Meet The Professor

Optimizing the Management of Metastatic Castration-Resistant Prostate Cancer

Prof Karim Fizazi, MD, PhD
Head of Service and Full Professor
Institut Gustave Roussy
University of Paris Saclay
Villejuif, France

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Commercial Support

This activity is supported by educational grants from AstraZeneca Pharmaceuticals LP, Exelixis Inc, Merck, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, and Sanofi Genzyme.

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Dr Love — Disclosures

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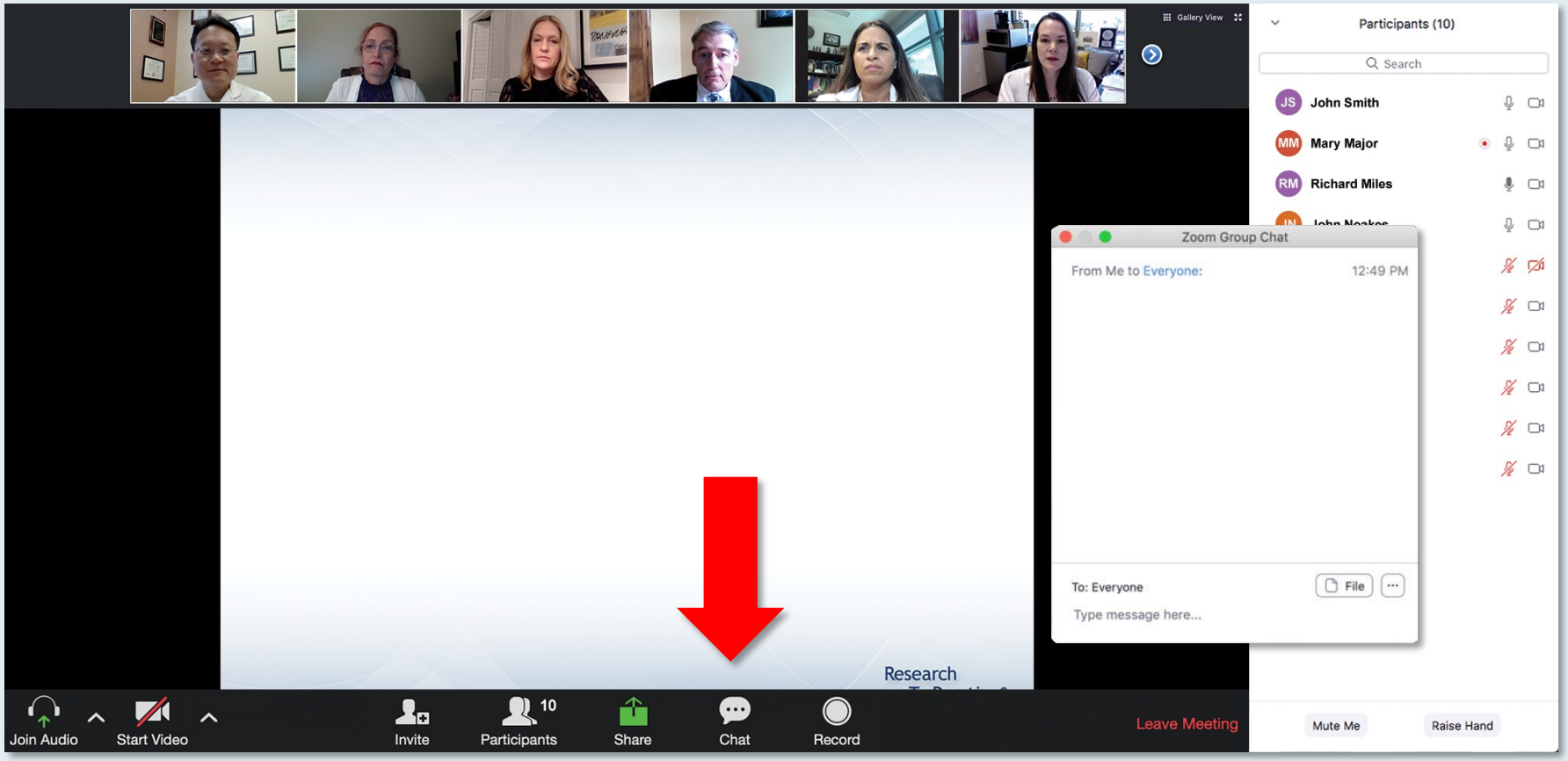

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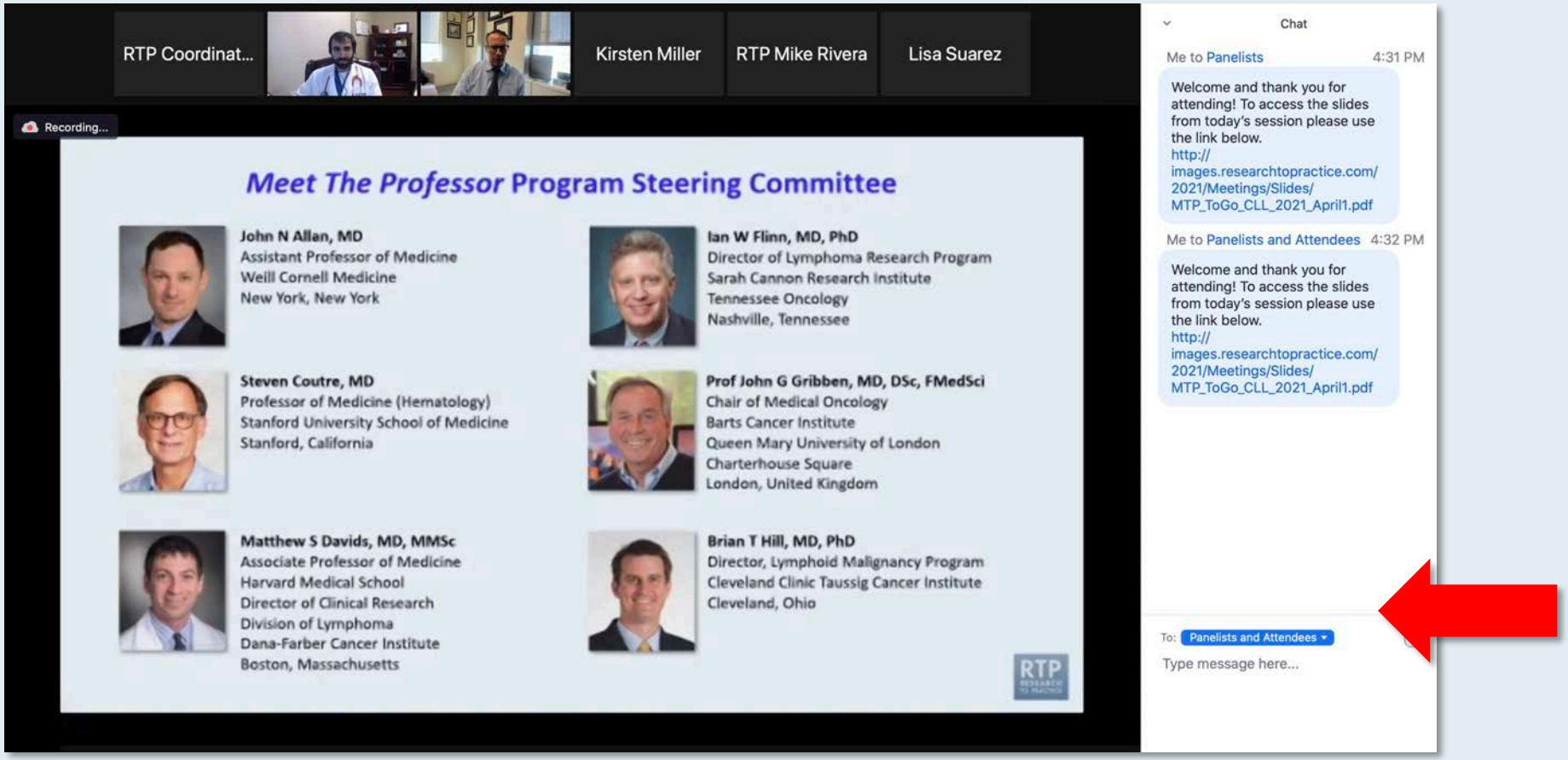

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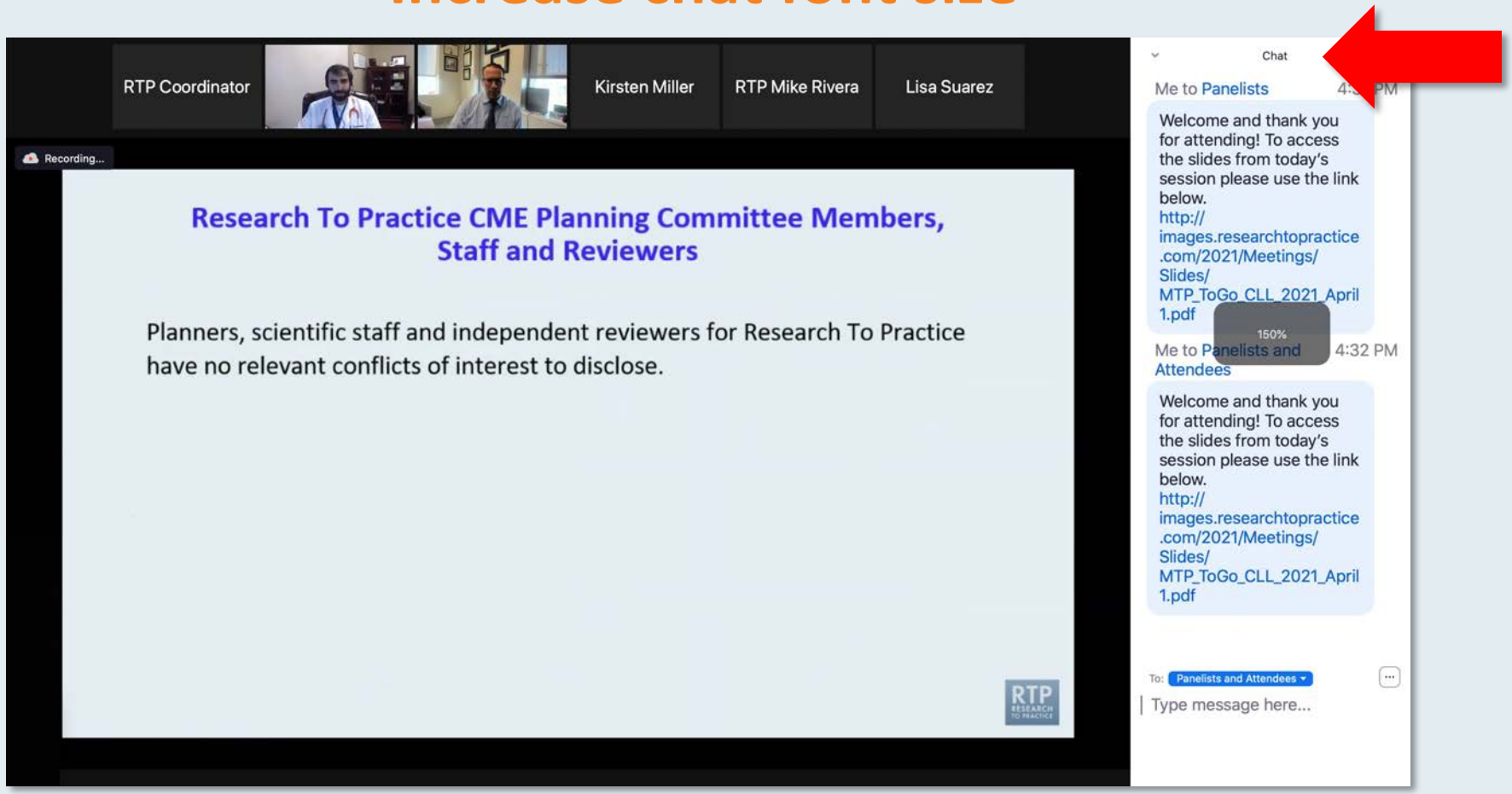

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You may do this as many times as you need for readability.

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WITH DR NEIL LOVE

Modern Management of Metastatic Castration-Resistant Prostate Cancer

DR ALAN BRYCE
MAYO CLINIC

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Year in Review: Clinical Investigator Perspectives on the Most Relevant New Data Sets and Advances in Oncology

Breast Cancer

Thursday, January 6, 2022
5:00 PM – 6:00 PM ET

Faculty

Harold J Burstein, MD, PhD
Professor Peter Schmid, FRCP, MD, PhD

Moderator

Neil Love, MD

RTP Year in Review 2022

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Targeted Therapy for Non-Small Cell Lung Cancer

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Zofia Piotrowska, MD, MHS

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Meet The Professor

Optimizing the Selection and Sequencing of Therapy for Patients with HER2-Positive Breast Cancer

Wednesday, January 12, 2022
6:00 PM – 7:00 PM ET

Faculty

Tiffany A Traina, MD

Moderator

Neil Love, MD

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Immunotherapy and Other Nontargeted Approaches for Lung Cancer

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Beyond the Guidelines: Clinical Investigator Perspectives on the Management of Colorectal Cancer (Part 1 of a 3-Part Series)

Wednesday, January 19, 2022
10:15 PM – 11:45 PM ET

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Cathy Eng, MD
Christopher Lieu, MD
Alan P Venook, MD

Moderator

Kristen K Ciombor, MD, MSCI

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Beyond the Guidelines: Clinical Investigator Perspectives on the Management of Gastroesophageal Cancers (Part 2 of a 3-Part Series)

Thursday, January 20, 2022
9:15 PM – 10:45 PM ET

Faculty

Yelena Y Janjigian, MD
Eric Van Cutsem, MD, PhD
Harry H Yoon, MD

Moderator

Samuel J Klempner, MD

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Beyond the Guidelines: Clinical Investigator Perspectives on the Management of Hepatobiliary Cancers (Part 3 of a 3-Part Series)

Friday, January 21, 2022
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Ghassan Abou-Alfa, MD, MBA
Richard S Finn, MD
Robin K Kelley, MD

Moderator

Tanios Bekaii-Saab, MD

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Thank you for joining us!

CME and MOC credit information will be emailed to each participant within 5 business days.

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Meet The Professor Program Participating Faculty

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Director of Research
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Divisions of Medical Oncology and Urology
Duke University
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Simon Chowdhury, MD, PhD
Consultant Medical Oncologist
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Chair, Genitourinary Disease Group
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Prof Karim Fizazi, MD, PhD
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Medical Director, Survivorship Program
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Moderator
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Miami, Florida

A Oliver Sartor, MD
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Assistant Dean for Oncology
Tulane Medical School
New Orleans, Louisiana

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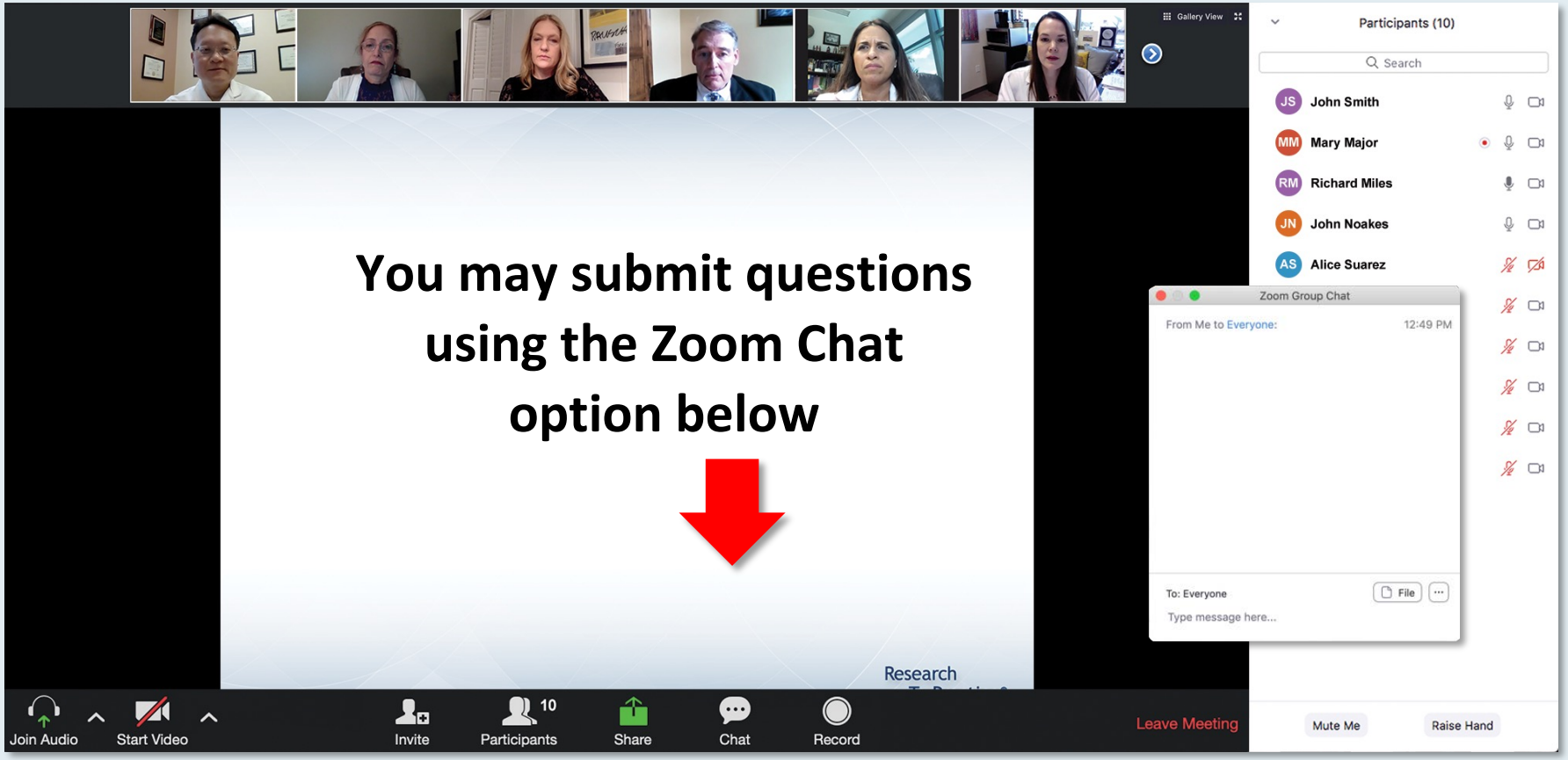

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Jamestown, New York

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University of California, Irvine
Irvine, California

Sulfi Ibrahim, MD
Reid Health
Richmond, Indiana

Helen H Moon, MD
Southern California Permanente
Medical Group
Riverside, California

Zanetta S Lamar, MD
Florida Cancer Specialists and
Research Institute
Naples, Florida

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Faculty for Second Opinion

Simon Chowdhury, MD, PhD
Consultant Medical Oncologist
London, United Kingdom

A Oliver Sartor, MD
Laborde Professor for Cancer Research
Medical Director, Tulane Cancer Center
Assistant Dean for Oncology
Tulane Medical School
New Orleans, Louisiana

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A 65-year-old man with MSS prostate cancer metastatic to the bone and a germline BRCA2 mutation who is receiving abiraterone/dexamethasone for hormone-sensitive metastatic disease develops new high-volume symptomatic bone metastases. Which systemic treatment would you most likely recommend?

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Meet The Professor with Prof Fizazi

Meet The Professor with Prof Fizazi

Introduction

MODULE 1: Journal Club with Prof Fizazi (Part 1)

MODULE 2: Case Presentations and Second Opinion

MODULE 3: Faculty Survey

MODULE 4: Immune Checkpoint Inhibitors in mCRPC

MODULE 5: Journal Club with Prof Fizazi (Part 2)

MODULE 6: Appendix

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Introduction

Positive Results Announced for the PROpel Phase III Trial of Olaparib with Abiraterone as First-Line Treatment for mCRPC

Press Release: September 24, 2021

"Positive high-level results from the PROpel Phase III trial showed that olaparib in combination with abiraterone demonstrated a statistically significant and clinically meaningful improvement in radiographic progression-free survival (rPFS) versus standard-of-care abiraterone as a 1st-line treatment for men with metastatic castration-resistant prostate cancer (mCRPC) with or without homologous recombination repair (HRR) gene mutations.

At a planned interim analysis, the Independent Data Monitoring Committee concluded that the trial met the primary endpoint of rPFS in men with mCRPC who had not received treatment in the 1st-line setting including with new hormonal agents or chemotherapy.

The data will be presented at an upcoming medical meeting."

https://www.astrazeneca.com/media-centre/press-releases/2021/lynparza-propel-trial-meets-primary-endpoint.html

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Therapeutic Advances in Medical Oncology *Review*

PSMA targeting in metastatic castration-resistant prostate cancer: where are we and where are we going?

