Year in Review:
Prostate Cancer

Tuesday, April 12, 2022
5:00 PM – 6:00 PM ET

Faculty

Emmanuel S Antonarakis, MD
Daniel P Petrylak, MD

Moderator

Neil Love, MD

RTP Year in Review 2022

YiR Prostate Cancer Faculty

Emmanuel S Antonarakis, MD
Clark Endowed Professor of Medicine
Division of Hematology, Oncology and Transplantation
University of Minnesota
Minneapolis, Minnesota

Daniel P Petrylak, MD
Professor of Internal Medicine (Medical Oncology) and Urology
Yale School of Medicine
New Haven, Connecticut

RTP Year in Review 2022

Commercial Support

This activity is supported by educational grants from Astellas and Pfizer Inc, and Exelixis Inc.

Dr Love — Disclosures

Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following companies: AbbVie Inc, Adaptive Biotechnologies Corporation, ADC Therapeutics, Agios Pharmaceuticals Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeiGene Ltd, BeyondSpring Pharmaceuticals Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Coherus BioSciences, CTI BioPharma Corp, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, EMD Serono Inc, Epizyme Inc, Exact Sciences, Exelixis Inc, Five Prime Therapeutics Inc, Foundation Medicine, G1 Therapeutics Inc, Genentech, a member of the Roche Group, Genmab, Gilead Sciences Inc, GlaxoSmithKline, Grail Inc, Halozyme Inc, Helsinn Healthcare SA, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Karyopharm Therapeutics, Kite, A Gilead Company, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Mersana Therapeutics Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi Genzyme, Seagen Inc, Servier Pharmaceuticals LLC, Sumitomo Dainippon Pharma Oncology Inc, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, Tesaro, A GSK Company, TG Therapeutics Inc, Turning Point Therapeutics Inc, Verastem Inc and Zymeworks Inc.

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Dr Antonarakis — Disclosures

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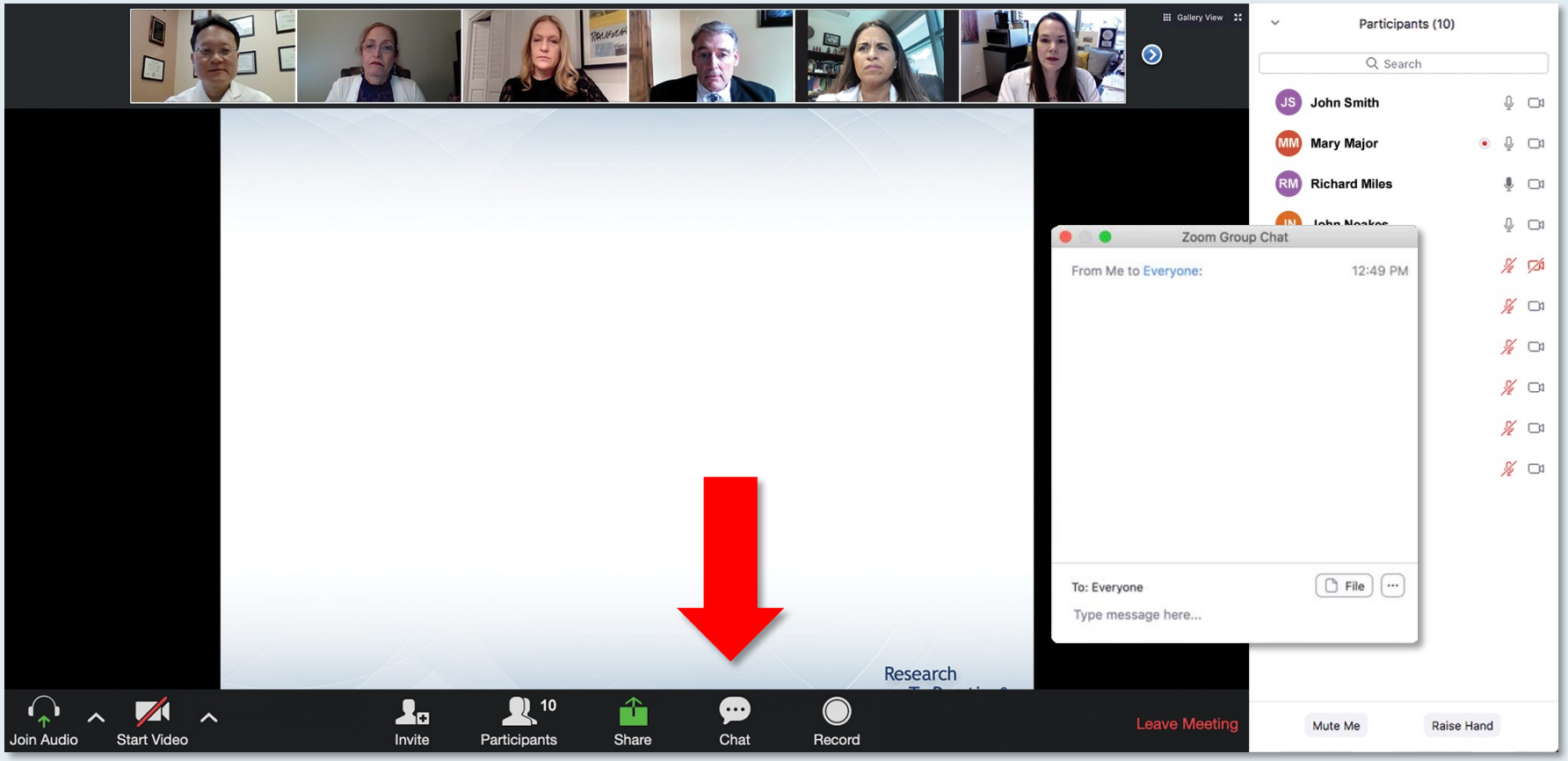
Consulting Agreements	EcoR1 Capital LLC, KeyQuest Health
Contracted Research	AstraZeneca Pharmaceuticals LP, Celgene Corporation, Clovis Oncology
Other	QIAGEN: licenser of technology

Dr Petrylak — Disclosures

Consulting Agreements	Gilead Sciences Inc, Ipsen Biopharmaceuticals Inc
Contracted Research	Gilead Sciences Inc

We Encourage Clinicians in Practice to Submit Questions



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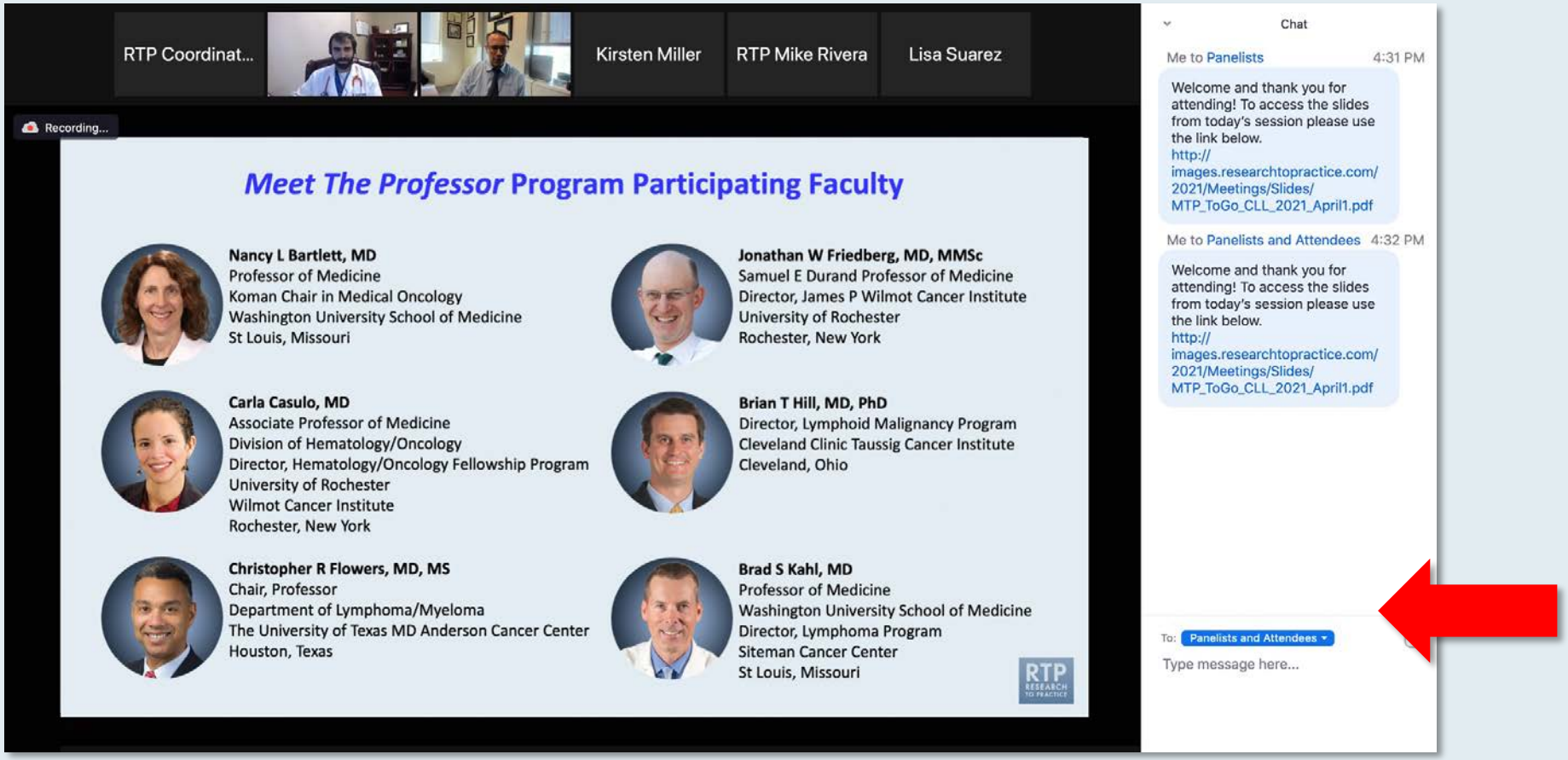
Expand chat submission box



Drag the white line above the submission box up to create more space for your message.

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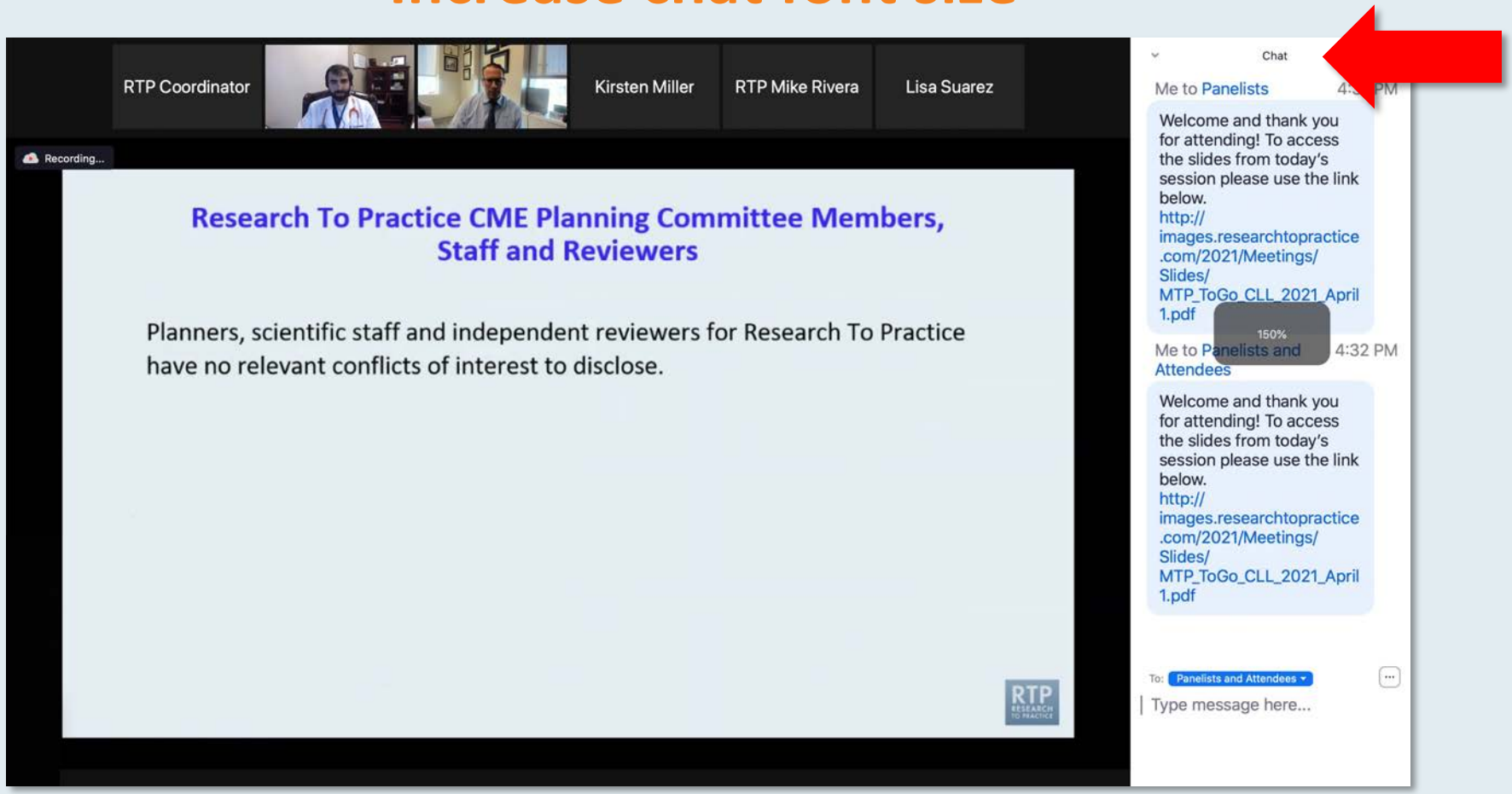

Press Command (for Mac) or Control (for PC) and the + symbol.
You may do this as many times as you need for readability.

