



CASES

# INSIGHTS INTO BLADDER CANCER

February 21, 2020

San Diego, CA

# HOW TO NAVIGATE THIS REPORT



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ARS Data – Baseline Usage Polling	
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# STUDY OBJECTIVES



To gain advisors' perspectives on the following

- > Management of non–muscle-invasive and muscle-invasive bladder cancer
- > Management of metastatic urothelial cancer

- > A moderated roundtable discussion focusing on treatment of bladder cancer was held on February 21, 2020, in San Diego, CA
- > Disease state and data presentations were developed in conjunction with Dr Petros Grivas, a medical expert from the University of Washington
- > The group of advisors comprised 13 community oncologists
- > Insights on actual and investigational therapies were obtained in early stage non-muscle- and muscle-invasive disease, as well as advanced metastatic bladder cancer
- > Data collection was accomplished through use of audience response system questioning and in-depth moderated discussion. Final results are presented in this summary



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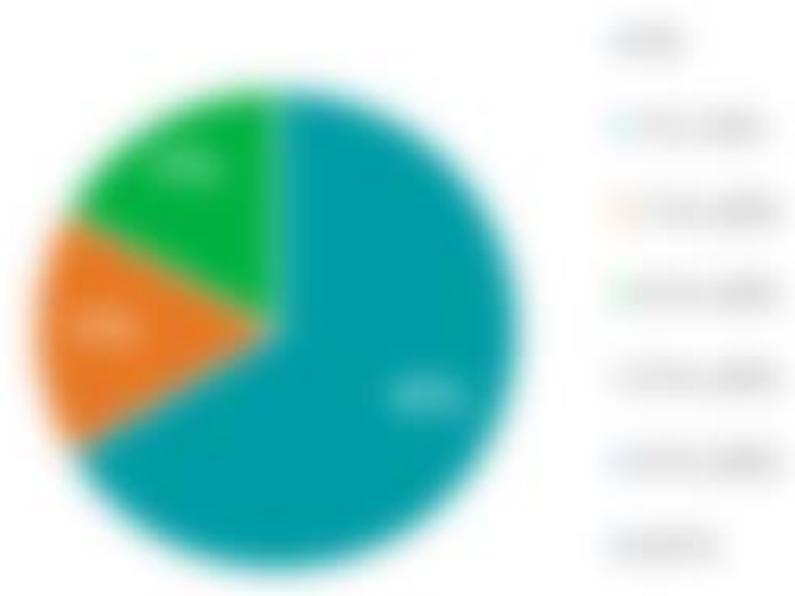
Participant Demographics



# PARTICIPANT DEMOGRAPHICS

What percentage of your bladder cancer patients have non-muscle-invasive disease? (N = 12\*)

How many unique patients with bladder cancer are you currently following? (N = 12\*)



Bladder cancer is a leading cause of cancer death in men. The most common type of bladder cancer is non-muscle-invasive bladder cancer (NMIBC). NMIBC is a type of bladder cancer that has not spread beyond the bladder. It is often treated with surgery and chemotherapy. The goal of this study is to understand the impact of NMIBC on patients and their families. We are looking for patients who have been diagnosed with NMIBC in the last 5 years. If you are interested in participating, please contact us at [redacted].



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Key Insights

# KEY TAKEAWAYS



- > Community oncologists noted that the genitourinary oncology field is evolving at a rapid pace, challenging their ability to stay current. This highlights the need for further education and didactic and training opportunities for SeaGen
- > The introduction of checkpoint inhibitors in various stages of bladder cancer therapy is considered



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## Key Insights on Non–Muscle-Invasive Bladder Cancer

