ESMO 2014 Congress Scientific Meeting Report – Genitourinary Cancers Extract

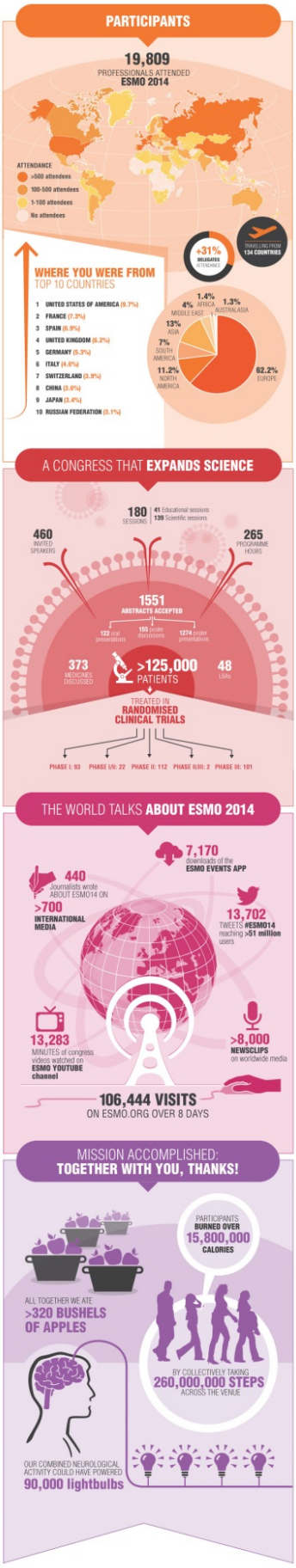
26-30 September 2014

Madrid, Spain

Summary

The European Society for Medical Oncology (ESMO) Congress, held September 26 to 30 in Madrid, Spain, was a record-breaker on nearly all levels. It was resounding success and in a dedicated infographic you can find the congress statistics. A primary emphasis in the scientific programme was placed on precision medicine and how it will change the future treatment landscape in oncology. In addition, a number of scientific presentations were dedicated to cancer immunology and immunotherapy across multiple tumour types. This report is an overview of key scientific presentations made during the congress by leading international investigators. It attempts to represent the diversity and depth of the ESMO 2014 scientific programme, as well as advances in oncology.

Infographic (right): ESMO 2014 record breaking Congress



Genitourinary Cancers

A phase IB study of pembrolizumab in patients with advanced urothelial tract cancer

Dr Elizabeth Plimack of the Fox Chase Cancer Center, Philadelphia, USA and colleagues assessed the safety, tolerability, and antitumour activity of pembrolizumab in patients with recurrent or metastatic urothelial cancer in the KEYNOTE-012 study.

The KEYNOTE-012 study was a phase Ib multi-cohort study of pembrolizumab in patients with PD-L1-positive advanced solid tumours: TNBC, head and neck cancer, urothelial cancer, and gastric cancer.

Archival or newly obtained tumour samples from patients with advanced carcinoma of the renal pelvis, ureter, bladder, or urethra were screened for PD-L1 expression using a prototype IHC assay. PD-L1 expression in stroma or ≥1% of tumour cells was required for study entry. Patients received pembrolizumab every 2 weeks until CR, progression, or unacceptable toxicity. Patients deriving benefit could remain on pembrolizumab beyond initial progression. Response was assessed every 8 weeks per RECIST v1.1 by an independent central review (primary efficacy endpoint).

In total 33 patients were enrolled, including 30 with transitional cell histology and 3 with non-transitional cell or mixed histology. Median age was 70 years (range 44-85), 70% had ECOG PS 1, 52% received ≥2 prior therapies for advanced disease, 21% had liver metastases; and 22 patients (67%) received ≥3 pembrolizumab doses.

Median follow-up duration was 11 months (range 10-13), and 7 patients (21%) remain on therapy. Adverse events were reported in 61% of patients (≥1 drug-related), most commonly fatigue, peripheral oedema, and nausea; 4 patients (12%) reported grade 3-4 drug-related adverse events, with only rash seen in more than 1 patient. In total 29 patients received ≥1 dose of pembrolizumab, had a baseline scan with measurable disease, and were evaluable for response.

The ORR by central review was 24.1%, with 10.3% CRs. Response duration is 16 to 40+ weeks (median not reached), with 6 of 7 responses ongoing. In the patients evaluable for response, median PFS is 8.6 weeks. In all patients, median OS is 9.3 months (6 months OS rate, 58%). Analysis of the relationship between PD-L1 expression and pembrolizumab efficacy is ongoing.

Pembrolizumab shows acceptable safety and tolerability and provides promising antitumour activity in patients with advanced urothelial cancer. These data support the continued development of pembrolizumab in advanced urothelial cancer.

The study was supported by Merck Sharp & Dohme Corp.

Reference

LBA23: A phase 1b study of pembrolizumab (Pembro; MK-3475) in patients (Pts) with advanced urothelial tract cancer

RELATED INFORMATION

Click here to access the Conference abstracts.

Click here to access the meeting webcast page.

Save the date

European Cancer Congress 2015 (ECC 2015), Vienna, Austria, 25-29 September 2015.

Affiliations and Disclosure

Affiliation

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Disclosure

No conflicts of interest to disclose.

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