

2nd Annual Southern California Genitourinary Cancer Research Forum

Key Updates in Bladder Cancer

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Disclosures

- Grant/Research Support from Gilead Sciences.
- Consultant for AVEO Oncology, EMD Serono, and Pfizer.
- Speakers Bureau for Eisai, and Merck.

This presentation and/or comments will be free of any bias toward or promotion of the above referenced companies or their product(s) and/or other business interests.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

This presentation has been peer-reviewed and no conflicts were noted.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed [Assembly Bill \(AB\) 1195](#), which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed [AB 241](#), which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

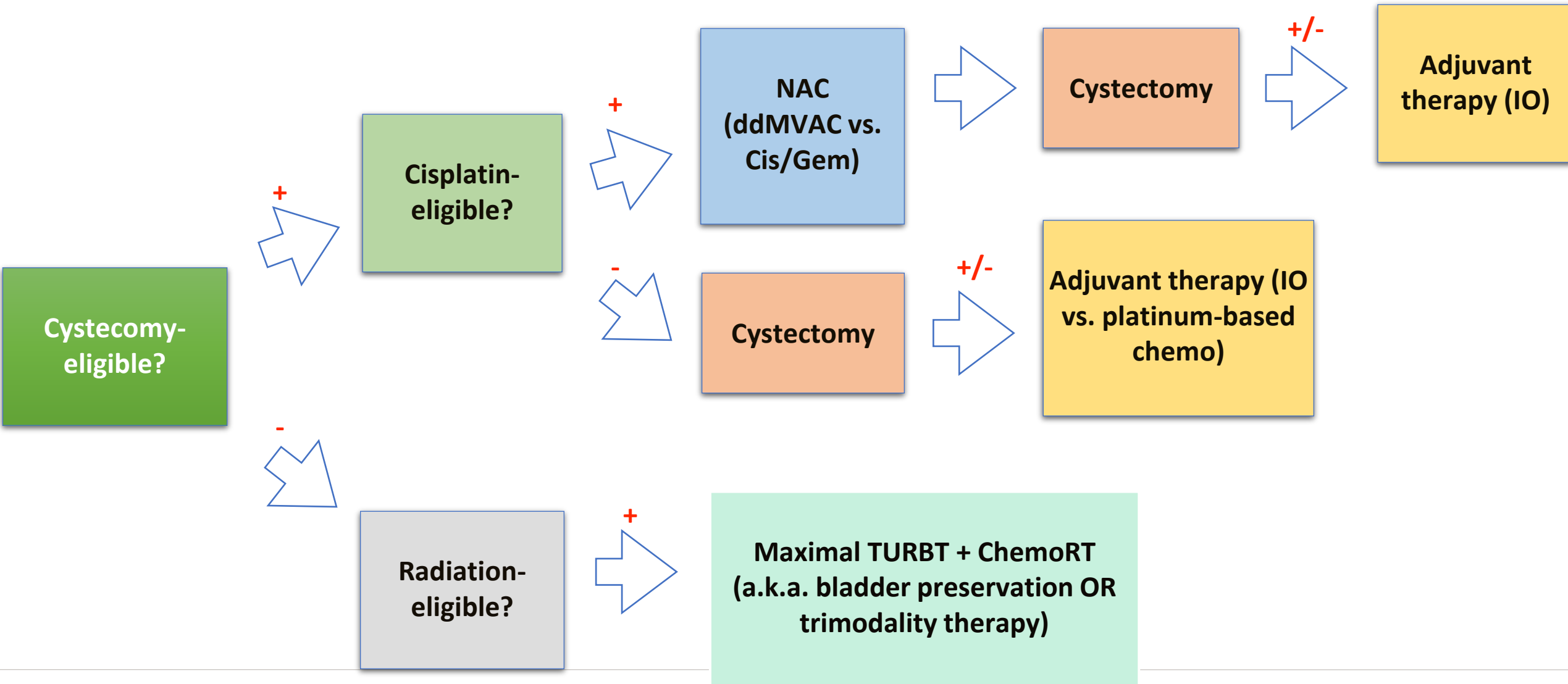
The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:

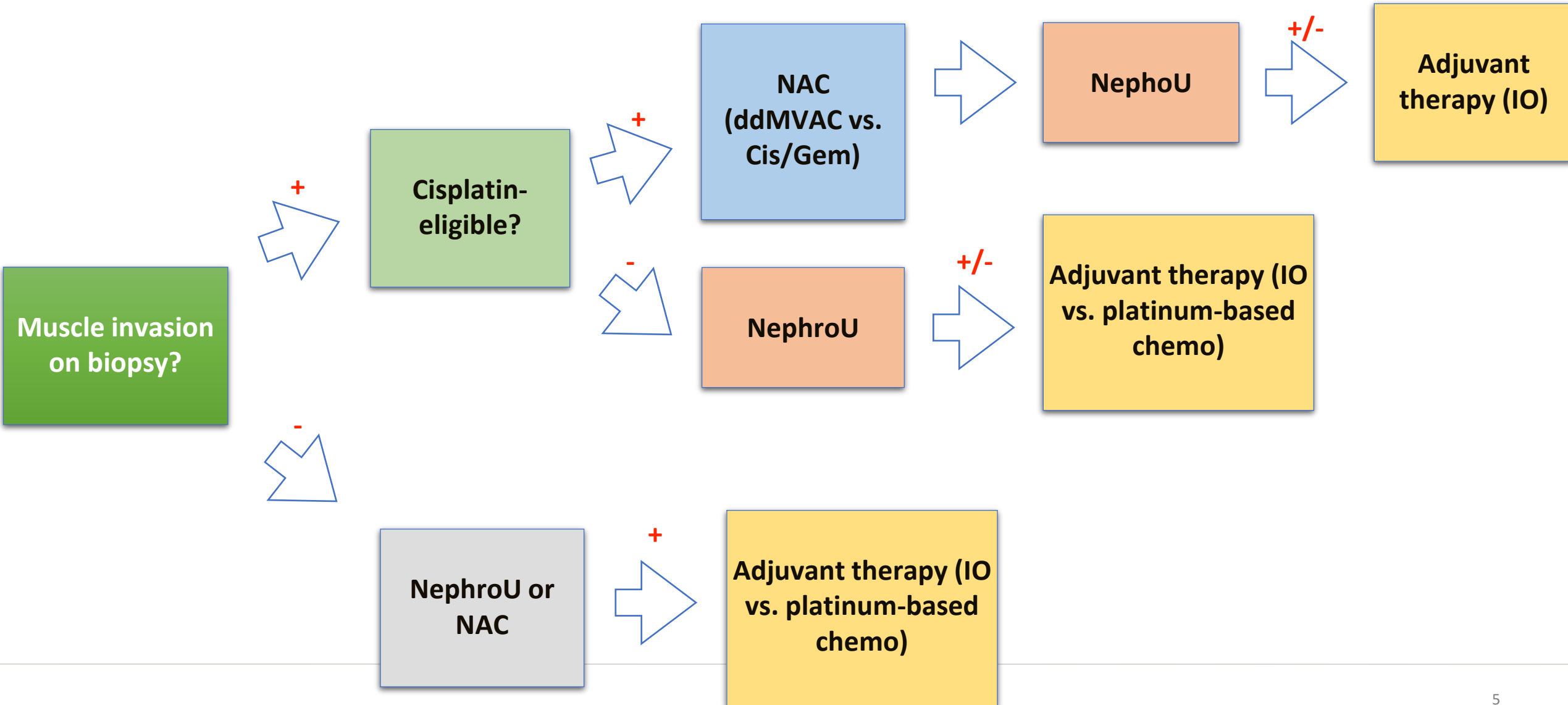
Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

This presentation is dedicated solely to research or other issues that do not contain a direct patient care component.