# TOPLINE TAKEAWAYS – TREATMENT OF NON-MUSCLE-INVASIVE BLADDER CANCER



Pembrolizumab approval in BCG-unresponsive high-risk NMIBC



# TREATMENT OF NON-MUSCLE-INVASIVE BLADDER CANCER



Topic

Insights and Data

Topic	Insights and Data
Bladder Cancer	Bladder cancer is the most common cancer of the urinary tract. It is a disease of the bladder, the organ that stores urine. The most common type of bladder cancer is non-muscle-invasive bladder cancer (NMIBC), which is also known as low-grade papillary urothelial carcinoma. NMIBC is characterized by the presence of abnormal cells on the inner lining of the bladder, but it does not invade the muscle layer of the bladder wall. NMIBC is often treated with transurethral resection of the bladder tumor (TURBT), which is a minimally invasive surgical procedure. Other treatment options for NMIBC include intravesical chemotherapy and immunotherapy. The prognosis for NMIBC is generally good, but it can recur and progress to muscle-invasive bladder cancer (MIBC) if not treated properly. Regular surveillance and follow-up are essential for patients with NMIBC.
Bladder Cancer	Bladder cancer is a disease of the bladder, the organ that stores urine. The most common type of bladder cancer is non-muscle-invasive bladder cancer (NMIBC), which is also known as low-grade papillary urothelial carcinoma. NMIBC is characterized by the presence of abnormal cells on the inner lining of the bladder, but it does not invade the muscle layer of the bladder wall. NMIBC is often treated with transurethral resection of the bladder tumor (TURBT), which is a minimally invasive surgical procedure. Other treatment options for NMIBC include intravesical chemotherapy and immunotherapy. The prognosis for NMIBC is generally good, but it can recur and progress to muscle-invasive bladder cancer (MIBC) if not treated properly. Regular surveillance and follow-up are essential for patients with NMIBC.

# QUOTES – NON-MUSCLE-INVASIVE BLADDER CANCER



Discussion whether urologists will administer **pembrolizumab**

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[Blurred text block]

[Blurred text block]



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## Key Insights on Muscle-Invasive Bladder Cancer

# TOPLINE TAKEAWAYS – TREATMENT OF MUSCLE-INVASIVE BLADDER CANCER



## Muscle-invasive bladder cancer

[Redacted content]

[Redacted content]

# TREATMENT OF MUSCLE-INVASIVE BLADDER CANCER



Topic	Insights and Data
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General MIBC	<ul style="list-style-type: none"><li>MIBC seems to be the largest bladder cancer population of the consulted physicians; 50% of the</li></ul>
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[The following content is heavily blurred and illegible.]





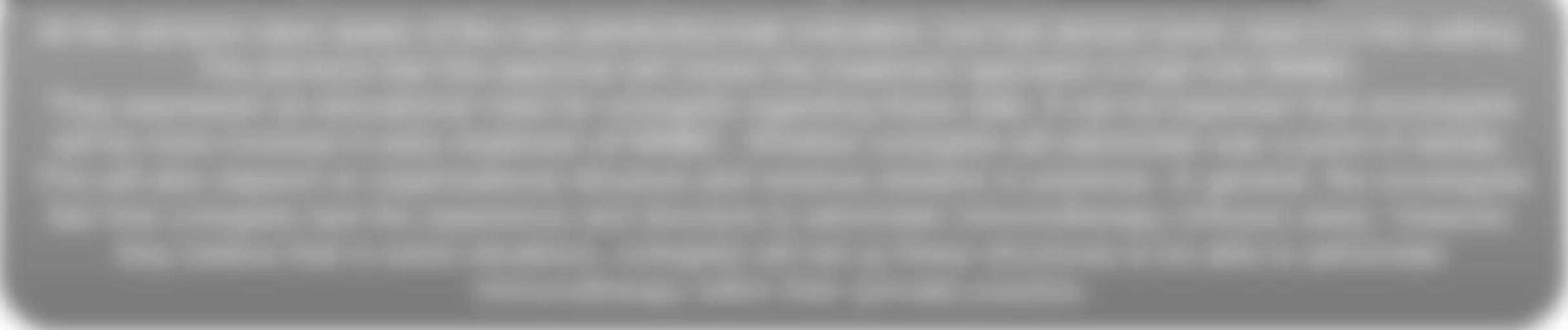
## Key Insights on Advanced Bladder Cancer

# TOPLINE TAKEAWAYS – TREATMENT OF METASTATIC BLADDER CANCER



Switch maintenance therapy: immunotherapy (pembro/avelumab) after chemotherapy response in advanced disease

The consulted physicians feel this strategy makes a lot of sense. They believe this may be the way forward in metastatic



# TREATMENT OF BLADDER CANCER PATIENTS WITH METASTATIC DISEASE (1/2)



Topic	Insights and Data
General	
[Blurred]	[Blurred]

# TREATMENT OF BLADDER CANCER PATIENTS WITH METASTATIC DISEASE (2/2)



Topic	Insights and Data
	<ul style="list-style-type: none"><li data-bbox="407 354 2499 419">• 75% of physicians stated they routinely assess for <i>FGFR</i> genetic alterations in metastatic bladder cancer, </li></ul>

# QUOTES – MUSCLE-INVASIVE BLADDER CANCER



**Discussion: switch maintenance pembro and switch maintenance avelumab after chemotherapy**

“Maintenance is probably the way to go in this disease, and mechanistically it makes sense.”

