Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting: https://reachmd.com/programs/cme/what-do-patientscaregivers-need-to-know-about-adcs-in-advancedmetastatic-urothelial-cancer/14437/

Released: 11/17/2022
Valid until: 11/17/2023
Time needed to complete: 1h 23m

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

What Do Patients/Caregivers Need To Know About ADCs in Advanced/Metastatic Urothelial Cancer?

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCME curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Gupta:
Hello, my name is Dr. Shilpa Gupta and I'm a genitourinary oncologist at the Cleveland Clinic Foundation in Cleveland, Ohio. I'm going to talk about what do patients and caregivers need to know about antibody-drug conjugates in advanced and metastatic urothelial cancer. Key adverse events seen with the antibody-drug conjugate enfortumab vedotin, or EV, are skin reactions, hyperglycemia, peripheral neuropathy, ocular disorders, and alopecia.

Skin reactions can be in the form of a rash or severe cutaneous adverse reactions. Skin reactions are very commonly seen in about 54% patients. While majority are mild to moderate, grade three to four skin reactions can occur in about 13% patients. Maculopapular rash is the most common rash seen and typically it is early onset and happens within the first cycle or treatment or around then, although it can also happen later. Serious events like Stevens-Johnson syndrome and toxic epidermal necrosis with fatal outcome have been reported in patients receiving EV. Other serious rashes can be symmetrical, drug-related intertriginous and flexural exanthema, bullous dermatitis, exfoliative dermatitis, and palmer-planter erythrodysesthesia.

Hyperglycemia occurred in about 14% patients receiving EV and 7% had grade three to four hyperglycemia, 5% patients required insulin. Risk factors are high BMI, elevated baseline glycated hemoglobin. Median time to onset was around 0.6 months. Peripheral neuropathy is a side effect which can be quite disabling in patients. Occurs in about 52% patients and 4% had grade three to four peripheral neuropathy. It can present as sensory or motor neuropathy and motor weakness. Median time to onset is typically around 4.6 months. Notably, treatment discontinuation occurred in 5% patients receiving EV due to peripheral neuropathy.

Ocular disorders are common and occur in about 40% patients. Can present with dry eye, blurred vision, keratitis. Median time to onset is about 1.6 months. Referral to ophthalmologist is recommended at baseline and in patients who have ocular issues and when patients experience new or worsening symptoms.

Now, we'll come to the key adverse events seen with sacituzumab govitecan. Diarrhea occurs in 65% patients with severe cases in 10%, nausea in 66% patients, fatigue in 62% patients.

Neutropenia occurred in around 60% patients with severe or life-threatening neutropenia in 47% patients. Hyper-sensitivity reactions occurred in 37% patients and notably increased risk of adverse reactions were seen in patients with reduced UGT1A1 activity. Thank you, this is the end of my presentation.

Announcer:
You have been listening to CME on ReachMD. This activity is jointly provided by Global Learning Collaborative (GLC) and TotalCME,

Inc. and is part of our MinuteCME curriculum.

To receive your free CME credit, or to download this activity, go to ReachMD.com/CME. Thank you for listening.