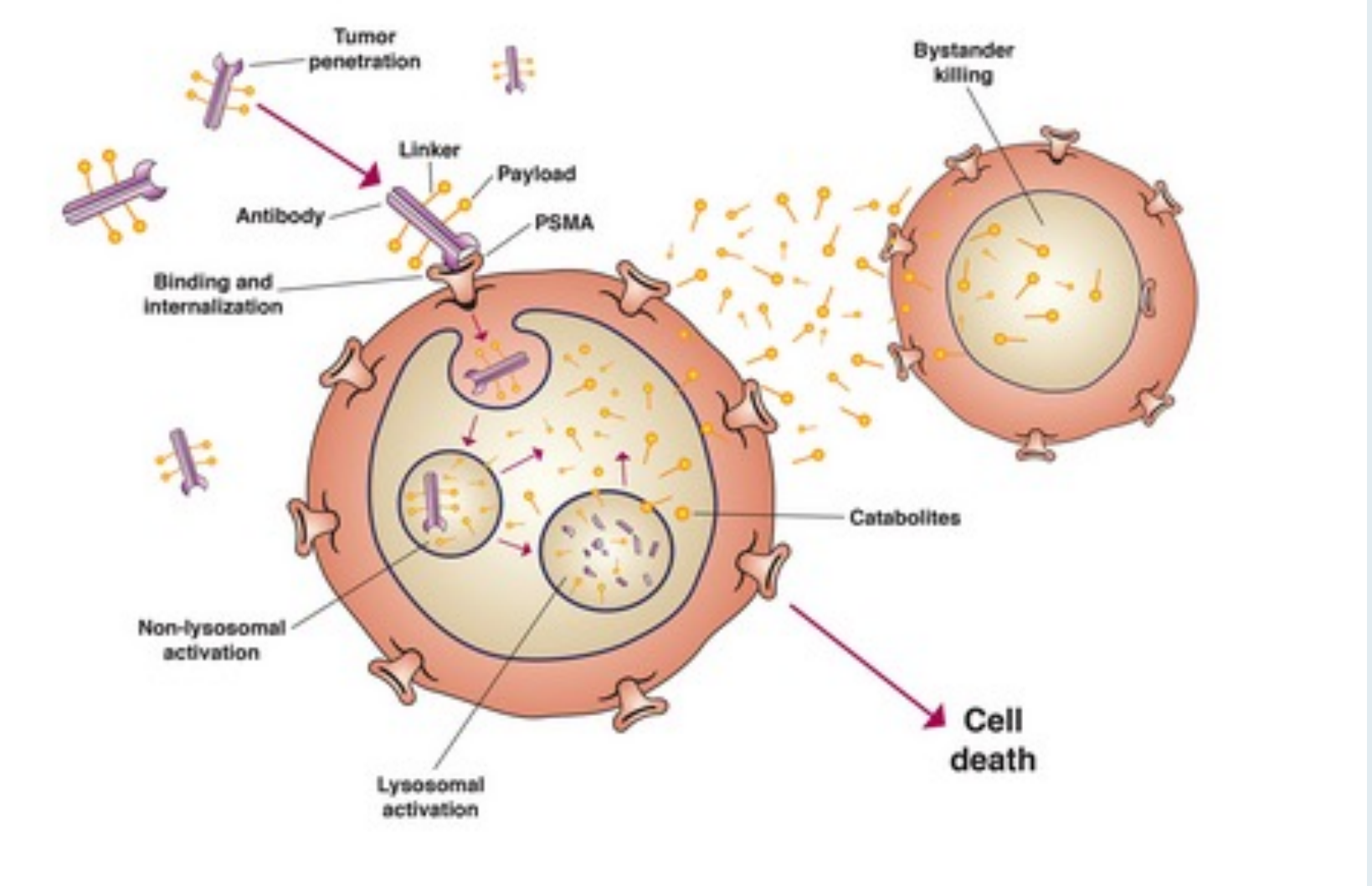
Ther Adv Med Oncol

2021, Vol. 13: 1–14

DOI: 10.1177/17588359211053898

Anne-Laure Giraudet, David Kryza, Michael Hofman, Aurélie Moreau, Karim Fizazi, Aude Flechon, Rodney J. Hicks and Ben Tran

Antibody-Drug Conjugates



Giraudet, AL et al. *Ther Adv Med Oncol* 2021;13:17588359211053898

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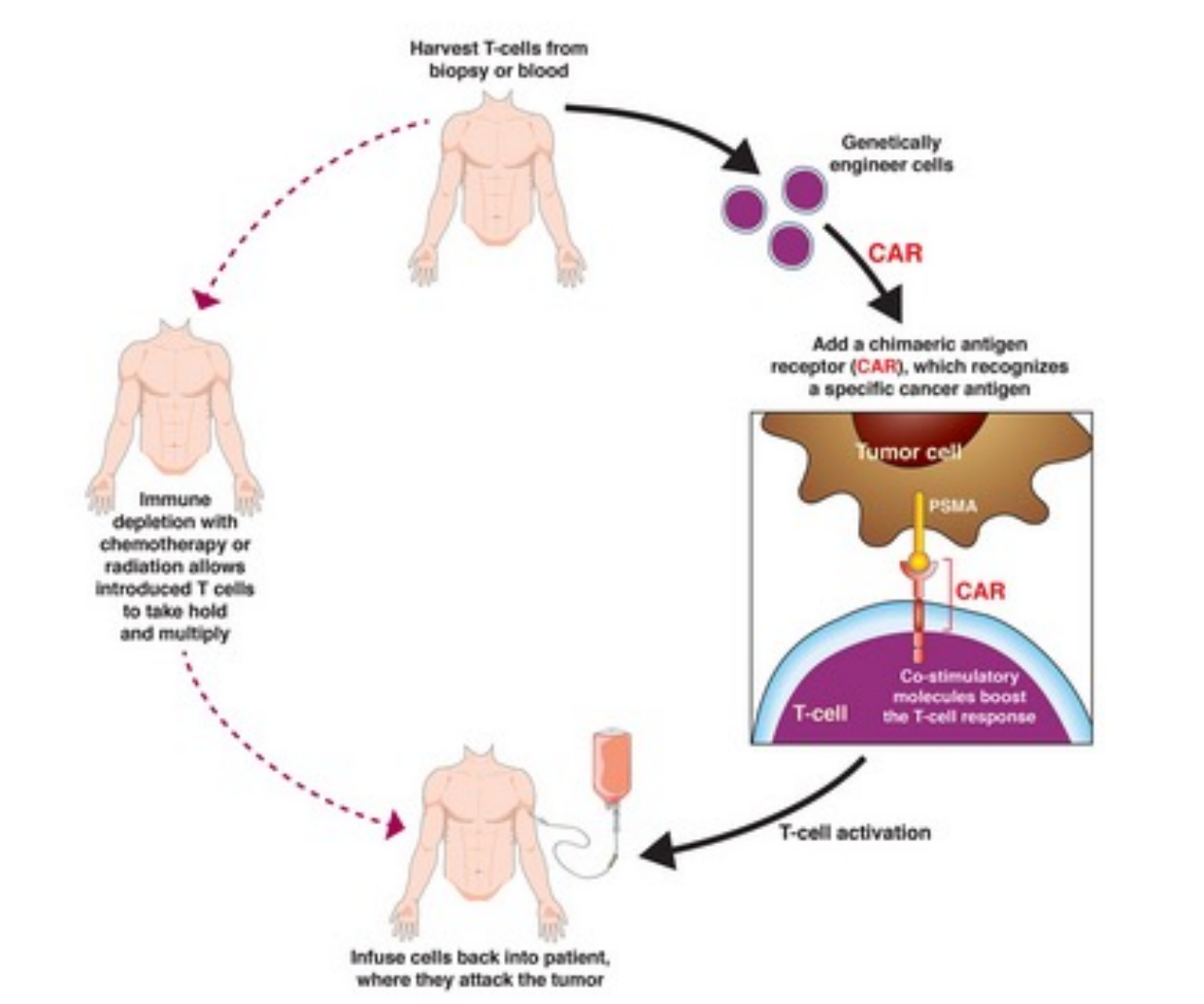
PSMA-Targeted CAR T-Cell Therapy



Giraudet, AL et al. *Ther Adv Med Oncol* 2021;13:17588359211053898

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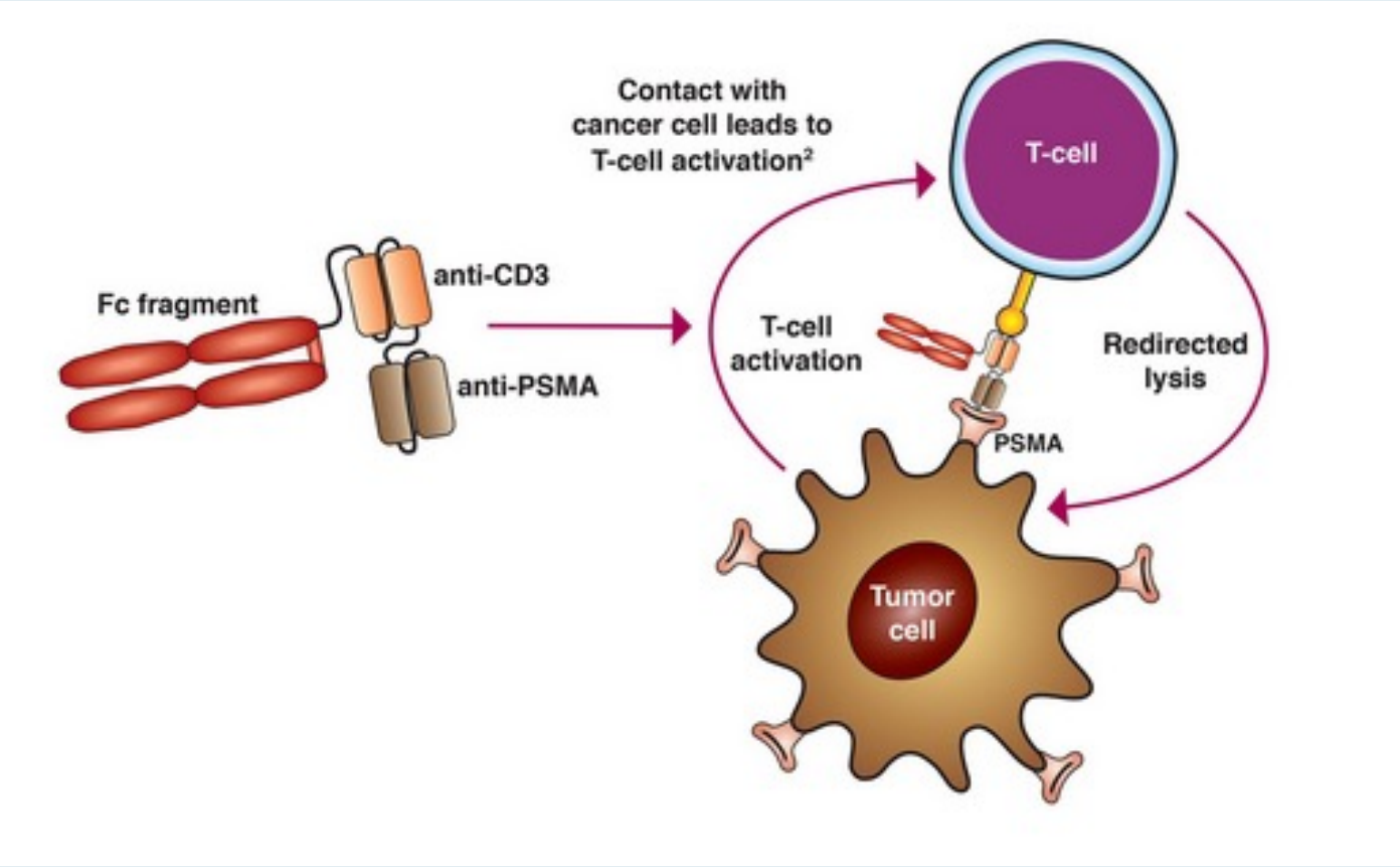
PSMA-Directed Bispecific T-Cell Engager



Giraudet, AL et al. *Ther Adv Med Oncol* 2021;13:17588359211053898

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EUROPEAN UROLOGY 79 (2021) 519–529

available at www.sciencedirect.com
journal homepage: www.europeanurology.com

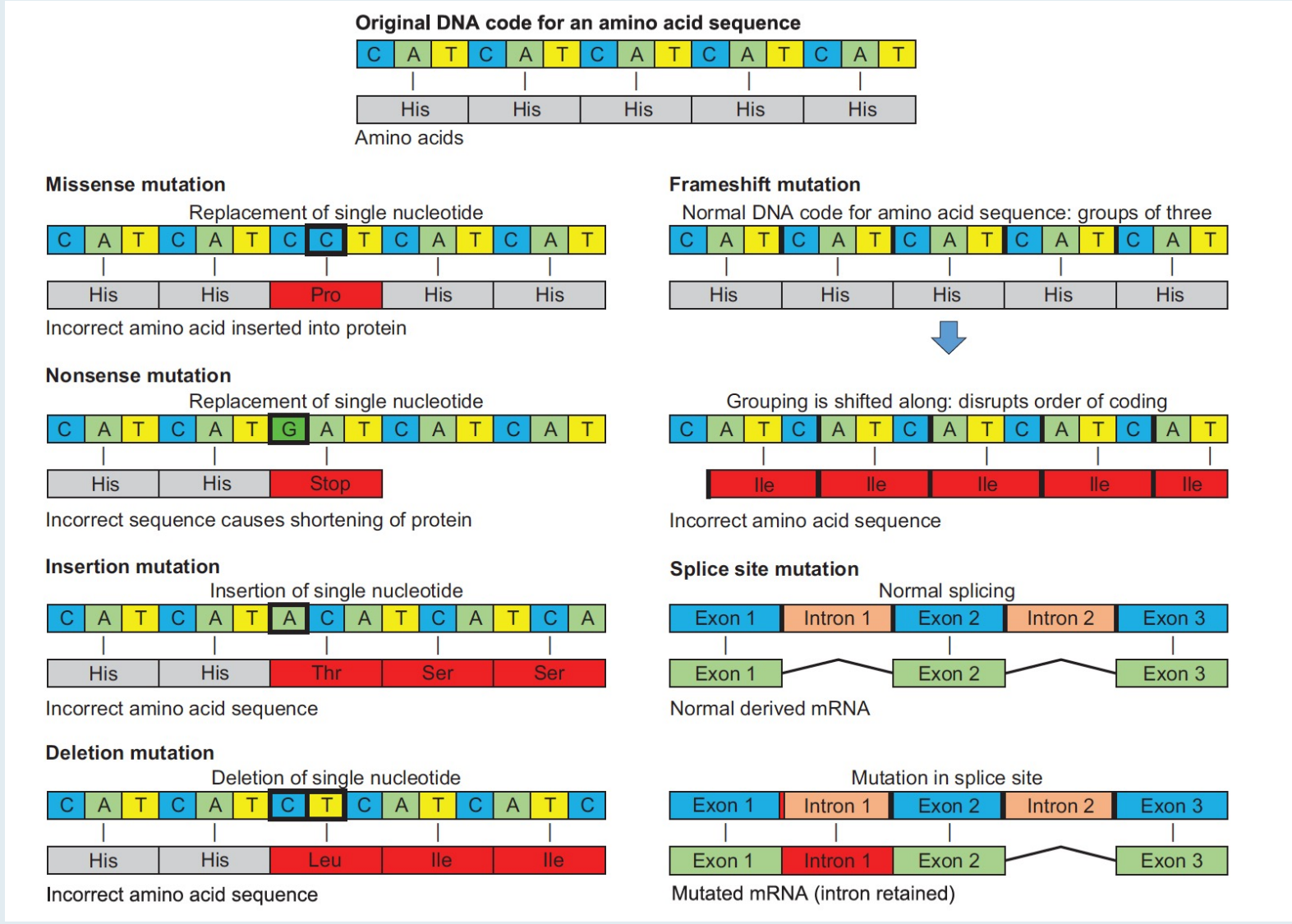
European Association of Urology

Review – Prostate Cancer

Genomic Testing in Patients with Metastatic Castration-resistant Prostate Cancer: A Pragmatic Guide for Clinicians

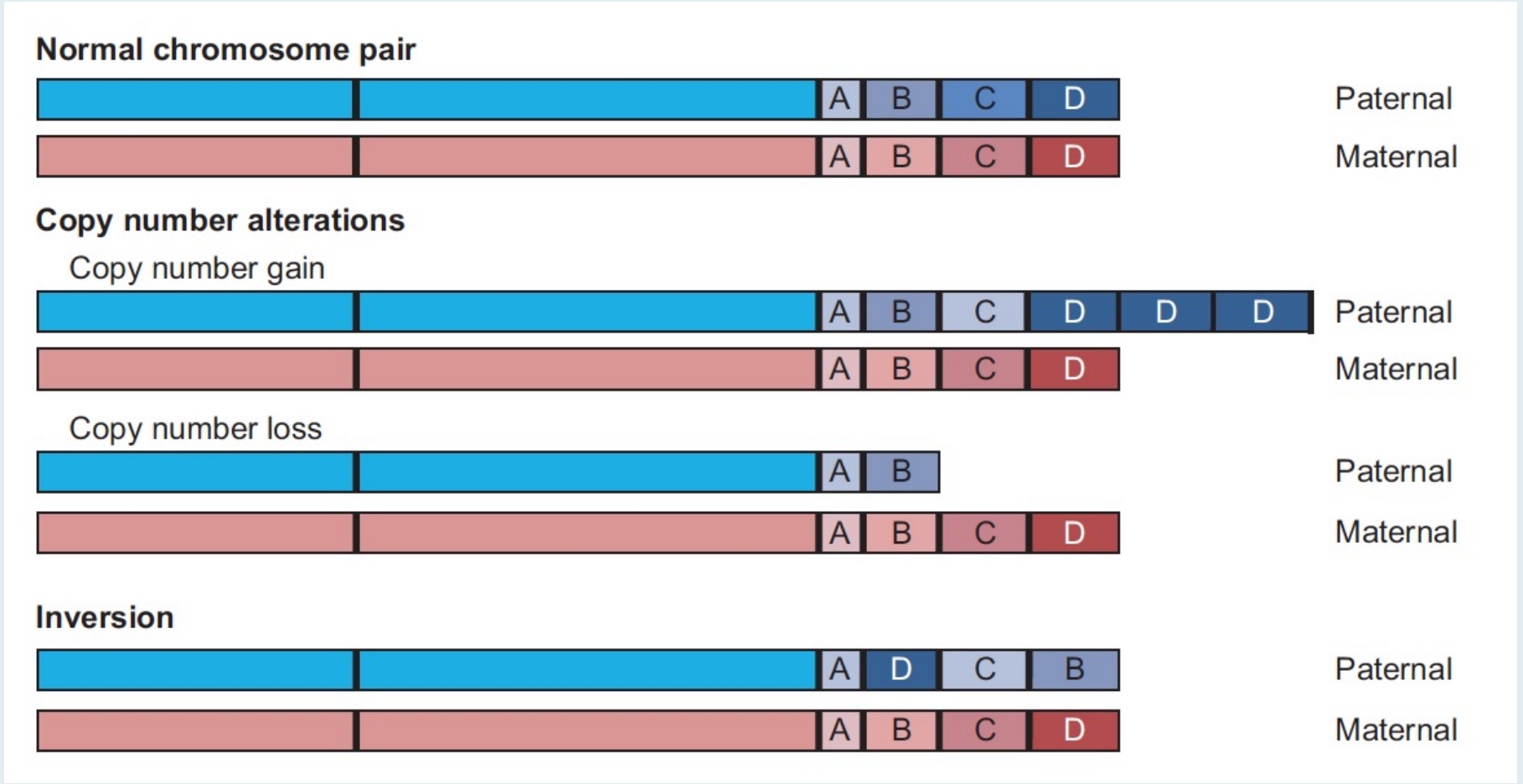
Axel S. Merseburger[a,†,*], *Nick Waldron*[b,†], *Maria J. Ribal*[c], *Axel Heidenreich*[d], *Sven Perner*[e,f], *Karim Fizazi*[g], *Cora N. Sternberg*[h], *Joaquin Mateo*[i], *Manfred P. Wirth*[j], *Elena Castro*[k,l], *David Olmos*[k,l], *Daniel P. Petrylak*[m], *Simon Chowdhury*[b,n]

Overview of Common Gene Mutations



Merseburger, AS et al. *Eur Urol* 2021;79(4):519-29.

Overview of Common Large-Scale Alterations



Merseburger, AS et al. *Eur Urol* 2021;79(4):519-29.

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Journal Club with Prof Fizazi – Part 1 (Continued)

- Tukachinsky H et al. **Genomic analysis of circulating tumor DNA in 3,334 patients with advanced prostate cancer identifies targetable BRCA alterations and AR resistance mechanisms.** *Clin Cancer Res* 2021;27(11):3094-105.

- Petrylak DP et al. **KEYNOTE-921: Phase III study of pembrolizumab plus docetaxel for metastatic castration-resistant prostate cancer.** *Future Oncol* 2021;17(25):3291-9.

Meet The Professor with Prof Fizazi

MODULE 2: Case Presentations and Second Opinion

- Dr Mar: A 68-year-old man with metastatic hormone-sensitive prostate cancer
- Comments on the PEACE-1 Trial by Dr Sartor
- Dr Gosain: A 64-year-old man with mCRPC and a somatic BRCA2 mutation
- *Second Opinion* by Prof Chowdhury: A 67-year-old man with mCRPC and a germline BRCA2 mutation (Dr Lamar)
- Dr Sartor: A 75-year-old man with mCRPC and biallelic BRCA mutations
- Dr Sartor: A 65-year-old man with metastatic small cell prostate cancer
- Comments on the TheraP Trial by Dr Sartor

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Case Presentation – Dr Mar: A 68-year-old man with metastatic hormone-sensitive prostate cancer

Dr Nataliya Mar

- Gleason 4 + 3 = 7 prostate cancer with PSA 9.5 ng/mL, s/p radical prostatectomy
- Post-operative PSA undetectable → 0.03 within 6 months → 0.05 → 0.08 ng/mL
- Restaging imaging: No evidence of metastatic disease
- Patient declined salvage RT and/or ADT
- PSA: 3.2 ng/mL within 18 months
- Restaging imaging: Two pulmonary nodules (largest, 1.4 cm), biopsy-proven prostate adenocarcinoma

Questions

- What treatment would you recommend?
- Would you recommend a second-generation antiandrogen, such as abiraterone, enzalutamide or apalutamide?

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Comments on the PEACE-1 Trial

Dr A Oliver Sartor

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A phase 3 trial with a 2x2 factorial design in men with *de novo* metastatic castration-sensitive prostate cancer (mCSPC): Overall survival with abiraterone acetate plus prednisone in PEACE-1

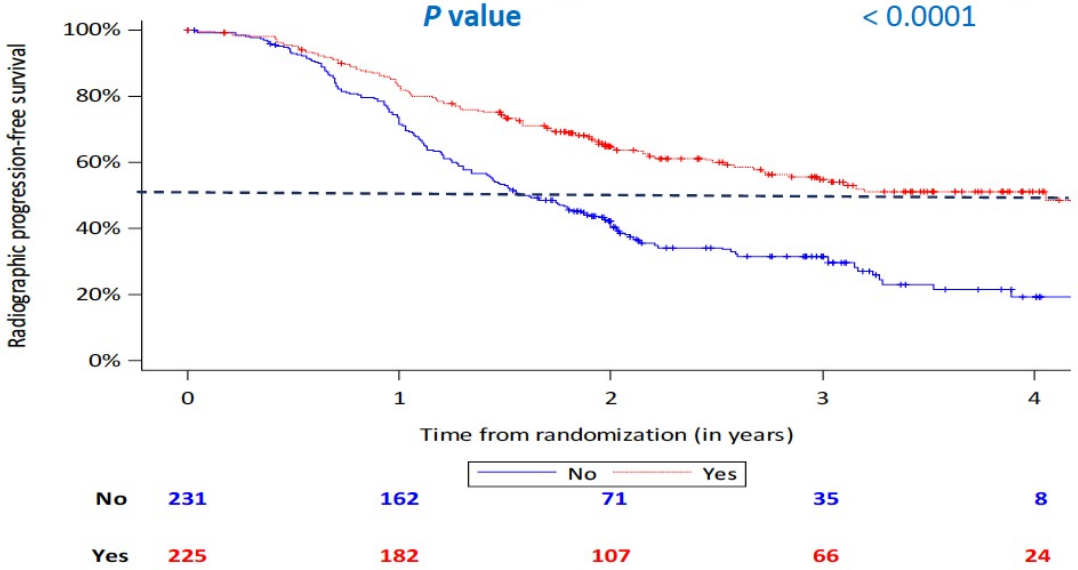
Karim Fizazi, Joan Carles, Stéphanie Foulon, Guilhem Roubaud, Ray McDermott, Aude Fléchon, Bertrand Tombal, Stéphane Supiot, Dominik Berthold, Philippe Ronchin, Gabriel Kacsó, Gwenaëlle Gravis, Fabio Calabro, Jean-François Berdah, Ali Hasbini, Marlon Silva, Antoine Thiery-Vuillemin, Igor Latorzeff, Isabelle Rieger, Alberto Bossi

ESMO 2021;Abstract LBA5

PEACE-1: Radiographic PFS (rPFS) by Metastatic Burden

« High Volume »

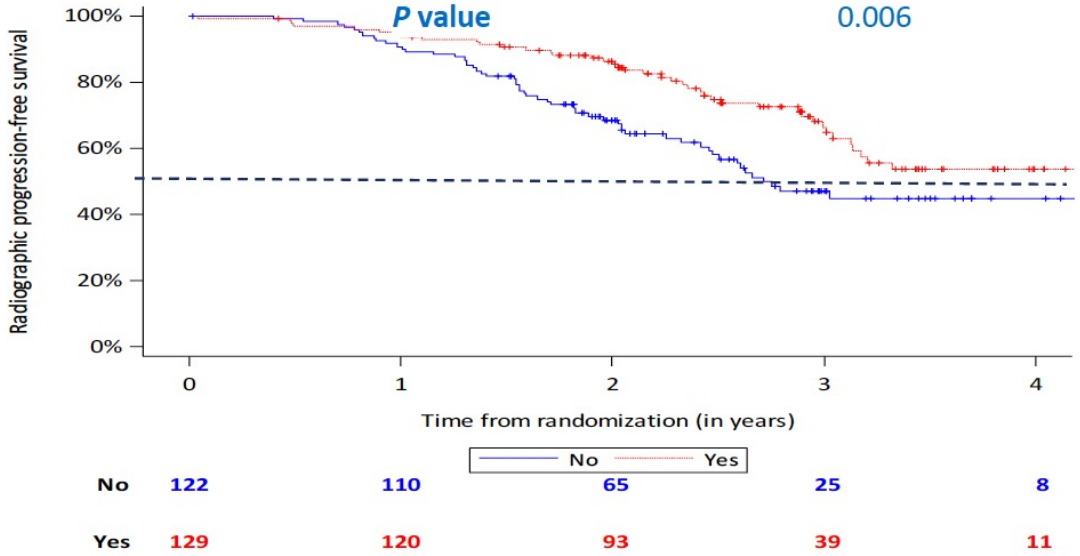
	SOC+Abi (n = 225)	SOC (n = 231)
Median, y (95% CI)	4.1 (2.7-NE)	1.6 (1.4-2.0)
Events	97	156
HR (95% CI)*	0.47 (0.36-0.60)	
P value	< 0.0001	



No	231	162	71	35	8
Yes	225	182	107	66	24

« Low Volume »

	SOC+Abi (n = 129)	SOC (n = 122)
Median, y (95% CI)	NE (3.1-NE)	2.7 (2.5-NE)
Events	41	55
HR (95% CI)*	0.58 (0.39-0.87)	
P value	0.006	



No	122	110	65	25	8
Yes	129	120	93	39	11

*Adjusted on stratification parameters (RXT, PS, type of castration, metastatic burden)

2021 ESMO congress

Karim Fizazi

Fizazi K et al. ESMO 2021;Abstract LBA5.

