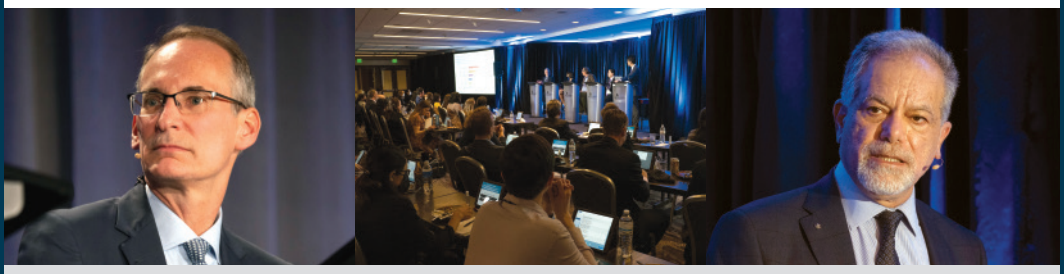
Cases from the Community

Urologic Oncology Investigators Provide Perspectives on the Optimal Management of Prostate Cancer and Urothelial Bladder Cancer

A CME Satellite Symposium 2-Part Series Held in Conjunction with the American Urological Association 2022 Annual Meeting

Join Us **Friday, May 13, 2022** — In Person or Virtually



PART 1: Prostate Cancer

7:30 AM – 8:00 AM CT
Registration

8:00 AM – 10:00 AM CT
Breakfast Meeting

FACULTY
Fred Saad, MD
Matthew R Smith, MD, PhD
Additional faculty to be announced.

MODERATOR
To be announced.

PART 2: Urothelial Bladder Cancer

5:30 PM – 6:00 PM CT
Registration

6:00 PM – 8:00 PM CT
Dinner Meeting

FACULTY
Ashish M Kamat, MD, MBBS
Additional faculty to be announced.

MODERATOR
Sumanta Kumar Pal, MD

New Orleans Ernest N Morial Convention Center
900 Convention Center Blvd
New Orleans, Louisiana

Rooms 265-268 (Second Floor)

REGISTER TODAY FOR THE **IN-PERSON** EVENT OR **WEBCAST**

www.ResearchToPractice.com/Meetings/AUA2022

Prostate Cancer

Friday, May 13, 2022 | 8:00 AM – 10:00 AM CT (Breakfast to be provided)

CME INFORMATION

Target Audience

This activity has been designed to meet the educational needs of medical and radiation oncologists, urologists and other allied healthcare professionals involved in the treatment of prostate cancer.

Learning Objectives

Upon completion of this activity, participants should be able to

- Appraise published research findings and current guideline recommendations on optimal management approaches to biochemical recurrence after local treatment for prostate cancer, and counsel patients regarding the potential benefits of systemic therapy.
- Evaluate the published research database supporting the FDA approvals of secondary hormonal agents in the management of nonmetastatic castration-resistant prostate cancer (CRPC), and apply this information in the discussion of nonresearch treatment options with patients.
- Explore available data with treatment intensification using cytotoxic or secondary hormonal therapy for metastatic hormone-sensitive prostate cancer, and effectively integrate these approaches into current clinical management algorithms.
- Establish an evidence-based approach to the selection and sequencing of available therapeutic options for patients with metastatic CRPC (mCRPC), considering age, comorbidities, prior therapeutic exposure and other relevant clinical and biologic factors.
- Assess the available and emerging research database supporting the use of PARP inhibitors for patients with mCRPC, and discern how to optimally incorporate these agents into current and future treatment plans.
- Appreciate available Phase III data documenting the efficacy of PSMA-targeted radioligand therapy in patients with progressive PSMA-positive mCRPC, and consider the potential clinical role of this strategy.
- Recall the design of ongoing clinical trials evaluating other novel agents and strategies for prostate cancer, and counsel appropriate patients about availability and participation.

CME Credit Form

A CME credit form will be provided to participants at the conclusion of the activity.

Accreditation Statement

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation Statement

Research To Practice designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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This activity is supported by educational grants from Astellas and Pfizer Inc, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Merck, and Pfizer Inc.

FACULTY

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Director, Prostate Cancer Research
Montreal Cancer Institute/CRCHUM
Montréal, Québec, Canada

Matthew R Smith, MD, PhD
Claire and John Bertucci Endowed Chair in Genitourinary Cancers
Professor of Medicine
Harvard Medical School
Director, Genitourinary Malignancies Program
Massachusetts General Hospital Cancer Center
Boston, Massachusetts

Additional faculty to be announced.

Moderator

To be announced.