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WITH DR NEIL LOVE

Novel Agents and Strategies for the Treatment of Metastatic Castration-Resistant Prostate Cancer

DR EVAN YU

FRED HUTCHINSON CANCER RESEARCH CENTER

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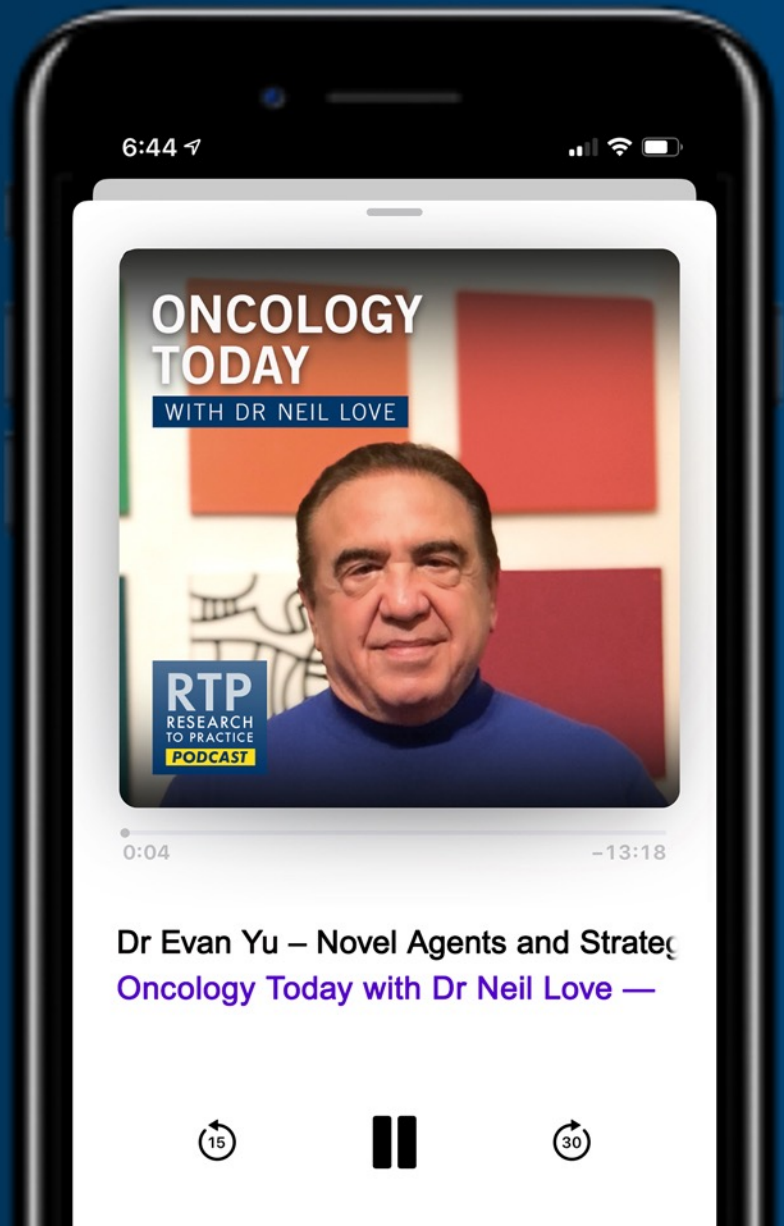

Year in Review:
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Wednesday, April 13, 2022
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Tanios Bekaii-Saab, MD
Philip A Philip, MD, PhD, FRCP

Special Topics

- **HIMALAYA**

RTP Year in Review 2022

Meet The Professor
Chronic Lymphocytic Leukemia

Thursday, April 14, 2022
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Jennifer R Brown, MD, PhD

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- **Pirtobrutinib**
- **GLOW study**

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What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

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6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty
Kathy D Burns, RN, MSN, AGACNP-BC, OCN
Robert Dreicer, MD, MS
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Ronald Stein, JD, MSN, NP-C, AOCNP

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Amanda K Wagner, APRN-CNP, AOCNP

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Marianne J Davies, DNP, MSN, RN, APRN
Matthew Gubens, MD, MS
Lowell L Hart, MD
Chaely J Medley, MSN, AGNP

Breast Cancer

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Faculty
Jamie Carroll, APRN, MSN, CNP
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Sumanta Kumar Pal, MD

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Ashish M Kamat, MD, MBBS
Stephen B Williams, MD, MBA, MS

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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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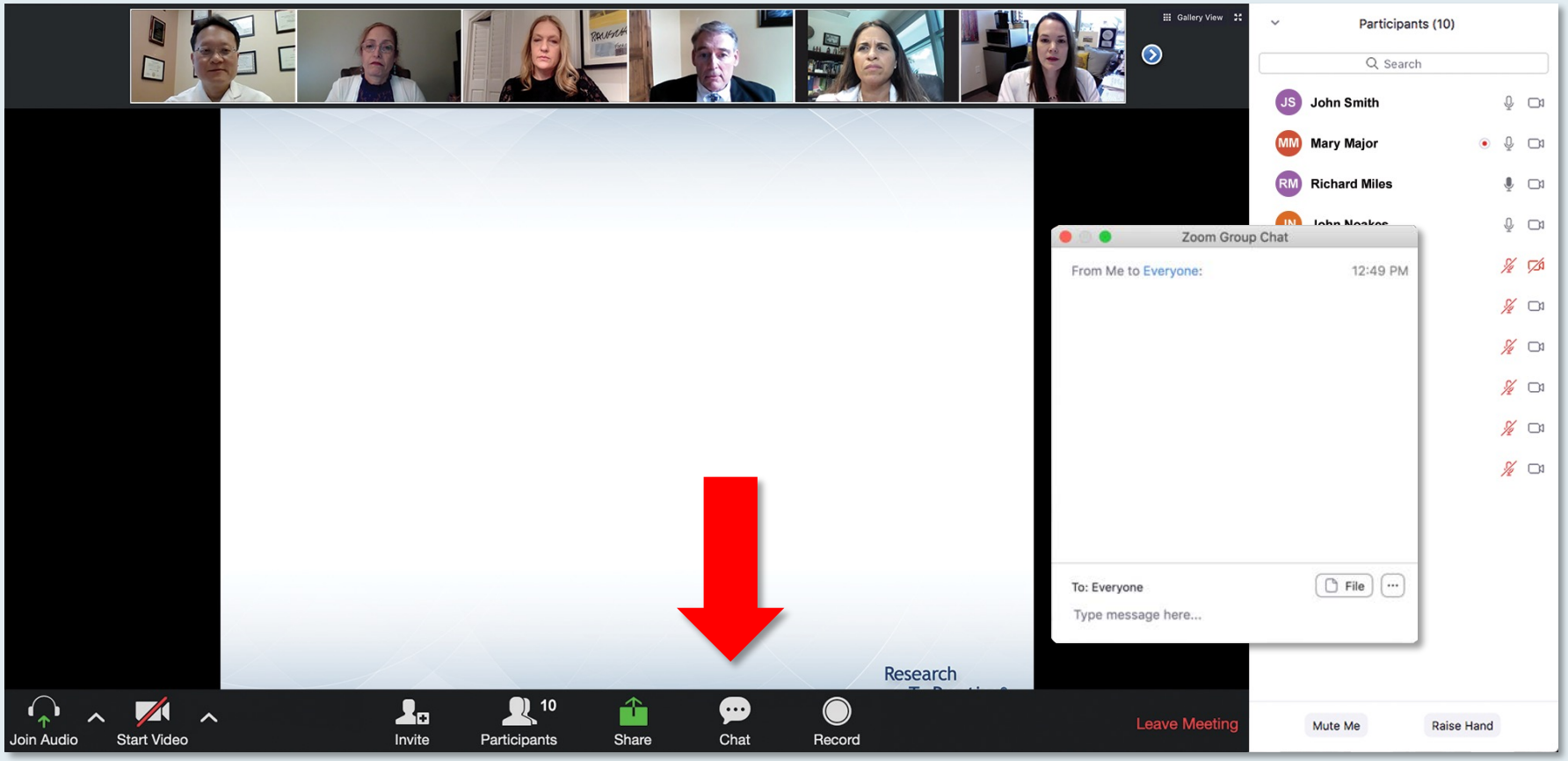

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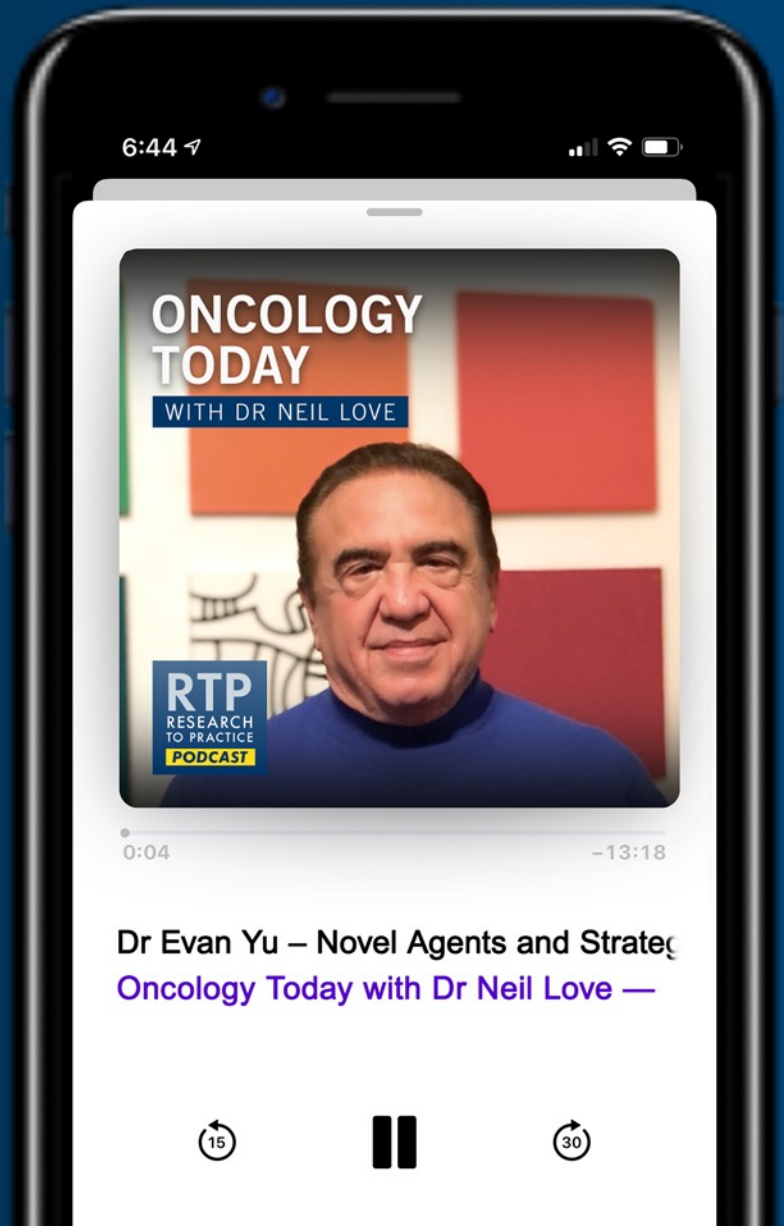

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Dr Petrylak — Disclosures

Consulting Agreements	Gilead Sciences Inc, Ipsen Biopharmaceuticals Inc
Contracted Research	Gilead Sciences Inc

