



EPICS

GU MALIGNANCIES IN 2020 AND BEYOND

December 8 and 9, 2020

FACULTY EXPERTS

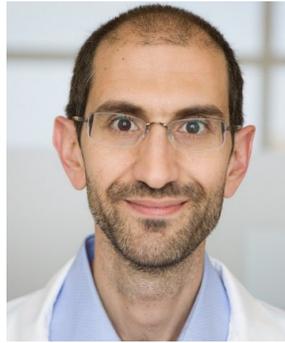
EPICS

Chair

Daniel Petrylak, MD



Neeraj
Agarwal, MD



Emmanuel S.
Antonarakis, MD



Bernard H.
Bochner, MD



David E.
Crawford, MD



Leonard
Gomella, MD, FACS



Phillip J. Koo, MD



David Nanus, MD



David Quinn, MBBS,
PhD, FRACP, FACP



Oliver Sartor, MD



Susan F. Slovin,
MD, PhD



Scott Tagawa, MD

AGENDA: DAY 1 – DECEMBER 8, 2020

Time EST	Topic	Speaker/Moderator
5.30 PM – 5.35 PM	Welcome and Introductions	Daniel Petrylak, MD
5.35 PM – 5.50 PM	New Strategies for Metastatic Renal Cell Carcinoma	David M. Nanus, MD
5.50 PM – 6.30 PM	Discussion: New Strategies for Metastatic Renal Cell Carcinoma	Moderator: Daniel Petrylak, MD
6.30 PM – 6.35 PM	Summary and Key Takeaways	David M. Nanus, MD
6.35 PM – 6.45 PM	Current and Future Management of Non-clear Cell RCC	Neeraj Agarwal, MD
6.45 PM – 7.00 PM	Discussion: Current and Future Management of Non-clear Cell RCC	Moderator: Daniel Petrylak, MD
7.00 PM – 7.05 PM	Summary and Key Takeaways	Neeraj Agarwal, MD
7.05 PM – 7.15 PM	BREAK	
7.15 PM – 7.30 PM	Neo/Adjuvant Treatment of RCC	David Quinn, MBBS, PhD, FRACP, FACP
7.30 PM – 7.50 PM	Discussion: Neo/Adjuvant Treatment of RCC	Moderator: Daniel Petrylak, MD
7.50 PM – 7.55 PM	Summary and Key Takeaways	David Quinn, MD
7.55 PM – 8.05 PM	Techniques for Detection and Treatment of Localized/Locally Advanced Prostate Cancer	Leonard Gomella, MD
8.05 PM – 8.20 PM	Discussion: Techniques for Detection and Treatment of Localized/Locally Advanced Prostate Cancer	Moderator: Daniel Petrylak, MD
8.20 PM – 8.25 PM	Summary and Key Takeaways	Leonard Gomella, MD
8.25 PM – 8.30 PM	Wrap-up and Overview of Day 2 Activities	Daniel Petrylak, MD

NEW STRATEGIES FOR METASTATIC RENAL CELL CARCINOMA: OVERVIEW (1/2) (DAVID M. NANUS)

- > Data from the CheckMate 9ER trial showed a significant increase in progression-free survival (PFS)

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NEW STRATEGIES FOR METASTATIC RENAL CELL CARCINOMA: OVERVIEW (2/2) (DAVID M. NANUS)

- > The oral hypoxia-inducible factor (HIF)-2 α inhibitor MK-6482 appears very active in von Hippel-

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NEW STRATEGIES FOR METASTATIC RENAL CELL CARCINOMA: DISCUSSION HIGHLIGHTS (1/5)

- > Experts are generally using ipilimumab + nivolumab as first-line therapy for intermediate- or poor-

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NEW STRATEGIES FOR METASTATIC RENAL CELL CARCINOMA: DISCUSSION HIGHLIGHTS (2/5)

- > Experts perceive that responses are more durable with ipilimumab + nivolumab compared with

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NEW STRATEGIES FOR METASTATIC RENAL CELL CARCINOMA: DISCUSSION HIGHLIGHTS (3/5)

- > One expert commented that they have used lenvatinib in patients with brain metastases that

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NEW STRATEGIES FOR METASTATIC RENAL CELL CARCINOMA: DISCUSSION HIGHLIGHTS (4/5)

- > The optimal duration of IO therapy remains unknown, and a randomized trial is needed to address

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NEW STRATEGIES FOR METASTATIC RENAL CELL CARCINOMA: DISCUSSION HIGHLIGHTS (5/5)

- > Several experts also commented that pegylated IL-2 holds promise, and there is substantial

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CURRENT AND FUTURE MANAGEMENT OF NON-CLEAR CELL RCC: OVERVIEW (NEERAJ AGARWAL)

- > There are currently no drugs specifically approved for non-ccRCC

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CURRENT AND FUTURE MANAGEMENT OF NON-CLEAR CELL RCC: DISCUSSION HIGHLIGHTS

- > For patients with papillary mRCC, experts typically use an IO-based combination, with good results

