

The OncoAlert #ASCO21 Picks

Track: Kidney Cancer & Bladder Cancer(Drs Toni Choueiri, Neeraj Agarwal, Tian Zhang, Sumanta Pal, Andrea Apolo, Petros Grivas, Axel Merseburger, Daniel Heng)

Kidney

LBA5

Pembrolizumab versus placebo as post-nephrectomy adjuvant therapy for patients with renal cell carcinoma: Randomized, double-blind, phase III KEYNOTE-564 study.

<https://bit.ly/3viN4J7>

Abstract 4502

Health-related quality-of-life (HRQoL) analysis from the phase 3 CLEAR trial of lenvatinib (LEN) plus pembrolizumab (PEMBRO) or everolimus (EVE) versus sunitinib (SUN) for patients (pts) with advanced renal cell carcinoma (aRCC) <https://bit.ly/2TjKSDb>

Abstract 4501

Primary results of the CANTATA trial of telaglenastat (CB-839) + cabozantinib versus placebo + cabozantinib in mRCC pts who progressed on ICIs or TKIs: no improvement in PFS with the addition of Tela to Cabo in mRCC! [@MDAndersonNews](https://bit.ly/2QSp3cW) [@hunsmancancer](https://bit.ly/2QSp3cW)

<https://bit.ly/2QSp3cW>

Abstract 4500

Pembrolizumab (pembro) plus axitinib (axi) versus sunitinib as first-line therapy for metastatic renal cell carcinoma (mRCC): Outcomes in the combined IMDC intermediate/poor risk and sarcomatoid subgroups of the phase 3 KEYNOTE-426 study.

<https://bit.ly/3bTez47>

Abstract 4512

Vorolanib, everolimus, and the combination in patients with pretreated metastatic renal cell carcinoma (CONCEPT study): A randomized, phase 3, double-blind, multicenter trial.

<https://bit.ly/3fo4NcJ>

Abstract 4513

First results of a randomized phase IB study comparing nivolumab/ipilimumab with or without CBM-588 in patients with metastatic renal cell carcinoma.

<https://bit.ly/3bSDDbE>

Abstract 4509

Nivolumab plus cabozantinib in patients with non-clear cell renal cell carcinoma: Results of a phase 2 trial.

<https://bit.ly/3uiHQMe>

Abstract 4553

Nivolumab plus cabozantinib (N+C) versus sunitinib (S) for advanced renal cell carcinoma (aRCC): Outcomes by baseline disease characteristics in the phase 3 CheckMate 9ER trial.

<https://bit.ly/3fl1Y59>

Abstract 4510

Phase II study of nivolumab and salvage nivolumab + ipilimumab in treatment-naïve patients (pts) with advanced non-clear cell renal cell carcinoma (nccRCC) (HCRN GU16-260-Cohort B).

<https://bit.ly/3fkldmo>

Abstract 4511

Clinical activity of durvalumab and savolitinib in MET-driven, metastatic papillary renal cancer.

<https://bit.ly/3bRAFnO>

Prostate

LBA4

VISION Phase III study of lutetium-177-PSMA-617 in patients with metastatic castration-resistant prostate Cancer <https://bit.ly/2SqJK01>

Abstract 5000

A phase 3 trial with a 2x2 factorial design of abiraterone acetate plus prednisone and/or local radiotherapy in men with *de novo* metastatic castration-sensitive prostate cancer (mCSPC): First results of PEACE-1.

The first results of the phase 3 PEACE-1 trial of SOC (ADT +/- docetaxel) +/- Abi. +/- local RT in patients with *de novo* mCSPC: significantly improved rPFS and bPFS in the abiraterone arm and the ADT + docetaxel population! [#PCa](#) [#KarimFizazi](#) [@GustaveRoussy](#)

<https://bit.ly/3ujMoBG>

Abstract 5001

SWOG S1216: A phase III randomized trial comparing androgen deprivation therapy (ADT) plus TAK-700 with ADT plus bicalutamide in patients (pts) with newly diagnosed metastatic hormone-sensitive prostate cancer (mHSPC) (NCT01809691).

The phase 3 SWOG S1216 trial of ADT+TAK-700 vs. ADT+Bicalutamide in mHSPC: significant improvements in PFS and PSA response with ADT + TAK combination with a trend towards a better OS! [@neerajaiims](#) [@huntsmancancer](#)
SWOG1216 Phase 3 trial results in mHSCP [#prostatecancer](#) [#pcsm](#) 11 mo improved OS with TAK-700, but did not meet the pre-specified statistical significance. Median OS on standard ADT arm~70 months, highest to date among all contemporary trials, and a 24 month improvement from the SWOG9346 trial reported 8 years ago. This speaks of the improved OS of men with metastatic prostate cancer if they have access to novel drugs for CRPC approved in the last decade. <https://bit.ly/3oMzLy4>

Abstract 5014

COMBAT-CRPC: COncurrent adMinistration of Bipolar Androgen Therapy (B AT) and nivolumab in men with metastatic castration-resistant prostate cancer (mCRPC). #5014
Mark C. Markowski <https://bit.ly/3uhLuG5>

Abstract 5003

Ancestral characterization of the genomic landscape, comprehensive genomic profiling utilization, and treatment patterns may inform disparities in advanced prostate cancer: A large-scale analysis. <https://bit.ly/3hW2Dm3>

Abstract 5072

Real-world first-line (1L) treatment patterns in patients (pts) with metastatic castration-sensitive prostate cancer (mCSPC) in a U.S. health insurance database.

