GU18: Prostate, Bladder, Kidney and All Things Genitourinary

Are immunotherapy and targeted therapies ready to replace toxic chemotherapy?

February 10, 2018 By Liz Highleyman

The 2018 Genitourinary Cancers Symposium (GU8) closes out the winter series of back-to-back specialty cancer conferences put on by the American Society of Clinical Oncology (ASCO) and partner organizations.

Before delving into the details, I'll note that how much I like these meetings. Besides the fact that they're in my home city of San Francisco—making things convenient and cost-effective—the organizers do a great job with logistics: tables for laptops, power strips, fast and reliable Wi-Fi, and slides and other conference materials made available promptly online.

Thursday was prostate cancer day, featuring new data from a pair of studies showing that for men with nonmetastatic prostate cancer that progresses after standard hormone therapy, two nonsteroidal androgen receptor inhibitors—Xtandi (enzalutamide) and Erleada (apalutamide)—reduced the risk of disease progression, both by about 70 percent.

However, as the expert panelists discussed, it's still a matter of debate about whether and when and who to treat with nonmetastatic prostate cancer. The disease often progresses slowly and "watchful waiting" may be the best choice for some men. But for those whose cancer does progress, it can spread rapidly to the bones and other organs and these two medications helped prevent this from happening.

Prostate cancer session at GU18Liz Highleyman

Friday focused largely on urothelial carcinoma, a type of bladder cancer. Joaquim Bellmunt, MD, of Dana Farber Cancer Institute in Boston reported two-year follow-up data from a study of the PD-1 checkpoint inhibitor Keytruda (pembrolizumab) versus traditional chemotherapy for people with advanced bladder cancer. The results showed that the immunotherapy drug led to superior survival compared to further chemotherapy. Bellmunt said this trial provides Level 1 evidence—the most persuasive kind—for making Keytruda the standard of care in this setting.

The big topic of the day on Saturday was renal cell carcinoma, or kidney cancer. Robert Motzer, MD, of Memorial Sloan Kettering Cancer Center in New York reported that an immunotherapy/targeted therapy combo—Tecentriq (atezolizumab) plus Avastin (bevacizumab)—led to slower disease progression and fewer side effects than another commonly used targeted therapy Sutent (sunitinib) for first-time-treatment.

Summing up the bladder cancer studies, Robert Jones, MD, PhD, of the University of Glasgow concluded that checkpoint inhibitors have role for many patients with advanced urothelial cancer and traditional chemotherapy retains a role for some, but both are often ineffective.

Robert Jones at GU18Liz Highleyman

“These results are great, but we haven’t beaten this disease for most patients,” he said.

Several other studies presented at the meeting tried to tease out various biomarkers that predict—or fail to predict—treatment response, including PD-L1 expression, tumor mutation burden, DNA damage response and a new three-gene signature dubbed 3tGE.

“We’ve unlocked some of the questions around the biology of the disease,” said Thomas Powles of Barts, MD, MBBS, Barts Cancer Institute in London, and we may soon be able to better select which patients will do well on specific therapies.

Unlike the Gastrointestinal Cancers Symposium that kicked of this meeting series, patient advocates had little presence at GU18. I did, however, get a chance to talk with Victoria Xue, manager of digital and social media for the Kidney Cancer Association, which offers some great resources for patients.

After this flurry of meetings, I have no conferences scheduled for the immediate future, though ASCO’s Cancer Survivorship Symposium coming up in Orlando does look tempting…

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