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LUS newsletter

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CRP Flare Predicts Response to Anti-PD-L1 Immune Checkpoint Blockade in Metastatic Urothelial Carcinoma

European Journal of Cancer

This multicentre retrospective study assessed the predictive value of C-reactive protein (CRP) for immunotherapy response in 154 patients with metastatic urothelial carcinoma. The highest objective response was observed in CRP responders (57.1%), followed by CRP flare responders (45.8%); whereas, the lowest response was observed in CRP nonresponders (17.9%). CRP flare responders had better progression-free survival and overall survival than CRP nonresponders. Among CRP flare responders, patients with a long-term response achieved even better outcomes with immunotherapy versus those with a short-term response. These results show that CRP flare response outperforms PD-L1 status in predicting immunotherapy response, which translates into improved progression-free survival and overall survival after immunotherapy in patients with metastatic urothelial carcinoma. Future prospective studies are warranted to validate these findings.

Role of Prostate MRI and MRI-targeted Biopsies in the Detection of Recurrent Prostate Cancer After Radiotherapy

European Urology

This study investigated the role of prostate MRI in detecting recurrent prostate cancer following radiotherapy. It also assessed the role

of minimally invasive salvage focal ablation in treating recurrent prostate cancer. The sensitivity of MRI targeted biopsy for the detection of cancer recurrence was 92%, and the method showed a specificity, positive predictive value (PPV), and negative predictive value (NPV) of 75%, 94%, and 65%, respectively. The overall MRI sensitivity for cancer detection was 94%, with specificity, PPV, and NPV of 18%, 80%, and 46%, respectively. After focal ablation for treating cancer recurrence, the overall PFS was 66% at 24 months.

The authors suggest that patients should undergo prostate MRI with both systematic and targeted biopsies to increase the likelihood of cancer detection.

Optilume® Drug-Coated Balloon vs Standard Endoscopic Therapy for Anterior Urethral Strictures

The Journal of Urology

This study investigated the efficacy and safety of Optilume drug-coated balloon (DCB) versus endoscopic management for the treatment of recurrent anterior urethral strictures. In total, 127 patients were enrolled and were randomized to receive either Optilume DCB treatment or endoscopic management. Anatomical success at 6 months was significantly higher with the use of Optilume DCB compared with endoscopic management (75% vs 27%; $P < 0.001$). Patients in the Optilume DCB arm showed significantly greater freedom from repeat intervention. Both treatment methods were associated with similar adverse events; however, patients treated with Optilume DCB had a higher rate of hematuria

and dysuria than those treated with endoscopic management (11.4% vs 2.1% for both event types). While patients may be more enthusiastic about repeat endoscopic treatment over urethroplasty, Optilume DCB may be an effective alternative treatment. Further efficacy studies are required, especially involving patients who experience treatment failure with Optilume DCB and need urethroplasty.

Nivolumab, Nivolumab–Ipilimumab, and VEGFR-TKIs as First-Line Treatment for Metastatic ccRCC

The Lancet Oncology

This phase II trial is the first study that allocated treatment based on tumour gene expression in previously untreated patients with metastatic clear-cell renal cell carcinoma.

The trial demonstrated the feasibility of a biomarker-driven approach for treating patients with metastatic ccRCC and confirmed that the response to nivolumab alone or combined with ipilimumab and to VEGFR-TKIs varies depending on the characteristics of the tumour and its microenvironment.

Pluvicto Approved for PSMA-Positive mCRPC

FDA also approved the first radioactive diagnostic agent for patient selection in use of a radioligand therapeutic agent

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THURSDAY, April 14, 2022 (HealthDay News) -- The U.S. Food and Drug Administration approved

Pluvicto (lutetium Lu 177 vipivotide tetraxetan) for treatment of adults with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have received androgen receptor pathway inhibition and taxanebased chemotherapy. Simultaneously, the agency also approved the first radioactive diagnostic agent for patient selection in the use of a radioligand therapeutic agent, Locametz (gallium Ga 68 gozetotide), the agency announced March 23.

Pluvicto is indicated for patients with previously treated mCRPC. Patient selection should be done using the diagnostic agent Locametz or another approved PSMA-11 imaging agent for positron emission tomography of PSMA-positive lesions, defined as those with gallium Ga 68 gozetotide uptake greater than normal liver.

The approval was based on efficacy data from the VISION trial, a randomized, multicenter, open-label trial evaluating Pluvicto plus best standard of care (BSoC) versus BSoC alone in men with progressive, PSMApositive mCRPC. All patients received a GnRH analog or had previous bilateral orchiectomy, and all had received at least one androgen receptor pathway inhibitor and one or two prior taxane-based chemotherapy regimens. Researchers randomly assigned 551 patients to Pluvicto 7.4 GBq (200 mCi) every six weeks for up to six doses plus BSoC and 280 patients to BSoC alone.

Pluvicto plus BSoC demonstrated a statistically significant improvement in overall survival versus BSoC alone (hazard ratio, 0,62; 95 percent

confidence interval [CI], 0.52 to 0.74). Median overall survival was 15.3 months (95 percent CI 14.2 to 16.9) for patients receiving Pluvicto plus BSoC and 11.3 months (95 percent CI, 9.8 to 13.5) for those receiving BSoC alone.

The most commonly reported adverse events with Pluvicto included fatigue, dry mouth, nausea, anemia, decreased appetite, and constipation. Patients receiving Pluvicto also commonly had decreased lymphocytes, hemoglobin, leukocytes, platelets, calcium, and sodium.



POSTPONED TILL JULY 2022

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