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PEACE-1: Grade 3-5 Adverse Events (ADT + Docetaxel Safety Population)

Toxicity, n (%)	SOC (+/- RXT) + Abiraterone (n=346)	SOC (+/- RXT) (n=350)
Neutropenia	34 (10)	32 (9)
Febrile neutropenia	18 (5)	19 (5)
Liver	20 (6)	2 (1)
Hypertension	76 (22)	45 (13)
Hypokalemia	11 (3)	1 (0)
Cardiac	6 (2)	5 (1)
Fatigue	10 (3)	15 (4)
Gastro-intestinal	14 (4)	18 (5)
Grade 5	7 (2)	3 (1)

Fizazi K et al. ESMO 2021;Abstract LBA5.

Dr Moon: 2 patients with prostate cancer who received a PARP inhibitor

Dr Helen Moon

- Prostate cancer is one of the solid cancers that right out of the gate we try to subtype – Is it BRCA1 or BRCA2?
- Are they treated differently?
- What about ATM? PTEN?
- Will prostate cancer ever become a disease where precision medicine is the norm?

Case Presentation – Dr Gosain: A 64-year-old man with mCRPC and a somatic BRCA2 mutation

Dr Rohit Gosain

- 2018: Undergoing monitoring for a biochemical recurrence 3 years s/p prostatectomy for Gleason 4 + 4 prostate cancer
- 2019: Leuprolide + abiraterone + prednisone initiated due to PSADT <10 months
- Repeated disease progression noted in the bone, lymph nodes and liver in response to treatment with enzalutamide, docetaxel and cabazitaxel
- NGS testing: Somatic BRCA2 mutation
- Olaparib, with anemia → Dose reduced from 300 mg BID to 200 mg BID to 100 mg BID

Questions

- What is the responsiveness to PARP inhibitors in terms of germline versus somatic mutations? Are PARP inhibitors more responsive to certain mutations?
- What is your approach to dose-reducing PARP inhibitors for patients experiencing anemia? Would you use an alternate schedule instead of dose-reducing?

Second Opinion by Prof Chowdhury: A 67-year-old man with mCRPC and a germline BRCA2 mutation (Dr Lamar)

Dr Zanetta Lamar

Prof Simon Chowdhury

- Sister died of ovarian cancer; patient and 4 offspring test positive for BRCA2 mutation
- 2005: Prostate cancer s/p prostatectomy, leuprolide/bicalutamide
- 2018: Abiraterone/prednisone
- 2019: Bone metastases
- Olaparib x 9 months → PSA increase
  - Depression
  - Severe fatigue addressed via dose adjustments

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Case Presentation – Dr Sartor: A 75-year-old man with mCRPC and biallelic BRCA mutations

Dr Oliver Sartor

- Hormone-sensitive metastatic prostate cancer
- Germline BRCA2 mutation and second-hit BRCA mutation (biallelic)
- ADT/abiraterone
- Develops high-volume, symptomatic bone metastases
- Olaparib, alternating between 300 mg BID and QD

Case Presentation – Dr Sartor: A 65-year-old man with metastatic neuroendocrine prostate cancer

Dr Oliver Sartor

- Presents with high-volume, de novo metastatic prostate cancer, PSA 650 ng/mL
- Somatic BRCA2 mutation
- ADT/abiraterone → Recurs with urinary issues
- Biopsy: Small cell recurrence in the neck of the bladder, PSA 0.5 ng/mL
- Carboplatin/VP-16 + atezolizumab

VISION trial of ^{177}Lu-PSMA-617 for mCRPC

Dr Oliver Sartor

Prof Simon Chowdhury

- Expected FDA approval of lutetium-177-PSMA-617 in 2022
- Large magnitude of benefit in the Phase III VISION trial in mCRPC
- Is 6 cycles necessary, or is 3-4 cycles sufficient?
- PSMA expression in salivary and lacrimal glands and the possibility of ^{177}Lu-PSMA-617-associated xerostomia

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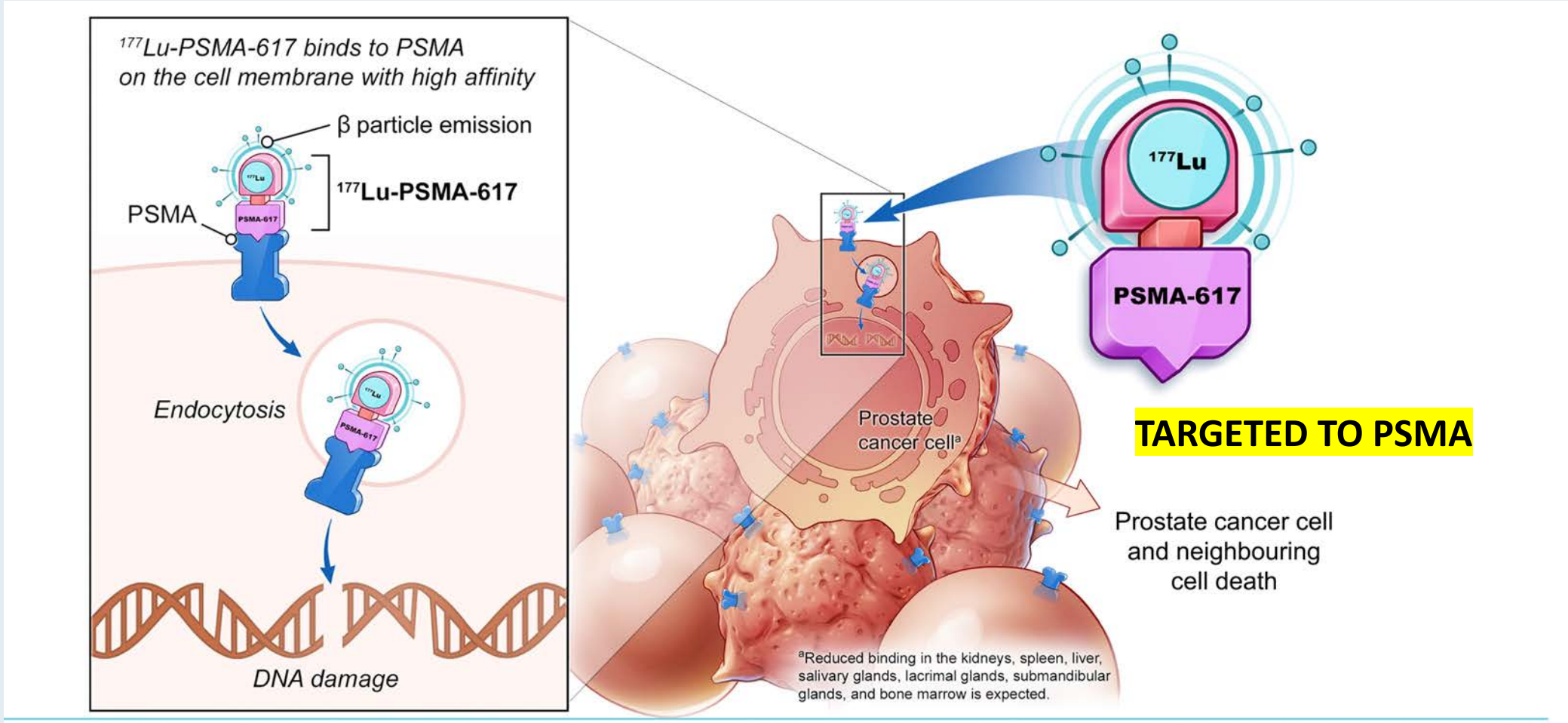
^{177}Lu-PSMA-617: Mechanism of Action



Morris MJ et al. ASCO 2021;Abstract LBA4.

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N Engl J Med 2021;385:1091-103

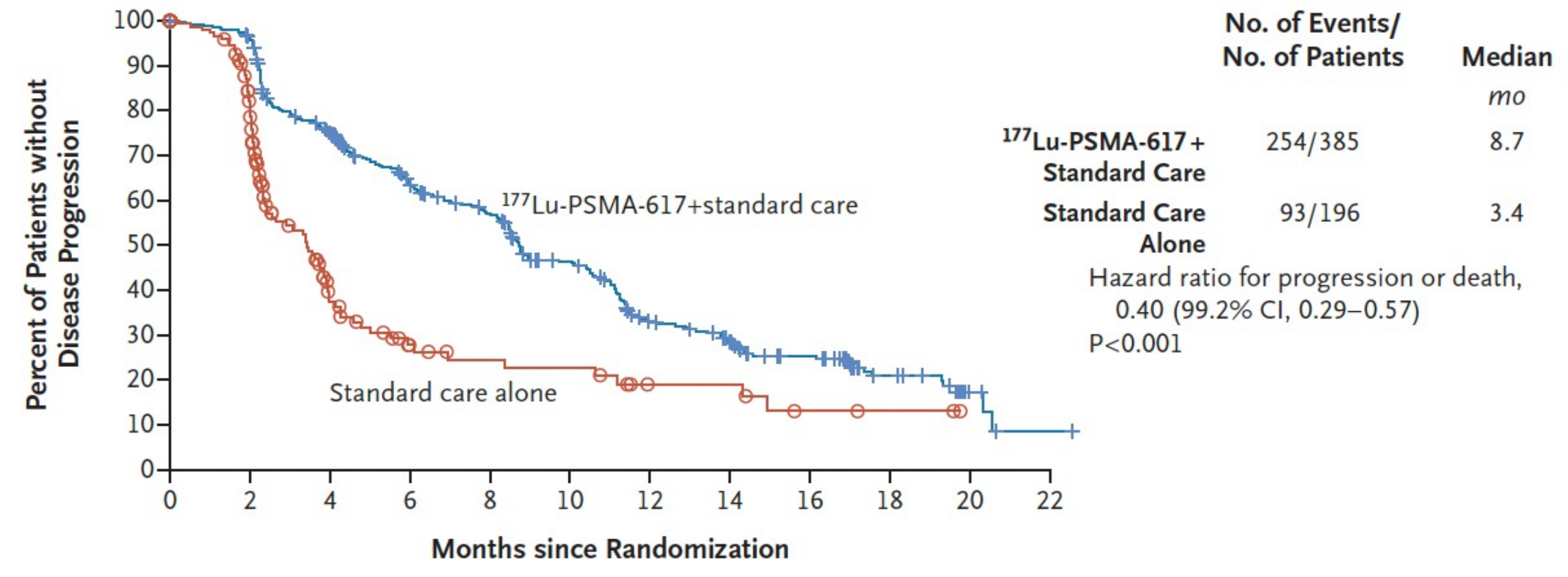
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Lutetium-177–PSMA-617 for Metastatic Castration-Resistant Prostate Cancer

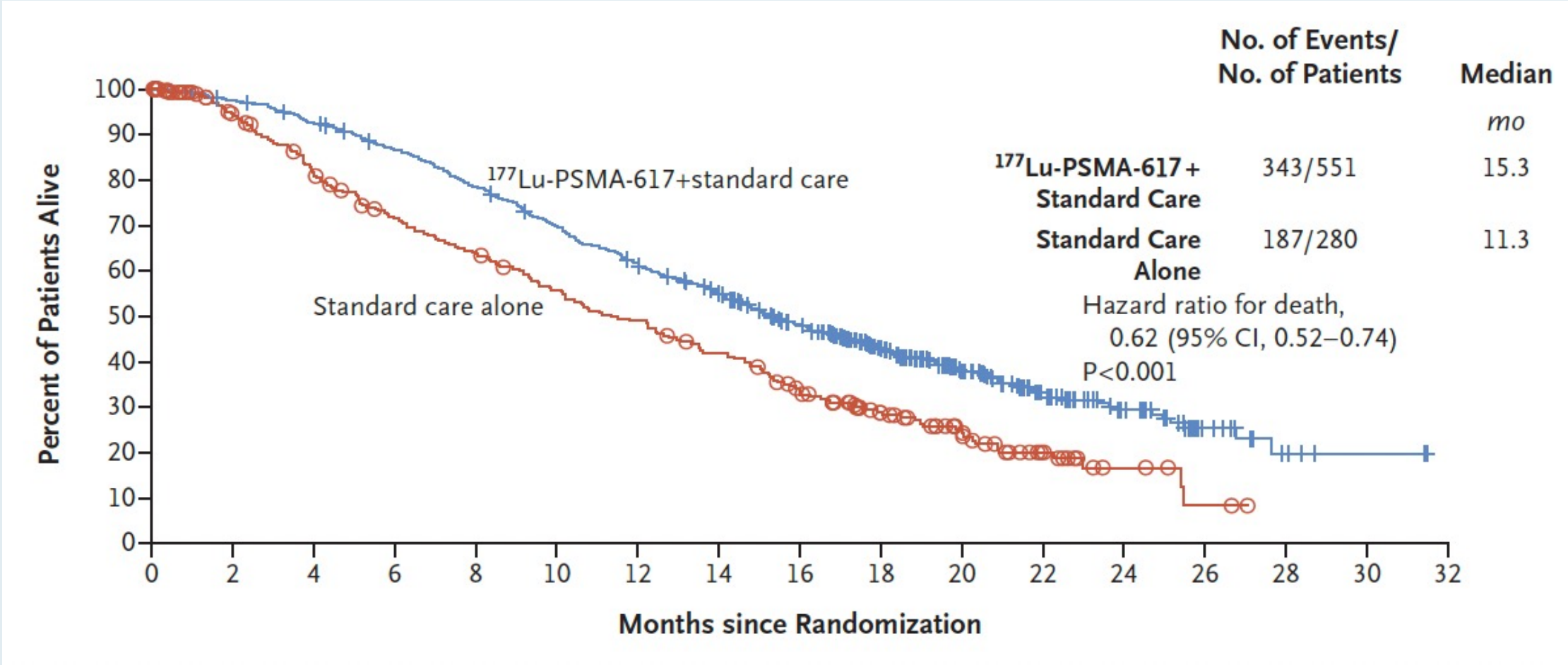
O. Sartor, J. de Bono, K.N. Chi, K. Fizazi, K. Herrmann, K. Rahbar, S.T. Tagawa, L.T. Nordquist, N. Vaishampayan, G. El-Haddad, C.H. Park, T.M. Beer, A. Armour, W.J. Pérez-Contreras, M. DeSilvio, E. Kpamegan, G. Gericke, R.A. Messmann, M.J. Morris, and B.J. Krause, for the VISION Investigators*

VISION: Imaging-Based Progression-Free Survival



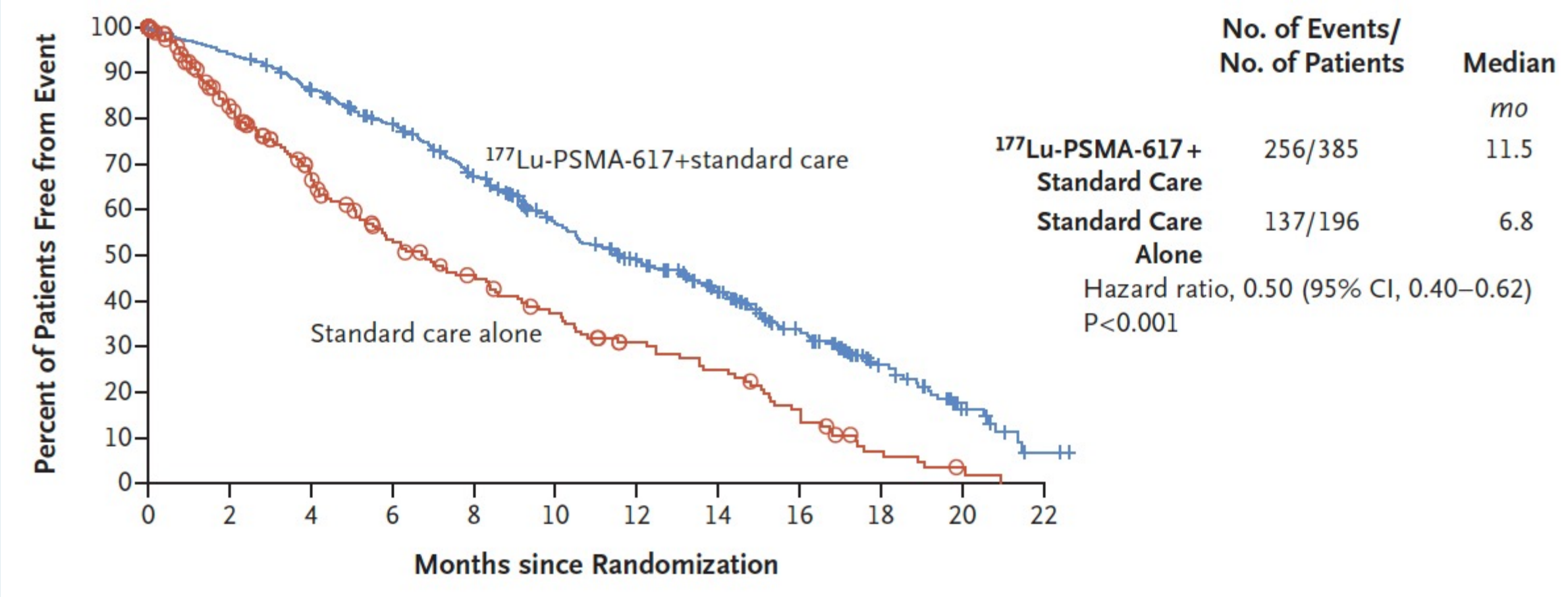
Sartor O et al. *N Engl J Med* 2021;385:1091-103.

VISION: Overall Survival



Sartor O et al. *N Engl J Med* 2021;385:1091-103.

VISION: Time to First Symptomatic Skeletal Event



Sartor O et al. *N Engl J Med* 2021;385:1091-103.

VISION: Selected Adverse Events

Event	^{177}Lu-PSMA-617 plus Standard Care (N = 529)		Standard Care Alone (N = 205)	
	All Grades	Grade ≥3	All Grades	Grade ≥3
	number of patients (percent)			
Any adverse event	519 (98.1)	279 (52.7)	170 (82.9)	78 (38.0)
Fatigue	228 (43.1)	31 (5.9)	47 (22.9)	3 (1.5)
Thrombocytopenia	91 (17.2)	42 (7.9)	9 (4.4)	2 (1.0)
Lymphopenia	75 (14.2)	41 (7.8)	8 (3.9)	1 (0.5)
Leukopenia	66 (12.5)	13 (2.5)	4 (2.0)	1 (0.5)
Adverse event that led to reduction in ^{177}Lu-PSMA-617 dose	30 (5.7)	10 (1.9)	NA	NA
Adverse event that led to interruption of ^{177}Lu-PSMA-617†	85 (16.1)	42 (7.9)	NA	NA
Adverse event that led to discontinuation of ^{177}Lu-PSMA-617†	63 (11.9)	37 (7.0)	NA	NA
Adverse event that led to death‡	19 (3.6)	19 (3.6)	6 (2.9)	6 (2.9)

Sartor O et al. *N Engl J Med* 2021;385:1091-103.

RTP RESEARCH TO PRACTICE

177Lu-PSMA-617 (LuPSMA) versus Cabazitaxel in Metastatic Castration-Resistant Prostate Cancer (mCRPC) Progressing After Docetaxel: Updated Results Including Progression-Free Survival (PFS) and Patient-Reported Outcomes (PROs) (TheraP ANZUP 1603)[1]

[^{177}Lu]Lu-PSMA-617 versus cabazitaxel in patients with metastatic castration-resistant prostate cancer (TheraP): a randomised, open-label, phase 2 trial [2]

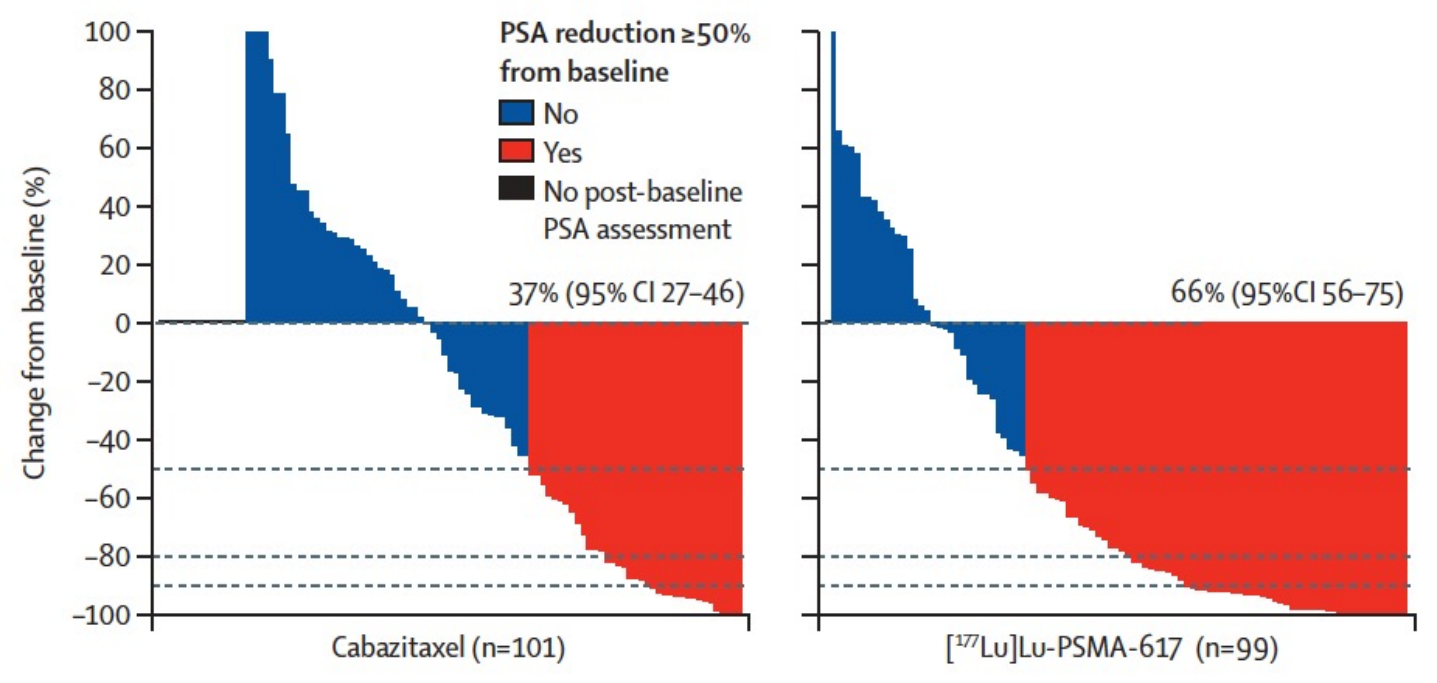
Michael S Hofman, Louise Emmett, Shahneen Sandhu, Amir Iravani, Anthony M Joshua, Jeffrey C Goh, David A Pattison, Thean Hsiang Tan, Ian D Kirkwood, Siobhan Ng, Roslyn J Francis, Craig Gedye, Natalie K Rutherford, Andrew Weickhardt , Andrew M Scott, Sze-Ting Lee, Edmond M Kwan, Arun A Azad, Shakher Ramdave, Andrew D Redfern, William Macdonald, Alex Guminski, Edward Hsiao, Wei Chua, Peter Lin, Alison Y Zhang, Margaret M McJannett, Martin R Stockler, John A Violet, Scott G Williams, Andrew J Martin, Ian D Davis, for the TheraP Trial Investigators and the Australian and New Zealand Urogenital and Prostate Cancer Trials Group†*

[1] Hofman MS et al. Genitourinary Cancers Symposium 2021;Abstract 6.
[2] Hofman MS et al. *Lancet* 2021;397(10276):797-804.

