

Cases from the Community

Clinical Investigators Provide Their Perspectives on the Use of Immune Checkpoint Inhibitors in the Management of Actual Patients with Genitourinary Cancers



A special audio program developed from a satellite CME conference held during the 2018 Genitourinary Cancers Symposium featuring expert comments on the application of emerging research to patient care

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OVERVIEW OF ACTIVITY

The past several years have seen an explosion in the emergence of new therapies with the potential to leverage the natural ability of the human body to attack and treat cancer. Cancer immunotherapies are taking center stage at medical conferences and generating excitement all over the world. Not surprisingly, with the many advances rapidly occurring both within the field of genitourinary (GU) tumors and elsewhere, a number of vexing questions and clinical challenges are emerging simultaneously.

This CME program was developed from the proceedings of a satellite symposium held during the 2018 Genitourinary Cancers Symposium. It explores the most significant advances in the field of immunotherapy by using the perspectives of leading GU cancer experts on challenging cases and questions submitted by community oncologists to frame a discussion of how this information has aided in the refinement of current routine clinical practice and ongoing research. This activity will help medical oncologists and other allied healthcare professionals find answers to the individualized questions and concerns that they frequently encounter and in turn provide high-quality cancer care.

LEARNING OBJECTIVES

- Use patient and disease variables in addition to published research data to guide the selection of anti-PD-1/PD-L1 antibodies for patients with prostate, renal and urothelial bladder cancer.
- Compare and contrast the efficacy and safety/toxicity of approved and investigational immunotherapies for the treatment of prostate, renal cell and bladder cancer to determine the current and/or potential utility of these agents in clinical practice.
- Evaluate typical and atypical patterns of response to immune checkpoint inhibitors in an effort to identify patients who may or may not be benefiting from these agents.
- Recognize immune-related adverse events associated with immune checkpoint inhibitors, and use this information to develop supportive management plans for patients with GU cancers receiving these agents.

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Current and future integration of immune checkpoint inhibitors into the management of urothelial bladder cancer (UBC)

Tracks 1-4

Track 1	Case (Dr Cole): A 76-year-old woman with metastatic UBC experiences a complete response to a checkpoint inhibitor	Track 3	Selection of first-line therapy for patients with asymptomatic metastatic UBC
Track 2	Side-effect profile and efficacy of immune checkpoint inhibitors for UBC	Track 4	Case (Dr Martins): A 68-year-old man has a minimal antitumor response to neoadjuvant chemotherapy for bladder cancer

Existing and emerging roles of anti-PD-1/PD-L1 antibodies in renal cell carcinoma (RCC)

Tracks 5-8

Track 5	Case (Dr Rupard): A 59-year-old man with metastatic clear cell RCC experiences disease progression on first-line pazopanib	Track 7	Efficacy of immune checkpoint inhibitors in patients with RCC and brain metastases
Track 6	Use of immune checkpoint inhibitors for metastatic RCC after disease progression on a tyrosine kinase inhibitor	Track 8	Choice of first-line therapy for patients with asymptomatic metastatic RCC

Role of immune checkpoint inhibitors in prostate cancer

Tracks 9-11

Track 9	Case (Dr Favaro): A 59-year-old man with metastatic prostate cancer that progresses through multiple lines of therapy is found to have microsatellite instability (MSI)-high disease and receives pembrolizumab	Track 10	Activity of checkpoint inhibitors in patients with CD274 (PD-L1) gene amplification
		Track 11	Efficacy of immune checkpoint inhibitors in patients with MSI-high prostate cancer

Patterns of response to immune checkpoint inhibitors

Tracks 12-14

Track 12	Case (Dr Glynn): An 85-year-old man receives a checkpoint inhibitor as third-line therapy for metastatic RCC	Track 13	Pseudoprogression versus true progression in patients receiving immune checkpoint inhibitors
		Track 14	Duration of therapy with anti-PD-1/PD-L1 antibodies

Recognition and management of toxicities associated with immune checkpoint inhibitors

Tracks 15-17

Track 15	Management of dermatologic toxicities related to anti-PD-1/PD-L1 antibodies	Track 17	Use of immune checkpoint inhibitors in patients with preexisting autoimmune disease
Track 16	Toxicity of anti-PD-1/PD-L1-anti-CTLA-4 antibody combinations		

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- Motzer RJ et al. **IMmotion151: A randomized phase III study of atezolizumab plus bevacizumab vs sunitinib in untreated metastatic renal cell carcinoma (mRCC).** Genitourinary Cancers Symposium 2018;**Abstract 578.**
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Cases from the Community: Clinical Investigators Provide Their Perspectives on the Use of Immune Checkpoint Inhibitors in the Management of Actual Patients with Genitourinary Cancers

QUESTIONS (PLEASE CIRCLE ANSWER):