Year in Review: Prostate Cancer

Introduction

MODULE 1: Endocrine Therapy

MODULE 2: ^{177}Lutetium-PSMA-617

MODULE 3: PARP Inhibitors

MODULE 4: Immunotherapy

RTP Year in Review 2022

March 31, 2022

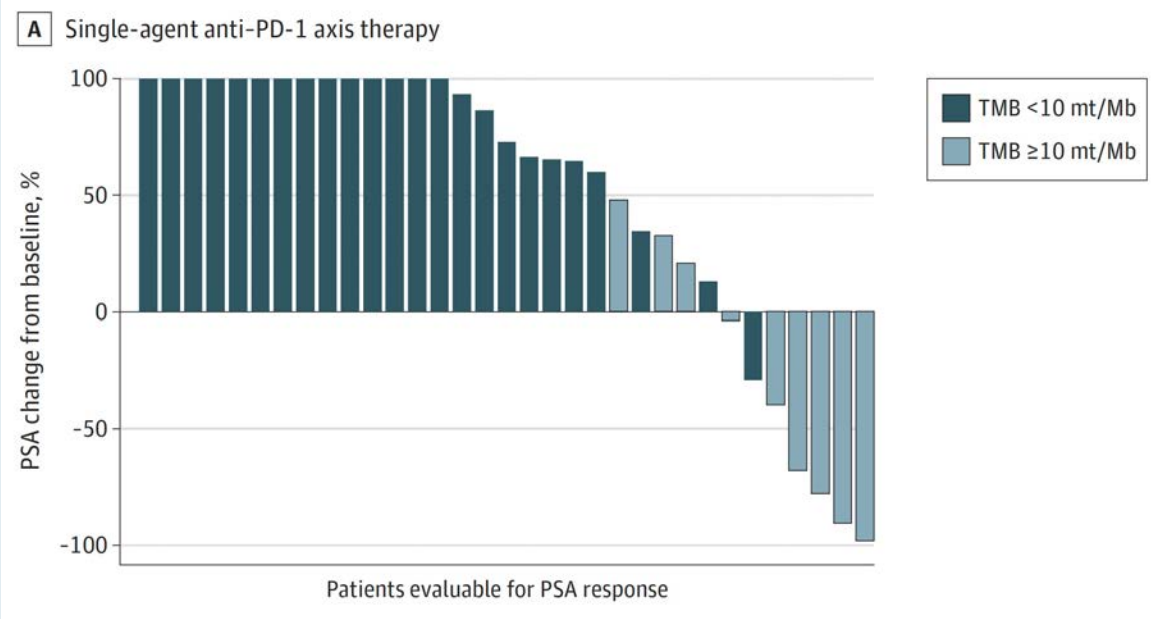
JAMA Network Open

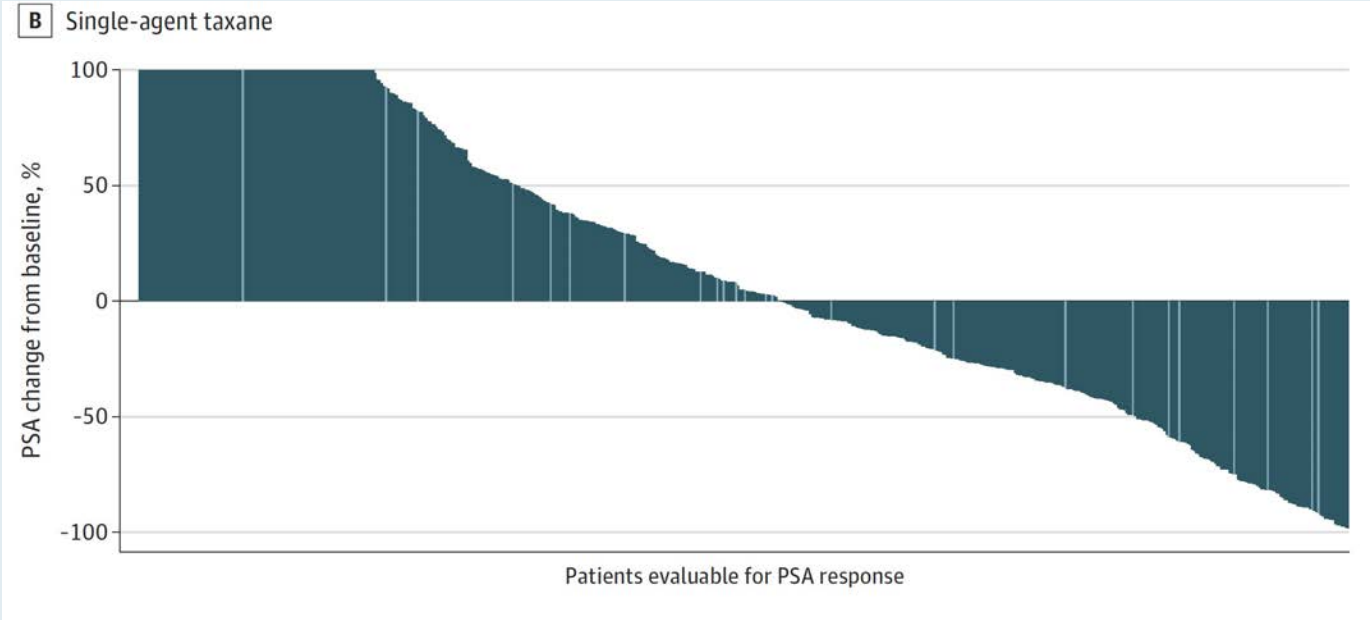
Original Investigation | Oncology

Comparative Effectiveness of Immune Checkpoint Inhibitors vs Chemotherapy by Tumor Mutational Burden in Metastatic Castration-Resistant Prostate Cancer

Ryon P. Graf, PhD; Virginia Fisher, PhD; Janick Weberpals, RPh, PhD; Ole Gjoerup, PhD; Marni B. Tierno, PhD, RN; Richard S. P. Huang, MD; Nicolas Sayegh, MD; Douglas I. Lin, MD, PhD; Kira Raskina, MD, MS; Alexa B. Schrock, PhD; Eric Severson, MD, PhD; James F. Haberberger, BS; Jeffrey S. Ross, MD; James Creeden, MD, PhD; Mia A. Levy, MD, PhD; Brian M. Alexander, MD, MPH; Geoffrey R. Oxnard, MD; Neeraj Agarwal, MD

Prostate-Specific Antigen (PSA) Response by Drug Class





Graf RP et al. *JAMA Network Open* 2022;5(3):e225394.

RTP Year in Review 2022

Year in Review: Prostate Cancer

Introduction

MODULE 1: Endocrine Therapy

MODULE 2: ^{177}Lutetium-PSMA-617

MODULE 3: PARP Inhibitors

MODULE 4: Immunotherapy

RTP Year in Review 2022

ASCO Genitourinary Cancers Symposium

Overall survival with darolutamide versus placebo in combination with androgen-deprivation therapy and docetaxel for metastatic hormone-sensitive prostate cancer in the phase 3 ARASENS trial

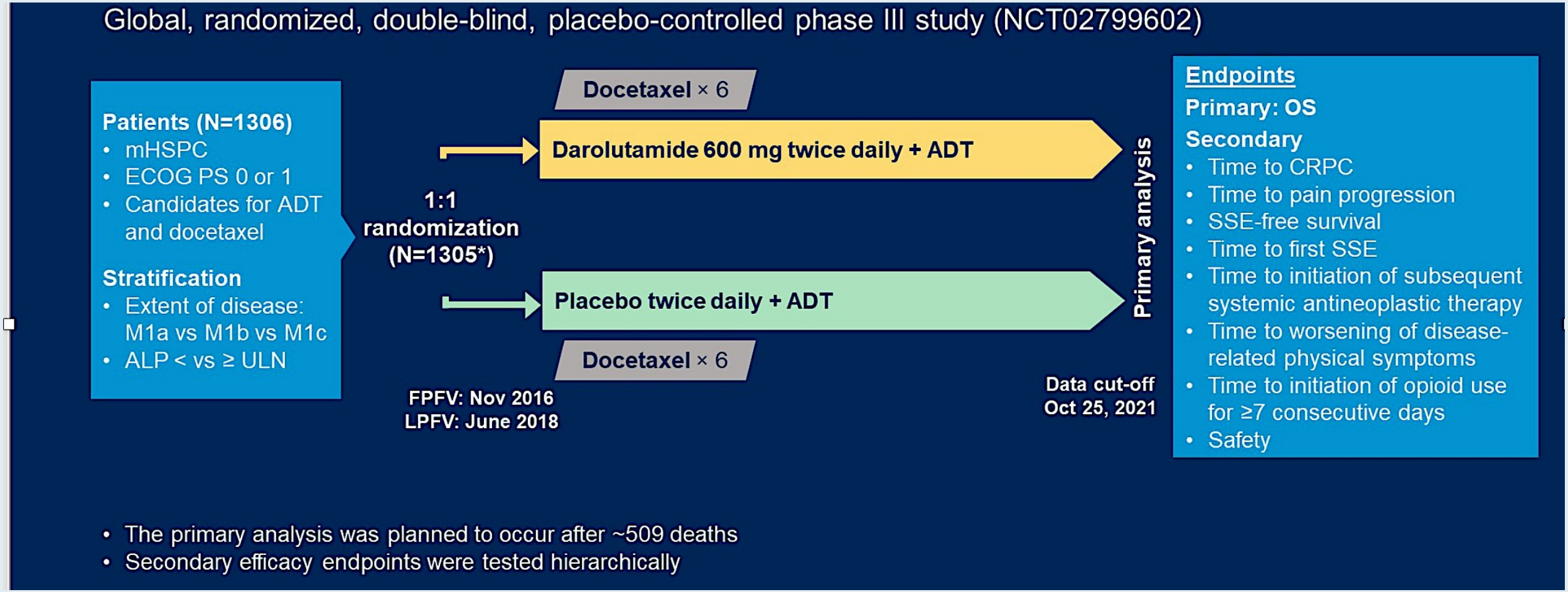
Matthew R. Smith, MD, PhD,[1] Maha Hussain, MD,[2] Fred Saad, MD,[3] Karim Fizazi, MD, PhD,[4] Cora N. Sternberg, MD,[5] E. David Crawford, MD,[6] Evgeny Kopyltsov, MD,[7] Chandler H. Park, MD,[8] Boris Alekseev, MD,[9] Álvaro Montesa Pino, MD,[10] Dingwei Ye, MD,[11] Francis Parnis, MB, BS,[12] Felipe Melo Cruz, MD,[13] Teuvo L.J. Tammela, MD, PhD,[14] Hiroyoshi Suzuki, MD, PhD,[15] Heikki Joensuu, MD,[16] Silke Thiele, MD,[17] Rui Li, MS,[18] Iris Kuss, MD,[17] Bertrand Tombal, MD, PhD[19]

[1]Massachusetts General Hospital Cancer Center, Boston, MA; [2]Northwestern University, Feinberg School of Medicine, Chicago, IL; [3]University of Montreal Hospital Center, Montreal, Quebec, Canada; [4]Institut Gustave Roussy, University of Paris-Saclay, Villejuif, France; [5]Englander Institute for Precision Medicine, Weill Cornell Department of Medicine, Meyer Cancer Center, New York-Presbyterian Hospital, New York, NY; [6]UC San Diego School of Medicine, San Diego, CA; [7]Clinical Oncological Dispensary of Omsk Region, Omsk, Russian Federation; [8]Norton Cancer Institute, Louisville, KY; [9]P. Hertsen Moscow Oncology Research Institute, Moscow, Russian Federation; [10]UGC Intercentros de Oncología Médica, Hospitales Universitarios Regional y Virgen Victoria, IBIMA, Málaga, Spain; [11]Fudan University Shanghai Cancer Center, Xuhui District, Shanghai, China; [12]Ashford Cancer Centre Research, Kurralta Park, SA, Australia; [13]Núcleo de Pesquisa e Ensino da Rede São Camilo, São Paulo, Brazil; [14]Tampere University Hospital, Tampere, Finland; [15]Toho University Sakura Medical Center, Chiba, Japan; [16]Orion Corporation Orion Pharma, Espoo, Finland; [17]Bayer AG, Berlin, Germany; [18]Bayer HealthCare Pharmaceuticals Inc., Whippany, NJ, USA; [19]Division of Urology, IREC, Cliniques Universitaires Saint Luc, UCLouvain, Brussels, Belgium

PRESENTED BY: Matthew R. Smith, MD, PhD

Smith MR et al. Genitourinary Cancers Symposium 2022;Abstract 13.

ARASENS: Study Design



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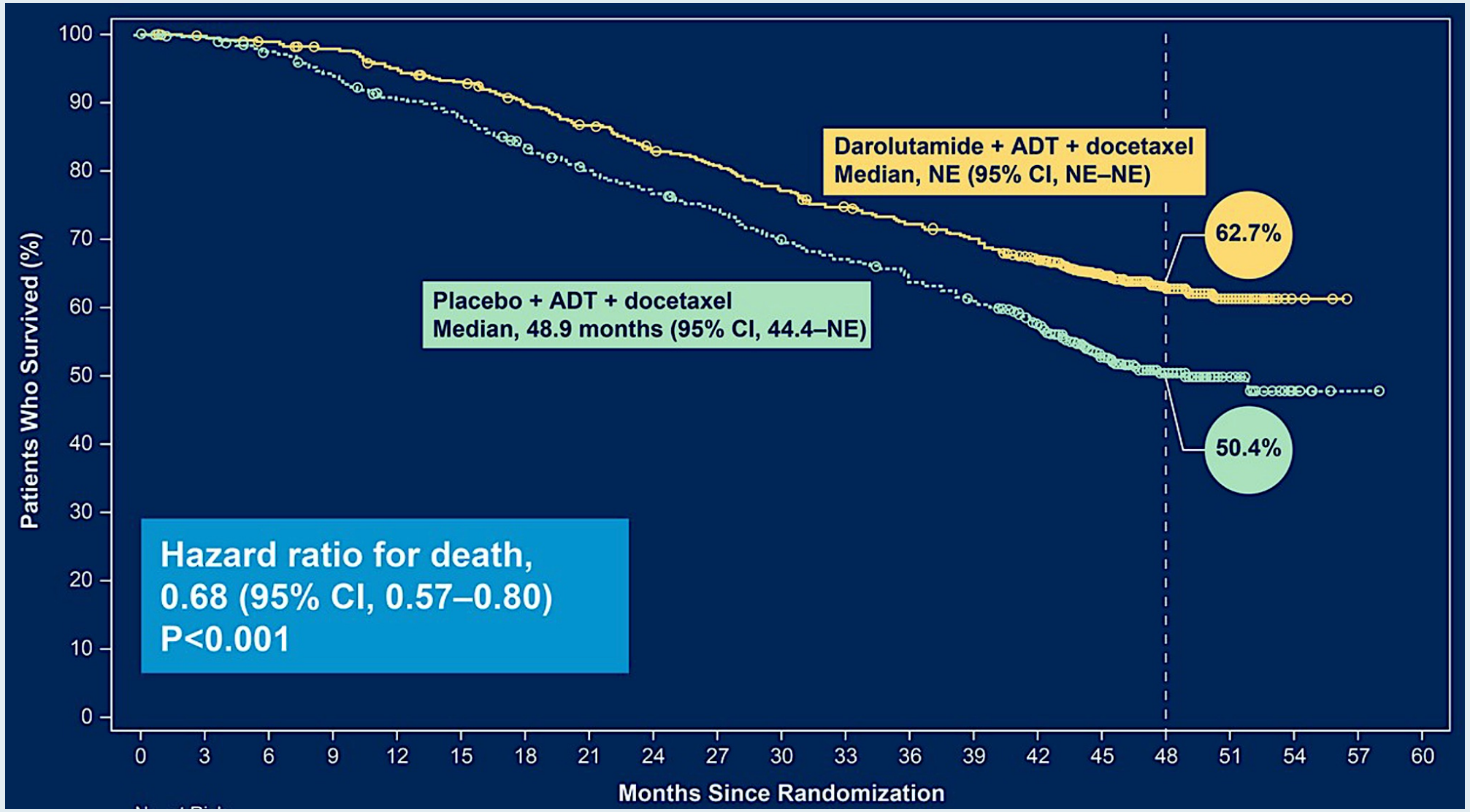
ARASENS: Primary Endpoint — Overall Survival



