Breakfast with the Investigators

Current and Future Management of Urothelial Bladder Carcinoma

CME Information

TARGET AUDIENCE

This activity is intended for hematologists, medical oncologists and other healthcare providers involved in the treatment of bladder cancer.

OVERVIEW OF ACTIVITY

It is estimated that 80,470 new cases of bladder cancer will be diagnosed in 2019 and 17,670 deaths will be attributable to this disease. Optimal treatment of its most common form, urothelial bladder cancer (UBC), is dependent upon the stage and grade of the tumor and preexisting patient comorbidities. For those patients who present with or develop metastatic lesions beyond the bladder, cure is not attainable and thus the goal of therapy is to prolong the quantity and quality of life. Historically, therapeutic options in this setting were largely limited to chemotherapy, but more recently a number of novel agents and strategies have yielded favorable outcomes, leading to a spate of FDA approvals and promise that more may be forthcoming. In addition, significant enthusiasm exists for the investigation of these approaches in nonmetastatic disease. These developments, coupled with the plethora of controversies and uncertainties plaguing the current management of this challenging disease, provide a solid impetus for ongoing efforts that seek to enhance the knowledge of practicing clinicians.

These video proceedings from a CME symposium held during the 2019 ASCO Annual Meeting feature discussions with leading researchers with an expertise in UBC regarding actual cases from their practices and the published data that drive clinical decision-making for patients in those and diverse other situations. By providing information on the latest research developments and their potential application to routine practice, this activity is designed to assist with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Appraise recent data on diagnostic and therapeutic advances in UBC, and integrate this information, as appropriate, into current clinical care.
- Compare and contrast the available clinical trial evidence with the use of immune checkpoint inhibitors for the treatment of UBC to determine the current utility of these agents in clinical practice.
- Appreciate recent revisions to the FDA approvals of atezolizumab and pembrolizumab limiting the use of these agents for patients with locally advanced or metastatic UBC who have not received prior therapy, are not eligible for cisplatin-containing treatment or who have low expression of PD-L1.
- Describe ongoing research to assist in the identification of biomarkers, tumor characteristics or other clinical features that are predictive of response to immune checkpoint inhibitors in patients with UBC.
- Recognize immune-related adverse events and other common side effects associated with approved immune checkpoint inhibitors, and use this information to develop supportive management plans for patients with UBC undergoing treatment with these agents.
- Consider available and emerging data with anti-PD-1/PD-L1 antibodies alone in earlier disease settings or in combination with other systemic approaches, and refer eligible patients for appropriate trial participation.
- Recognize the mechanisms of action and available trial data with approved and investigational novel targeted agents with activity in patients with relapsed/refractory UBC to determine the current or future utility of these agents in practice.
- Recall new data with other investigational agents and strategies demonstrating promising activity in UBC, and discuss ongoing trial opportunities with eligible patients.

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Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1.25 Medical Knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Please note, this program has been specifically designed for the following ABIM specialty: **medical oncology**.

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This CME activity consists of a video component. To receive credit, the participant should review the CME information, watch the video, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ASCOBladder19/CME**.

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FACULTY — The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

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Consulting Agreements: Advanced Accelerator Applications, Amgen Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Clovis Oncology, Exelixis Inc, Incyte Corporation, Janssen Biotech Inc, Lilly, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Roche Laboratories Inc, Seattle Genetics, UroGen Pharma; **Contracted Research:** Advanced Accelerator Applications, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Bristol-Myers Squibb Company, Clovis Oncology, Endocyte Inc, Genentech, Innocrin Pharmaceuticals Inc, Lilly, MedImmune Inc, Merck, Novartis, Pfizer Inc, Progenics Pharmaceuticals Inc, Roche Laboratories Inc, Sanofi Genzyme, Seattle Genetics; **Ownership Interest:** Bellicum Pharmaceuticals Inc, Tyme Inc.

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MODERATOR — **Dr Love** is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, Adaptive Biotechnologies, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Ariad Pharmaceuticals Inc, Array BioPharma Inc, Astellas Pharma Global Development Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Boehringer Ingelheim Pharmaceuticals Inc, Boston Biomedical Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, Exelixis Inc, Foundation Medicine, Genentech, Genmab, Genomic Health Inc, Gilead Sciences Inc, Guardant Health, Halozyme Inc, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Kite Pharma Inc, Lexicon Pharmaceuticals Inc, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology

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This activity is supported by educational grants from Astellas and Seattle Genetics, AstraZeneca Pharmaceuticals LP, Genentech and Merck.

Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 11 or later, Firefox 56 or later, Chrome 61 or later, Safari 11 or later, Opera 48 or later
Adobe Flash Player 27 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: July 2019

Expiration date: July 2020

Select Publications

Balar AV et al. **Atezolizumab (atezo) in first-line cisplatin-ineligible or platinum-treated locally advanced or metastatic urothelial cancer (mUC): Long-term efficacy from phase 2 study IMvigor210.** *Proc ASCO* 2018;**Abstract 4523**.

Balar AV et al. **Durvalumab + tremelimumab in patients with metastatic urothelial cancer.** *Proc AACR* 2018;**Abstract CT112**.

Challita-Eid PM et al. **Enfortumab vedotin antibody-drug conjugate targeting nectin-4 is a highly potent therapeutic agent in multiple preclinical cancer models.** *Cancer Res* 2016;76(10):3003-13.

Galsky MD et al. **Randomized double-blind phase II study of maintenance pembrolizumab versus placebo after first-line chemotherapy in patients (pts) with metastatic urothelial cancer (mUC): HCRN GU14-182.** *Proc ASCO* 2019;**Abstract 4504**.

Helsten T et al. **The FGFR landscape in cancer: Analysis of 4,853 tumors by next-generation sequencing.** *Clin Cancer Res* 2016;22(1):259-67.

Keegan NM et al. **Durable clinical benefit from combination ipilimumab (IPI) and nivolumab (NIVO) in anti-PD-1 therapy resistant, platinum resistant metastatic urothelial carcinoma (mUC).** Genitourinary Cancers Symposium 2019;**Abstract 481**.

Necchi A et al. **Pembrolizumab as neoadjuvant therapy before radical cystectomy in patients with muscle-invasive urothelial bladder carcinoma (PURE-01): An open-label, single-arm, phase II study.** *J Clin Oncol* 2018;[Epub ahead of print].

Necchi A et al. **Preoperative pembrolizumab (pembro) before radical cystectomy (RC) for muscle-invasive urothelial bladder carcinoma (MIUC): Interim clinical and biomarker findings from the phase 2 PURE-01 study.** *Proc ASCO* 2018;**Abstract 4507**.

Petrylak DP et al. **EV-201: Results of enfortumab vedotin monotherapy for locally advanced or metastatic urothelial cancer previously treated with platinum and immune checkpoint inhibitors.** *Proc ASCO* 2019;**Abstract LBA4505**.

Petrylak DP et al. **EV-301: Phase III study to evaluate enfortumab vedotin (EV) versus chemotherapy in patients with previously treated locally advanced or metastatic urothelial cancer (la/mUC).** Genitourinary Cancers Symposium 2019;**Abstract TPS497**.

Powles T et al. **A phase II study investigating the safety and efficacy of neoadjuvant atezolizumab in muscle invasive bladder cancer (ABACUS).** *Proc ASCO* 2018;**Abstract 4506**.

Rosenberg JE et al. **CALGB 90601 (Alliance): Randomized, double-blind, placebo-controlled phase III trial comparing gemcitabine and cisplatin with bevacizumab or placebo in patients with metastatic urothelial carcinoma.** *Proc ASCO* 2019;**Abstract 4503**.

Rosenberg JE et al. **Mature results from EV-101: A phase I study of enfortumab vedotin in patients with metastatic urothelial cancer (mUC).** Genitourinary Cancers Symposium 2019;**Abstract 377**.

Rosenberg JE et al. **Nivolumab (N) alone or in combination with ipilimumab (I) in patients (pts) with platinum-pretreated metastatic urothelial carcinoma (mUC), including the nivolumab 1 mg/kg + ipilimumab 3 mg/kg expansion from CheckMate 032.** *Proc ESMO* 2018;**Abstract LBA32**.

Samanta D, Almo SC. **Nectin family of cell-adhesion molecules: Structural and molecular aspects of function and specificity.** *Cell Mol Life Sci* 2015;72(4):645-58.

Siefker-Radtke AO et al. **NKTR-214 + nivolumab in first-line advanced/metastatic urothelial carcinoma (mUC): Updated results from PIVOT-02.** Genitourinary Cancers Symposium 2019;**Abstract 388**.

Siefker-Radtke AO et al. **First results from the primary analysis population of the phase 2 study of erdafitinib (ERDA; JNJ-42756493) in patients (pts) with metastatic or unresectable urothelial carcinoma (mUC) and FGFR alterations (FGFRalt).** *Proc ASCO* 2018;**Abstract 4503**.

Vuky J et al. **Updated efficacy and safety of KEYNOTE-052: A single-arm phase 2 study investigating first-line pembrolizumab (pembro) in cisplatin-ineligible advanced urothelial cancer (UC).** *Proc ASCO* 2018;**Abstract 4524**.