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NEO/ADJUVANT TREATMENT OF RCC: OVERVIEW (1/2)

(DAVID QUINN)

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- > Therapy before or after nephrectomy or partial nephrectomy for localized disease is not SOC but

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NEO/ADJUVANT TREATMENT OF RCC: OVERVIEW (2/2)

(DAVID QUINN)

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- > The CARMENA trial comparing cytoreductive nephrectomy (CRN) followed by sunitinib vs sunitinib

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NEO/ADJUVANT TREATMENT OF RCC: DISCUSSION HIGHLIGHTS (1/2)

- > None of the experts are using adjuvant sunitinib or pazopanib for patients with localized RCC

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NEO/ADJUVANT TREATMENT OF RCC: DISCUSSION HIGHLIGHTS (2/2)

- > Experts do see a role for CRN in select patients with limited metastatic disease and good

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TECHNIQUES FOR DETECTION AND TREATMENT OF LOCALIZED/LOCALLY ADVANCED PROSTATE CANCER: OVERVIEW (1/2) (LEONARD GOMELLA)

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TECHNIQUES FOR DETECTION AND TREATMENT OF LOCALIZED/LOCALLY ADVANCED PROSTATE CANCER: OVERVIEW (2/2) (LEONARD GOMELLA)

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TECHNIQUES FOR DETECTION AND TREATMENT OF LOCALIZED/LOCALLY ADVANCED PROSTATE CANCER: DISCUSSION HIGHLIGHTS (1/2)

- > Experts suggested that genomic and molecular information should be used more to identify those

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TECHNIQUES FOR DETECTION AND TREATMENT OF LOCALIZED/LOCALLY ADVANCED PROSTATE CANCER: DISCUSSION HIGHLIGHTS (2/2)

- > For patients on active surveillance, the risk for recurrence is ongoing, and experts have observed

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AGENDA: DAY 2

Time EST	Topic	Speaker/Moderator
5.30 PM – 5.35 PM	Review Agenda and Treatment Course Framework for Day 2	Daniel Petrylak, MD
5.35 PM – 5.45 PM	Novel Imaging Strategies for Genitourinary Cancers	Phillip J. Koo, MD
5.45 PM – 6.00 PM	Discussion: Novel Imaging Strategies for Genitourinary Cancers	Moderator: Daniel Petrylak, MD
6.00 PM – 6.05 PM	Summary and Key Takeaways	Daniel Petrylak, MD
6.05 PM – 6.20 PM	Treatment Paradigms for Advanced Prostate Cancer	Emmanuel Antonarakis, MD
6.20 PM – 6.50 PM	Discussion: Treatment Paradigms for Advanced Prostate Cancer	Moderator: Daniel Petrylak, MD
6.50 PM – 6.55 PM	Summary and Key Takeaways	Emmanuel Antonarakis, MD
6.55 PM – 7.05 PM	BREAK	
7.05 PM – 7.15 PM	Emerging Therapies for Metastatic CRPC	Oliver Sartor, MD
7.15 PM – 7.35 PM	Discussion: Emerging Therapies for Metastatic CRPC	Moderator: Daniel Petrylak, MD
7.35 PM – 7.40 PM	Summary and Key Takeaways	Oliver Sartor, MD
7.40 PM – 7.50 PM	Early Stage Bladder Cancer	Bernard H. Bochner, MD
7.50 PM – 8.05 PM	Discussion: Early Stage Bladder Cancer	Moderator: Daniel Petrylak, MD
8.05 PM – 8.10 PM	Summary and Key Takeaways	Bernard H. Bochner, MD
8.10 PM – 8.20 PM	Current and Future Treatment of Advanced Bladder Cancer	Scott Tagawa, MD
8.20 PM – 8.50 PM	Discussion: Current and Future Treatment of Advanced Bladder Cancer	Moderator: Daniel Petrylak, MD
8.50 PM – 8.55 PM	Summary and Key Takeaways	Scott Tagawa, MD
8.55 PM – 9.00 PM	Conclusions and Wrap-up	Daniel Petrylak, MD

NOVEL IMAGING STRATEGIES FOR GENITOURINARY CANCERS: OVERVIEW (1/2) (PHILLIP J. KOO)

- > On December 1, 2020, the FDA approved Ga-68 PSMA-11 for PET imaging for men with suspected

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NOVEL IMAGING STRATEGIES FOR GENITOURINARY CANCERS: OVERVIEW (2/2) (PHILLIP J. KOO)

- > Coverage by payors will likely impact the adoption of these new imaging tools

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NOVEL IMAGING STRATEGIES FOR GENITOURINARY CANCERS: DISCUSSION HIGHLIGHTS (1/2)

- > The FDA approval of Ga-68 PSMA-11 for PET imaging is considered a major breakthrough and has

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NOVEL IMAGING STRATEGIES FOR GENITOURINARY CANCERS: DISCUSSION HIGHLIGHTS (2/2)

