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# Conference Coverage: ASCO GU 2024 Highlights

January 31, 2024

Full Report

# Report Contents

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# Meeting Snapshot

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## VIRTUAL CLOSED-DOOR ROUNDTABLE

**DATE:**
January 31, 2024

**DISEASE STATE AND DATA PRESENTATIONS** by key experts

**INSIGHTS REPORT** including postmeeting analyses and actionable recommendations

**PANEL:** Key experts in GU malignancies
- > 7 US
- > 1 EU

**GU CANCER-SPECIFIC DISCUSSIONS** on therapeutic advances and their application in clinical decision-making

# Panel Consisting of 8 Worldwide GU Cancer Experts

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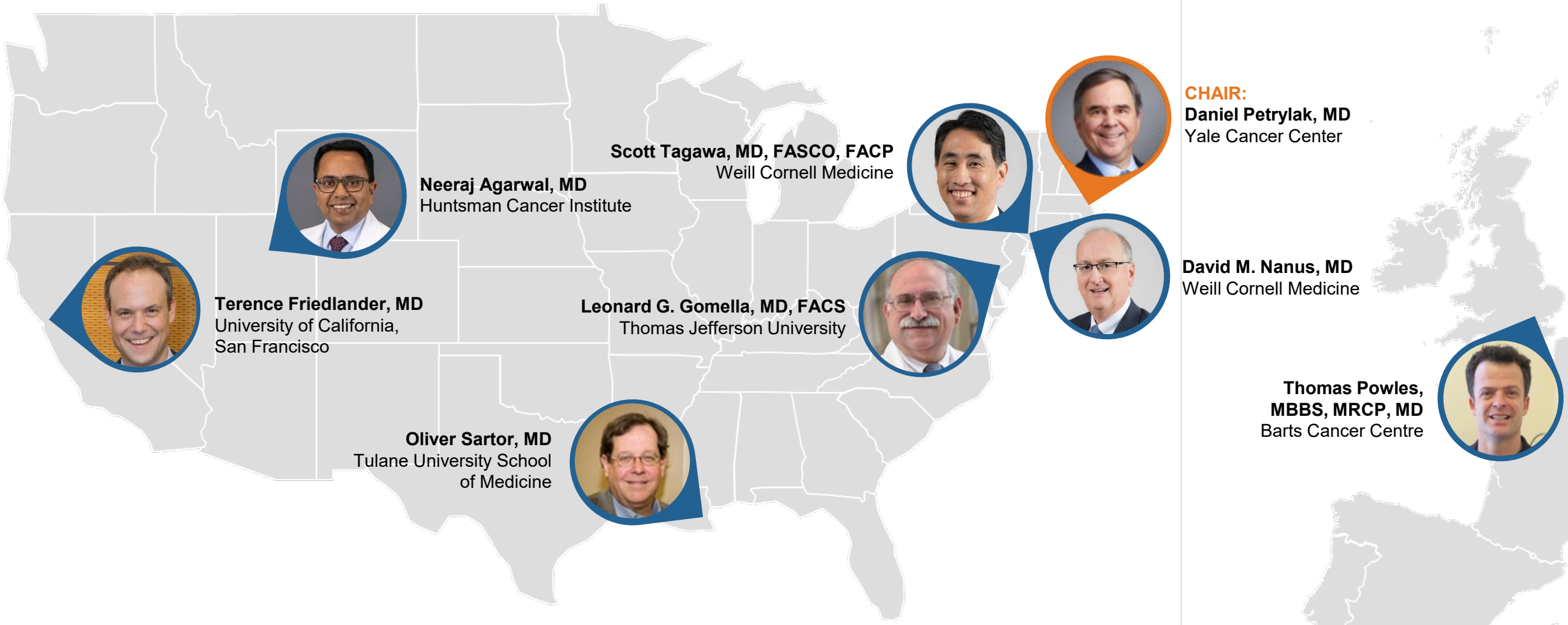