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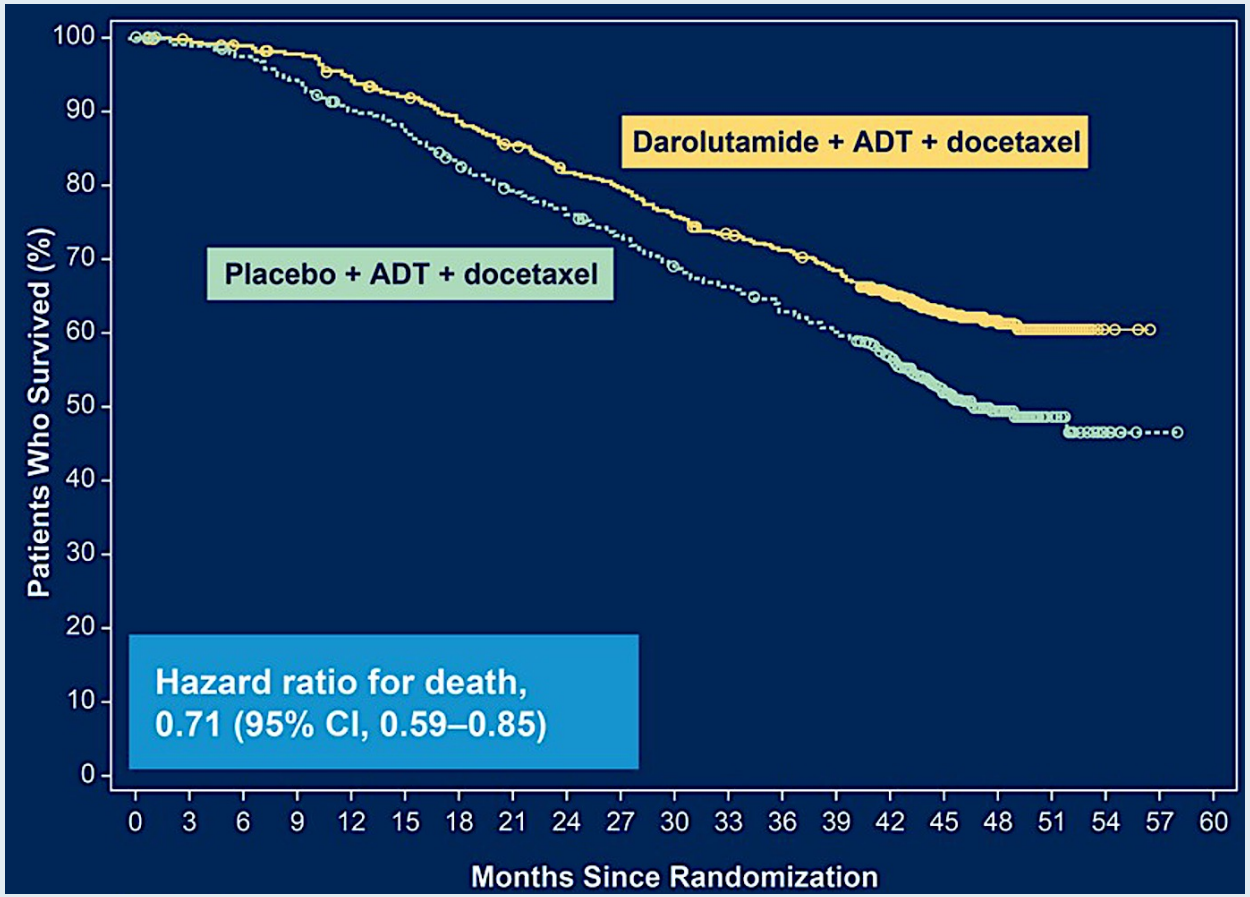
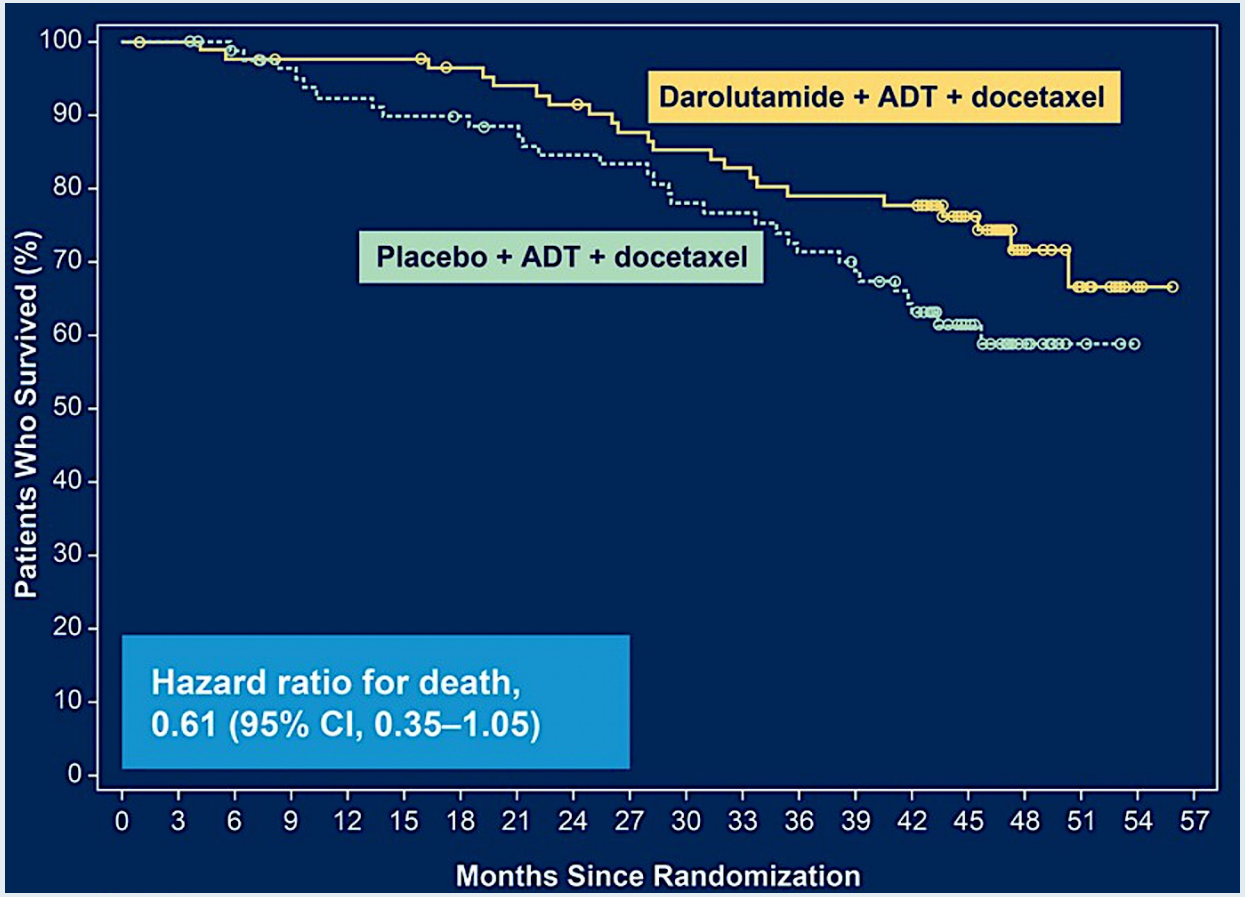
ARASENS: Overall Survival by Metastatic Stage at Initial Diagnosis

De novo metastatic disease



Recurrent metastatic disease



Smith MR et al. Genitourinary Cancers Symposium 2022;Abstract 13.

ARASENS: Grade 3-4 Adverse Events

Grade 3–4 AEs in ≥2% of darolutamide-treated patients, n (%)	Darolutamide + ADT + docetaxel (n=652)	Placebo + ADT + docetaxel (n=650)
Any AE	431 (66.1)	413 (63.5)
Neutropenia*	220 (33.7)	222 (34.2)
Febrile neutropenia	51 (7.8)	48 (7.4)
Hypertension	42 (6.4)	21 (3.2)
Anemia	31 (4.8)	33 (5.1)
Pneumonia	21 (3.2)	20 (3.1)
Hyperglycemia	18 (2.8)	24 (3.7)
Increased alanine aminotransferase	18 (2.8)	11 (1.7)
Increased aspartate aminotransferase	17 (2.6)	7 (1.1)
Increased weight	14 (2.1)	8 (1.2)
Urinary tract infection	13 (2.0)	12 (1.8)

Smith MR et al. Genitourinary Cancers Symposium 2022;Abstract 13.

ARASENS: Adverse Events of Special Interest with Androgen Receptor (AR) Pathway Inhibitors

AEs associated with AR pathway inhibitor therapy	Darolutamide + ADT + docetaxel (n=652)		Placebo + ADT + docetaxel (n=650)	
	Patients, n (%)	EAIR/100 PY*	Patients, n (%)	EAIR/100 PY*
Fatigue	216 (33.1)	12.5	214 (32.9)	17.8
Bone fracture	49 (7.5)	2.8	33 (5.1)	2.7
Falls	43 (6.6)	2.5	30 (4.6)	2.5
Rash†	108 (16.6)	6.2	88 (13.5)	7.3
Diabetes mellitus and hyperglycemia‡	99 (15.2)	5.7	93 (14.3)	7.7
Weight decreased	22 (3.4)	1.3	35 (5.4)	2.9
Vasodilatation and flushing	133 (20.4)	7.7	141 (21.7)	11.7
Breast disorders/gynecomastia‡	21 (3.2)	1.2	10 (1.5)	0.8
Hypertension‡	89 (13.7)	5.1	60 (9.2)	5.0
Cardiac disorder‡	71 (10.9)	4.1	76 (11.7)	6.3
Cerebral ischemia	8 (1.2)	0.5	8 (1.2)	0.7
Mental impairment disorder‡	23 (3.5)	1.3	15 (2.3)	1.2
Depressed mood disorder‡	21 (3.2)	1.2	24 (3.7)	2.0
Seizure	4 (0.6)	0.2	1 (0.2)	0.1

Smith MR et al. Genitourinary Cancers Symposium 2022;Abstract 13.

Articles

Lancet 2022;[Online ahead of print].

Abiraterone plus prednisone added to androgen deprivation therapy and docetaxel in de novo metastatic castration-sensitive prostate cancer (PEACE-1): a multicentre, open-label, randomised, phase 3 study with a 2 × 2 factorial design

*Karim Fizazi, Stéphanie Foulon, Joan Carles, Guilhem Roubaud, Ray McDermott, Aude Fléchon, Bertrand Tombal, Stéphane Supiot, Dominik Berthold, Philippe Ronchin, Gabriel Kacso, Gwenaëlle Gravis, Fabio Calabro, Jean-François Berdah, Ali Hasbini, Marlon Silva, Antoine Thiery-Vuillemin, Igor Latorzeff, Loïc Mourey, Brigitte Laguerre, Sophie Abadie-Lacourtoisie, Etienne Martin, Claude El Kouri, Anne Escande, Alvar Rosello, Nicolas Magne, Friederike Schlurmann, Frank Priou, Marie-Eve Chand-Fouche, Salvador Villà Freixa, Muhammad Jamaluddin, Isabelle Rieger, Alberto Bossi, on behalf of the PEACE-1 investigators**

PEACE-1: Study Design

Key Eligibility Criteria

De novo mCSPC

Distant metastatic disease by ≥ 1 lesion on bone scan and/or CT scan

ECOG PS 0 -2

On-Study Requirement

Continuous ADT

Permitted

ADT ≤ 3 months

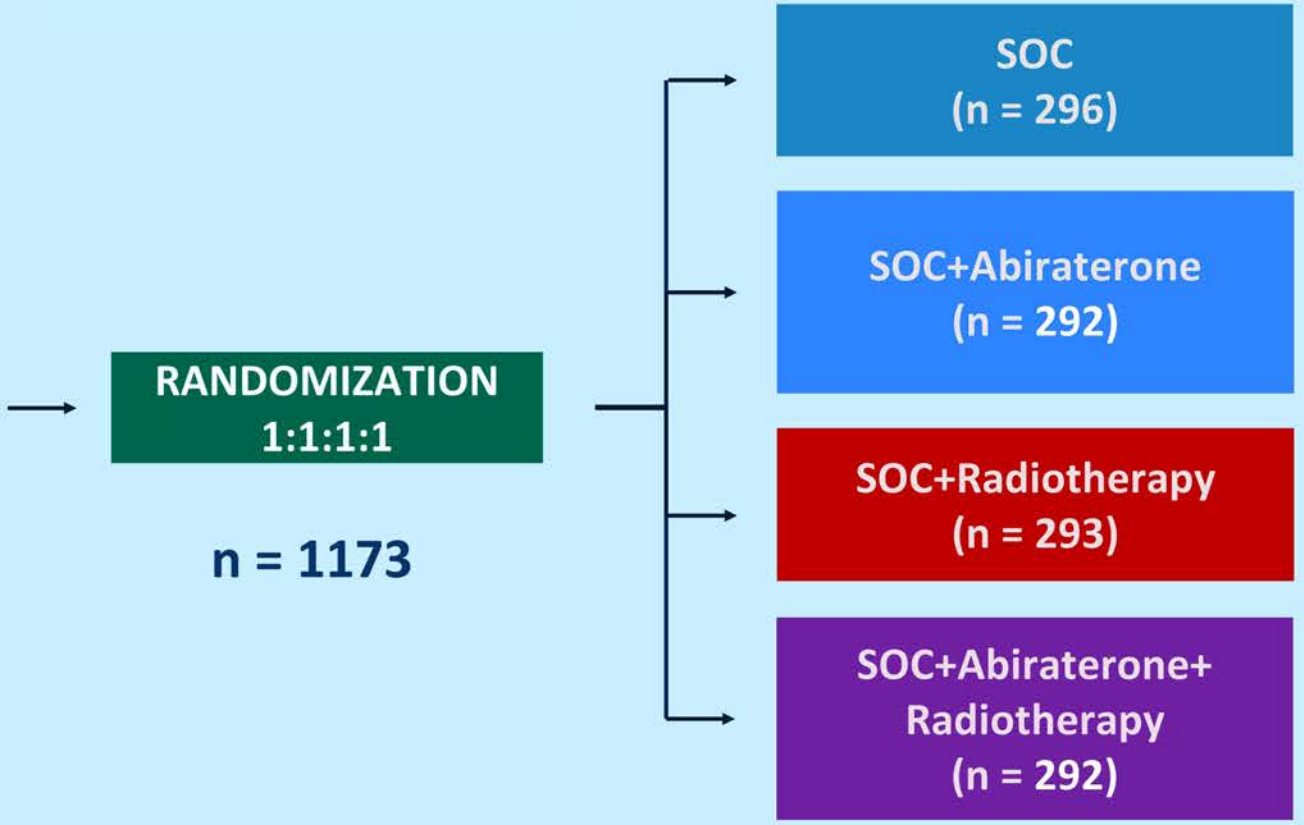
Stratification

ECOG PS (0 vs 1-2)