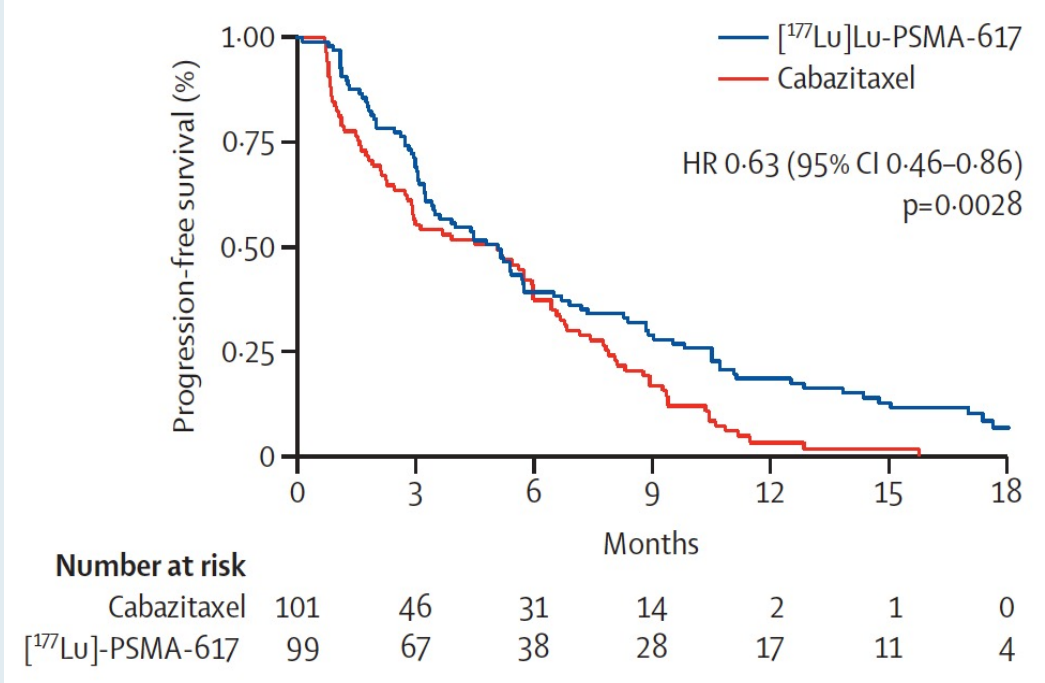
RTP RESEARCH TO PRACTICE

TheraP ANZUP 1603: PSA Response and PFS

PSA response



Radiographic or PSA progression-free survival



Hofman MS et al. Genitourinary Cancers Symposium 2021;Abstract 6; Hofman MS et al. *Lancet* 2021;397(10276):797-804.

TheraP ANZUP 1603: Adverse Events

	[^{177}Lu]Lu-PSMA-617 (n=98)		Cabazitaxel (n=85)	
	Grade 1–2	Grade 3–4	Grade 1–2	Grade 3–4
Fatigue	69 (70%)	5 (5%)	61 (72%)	3 (4%)
Pain*	60 (61%)	11 (11%)	52 (61%)	4 (5%)
Dry mouth	59 (60%)	0	18 (21%)	0
Diarrhoea	18 (18%)	1 (1%)	44 (52%)	4 (5%)
Nausea	39 (40%)	1 (1%)	29 (34%)	0
Thrombocytopenia	18 (18%)	11 (11%)	4 (5%)	0
Dry eyes	29 (30%)	0	3 (4%)	0
Anaemia	19 (19%)	8 (8%)	11 (13%)	7 (8%)
Neuropathy†	10 (10%)	0	22 (26%)	1 (1%)
Dysgeusia	12 (12%)	0	23 (27%)	0
Haematuria	3 (3%)	1 (1%)	12 (14%)	5 (6%)
Neutropenia‡	7 (7%)	4 (4%)	4 (5%)	11 (13%)
Insomnia	9 (9%)	0	12 (14%)	1 (1%)
Vomiting	12 (12%)	1 (1%)	10 (12%)	2 (2%)
Dizziness	4 (4%)	0	11 (13%)	0
Leukopenia	10 (10%)	1 (1%)	5 (6%)	1 (1%)
Any adverse event	53 (54%)	32 (33%)	34 (40%)	45 (53%)

Hofman MS et al. Genitourinary Cancers Symposium 2021;Abstract 6; Hofman MS et al. *Lancet* 2021;397(10276):797-804.

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Comments on the TheraP Trial

Dr Oliver Sartor

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Meet The Professor with Prof Fizazi

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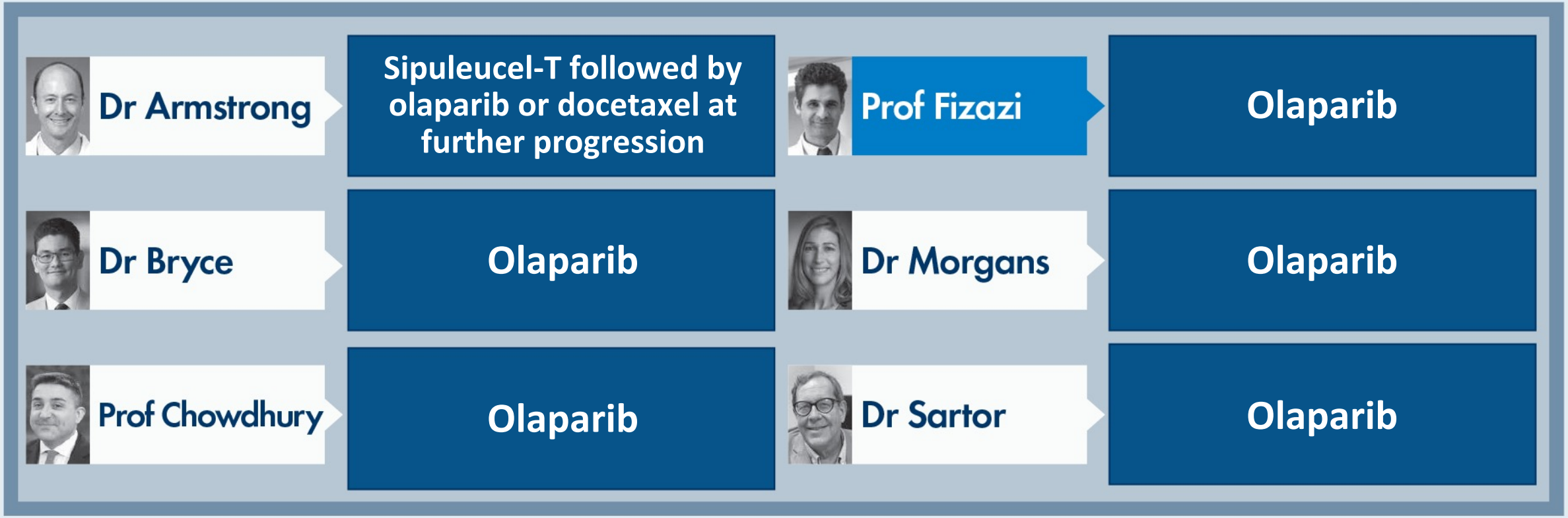
A 65-year-old man with BRCA wild-type, MSS prostate cancer metastatic to the bone who is receiving abiraterone/dexamethasone for hormone-sensitive metastatic disease develops new low-volume asymptomatic bone metastases. Which systemic treatment would you most likely recommend?

 Dr Armstrong	Sipuleucel-T	 Prof Fizazi	Docetaxel
 Dr Bryce	Docetaxel	 Dr Morgans	Sipuleucel-T
 Prof Chowdhury	Docetaxel	 Dr Sartor	Docetaxel

RTP RESEARCH TO PRACTICE

A 65-year-old man with MSS prostate cancer metastatic to the bone and a germline BRCA2 mutation who is receiving abiraterone/dexamethasone for hormone-sensitive metastatic disease develops new low-volume asymptomatic bone metastases. Which systemic treatment would you most likely recommend?



RTP RESEARCH TO PRACTICE

A 65-year-old man with BRCA wild-type, MSS prostate cancer metastatic to the bone who is receiving abiraterone/dexamethasone for hormone-sensitive metastatic disease develops new high-volume symptomatic bone metastases. Which systemic treatment would you most likely recommend?

 Dr Armstrong	Docetaxel	 Prof Fizazi	Docetaxel
 Dr Bryce	Docetaxel	 Dr Morgans	Radium-223
 Prof Chowdhury	Docetaxel	 Dr Sartor	Docetaxel

RTP RESEARCH TO PRACTICE

A 65-year-old man with MSS prostate cancer metastatic to the bone and a germline BRCA2 mutation who is receiving abiraterone/dexamethasone for hormone-sensitive metastatic disease develops new high-volume symptomatic bone metastases. Which systemic treatment would you most likely recommend?

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Which of the following genomic evaluations do you generally order for patients with mCRPC and no specific family history of cancer?

 Dr Armstrong	Germline and somatic panel	 Prof Fizazi	Germline and somatic panel
 Dr Bryce	Germline and somatic panel	 Dr Morgans	BRCA germline and somatic
 Prof Chowdhury	Somatic panel	 Dr Sartor	Germline and somatic panel

RTP RESEARCH TO PRACTICE

At what point, if any, do you generally recommend a PARP inhibitor to a patient with metastatic prostate cancer and a germline BRCA mutation?

 Dr Armstrong	After at least 1 line of both hormonal therapy and chemotherapy	 Prof Fizazi	After 1 line of hormonal therapy
 Dr Bryce	After 1 line of hormonal therapy	 Dr Morgans	After 1 line of hormonal therapy
 Prof Chowdhury	After 1 line of hormonal therapy	 Dr Sartor	After 1 line of hormonal therapy

RTP RESEARCH TO PRACTICE

For a patient with metastatic prostate cancer and a germline BRCA mutation to whom you would administer a PARP inhibitor, which treatment strategy would you likely use?

 Dr Armstrong	Olaparib monotherapy	 Prof Fizazi	Olaparib monotherapy
 Dr Bryce	Olaparib or rucaparib monotherapy	 Dr Morgans	Olaparib monotherapy
 Prof Chowdhury	Olaparib monotherapy	 Dr Sartor	Olaparib monotherapy

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Regulatory and reimbursement issues aside, in which line of therapy would you administer 177Lu-PSMA-617 for patients with metastatic prostate cancer?

 Dr Armstrong	Third line or beyond	 Prof Fizazi	Third line
 Dr Bryce	Third line	 Dr Morgans	Third line
 Prof Chowdhury	Third line	 Dr Sartor	First line and beyond

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Meet The Professor with Prof Fizazi

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Immune Checkpoint Inhibitors in mCRPC

Therapy	Disease State	Disease Response
Pembrolizumab monotherapy[a]	Post-chemotherapy	ORR 9% PSA RR 14%
Pembrolizumab + enzalutamide[b]	Pre-chemotherapy progressing on enzalutamide	ORR 12% PSA RR 14%
Atezolizumab + enzalutamide[c]	Pre- and post-chemotherapy, s/p abiraterone	ORR 14% PSA RR 26%
Atezolizumab + cabozantinib[d]	Pre-chemotherapy s/p enzalutamide or abiraterone	ORR 34% PSA RR 29%

[a]JCO 2020: 38(5) 395-405. [b]Presented at the 2021 ASCO Annual Meeting – Virtual; June 4-8, 2021. [c]Sweeney C. AACR 2020. IMbassador250. [d]Agarwal ASCO 2020. COSMIC-021

2021 ESMO congress

Abstract LBA24

Cabozantinib in combination with atezolizumab in patients with metastatic castration-resistant prostate cancer (mCRPC): results of expanded cohort 6 of the COSMIC-021 Study

Neeraj Agarwal,[1] Bradley McGregor,[2] Benjamin L. Maughan,[1] Tanya B. Dorff,[3] William Kelly,[4] Bruno Fang,[5] Rana R. McKay,[6] Parminder Singh,[7] Lance Pagliaro,[8] Robert Dreicer,[9] Sandy Srinivas,[10] Yohann Loriot,[11] Ulka Vaishampayan,[12] Sanjay Goel,[13] Dominic Curran,[14] Ashok Panneerselvam,[14] Li-Fen Liu,[14] Toni K. Choueiri,[2*] Sumanta Pal[3*]

[1]Huntsman Cancer Institute, University of Utah, Salt Lake City, UT, USA; [2]Dana-Farber Cancer Institute, Harvard Medical School, Boston, MA, USA; [3]City of Hope Comprehensive Cancer Center, Duarte, CA, USA; [4]Sidney Kimmel Cancer Center, Thomas Jefferson University, Philadelphia, PA, USA; [5]Regional Cancer Care Associates, East Brunswick, NJ, USA; [6]University of California San Diego, San Diego, CA, USA; [7]Department of Oncology, Mayo Clinic, Scottsdale, AZ, USA; [8]Department of Oncology, Mayo Clinic, Rochester, MN, USA; [9]University of Virginia Cancer Center, Charlottesville, VA, USA; [10]Division of Medical Oncology, Stanford University Medical Center, Stanford, CA, USA; [11]Department of Cancer Medicine, Gustave Roussy Institute, INSERM 981, University Paris-Saclay, Villejuif, France; [12]Karmanos Cancer Center, Wayne State University, Detroit, MI, USA (Current affiliation: Division of Hematology/Oncology, University of Michigan, Ann Arbor, MI, USA); [13]Department of Medical Oncology, Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, NY, USA; [14]Exelixis, Inc., Alameda, CA, USA

*Co-senior authors

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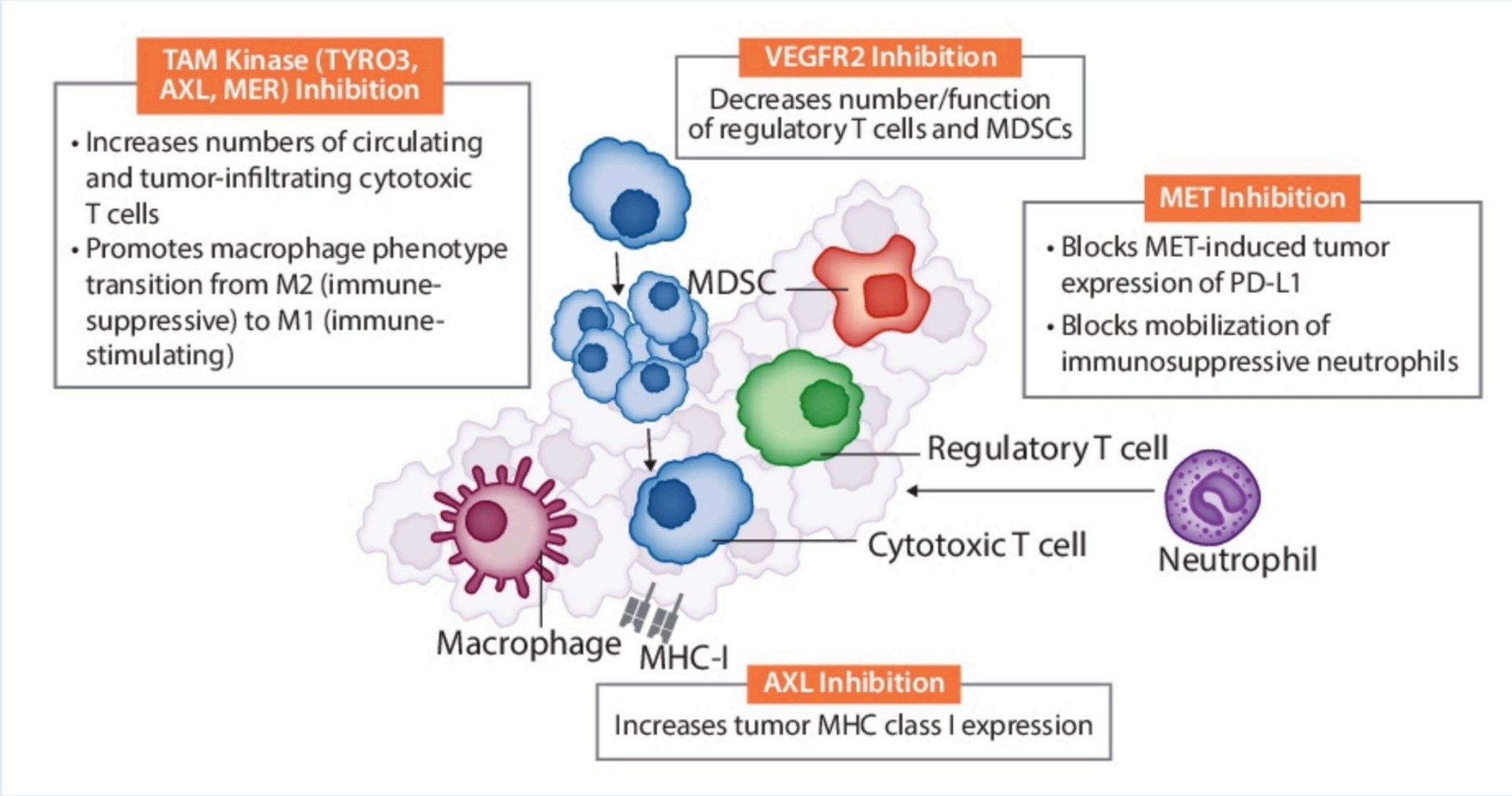
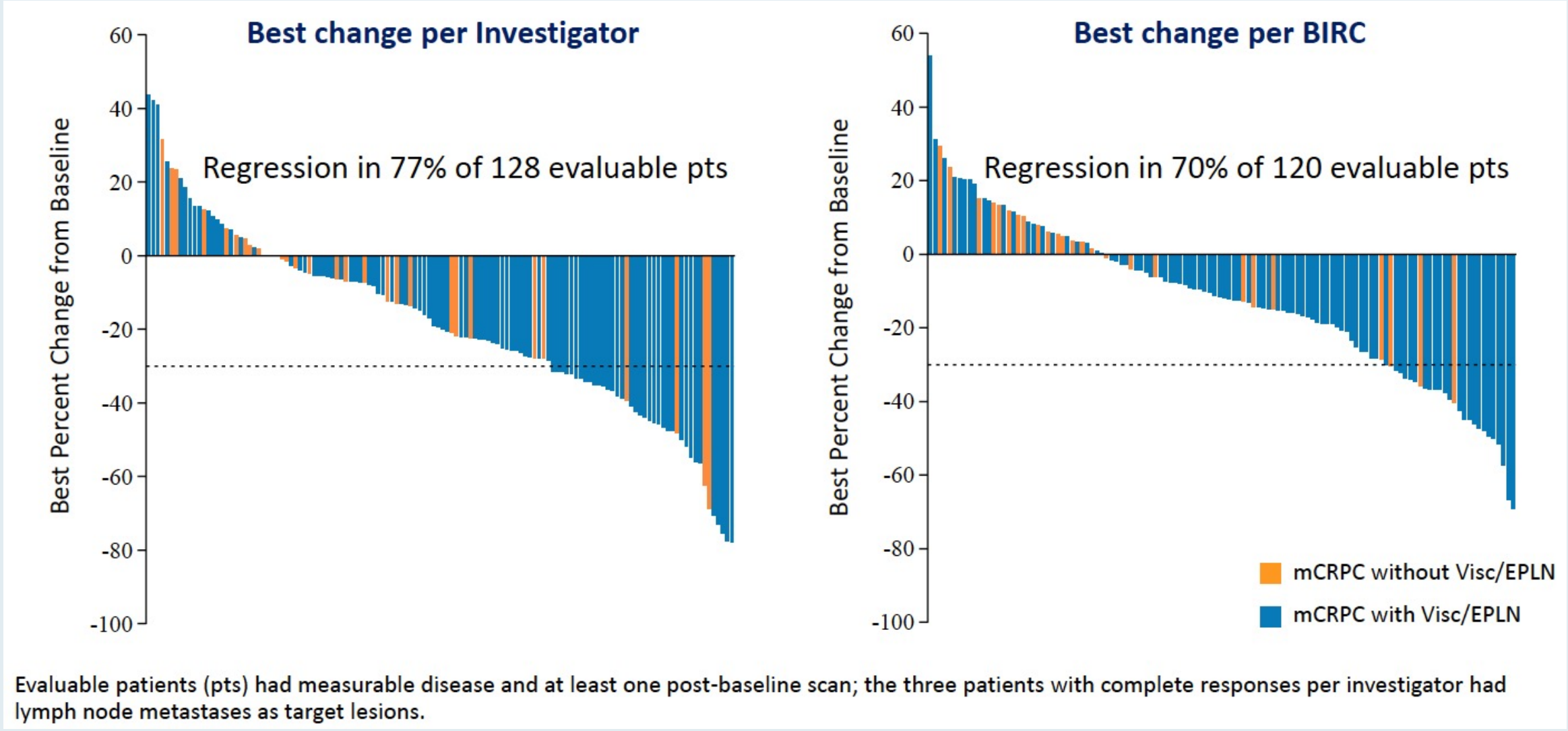
Cabozantinib Targets Pathways Associated with Tumor Immune Suppression



Agarwal N et al. ASCO 2020;Abstract 5564.

