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## MEETING SUMMARY ASCO GU 2019, San Francisco, USA

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**BLADDER CANCER UPDATE** 

#### **DISCLAIMER**



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This content is supported by an Independent Educational Grant from Bayer.

# SACITUZUMAB IN PATIENTS WITH PREVIOUSLY TREATED mUC: RESULTS FROM A PHASE I/II STUDY

Tagawa, et al. Abstract #354

#### **BACKGROUND**



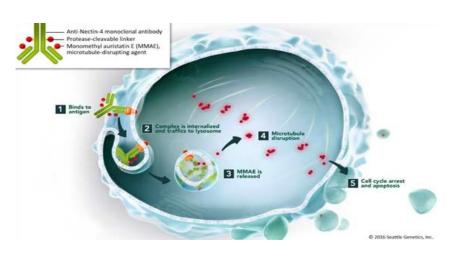
- Patients with mUC who progress after platinum based chemotherapy and immune checkpoint inhibitors have poor outcomes and limited treatment options
- UC is characterized by the expression of multiple cell surface antigens suitable for specific therapeutic targeting with antibody-drug conjugates (ADCs)
- ADCs are structured from three main structural units:
  - monoclonal antibody against a specific target
  - linker molecule
  - cytotoxic agent or drug (payloads)
- Two ADCs in advanced stages of development: enfortumab and sacituzumab

# ANTIBODY-DRUG CONJUGATES: UROTHELIAL CANCER



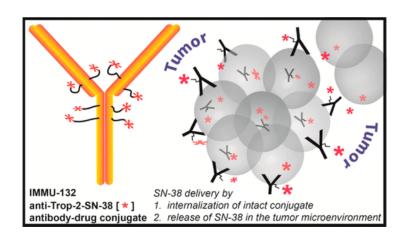
**3 COMPONENTS: ANTIBODY/LINKER/PAYLOAD** 

#### **Enfortumab Vedotin**



Antibody- Nectin Linker- Protease Cleavable Payload- MMAE- microtubule

#### Sacituzumab Govitecan

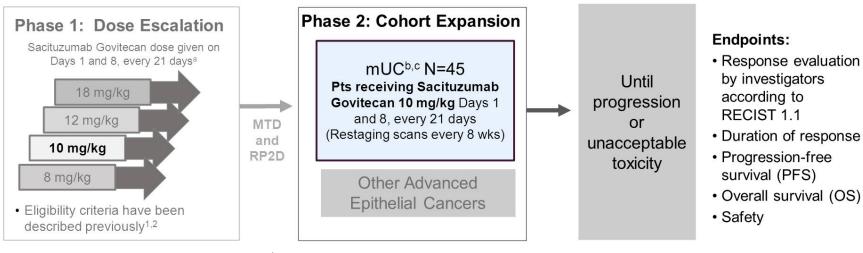


Antibody-Trop 2 Linker- Hydrolysable linker Payload- SN-38-parent compound -Irinotecan

#### STUDY DESIGN



### SACITUZUMAB GOVITECAN – PHASE I/II, OPEN LABEL, BASKET STUDY IN PATIENTS WITH ADVANCED EPITHELIAL CANCERS



<sup>a</sup>All phase I pts counted in phase II population; <sup>b</sup>one patient in this cohort had small cell carcinoma of bladder; <sup>c</sup>preliminary results were reported at ESMO 2017

- mUC cohort: 45 pts on 10 mg/kg dose, 3 on 8 mg/kg dose ad 1 on 12 mg/kg dose
- Data cut off: 1<sup>st</sup> Sept 2018

#### **RESULTS: ORR AND ADVERSE EVENTS**





	Objective Response Rate, % (n/N)	[95% CI]		
Overall cohort	31.1 (14/45)	[18.2, 46.6]		
Lines of prior therapies				
<2 prior lines	39.3 (11/28)	[21.50, 59.42]		
≥3 prior lines	17.6 (3/17)	[3.80, 43.43]		
Prior checkpoint inhibitors (71% had ≥3 prior lines of therapy)	23.5 (4/17)	[6.81, 49.90]		
Prior platinum and checkpoint inhibitors	26.7 (4/15)	[7.79, 55.10]		
Visceral involvement at study entry				
Yes	27.3 (9/33)	[13.30, 45.52]		
Liver	33.3 (5/15)	[11.82, 61.62]		
No	41.7 (5/12)	[15.17, 72.33]		

Median PFS was 7.3 months and median OS was 16.3 months

Event	All grades (%)	Grades 3 (%)	Grade 4 (%)
Diarrhea	69	9	0
Nausea	67	2	0
Fatigue	58	9	0
Neutropenia*	51	22	16
Constipation	44	0	0
Alopecia	40	0	0
Decreased appetite	38	0	0
Anemia	33	13	0
Cough	31	0	0
Vomiting	31	2	0
Pyrexia	24	0	0
Back pain	22	0	0
Dizziness	22	0	0
Rash	22	0	0
Hyphosphatemia	20	11	0
Febrile neutropenia	7	7	0

#### **RESULTS: ENFORTUMAB VEDOTIN**



- Data from a phase 1 (EV-101) study in patients with mUC demonstrated an encouraging efficacy and tolerability profile for enfortumab
- Patients were included if they had ≥ 1 prior CT, or were cisplatin ineligible, and ECOG PS 0/1
  - Primary endpoint: AEs
  - Secondary endpoints: tumor response (CR/PR), ORR, DCR, DoR, PFS, OS
- Results were presented for 112 patients with mUC receiving the 1.25-mg/kg dose
  of enfortumab
- Enfortumab was generally well tolerated in patients with mUC
  - Most common all-cause grade ≥ 3 AEs: anemia, hyponatremia, urinary tract infection, hyperglycemia
  - TRAEs (grade ≥ 3) occurring in ≥ 25% of patients: fatigue, decreased appetite, nausea, pruritus, diarrhea and rash
- Confirmed ORR of ~ 40% in heavily pretreated patients regardless of prior CPI treatment, liver metastases
- Preliminary median OS of 13.6 months and PFS of 5.4 months

#### CONCLUSIONS



- Antibody Drug Conjugates are a new class of drugs
- Effective in delivering drug to the cancer cell
- Enfortumab Vedotin and Sacituzimab Govitecan are promising drugs with activity in heavily pretreated patients with urothelial cancer with overall response rates of 30-40%
- Would be effective in 3<sup>rd</sup>-line Urothelial cancer when approved
- Toxicity similar to the parent compound

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