[The following text is heavily blurred and illegible.]



## ARS Data – Baseline Usage Polling

# HAS THE BCG SHORTAGE IMPACTED YOUR INTRAVESICAL THERAPY CHOICE?

FOR EXAMPLE PURPOSES ONLY

# ARE YOU INVOLVED IN SELECTING INTRAVESICAL THERAPY?

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.





## ARS Questions – Treatment of NMIBC and MIBC

# ARE YOU AWARE OF PEMBROLIZUMAB APPROVAL FOR NON-MUSCLE-INVASIVE BLADDER CANCER?

FOR EXAMPLE PURPOSES ONLY

# IN HOW MANY UNIQUE PATIENTS WITH NON-MUSCLE-INVASIVE BLADDER CANCER HAVE YOU USED THE DRUG

FOR EXAMPLE PURPOSES ONLY

# WHAT PERCENTAGE OF YOUR BLADDER CANCER PATIENTS HAVE MUSCLE-INVASIVE DISEASE?



FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.



# WHAT PERCENTAGE OF YOUR PATIENTS WITH MUSCLE-INVASIVE DISEASE UNDERGO CYSTECTOMY?

FOR EXAMPLE PURPOSES ONLY

# IN WHAT PERCENTAGE OF YOUR ELIGIBLE PATIENTS DO YOU PRESCRIBE NEOADJUVANT CISPLATIN-BASED CHEMOTHERAPY PRIOR TO CYTOTOXIC

FOR EXAMPLE PURPOSES ONLY

# WHEN IT COMES TO UROLOGISTS REFERRING MUSCLE-INVASIVE BLADDER CANCER PATIENTS TO YOU FOR CONSIDERATION OF NEOADJUVANT THERAPY, WHICH

FOR EXAMPLE PURPOSES ONLY

# IN THE PAST YEAR, TO WHAT PERCENTAGE OF YOUR MUSCLE-INVASIVE BLADDER CANCER PATIENTS HAVE YOU PRESCRIBED ADJUVANT THERAPY?

FOR EXAMPLE PURPOSES ONLY

# HAVE YOU EVER USED A CHECKPOINT INHIBITOR IN THE NEOADJUVANT SETTING FOR MUSCLE-INVASIVE DISEASE, OUTSIDE OF CLINICAL TRIALS?

FOR EXAMPLE PURPOSES ONLY

\*Two advisors did not respond.

# WHICH AGENT IS FDA APPROVED FOR BCG-UNRESPONSIVE CARCINOMA IN SITU IN PATIENTS WHO REFUSE OR CANNOT TOLERATE RADICAL CYSTECTOMY?

FOR EXAMPLE PURPOSES ONLY

# YOU ARE CONSIDERING NEOADJUVANT THERAPY FOR A PATIENT WITH MUSCLE-INVASIVE UROTHELIAL CANCER, PRIOR TO RADICAL CYSTECTOMY. WHICH OF THE FOLLOWING HAS BEEN

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FOR EXAMPLE PURPOSES ONLY





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## ARS Questions – Treatment of Metastatic Disease

# WHAT PERCENTAGE OF YOUR BLADDER CANCER PATIENTS HAVE METASTATIC DISEASE?



FOR EXAMPLE PURPOSES ONLY



# HOW DO YOU DECIDE ON CISPLATIN ELIGIBILITY (SELECT ALL THAT APPLY)?

FOR EXAMPLE PURPOSES ONLY

# WHICH REGIMEN DO YOU PREFER FOR FIRST-LINE THERAPY OF CISPLATIN-ELIGIBLE PATIENTS WITH ADVANCED/METASTATIC DISEASE?

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FOR EXAMPLE PURPOSES ONLY

# DO YOU ROUTINELY ASSESS FOR PD-L1 EXPRESSION LEVEL BEFORE PRESCRIBING A CHECKPOINT INHIBITOR IN YOUR CISPLATIN-INELIGIBLE PATIENTS WITH ADVANCED/

FOR EXAMPLE PURPOSES ONLY

# IN HOW MANY UNIQUE PATIENTS WITH METASTATIC BLADDER CANCER HAVE YOU USED THE DRUG PEMBROLIZUMAB IN ANY LINES OF THERAPY?

