



Conference Coverage: ASCO 2023 – GU Highlights

Friday, June 9, 2023; 10.00 AM – 1.00 PM EST
(3-hour meeting)

Chair: Daniel Petrylak, MD

Faculty:

Joaquim Bellmunt, MD, PhD	Dana-Farber Cancer Institute
Robert Dreicer, MD, MS, MACP, FASCO	University of Virginia School of Medicine
Karim Fizazi, MD, PhD	Gustave Roussy Cancer Institute
Leonard G. Gomella, MD, FACS	Thomas Jefferson University
Thomas Powles, MD, MBBS, MRCP	Barts Cancer Centre
Oliver Sartor, MD, FACS	Tulane Cancer Center
Susan Slovin, MD, PhD, FACP	Memorial Sloan Kettering Cancer Center
Scott Tagawa, MD, MS, FACP	Weill Cornell Medicine

Agenda

Time	Topic	Speaker/Moderator
10.00 AM – 10.05 AM (5 min)	Welcome and Introductions	Daniel Petrylak, MD
10.05 AM – 10.15 AM (10 min)	Prostate Cancer Part 1 – Standard and Emerging Therapies <ul style="list-style-type: none"> • Abstract LBA5000 (oral). Prostate irradiation in men with de novo, low-volume, metastatic, castration-sensitive prostate cancer (mCSPC): Results of PEACE-1, a phase 3 randomized trial with a 2x2 design. Bossi et al • Abstract 5016. Primary analysis of STARTAR: A phase 2 salvage trial of androgen receptor (AR) inhibition with androgen deprivation therapy (ADT) and apalutamide with radiation therapy (RT) followed by docetaxel in men with PSA recurrent prostate cancer (PC) after radical prostatectomy (RP). Zhang et al • Abstract 5018. Phase I dose-escalation results of prostate-specific membrane 	

	<p>antigen-targeted radionuclide therapy (PSMA-TRT) with alpha-radiolabeled antibody 225Ac-J591 and beta-radioligand 177Lu-PSMA I&T. Tagawa et al</p> <ul style="list-style-type: none"> • Abstract 5019. Final results from phase I study of PSCA-targeted chimeric antigen receptor (CAR) T cells in patients with metastatic castration resistant prostate cancer (mCRPC). Dorff et al • Presented at AUA: LBA02-09: EMBARK: A phase 3 randomized study of enzalutamide or placebo plus leuprolide acetate and enzalutamide monotherapy in high-risk biochemically recurrent prostate cancer. Shore et al. 	
10.15 AM – 10.30 AM (15 min)	<p>Discussion: Prostate Cancer Part 1 – Standard and Emerging Therapies <i>Key Questions and Topics for Discussion</i></p> <ul style="list-style-type: none"> • Are any of the new data potentially practice changing for the near future? • Does radiation therapy impact the previously presented results from PEACE-1? Is it beneficial in de novo, low-volume mCSPC? • What is your impression of the STARTAR results? Does this regimen appear useful in the setting of PSA recurrence? • What are your thoughts on the combination of alpha- and beta-labeled PSMA-targeted radionuclides? How does this combination compare with 177Lu-PSMA alone with regard to efficacy and safety? • What is your impression of the PSCA-targeted CAR T-cell therapy? Do these agents have a future in prostate cancer? What are the hurdles to their development? • Do you expect the EMBARK results will change standard of care? 	All
10.30 AM – 10.35 AM (5 min)	Summary and Key Takeaways – Prostate Cancer Part 1	
10.35 AM – 10.45 AM (10 min)	<p>Prostate Cancer Part 2 – Targeting DNA Repair in mCRPC</p> <ul style="list-style-type: none"> • Abstract 5003 (oral). Presence of somatic/germline homologous recombination repair (HRR) mutations 	