Muscle-invasive bladder UC (mUC)



Non-metastatic upper tract UC

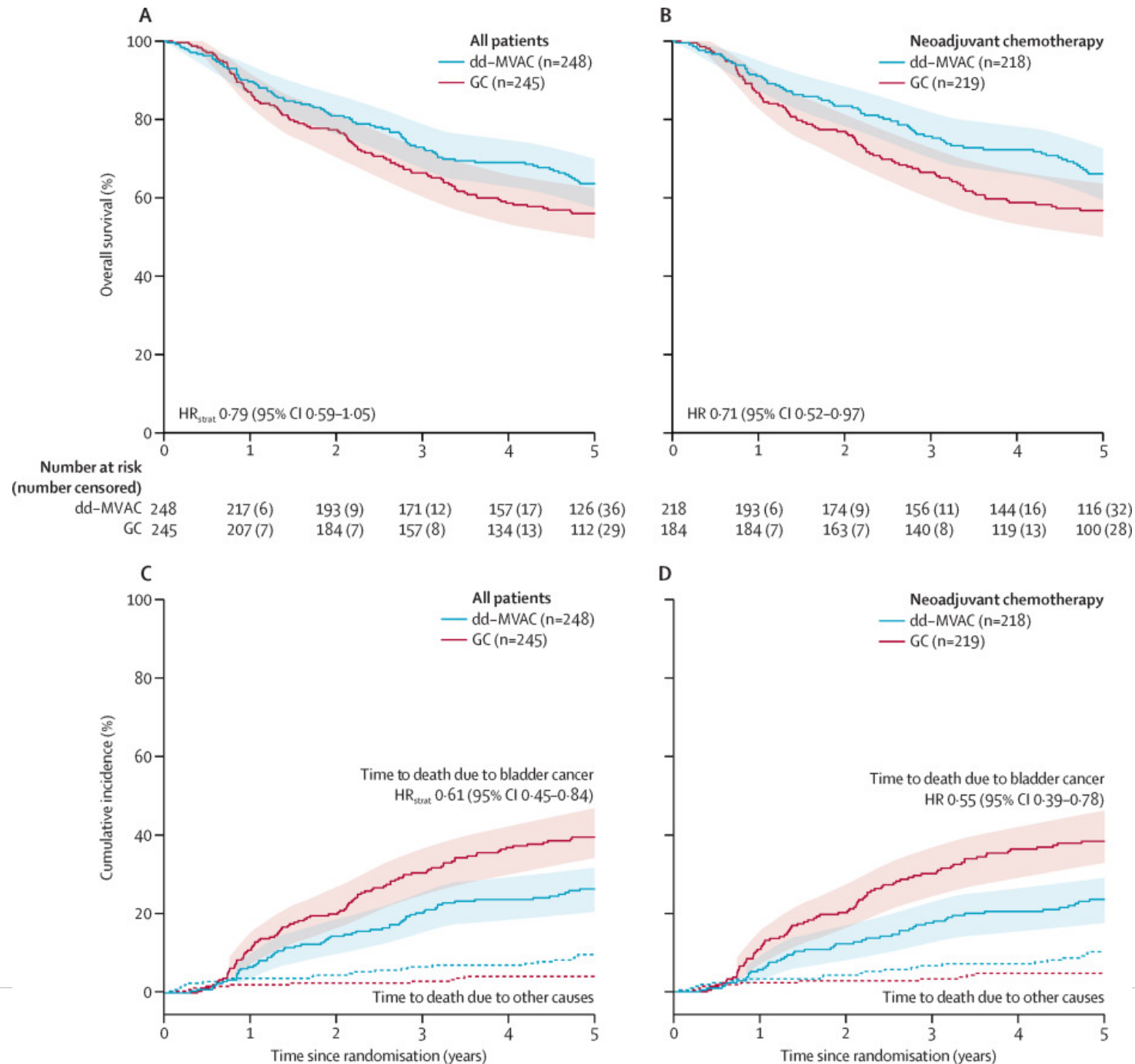


mUC - neoadjuvant / adjuvant space

- **Galsky criteria** for Cisplatin ineligibility.
 - creatinine clearance of ≤ 60 ml/min
 - Eastern Cooperative Oncology Group (ECOG) status of ≥ 2
 - peripheral neuropathy ≥ 2 CTCAE grade
 - hearing loss ≥ 2 CTCAE grade
 - CHF history

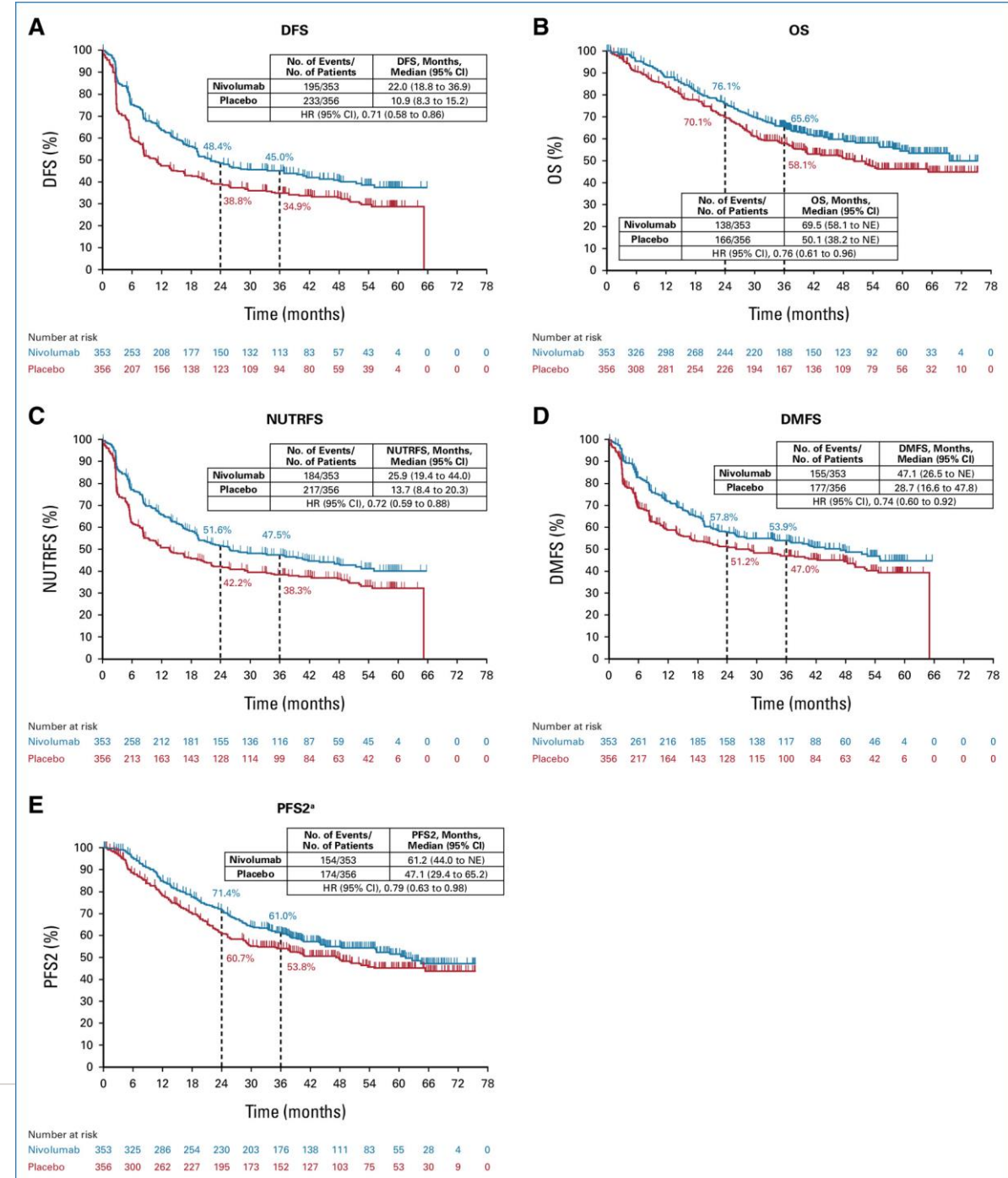
mUC - neoadjuvant

- **VESPER trial**
 - randomized, phase 3
 - Peri-operative ddMVACx6 vs. Cis/Gem (CG) x4.
 - NAC given in 89% of CG pts and 88% of ddMVAC pts (rest got AC).