**Neeraj Agarwal, MD**
Huntsman Cancer Institute



**Terence Friedlander, MD**
University of California,
San Francisco



**Oliver Sartor, MD**
Tulane University School
of Medicine

**Scott Tagawa, MD, FASCO, FACP**
Weill Cornell Medicine



**Leonard G. Gomella, MD, FACS**
Thomas Jefferson University



**CHAIR:**
**Daniel Petrylak, MD**
Yale Cancer Center



**David M. Nanus, MD**
Weill Cornell Medicine



**Thomas Powles,**
**MBBS, MRCP, MD**
Barts Cancer Centre

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# Meeting Agenda

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| Time (EST) | Topic | Presenter |
|---|---|---|
| 12.00 PM – 12.05 PM | **Welcome and Introductions** | Daniel Petrylak, MD |
| 12.05 PM – 12.15 PM | **Bladder Cancer Part 1 – ADCs and TKIs** | Scott Tagawa, MD, FASCO, FACP |
| 12.15 PM – 12.35 PM | **Discussion and Key Takeaways** | Moderator: Daniel Petrylak, MD |
| 12.35 PM – 12.45 PM | **Bladder Cancer Part 2 – Immunotherapies** | Thomas Powles, MBBS, MRCP, MD |
| 12.45 PM – 1.10 PM | **Discussion and Key Takeaways** | Moderator: Daniel Petrylak, MD |
| 1.10 PM – 1.20 PM | **BREAK** | |
| 1.20 PM – 1.30 PM | **Prostate Cancer Part 1 – Localized Prostate Cancer** | Oliver Sartor, MD |
| 1.30 PM – 1.45 PM | **Discussion and Key Takeaways** | Moderator: Daniel Petrylak, MD |
| 1.45 PM – 1.55 PM | **Prostate Cancer Part 2 – Metastatic Prostate Cancer** | Neeraj Agarwal, MD |
| 1.55 PM – 2.20 PM | **Discussion and Key Takeaways** | Moderator: Daniel Petrylak, MD |
| 2.20 PM – 2.30 PM | **Renal Cell Carcinoma** | David Nanus, MD |
| 2.30 PM – 2.55 PM | **Discussion and Key Takeaways** | Moderator: Daniel Petrylak, MD |
| 2.55 PM – 3.00 PM | **Summary and Closing Remarks** | Daniel Petrylak, MD |

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# Conference Highlights

## Bladder Cancer Part 1 – ADCs and TKIs

# EV after switch-maintenance avelumab (MAv) in the UNITE study

## Nizam A, et al. 2024 ASCO GU; Abstract 537

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**Background**

**Median OS with EV**



# SG in patients previously treated with EV

## Vlachou E, et al. 2024 ASCO GU; Abstract 567

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**Background**

> Median OS for SG was 5.36 mo in EV responders and 5.78 mo in



# Phase I TROPION-PanTumor01 trial

## Drakaki A, et al. 2024 ASCO GU; Abstract 603

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### Background

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# Key Insights

Bladder Cancer Part 1 – ADCs and TKIs

# Bladder Cancer Part 1 – ADCs and TKIs (1/4)

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## The role of EV in the bladder cancer treatment landscape continues to

Dr Pegram

We used to run out of good options and we would just register to the mean of chemotherapy plus trastuzumab in the salvage setting, but now we have so many great choices that that really tends a backseat. It's really been exciting to have multiple options for patients after T-DXd — again, practice changing, unprecedented.

# Bladder Cancer Part 1 – ADCs and TKIs (2/4)

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## Experts have concerns regarding pursuit of EV combination therapies

# Bladder Cancer Part 1 – ADCs and TKIs (3/4)

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**Experts are intrigued by novel agents, but remain skeptical about their**

# Bladder Cancer Part 1 – ADCs and TKIs (4/4)

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## Experts are cautiously optimistic as to the future role of TKIs in bladder

Dr Pegram

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# Conference Highlights

## Bladder Cancer Part 2 – Immunotherapies

# Predictive value of ctDNA and baseline biomarkers with neoadjuvant atezolizumab in the ABACUS trial

## Young MN, et al. 2024 ASCO GU; Abstract 534

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**Background**

- ABACUS was a phase II trial investigating 2 cycles of



# Interim analysis of phase II ANTICIPATE trial

## Galsky MD, et al. 2024 ASCO GU; Abstract 632

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**Background**

> This ongoing study is examining the efficacy and safety of APL-1202, a MetAP2 inhibitor, combined with PD-1 inhibitor

**Dr Powles' conclusion**

> *"This I think is an interesting drug. I don't think it's ready yet for a randomized phase III study, but it's not working in the same way as*



# Phase II NEXT trial

## Fortuna GG, et al. 2024 ASCO GU; Abstract 612

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### Background



# Phase II NURE-Combo trial

## Mercinelli C, et al. 2024 ASCO GU; Abstract 610

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### Background



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# Key Insights

## Bladder Cancer Part 2 – Immunotherapies

# Bladder Cancer Part 2 – Immunotherapies (1/2)

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## The role of IO in adjuvant therapy is rapidly evolving

# Bladder Cancer Part 2 – Immunotherapies (2/2)

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## The optimal sequencing of PD-(L)1 agents in bladder cancer is unknown

ongoing trials will help clarify the optimal sequencing of agents

- Experts are still using a [redacted] first-line regimen (± taxane plus trastuzumab and pertuzumab) first-line, followed by T-DM1 second-line, for most patients
- Most experts are using trastuzumab deruxtecan third-line, but will prioritize the tucatinib triplet for patients with evidence of brain metastases
- The tucatinib triplet may also be used in the second-line setting, before T-DM1, for patients with documented brain metastases
  - If tucatinib is used second-line, experts are divided on whether they would currently use T-DM1 or trastuzumab deruxtecan third-line
    - Results of the ongoing DESTINY-Breast03 trial comparing trastuzumab deruxtecan vs T-DM1 will help to clarify the optimal sequence of these ADCs
- Trastuzumab deruxtecan and the tucatinib triplet may also be used earlier than third-line in patients who recur following treatment with trastuzumab, pertuzumab, and T-DM1 in the (neo)adjuvant setting, but this represents a small fraction of patients
- Patient preferences can also factor into the sequencing of these new agents (eg, 3 drugs vs 1 drug, concern about hair loss vs diarrhea)
- The impressive efficacy of trastuzumab deruxtecan and the tucatinib regimen have pushed other options, such as trastuzumab chemotherapy combinations, neratinib, and margetuximab, to later lines of therapy

