Basilea Pharmaceutica Ltd.
Grenzacherstrasse 487 | PO Box | 4005 Basel | Switzerland
basilea.com

Press release

Basilea reports pooled efficacy data for derazantinib in iCCA patients with FGFR2 gene mutations and amplifications presented at ESMO MAP Virtual Congress 2020

Basel, Switzerland, October 12, 2020

Basilea Pharmaceutica Ltd. (SIX: BSLN) today reported that its fibroblast growth factor receptor (FGFR) inhibitor, derazantinib, demonstrated antitumor efficacy in intrahepatic cholangiocarcinoma (iCCA) patients with FGFR2 gene mutations or amplifications. The analysis was presented at the Molecular Analysis for Precision Oncology (MAP) Virtual Congress 2020, organized by the European Society for Medical Oncology (ESMO), which took place from 9-10 October, 2020. It is based on pooled data from 23 patients treated with derazantinib in two clinical studies[1, 2] as well as from the early access[3] and compassionate use programs.

The median progression free survival was 7.2 months and patients received treatment for a median of 8.2 months. This is consistent with results previously reported for derazantinib-treated iCCA patients with FGFR2 gene fusions.[4, 5] Derazantinib showed a manageable safety profile with a low incidence of nail toxicity, retinal events, hand-foot syndrome and stomatitis (inflammation of the mouth).

Dr. Marc Engelhardt, Chief Medical Officer, said: “Our development strategy for derazantinib is focused on strengthening the clinical evidence on its differentiation versus other FGFR inhibitors based on its unique kinase inhibition spectrum and safety and tolerability profile. FGFR inhibitors, including derazantinib, have demonstrated clinical antitumor activity in patients with FGFR2 gene fusion-positive iCCA. However, to date there is limited clinical evidence for the benefit of FGFR inhibitors in iCCA patients with FGFR2 gene mutations and amplifications. The data presented at the MAP congress show that derazantinib is active in this group of patients and underscore the broad therapeutic potential of derazantinib in FGFR2-positive iCCA.“

ICCA is a cancer originating from the biliary system. Patients are often diagnosed with advanced or metastatic disease, that cannot be surgically removed and the prognosis for these patients is poor.

Apart from iCCA, Basilea is also exploring derazantinib in two phase 1/2 studies, as monotherapy and in combinations with other cancer treatments, in patients with advanced urothelial cancer (FIDES-02), or advanced gastric cancer (FIDES-03), with FGFR genetic aberrations.

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The following e-poster was presented at the ESMO MAP Virtual Congress 2020:

Presentation #	Authors/title
45P	M. Droz dit Busset, W. L. Shaib, W. P. Harris, N. Damjanov, M. J. Borad, A. Vogel, J. Bridgewater, L. Sellmann, V. Dadduzio, M. Borner, J. Snider, F. Cantero, M. Saulay, S. Braun, V. Mazzaferro, M. M. Javle Efficacy of derazantinib in intrahepatic cholangiocarcinoma patients with FGFR2 mutations or amplifications: Pooled analysis of clinical trials and early access programs.

For further information, please visit www.esmo.org/meetings/map-virtual-2020/programme

About derazantinib

Derazantinib is an investigational orally administered small-molecule FGFR inhibitor with strong activity against FGFR1, 2, and 3.[6] FGFR kinases are key drivers of cell proliferation, differentiation and migration. FGFR genetic aberrations, e.g. gene fusions, mutations or amplifications, have been identified as potentially important therapeutic targets for various cancers, including intrahepatic cholangiocarcinoma (iCCA), urothelial, breast, gastric and lung cancers.[7] In these cancers, FGFR genetic aberrations are found in a range of 5% to 30%.[8] Derazantinib also inhibits the colony-stimulating-factor-1-receptor kinase (CSF1R).[6, 9] CSF1R-mediated signaling is important for the maintenance of tumor-promoting macrophages and therefore has been identified as a potential target for anti-cancer drugs.[10] Preclinical data has shown that tumor macrophage depletion through CSF1R blockade renders tumors more responsive to T-cell checkpoint immunotherapy, including approaches targeting PD-L1/PD-1.[11, 12] Derazantinib has demonstrated antitumor activity and a manageable safety profile in a previous biomarker-driven phase 1/2 study in iCCA patients,[4] and has received U.S. and EU orphan drug designation for iCCA. Basilea is currently conducting three clinical studies with derazantinib. The first study, FIDES-01, is a registrational phase 2 study in patients with inoperable or advanced iCCA. It comprises one cohort of patients with FGFR2 gene fusions and another cohort of patients with mutations or amplifications.[2] The second study, FIDES-02, is a phase 1/2 study evaluating derazantinib alone and in combination with Roche's PD-L1-blocking immune-checkpoint inhibitor, atezolizumab, in patients with advanced urothelial cancer, including metastatic, or recurrent surgically unresectable disease, expressing FGFR genetic aberrations.[13] The third study, FIDES-03, is a phase 1/2 study evaluating derazantinib alone and in combination with other cancer treatments, for instance with Roche's PD-L1 checkpoint inhibitor, atezolizumab, in patients with advanced gastric cancer with FGFR genetic aberrations. Basilea in-licensed derazantinib from ArQule Inc, a wholly-owned subsidiary of Merck & Co., Inc., Kenilworth, N.J., U.S.A.

About Basilea

Basilea Pharmaceutica Ltd. is a commercial-stage biopharmaceutical company, focused on the development of products that address the medical challenges in the therapeutic areas of oncology and infectious diseases. With two commercialized drugs, the company is committed to discovering, developing and commercializing innovative pharmaceutical products to meet the medical needs of patients with serious and life-threatening conditions. Basilea Pharmaceutica Ltd. is headquartered in Basel, Switzerland and listed on the SIX Swiss Exchange (SIX: BSLN). Additional information can be found at Basilea's website www.basilea.com.

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For further information, please contact:

Peer Nils Schröder, PhD
Head of Corporate Communications & Investor Relations

Phone +41 61 606 1102

E-mail media_relations@basilea.com
investor_relations@basilea.com

This press release can be downloaded from www.basilea.com.

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