Despite level 1 evidence demonstrating improved OS, <1/3rd patients with mCSPC [#ProstateCancer](#) received intensified treatment (ADT + DOC or NHT) in the United States in 2019 <https://bit.ly/3wzUTKq>

Abstract 5002

Decreased fracture rate by mandating bone protecting agents in the EORTC 1333/PEACEIII trial combining Ra223 with enzalutamide versus enzalutamide alone: An updated safety analysis. in EORTC 1333/PEACEIII trial combining Ra223+enzalutamide vs enzalutamide alone: Risk of fractures was abolished by preventive use of bone protecting agents/BPA (BPA are critical Rx for mCRPC pts) <https://bit.ly/3hPFI1h>

Abstract 5004

Association of increased intensity of prostate-specific antigen screening in younger African American men with improved prostate cancer outcomes.

In this large national cohort of Black men aged 40-55 years, increased intensity of PSA screening led to decreased risk of lethal disease, metastases and death with prostate cancer

<https://bit.ly/34da1I5>

Abstract # 5073

Real-world utilization of advanced therapies and racial disparity among patients with metastatic castration-sensitive prostate cancer (mCSPC): A Medicare database analysis.

Unacceptably low utilization of life prolonging Rx in mCSPC in the this United States database of >35,000 patients, <1/3rd received ADT intensification by 2018, even worse in minorities

<https://bit.ly/2RMfbBV>

Bladder

Abstract 4503

The phase 2 trial HCRN GU 16-257 of gemcitabine, cisplatin, plus nivolumab with selective bladder sparing in patients with MIBC: impressive cCR rate of 48% and association of high TMB and mutant ERCC2 with outcomes!! [@MattGalsky](#) [@IcahnMountSinai](#)

<https://bit.ly/34d2GBV>

Abstract 4505

The phase 2 IMMUNOPRESERVE-SOGUG trial of durvalumab plus tremelimumab with RT in pts with localized MIBC showing a CR rate of 81%, and 6-months rates for DFS and OS of 80 and 93%!! <https://bit.ly/3bSd9XH>

Abstract 4507

Phase 2 study of gemcitabine and cisplatin +/- berzosertib in aUC showing no improvement in PFS with the addition of berzosertib to CG! [@montypal](#) [@cityofhope](#)

Important lesson: never reduce the dose of CG to accommodate an experimental 3rd drug.

<https://bit.ly/3yyxjzH>

Abstract 4508

First-line pembrolizumab (pembro) in cisplatin-ineligible patients with advanced urothelial cancer (UC): Response and survival results up to five years from the KEYNOTE-052 phase 2 study.

Five yr F/U of Keynote 052 trial of 1st line Pembro in Cis ineligible metastatic

[#bladdercancer](#) Confirmed ORR ~30%, Long median duration of response= 33.4 months

<https://bit.ly/3fKzEyL>

Abstract 4519

Inducible T-cell co-stimulatory (ICOS) receptor agonist, feladilimab (fela), alone and in combination (combo) with pembrolizumab (P): Results from INDUCE-1 urothelial carcinoma (UC) expansion cohorts (ECs).carcinoma

<https://bit.ly/3bRQCKt>

Abstract 4518

PrE0807: A phase Ib feasibility trial of neoadjuvant nivolumab (N) without or with lirilumab (L) in cisplatin-ineligible patients (pts) with muscle-invasive bladder cancer (MIBC).

<https://bit.ly/2SpYxrE>

Abstract 4523

Circulating tumor cell-driven use of neoadjuvant chemotherapy in patients with muscle-invasive bladder cancer.

<https://bit.ly/3hRL3j9>

Testicular

Abstract 5006

Testicular cancer in the cisplatin era: Causes of death and mortality rates in a population-based cohort by Dr. Hellesnes and colleagues from University Hospital of North Norway who investigated non-testicular cancer mortality in relation to testicular cancer treatment in a population-based cohort. Overall, 5,707 men diagnosed with testicular cancer from 1980 to 2009 were included and identified from the Cancer Registry of Norway. During a median follow-up of 18.7 years, in total 665 or 12% men were registered with non-testicular cancer death. The overall excess non- testicular cancer mortality was 23% in these men with history of testicular cancer as compared with the general population. Increased risks were observed after platinum-based chemotherapy and radiation therapy but not after surgery. The most important cause of death was second cancer. Treatment with platinum-based chemotherapy was associated with a significant 1.69-6.78-fold increased standardized mortality ratio for cancers of the oral cavity/pharynx, esophagus, lung, bladder, and leukemia. After radiation therapy a significant 3.02- 4.91-fold increased standardized mortality ratio emerged for cancers of the oral cavity/pharynx, stomach, liver, pancreas and bladder. In conclusion, testicular cancer treatment with platinum-based chemotherapy or RT is associated with significantly increased long-term non-testicular cancer mortality, with non-testicular second cancer being the most important cause of death. In my view, these results have important implications on patient counselling, selection of treatment for testicular cancer, and long term follow up of our young patients with testicular cancer

<https://bit.ly/3oP8dYI>

Abstract 5017

Immunity to childhood vaccines following high dose chemotherapy (HDCT) and autologous stem cell transplantation (ASCT) for germ cell tumors (GCT) with comparison to Hodgkin lymphoma (HL).

<https://bit.ly/3oRZ0yX>