

**Tumor Board Tuesday – Dr. Thomas Powles & Dr. Francesca Jackson-Spence, 03/28/2023:
1L RCC**

Posttest Rationale

- 1. Which neoadjuvant therapy would you select for a 75yo man with pT2N1M0 muscle-invasive bladder cancer (MIBC), hypertension, type 2 diabetes, and 75 mL/min creatinine clearance?**

- a. Gemcitabine/cisplatin
- b. Nivolumab
- c. Radiotherapy
- d. Surveillance

Rationale: The best option for this patient is likely neoadjuvant cisplatin-based combination chemotherapy with gemcitabine/cisplatin followed by radical cystectomy. Radiotherapy may be an option if the patient is not a candidate for cystectomy or chemoradiotherapy, and nivolumab may be considered for adjuvant therapy. Surveillance may be used in patients with low- or intermediate-risk disease.

Reference: National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Bladder Cancer (v1.2023). Updated February 9, 2023. Accessed March 27, 2023.
https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf

- 2. What second-line treatment would you select for your 75yo patient with MIBC and CrCl 45 mL/min who has lymph node progression, new bone metastases in the spine, & newly identified FGFR3 alteration after first-line gemcitabine/carboplatin & maintenance avelumab?**

- a. Chemotherapy
- b. Erdafitinib
- c. Enfortumab vedotin
- d. Sacituzumab govitecan

Rationale: The best choice for this patient is likely enfortumab vedotin, since the patient has already received both platinum chemotherapy and a checkpoint inhibitor. The use of enfortumab vedotin is supported by the phase 3 EV-301 trials, wherein mOS (12.91 vs 8.94 months) and mPFS (5.55 vs 3.71 months) were significantly improved with enfortumab vedotin treatment compared to standard chemotherapy after 23.75 months of follow-up in 608 patients with locally advanced or metastatic urothelial cancer. Chemotherapy is an option, but may not be the best choice for this patient who has previously received 6 cycles of both gemcitabine/cisplatin and gemcitabine/carboplatin. Erdafitinib may be an option dependent on the detected FGFR3 alteration, and sacituzumab govitecan may be considered in subsequent lines of therapy.

Reference: National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Bladder Cancer (v1.2023). Updated February 9, 2023. Accessed March 27, 2023.
https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf

Rosenberg JE, Powles T, Sonpavde GP, et al. Long-term outcomes in EV-301: 24-month findings from the phase 3 trial of enfortumab vedotin versus chemotherapy in patients with previously treated advanced urothelial carcinoma. Journal of Clinical Oncology. 2022;40(16_suppl):4516. doi:10.1200/JCO.2022.40.16_suppl.4516