

Treatment of Locally Advanced or Metastatic Urothelial Carcinoma: **Analysis of Expert and Community Healthcare Provider Practice Trends**

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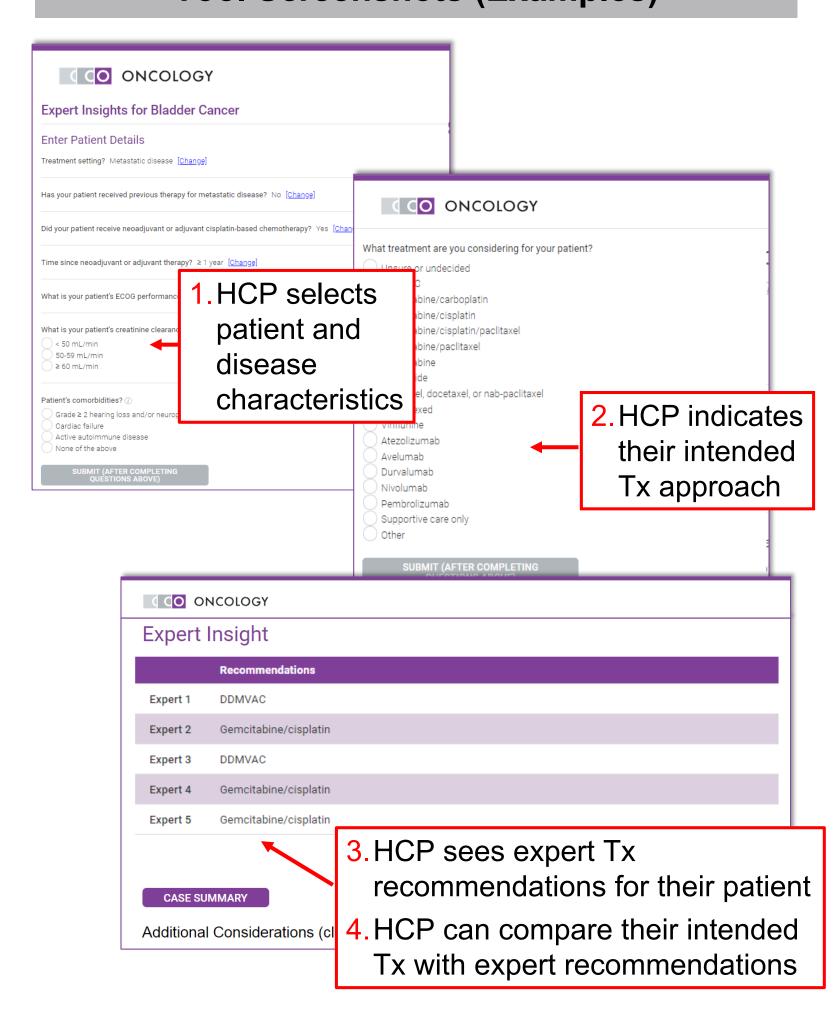
Background

With new indications for immune checkpoint inhibitors (ICIs), treatment decisions for patients with locally advanced (LA) and metastatic urothelial carcinoma (mUC) are becoming increasingly complex. The aim of this analysis was to assess real-world practice patterns for LA or mUC and compare them with recommendations from US experts based on patient cases entered by healthcare providers (HCPs) into an online decision support tool designed to provide specific, individualized expert recommendations.

Methods

- 5 experts provided treatment recommendations in Jan 2018 for 318 unique LA or mUC case scenarios based on key factors defined by those experts
- This analysis compared intended treatment of HCPs vs expert recommendations for 398 cases entered in the tool from Feb 1, 2018, through Aug 15, 2018
 - Data cut-off due to updated FDA ICI indications to require PD-L1 testing for cisplatin-ineligible patients
- To use the tool, HCPs entered their patients' information and their intended treatment plan. Expert recommendations for that specific patient are then provided to the HCP
- Tool online at clinicaloptions.com/BladderTool

Tool Screenshots (Examples)