COSMIC-021: Best Change from Baseline in Sum of Target Lesions



Evaluable patients (pts) had measurable disease and at least one post-baseline scan; the three patients with complete responses per investigator had lymph node metastases as target lesions.

Agarwal et al. ESMO 2021;Abstract LBA24.

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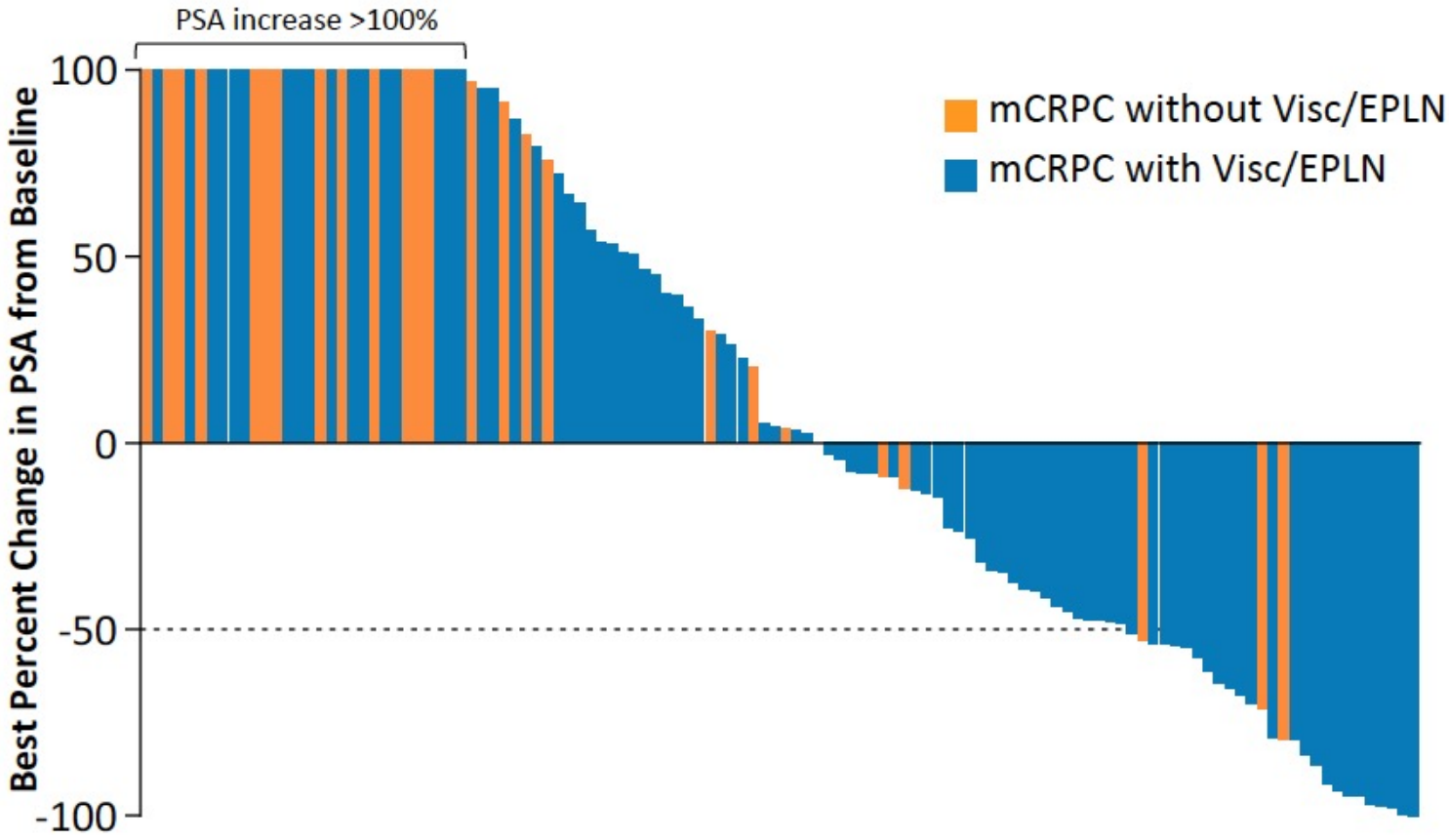
COSMIC-021: Best Change in PSA from Baseline



- In 118 patients with post-baseline assessments, 55 (47%) had a decrease in PSA, and 27 (23%) had a decrease ≥50%
- In 92 patients with Visc/EPLN, 50 (54%) had a decrease in PSA, and 24 (26%) had a decrease ≥50%

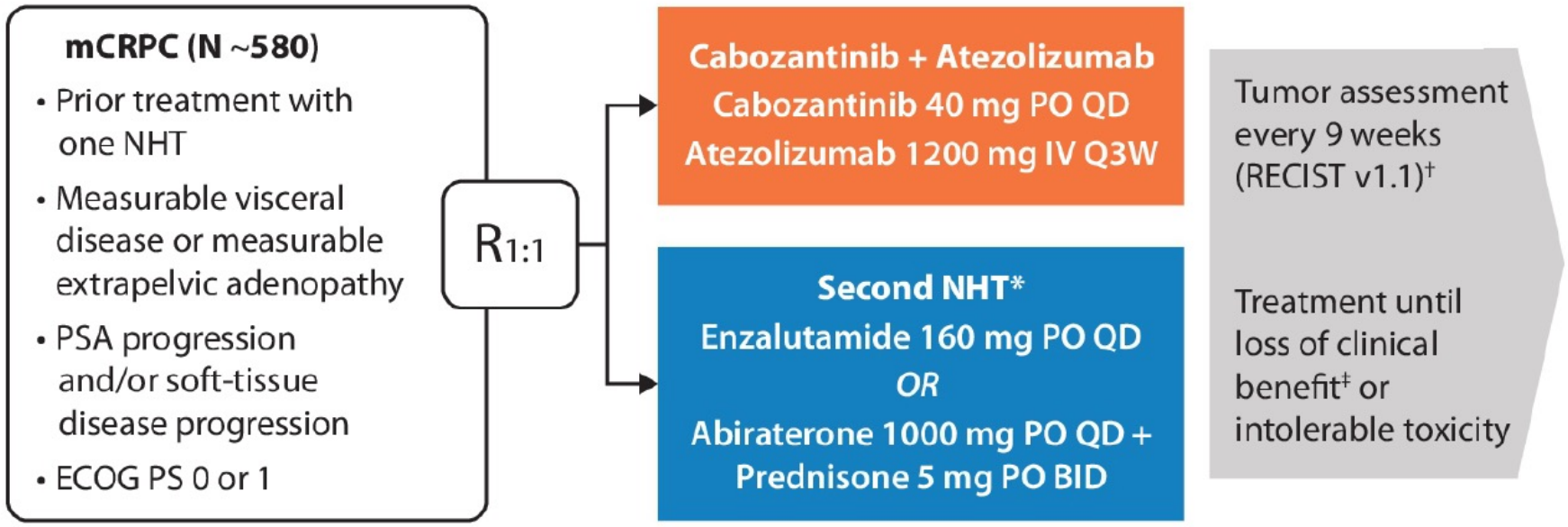
Agarwal et al. ESMO 2021;Abstract LBA24.

COSMIC-021: Select Treatment-Related Adverse Events

	mCRPC (N=132)	
	Any Grade	Grade 3/4
Any AE, %	95	55
Diarrhea	55	6.8
Fatigue	43	6.8
Nausea	42	0.8
Decreased appetite	34	1.5
Dysgeusia	27	0
Palmar-plantar erythrodysesthesia	25	2.3
Vomiting	23	1.5
Weight decreased	23	1.5
Aspartate aminotransferase increased	20	3.0
Stomatitis	16	0.8
Hypertension	14	6.8
Alanine aminotransferase increased	14	3
Dysphonia	13	0
Hypothyroidism	12	0
Pulmonary embolism	11	8.3

Agarwal et al. ESMO 2021;Abstract LBA24.

CONTACT-02: Phase III Trial Schema



Stratification

- Liver metastasis (yes, no)
- Prior docetaxel treatment for mCSPC (yes, no)
- Disease stage for which the first NHT was given (mCSPC, M0 CRPC, mCRPC)

Primary Endpoints:

- PFS per RECIST v1.1 by BIRC
- OS

Secondary Endpoint:

- ORR per RECIST v1.1 by BIRC

*Second NHT must differ from previous NHT taken
†Tumor assessment (RECIST v1.1) every 9 weeks for the first 28 weeks then every 12 weeks thereafter
‡Patients may be treated beyond progression if there is a clinical benefit in the opinion of the investigator

Agarwal N et al. Genitourinary Cancers Symposium 2021;Abstract TPS190.

RTP RESEARCH TO PRACTICE

PRINCE: Interim Analysis of the Phase Ib Study of ^{177}Lu-PSMA-617 in Combination with Pembrolizumab for Metastatic Castration Resistant Prostate Cancer (mCRPC)

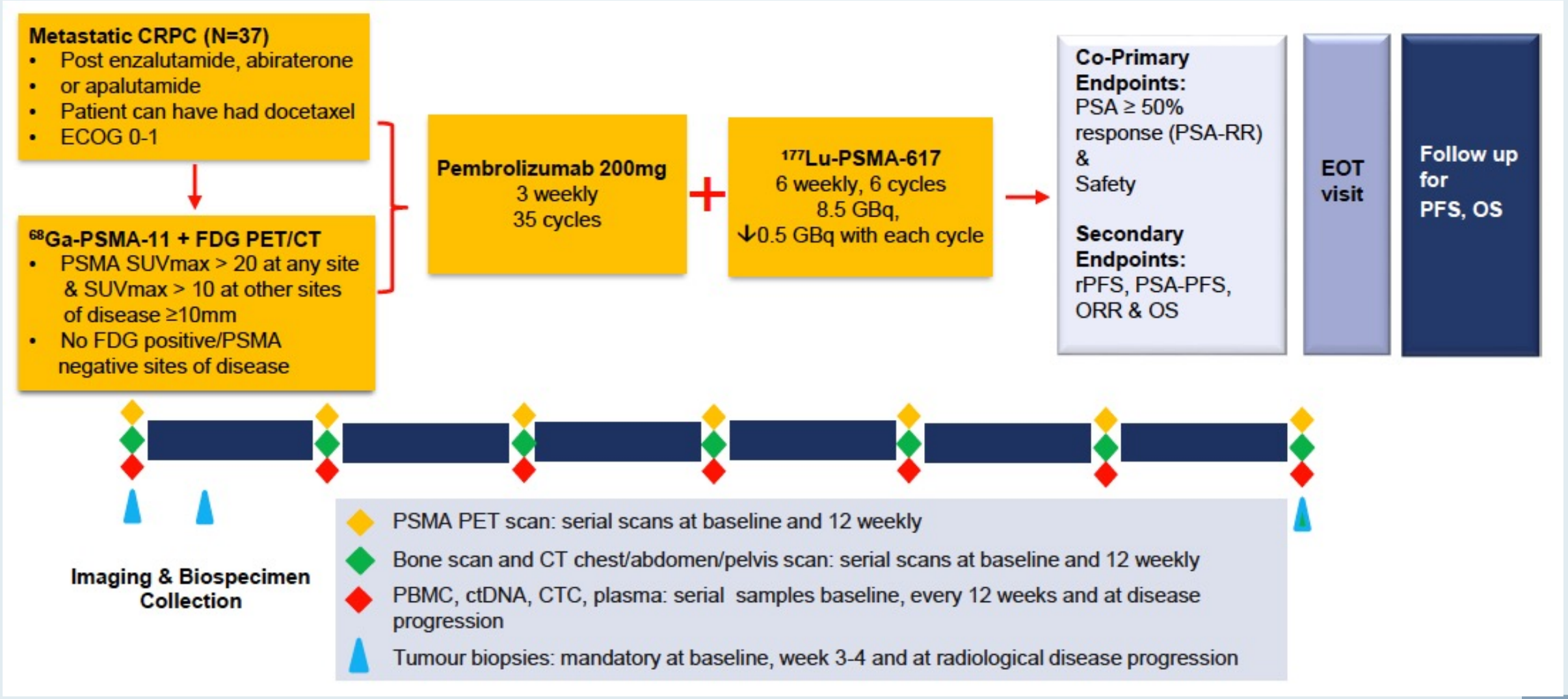
Shahneen Sandhu, Anthony M. Joshua, Louise Emmett, Lavinia Spain, Lisa G. Horvath, Megan Crumbaker, Arsha Anton, Roslyn Wallace, Anupama Pasam, Mathias Bressel, Erin Cassidy, Patricia Banks, Aravind Ravi Kumar, Ramin Alipour, Tim Akhurst, Grace Kong, Ian D. Davis, Scott Williams, Rod Hicks, Michael S. Hofman

Abstract 577O

2021 ESMO congress

Presented by: Shahneen Sandhu

PSMA-Lutetium Radionuclide Therapy and ImmuNotherapy for Prostate CancEr (PRINCE) Trial Schema



Sandhu S et al. ESMO 2021;Abstract 577O.

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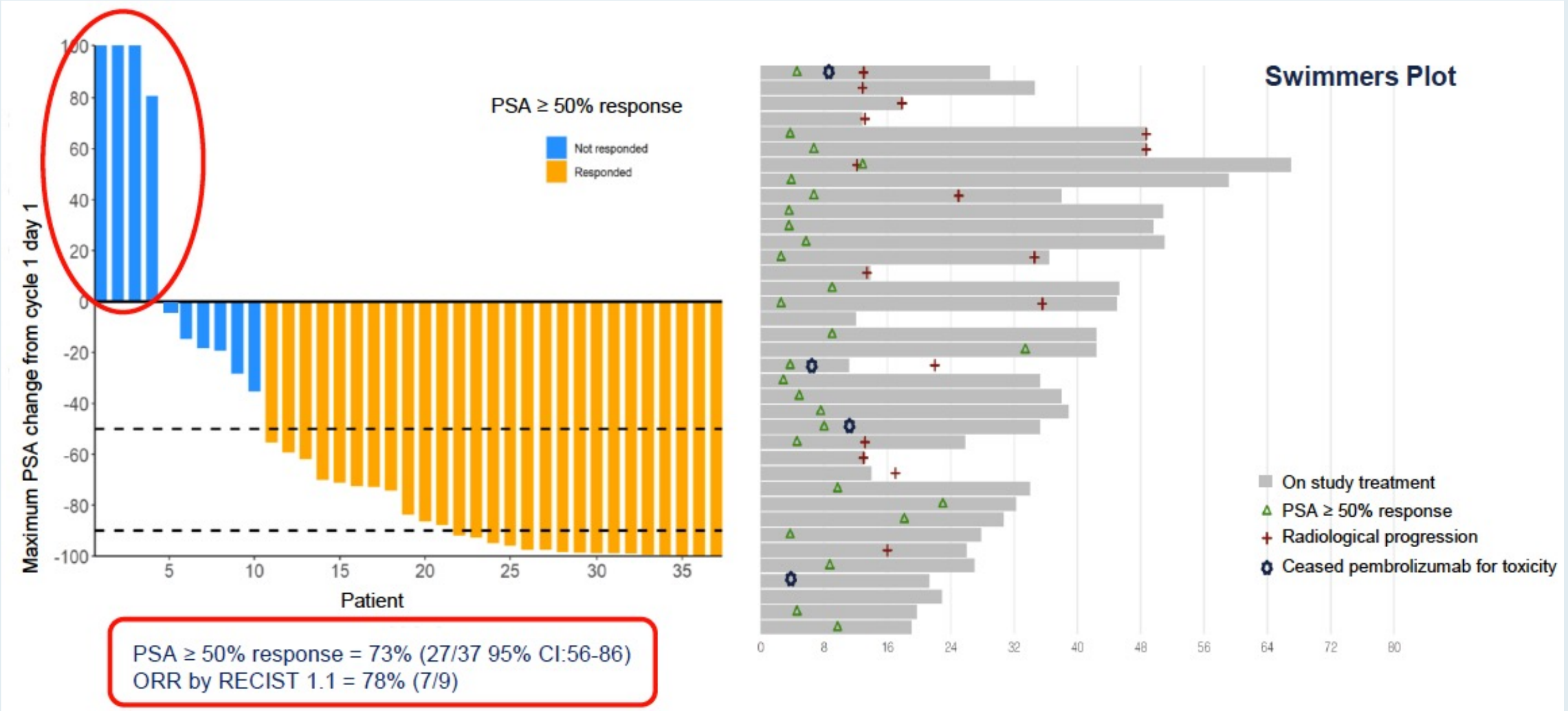
PRINCE: PSA Response Rate (Primary Endpoint)



Sandhu S et al. ESMO 2021;Abstract 577O.

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PRINCE: Treatment-Related Adverse Events

TRAE term	Grade 1 (%)	Grade 2 (%)	Grade 3 (%)	N=37 (%)
Xerostomia	21 (57%)	7 (19%)	-	28 (76%)
Fatigue	11 (29 %)	3 (8%)	2 (5%)	16 (43%)
Rash	5 (14%)	4 (11%)		9 (25%)
Nausea	8 (21%)	1 (3%)	-	9 (24%)
Pruritis	6 (16%)	1 (3%)	-	7 (19%)
Anorexia	3 (8%)	3 (8%)	-	6 (16%)
Thrombocytopenia	4 (11%)	1(3%)	-	5 (14%)
Bone pain (flare)	4 (11%)	-	-	4 (11%)
Aspartate aminotransferase elevation	2 (5%)	2 (5%)	-	4 (11%)
Dry eye	3 (8%)	-	-	3 (8%)
Dysgeusia	2 (5%)	1 (3%)	-	3 (8%)
Weight loss	2 (5%)	1 (3%)		3 (8%)
Anemia	-	2 (5%)	1(3%)	3 (8%)
Alanine aminotransferase elevation	2 (5%)	1(3%)	-	3 (8%)
Amylase elevation	1 (3%)	1 (3%)	1 (3%)	3 (8%)
Arthralgia	3 (8%)	-	-	3 (8%)
Neutropenia	1 (3%)	-	-	1 (3%)

Pembrolizumab cycles: Median (range)	8 (1 - 22)
^{177}Lu-PSMA-617 cycles: Median (range)	4 (2 - 6)
Discontinuation for toxicity:	
Pembrolizumab, n (%)	4 (11%)
^{177}Lu-PSMA-617, n (%)	0 (0%)

- Treatment related adverse events (TRAEs) in by worst grade affecting > 5% and all hematological toxicity
- There were no grade 4 TRAEs or treatment related deaths

Sandhu S et al. ESMO 2021;Abstract 577O.

Meet The Professor with Prof Fizazi

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Journal Club with Prof Fizazi (Part 2)

- Sternberg CN et al. **Efficacy and safety of cabazitaxel versus abiraterone or enzalutamide in older patients with metastatic castration-resistant prostate cancer in the CARD study.** *Eur Urol* 2021;80(4):497-506.

- Aldea M et al. **Cabazitaxel activity in men with metastatic castration-resistant prostate cancer with and without DNA damage repair defects.** *Eur J Cancer* 2021;159:87-97.

- Baciarello G et al. **Patient preference between cabazitaxel and docetaxel for first-line chemotherapy in metastatic castration-resistant prostate cancer: The CABADOC trial.** *Eur Urol* 2021;[Online ahead of print].

- Fizazi K et al. **Radium-223 (Ra-223) versus novel antihormone therapy (NAH) for progressive metastatic castration-resistant prostate cancer (mCRPC) after 1 line of NAH: RADIANT, an international phase 4, randomized, open-label study.** ASCO 2021;Abstract TPS5093.

Journal Club with Prof Fizazi (Part 2 Continued)

- Agarwal N et al. **TALAPRO-2: A phase 3 randomized study of enzalutamide (ENZA) plus talazoparib (TALA) versus placebo in patients with new metastatic castration-resistant prostate cancer (mCRPC).** ASCO 2021;Abstract TPS5089.

- de Bono JS et al. **Talazoparib monotherapy in metastatic castration-resistant prostate cancer with DNA repair alterations (TALAPRO-1): An open-label, phase 2 trial.** *Lancet Oncol* 2021;22(9):1250-64.

- Loehr A et al. **Response to rucaparib in BRCA-mutant metastatic castration-resistant prostate cancer identified by genomic testing in the TRITON2 study.** *Clin Cancer Res* 2021;27(24):6677-86.