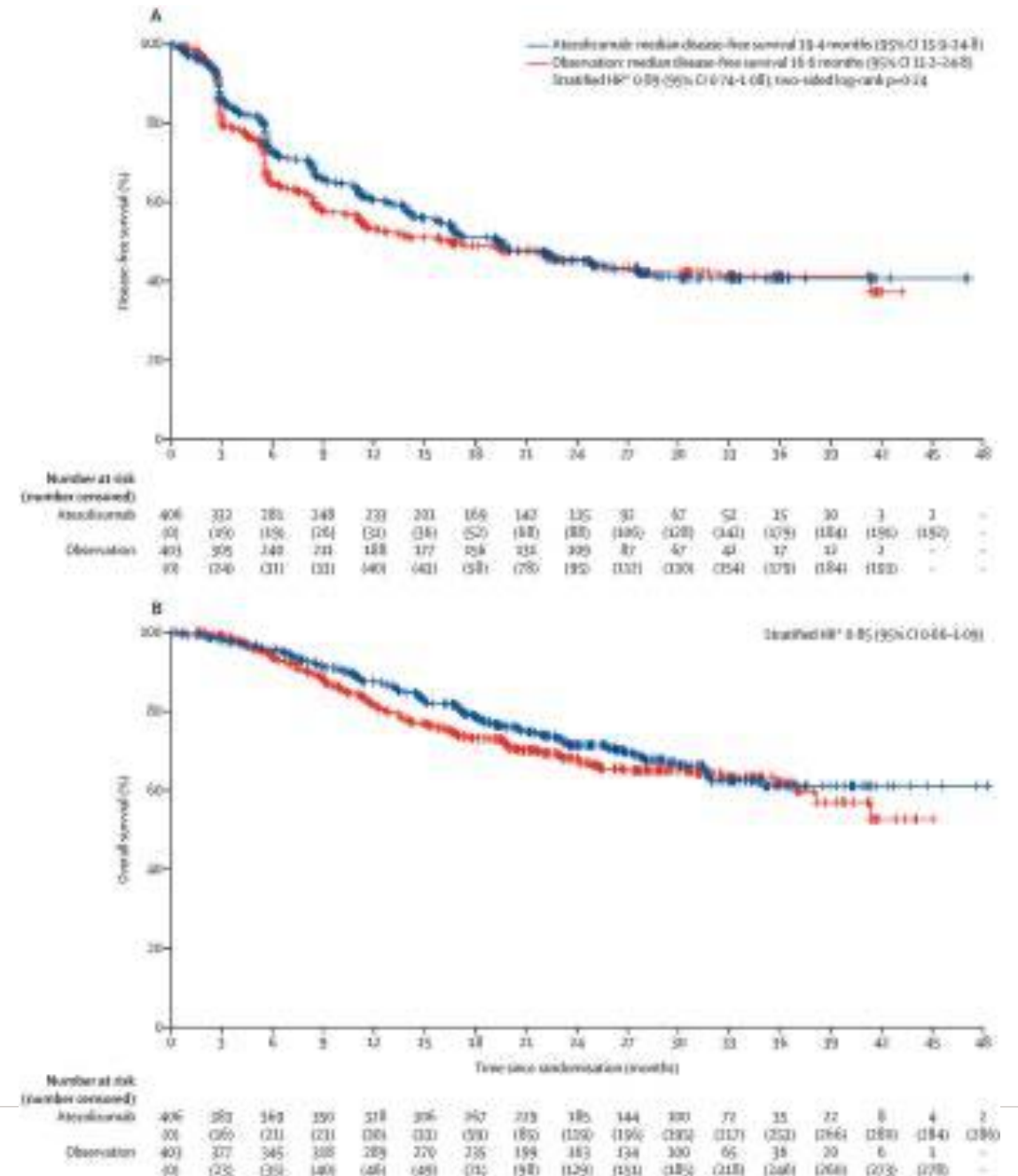
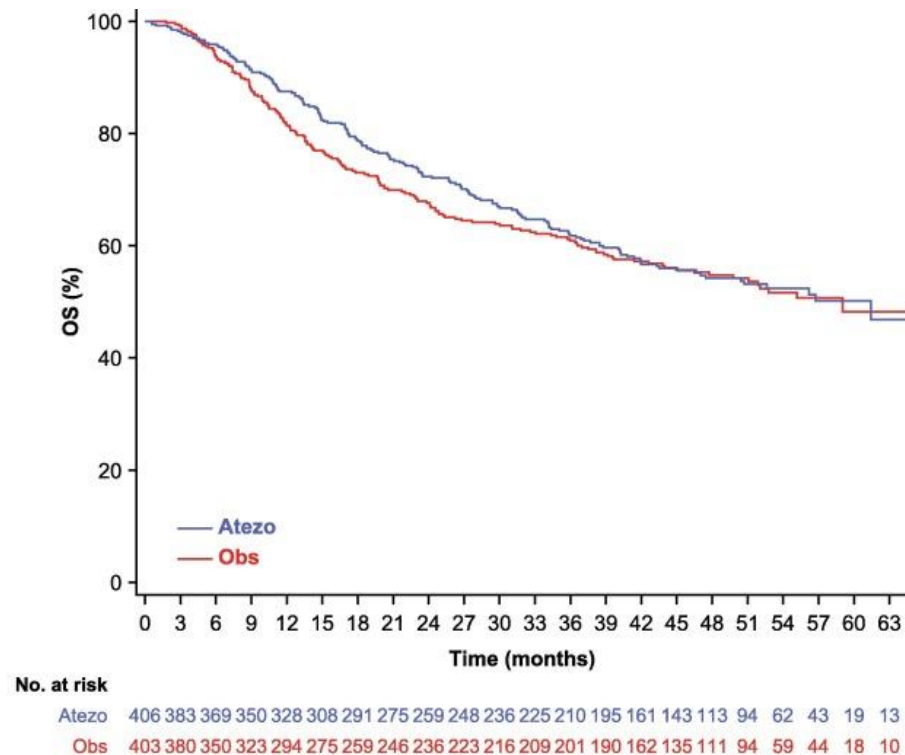
mUC - adjuvant space

- Definition of high risk
 - If NAC+, ypT2 / ypT3 / ypT4 / ypN+
 - If NAC -, pT3 / pT4 / pN+
- CheckMate 274 study
 - Randomized, phase 3
 - Nivolumab vs. placebo