Metastatic sites (LN vs bone vs visceral)

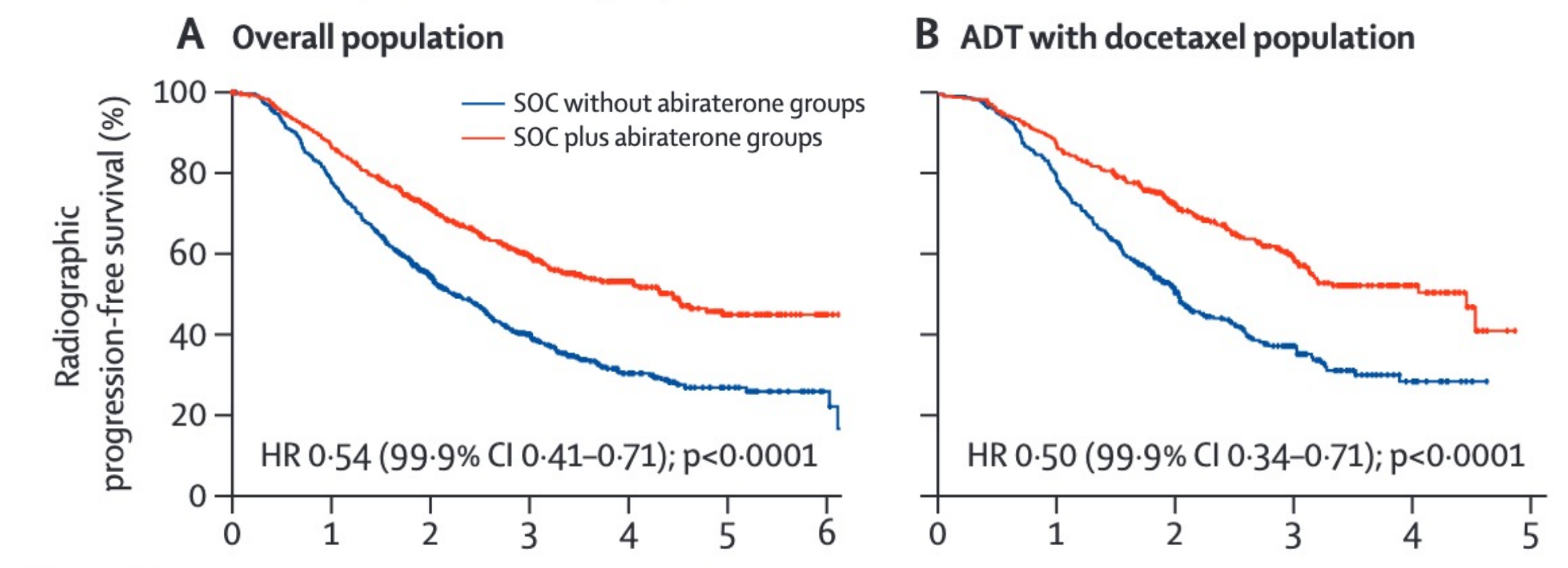
Type of castration (orchidectomy vs LHRH agonist vs LHRH antagonist)

Docetaxel (yes vs no)



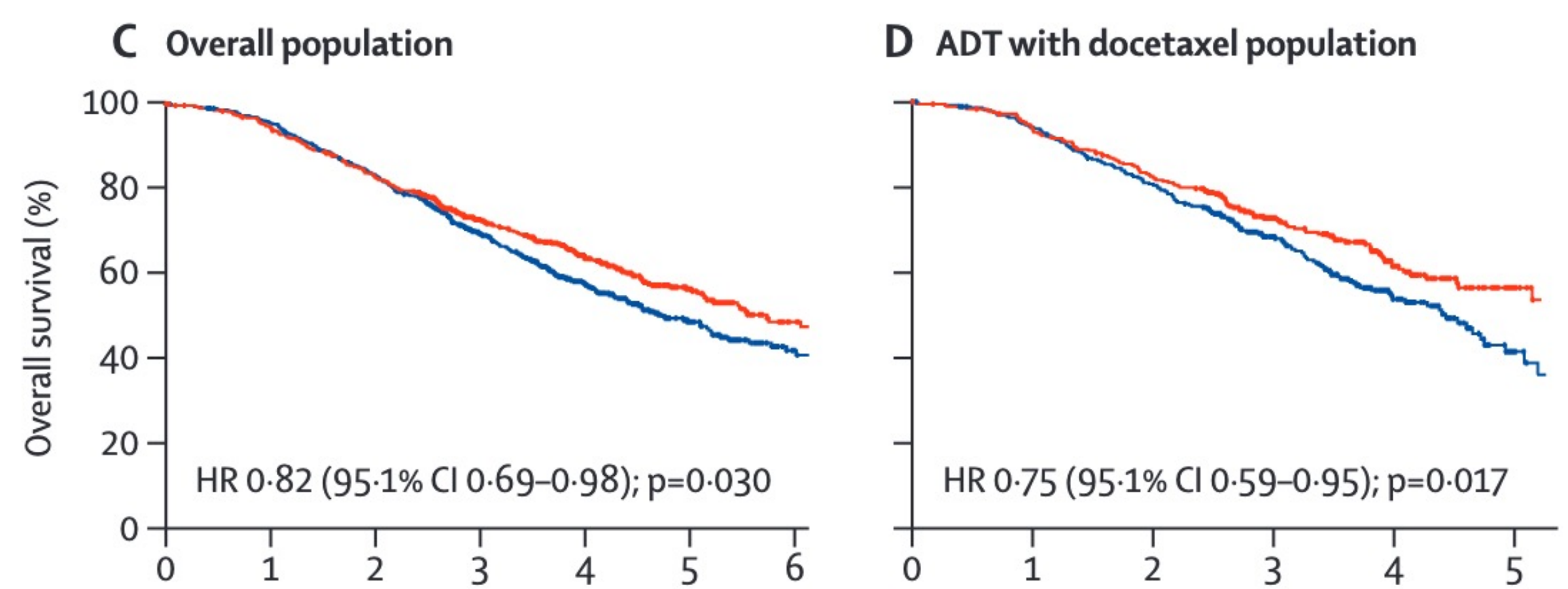
Fizazi K et al. ASCO 2021;Abstract 5000.

PEACE-1: Radiographic Progression-Free Survival



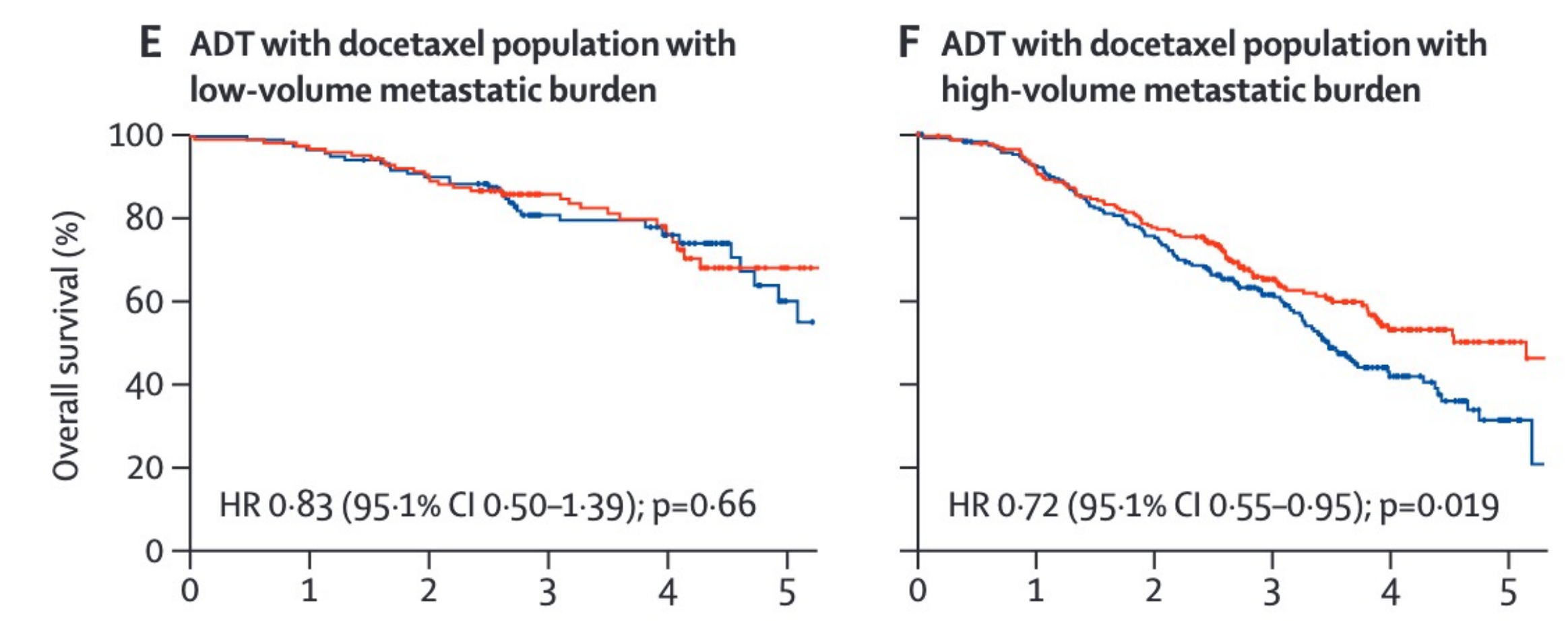
Fizazi K et al. *Lancet* 2022;[Online ahead of print].

PEACE-1: Overall Survival



Fizazi K et al. *Lancet* 2022;[Online ahead of print].

PEACE-1: Overall Survival by Metastatic Burden



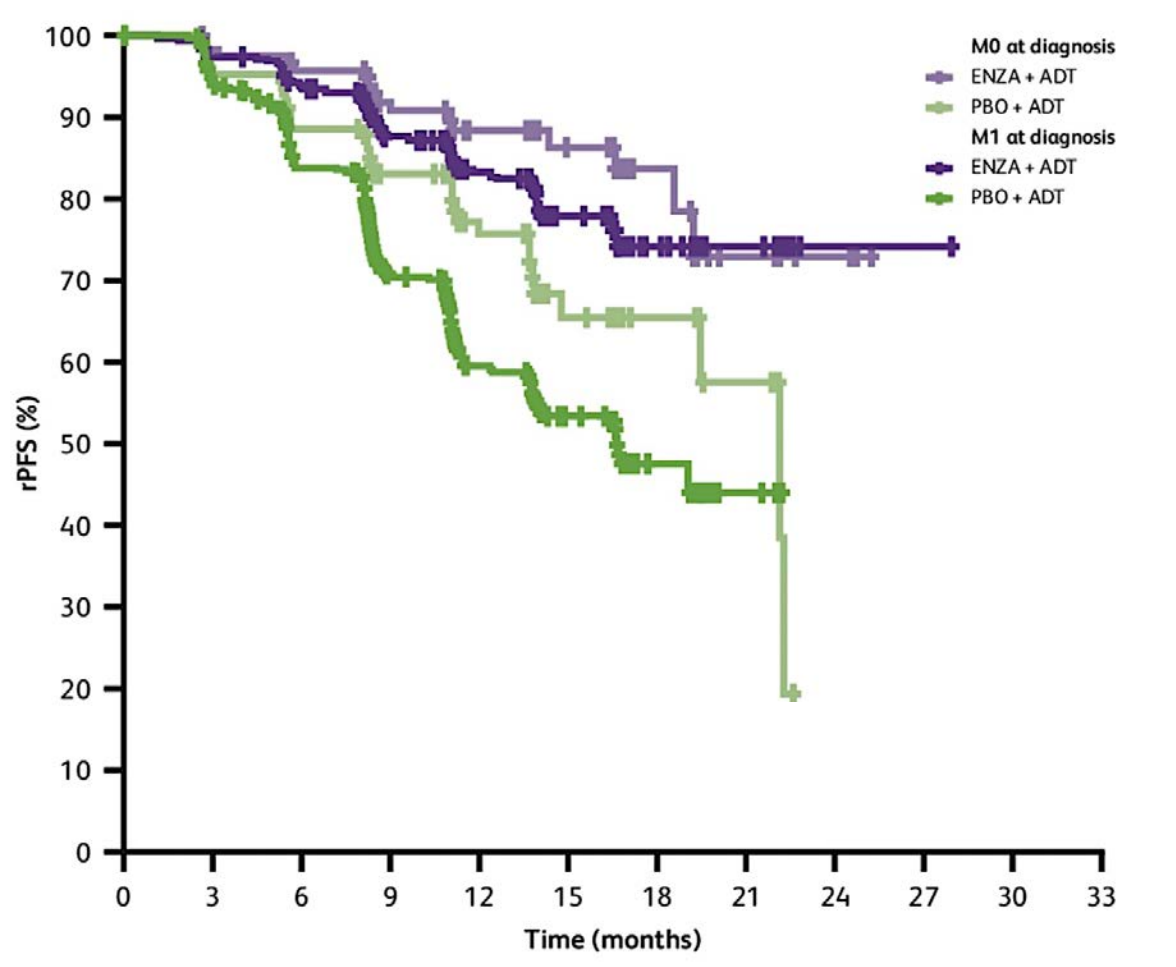
Fizazi K et al. *Lancet* 2022;[Online ahead of print].