	<p>and outcomes in metastatic castration-resistant prostate cancer (mCRPC) patients (pts) receiving first-line (1L) treatment stratified by BRCA status. Olmos et al</p> <ul style="list-style-type: none"> • Abstract 5004 (oral). TALAPRO-2: Phase 3 study of talazoparib (TALA) + enzalutamide (ENZA) versus placebo (PBO) + ENZA as first-line (1L) treatment for patients (pts) with metastatic castration-resistant prostate cancer (mCRPC) harboring homologous recombination repair (HRR) gene alterations. Fizazi et al • Abstract 5005 (oral). LuPARP: Phase 1 trial of 177Lu-PSMA-617 and olaparib in patients with metastatic castration resistant prostate cancer (mCRPC). Sandhu et al • Abstract 5012. Health-related quality of life (HRQoL) and pain outcomes for patients (pts) with metastatic castration-resistant prostate cancer (mCRPC) who received abiraterone (abi) and olaparib (ola) versus (vs) abi and placebo (pbo) in the phase III PROpel trial. Armstrong et al • Abstract 5013. Patient-reported outcomes (PROs) among men receiving talazoparib (TALA) + enzalutamide (ENZA) vs placebo (PBO) + ENZA as first-line (1L) treatment for metastatic castration-resistant prostate cancer (mCRPC): Results from a phase 3 study (TALAPRO-2). Agarwal et al 	
<p>10.45 AM – 11.00 AM (15 min)</p>	<p>Discussion: Prostate Cancer Part 2 – Targeting DNA Repair in mCRPC <i>Key Questions and Topics for Discussion</i></p> <ul style="list-style-type: none"> • Are any of the new data potentially practice changing for the near future? • How does HRR status impact outcomes of first-line therapy in mCRPC? Does this have any implications for treatment planning in the clinic? 	<p>All</p>

	<ul style="list-style-type: none"> • What is your interpretation regarding this analysis of TALAPRO-2 in patients with HRR gene alterations? How do you put this in perspective with the earlier analysis? • What is your impression of the results from the phase I LuPARP study? Is this combination feasible? Should it be developed further in mCRPC, and if so, what would be the best approach? • What are your thoughts on the QOL/PRO analyses of PROpel and TALAPRO-2? Do these results influence your opinion on the risk/benefit considerations with AR-PARP inhibitor combinations in mCRPC? 	
11.00 AM – 11.05 AM (5 min)	Summary and Key Takeaways – Prostate Cancer Part 2	
11.05 AM – 11.15 AM (10 min)	Bladder Cancer Part 1 – Immunotherapies <ul style="list-style-type: none"> • Abstract 4509. Long-term outcomes of pembrolizumab (pembro) in combination with gemcitabine (gem) and concurrent hypofractionated radiation therapy (RT) as bladder sparing treatment for muscle-invasive urothelial cancer of the bladder (MIUC): A multicenter phase 2 trial. Economides et al • Abstract 4503 (oral). Overall survival (OS) by response to first-line (1L) induction treatment with atezolizumab (atezo) + platinum/gemcitabine (plt/gem) vs placebo + plt/gem in patients (pts) with metastatic urothelial carcinoma (mUC): Updated data from the IMvigor130 OS final analysis. Grande et al • Abstract 4512. Impact of histology on the efficacy and safety of pembrolizumab (pembro) monotherapy for advanced urothelial carcinoma (UC) in the phase 3 KEYNOTE-045 and KEYNOTE-361 trials. Giannatempo et al • Abstract 4516. Long-term safety of avelumab first-line (1L) maintenance for 	