1. Immune checkpoint inhibitors that are FDA approved in the first-line setting for cisplatin-ineligible patients with locally advanced or metastatic UBC include _____.
 - a. Pembrolizumab
 - b. Atezolizumab
 - c. Avelumab
 - d. All of the above
 - e. Both a and b
2. Strategies for the management of dermatologic toxicities associated with immune checkpoint inhibitors include _____.
 - a. Withholding the drug
 - b. Use of corticosteroids
 - c. Use of topical creams
 - d. All of the above
3. Objective responses to immune checkpoint inhibitors _____ been observed in patients with brain metastases from RCC.
 - a. Have
 - b. Have not
4. What is the incidence of CD274 (PD-L1) gene amplification in patients with prostate cancer?
 - a. 10%
 - b. 4%
 - c. 0.2%
5. The Phase II IMmotion150 trial compared _____ with or without bevacizumab to sunitinib for treatment-naïve advanced RCC.
 - a. Atezolizumab
 - b. Avelumab
 - c. Pembrolizumab

EDUCATIONAL ASSESSMENT AND CREDIT FORM

Cases from the Community: Clinical Investigators Provide Their Perspectives on the Use of Immune Checkpoint Inhibitors in the Management of Actual Patients with Genitourinary Cancers

Research To Practice is committed to providing valuable continuing education for oncology clinicians, and your input is critical to helping us achieve this important goal. Please take the time to assess the activity you just completed, with the assurance that your answers and suggestions are strictly confidential.

PART 1 — Please tell us about your experience with this educational activity

How would you characterize your level of knowledge on the following topics?

4 = Excellent 3 = Good 2 = Adequate 1 = Suboptimal

	BEFORE	AFTER
Selection of patients with newly diagnosed UBC who might benefit from treatment with pembrolizumab or atezolizumab	4 3 2 1	4 3 2 1
Similarities and differences among approved anti-PD-1/PD-L1 antibodies for UBC	4 3 2 1	4 3 2 1
Activity of immune checkpoint inhibitors in patients with prostate cancer	4 3 2 1	4 3 2 1
Management of dermatologic toxicities associated with anti-PD-1/PD-L1 antibodies	4 3 2 1	4 3 2 1
Efficacy of immune checkpoint inhibitors in patients with RCC and brain metastases	4 3 2 1	4 3 2 1

Practice Setting:

- Academic center/medical school Community cancer center/hospital Group practice
 Solo practice Government (eg, VA) Other (please specify).....

Approximately how many new patients with the following do you see per year?

Prostate cancer:..... RCC:..... UBC:.....

Was the activity evidence based, fair, balanced and free from commercial bias?

- Yes No If no, please explain:

Please identify how you will change your practice as a result of completing this activity (select all that apply).

- This activity validated my current practice
 Create/revise protocols, policies and/or procedures
 Change the management and/or treatment of my patients
 Other (please explain):

If you intend to implement any changes in your practice, please provide 1 or more examples:

.....

The content of this activity matched my current (or potential) scope of practice.

- Yes No If no, please explain:

Please respond to the following learning objectives (LOs) by circling the appropriate selection:

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = LO not met N/A = Not applicable

As a result of this activity, I will be able to:

- Use patient and disease variables in addition to published research data to guide the selection of anti-PD-1/PD-L1 antibodies for patients with prostate, renal and urothelial bladder cancer. 4 3 2 1 N/M N/A
- Compare and contrast the efficacy and safety/toxicity of approved and investigational immunotherapies for the treatment of prostate, renal cell and bladder cancer to determine the current and/or potential utility of these agents in clinical practice. 4 3 2 1 N/M N/A

EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)

As a result of this activity, I will be able to:

- Evaluate typical and atypical patterns of response to immune checkpoint inhibitors in an effort to identify patients who may or may not be benefiting from these agents..... 4 3 2 1 N/M N/A
- Recognize immune-related adverse events associated with immune checkpoint inhibitors, and use this information to develop supportive management plans for patients with GU cancers receiving these agents. 4 3 2 1 N/M N/A

Please describe any clinical situations that you find difficult to manage or resolve that you would like to see addressed in future educational activities:

Would you recommend this activity to a colleague?

Yes No If no, please explain:

PART 2 — Please tell us about the faculty and editor for this educational activity									
		4 = Excellent		3 = Good		2 = Adequate		1 = Suboptimal	
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Peter H O'Donnell, MD		4	3	2	1	4	3	2	1
Elizabeth R Plimack, MD, MS		4	3	2	1	4	3	2	1
Thomas Powles, MBBS, MRCP, MD		4	3	2	1	4	3	2	1
David I Quinn, MBBS, PhD		4	3	2	1	4	3	2	1
Editor		Knowledge of subject matter				Effectiveness as an educator			
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