Abstract 102

Efficacy of enzalutamide plus androgen deprivation therapy in men with *de novo* (M1) metastatic hormone-sensitive prostate cancer versus progression to metastatic hormone-sensitive prostate cancer (M0): *post hoc* analysis of the Phase 3 ARCHES trial

Arun Azad,[1,*] Arnauld Villers,[2] Boris Alekseev,[3] Russell Z. Szmulewitz,[4] Antonio Alcaraz,[5] Neal D. Shore,[6] Daniel P. Petrylak,[7] Jeffrey Holzbeierlein,[8] Francisco Gomez-Veiga,[9] Brad Rosbrook,[10] Fabian Zohren,[10] Ho-Jin Lee,[11] Gabriel P. Haas,[11] Taro Iguchi,[12] Arnulf Stenzl,[13] Andrew J. Armstrong[14]

ARCHES: Radiographic Progression-Free Survival (rPFS) by Metastatic Status



	M0 at diagnosis (n = 246)		M1 at diagnosis (n = 890)	
	ENZA + ADT (n = 117)	PBO + ADT (n = 129)	ENZA + ADT (n = 448)	PBO + ADT (n = 890)
Median, months	NR	22.11	NR	16.62
HR (95% CI)	0.42 (0.23-076)		0.38 (0.29-0.50)	

ENZA = enzalutamide; PBO = placebo;
ADT = androgen deprivation therapy

Azad A et al. Genitourinary Cancers Symposium 2022;Abstract 102.

ARCHES: Treatment-Emergent Adverse Events (AEs) According to Adjudicated Metastatic Status at Initial Diagnosis

Event, n (%)	SAF (n=1146)[a] M0 at diagnosis (progressed to M1) ENZA + ADT (n=117)	M0 at diagnosis (progressed to M1) PBO + ADT (n=128)	M1 at diagnosis (*de novo*) ENZA + ADT (n=447)	M1 at diagnosis (*de novo*) PBO + ADT (n=441)
Any AE leading to treatment withdrawal	6 (5.1)	6 (4.7)	21 (4.7)	15 (3.4)
Any AE	107 (91.5)	114 (89.1)	375 (83.9)	377 (85.5)
Most frequently reported AE (any grade occurring in ≥5% of patients in either subgroup)				
Hot flash	**45 (38.5)**	**38 (29.7)**	**109 (24.4)**	**89 (20.2)**
Fatigue	**43 (36.8)**	**35 (27.3)**	**68 (15.2)**	**52 (11.8)**
Arthralgia	18 (15.4)	14 (10.9)	51 (11.4)	47 (10.7)
Hypertension	12 (10.3)	11 (8.6)	**34 (7.6)**	**21 (4.8)**
Nausea	12 (10.3)	12 (9.4)	24 (5.4)	17 (3.9)
Decreased appetite	**9 (7.7)**	**2 (1.6)**	19 (4.3)	12 (2.7)
Diarrhea	9 (7.7)	8 (6.3)	25 (5.6)	25 (5.7)
Headache	**9 (7.7)**	**6 (4.7)**	16 (3.6)	12 (2.7)
Musculoskeletal pain	**7 (6.0)**	**4 (3.1)**	**28 (6.3)**	**19 (4.3)**
Rib fracture	**7 (6.0)**	**2 (1.6)**	7 (1.6)	4 (0.9)
Weight decreased	**7 (6.0)**	**1 (0.8)**	12 (2.7)	14 (3.2)
Weight increased	**7 (6.0)**	**5 (3.9)**	27 (6.0)	39 (8.8)
Back pain	6 (5.1)	11 (8.6)	37 (8.3)	51 (11.6)
Insomnia	**6 (5.1)**	**4 (3.1)**	15 (3.4)	16 (3.6)
Edema peripheral	6 (5.1)	10 (7.8)	23 (5.1)	28 (6.3)
Asthenia	5 (4.3)	7 (5.5)	26 (5.8)	21 (4.8)
Fall	5 (4.3)	7 (5.5)	16 (3.6)	8 (1.8)
Hematuria	5 (4.3)	7 (5.5)	10 (2.2)	7 (1.6)
Pain in extremity	5 (4.3)	7 (5.5)	13 (2.9)	16 (3.6)
Cough	4 (3.4)	7 (5.5)	10 (2.2)	10 (2.3)
Dizziness	4 (3.4)	6 (4.7)	**25 (5.6)**	**14 (3.2)**
Anemia	3 (2.6)	7 (5.5)	22 (4.9)	20 (4.5)
Bone pain	3 (2.6)	4 (3.1)	19 (4.3)	23 (5.2)
Constipation	3 (2.6)	8 (6.3)	25 (5.6)	23 (5.2)
Nasopharyngitis	1 (0.9)	4 (3.1)	22 (4.9)	22 (5.0)

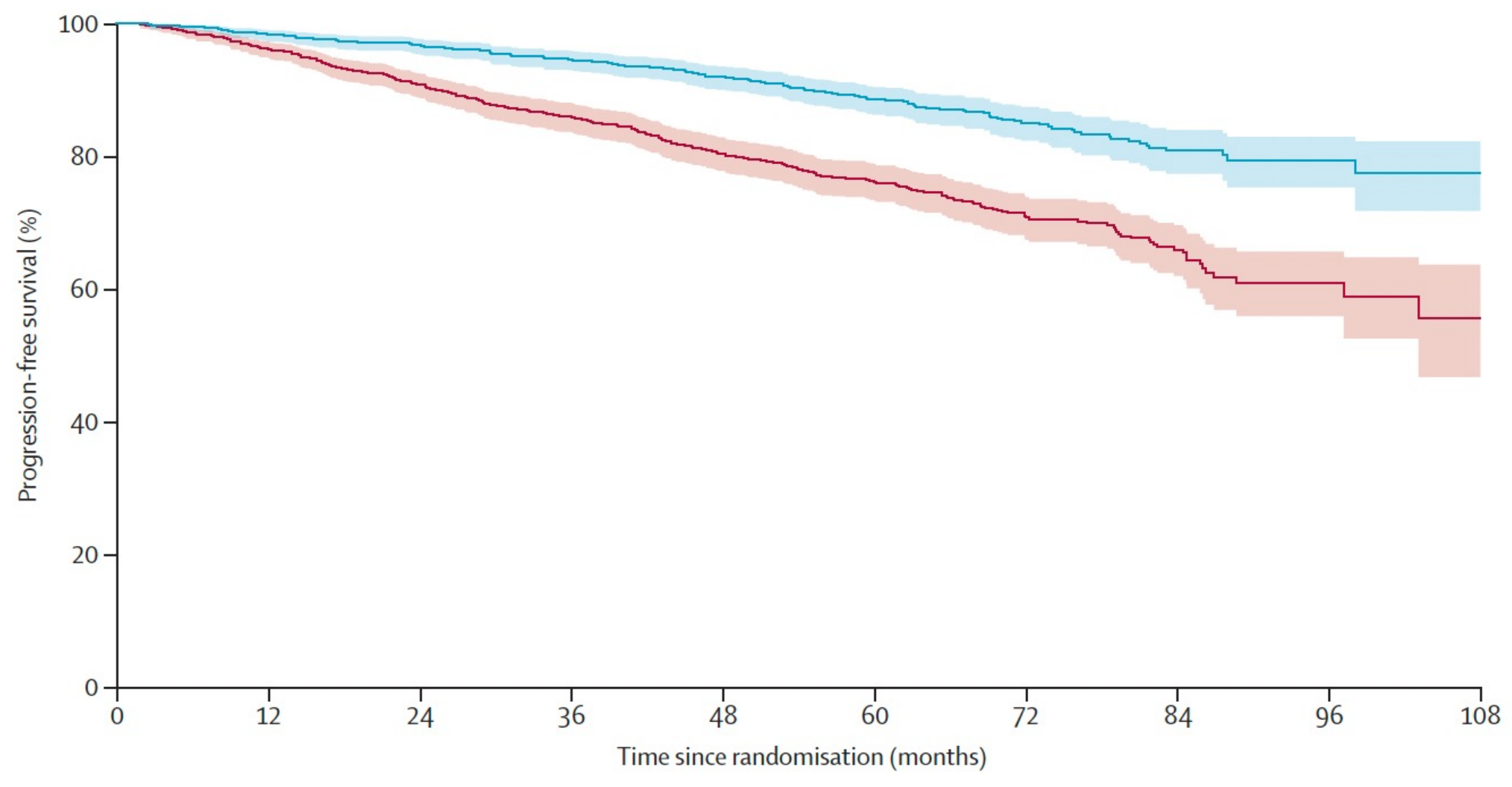
Azad A et al. Genitourinary Cancers Symposium 2022; Abstract 102.

Lancet 2022;399(10323):447-60.

Abiraterone acetate and prednisolone with or without enzalutamide for high-risk non-metastatic prostate cancer: a meta-analysis of primary results from two randomised controlled phase 3 trials of the STAMPEDE platform protocol

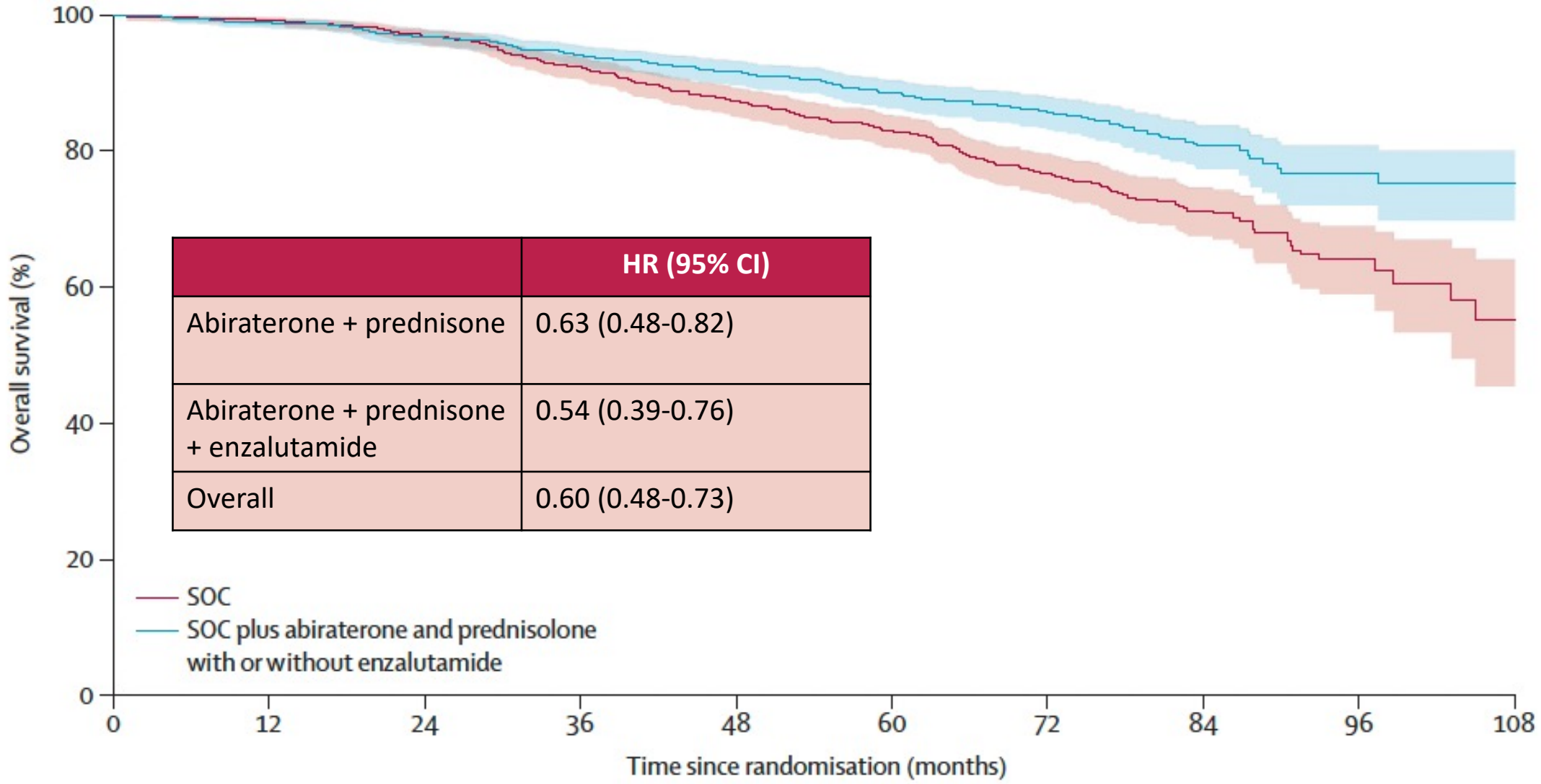
Gerhardt Attard, Laura Murphy, Noel W Clarke, William Cross, Robert J Jones, Christopher C Parker, Silke Gillessen, Adrian Cook, Chris Brawley, Claire L Amos, Nafisah Atako, Cheryl Pugh, Michelle Buckner, Simon Chowdhury, Zafar Malik, J Martin Russell, Clare Gilson, Hannah Rush, Jo Bowen, Anna Lydon, Ian Pedley, Joe M O'Sullivan, Alison Birtle, Joanna Gale, Narayanan Srihari, Carys Thomas, Jacob Tanguay, John Wagstaff, Prantik Das, Emma Gray, Mymoona Alzoueb, Omi Parikh, Angus Robinson, Isabel Syndikus, James Wylie, Anjali Zarkar, George Thalmann, Johann S de Bono, David P Dearnaley, Malcolm D Mason*, Duncan Gilbert, Ruth E Langley, Robin Millman, David Matheson, Matthew R Sydes†, Louise C Brown†, Mahesh K B Parmar†, Nicholas D James†, on behalf of the Systemic Therapy in Advancing or Metastatic Prostate cancer: Evaluation of Drug Efficacy (STAMPEDE) investigators‡*

STAMPEDE: Progression-Free Survival



Attard G et al. *Lancet* 2022;399(10323):447-60.