	<p>advanced urothelial carcinoma (aUC) in the JAVELIN Bladder 100 trial. Bellmunt et al</p> <ul style="list-style-type: none"> • Abstract 4515. Estimated net benefit of avelumab (AVE) + best supportive care (BSC) vs BSC alone for patients (pts) with advanced urothelial carcinoma (aUC) using a quality-adjusted time without cancer symptoms or toxicity (Q-TWiST) analysis. Powles et al • (From AUA) Abstract LBA02-03. First results from SunRISe-1 in patients with BCG-unresponsive high-risk non-muscle-invasive bladder cancer receiving TAR-200 in combination with cetrelimab, TAR-200, or cetrelimab alone. Daneshmand et al • (From AUA) Abstract 23-5631. CORE-001: Phase 2 single arm study of CG0070 combined with pembrolizumab in patients with non-muscle invasive bladder cancer unresponsive to Bacillus Calmette-Guerin (BCG). Li et al 	
<p>11.15 AM – 11.25 AM (10 min)</p>	<p>Discussion: Bladder Cancer Part 1 – Immunotherapies <i>Key Questions and Topics for Discussion</i></p> <ul style="list-style-type: none"> • Are any of the new data potentially practice changing for the near future? • What are your thoughts on the gem-pembro-RT combination? How does this compare with current treatment options? Is this worth pursuing further in MIUC? • What are your thoughts on the OS analysis of IMvigor130 by response to 1L therapy? Is there anything surprising in these results? Do they provide any additional insight into the use of IO therapies in mUC? • How does histology impact outcomes with pembrolizumab in mUC? Do these results have any implications for the clinic? • What are your thoughts on the long-term safety of avelumab maintenance therapy in mUC? <ul style="list-style-type: none"> – In light of the recent FDA approval of EV-pembro for cis-ineligible mUC, what is the relevance of these results? 	<p>All</p>

	<ul style="list-style-type: none"> • What can we learn from the Q-TWiST analysis and avelumab? How important is this parameter? • What are your thoughts on the results from the two phase II studies of novel combinations for BCG-unresponsive NMIBC? • In your opinion, what are the promising new agents in NMIBC? Do any have the potential to replace BCG, or do they need to combine with BCG? • Should these be developed to replace BCG or in combination with BCG? 	
11.25 AM – 11.30 AM (5 min)	Summary and Key Takeaways – Bladder Cancer Part 1	
11.30 AM – 11.40 AM (10 min)	Break	
11.40 AM – 11.50 AM (10 min)	Bladder Cancer Part 2 – Targeted Therapies <ul style="list-style-type: none"> • Abstract 4504 (oral). Erdafitinib (ERDA) vs ERDA plus cetrelimab (ERDA+CET) for patients (pts) with metastatic urothelial carcinoma (mUC) and fibroblast growth factor receptor alterations (FGFRa): Final results from the phase 2 Norse study. Siefker-Radtke et al • Abstract LBA4619 (oral). Phase 3 THOR study: Results of erdafitinib (erda) versus chemotherapy (chemo) in patients (pts) with advanced or metastatic urothelial cancer (mUC) with select fibroblast growth factor receptor alterations (<i>FGFRalt</i>). Loriot et al • Abstract 4505 (oral). Study EV-103 dose escalation/cohort A: Long-term outcome of enfortumab vedotin + pembrolizumab in first-line (1L) cisplatin-ineligible locally advanced or metastatic urothelial carcinoma (la/mUC) with nearly 4 years of follow-up. Gupta et al • Abstract 4514. Safety analysis by UGT1A1 status of TROPHY-U-01 cohort 1, a phase 2 study of sacituzumab govitecan (SG) in patients (pts) with metastatic urothelial cancer (mUC) who 	

	<p>progressed after platinum (PT)-based chemotherapy and a checkpoint inhibitor (CPI). Tagawa et al</p>	
<p>11.50 AM – 12.05 PM (15 min)</p>	<p>Discussion: Bladder Cancer Part 2 – Targeted Therapies <i>Key Questions and Topics for Discussion</i></p> <ul style="list-style-type: none"> • Are any of the new data potentially practice changing for the near future? • Does the addition of cetrelimab to erdafitinib add a clinically meaningful benefit? Are there any safety concerns with this combination? • What is your impression of the THOR results? Is erdafitinib preferable to chemotherapy in <i>FGFR</i>-altered mUC? How do safety and tolerability compare? • What are your thoughts on the longer-term follow-up of EV-103, particularly in light of the FDA approval of EV-pembro? Are there any longer-term safety concerns? <ul style="list-style-type: none"> – Do you use this combination? And if so, in which patients? – How do you view the potential of EV in the early disease setting? – How do you manage EV toxicity in clinical practice? – Does the next-generation ADC need to beat EV on efficacy, safety, or both? • Does UGT1A1 status influence the safety of SG in mUC? Should patients be tested for UGT1A1 before receiving treatment with SG? 	<p>All</p>
<p>12.05 PM – 12.10 PM (5 min)</p>	<p>Summary and Key Takeaways – Bladder Cancer Part 2</p>	
<p>12.10 PM – 12.20 PM (10 min)</p>	<p>Clear Cell Renal Cell Carcinoma</p> <ul style="list-style-type: none"> • Abstract LBA4500 (oral). Efficacy and safety of atezolizumab plus cabozantinib vs cabozantinib alone after progression with prior immune checkpoint inhibitor (ICI) treatment in metastatic renal cell carcinoma (RCC): Primary PFS analysis from the phase 3, randomized, open-label CONTACT-03 study. Choueiri et al 	