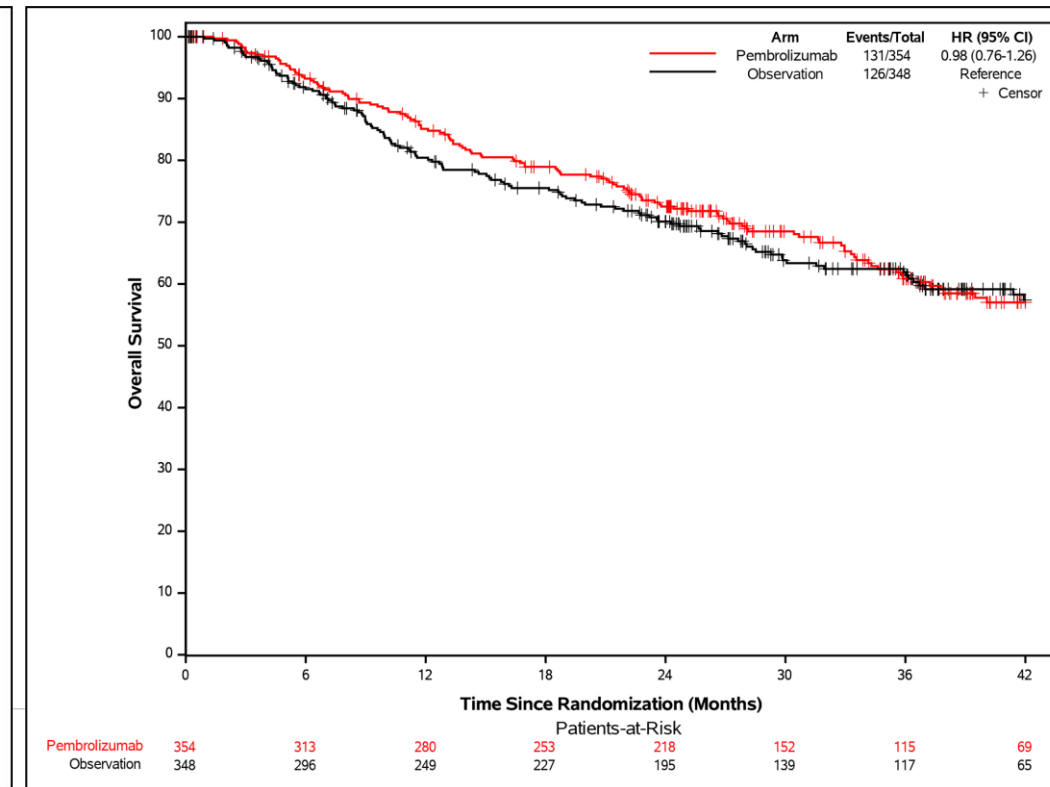
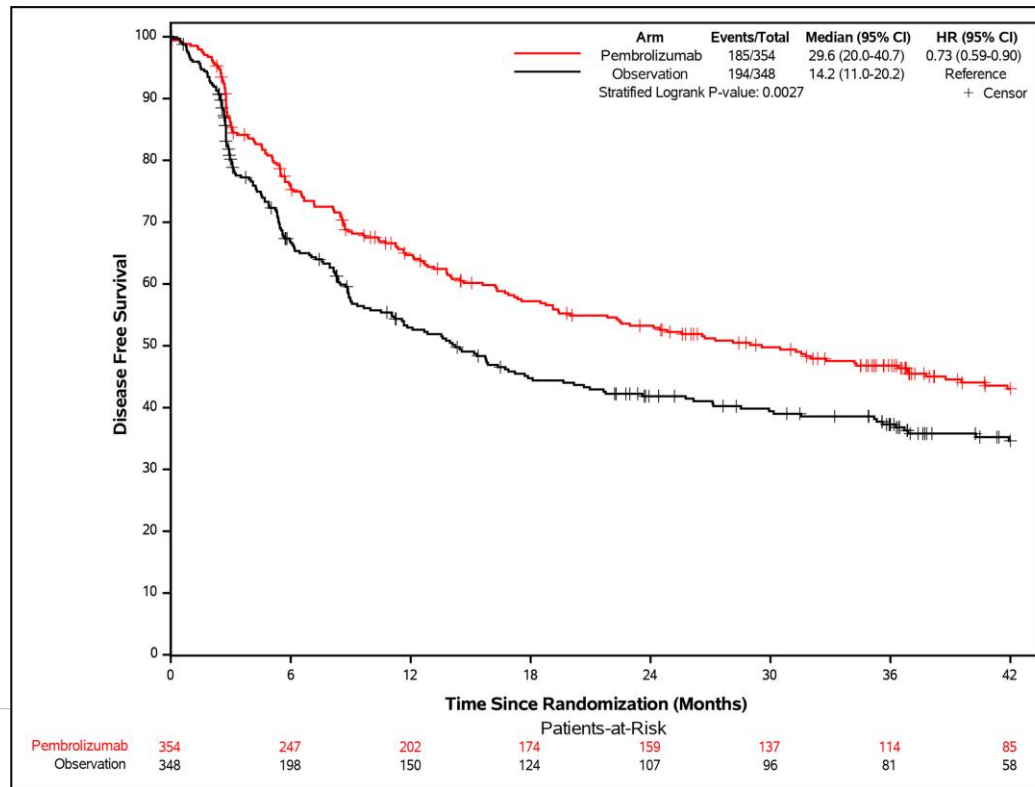
mUC - adjuvant space