Prostate Cancer

Friday, May 13, 2022 | 8:00 AM – 10:00 AM CT (Breakfast to be provided)

SYMPOSIUM AGENDA

MODULE 1: Management Approaches for Nonmetastatic Prostate Cancer

- Major efficacy and safety findings with the oral LHRH antagonist relugolix in men with advanced prostate cancer; patient selection and optimal integration into current clinical practice
- Key efficacy and safety findings from the STAMPEDE trial assessing the addition of abiraterone and prednisolone with or without enzalutamide to androgen deprivation therapy (ADT) for men with high-risk nonmetastatic prostate cancer; implications for routine practice
- Ongoing Phase III trials evaluating secondary hormonal therapy for high-risk localized or locally advanced prostate cancer
- Pharmacologic and pharmacodynamic similarities and differences between apalutamide, enzalutamide and darolutamide
- Long-term efficacy outcomes, including metastasis-free and overall survival, with apalutamide, enzalutamide and darolutamide for nonmetastatic castration-resistant prostate cancer (nmCRPC)
- Spectrum, frequency and severity of toxicities associated with enzalutamide, apalutamide and darolutamide
- Clinical, biologic and practical factors guiding selection among enzalutamide, apalutamide and darolutamide for nmCRPC

MODULE 2: Role of Treatment Intensification for Patients with Metastatic Hormone-Sensitive Prostate Cancer (mHSPC)

- Rationale for treatment intensification in patients with mHSPC; historical outcomes observed with ADT alone in this population and guideline-endorsed adjunctive strategies
- Long-term efficacy and safety data, including overall survival findings, with docetaxel, abiraterone, enzalutamide or apalutamide in combination with ADT for mHSPC
- Key clinical and biologic factors informing the selection of docetaxel, abiraterone, enzalutamide or apalutamide for men with mHSPC
- Key efficacy and safety results from the Phase III PEACE-1 study of docetaxel with or without abiraterone with or without local radiation therapy for men with mHSPC
- Emerging findings from the Phase III ARASENS trial showing increased overall survival with darolutamide in combination with docetaxel and ADT for mHSPC
- Strategies to overcome barriers to successful delivery of guideline-endorsed therapies in mHSPC

Prostate Cancer

Friday, May 13, 2022 | 8:00 AM – 10:00 AM CT (Breakfast to be provided)

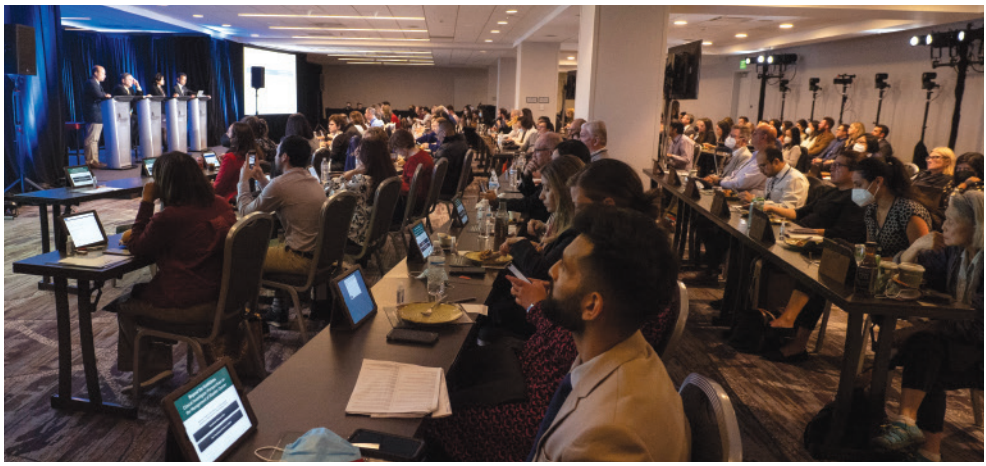
SYMPOSIUM AGENDA

MODULE 3: Selection and Sequencing of Therapy for Metastatic CRPC (mCRPC)

- Available results from the Phase III/IV CARD study and other trials investigating the optimal sequencing of cabazitaxel for mCRPC
- Recent studies (eg, PRESIDE, SAAK 08/16) attempting to define the role of secondary hormonal therapy in the management of mCRPC
- Impact of the addition of bone-protecting agents to radium-223/enzalutamide in the Phase III EORTC-1333-GUCG/PEACE-3 trial; implications for practice and ongoing research
- Prevalence of PSMA in prostate cancer and available testing methodologies to evaluate PSMA expression
- Biologic rationale for targeting PSMA and mechanism of action of the novel radioligand therapy ^{177}Lu-PSMA-617
- Key efficacy and safety findings from the Phase III VISION study evaluating ^{177}Lu-PSMA-617 for progressive, PSMA-positive mCRPC; potential role in clinical practice
- Other novel agents and strategies (eg, cabozantinib, immune checkpoint inhibitors) under investigation for mCRPC

MODULE 4: Current and Future Integration of PARP Inhibitors in the Management of Prostate Cancer

