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EPICS CONGRESS COVERAGE: ASCO 2020 HIGHLIGHTS GU

June 2020

BACKGROUND

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- On June 2, 2020, following the American Society of Clinical Oncology (ASCO) annual meeting, Aptitude Health brought together a group of scientists and clinical investigators with expertise in genitourinary (GU) malignancies to attend the Emerging Paradigms in Care Series (EPICS) Congress Coverage meeting
- The goal of the expert panel was to critique and debate new evidence in GU cancers and gain strategic insight into the most impactful abstracts from the ASCO meeting with respect to shaping current research directions and/or changing the scope of practical clinical care

MEET THE EXPERTS . . .

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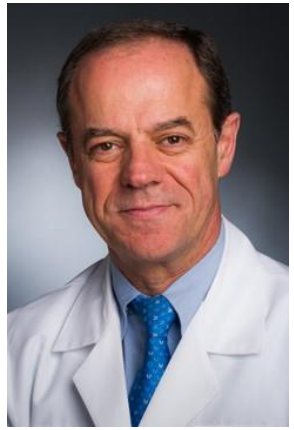
Daniel Petrylak, MD
Yale Cancer Center
New Haven, CT



Joaquim Bellmunt, MD, PhD
Beth Israel Deaconess Medical Center
Boston, MA

Scott Tagawa, MD, MS, FACP
Weill Cornell Medicine
New York, NY

Susan Slovin, MD, PhD
Memorial Sloan Kettering Cancer Center
New York, NY

Cora Sternberg, MD
Weill Cornell Medicine
New York, NY

Robert Dreicer, MD
UVA Health
Charlottesville, VA

AGENDA

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Time (EST)	Topic	Speaker/Moderator
12.00 PM – 12.05 PM (5 min)	**Welcome and Introductions**	**Moderator: Daniel Petrylak, MD**
12.05 PM – 12.20 PM (15 min)	**Renal Cell Carcinoma**	Joaquim Bellmunt, MD, PhD
12.20 PM – 12.40 PM (20 min)	Discussion: Renal Cell Carcinoma	**Moderator: Daniel Petrylak, MD**
12.40 PM – 12.45 PM (5 min)	Summary and Key Takeaways	**Daniel Petrylak, MD**
12.45 PM – 1.00 PM (15 min)	**Prostate Cancer – Hormonal Therapies, Resistance, and Imaging**	Scott Tagawa, MD, MS, FACP
1.00 PM – 1.15 PM (15 min)	Discussion: Prostate Cancer – Hormonal Therapies, Resistance, and Imaging	**Moderator: Daniel Petrylak, MD**
1.15 PM – 1.20 PM (5 min)	Summary and Key Takeaways	**Daniel Petrylak, MD**
1.20 PM – 1.35 PM (15 min)	*Break*	
1.35 PM – 1.50 PM (15 min)	**Cytotoxic, Immune, and Targeted Therapies for Metastatic Prostate Cancer**	Susan Slovin, MD, PhD
1.50 PM – 2.05 PM (15 min)	Discussion: Cytotoxic, Immune, and Targeted Therapies for Metastatic Prostate Cancer	**Moderator: Daniel Petrylak, MD**
2.05 PM – 2.10 PM (5 min)	Summary and Key Takeaways	**Daniel Petrylak, MD**
2.10 PM – 2.25 PM (15 min)	**Bladder Cancer**	Cora Sternberg, MD
2.25 PM – 2.50 PM (25 min)	Discussion: Bladder Cancer	**Moderator: Daniel Petrylak, MD**
2.50 PM – 2.55 PM (5 min)	Summary and Key Takeaways	**Daniel Petrylak, MD**
2.55 PM – 3.00 PM (5 min)	Summary and Closing Remarks	**Daniel Petrylak, MD**

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Renal Cell Carcinoma

JOAQUIM BELLMUNT, MD, PHD

RENAL CELL CARCINOMA: ABSTRACTS (1/6)

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> Abstract 5001. Pembrolizumab plus axitinib versus sunitinib as first-line therapy for advanced renal

RENAL CELL CARCINOMA: ABSTRACTS (2/6)

EPICS

> Abstract 5002. SAVOIR: A phase III study of savolitinib versus sunitinib in pts with MET-driven

RENAL CELL CARCINOMA: ABSTRACTS (3/6)

EPICS

> Abstract 5005. Optimized management of nivolumab (Nivo) and ipilimumab (Ipi) in advanced renal

RENAL CELL CARCINOMA: ABSTRACTS (4/6)

EPICS

> Abstract 5006. Phase II study of nivolumab and salvage nivolumab + ipilimumab in treatment-naïve

RENAL CELL CARCINOMA: ABSTRACTS (5/6)

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> Abstract 5008. Phase II trial of lenvatinib (LEN) plus pembrolizumab (PEMBRO) for disease

RENAL CELL CARCINOMA: ABSTRACTS (6/6)

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> Abstract 5003. Phase II study of the oral HIF-2α inhibitor MK-6482 for Von Hippel-Lindau disease–

RENAL CELL CARCINOMA: DISCUSSION (1/3)

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> For patients who have received treatment with nivolumab for a period of time with SD or PD as the

RENAL CELL CARCINOMA: DISCUSSION (2/3)

EPICS

> The updated analysis of KEYNOTE-426 did not add any significant new information; the further

RENAL CELL CARCINOMA: DISCUSSION (3/3)

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> The HIF-2α inhibitor MK-6482 may have a better safety profile than available TKIs, but is not

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Prostate Cancer – Hormonal Therapies, Resistance, and Imaging

