



EPICS

**EPICS CONGRESS
COVERAGE:
ASCO GU 2021 HIGHLIGHTS**

February 16, 2021

- > On February 16, 2021, at the conclusion of the 2021 American Society of Clinical Oncology Genitourinary Cancers Symposium (ASCO GU), Aptitude Health brought together a group of experts in GU cancers to attend the Emerging Paradigms in Care Series (EPICS) Congress Coverage meeting
- > The goal of the panel was to critique and debate evidence in GU cancers and gain strategic insight into the most impactful abstracts from the ASCO GU meeting with respect to changing the scope of practical clinical care and/or shaping current research directions

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Program Chair



DANIEL P. PETRYLAK, MD
YALE CANCER CENTER

FACULTY EXPERTS



Robert Dreicer, MD, MS,
MACP, FASCO
University of Virginia
Cancer Center



Karim Fizazi, MD, PhD
Gustave Roussy Institute



Leonard Gomella, MD, FACS
Sidney Kimmel Cancer
Center



Thomas Powles, MD,
MBBS, MRCP
Barts Cancer Institute



Oliver Sartor, MD
Tulane Cancer Center



Manuela Schmidinger, MD
Medical University of
Vienna



Susan Slovin, MD, PhD
Memorial Sloan Kettering
Cancer Center

Time (EDT)	Topic	Speaker/Moderator
1.00 PM – 1.05 PM	Welcome and Introductions	Daniel Petrylak, MD
1.05 PM – 1.10 PM	Novel Therapies for BCG-Unresponsive NMIBC and MIBC	Leonard Gomella, MD, FACS
1.10 PM – 1.18 PM	Discussion: Novel Therapies for BCG-Unresponsive NMIBC and MIBC	All
1.18 PM – 1.20 PM	Summary and Key Takeaways – Bladder Part 1	All
1.20 PM – 1.30 PM	Novel Agents for Metastatic Bladder Cancers	Robert Dreicer, MD, MS, MACP, FASCO
1.30 PM – 1.45 PM	Discussion: Novel Agents for Metastatic Bladder Cancers	All
1.45 PM – 1.50 PM	Summary and Key Takeaways – Bladder Part 2	All
1.50 PM – 2.00 PM	Metastatic Prostate Cancer – Hormonal Therapies and Imaging	Susan Slovin, MD, PhD
2.00 PM – 2.10 PM	Discussion: Metastatic Prostate Cancer – Hormonal Therapies and Imaging	All
2.10 PM – 2.15 PM	Summary and Key Takeaways – Prostate Part 1	All
2.15 PM – 2.25 PM	Break	

Time (EDT)	Topic	Speaker/Moderator
2.25 PM – 2.35 PM	Cytotoxic, Immune, and Targeted Therapies for Metastatic Prostate Cancer	Karim Fizazi, MD, PhD
2.35 PM – 2.50 PM	Discussion: Cytotoxic, Immune, and Targeted Therapies for Metastatic Prostate Cancer	All
2.50 PM – 2.55 PM	Summary and Key Takeaways – Prostate Part 2	All
2.55 PM – 3.10 PM	Advanced Renal Cell Carcinoma	Manuela Schmidinger, MD
3.10 PM – 3.25 PM	Discussion: Advanced Renal Cell Carcinoma	All
3.25 PM – 3.30 PM	Summary and Key Takeaways – RCC Part 1	All
3.30 PM – 3.40 PM	Renal Cell Carcinoma – Subgroup-Specific Therapies	Thomas Powles, MD, MBBS, MRCP
3.40 PM – 3.50 PM	Discussion: Renal Cell Carcinoma – Subgroup-Specific Therapies	All
3.50 PM – 3.55 PM	Summary and Key Takeaways – RCC Part 2	All
3.55 PM – 4.00 PM	Summary and Closing Remarks	Daniel Petrylak, MD

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Program Overview: Key Highlights

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Novel Therapies for BCG-Unresponsive NMIBC and MIBC

LEONARD GOMELLA, MD, FACS

NOVEL THERAPIES FOR BCG-UNRESPONSIVE NMIBC AND MIBC – ABSTRACTS (1/3)

Abstract 391. First results from the phase 3 CheckMate 274 trial of adjuvant nivolumab vs placebo in patients

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NOVEL THERAPIES FOR BCG-UNRESPONSIVE NMIBC AND MIBC – ABSTRACTS (2/3)

Abstract 398. Phase II clinical study of concurrent durvalumab and radiation therapy (DUART) followed by