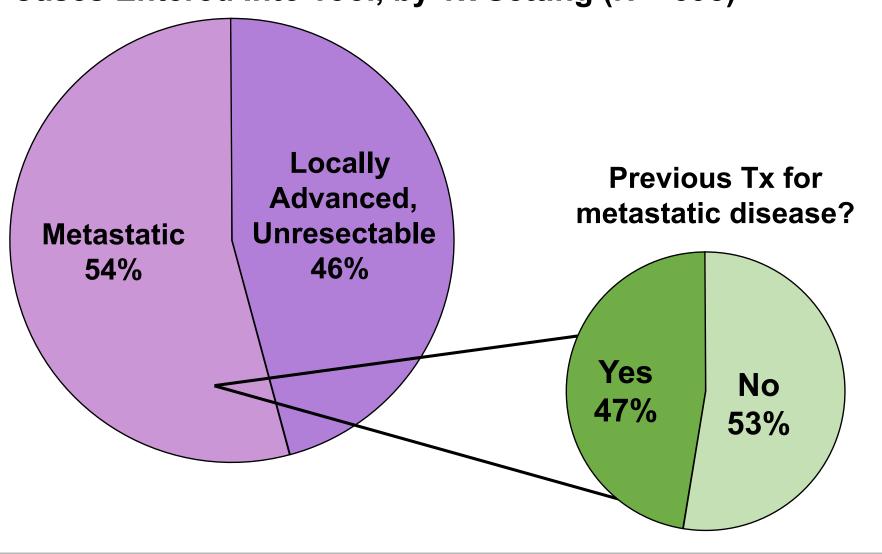
Results

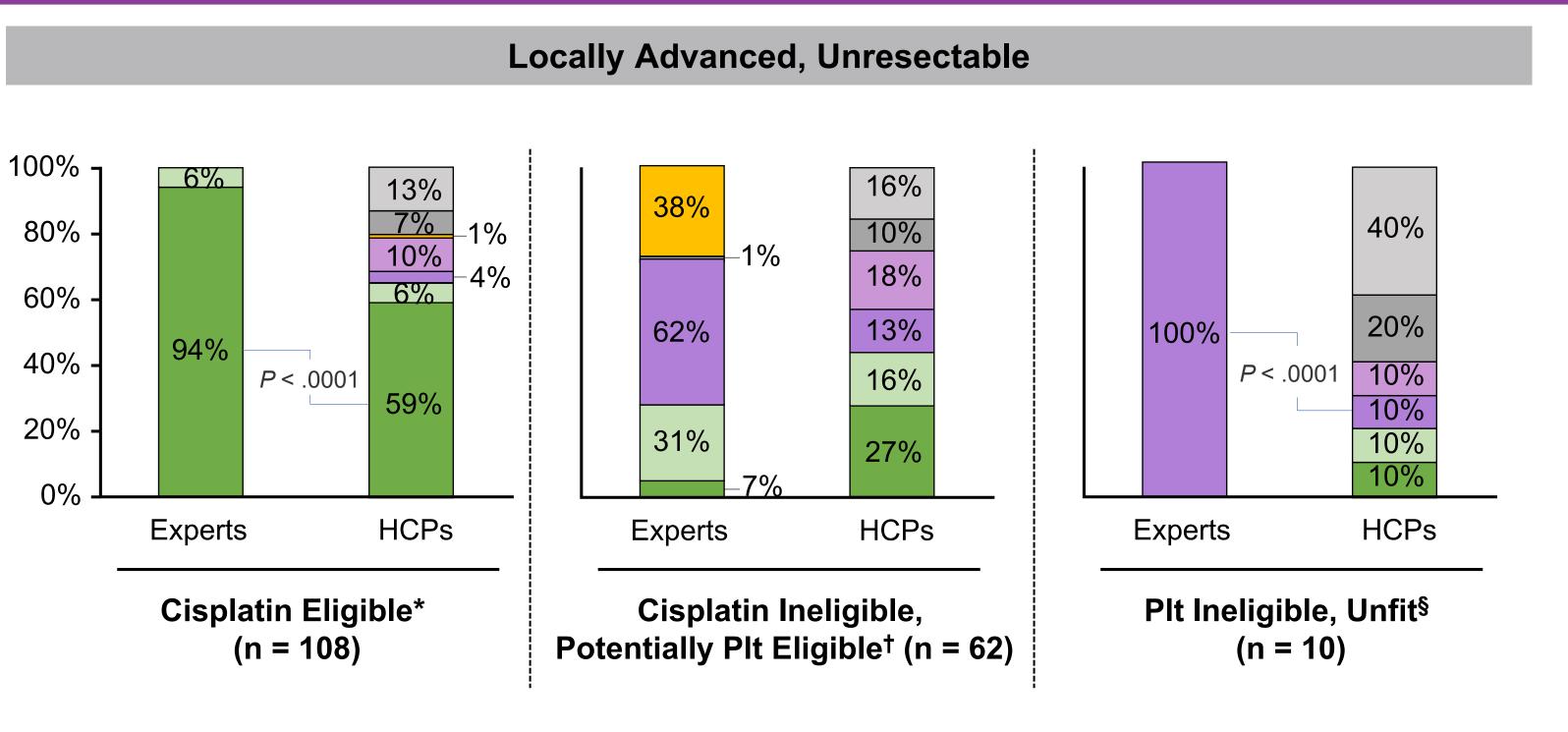
Tool Participant (HCPs) Demographics

- Analyzed 398 patient cases entered by 251 HCPs
- 67% of users were medical oncologists
- 29% of users were US based and 71% were outside the US
 - US (n = 73), Europe (n = 88), Asia (n = 49), Other (n = 43)