RTP RESEARCH TO PRACTICE

Meet The Professor with Prof Fizazi

Introduction

MODULE 1: Journal Club with Prof Fizazi (Part 1)

MODULE 2: Case Presentations and Second Opinion

MODULE 3: Faculty Survey

MODULE 4: Immune Checkpoint Inhibitors in mCRPC

MODULE 5: Journal Club with Prof Fizazi (Part 2)

MODULE 6: Appendix

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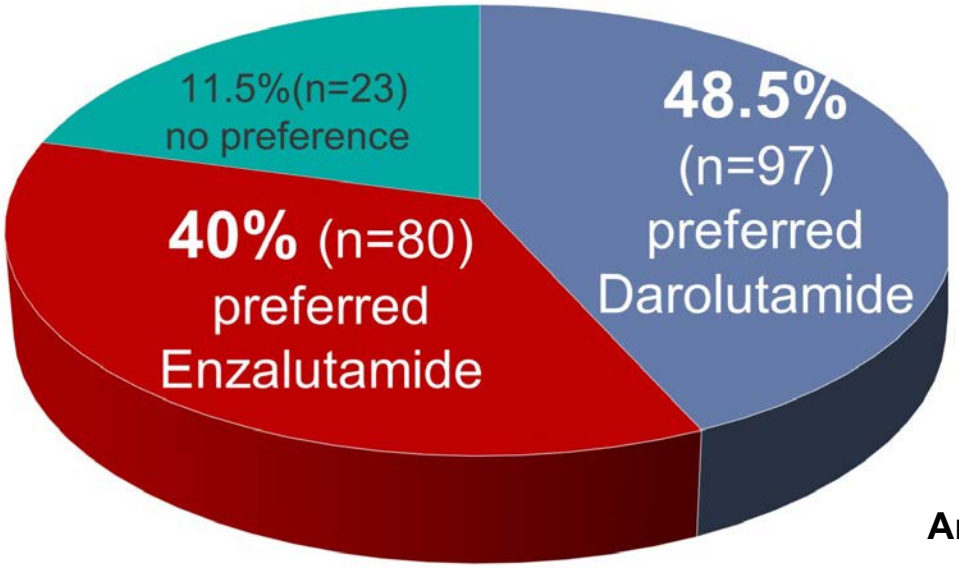
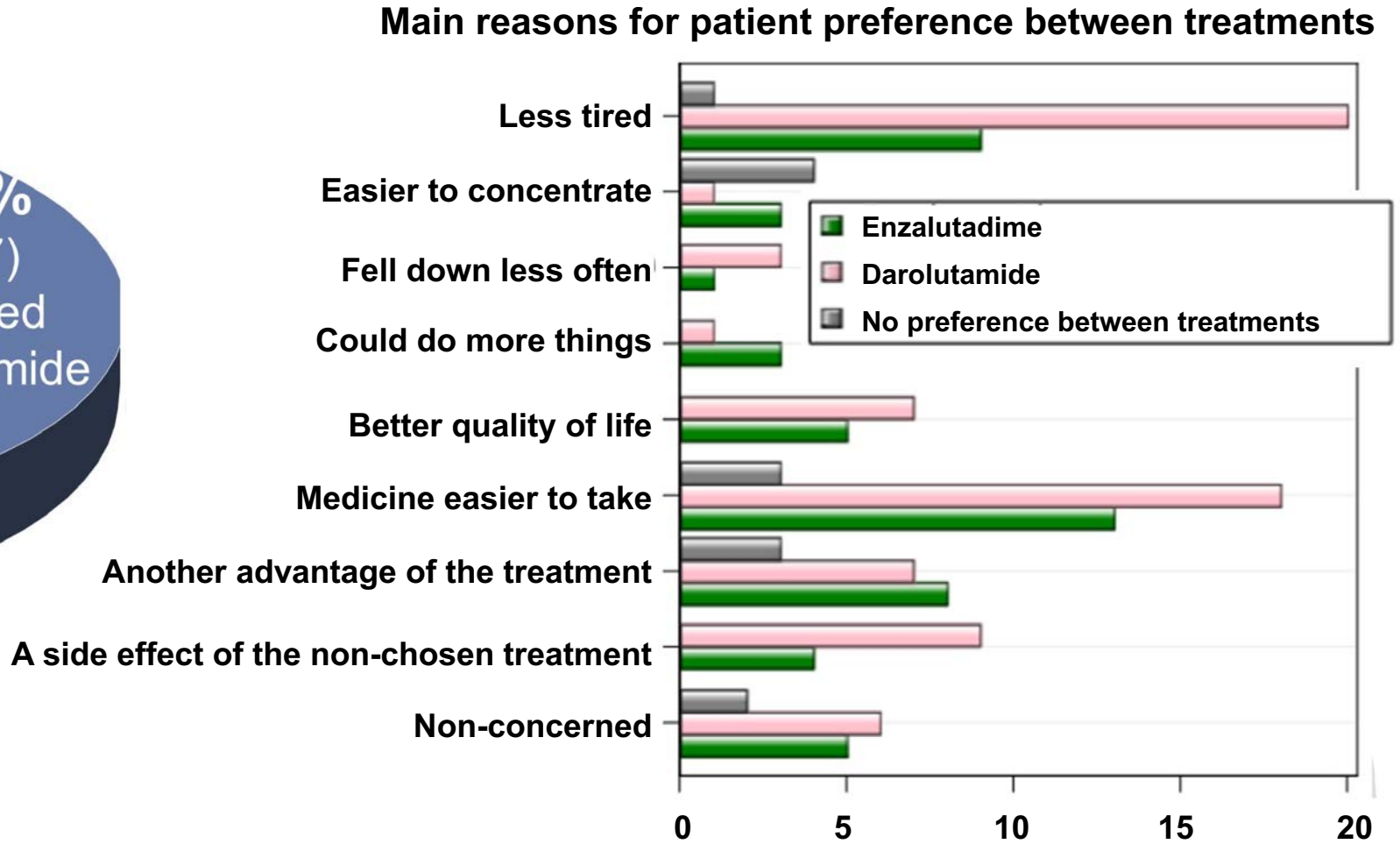
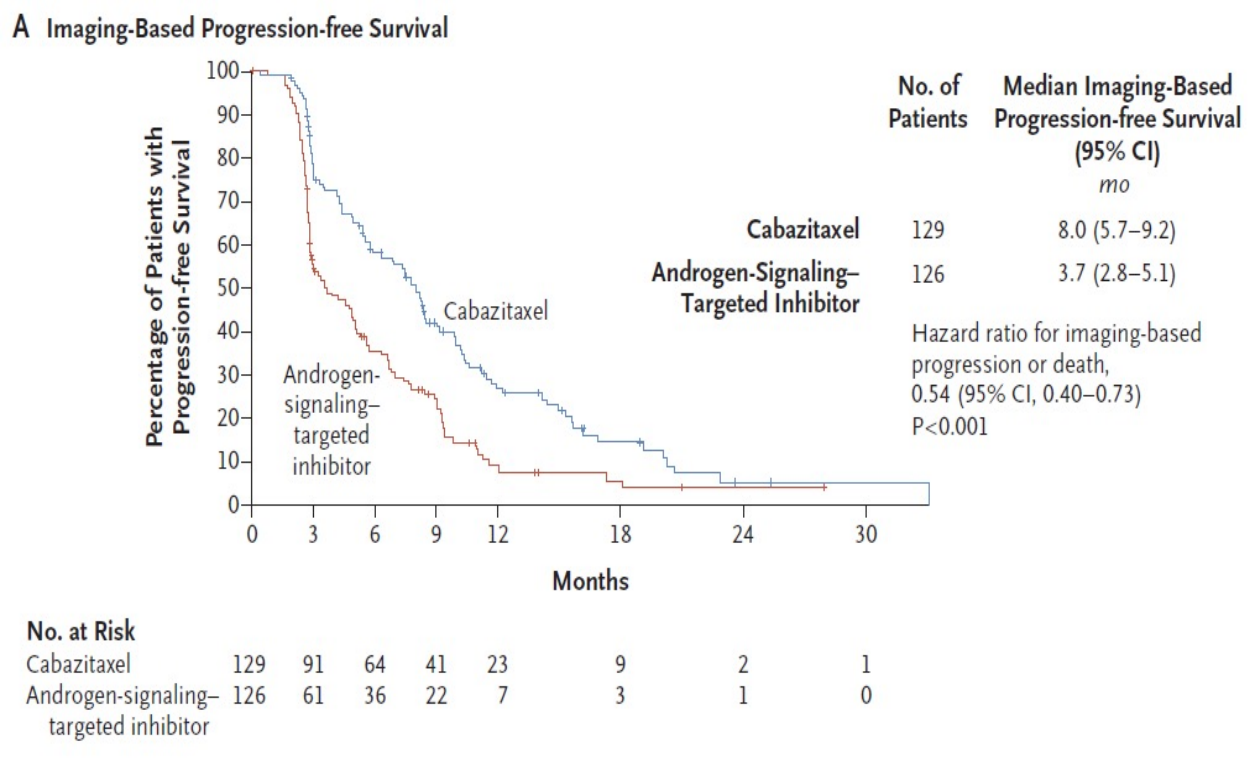
ODENZA: A Phase II Crossover Trial Evaluating Preference Between Darolutamide and Enzalutamide in Men with Asymptomatic or Mildly Symptomatic mCRPC

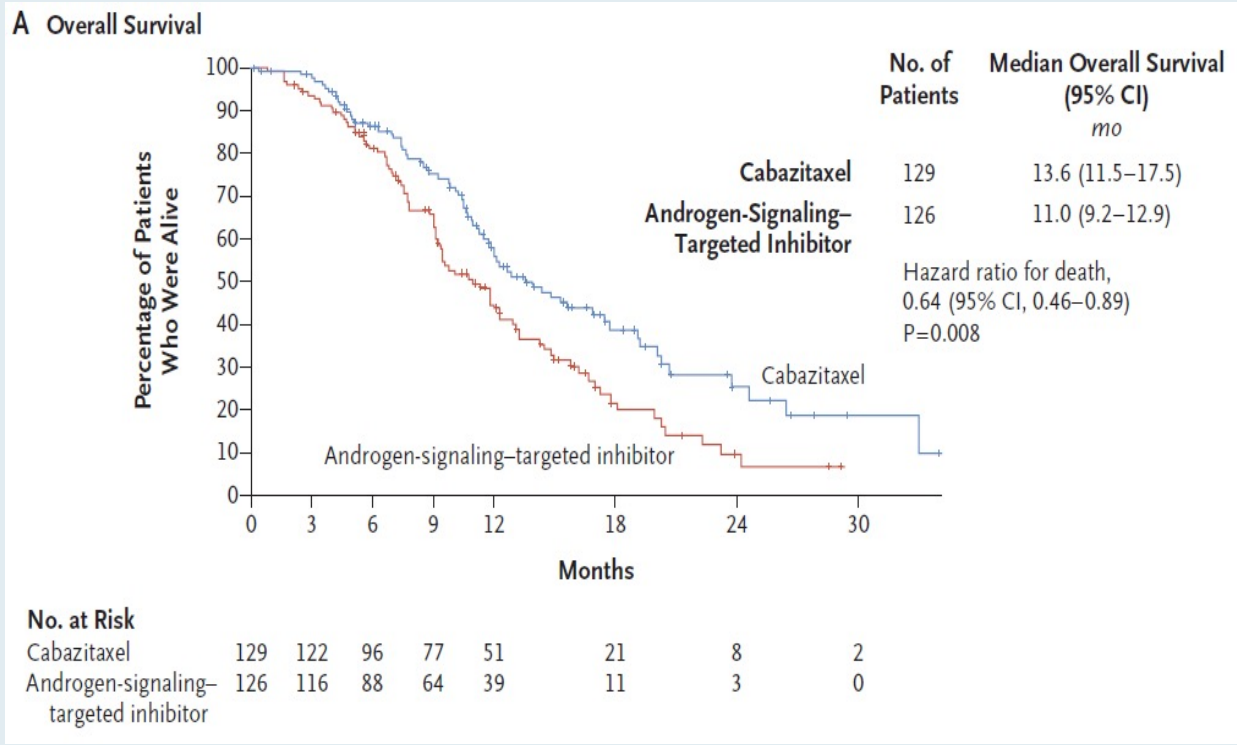




Colomba E et al. ASCO 2021;Abstract 5046.

CARD: Imaging-Based PFS and OS with Cabazitaxel versus Abiraterone or Enzalutamide for mCRPC





de Wit R. et al. *NEJM* 2019;381:2506-18.

RTP RESEARCH TO PRACTICE

CARD: Select Adverse Events

Table 2. Adverse Events (Safety Population).

Event	Cabazitaxel (N = 126)		Androgen-Signaling–Targeted Inhibitor (N = 124)	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Any adverse event — no. (%)	124 (98.4)	—	117 (94.4)	—
Any grade ≥3 adverse event — no. (%)	—	71 (56.3)	—	65 (52.4)
Any serious adverse event — no. (%)	49 (38.9)	—	48 (38.7)	—
Any adverse event leading to permanent discontinuation of treatment — no. (%)	25 (19.8)	—	11 (8.9)	—
Any adverse event leading to death — no. (%)*	7 (5.6)	—	14 (11.3)	—
Common adverse events — no. (%)†				
Asthenia or fatigue	67 (53.2)	5 (4.0)	45 (36.3)	3 (2.4)
Diarrhea	50 (39.7)	4 (3.2)	8 (6.5)	0
Infection	40 (31.7)	10 (7.9)	25 (20.2)	9 (7.3)
Musculoskeletal pain or discomfort‡	34 (27.0)	2 (1.6)	49 (39.5)	7 (5.6)
Nausea or vomiting	33 (26.2)	0	29 (23.4)	2 (1.6)
Peripheral neuropathy	25 (19.8)	4 (3.2)	4 (3.2)	0
Constipation	19 (15.1)	0	13 (10.5)	0
Hematuria	19 (15.1)	1 (0.8)	7 (5.6)	2 (1.6)
Laboratory abnormalities — no./total no. (%)††				
Anemia	124/125 (99.2)	10/125 (8.0)	118/124 (95.2)	6/124 (4.8)
Leukopenia	93/125 (74.4)	40/125 (32.0)	39/124 (31.5)	2/124 (1.6)
Neutropenia	81/123 (65.9)	55/123 (44.7)	8/124 (6.5)	4/124 (3.2)
Thrombocytopenia	51/125 (40.8)	4/125 (3.2)	20/124 (16.1)	2/124 (1.6)
Aspartate aminotransferase increased	27/124 (21.8)	4/124 (3.2)	35/124 (28.2)	0/124
Alanine aminotransferase increased	24/124 (19.4)	1/124 (0.8)	11/124 (8.9)	0/124
Hypokalemia	15/125 (12.0)	1/125 (0.8)	19/124 (15.3)	1/124 (0.8)

de Wit R et al. *NEJM* 2019;381:2506-18.

ORIGINAL RESEARCH

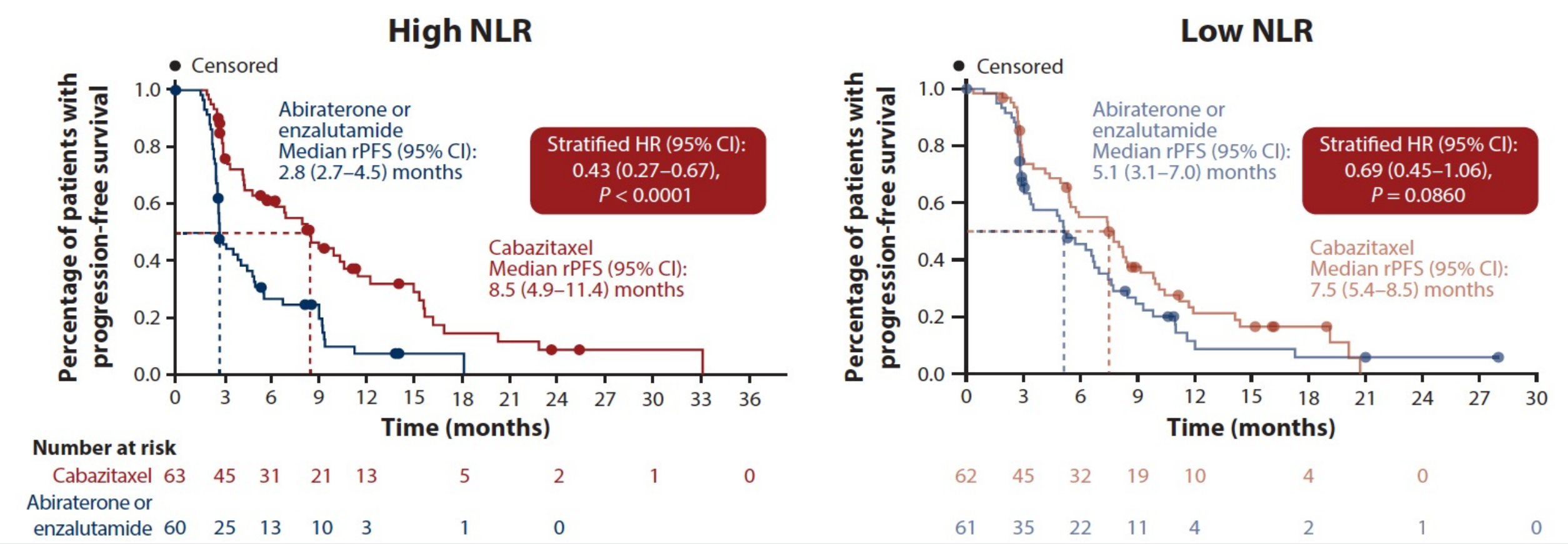
Baseline neutrophil-to-lymphocyte ratio as a predictive and prognostic biomarker in patients with metastatic castration-resistant prostate cancer treated with cabazitaxel versus abiraterone or enzalutamide in the CARD study

R. de Wit[1*], C. Wülfing[2], D. Castellano[3], G. Kramer[4], J.-C. Eymard[5], C. N. Sternberg[6], K. Fizazi[7,8], B. Tombal[9], A. Bamias[10], J. Carles[11], R. Iacovelli[12,13], B. Melichar[14], Á. Sverrisdóttir[15], C. Theodore[16], S. Feyerabend[17], C. Helissey[18], M. C. Foster[19], A. Ozatilgan[19], C. Geffriaud-Ricouard[20] & J. de Bono[21,22]

ESMO Open 2021;[Online ahead of print].

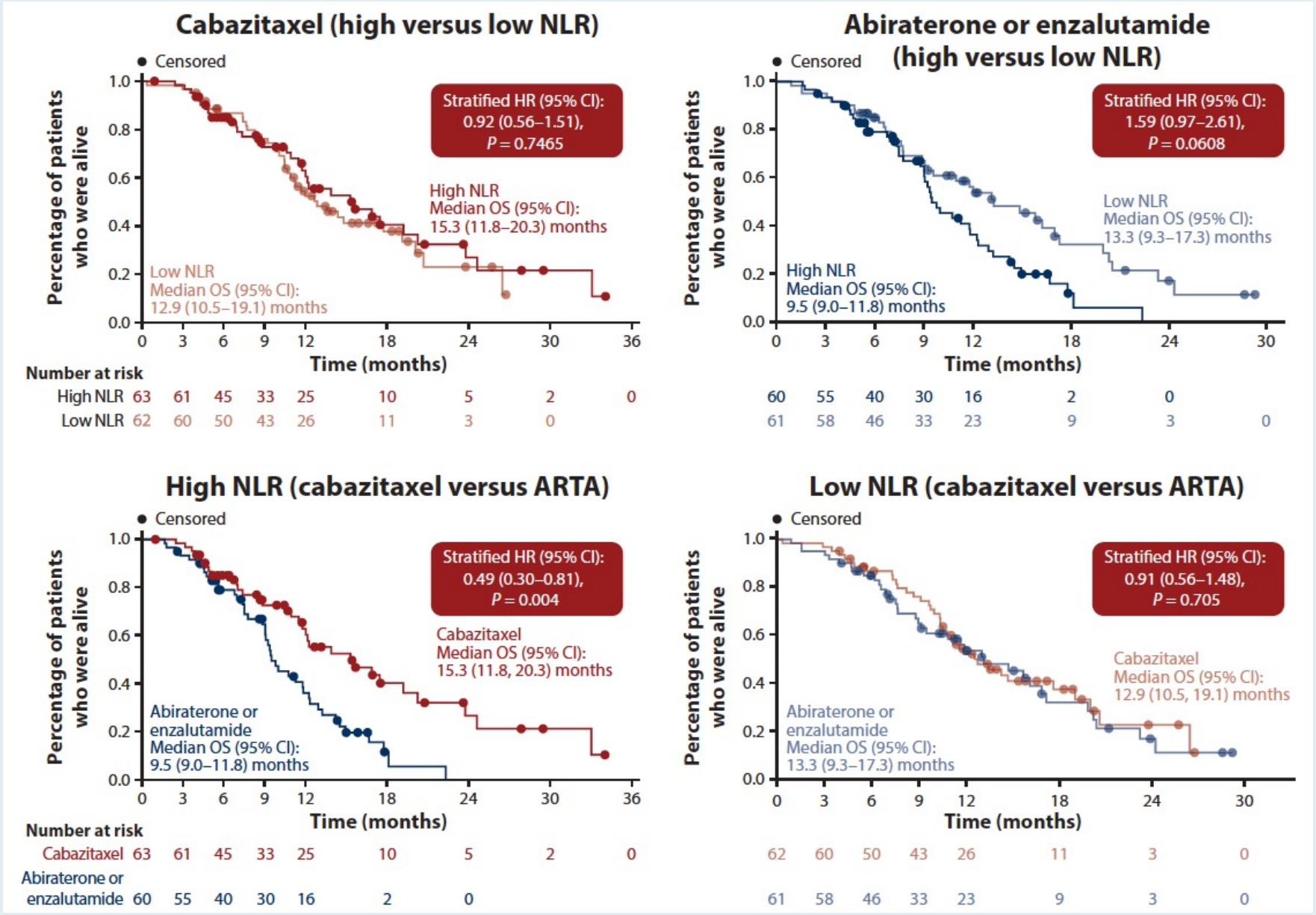
RTP RESEARCH TO PRACTICE

CARD: rPFS by Baseline Neutrophil-to-Lymphocyte Ratio (NLR)



de Wit R et al. *ESMO Open* 2021;[Online ahead of print].

CARD: OS by Baseline NLR



de Wit R et al. *ESMO Open* 2021;[Online ahead of print].

RTP RESEARCH TO PRACTICE

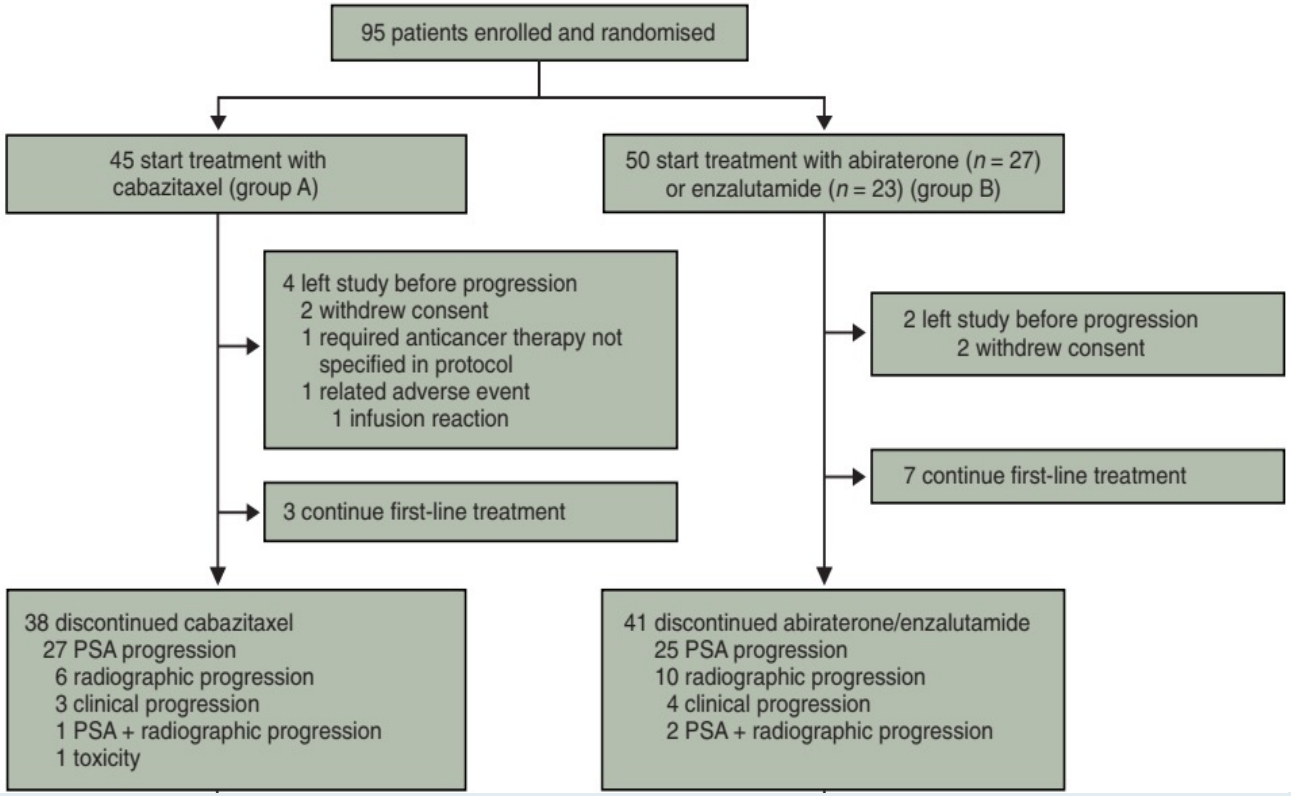
The Canadian Trial (Phase II OZM-054 Trial)

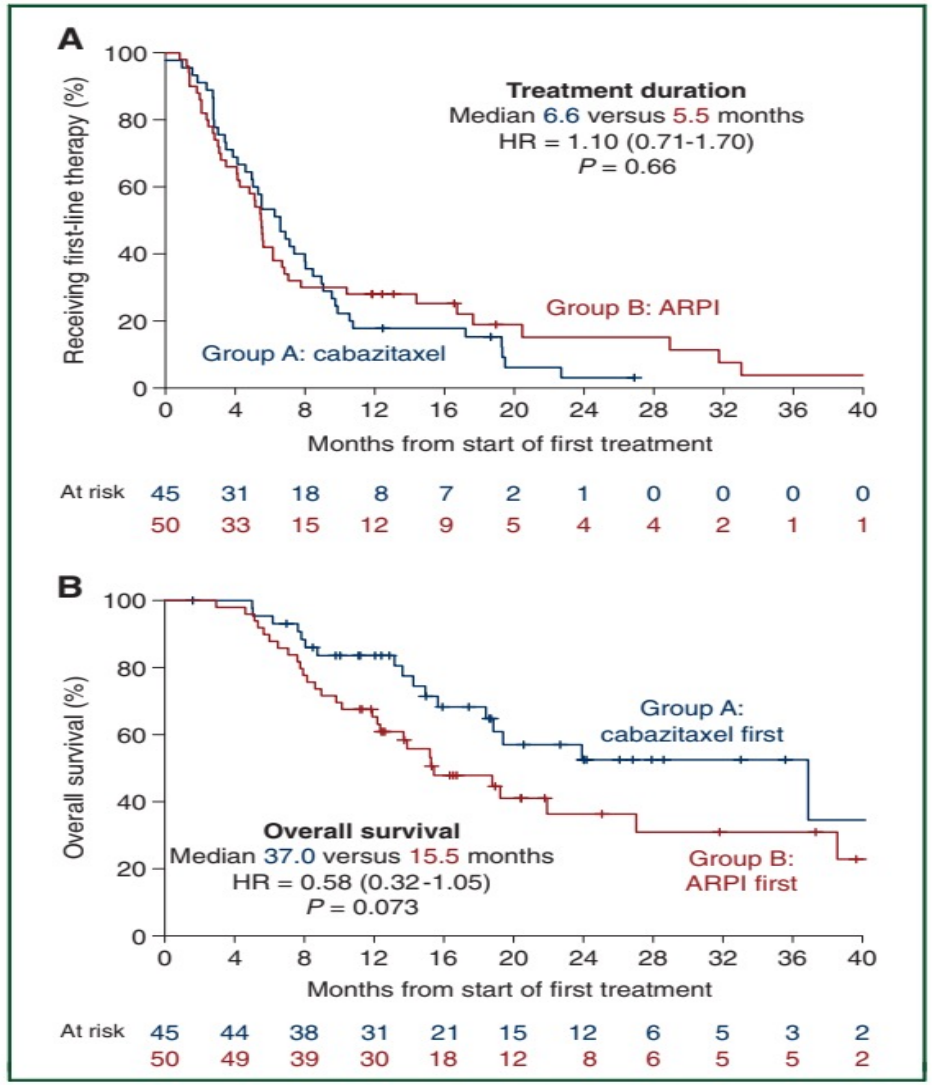
Poor prognosis:

liver mets,

CRPC <12 months,

or >3 of 6 (LDH, ECOG, visceral, albumin, ALP, <36 mo from Dx)





Annala M et al. *Ann Oncol* 2021;32:896-905.