SCOTT TAGAWA, MD, MS, FACP

PROSTATE CANCER – HORMONAL THERAPIES, RESISTANCE, AND IMAGING: ABSTRACTS (1/5)

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> Abstract 5501. Impact of PSMA-targeted imaging with 18F-DCFPyL-PET/CT on clinical

PROSTATE CANCER – HORMONAL THERAPIES, RESISTANCE, AND IMAGING: ABSTRACTS (2/5)

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> Abstract 5506. Baseline circulating tumor cell (CTC) count as a prognostic marker of PSA response

PROSTATE CANCER – HORMONAL THERAPIES, RESISTANCE, AND IMAGING: ABSTRACTS (3/5)

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> Abstract 5504. Neoadjuvant apalutamide (APA) plus leuprolide (LHRHa) with or without abiraterone

PROSTATE CANCER – HORMONAL THERAPIES, RESISTANCE, AND IMAGING: ABSTRACTS (4/5)

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- Abstract 5602. HERO phase III trial: Results comparing relugolix, an oral GnRH receptor

PROSTATE CANCER – HORMONAL THERAPIES, RESISTANCE, AND IMAGING: ABSTRACTS (5/5)

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- Abstract 5537: Overall survival (OS) with docetaxel (D) vs novel hormonal therapy (NHT) with

PROSTATE CANCER – HORMONAL THERAPIES, RESISTANCE, AND IMAGING: DISCUSSION (1/3)

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- PSMA PET imaging, once approved, is likely to have the greatest utility in patients with biochemical

PROSTATE CANCER – HORMONAL THERAPIES, RESISTANCE, AND IMAGING: DISCUSSION (2/3)

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- Experts expect relugolix to gain regulatory approval based on the HERO results, and think the

PROSTATE CANCER – HORMONAL THERAPIES, RESISTANCE, AND IMAGING: DISCUSSION (3/3)

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- The 20% complete response rate observed in the neoadjuvant trial of apalutamide plus leuprolide in

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Cytotoxic, Immune, and Targeted Therapies for Metastatic Prostate Cancer

SUSAN SLOVIN, MD, PHD

CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER: ABSTRACTS (1/7)

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> Abstract 5500. TheraP. A randomised phase II trial of ^{177}Lu-PSMA-617 (LuPSMA) theranostic

CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER: ABSTRACTS (2/7)

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> Abstract 3500. First-in-human phase I study of ARV-110, an androgen receptor (AR) PROTAC

CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER: ABSTRACTS (3/7)

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- Abstract 5543: KEYNOTE-199 cohorts (C) 4 and 5: Phase II study of pembrolizumab (pembro) plus

CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER: ABSTRACTS (4/7)

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> Abstract e17584. Phase II study of pembrolizumab in docetaxel-pretreated patients with metastatic

CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER: ABSTRACTS (5/7)

EPICS

> Abstract 5545: Pembrolizumab (pembro) plus enzalutamide (enza) in patients (pts) with abiraterone

CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER: ABSTRACTS (6/7)

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- Abstract e17550. Radium 223 treatment in metastatic prostate cancer: Exploring use of clinical

CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER: ABSTRACTS (7/7)

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- Abstract e17592. Disease characteristics and outcome of patients (pts) with metastatic castration-

CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER: DISCUSSION (1/2)

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- The data from the randomized phase II trial of ^{177}LuPSMA were considered intriguing and this agent

CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER: DISCUSSION (2/2)

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- With regard to results from the KEYNOTE-199 and -365 trials, the low response rates (≤10%) have

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Bladder Cancer

CORA STERNBERG, MD

BLADDER CANCER: ABSTRACTS (1/6)

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> Abstract LBA1. Maintenance avelumab + best supportive care (BSC) versus BSC alone after

BLADDER CANCER: ABSTRACTS (2/6)

EPICS

> Abstract 5000. IMvigor010: Primary analysis from a phase III randomized study of adjuvant

BLADDER CANCER: ABSTRACTS (3/6)

EPICS

> Abstract 5011. Tumor, immune, and stromal characteristics associated with clinical outcomes with

BLADDER CANCER: ABSTRACTS (4/6)

EPICS

> Abstract 5013. Cabozantinib in combination with atezolizumab in urothelial carcinoma previously

BLADDER CANCER: ABSTRACTS (5/6)

EPICS

> Abstract 5022. Phase II trial of atezolizumab in BCG-unresponsive non-muscle invasive bladder

BLADDER CANCER: ABSTRACTS (6/6)

EPICS

> Abstract 5027. Early results of TROPHY-U-01 Cohort 2: Sacituzumab govitecan (SG) in platinum-

BLADDER CANCER: DISCUSSION (1/3)

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> Switch maintenance (ie, maintenance with an immune checkpoint inhibitor following platinum-based

BLADDER CANCER: DISCUSSION (2/3)

EPICS

> Promising strategies are in development for metastatic bladder cancer, such as the combination of

BLADDER CANCER: DISCUSSION (3/3)

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> Evidence from the IMvigor010 trial does not currently support giving post-operative adjuvant

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Client Summaries

KEY HIGHLIGHTS AND STRATEGIC TAKEAWAYS FOR

EPICS

[illegible]

1. [illegible]

2. [illegible]

KEY HIGHLIGHTS AND STRATEGIC TAKEAWAYS FOR

EPICS

[redacted]

1. [redacted]

2. [redacted]

KEY HIGHLIGHTS AND STRATEGIC TAKEAWAYS FOR

EPICS

[illegible]

1. [illegible]

2. [illegible]

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