- IMvigor 010 study
 - Randomized, phase 3
 - Atezolizumab vs. observation

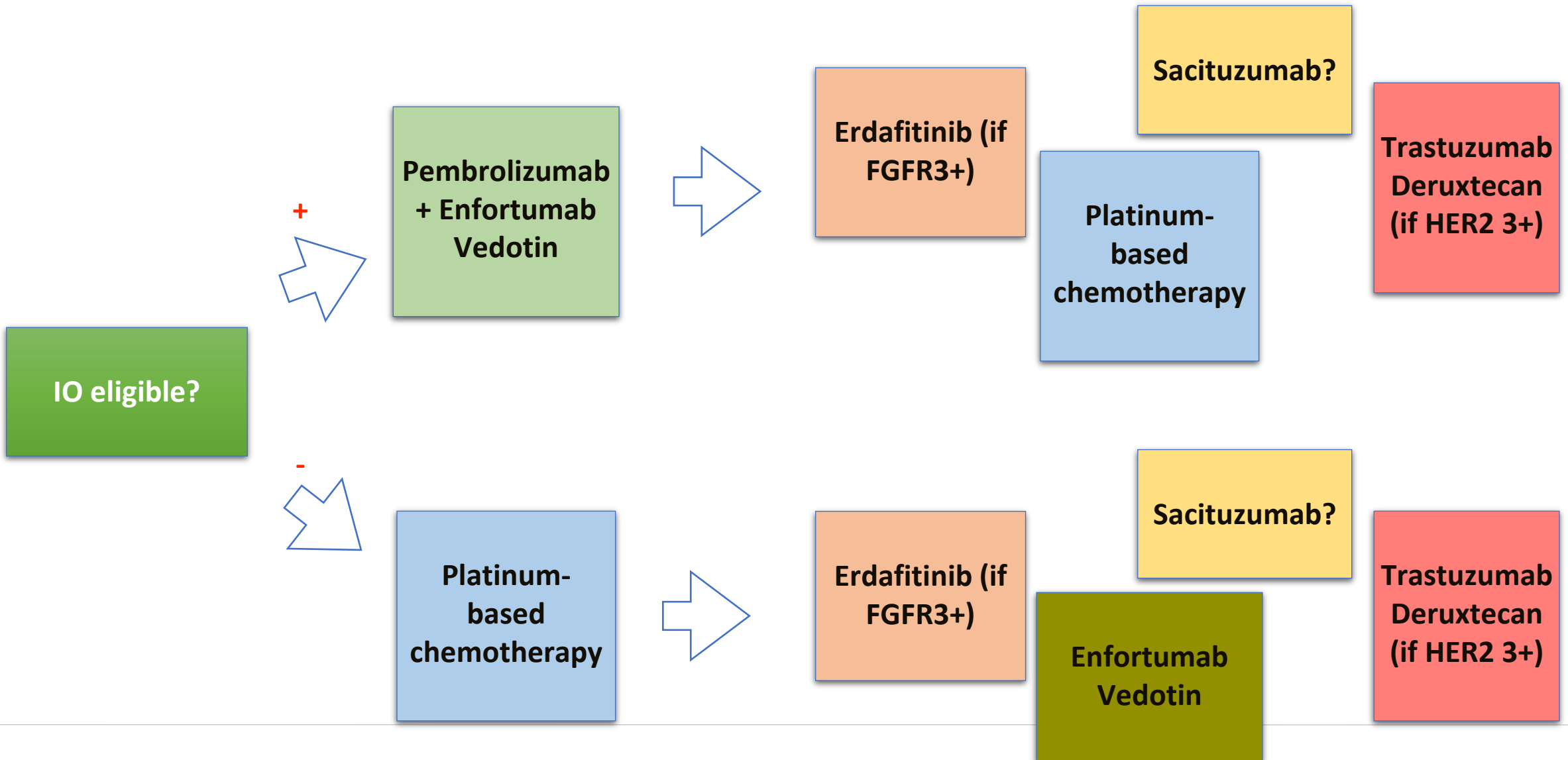


mUC - adjuvant space

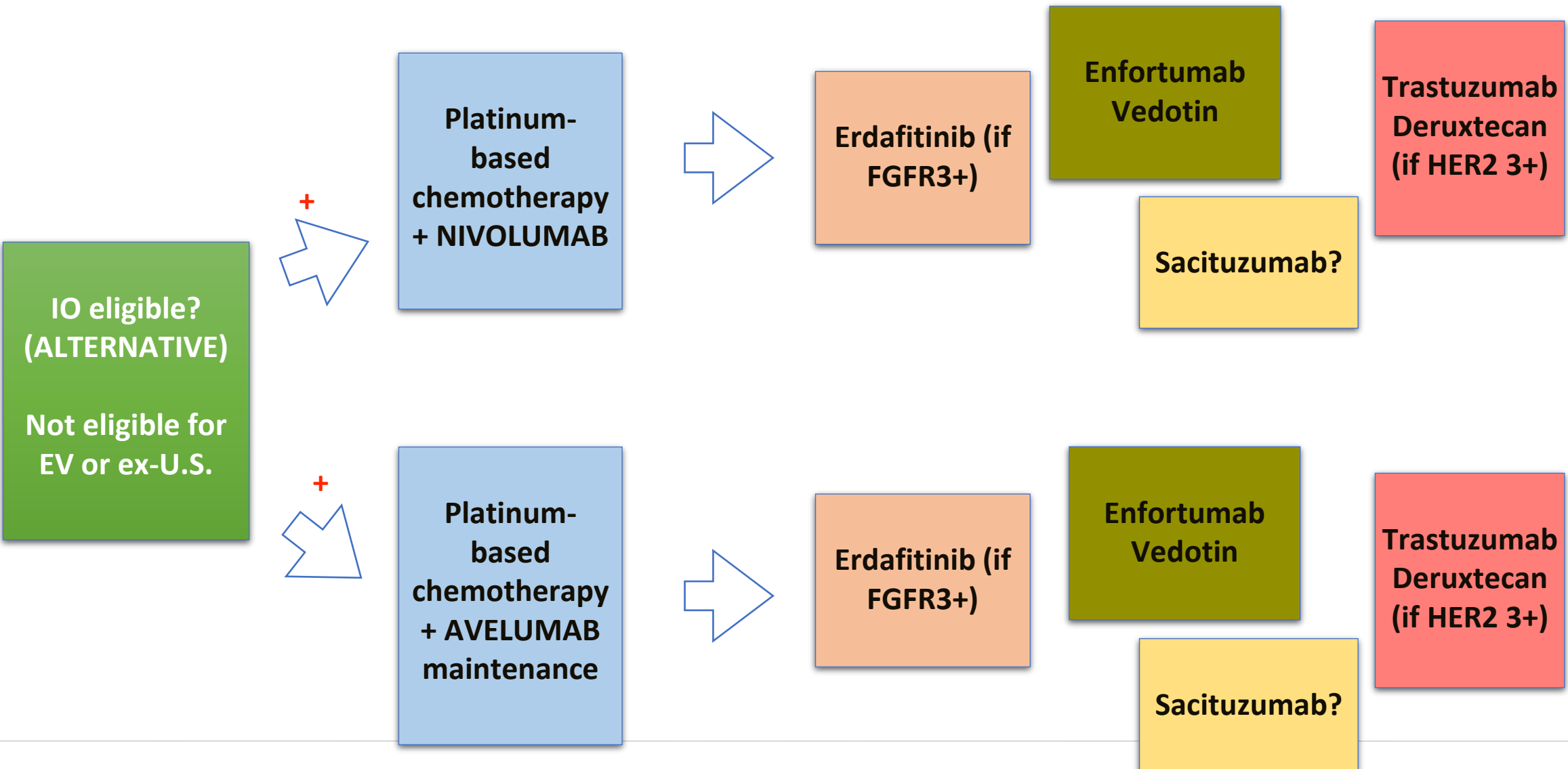
- **AMBASSADOR study**
 - Randomized, phase 3
 - Pembrolizumab vs. observation



Locally advanced/metastatic UC (la/mUC)



Locally advanced/metastatic UC (la/mUC)

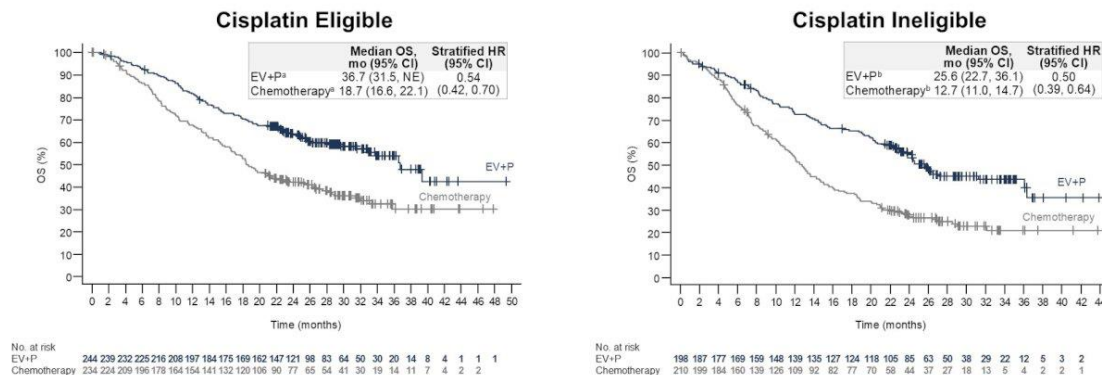


la/mUC - 1st line

- **EV-302 trial**
- randomized, phase 3
- EV/P vs. Cis/Gem or Carbo/Gem

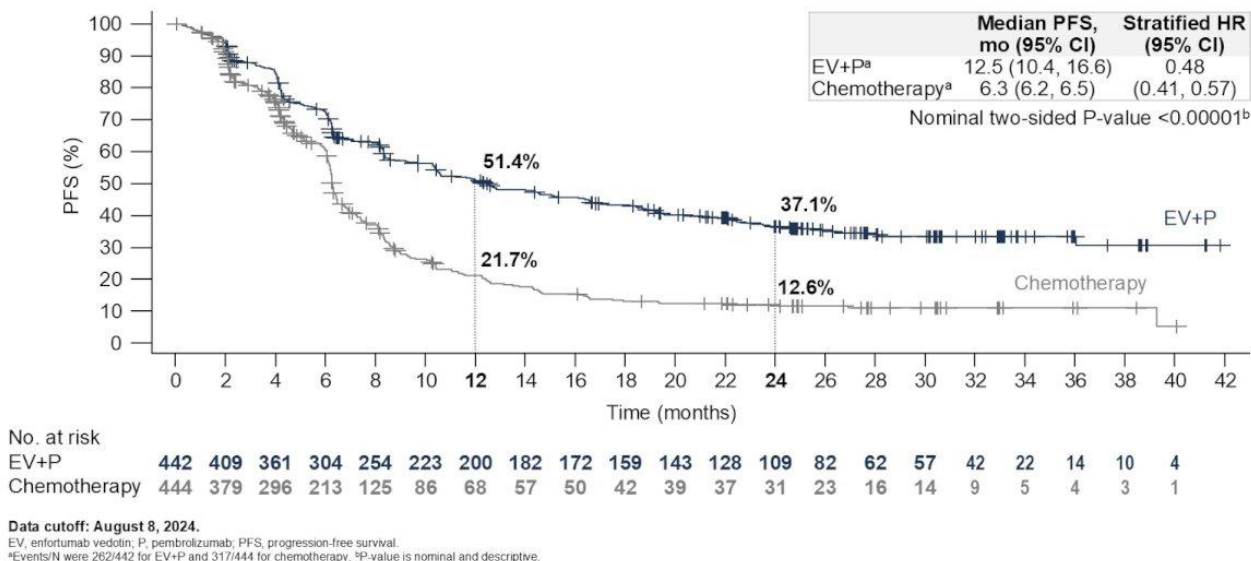
OS Subgroup Analysis: Cisplatin Eligibility

OS benefit was consistent with the overall population regardless of cisplatin eligibility