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NOVEL THERAPIES FOR BCG-UNRESPONSIVE NMIBC AND MIBC – ABSTRACTS (3/3)

Abstract 510. Phase II/III clinical results of IL-15R α Fc superagonist N-803 with BCG in BCG-unresponsive non-

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NOVEL THERAPIES FOR BCG-UNRESPONSIVE NMIBC AND MIBC – DISCUSSION (1/3)

- > Experts view the data from the CheckMate 274 trial showing a significant DFS benefit with adjuvant nivolumab

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NOVEL THERAPIES FOR BCG-UNRESPONSIVE NMIBC AND MIBC – DISCUSSION (2/3)

- > There is a growing sense that there may be a difference in activity between PD-1 and PD-L1 inhibitors; this

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NOVEL THERAPIES FOR BCG-UNRESPONSIVE NMIBC AND MIBC – DISCUSSION (3/3)

- > Results from the trial of intravesical N-803 plus BCG are also viewed favorably, and experts see no reason

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Novel Agents for Metastatic Bladder Cancers

ROBERT DREICER, MD, MS, MACP, FASCO

NOVEL AGENTS FOR METASTATIC BLADDER CANCERS – ABSTRACTS (1/5)

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Abstract 393. Primary results of EV-301: A phase III trial of enfortumab vedotin versus chemotherapy in patients

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NOVEL AGENTS FOR METASTATIC BLADDER CANCERS – ABSTRACTS (2/5)

Abstract 394. EV-201 Cohort 2: Enfortumab vedotin in cisplatin-ineligible patients with locally advanced or

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NOVEL AGENTS FOR METASTATIC BLADDER CANCERS – ABSTRACTS (3/5)

Abstract 438. Avelumab (Ave) first-line (1L) maintenance plus best supportive care (BSC) versus BSC alone for

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NOVEL AGENTS FOR METASTATIC BLADDER CANCERS – ABSTRACTS (4/5)

Abstract 3. Final results from a phase I trial and expansion cohorts of cabozantinib and nivolumab (CaboNivo)

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NOVEL AGENTS FOR METASTATIC BLADDER CANCERS – ABSTRACTS (5/5)

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Abstract 434. Atezolizumab (atezo) monotherapy versus chemotherapy in previously untreated locally advanced

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NOVEL AGENTS FOR METASTATIC BLADDER CANCERS – DISCUSSION (1/3)

- > The results from EV-301 are considered very positive, and the data are completely consistent with the data

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NOVEL AGENTS FOR METASTATIC BLADDER CANCERS – DISCUSSION (2/3)

- > Data from EV-201 suggest EV does have activity in cisplatin-ineligible, ICI-pretreated patients, but more data

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NOVEL AGENTS FOR METASTATIC BLADDER CANCERS – DISCUSSION (3/3)

- > Experts agreed that maintenance avelumab is a reasonable approach for unselected patients with mUC who

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Metastatic Prostate Cancer – Hormonal Therapies and Imaging

SUSAN SLOVIN, MD, PHD

METASTATIC PROSTATE CANCER – HORMONAL THERAPIES AND IMAGING: ABSTRACTS (1/4)

Abstract 9. Final results from ACIS, a randomized, placebo (PBO)-controlled double-blind phase 3 study of

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METASTATIC PROSTATE CANCER – HORMONAL THERAPIES AND IMAGING: ABSTRACTS (2/4)

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Abstract 11. Final analysis results from TITAN: A phase III study of apalutamide (APA) versus placebo (PBO) in

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METASTATIC PROSTATE CANCER – HORMONAL THERAPIES AND IMAGING: ABSTRACTS (3/4)

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Abstract 13. PI3K/AKT pathway biomarkers analysis from the phase III IPATential150 trial of ipatasertib plus

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METASTATIC PROSTATE CANCER – HORMONAL THERAPIES AND IMAGING: ABSTRACTS (4/4)

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Abstract 193. Head-to-head comparison of ^{68}Ga -PSMA-11 PET/CT and mpMRI in the detection, intra-prostatic

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METASTATIC PROSTATE CANCER – HORMONAL THERAPIES AND IMAGING: DISCUSSION (1/2)

- > Although the updated analysis of the ACIS trial confirmed the rPFS benefit with apalutamide plus abiraterone

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METASTATIC PROSTATE CANCER – HORMONAL THERAPIES AND IMAGING: DISCUSSION (2/2)

- > Updated data from the TITAN trial reaffirmed the initial report showing both an OS and rPFS benefit with