First Results from a Randomized Phase II Study of Cabazitaxel (CBZ) versus an Androgen Receptor Targeted Agent (ARTA) in Patients with Poor-Prognosis Castration-Resistant Prostate Cancer (mCRPC)

van der Zande K et al.
ASCO 2021;Abstract 5059.

The Dutch Trial (Phase II OSTRICh Trial)

Inclusion criteria
- mCRPC
- ECOG PS0-2
- Testosterone <50 ng/dL
- Adequate bone marrow and liver functions
- Prior docetaxel
- Previous ARTA was allowed
- Progressive disease
- Features of poor prognostic disease (≥1):
  - Liver metastasis
  - Castration resistant <12m
  - Progressive <6m after docetaxel

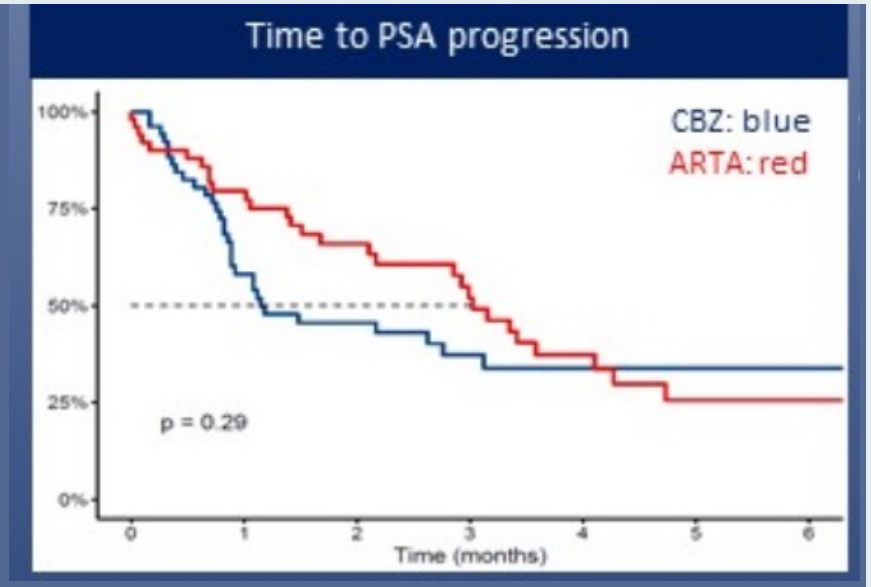
R

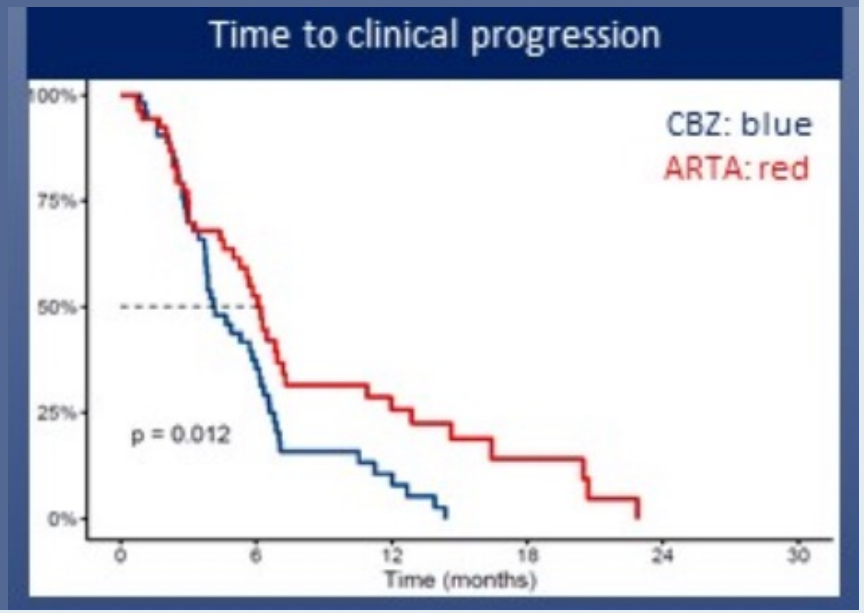
Cabazitaxel

Abiraterone/P OR enzalutamide

12 weeks CBR

Follow-up for secondary endpoints

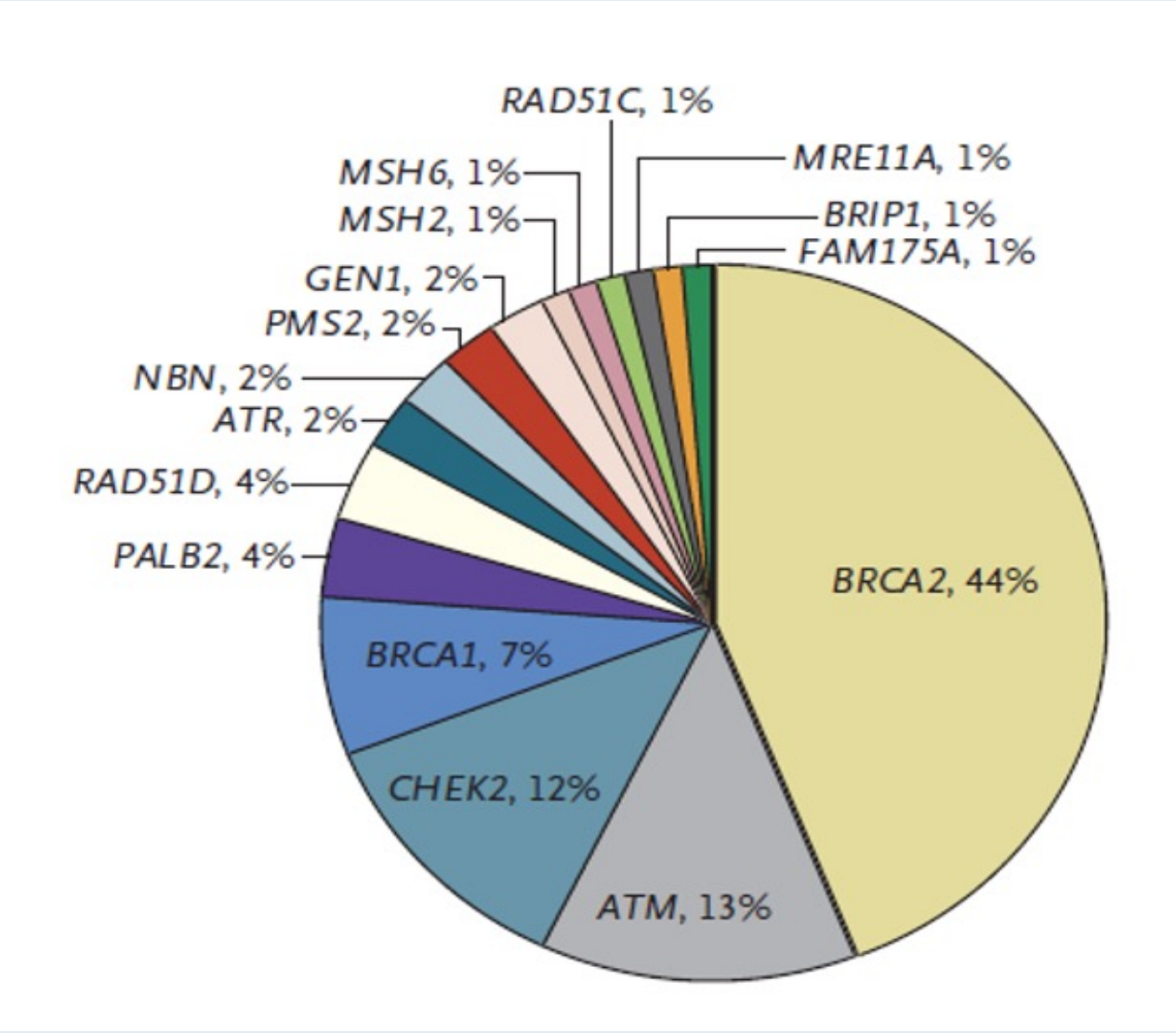




van der Zande K et al. *ASCO* 2021;Abstract 5059.

RTP RESEARCH TO PRACTICE

Inherited DNA Repair Gene Mutations in Men with Metastatic Prostate Cancer



- Multicenter study of 692 men
- Deleterious mutations were found in 82 men (11.8%) in 16 genes
- Observed rate exceeded that associated with localized prostate cancer (4.6%) and general population without cancer (2.7%)

Courtesy of Matthew Smith, MD, PhD.

RTP RESEARCH TO PRACTICE

Recent FDA Approvals of PARP Inhibitors for mCRPC

PARP inhibitor	Approval date	Pivotal study
Olaparib	May 19, 2020	PROfound
Rucaparib	May 15, 2020	TRITON2

https://www.fda.gov/drugs/resources-information-approved-drugs/

RTP RESEARCH TO PRACTICE

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

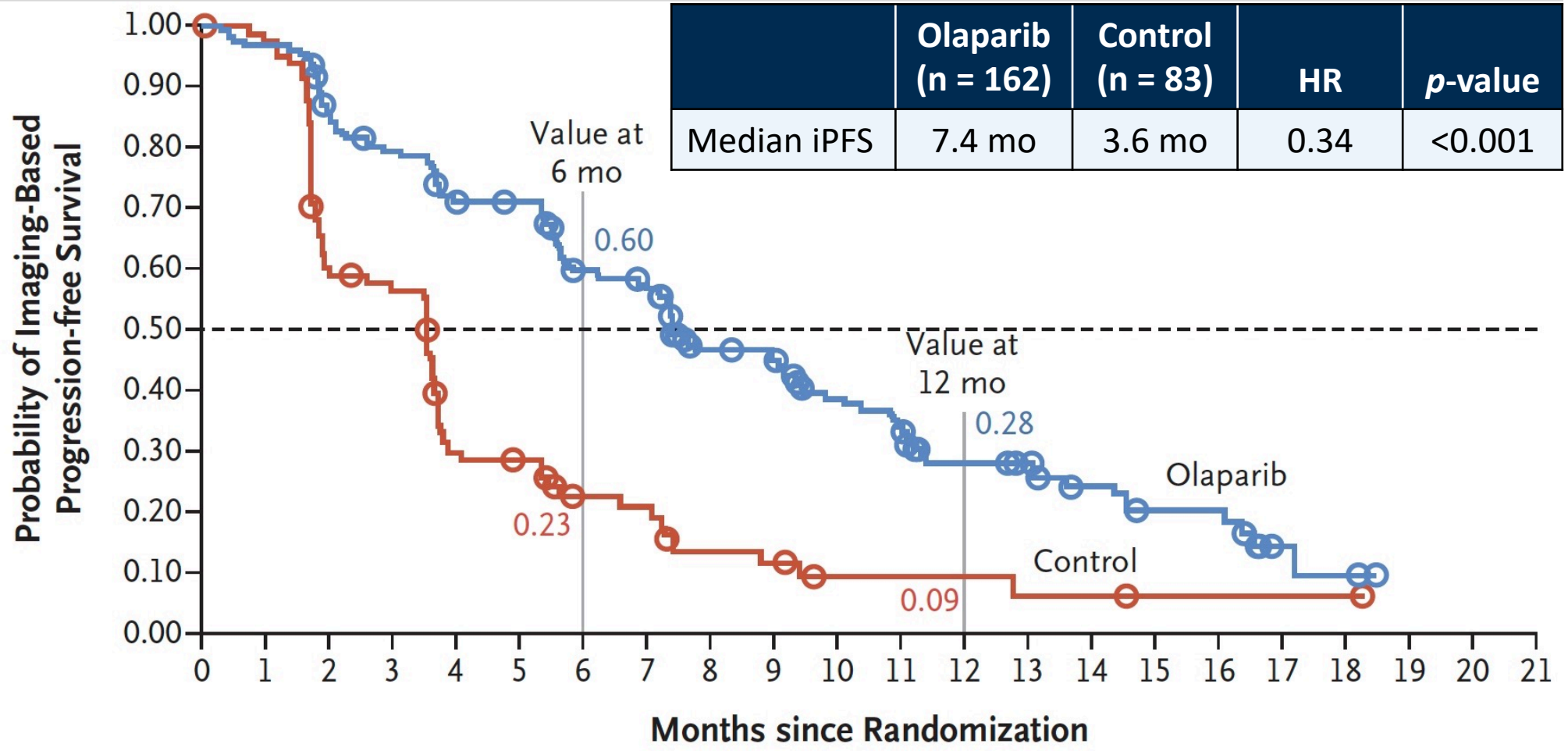
Olaparib for Metastatic Castration-Resistant Prostate Cancer

J. de Bono, J. Mateo, K. Fizazi, F. Saad, N. Shore, S. Sandhu, K.N. Chi, O. Sartor, N. Agarwal, D. Olmos, A. Thiery-Vuillemin, P. Twardowski, N. Mehra, C. Goessl, J. Kang, J. Burgents, W. Wu, A. Kohlmann, C.A. Adelman, and M. Hussain

***N Engl J Med* 2020;382:2091-102**

PROfound Primary Endpoint: Imaging-Based PFS with Olaparib for Patients with mCRPC Who Had at Least 1 Alteration in BRCA1, BRCA2 or ATM (Cohort A)

	Olaparib (n = 162)	Control (n = 83)	HR	*p*-value
Median iPFS	7.4 mo	3.6 mo	0.34	<0.001

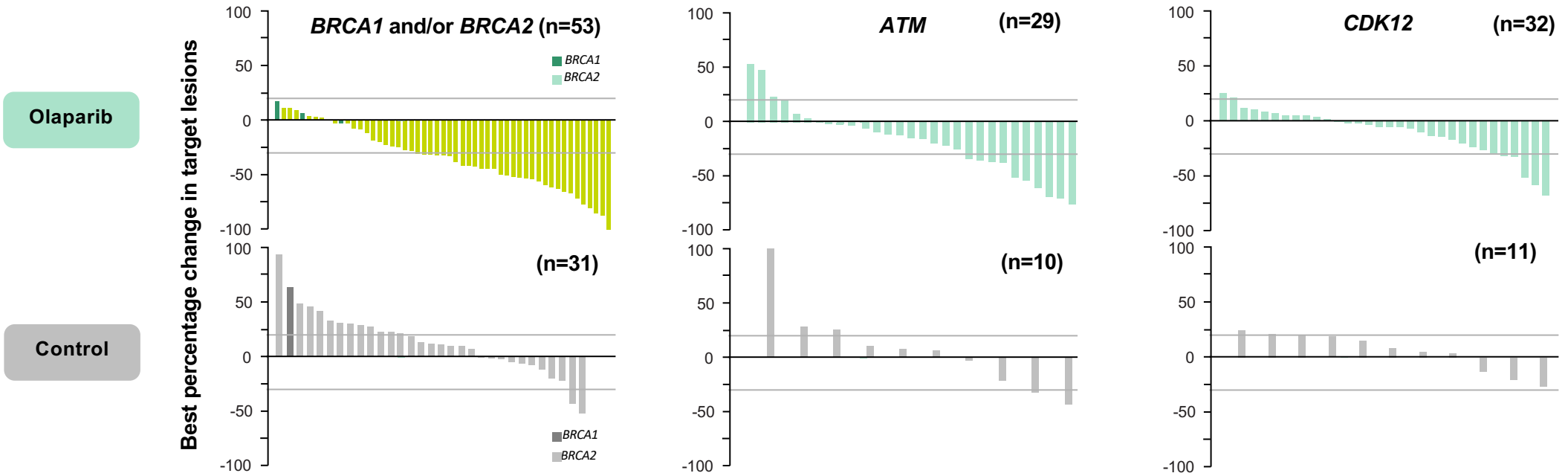


de Bono J et al; PROfound investigators. *N Engl J Med* 2020;382(22):2091-102.

RTP RESEARCH TO PRACTICE

Olaparib Antitumor Activity in PROfound

		Cohort A		Cohorts A+B		*BRCA1* and/or *BRCA2*		*ATM*		*CDK12*	
		Olaparib (N=162)	Control (N=83)	Olaparib (N=256)	Control (N=131)	Olaparib (N=102)	Control (N=58)	Olaparib (N=62)	Control (N=24)	Olaparib (N=61)	Control (N=28)
rPFS	Median, months	7.4	3.6	5.8	3.5	9.8	3.0	5.4	4.7	5.1	2.2
	HR (95% CI)	0.34 (0.25–0.47)		0.49 (0.38–0.63)		0.22 (0.15–0.32)		1.04 (0.61–1.87)		0.74 (0.44–1.31)	
OS	Median OS, months	19.1	14.7	17.3	14.0	20.1	14.4	18.0	15.6	14.1	11.5
	HR (95% CI)	0.69 (0.50–0.97)		0.79 (0.61–1.03)		0.63 (0.42–0.95)		0.93 (0.53–1.75)		0.97 (0.57–1.71)	
ORR	Evaluable patients, n	84	43	138	67	57	33	30	10	34	12
	ORR, %	33.3	2.3	21.7	4.5	43.9	0	10.0	10.0	5.9	0
PSA	Evaluable patients, n	153	77	243	123	94	54	61	22	58	27
	Confirmed response, %	43.1	7.8	30.0	9.8	61.7	0	13.1	22.7	5.2	3.7
CTC	Evaluable patients, n	52	22	78	32	29	17	25	3	14	5
	Conversion, %	55.8	22.7	52.6	21.9	69.0	23.5	40.0	33.3	50.0	40.0



de Bono et al. NEJM 2020

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

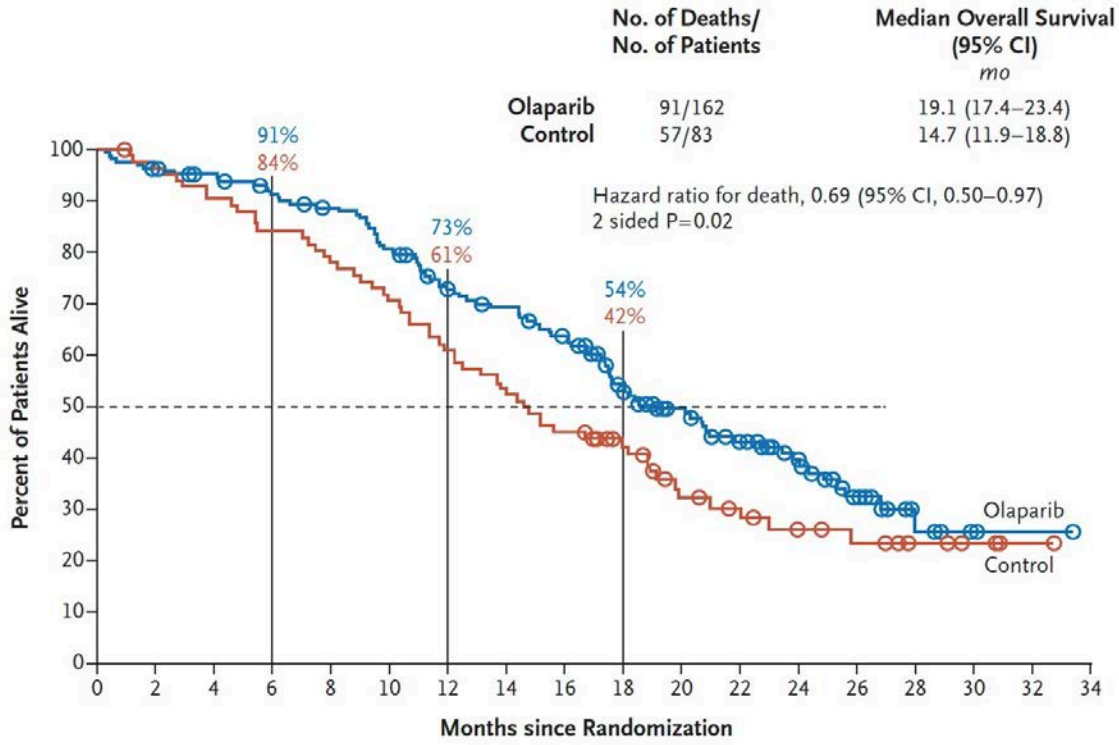
Survival with Olaparib in Metastatic Castration-Resistant Prostate Cancer

M. Hussain, J. Mateo, K. Fizazi, F. Saad, N. Shore, S. Sandhu, K.N. Chi, O. Sartor, N. Agarwal, D. Olmos, A. Thiery-Vuillemin, P. Twardowski, G. Roubaud, M. Özgüroğlu, J. Kang, J. Burgents, C. Gresty, C. Corcoran, C.A. Adelman, and J. de Bono, for the PROfound Trial Investigators*