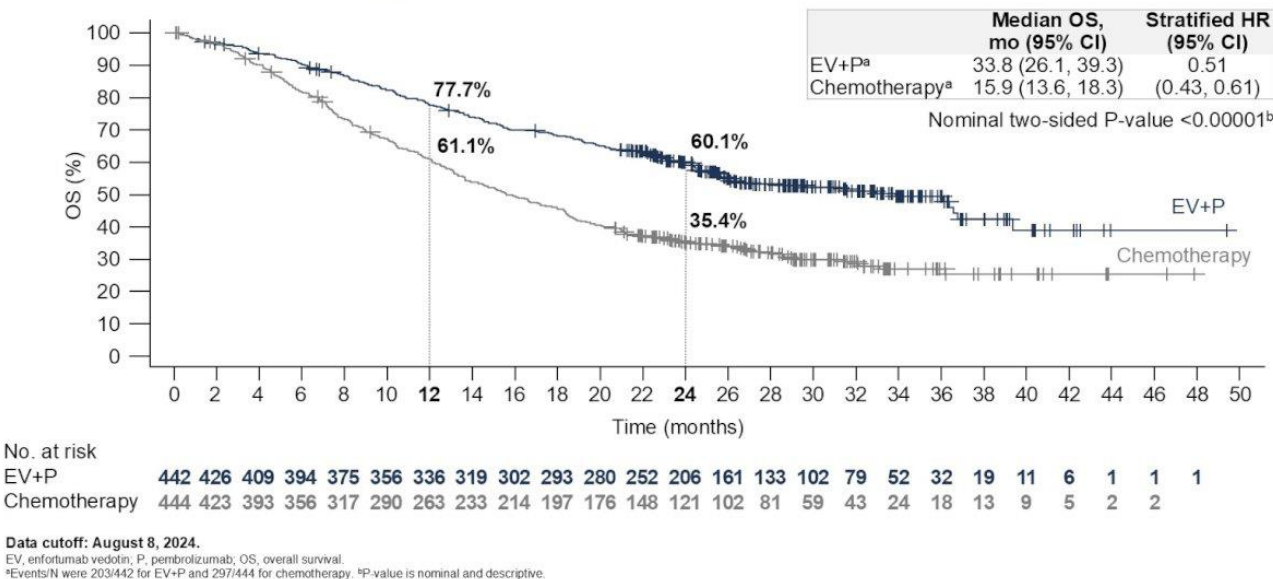
PFS by BICR in the Overall Population

PFS benefit with EV+P was maintained with 1 additional year of follow-up



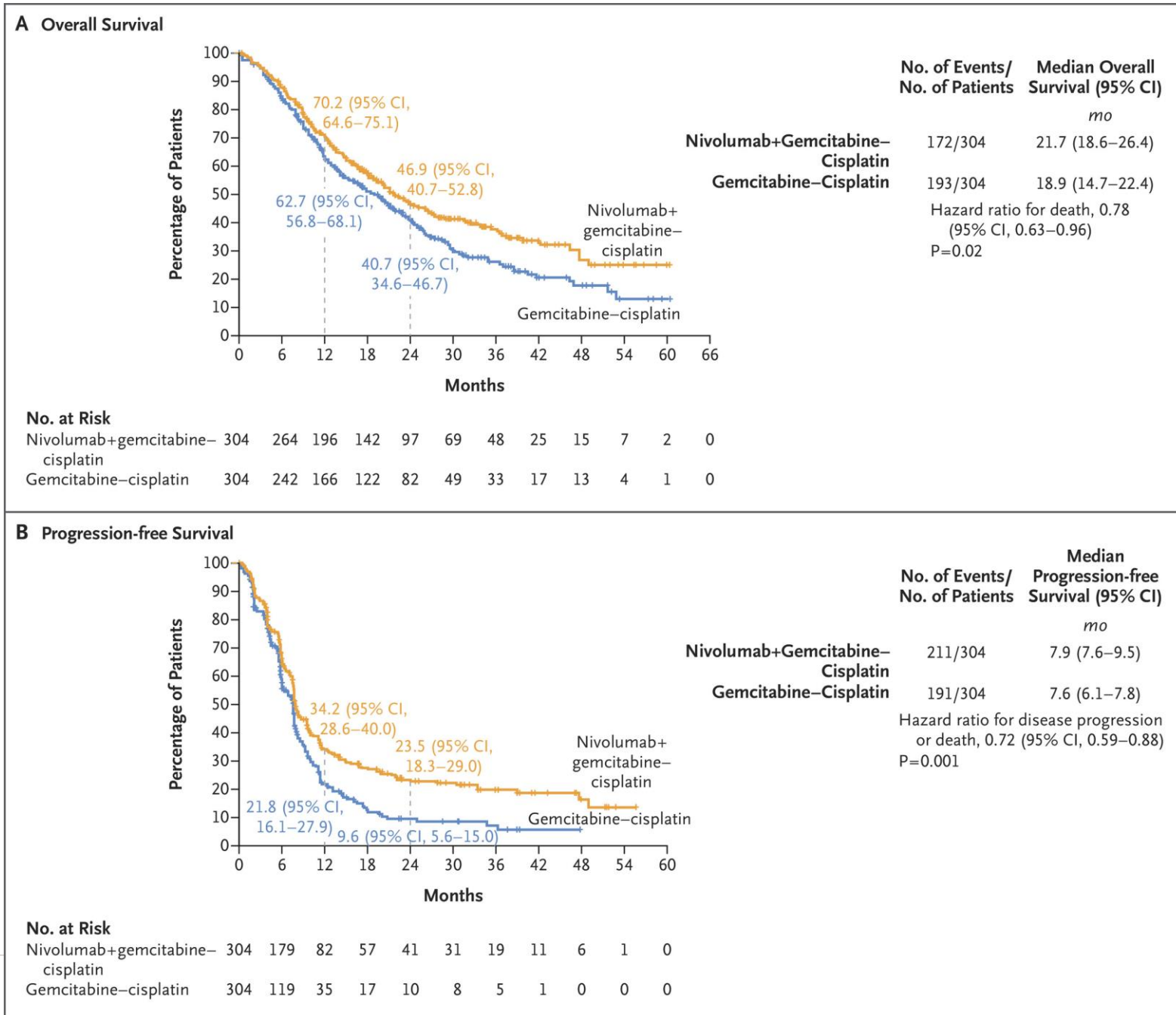
OS in the Overall Population

Risk of death was reduced by almost 50%



1a/mUC - 1st line

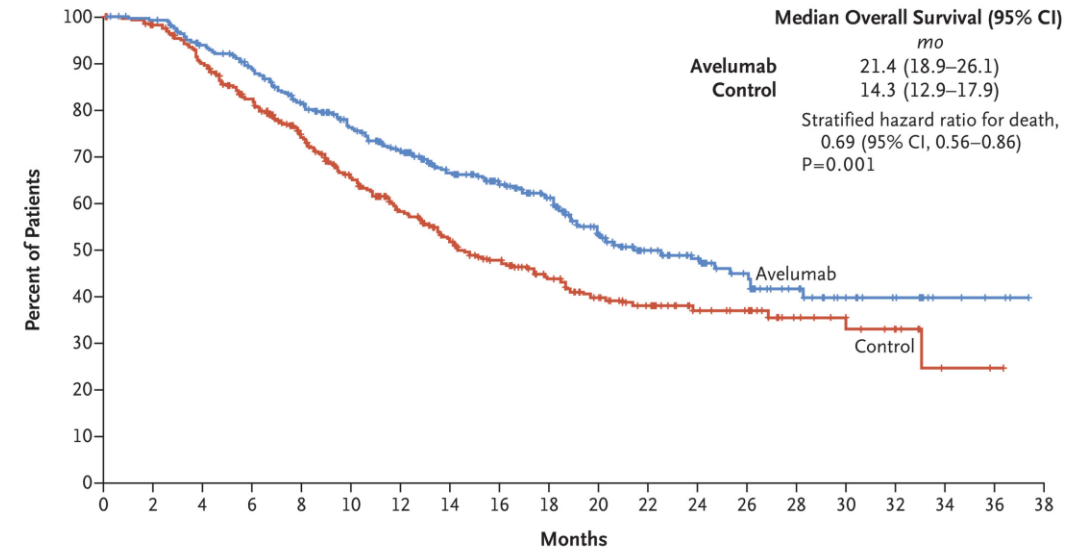
- CheckMate 901 trial
 - randomized, phase 3
 - Cis/Gem/Nivo vs. Cis/Gem