Case Demographics

Cases Entered Into Tool, by Tx Setting (N = 398)





Cisplatin-based chemo

Carboplatin-based chemo

Pembrolizumab

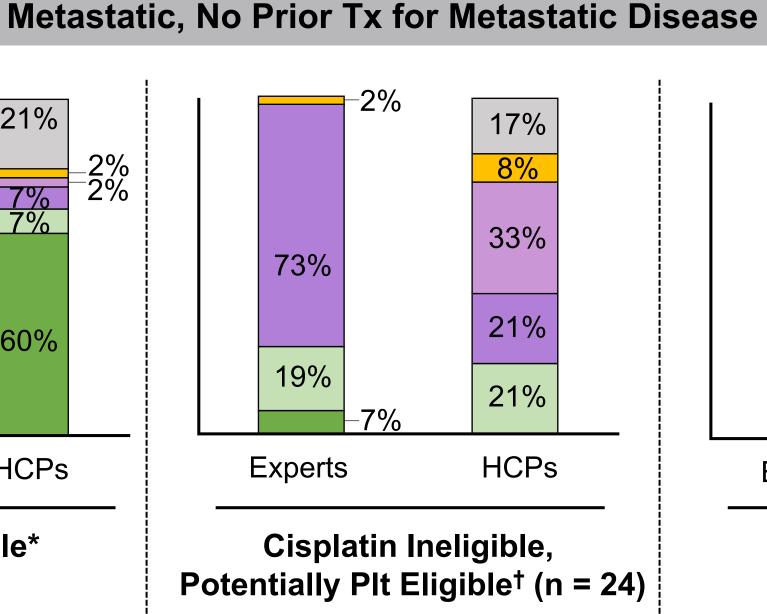
- Nivolumab, atezolizumab, durvalumab, or avelumab
- Supportive care
- Single-agent chemo or other
- Undecided