- Indications for and practical implementation of genetic testing for patients with prostate cancer
- Long-term efficacy and safety findings with olaparib and rucaparib monotherapy for mCRPC
- FDA-approved indications for olaparib or rucaparib in mCRPC and optimal integration into current management algorithms
- Biologic basis for combining PARP inhibitors with androgen receptor-targeted therapies in prostate cancer
- Emerging efficacy and safety findings from the Phase III PROpel trial evaluating olaparib and abiraterone versus abiraterone alone as first-line therapy for patients with mCRPC with or without homologous recombination repair (HRR) gene mutations; implications for clinical management
- Emerging data from the Phase III MAGNITUDE study of niraparib with abiraterone and prednisone as first-line therapy for patients with mCRPC with or without HRR gene alterations
- Other ongoing Phase III clinical research efforts evaluating the role of PARP inhibitors with secondary hormonal agents for mCRPC (eg, TALAPRO-2, CASPAR) and mHSPC (eg, TALAPRO-3, AMPLITUDE)



Urothelial Bladder Cancer

Friday, May 13, 2022 | 6:00 PM – 8:00 PM CT (Dinner to be provided)

CME INFORMATION

Target Audience

This activity has been designed to meet the educational needs of medical and radiation oncologists, urologists and other allied healthcare professionals involved in the treatment of bladder cancer.

Learning Objectives

Upon completion of this activity, participants should be able to

- Consider data supporting the use of anti-PD-1 antibody therapy for high-risk non-muscle-invasive bladder cancer (NMIBC) that is unresponsive to BCG, and determine how this strategy can be appropriately integrated into patient care.
- Evaluate the recent FDA approval of adjuvant anti-PD-1 antibody therapy for patients with high-risk muscle-invasive bladder cancer (MIBC), and understand the current role of this strategy.
- Recognize how biologic and patient-specific factors influence the selection and sequencing of treatment for metastatic urothelial bladder carcinoma (UBC).
- Review available clinical trial evidence with immune checkpoint inhibitors as monotherapy or as maintenance after platinum-based chemotherapy for newly diagnosed metastatic UBC, and recognize the utility of these agents in practice.
- Recall pivotal trial findings leading to the FDA approval of novel compounds with unique mechanisms of action for previously treated locally advanced or metastatic UBC, and discuss with patients why these agents would be appropriate.
- Implement a plan of care to recognize and manage side effects and toxicities associated with recently approved and emerging systemic therapies for advanced or metastatic UBC.
- Develop an understanding of the biologic rationale for, research findings with and ongoing studies evaluating promising agents and strategies for NMIBC, MIBC and metastatic UBC.

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FACULTY

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Wayne B Duddlesten Professor of Cancer Research
Department of Urology, Division of Surgery
The University of Texas MD Anderson Cancer Center
Houston, Texas

Additional faculty to be announced.

Moderator

Sumanta Kumar Pal, MD
Professor
Department of Medical Oncology and Therapeutics Research
City of Hope
Duarte, California

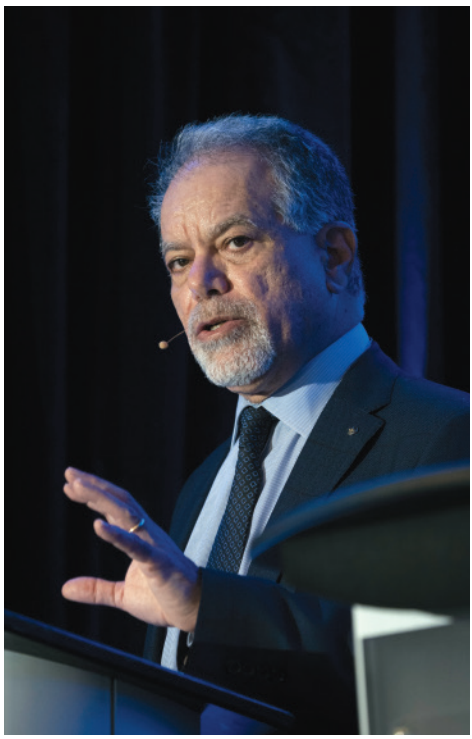
Urothelial Bladder Cancer

Friday, May 13, 2022 | 6:00 PM – 8:00 PM CT (Dinner to be provided)

SYMPOSIUM AGENDA

MODULE 1: Available Data with and Ongoing Investigation of Novel Agents and Strategies for Non-Muscle-Invasive Bladder Cancer (NMIBC)