- > It is unclear how introduction of PSMA imaging will impact use of fluciclovine scans, and this may

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TREATMENT PARADIGMS FOR ADVANCED PROSTATE CANCER: OVERVIEW (1/3) (EMMANUEL ANTONARAKIS)

- > There are many viable options for metastatic hormone-sensitive PC, including ADT + docetaxel or

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TREATMENT PARADIGMS FOR ADVANCED PROSTATE CANCER: OVERVIEW (2/3) (EMMANUEL ANTONARAKIS)

- > For patients with mCRPC, results from the CARD trial demonstrated that in patients with

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TREATMENT PARADIGMS FOR ADVANCED PROSTATE CANCER: OVERVIEW (3/3) (EMMANUEL ANTONARAKIS)

- > Results with single-agent anti-PD-1/PD-L1 or anti-cytotoxic T-lymphocyte antigen 4 (CTLA-4)

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TREATMENT PARADIGMS FOR ADVANCED PROSTATE CANCER: DISCUSSION HIGHLIGHTS (1/4)

- > For patients with metastatic castrate-sensitive (mCS)PC, some experts lean toward using docetaxel

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TREATMENT PARADIGMS FOR ADVANCED PROSTATE CANCER: DISCUSSION HIGHLIGHTS (2/4)

- > The optimal duration of AR-targeted therapy in the setting of mCSPC is also being debated,

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TREATMENT PARADIGMS FOR ADVANCED PROSTATE CANCER: DISCUSSION HIGHLIGHTS (3/4)

- > Sequencing in mCRPC is complicated, and experts generally prefer to avoid back-to-back use of

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TREATMENT PARADIGMS FOR ADVANCED PROSTATE CANCER: DISCUSSION HIGHLIGHTS (4/4)

- > All of the experts are testing for MSI status, and several indicated they have had good results with

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(1/2) (OLIVER SARTOR)

- > Results from the TRANSFORMER trial suggest that high-dose testosterone may resensitize

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(2/2) (OLIVER SARTOR)

- > Preliminary data with AMG 160, a PSMA-targeted BiTE, showed PSA responses in a majority of

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EMERGING THERAPIES FOR METASTATIC CRPC: DISCUSSION HIGHLIGHTS (1/3)

- > PARP inhibitors are clearly active in a subset of patients with PC with DNA repair defects, and the

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EMERGING THERAPIES FOR METASTATIC CRPC: DISCUSSION HIGHLIGHTS (2/3)

- > Results of the IPATential150 trial are considered underwhelming – the benefit appears to be

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EMERGING THERAPIES FOR METASTATIC CRPC: DISCUSSION HIGHLIGHTS (3/3)

- > Experts are optimistic about the emerging PSMA-directed agents, including radiopharmaceuticals

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EARLY STAGE BLADDER CANCER: OVERVIEW (1/3)

(BERNARD H. BOCHNER)

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- > For patients with non-muscle invasive bladder cancer (NMIBC), local resection followed by adjuvant

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EARLY STAGE BLADDER CANCER: OVERVIEW (2/3)

(BERNARD H. BOCHNER)

EPICS

- > FDA-approved treatment options for BCG-resistant bladder cancers include valrubicin, which was

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EARLY STAGE BLADDER CANCER: OVERVIEW (3/3)

(BERNARD H. BOCHNER)

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- > The basal subtype of MIBC also appears to derive the greatest benefit from platinum-based

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EARLY STAGE BLADDER CANCER: DISCUSSION HIGHLIGHTS (1/2)

- > Many of the experts indicated they are receiving referrals of patients with NMIBC who are looking

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EARLY STAGE BLADDER CANCER: DISCUSSION HIGHLIGHTS (2/2)

- > If nivolumab gains regulatory approval in the adjuvant setting for MIBC on the basis of the

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CURRENT AND FUTURE TREATMENT OF ADVANCED BLADDER CANCER: OVERVIEW (1/2) (SCOTT TAGAWA)

- > Platinum-based chemotherapy followed by switch maintenance with avelumab is considered the

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CURRENT AND FUTURE TREATMENT OF ADVANCED BLADDER CANCER: OVERVIEW (2/2) (SCOTT TAGAWA)

- > Sacituzumab govitecan (SG) produced a 27% ORR in patients with mUC previously treated with a

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CURRENT AND FUTURE TREATMENT OF ADVANCED BLADDER CANCER: DISCUSSION HIGHLIGHTS (1/3)

- > Experts consider platinum-based chemotherapy followed by switch maintenance with avelumab to

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CURRENT AND FUTURE TREATMENT OF ADVANCED BLADDER CANCER: DISCUSSION HIGHLIGHTS (2/3)

- > EV is considered the second-line standard for most patients following progression on platinum-based

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CURRENT AND FUTURE TREATMENT OF ADVANCED BLADDER CANCER: DISCUSSION HIGHLIGHTS (3/3)

- > There is substantial interest in evaluating the ADCs in combination with ICIs, and in earlier lines of

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