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**Cytotoxic, Immune, and
Targeted Therapies for
Metastatic Prostate Cancer**

KARIM FIZAZI, MD, PHD

CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER – ABSTRACTS (1/5)

Abstract 6. 177Lu-PSMA-617 (LuPSMA) versus cabazitaxel in metastatic castration-resistant prostate cancer

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CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER – ABSTRACTS (2/5)

Abstract 7. Biomarker analysis from a randomized phase II study of olaparib with or without cediranib in men with

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CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER – ABSTRACTS (3/5)

Abstract 10. KEYNOTE-365 cohort B: Pembrolizumab (pembro) plus docetaxel and prednisone in abiraterone

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CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER – ABSTRACTS (4/5)

Abstract 12. CheckMate 9KD Arm B final analysis: Efficacy and safety of nivolumab plus docetaxel for

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

Abstract 89: Efficacy of the PD-L1 inhibitor avelumab in neuroendocrine or aggressive variant prostate cancer:

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CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER – DISCUSSION (1/3)

- > The data from the phase II trial comparing LuPSMA vs cabazitaxel are promising, but experts agreed that data

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CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER – DISCUSSION (2/3)

- > The biologic rationale for combining cediranib with olaparib is considered logical, and the data from the

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CYTOTOXIC, IMMUNE, AND TARGETED THERAPIES FOR METASTATIC PROSTATE CANCER – DISCUSSION (3/3)

- > The trial investigating avelumab in NEPC/AVPC that was stopped early for futility is considered a clearly

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Advanced Renal Cell Carcinoma

MANUELA SCHMIDINGER, MD

Abstract 269. Phase 3 trial of lenvatinib (LEN) plus pembrolizumab (PEMBRO) or everolimus (EVE) versus

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Abstract 276. Outcomes of first-line (1L) immuno-oncology (IO) combination therapies in metastatic renal cell

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Abstract 278. TIVO-3: Tivozanib in patients with advanced renal cell carcinoma (aRCC) who have progressed

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Abstract 273. The oral HIF-2 α inhibitor MK-6482 in patients with advanced clear cell renal cell carcinoma (RCC):

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Abstract 272. Phase 2 study of the oral hypoxia-inducible factor 2 α (HIF-2 α) inhibitor MK-6482 in combination

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Abstract 301. Efficacy and safety of avelumab plus axitinib (A + Ax) versus sunitinib (S) in elderly patients with

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Abstract 327. Outcomes for patients in the pembrolizumab + axitinib arm with advanced renal cell carcinoma

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- > Results of the CLEAR trial establish lenvatinib plus pembrolizumab as a new first-line standard of care for

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> There are now so many first-line options available for mRCC with OS benefits that selecting a regimen may be

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- > For patients with poor-risk mRCC, most experts would still choose nivolumab plus ipilimumab, although

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- > The data showing that the combination of axitinib plus avelumab is active across age groups, including older

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Renal Cell Carcinoma – Subgroup-Specific Therapies

THOMAS POWLES, MD, MBBS, MRCP

RENAL CELL CARCINOMA – SUBGROUP-SPECIFIC THERAPIES (1/4)

Abstract 270. Sunitinib versus cabozantinib, crizotinib or savolitinib in metastatic papillary renal cell carcinoma

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RENAL CELL CARCINOMA – SUBGROUP-SPECIFIC THERAPIES (2/4)

Abstract 274. Efficacy of cabozantinib in advanced MiT family translocation renal cell carcinomas (TRCC).

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RENAL CELL CARCINOMA – SUBGROUP-SPECIFIC THERAPIES (3/4)

Abstract 277. Stereotactic radiotherapy and pembrolizumab for oligometastatic renal tumors: The RAPPORT trial.

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RENAL CELL CARCINOMA – SUBGROUP-SPECIFIC THERAPIES (4/4)

Abstract 308. Nivolumab + cabozantinib (NIVO+CABO) versus sunitinib (SUN) for advanced renal cell carcinoma

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RENAL CELL CARCINOMA – SUBGROUP-SPECIFIC THERAPIES: DISCUSSION (1/2)

- > Experts agreed that cabozantinib is now the standard of care for papillary mRCC, on the basis of results of the

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RENAL CELL CARCINOMA – SUBGROUP-SPECIFIC THERAPIES: DISCUSSION (2/2)

- > The subset data from the CheckMate 9ER trial with cabozantinib plus nivolumab in patients with sarcomatoid

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