Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/project-oncology/first-line-treatment-advanced-urothelial-carcinoma/67080/

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First-Line Treatment Considerations in Advanced Urothelial Carcinoma

Announcer:
Welcome to *Project Oncology* on ReachMD. Today, we'll hear from Dr. Guru Sonpavde, who serves as the Medical Director of Genitourinary Oncology, Director of the Phase One Clinical Trial program and the GU Oncology Program, and the Christopher K. Glanz Chair for Bladder Cancer Research at AdventHealth Cancer Institute in Orlando. He'll be discussing considerations for treating advanced urothethial carcinoma patients with enfortumab vedotin plus pembrolizumab. Let's hear from him now.

Dr. Sonpavde:
When selecting patients for specific regimens in the first-line setting with advanced urothelial carcinoma, the emergence of EV plus pembrolizumab has made things a little bit simpler, because this has become the preferred regimen in most patients who are eligible for first-line therapy for metastatic disease.

Now, there are still certain points to remember when you're considering EV pembrolizumab. Both cisplatin-eligible and cisplatin-ineligible patients were enrolled on the trial, EV302, that led to the approval of EV pembrolizumab. Based on the trial, it was quite superior and really gave us double the survival and double the PFS compared to platinum-based chemotherapy.

Now, one of the points to recall from this trial is patients were still selected carefully. If they had more than grade one neuropathy at baseline, they could not receive enfortumab vedotin. And if they had several reasons for cisplatin ineligibility, comorbidities like CHF, anemia, in addition to renal dysfunction and performance status of two, these patients were not enrolled. So really, patients were selected carefully. Patients with poorly controlled diabetes were not enrolled on the trial. Poor liver function or frailty could be a challenge, because EV does require adequate liver function for metabolism and excretion.

So really, in patients who are not quite fit for a regimen like EV pembrolizumab, I believe that the JAVELIN paradigm, which is the previous paradigm of gemcitabine platinum followed by maintenance avelumab, might still be a regimen to consider in patients who are somewhat unfit for EV plus pembrolizumab.

Now, there might also be some patients who are not candidates for immune checkpoint inhibition because of severe autoimmune disease, or they've had an allogeneic transplant. So in these patients, you need to consider a non-immune checkpoint inhibitor-based regimen like platinum-based chemotherapy or perhaps even EV alone.

Announcer:
You just heard Dr. Guru Sonpavde talking about first-line care for advanced urothelial carcinoma. 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!