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/treatment-sequencing-advanced-urothelial-carcinoma/67082/

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

The Art of Treatment Sequencing in Advanced Urothelial Carcinoma

Announcer:
You're listening to *Project Oncology* on ReachMD. Today, we'll learn about optimizing treatment sequencing for advanced urothethial carcinoma with Dr. Guru Sonpavde. He 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. Here he is now.

Dr. Sonpavde:
Optimizing treatment sequencing is challenging. It tends to be more of an art than science, because we end up never really having the perfect level one evidence to determine the perfect sequence. So really, at the end of the day, close monitoring and vigilance to detect progression at an early time point is important, since what has been seen in the community is that almost half the patients actually rapidly decline at progression and become unfit for salvage therapy.

So really, it's critical to detect progression early, monitor patients, because this is a very aggressive disease, advanced urothelial carcinoma. And so that's important—detecting progression early—and then repeat molecular assessments using circulating tumor DNA or even repeat biopsies might be important to inform standard therapy and even trial options, actually.

For example, HER2 IHC might be more frequently seen in metastatic tumor sites than the primary tumor. And as you know, trastuzumab deruxtecan is an option in patients with solid tumors that express HER2 IHC 3+. So you don't want to miss that when you have the patient in front of you. And sometimes a biopsy from metastatic site might give you the answer better than evaluating the primary tumor.

Now, clinical trial should be at the front of the list of options for all patients, whether it's first-line or salvage. And I would argue even in the perioperative setting, there are novel regimens emerging to improve upon the EV plus pembrolizumab that has given us a big advance in the perioperative setting. So really, clinical trial should be at the forefront when you're trying to optimize sequence.

But in the absence of a clinical trial, I think that all of these factors need to be considered: early detection, the molecular alterations of FGFR3, as well as HER2 IHC in a standard of care setting.

Announcer:
That was Dr. Guru Sonpavde talking about treatment sequencing for patients with 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!