Dr Pegram

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# Conference Highlights

## Prostate Cancer Part 1 – Localized Prostate Cancer

# Outcomes of suspended enzalutamide monotherapy in the phase III EMBARK trial

## Shore ND, et al. 2024 ASCO GU; Abstract 15

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# Phase III GETUG-AFU 18 trial

## Hennequin C, et al. 2024 ASCO GU; Abstract LBA259

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### Background

### OS results



# Cognitive function in the ACE study

## Bahl A, et al. 2024 ASCO GU; Abstract 20

**Background**

> This study was conducted at 12 UK centers to assess the impact of abiraterone acetate (AA) or enzalutamide (ENZ) on cognitive

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# Key Insights

## Prostate Cancer Part 1 – Localized Prostate Cancer

# Prostate Cancer Part 1 – Localized Prostate Cancer (1/3)

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## Experts had differing opinions on the role of enzalutamide (enza)

ongoing trials will help clarify the optimal sequencing of agents

- Experts are still using a [redacted] doublet regimen (docetaxel plus trastuzumab and pertuzumab) first-line, followed by T-DM1 second-line, for most patients
- Most experts are using trastuzumab deruxtecan third-line, but will prioritize the tucatinib triplet for patients with evidence of brain metastases
- The tucatinib triplet may also be used in the second-line setting, before T-DM1, for patients with documented brain metastases
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Dr Program

We used to run out of good options and we would just default to the mean of chemotherapy plus trastuzumab in the salvage setting, but now we have so many great choices that that really feels a backseat. It's really been exciting to have multiple options for patients after T-DM1 – again, practice changing, unprecedented

# Prostate Cancer Part 1 – Localized Prostate Cancer (2/3)

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**Experts discussed the current accessibility and future utility of**

Dr Pagano

We used to run out of good options and we would just regress to the mean of chemotherapy plus trastuzumab in the salvage setting, but now we have so many great choices that that really tends a backseat. It's really been exciting to have multiple options for patients after T-DXd — again, practice changing, unprecedented

# Prostate Cancer Part 1 – Localized Prostate Cancer (3/3)

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## Experts discussed the optimal duration of androgen deprivation therapy

Dr Pagano

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# Conference Highlights

## Prostate Cancer Part 2 – Metastatic Prostate Cancer

# Phase II BRCAAway trial

## Hussain MHA, et al. 2024 ASCO GU; Abstract 19

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**Background**

**Progression-free survival from randomization**



# Phase III CONTACT-02 trial

## Agarwal N, et al. 2024 ASCO GU; Abstract 18

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### Background

[blurred]

### Progression-free survival

[blurred]



[blurred]

# Phase II CYPIDES trial

## Fizazi K, et al. 2024 ASCO GU; Abstract 159

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**Background**

**ORR in RECIST-evaluable patients**



# Phase I study of CC-94676

## Rathkopf D, et al. 2024 ASCO GU; Abstract 134

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### Background



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# Key Insights

Prostate Cancer Part 2 – Metastatic Prostate Cancer

# Prostate Cancer Part 2 – Metastatic Prostate Cancer (1/2)

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## Experts do not believe checkpoint inhibitors have a bright future in mCRPC

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# Prostate Cancer Part 2 – Metastatic Prostate Cancer (2/2)

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## Experts discussed the future role of radiopharmaceuticals

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Renal Cell Carcinoma

# Part B of the phase III CheckMate 914 trial

## Motzer RJ, et al. 2024 ASCO GU; Abstract LBA358

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**Background**

**Dr Nanus' conclusion**



# Phase III KEYNOTE-564 trial

## Choueiri TK, et al. 2024 ASCO GU; Abstract LBA359

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**Background**

**Overall survival in the ITT population**



# Phase III CheckMate 214 trial

## Tannir NM, et al. 2024 ASCO GU; Abstract 363

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### Background

[blurred]

### Overall survival in the ITT population



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# Phase III CLEAR trial subgroup analysis

## Grünwald V, et al. 2024 ASCO GU; Abstract 364

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**Background**

**Overall survival by tumor size**



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# Key Insights

Renal Cell Carcinoma

# Renal Cell Carcinoma (1/2)

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## Experts think there is a future for pembrolizumab and nivolumab in RCC

# Renal Cell Carcinoma (2/2)

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## Experts believe new targets are needed in RCC

ongoing trials will help clarify the optimal sequencing of agents

- Experts are still using a [redacted] doublet regimen (a taxane plus trastuzumab and pertuzumab) first-line, followed by T-DM1 second-line, for most patients
- Most experts are using trastuzumab deruxtecan third-line, but will prioritize the tucatinib triplet for patients with evidence of brain metastases
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