- Historical management approaches for patients with BCG-unresponsive or refractory NMIBC
- Efficacy and safety findings after extended follow-up from the KEYNOTE-057 trial supporting the FDA approval of pembrolizumab monotherapy for high-risk NMIBC unresponsive or refractory to BCG therapy; selection of patients for pembrolizumab therapy
- Biologic rationale for the investigation of anti-PD-1/PD-L1 antibodies in combination with BCG for NMIBC; ongoing Phase III trials evaluating this approach (eg, ALBAN, POTOMAC, KEYNOTE-676, CheckMate 7G8)
- Ongoing and planned studies evaluating other novel approaches (eg, enfortumab vedotin, erdafitinib, nadofaragene firadenovec) for BCG-unresponsive NMIBC



MODULE 2: Role of Immune Checkpoint Inhibitors as Adjuvant and Neoadjuvant Therapy for Muscle-Invasive Bladder Cancer (MIBC)

- Clinical and biologic factors that confer a high risk of recurrence in patients with MIBC; historical role of adjuvant therapy
- Design, eligibility criteria and key efficacy and safety data from the Phase III CheckMate 274 trial comparing nivolumab to placebo after radical surgery for high-risk MIBC
- Recent FDA approval of adjuvant nivolumab and identification of appropriate candidates for treatment
- Rates of pathologic complete response and other clinically relevant endpoints achieved in early trials evaluating neoadjuvant anti-PD-1/PD-L1 antibody therapy for resectable MIBC
- Ongoing research on the feasibility of combining anti-PD-1/PD-L1 antibodies with other systemic options (eg, chemotherapy, other immunotherapy) in the neoadjuvant and adjuvant settings
- Emerging results from cohort H of the EV-103 study evaluating neoadjuvant treatment with enfortumab vedotin monotherapy in cisplatin-ineligible patients with MIBC

MODULE 3: Current and Future Front-Line Management of Metastatic Urothelial Bladder Carcinoma (mUBC)

- Current role of atezolizumab and pembrolizumab as first-line treatment for mUBC; importance of chemotherapy eligibility and PD-L1 status in selecting patients for this strategy
- Key efficacy and safety data with maintenance avelumab after front-line chemotherapy for mUBC; appropriate incorporation into patient care
- Biologic rationale for and available data with anti-PD-1/PD-L1 antibodies combined with anti-CTLA-4 antibodies for previously untreated mUBC

Urothelial Bladder Cancer

Friday, May 13, 2022 | 6:00 PM – 8:00 PM CT (Dinner to be provided)

SYMPOSIUM AGENDA

- Ongoing Phase III trials (eg, CheckMate 901, NILE) evaluating dual checkpoint inhibitor therapy alone or in combination with chemotherapy
- Findings from the Phase II EV-103 study evaluating first-line pembrolizumab in combination with enfortumab vedotin for mUBC; ongoing Phase III evaluation and potential clinical role
- Preliminary data from the Phase I/II NORSE study of erdafitinib in combination with the investigational anti-PD-1 antibody cetrelimab for patients with previously untreated mUBC with FGFR3 or FGFR2 genetic alterations who are not eligible for cisplatin

MODULE 4: Selection and Sequencing of Therapy for Relapsed/Refractory mUBC

- Key efficacy and safety findings with enfortumab vedotin for progressive mUBC (eg, EV-301 trial, EV-201 cohort 2)
- Key efficacy and safety findings from the Phase II TROPHY U-01 trial leading to the recent FDA approval of sacituzumab govitecan for progressive mUBC
- Emerging results from cohort 3 of the TROPHY U-01 trial combining sacituzumab govitecan and pembrolizumab
- Spectrum and frequency of FGFR alterations in patients with mUBC; published efficacy and safety data with erdafitinib for patients with mUBC and susceptible FGFR3 or FGFR2 genetic alterations
- Optimal integration of enfortumab vedotin, sacituzumab govitecan and erdafitinib into therapy for progressive mUBC
- Incidence, severity and management of adverse events reported with enfortumab vedotin, sacituzumab govitecan or erdafitinib
- Frequency of HER2 expression in UBC; mechanism of action of disitamab vedotin and available data and ongoing evaluation for patients with HER2-positive disease
- Other promising agents and strategies under investigation for mUBC (eg, trastuzumab deruxtecan, futibatinib, infigratinib, cabozantinib)

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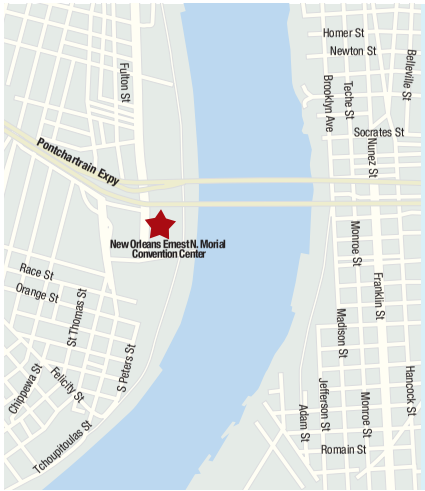

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New Orleans, LA 70130
Phone: (504) 582-3000

Rooms 265-268 (Second Floor)

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