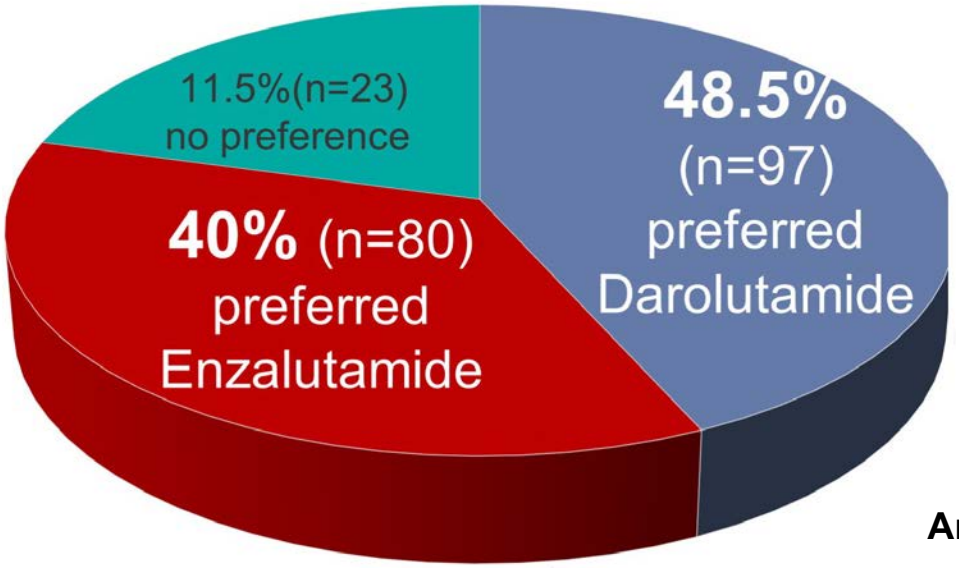
STAMPEDE: Overall Survival

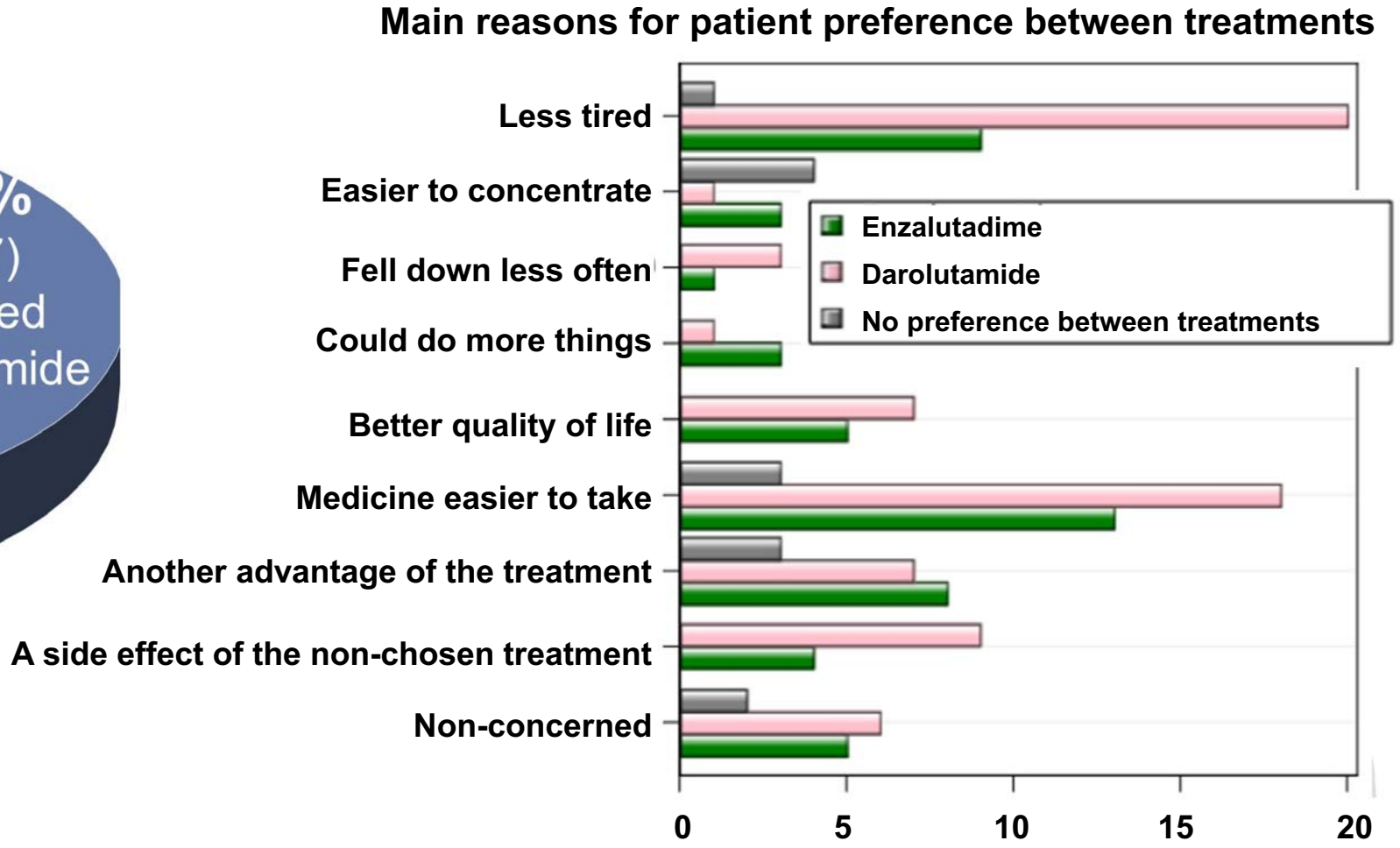


	HR (95% CI)
Abiraterone + prednisone	0.63 (0.48-0.82)
Abiraterone + prednisone + enzalutamide	0.54 (0.39-0.76)
Overall	0.60 (0.48-0.73)

Attard G et al. *Lancet* 2022;399(10323):447-60.

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





Colomba E et al. ASCO 2021;Abstract 5046.

Year in Review: Prostate Cancer

Introduction

MODULE 1: Endocrine Therapy

MODULE 2: ^{177}Lutetium-PSMA-617

MODULE 3: PARP Inhibitors

MODULE 4: Immunotherapy

FDA Approves ^{177}Lu-PSMA-617 for the Treatment of mCRPC

Press Release — March 23, 2022

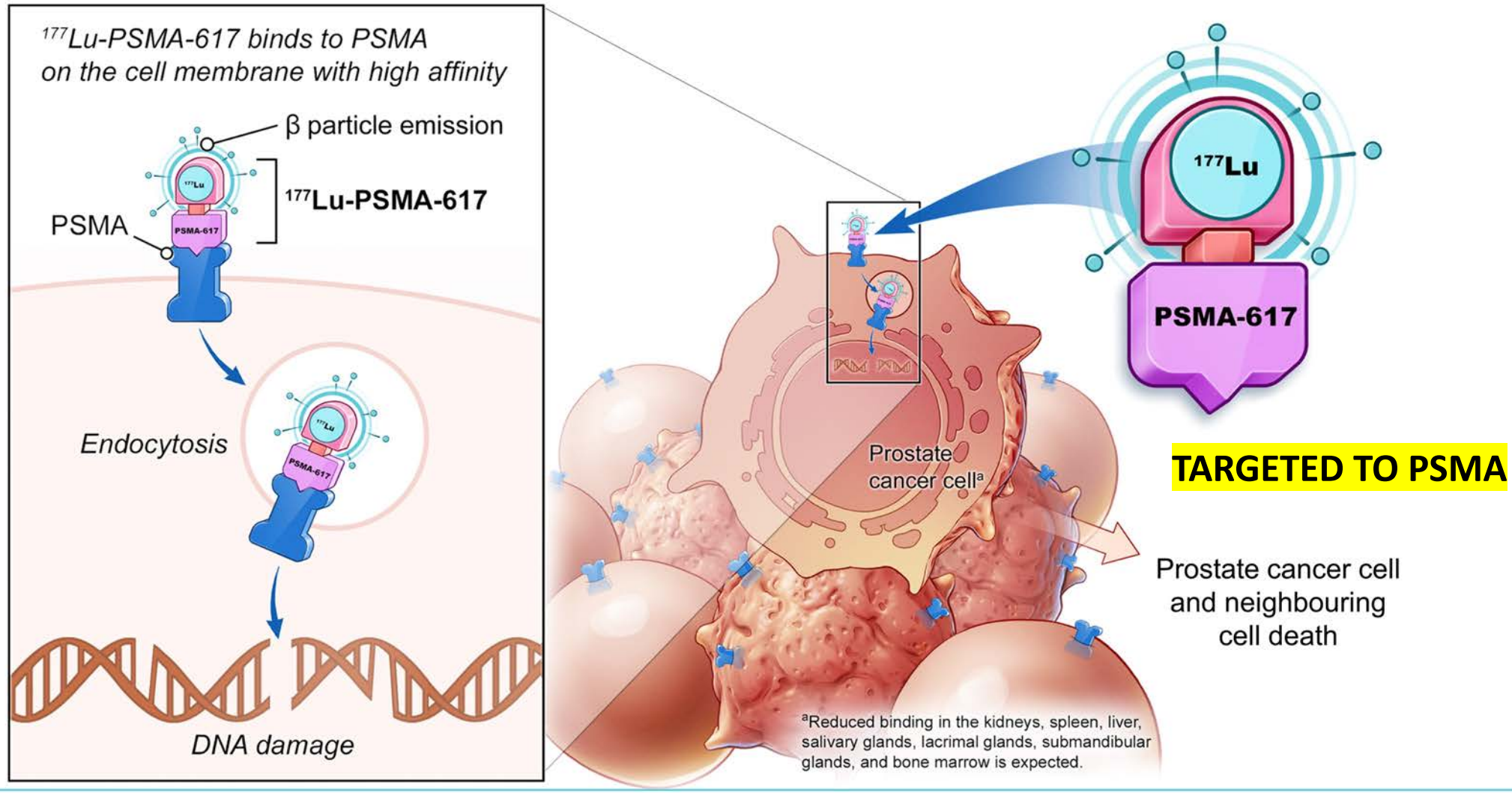
"On March 23, 2022, the Food and Drug Administration approved [the radio-ligand therapy, ^{177}Lu-PSMA-617] for the treatment of adult patients with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor (AR) pathway inhibition and taxane-based chemotherapy.

On the same day, the FDA approved gallium Ga 68 gozetotide, a radioactive diagnostic agent for positron emission tomography (PET) of PSMA-positive lesions, including selection of patients with metastatic prostate cancer for whom lutetium Lu 177 vipivotide tetraxetan PSMA-directed therapy is indicated. Gallium Ga 68 gozetotide is the first radioactive diagnostic agent approved for patient selection in the use of a radioligand therapeutic agent. "

Efficacy was evaluated in the Phase III VISION trial, which demonstrated a statistically significant improvement in the primary endpoints OS and rPFS. Hazard ratio (HR) for OS was 0.62 ($p < 0.001$) for the comparison of ^{177}Lu-PSMA-617 with best standard of care (BSoC) versus BSoC. Median OS was 15.3 months with ^{177}Lu-PSMA-617 and BSoC and 11.3 months with BSoC.

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-pluvicto-metastatic-castration-resistant-prostate-cancer

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



Morris MJ et al. ASCO 2021;Abstract LBA4.

N Engl J Med 2021;385:1091-103

The NEW ENGLAND JOURNAL of MEDICINE

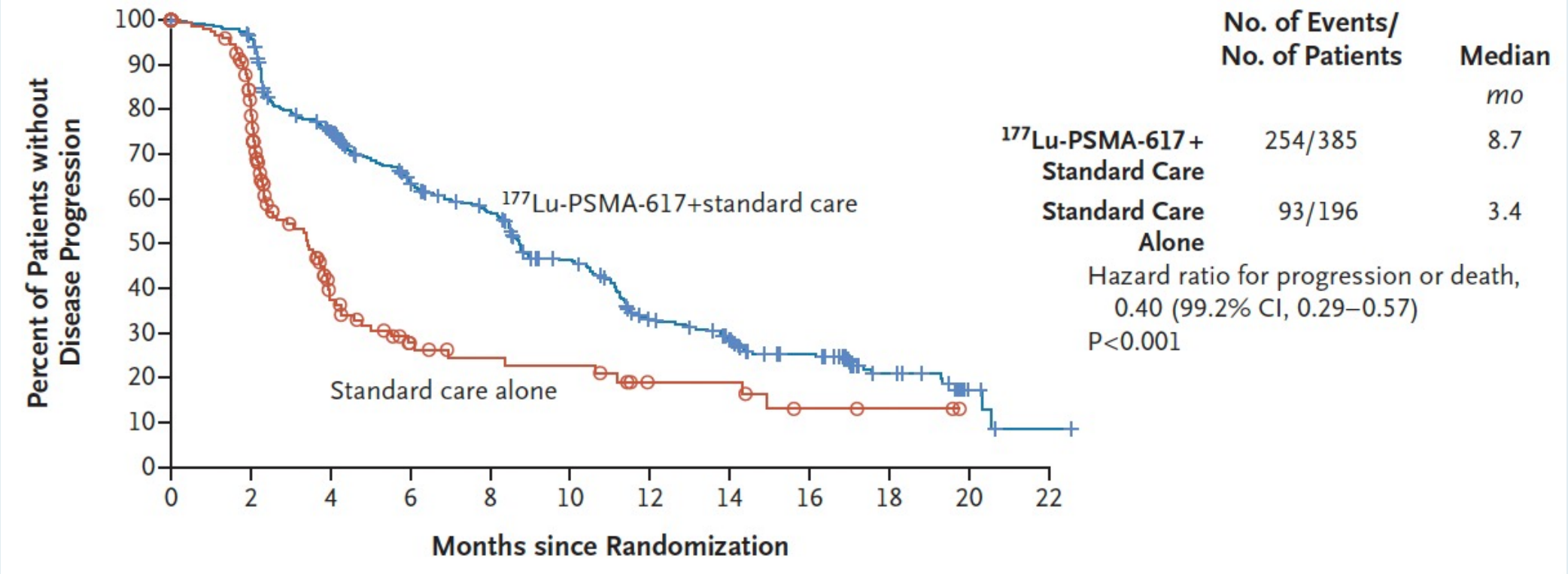
ORIGINAL ARTICLE

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: Efficacy Summary

Imaging–based PFS



- Median OS (^{177}Lu-PSMA-617 vs standard therapy): 15.3 mo vs 11.3 mo (HR 0.62, $p < 0.001$)
- Time to first symptomatic skeletal event (^{177}Lu-PSMA-617 vs standard therapy): 11.5 mo vs 6.8 mo (HR 0.50, $p < 0.001$)

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)
Adverse event that occurred in >12% of patients				
Fatigue	228 (43.1)	31 (5.9)	47 (22.9)	3 (1.5)
Dry mouth	205 (38.8)	0	1 (0.5)	0
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.