	<ul style="list-style-type: none"> • Abstract LBA4501 (oral). Pembrolizumab plus axitinib versus sunitinib as first-line therapy for advanced clear cell renal cell carcinoma: 5-year analysis of KEYNOTE-426. Rini et al • Abstract 4502 (oral). Final prespecified overall survival (OS) analysis of CLEAR: 4-year follow-up of lenvatinib plus pembrolizumab (L+P) vs sunitinib (S) in patients (pts) with advanced renal cell carcinoma (aRCC). Motzer et al • Abstract 4506 (oral). Adjuvant nivolumab plus ipilimumab vs placebo for patients with localized renal cell carcinoma at high risk of relapse after nephrectomy: Subgroup analyses from the phase 3 CheckMate 914 (part A) trial. Motzer et al 	
12.20 PM – 12.30 PM (10 min)	<p>Discussion: Clear Cell Renal Cell Carcinoma <i>Key Questions and Topics for Discussion</i></p> <ul style="list-style-type: none"> • Are any of the new data potentially practice changing for the near future? • What are your thoughts on the CONTACT-03 results? Does atezolizumab improve outcomes in a clinically meaningful way when added to cabozantinib after prior ICI therapy? • Is there anything new or surprising in the 5-year analysis of KEYNOTE-426? • Does the OS analysis change your perception of the lenvatinib-pembrolizumab combination? • What can we learn from the subset analysis of CheckMate 914? Do these results provide any guidance on selecting patients who may benefit from adjuvant ipi-nivo? 	All
12.30 PM – 12.35 PM (5 min)	Summary and Key Takeaways – Clear Cell Renal Cell Carcinoma	
12.35 PM – 12.40 PM (5 min)	<p>Non-clear Cell Renal Cell Carcinoma</p> <ul style="list-style-type: none"> • Abstract 4518. First-line lenvatinib + pembrolizumab treatment across non-clear cell renal cell carcinomas: Results of the phase 2 KEYNOTE-B61 study. Lee et al 	

	<ul style="list-style-type: none"> • Abstract 4519. Efficacy of first-line (1L) immunotherapy (IO)-based regimens in patients with sarcomatoid and/or rhabdoid (S/R) metastatic non-clear cell renal cell carcinoma (nccRCC): Results from the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC). Labaki et al • Abstract 4520. Phase II study of cabozantinib (Cabo) with nivolumab (Nivo) and ipilimumab (Ipi) in advanced renal cell carcinoma with variant histologies (RCCvh). McGregor et al 	
12.40 PM – 12.50 PM (10 min)	<p>Discussion: Non-clear Cell Renal Cell Carcinoma</p> <p><i>Key Questions and Topics for Discussion</i></p> <ul style="list-style-type: none"> • Are any of the new data potentially practice changing for the near future? • What can we learn from the results of KEYNOTE-B61? Are there any RCC subtypes that stand out with regard to benefit from lenvatinib-pembrolizumab? • What is your impression of the efficacy of IO-based therapy for sarcomatoid and/or rhabdoid RCC? How does this compare with other available options? • What is your impression of the triplet regimen? How does this compare with a doublet (IO-TKI or IO-IO)? Are there any subtypes where you would recommend this approach? 	
12.50 PM – 12.55 PM (5 min)	Summary and Key Takeaways – Non-clear Cell RCC	
12.55 PM – 1.00 PM (5 min)	Summary and Closing Remarks	Daniel Petrylak, MD