with **metastatic G/GEJ** cancer overexpress the **FGFR2b** protein^{1,*}

*Data from a randomized, double-blind, placebo-controlled, phase 2 study with a protocol allowing FGFR2b analyses on both fresh and archival samples (a majority of analyses were performed on fresh samples).¹

> 50% of patients with gastric cancer present with **advanced-stage disease** at the time of diagnosis in the US^{2,†}

†Advanced-stage defined as regionally advanced (Stage 3) and metastatic (Stage 4). Prescreening data from a retrospective study involving > 50,000 patients with gastric cancer.²

Overexpression of FGFR2b Protein Drives Tumorigenesis



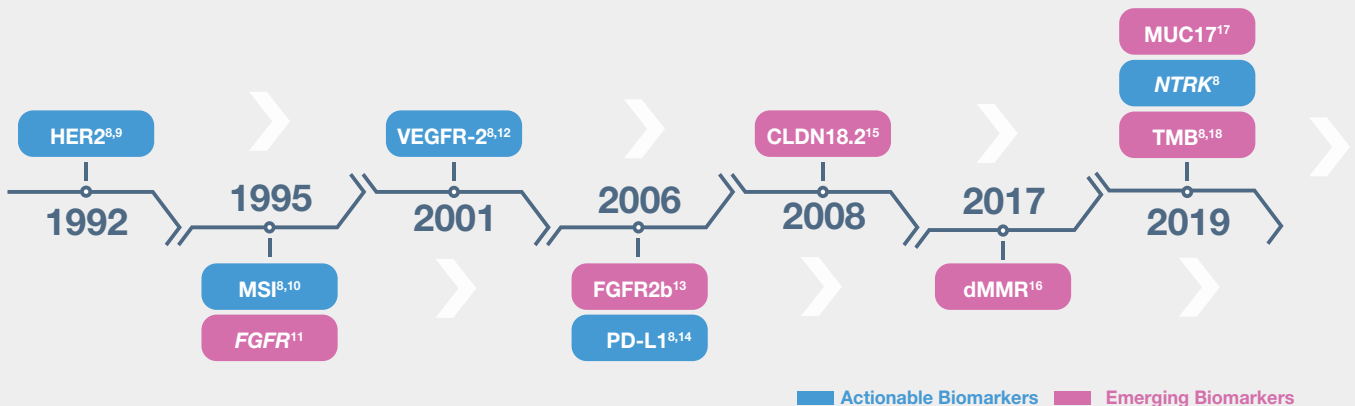
FGFR2b is a **receptor tyrosine kinase** primarily expressed on epithelial cells and involved in numerous cellular functions³

In addition to gastric cancer, **FGFR2b** protein is also expressed in **other cancerous tumors** (esophageal, lung, breast, pancreatic, colorectal, and gynecological cancers)³⁻⁶

Specifically targeting the **FGFR2b** protein may interrupt cancer cell proliferation while minimizing potential side effects seen with pan-FGFR inhibitors⁷

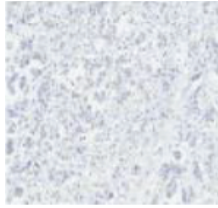
The biomarker landscape has evolved in recent years, **opening the** path for precision medicine.

Appearance of Gastric Cancer Biomarkers in Peer-Reviewed Literature

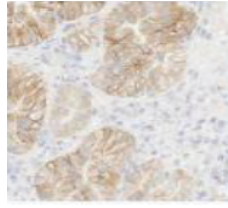


FGFR2b Protein Overexpression can be Detected by IHC in G/GEJ Cancer

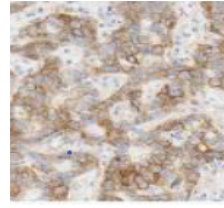
The protein overexpression is defined as **2+/3+** staining¹



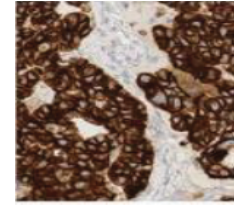
No Staining (0)



Low-Moderate (1+)



Moderate-Strong (2+)



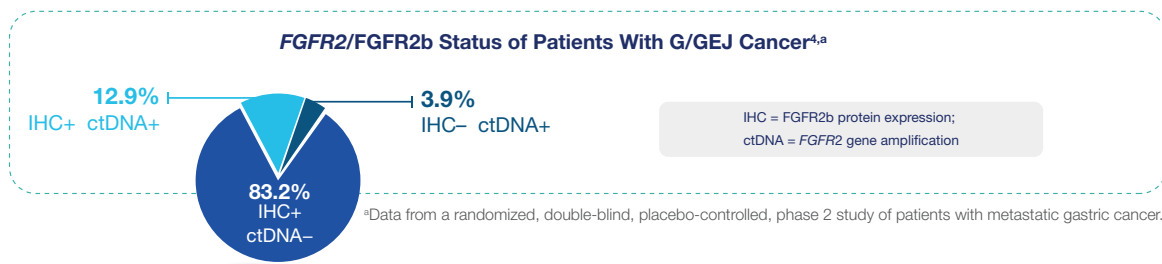
Strong (3+)

Patients with FGFR2b-overexpressed gastric cancer and an H-score[†] ≥ 150 showed shorter overall survival ($P = 0.001$)¹⁹