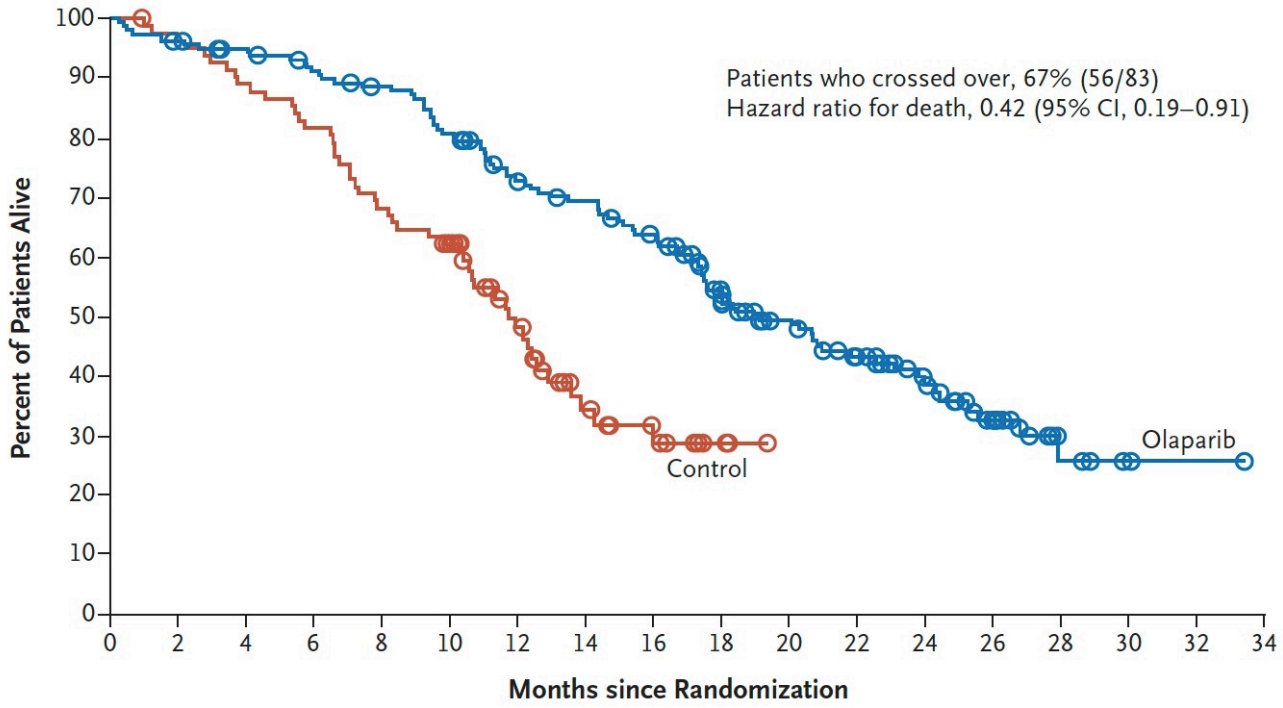
***N Engl J Med* 2020;383(24):2345-57.**

PROfound: OS with Olaparib in Patients with mCRPC Who Had at Least 1 Alteration in BRCA1, BRCA2 or ATM (Cohort A)

Overall survival



Cross-over adjusted overall survival



Hussain M et al; PROfound investigators. *N Engl J Med* 2020;383(24):2345-57.

rapid communications

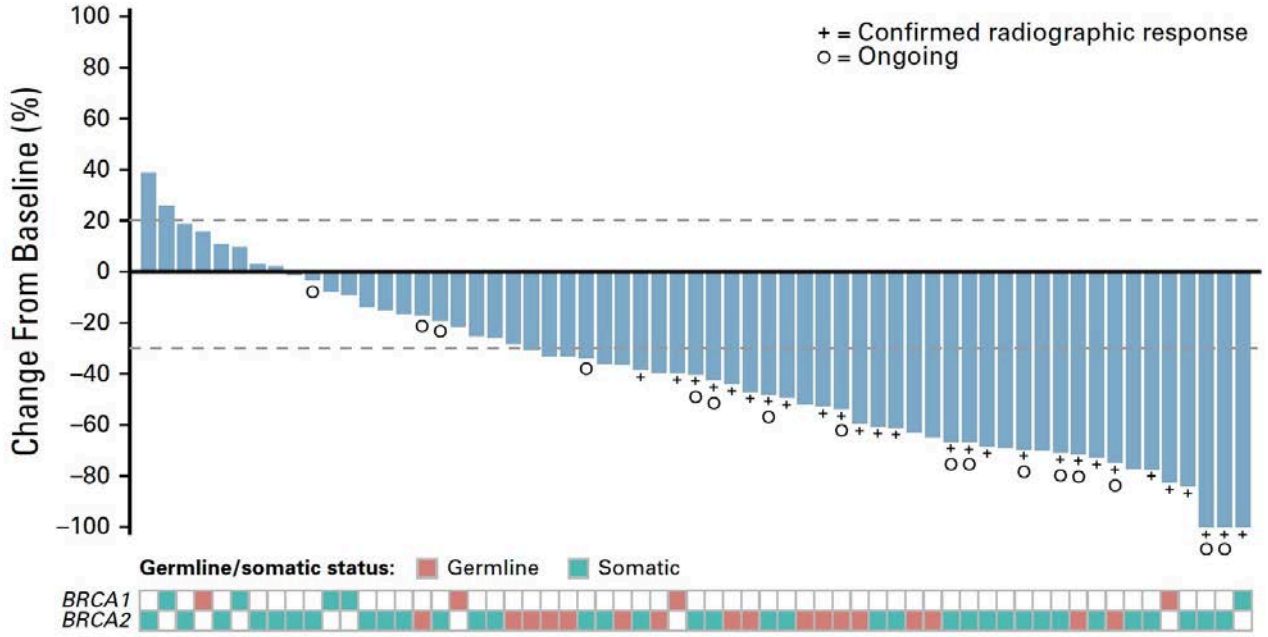
Rucaparib in Men With Metastatic Castration-Resistant Prostate Cancer Harboring a *BRCA1* or *BRCA2* Gene Alteration

Wassim Abida, MD, PhD[1]; Akash Patnaik, MD, PhD, MMSc[2]; David Campbell, MBBS[3]; Jeremy Shapiro, MBBS[4]; Alan H. Bryce, MD[5]; Ray McDermott, MD, PhD, MBA[6]; Brieuc Sautois, MD, PhD[7]; Nicholas J. Vogelzang, MD[8]; Richard M. Bambury, MD[9]; Eric Voog, MD[10]; Jingsong Zhang, MD, PhD[11]; Josep M. Piulats, MD[12]; Charles J. Ryan, MD[13]; Axel S. Merseburger, PhD[14]; Gedske Daugaard, DMSc[15]; Axel Heidenreich, MD[16]; Karim Fizazi, MD, PhD[17]; Celestia S. Higano, MD[18]; Laurence E. Krieger, MBChB[19]; Cora N. Sternberg, MD[20]; Simon P. Watkins, PhD[21]; Darrin Despain, MStat[22]; Andrew D. Simmons, PhD[23]; Andrea Loehr, PhD[23]; Melanie Dowson, BA[24]; Tony Golsorkhi, MD[25]; and Simon Chowdhury, MD, PhD[26,27]; on behalf of the TRITON2 investigators

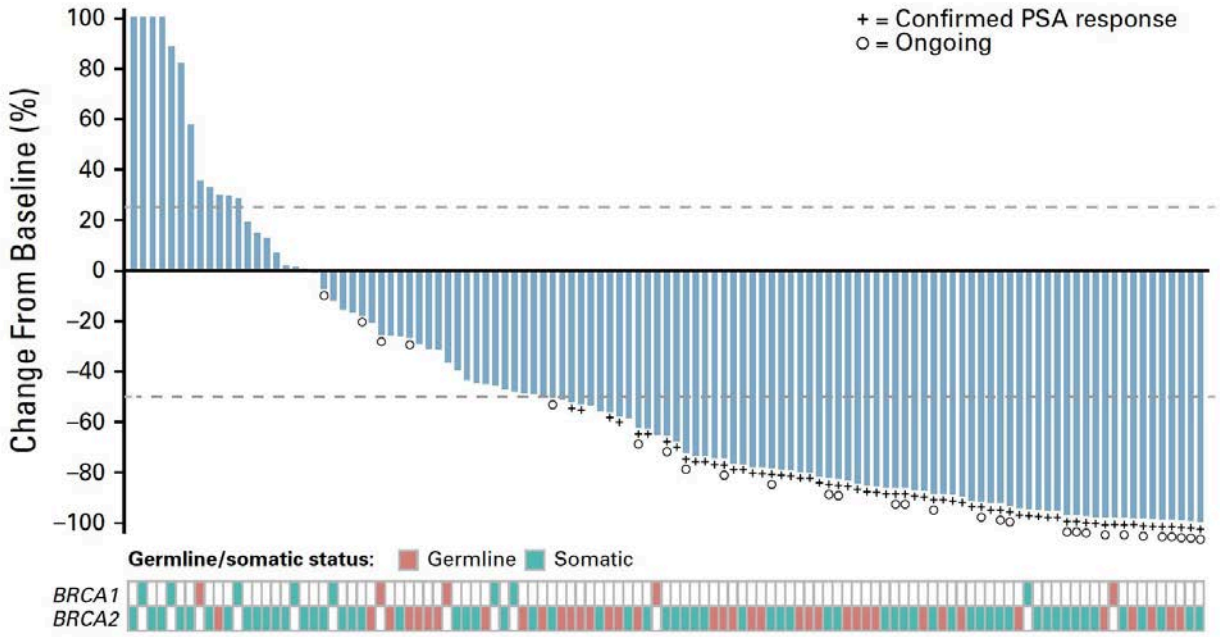
J Clin Oncol 2020;38(22):3763-72.

TRITON2: Response to Rucaparib in Patients with mCRPC Harboring a BRCA1 or BRCA2 Gene Alteration

ORR per independent radiology review: 43.5%



Confirmed PSA response rate: 54.8%

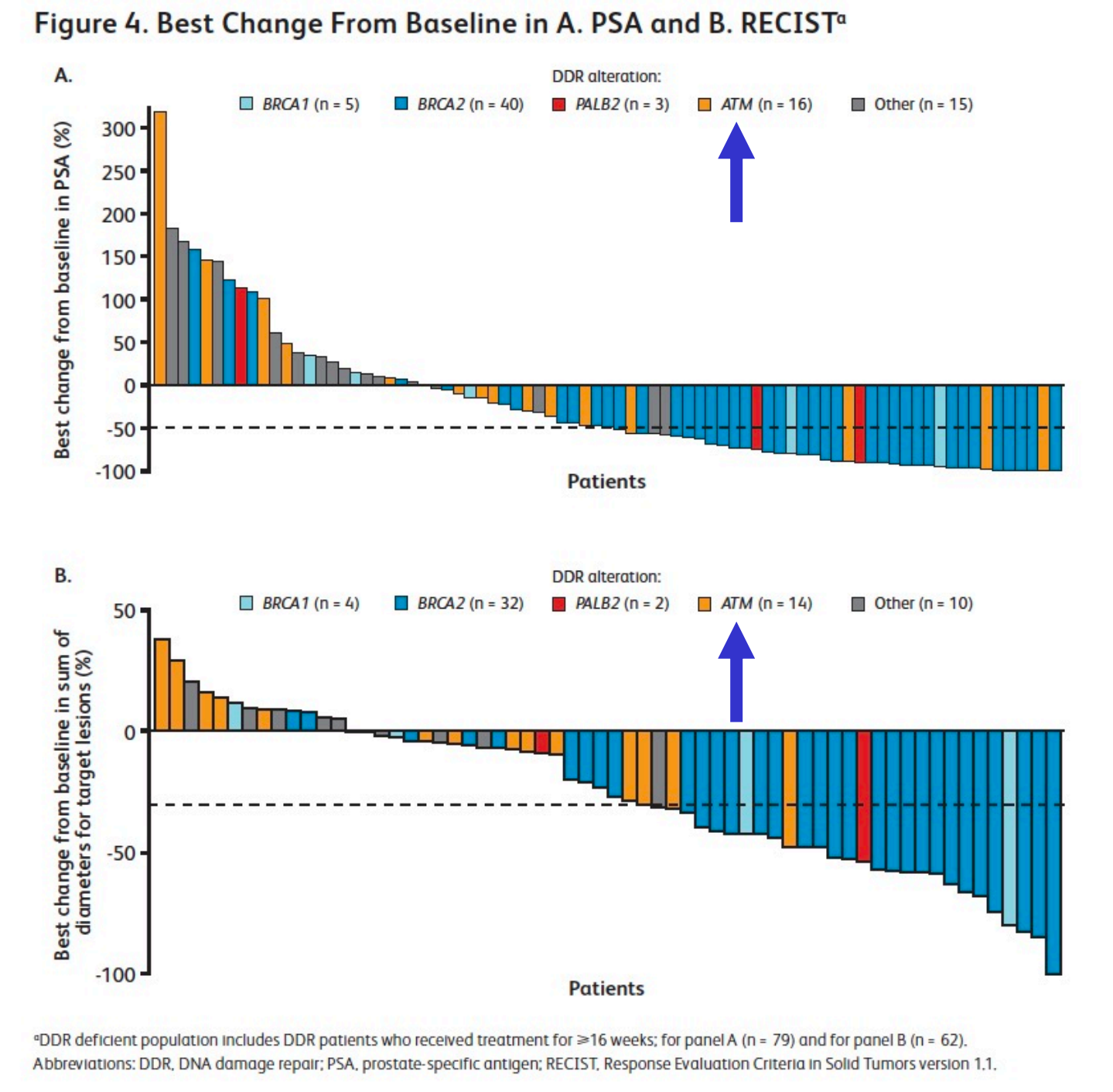


Abida W et al. TRITON2 investigators. *J Clin Oncol* 2020;38(32):3763-72.

RTP RESEARCH TO PRACTICE

Talazoparib in mCRPC (TALAPRO-1)

BRCA in blue
ATM loss in orange
PALB2 in red



de Bono JS et al. *Lancet Oncol* 2021;22(9):1250-64.

RTP RESEARCH TO PRACTICE

Abiraterone acetate plus prednisolone with or without enzalutamide added to androgen deprivation therapy compared to ADT alone for men with high-risk nonmetastatic prostate cancer: primary combined analysis from two comparisons in the STAMPEDE platform protocol

Gerhardt Attard, Louise Brown, Noel Clarke, Laura Murphy, William Cross, Rob Jones, Silke Gillessen, J.Martin Russell, Adrian Cook, Jo Bowen, Anna Lydon, Ian Pedley, Omi Parikh, Simon Chowdhury, Zafar Malik, David Matheson, Chris Parker, Matthew Sydes, Mahesh Parmar, Nicholas James **on behalf of the STAMPEDE investigators***

Conducted by Medical Research Council Trials Unit at University College London, U.K.

ClinicalTrials.gov number, NCT00268476 & Current Controlled Trials number, ISRCTN78818544

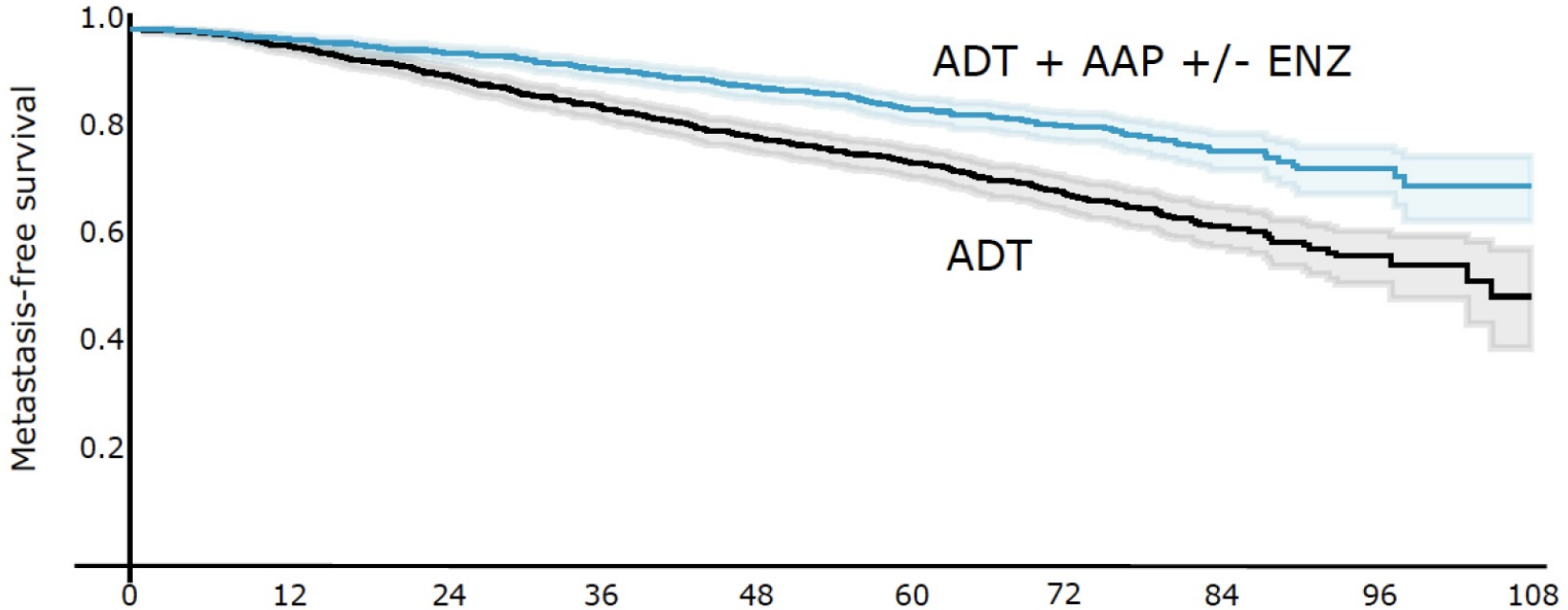
*113 U.K. and Swiss sites: list of investigators and collaborators at www.stampedetrial.org

www.stampedetrial.org

2021 ESMO congress

ESMO 2021;Abstract LBA4_PR.

Metastasis-Free Survival with the Addition of Abiraterone Acetate and Prednisolone with or without Enzalutamide to ADT for High-Risk M0 Prostate Cancer



ADT										
At-risk	988	950	894	836	767	550	329	172	53	9
Censored	0	8	11	14	26	201	387	522	632	673
Event	0	30	83	138	195	237	272	294	303	306
ADT+AAP+/-ENZ										
At-risk	986	948	917	884	839	622	369	198	71	14
Censored	0	21	28	31	45	225	460	615	737	792
Event	0	17	41	71	102	139	157	173	178	180

Events
180 ADT+ AAP +/- ENZ
306 ADT

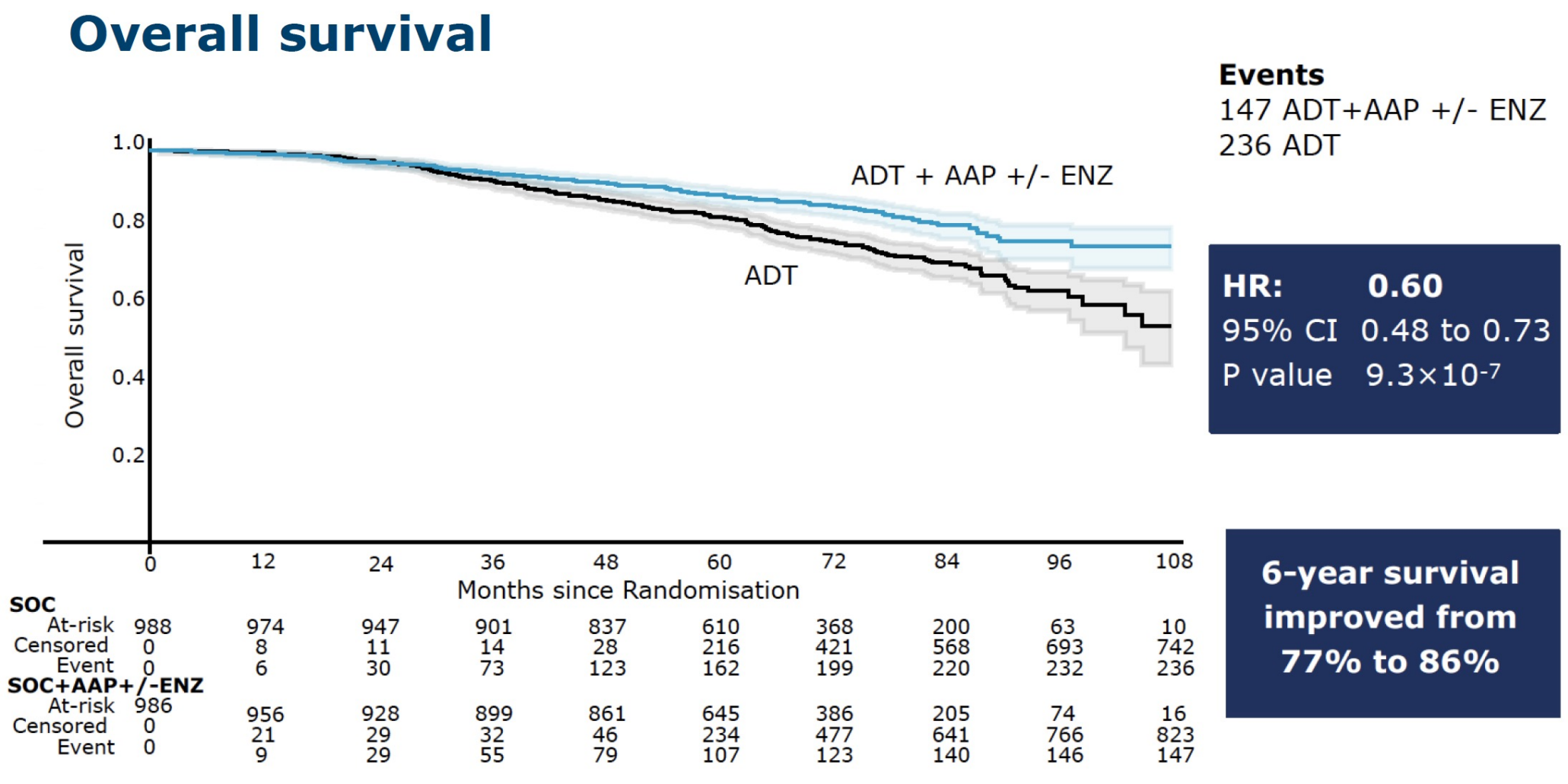
HR:	**0.53**
95% CI:	0.44-0.64
P value	2.9×10^{-11}

6-year MFS improved from 69% to 82%

Attard G et al. ESMO 2021;Abstract LBA4_PR.

RTP RESEARCH TO PRACTICE

Overall Survival with the Addition of Abiraterone Acetate and Prednisolone with or without Enzalutamide to ADT for High-Risk M0 Prostate Cancer



Attard G et al. ESMO 2021;Abstract LBA4_PR.

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Data Sets and Advances in Oncology

Breast Cancer

Thursday, January 6, 2022
5:00 PM – 6:00 PM ET

Faculty

Harold J Burstein, MD, PhD
Professor Peter Schmid, FRCP, MD, PhD

Moderator

Neil Love, MD

RTP Year in Review 2022

Thank you for joining us!

CME and MOC credit information will be emailed to each participant within 5 business days.

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