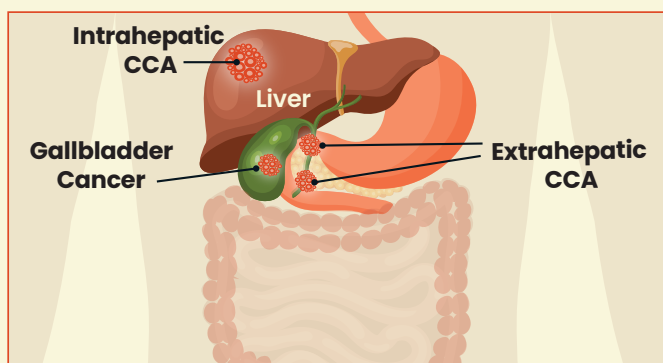


Resource for Patients and Their Caregivers: Understanding Treatment Options for Advanced HER2+ Gastroesophageal Adenocarcinoma and Biliary Tract Cancer

Biliary Tract Cancer (BTC)

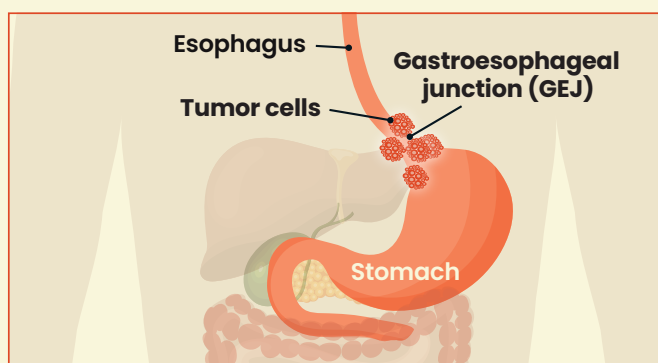
- Rare and involves the development of cancer cells in the bile ducts. Bile duct cancer is also termed cholangiocarcinoma (CCA), and includes intrahepatic CCA, extrahepatic CCA, gallbladder carcinoma
- Relative incidence and mortality rate vary largely by geographic region; most commonly diagnosed in East Asia and South America



- HER2 overexpression varies by tumor location: intrahepatic CCA (<5%); extrahepatic CCA and gallbladder cancer (~17%-30%)

Gastroesophageal Cancer (Gastric/Esophageal/GEJ Cancer)

- Rare and primarily originates from the point where the esophagus meets the stomach. Most common subtypes: gastroesophageal adenocarcinoma (GEA) and squamous cell carcinoma
- Gastroesophageal cancer is the fifth most common cancer and third most common cause of cancer-related death globally



- HER2 is overexpressed in ~17%-20% of gastroesophageal carcinomas

HER2 Testing in BTC and GEA

HER2 Testing Recommendation

When



BTC

Unresectable or metastatic gallbladder cancer, intrahepatic or extrahepatic cholangiocarcinoma

Gastric/Esophageal/GEJ Cancer

All patients at diagnosis if advanced/metastatic disease is documented or suspected

For More Information About BTC and GEA:

- American Cancer Society:
<https://www.cancer.org>
- Cholangiocarcinoma Foundation:
<https://www.cholangiocarcinoma.org>
- Esophageal Cancer Action Network:
<https://ecan.org>
- Esophageal Cancer Awareness Association:
<https://www.ecaware.org>
- Gallbladder Cancer Foundation:
<https://gallbladder cancer.org>
- Gastric Cancer Foundation:
<https://gastriccancer.org>
- GI Cancers Alliance:
<https://www.gicancersalliance.org>

Approved HER2-Targeted Agents for Advanced/Metastatic BTC and/or GEA

BTC

- Trastuzumab deruxtecan (T-DXd)
- Zanidatamab

Gastric/Esophageal/GEJ Cancer

- Trastuzumab
- T-DXd

On the horizon in gastric/esophageal/GEJ cancer:

- The randomized phase III HERIZON-GEA-01 trial for patients with untreated HER2-overexpressing advanced GEA has demonstrated a clinically meaningful and statistically significant improvement in survival with zanidatamab plus tislelizumab and chemotherapy compared with trastuzumab plus chemotherapy
- These results may lead to the approval of zanidatamab for patients with HER2-positive GEA following review by the FDA

HER2-Targeted Agents for Advanced/Metastatic BTC and/or GEA

Parameter	For Gastric/Esophageal/GEJ Cancer		For BTC	
	Trastuzumab	T-DXd	T-DXd	Zanidatamab
Mode of administration				
Dosage and frequency of administration	First dose of 8 mg/kg over 90 minutes IV infusion, subsequent doses of 6 mg/kg over 30-90 minutes IV infusion once every 3 weeks	First dose of 6.4 mg/kg over 90 minutes IV infusion, subsequent doses of 6.4 mg/kg over 30 minutes* IV infusion once every 3 weeks	First dose of 5.4 mg/kg over 90 minutes IV infusion, subsequent doses of 5.4 mg/kg over 30 minutes* IV infusion once every 3 weeks	First and second doses of 20 mg/kg over 120 to 150 minutes IV infusion, third and fourth doses of 20 mg/kg over 90 minutes* IV infusion, subsequent doses of 20 mg/kg over 60 minutes* IV infusion once every 2 weeks
Premedication	Not applicable	With antiemetics for nausea/vomiting		With acetaminophen, an antihistamine, and a corticosteroid, 30-60 minutes prior to each administration to prevent potential IRRs
Precautions and warnings (adverse events of special interest)	- Neutropenia - Cardiac-related events - Infusion-related reactions (IRRs) including rash, hypersensitivity, fever and chills	- Interstitial lung disease/pneumonitis - Cardiac-related events - Neutropenia - IRRs including rash, hypersensitivity, fever and chills		- Diarrhea - Cardiac-related events - IRRs including rash, hypersensitivity, fever and chills

*If prior infusion was well tolerated.

Before Receiving a HER2-Directed Therapy, Talk to Your Healthcare Provider About:

- Why a HER2-directed therapy is recommended for you
- Any procedures or surgeries you have scheduled
- Any history of heart-related problems
- Any history of lung/breathing problems
- Signs of an infection
- All medicines you are currently taking, including prescription and over-the-counter medicines, herbal supplements, and vitamins
- Concerns you have about the cost of the medicine
- Plans or concerns related to fertility and pregnancy
- Plans for breastfeeding if expecting a child or nursing an infant

References

- Valle JW. Lancet. 2021;397:428.
- Baria. Gastro Hep Adv. 2022;1:618.
- Theocharopoulos. Crit Rev Oncol Hematol. 2025;208:104655.
- Smyth. Lancet. 2020;396:635.
- Lordick. Nat Rev Clin Oncol. 2016;13:348.
- Elimova. American Society of Clinical Oncology Gastrointestinal Cancers Symposium 2026. Abstract LBA285.
- Trastuzumab PI.
- Trastuzumab deruxtecan PI.
- Zanidatamab PI.