Transcript Details
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Moving Toward Biomarker-Driven Care in Bladder Cancer

Announcer:
You're listening to *Project Oncology* on ReachMD. Today, we'll learn about the role of biomarkers in bladder cancer treatment with Dr. Benjamin Garmezy. He's a board-certified medical oncologist and hematologist, and he serves as Associate Director of Genitourinary Research at the Sarah Cannon Research Institute in Nashville, Tennessee. Let's hear from Dr. Garmezy now.

Dr. Garmezy:
How do we use biomarkers in bladder cancer and urothelial cancer? The quite-honest opinion right now—in the frontline metastatic setting or in that perioperative, curative-intent, stage II or III setting—is that they don't play as big of a role. We're going to give those same drugs in the majority of cases. We're going to give enfortumab vedotin and pembrolizumab. Some patients with variant histology—which means they don't have the same type of bladder cancer—maybe should be considered for this traditional chemotherapy with immunotherapy paradigm.

Now, that being said, biomarkers become incredibly relevant as we move into second- or third-line therapy, if our first treatment options don't work. There's a mutation called FGFR that can actually be found in about 15 percent of patients with bladder cancer, and that mutation helps drive their cancer. And there's an oral pill out there called erdafitinib that might be able to help those patients. It's been shown in clinical trials that that drug can be matched to those patients with benefit.

There's a drug out there right now for patients with HER2 3+ IHC staining, which is the protein staining on the cancer cells that pathologists are able to use. And that's for a classic HER2 antibody-drug conjugate also approved in breast cancer. So I think that's incredibly important as well.

Those are the two main drugs that we have biomarkers for to treat this disease. The other drugs out there are conventional chemotherapy, which, of course, unfortunately, we don't have better biomarkers for to help select our patients.

Now, in the future, I do think biomarkers may move into the frontline setting, or the first time we make a decision to treat a patient. There are clinical trials out there right now looking at a HER2-targeted antibody drug conjugate in combination with immunotherapy for patients with HER2 positive disease. Maybe some patients would get that combination instead of enfortumab vedotin and pembrolizumab combination in the future. There are trials out there to add drugs to enfortumab vedotin and pembrolizumab—adding an FGFR inhibitor—for patients with FGFR status.

So of course, we're using biomarkers in our clinic to help enroll patients on clinical trials, but these biomarkers will likely become quite relevant in the frontline setting to many of the community doctors out there that don't have access to those trials, if these trials are positive.

Announcer:
That was Dr. Benjamin Garmezy talking about how biomarkers may inform bladder cancer care. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!