

Abstract #690: REAL-WORLD DATA ON PATIENTS' CHARACTERISTICS GUIDING PHYSICIANS' CHOICE OF FIRST-LINE TREATMENT FOR ADVANCED UROTHELIAL CARCINOMA: IS THERE STILL A PLACE FOR PLATINUM-BASED CHEMOTHERAPY?

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Background

The treatment landscape for patients with advanced urothelial carcinoma (mUC) has evolved rapidly in recent years. Current guidelines recommend enfortumab vedotin plus pembrolizumab (EV/P) combination as preferred 1L standard of care (SOC), but platinum-based chemotherapy (PBC) followed by avelumab as switch-maintenance strategy is still considered as another SOC1-2-3. The availability of several treatment options creates the potential for individualized treatment and arises the question of patients' selection for each option. We performed an international retrospective study to identify patients' characteristics who guide physicians' choice for each option.

Aim

The study aimed to identify in the real world setting the main characteristics in 1st line mUC patients and analyze key drivers for drug selection across France, Germany, Japan and USA.

Methods

This international study was conducted from November 2024 to February 2025 in France, Germany, Japan and USA. We included 606 patients (pts) with mUC starting a 1L treatment. Anonymous patient charts from medical oncologists were analyzed. The analysis included comprehensive clinical data collection including patient characteristics (age, gender, comorbidities, ECOG, CDDP eligibility), disease characteristics (tumor burden, metastatic sites, symptomatology, PDL1 status, FGFR status) and treatment patterns.

References & contact information

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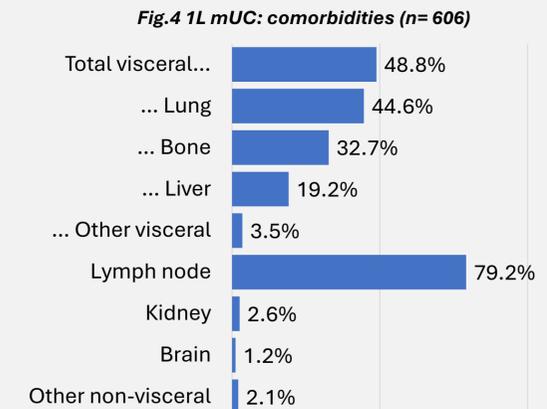
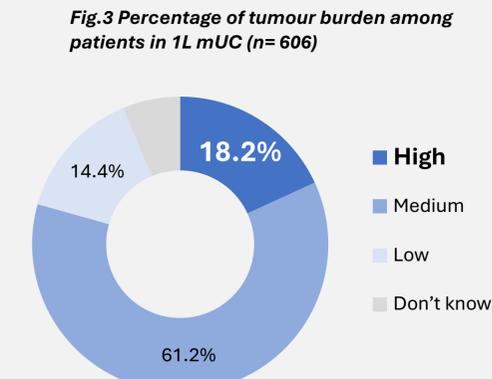
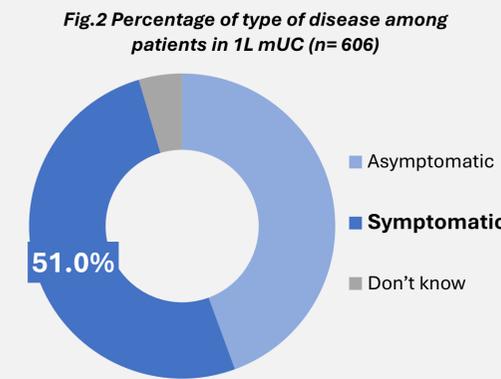
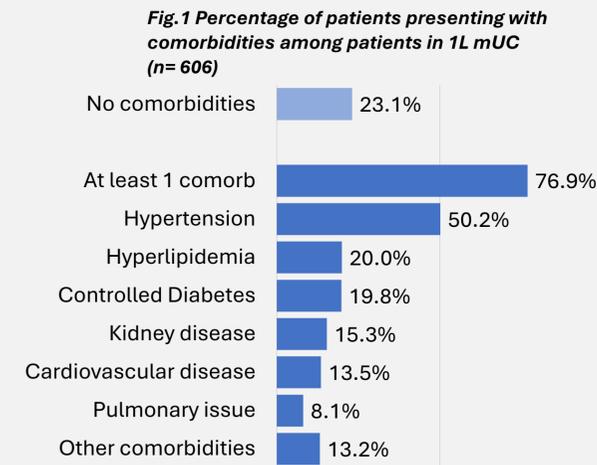
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Our Real World Data suggest that patients with a high tumor burden, symptomatic disease and visceral metastases were more likely to receive EV/P combination especially in a “fit” population.

Further prospective RW studies are warranted to help physician to individualize 1st line therapy in mUC.

Results

From the 606 enrolled patients, 71.5% were male, median age was 67.2 years (65.8 – 71.7) and 85.3% of the patients were ECOG PS 0-1. The high majority of patients (77%) had at least one comorbidity, mostly hypertension (50%), controlled diabetes (20%) and cardiovascular disease (13.5%). (Fig.1) A total of 424 patients were cisplatin (CDDP) eligible (70%) and 182 CDDP ineligible (30%). At start of 1L treatment, 51 % of patients had a symptomatic disease (Fig. 2), 18.2% had a high tumor burden (Fig. 3). Most frequent metastatic sites were lung (44.6%) followed by bone (32.7%) and liver (19.2%) respectively. (Fig. 4) About 19% of patients had a lymph node only disease.



A total of 324 patients was treated with EV/P and 282 patients with PBC, respectively.

Patients treated with EV/P had a higher tumor burden: 22% vs 14%, (*p* 0.18) (Fig. 5) and were more often symptomatic: 58.4% vs 42.6%, (*p* 0.51) (Fig. 6)

In CDDP eligible patient groups EV/P treated patients were younger (median age 66.8 vs 67.9), had a higher tumor burden, more symptomatic disease (47% vs 25%) and had more visceral metastatic sites. No patient's comorbidities are relevant in this subgroup.

In the CDDP ineligible population EV/P treated patients had less comorbidities and less visceral diseases.