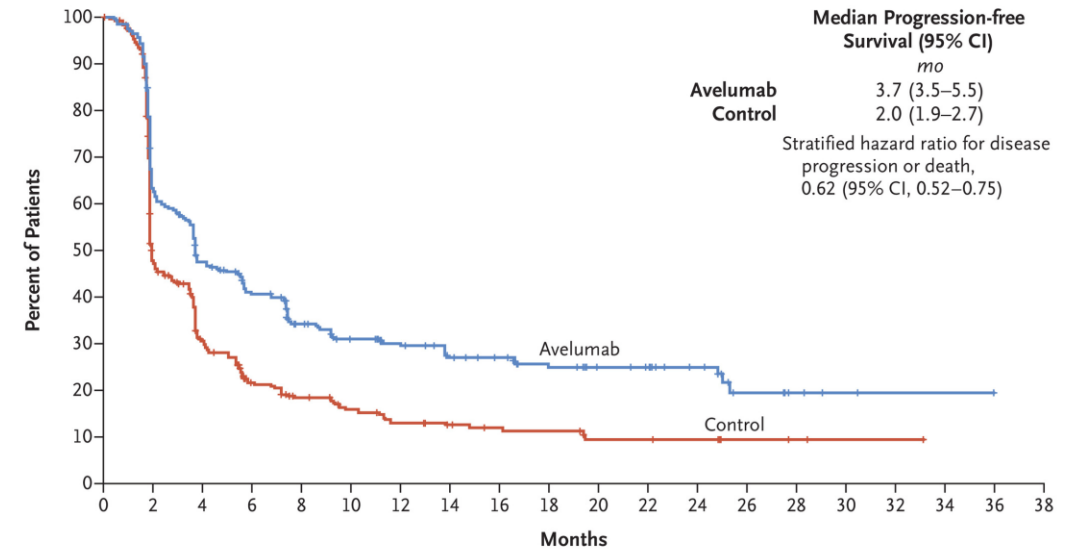
1a/mUC - 1st line

- JAVELIN Bladder 100 trial
 - randomized, phase 3
 - Avelumab maintenance + BSC vs. BSC

A Overall Population

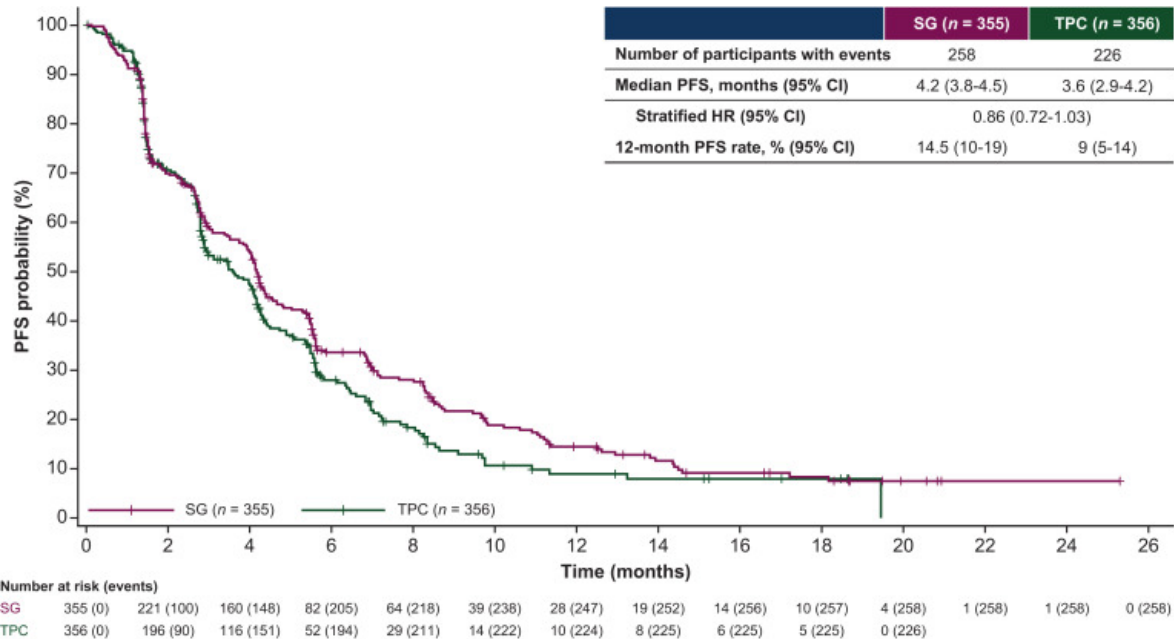
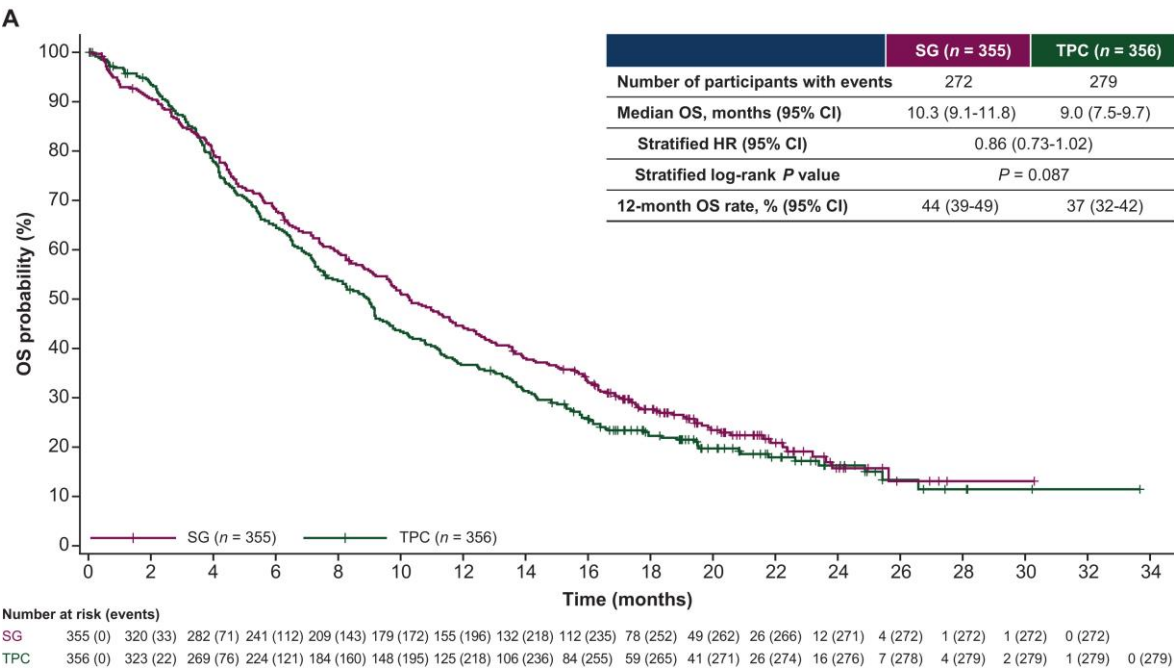