FOR EXAMPLE PURPOSES ONLY

# IN HOW MANY UNIQUE PATIENTS WITH METASTATIC BLADDER CANCER HAVE YOU USED THE DRUG ATEZOLIZUMAB IN ANY LINES OF THERAPY?

FOR EXAMPLE PURPOSES ONLY

# IN HOW MANY UNIQUE PATIENTS WITH METASTATIC BLADDER CANCER WHO ARE CISPLATIN INELIGIBLE HAVE YOU USED GEMCITABINE + CARBOPLATIN?

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.



# IN HOW MANY UNIQUE PATIENTS WITH METASTATIC BLADDER CANCER HAVE YOU USED THE DRUG NIVOLUMAB IN ANY LINES OF THERAPY?

FOR EXAMPLE PURPOSES ONLY

# IN HOW MANY UNIQUE PATIENTS WITH METASTATIC BLADDER CANCER HAVE YOU USED THE DRUG DURVALUMAB IN ANY LINES OF THERAPY?

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.



# IN HOW MANY UNIQUE PATIENTS WITH METASTATIC BLADDER CANCER HAVE YOU USED THE DRUG AVELUMAB IN ANY LINES OF THERAPY?

FOR EXAMPLE PURPOSES ONLY

# DO YOU ROUTINELY ASSESS FOR *FGFR* GENETIC ALTERATIONS IN YOUR METASTATIC BLADDER CANCER PATIENTS?

FOR EXAMPLE PURPOSES ONLY

# ARE YOU AWARE OF THE ERDAFITINIB APPROVAL FOR LOCALLY ADVANCED OR METASTATIC UROTHELIAL CARCINOMA?

FOR EXAMPLE PURPOSES ONLY

# IN HOW MANY UNIQUE PATIENTS WITH METASTATIC BLADDER CANCER HAVE YOU USED THE DRUG ERDAFITINIB?

FOR EXAMPLE PURPOSES ONLY

# IN HOW MANY UNIQUE PATIENTS WITH METASTATIC BLADDER CANCER HAVE YOU USED THE DRUG ENFORTUMAB VEDOTIN?

FOR EXAMPLE PURPOSES ONLY

THE INVIGOR130 PHASE III TRIAL SHOWED THAT IN PATIENTS RECEIVING FIRST-LINE THERAPY FOR LOCALLY ADVANCED/ UNRESECTABLE OR METASTATIC UC, ATEZOLIZUMAB + PLATINUM-BASED CHEMOTHERAPY RESULTED IN SIGNIFICANTLY

FOR EXAMPLE PURPOSES ONLY



# WHICH AGENT/REGIMEN WOULD YOU SELECT FOR A PATIENT WITH METASTATIC UROTHELIAL CANCER WHO HAD PROGRESSION AFTER FIRST-LINE PLATINUM-BASED CHEMOTHERAPY AND SECOND-LINE PD-1 INHIBITOR (AQUINE NO ACTIVATING FORCE)

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.



YOU ARE TREATING A PATIENT WITH *FGFR3*-MUTATED METASTATIC UROTHELIAL CARCINOMA WITH ERDAFITINIB. WHICH BELOW IS MOST RELEVANT TO CONSIDER WHEN DISCUSSING THEIR SAFETY/MANAGEMENT PLAN?

FOR EXAMPLE PURPOSES ONLY

\*Two advisors did not respond.





## Advisor Key Takeaways



# KEY TAKEAWAYS (1/2)



<p>1. <b>Introduction</b></p> <p>2. <b>Background</b></p> <p>3. <b>Methodology</b></p> <p>4. <b>Results</b></p> <p>5. <b>Conclusion</b></p>	<p>1. <b>Introduction</b></p> <p>2. <b>Background</b></p> <p>3. <b>Methodology</b></p> <p>4. <b>Results</b></p> <p>5. <b>Conclusion</b></p>
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# KEY TAKEAWAYS (2/2)



<p>1. <b>Introduction</b></p> <p>2. <b>Background</b></p> <p>3. <b>Methodology</b></p> <p>4. <b>Results</b></p> <p>5. <b>Conclusion</b></p>	<p>1. <b>Introduction</b></p> <p>2. <b>Background</b></p> <p>3. <b>Methodology</b></p> <p>4. <b>Results</b></p> <p>5. <b>Conclusion</b></p>
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