Background/Objective

- Intrahepatic cholangiocarcinoma (iCCA) is the rarest common liver malignancy with a very poor prognosis.1
- Before the 2010 publication of the ABC-02 study results demonstrating efficacy of first-line gemcitabine + cisplatin combination therapy, there was no standard-of-care systemic treatment for patients with advanced or metastatic biliary tract cancer.

Methods

- This was a retrospective analysis of the Optum Research Database, a de-identified medical and pharmacy claims database spanning 14.4 million insured individuals in the United States.
- The study included patients diagnosed with iCCA who received systemic chemotherapy before and after the 2010 publication of the ABC-02 study results demonstrating efficacy of first-line gemcitabine + cisplatin combination therapy.

Results

- 2706 patients with iCCA were included in this analysis (Table 1). Among these patients, 43% received two or more lines of systemic chemotherapy before ABC-02 (Figure 3).
- About 40% of patients received at least one line of chemotherapy in the 6 months prior to the index date.
- Before the ABC-02 publication, patients received a median of three prior treatments (range 0–5) and after the ABC-02 publication, patients received a median of two prior treatments (range 0–5) (Figure 4).
- Gemcitabine + cisplatin was the most common first-line systemic chemotherapy regimen before ABC-02 publication, followed by sorafenib, FOLFOX, and FOLFIRI (Figure 5).
- After publication of ABC-02, gemcitabine + cisplatin maintained its position as the most common first-line systemic chemotherapy regimen.

Conclusion

- In this large-scale retrospective claims study, only 50% of patients with iCCA received systemic chemotherapy.
- After the readout of the ABC-02 study, the combination of gemcitabine + cisplatin replaced sorafenib as first-line systemic chemotherapy.

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