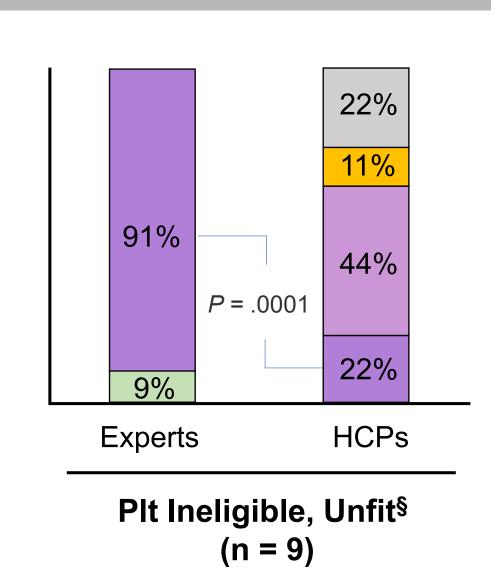
*Cisplatin eligible: pts with ECOG PS 0/1, CrCl of 50-59 mL/min or > 60 mL/min and no listed comorbidities. †Cisplatin ineligible but potentially plt eligible: pts with ECOG PS ≥ 2 and CrCl of 50-59 mL/min or > 60 mL/min and no listed comorbidities or those with ECOG PS 0/1 and either CrCl of < 50 mL/min, grade 2+ hearing loss or neuropathy, and/or cardiac failure. §Plt ineligible: pts with ECOG ≥ 2 and either CrCl of < 50 mL/min, grade 2+ hearing loss or neuropathy, and/or cardiac failure.

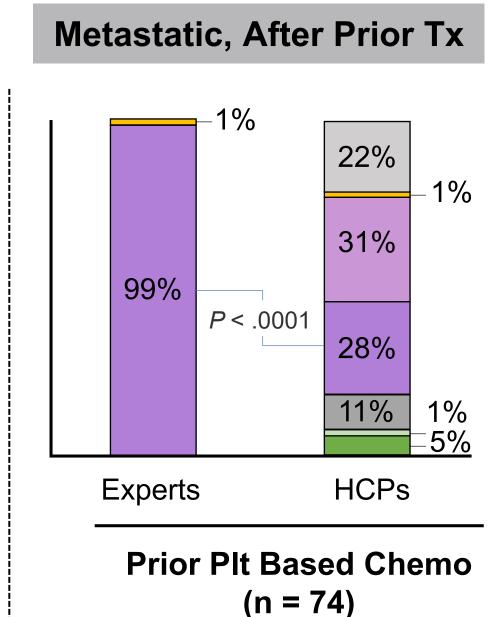
Did Expert Recommendation Change Your Tx Choice?

No, due to barriers Undecided in using expert I used this tool to get expert recommendations recommendations on: A real patient in my practice Yes No, my intended treatment matched hypothetical the experts patient case 53% 52% n = 118

100% 80% 60% 40% P < .0001 20% **HCPs Experts Cisplatin Eligible*** (n = 43)







Conclusions

- Treatment patterns between experts and HCPs differed significantly for UC across multiple settings, particularly with integration of ICIs into clinical practice
- There were similar treatment patterns in patients with LA, unresectable UC and those with mUC and no prior treatment
 - Cisplatin-eligible cases had the least variance between experts and HCPs; but 35% of HCPs intended to prescribe treatments not recommended by the experts
- In patients who were ineligible for cisplatin-based chemo but potentially eligible for carboplatin-based chemo, the majority of experts recommended pembrolizumab prior to the updated ICI indications to require PD-L1 testing for cisplatin-ineligible patients (LA UC: 62%; mUC: 73%) but fewer HCPs selected pembrolizumab (LA UC: 13%; mUC: 21%) or other ICIs (LA UC: 18%; mUC: 33%)
- Experts recommended pembrolizumab for patients ineligible for any platinum treatment (LA UC: 100%; mUC: 91%), but few HCPs selected pembrolizumab (LA UC: 10%; mUC: 22%) or other ICIs (LA UC: 10%; mUC: 44%) in this setting
- For patients who progressed after previous platinum-based chemo, experts recommend pembrolizumab in 99% of cases; however, only 28% of HCPs selected this option, 31% selected other ICIs, and 22% were unsure of the best treatment choice
- This online tool revealed significant and clinically relevant gaps between expert consensus and Tx decisions made by HCPs. Expert recommendations often reinforced or changed HCPs' treatment plans, highlighting the need for ongoing education and the potential of an online tool to improve clinical outcomes for patients with advanced UC