[†]H-score is the sum of the percentage of stained tumor cells multiplied by an ordinal value corresponding to the intensity (0 = none, 1 = 1+, 2 = 2+, and 3 = 3+) and ranges from 0 to 300.¹⁹

FGFR2b protein overexpression and *FGFR2* gene amplification are distinct⁴

FGFR2b protein overexpression (**assessed by IHC**) may occur in the absence of *FGFR2* gene amplification (**assessed using ctDNA**); thus, it is important to test for FGFR2b protein overexpression using IHC⁴



Prevalence of FGFR2b overexpression in advanced gastric cancer (~ 30%)* and FGFR2b's potential association with lower overall survival makes it a compelling target for ongoing investigations^{1,3,19}

*Eligible prescreened patients in the Phase 2 FIGHT trial

Biomarker Testing Considerations in Patients With Gastric Cancer



IHC is an established testing methodology with **high sensitivity** (up to 100%)* and **specificity** (~ 97%)[†] and is also cost-efficient with a fast turnaround time²⁰⁻²³



Existing workflows for biomarker testing may allow for seamless integration of FGFR2b testing^{20,24}



Implementation of **reflex testing protocols** for gastric cancer biomarkers can reduce time to biomarker identification²⁵



Retaining **FGFR2b** and other biomarker test results in a patient's **EHR** allows for easier access to providers as the landscape advances²⁶



Multidisciplinary tumor boards and other formal venues can help educate on effective biomarker testing strategies, the evolving guidelines as well as targeted therapy approvals²⁶⁻²⁸

*Sensitivity of IHC assays depends on pretreatment conditions, antibody clones, and signal detection systems.²⁰ [†]Concordance between 22C3 and 28-8 pharmDx assays was 97% in 3,050 matched samples with PD-L1 expression data for both assays.²¹

ABBREVIATIONS: AKT, protein kinase B; CLDN18.2, claudin-18 isoform 2; ctDNA, circulating tumor DNA; dMMR, deficient mismatch repair; EHR, electronic health record; FGF, fibroblast growth factor; FGFR, FGF receptor; FGFR2, FGF receptor 2; FGFR2b, FGFR 2, isoform IIIb; G/GEJ, gastric/gastroesophageal junction; HER2, human epidermal growth factor receptor 2; IHC, Immunohistochemistry; MAPK, mitogen-activated protein kinase; MSI, microsatellite instability; mTOR, mammalian target of rapamycin; MUC17, mucin 17; NTRK, neurotrophic tyrosine receptor kinase; PD-L1, programmed cell death ligand 1; PI3K, phosphoinositide 3-kinase; RAS, rat sarcoma; VEGFR-2, vascular endothelial growth factor receptor 2; TMB, tumor mutational burden; US, United States.

REFERENCES: 1. Catenacci D, et al. Presented at: American Society of Clinical Oncology; June 4-8, 2021; Online Virtual Scientific Program. Abstract 4010. 2. Hundahl SA, et al. *Cancer*. 2000;88:921-932. 3. Ishiwata T. *Front Biosci (Landmark Ed)*. 2018;23:626-639. 4. Wainberg ZA, et al. Presented at: American Society of Clinical Oncology Gastrointestinal Cancers Symposium; January 15-17, 2021; Online Virtual Scientific Program. Abstract LBA160. 5. Lei H, et al. *Int J Biol Sci*. 2017;13:1163-1171. 6. Maehara O, et al. *Cancer Biol Ther*. 2021;22:372-380. 7. Kommalapati A, et al. *Cancers (Basel)*. 2021;13:2968. 8. American Cancer Society. Treating stomach cancer. <https://www.cancer.org/cancer/stomach-cancer/treating.html>. Accessed March 30, 2022. 9. Jaehne J, et al. *J Cancer Res Clin Oncol*. 1992;118:474-479. 10. Nakashima H, et al. *Int J Cancer*. 1995;64:239-242. 11. Ueki T, et al. *J Pathol*. 1995;177:353-361. 12. Tian X, et al. *Biochem Biophys Res Commun*. 2001;286:505-512. 13. Matsunobu T, et al. *Int J Oncol*. 2006;28:307-314. 14. Wu C, et al. *Acta Histochem*. 2006;108:19-24. 15. Sahin U, et al. *Clin Cancer Res*. 2008;14:7624-7634. 16. Le DT, et al. *Science*. 2017;357:409-413. 17. Yang B, et al. *J Exp Clin Cancer Res*. 2019;38:283. 18. Samstein RM, et al. *Nat Genet*. 2019;51:202-206. 19. Ahn S, et al. *Mod Pathol*. 2016;29:1095-1103. 20. Catenacci DV, et al. *Future Oncol*. 2019;15:2073-2082. 21. Krigsfeld GS, et al. *J Clin Pathol*. 2020;73:656-664. 22. Sukswai N, et al. *Curr Hematol Malign Rep*. 2019;14:368-375. 23. Aggarwal C, et al. *Nat Rev Clin Oncol*. 2020;18:56-62. 24. Ye DM, et al. *Oncol Lett*. 2020;19:17-29. 25. Gregg JP, et al. *Transl Lung Cancer Res*. 2019;8:286-301. 26. Levy BP, et al. *Oncologist*. 2015;20:1175-1181. 27. van der Velden DL, et al. *Ann Oncol*. 2017;28:3070-3075. 28. Kim ES, et al. *J Thorac Oncol*. 2019;14:338-342. 29. Niita H, et al. *Pathol Int*. 2016;66:313-324.