A Overall Population



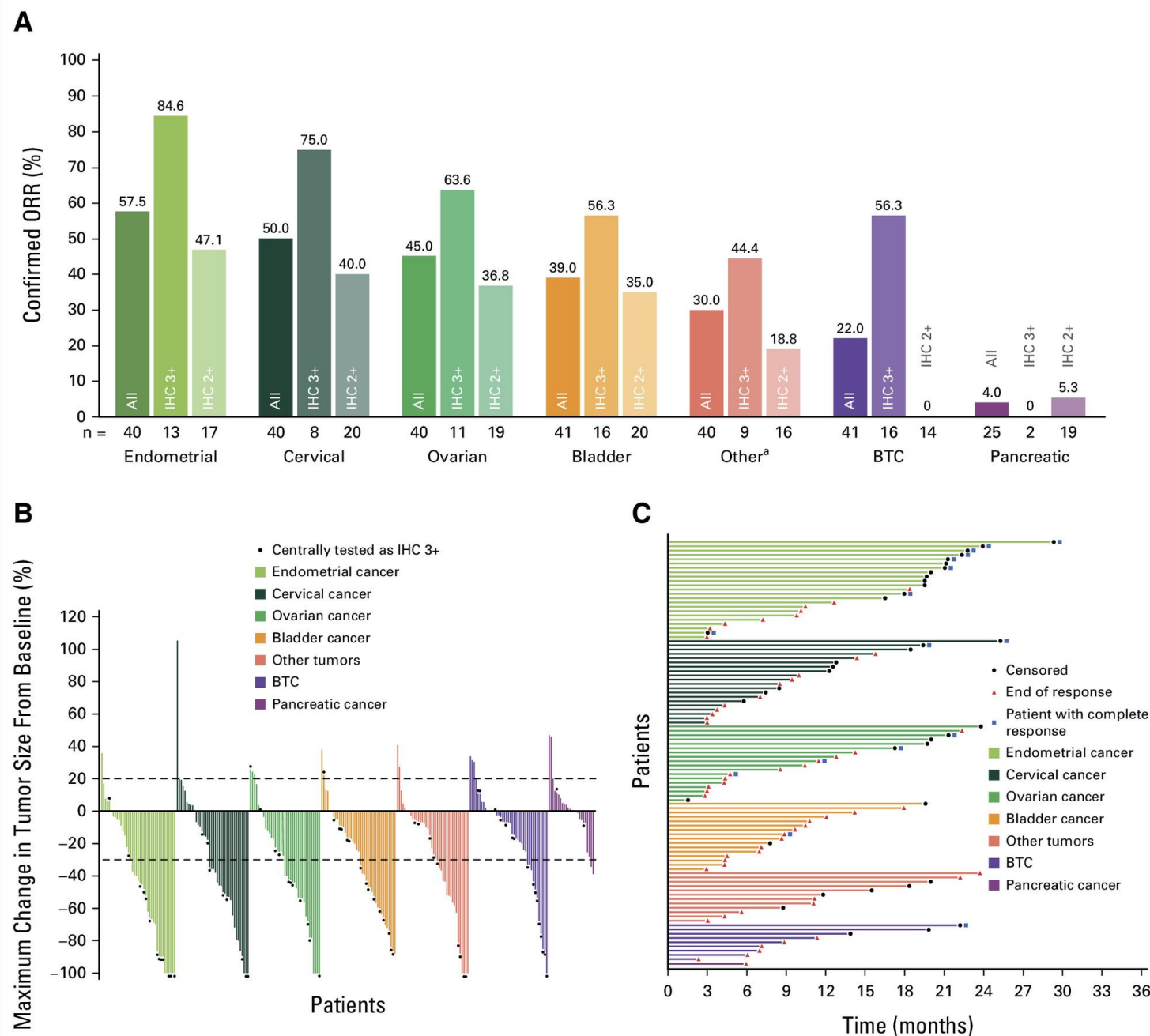
1a/mUC - pretreated

- **TROPiCS-04 trial**
 - randomized, phase 3
 - Sacituzumab
govitecan vs. taxane
chemotherapy



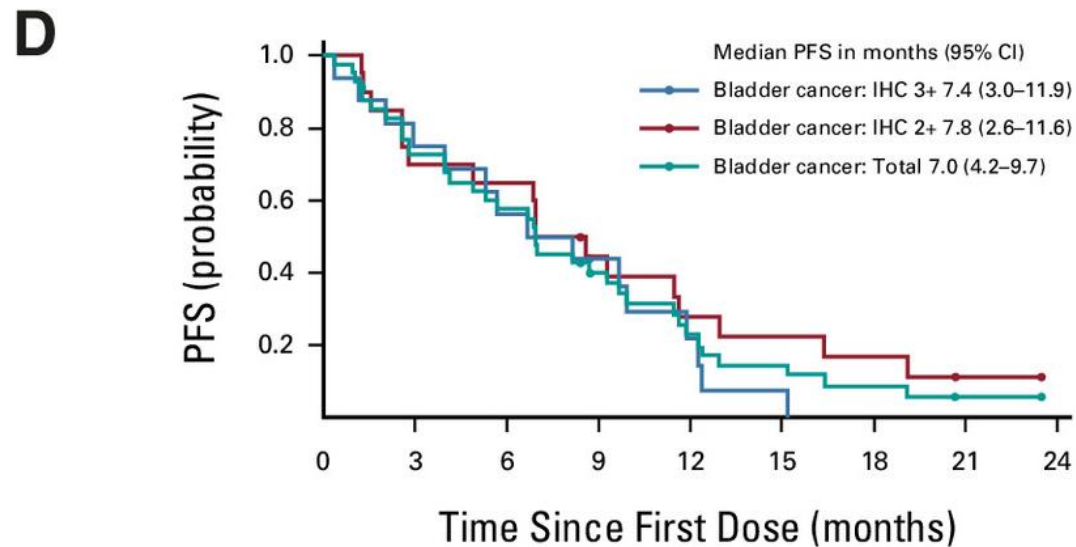
la/mUC - pretreated

- DESTINY-PanTumor02 trial
 - single-arm, phase 2
 - Trastuzumab deruxtrican (T-DXd) monotherapy



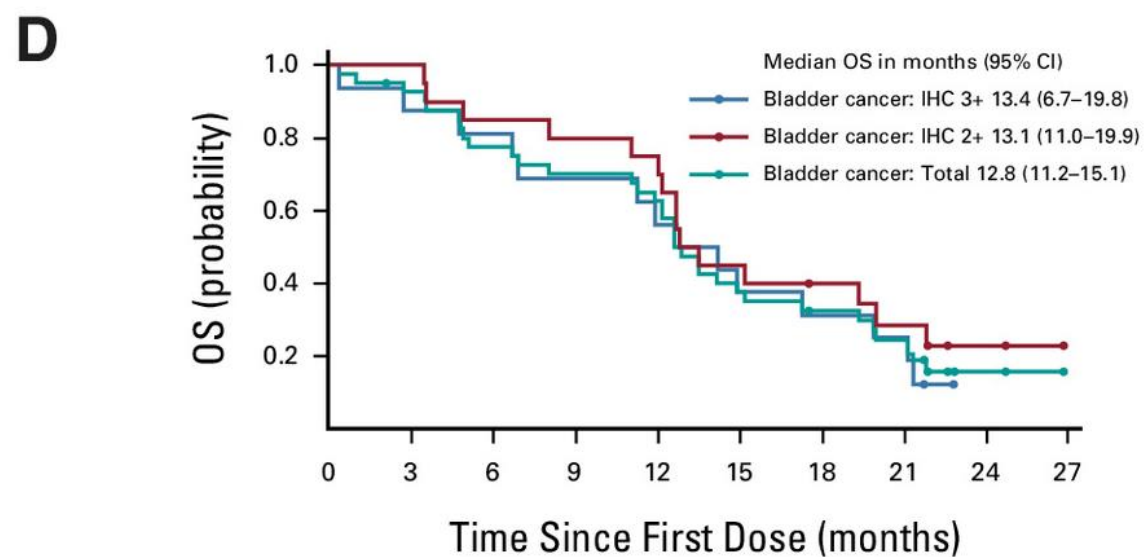
la/mUC - pretreated

- DESTINY-PanTumor02 trial



No. at risk:

Bladder cancer: IHC 3+	16	12	9	6	3	1	0		
Bladder cancer: IHC 2+	20	14	13	8	5	4	3	1	0
Bladder cancer: Total	41	29	23	14	8	5	3	1	0



No. at risk:

Bladder cancer: IHC 3+	16	14	13	11	9	6	5	4	0	
Bladder cancer: IHC 2+	20	20	17	16	15	9	7	5	2	0
Bladder cancer: Total	41	37	31	28	25	15	12	9	2	0

THANK YOU!!