Abstract 577O

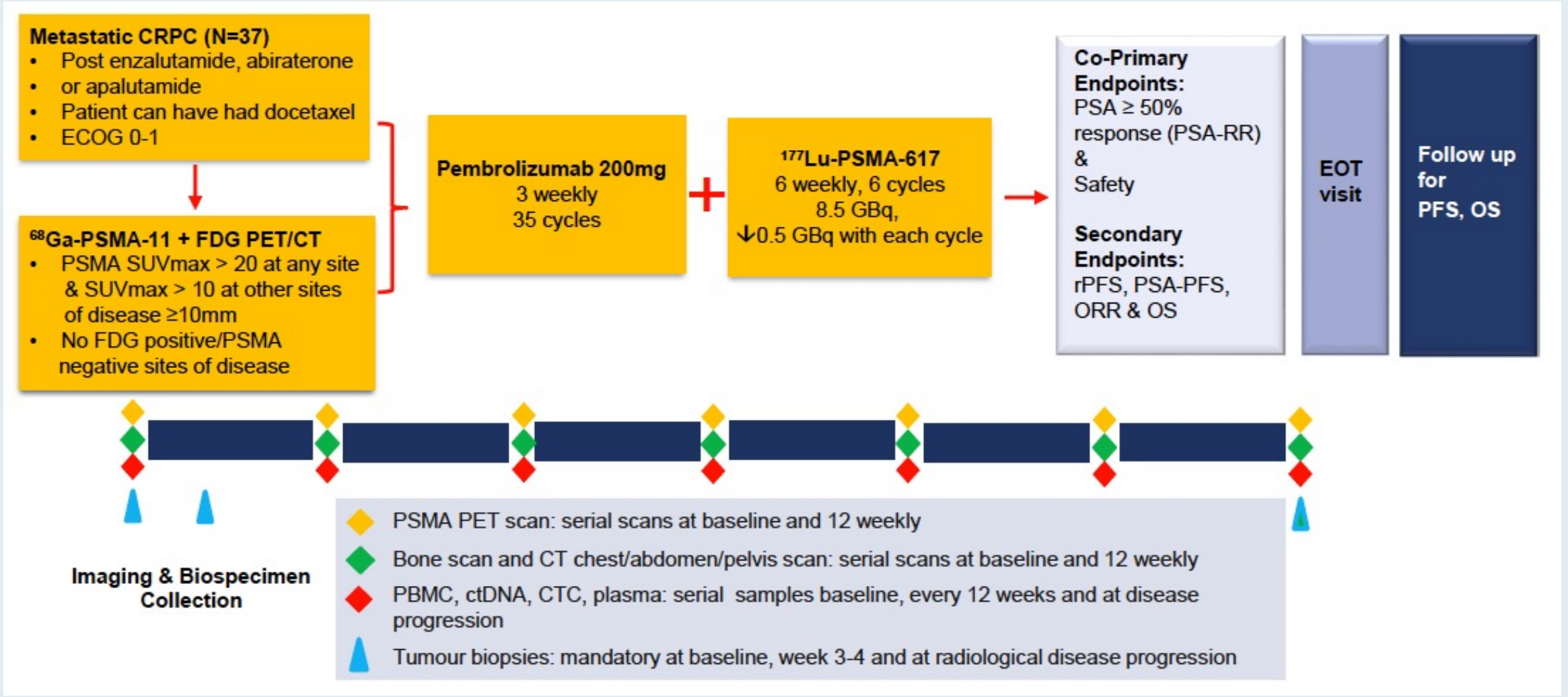
PRINCE: Interim Analysis of the Phase Ib Study of ^{177}Lu-PSMA-617 in Combination with Pembrolizumab for Metastatic Castration Resistant Prostate Cancer (mCRPC)

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

2021 ESMO congress

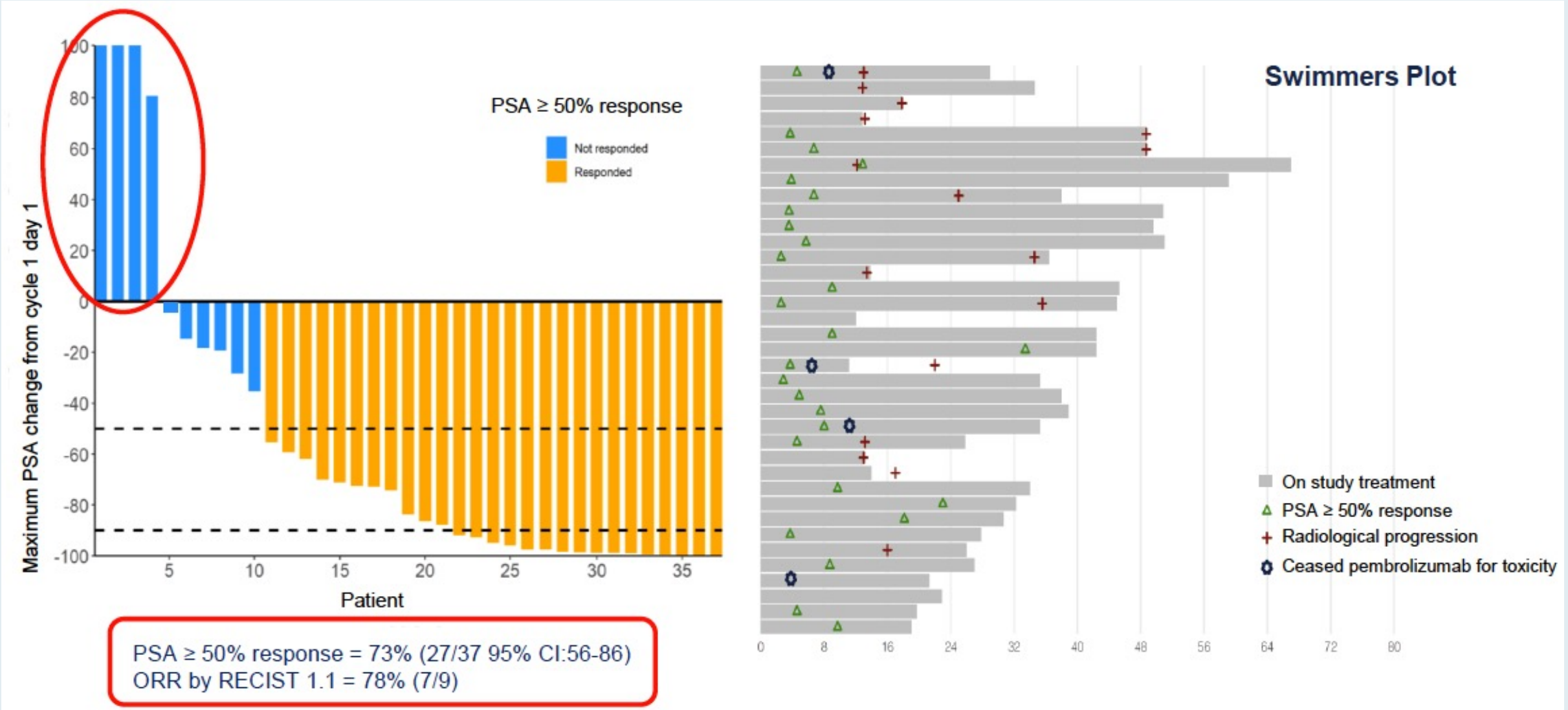
Presented by: Shahneen Sandhu

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



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

PRINCE: PSA Response Rate (Primary Endpoint)



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

PRINCE: Treatment-Related Adverse Events (TRAEs)

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.

^{177}Lu-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]

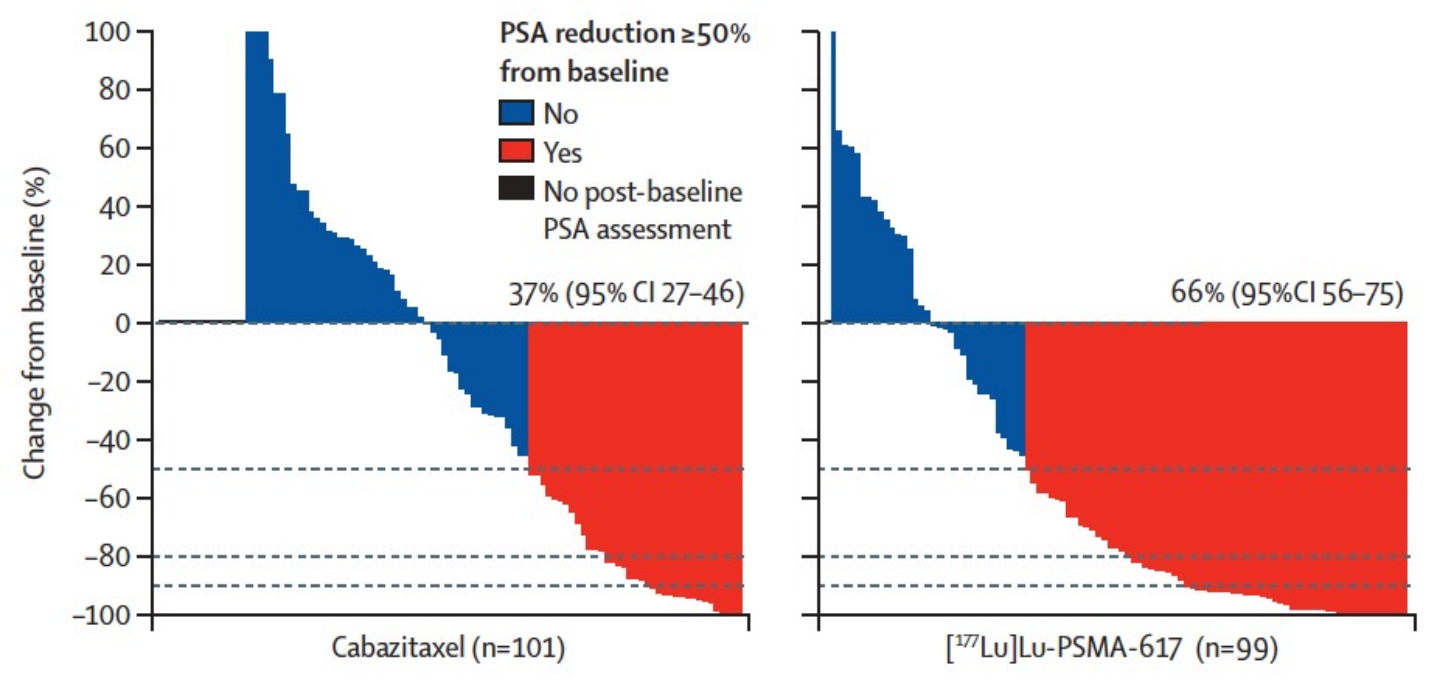
[^{177}Lu]Lu-PSMA-617 versus cabazitaxel in patients with metastatic castration-resistant prostate cancer (TheraP): a randomised, open-label, phase 2 trial [2]

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†*

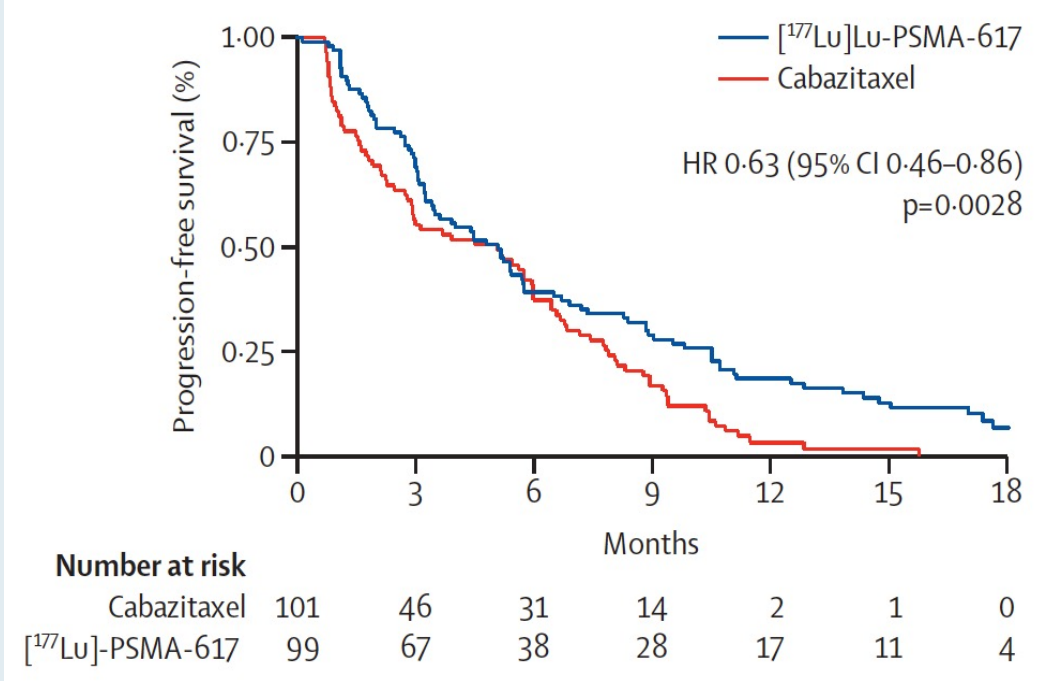
[1] Hofman MS et al. Genitourinary Cancers Symposium 2021;Abstract 6.
[2] Hofman MS et al. *Lancet* 2021;397(10276):797-804.

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.

Year in Review: Prostate Cancer

Introduction

MODULE 1: Endocrine Therapy

MODULE 2: ^{177}Lutetium-PSMA-617

MODULE 3: PARP Inhibitors

MODULE 4: Immunotherapy

RTP Year in Review 2022

ASCO Genitourinary Cancers Symposium

PROpel: phase III trial of olaparib and abiraterone versus placebo and abiraterone as first-line therapy for patients with metastatic castration-resistant prostate cancer

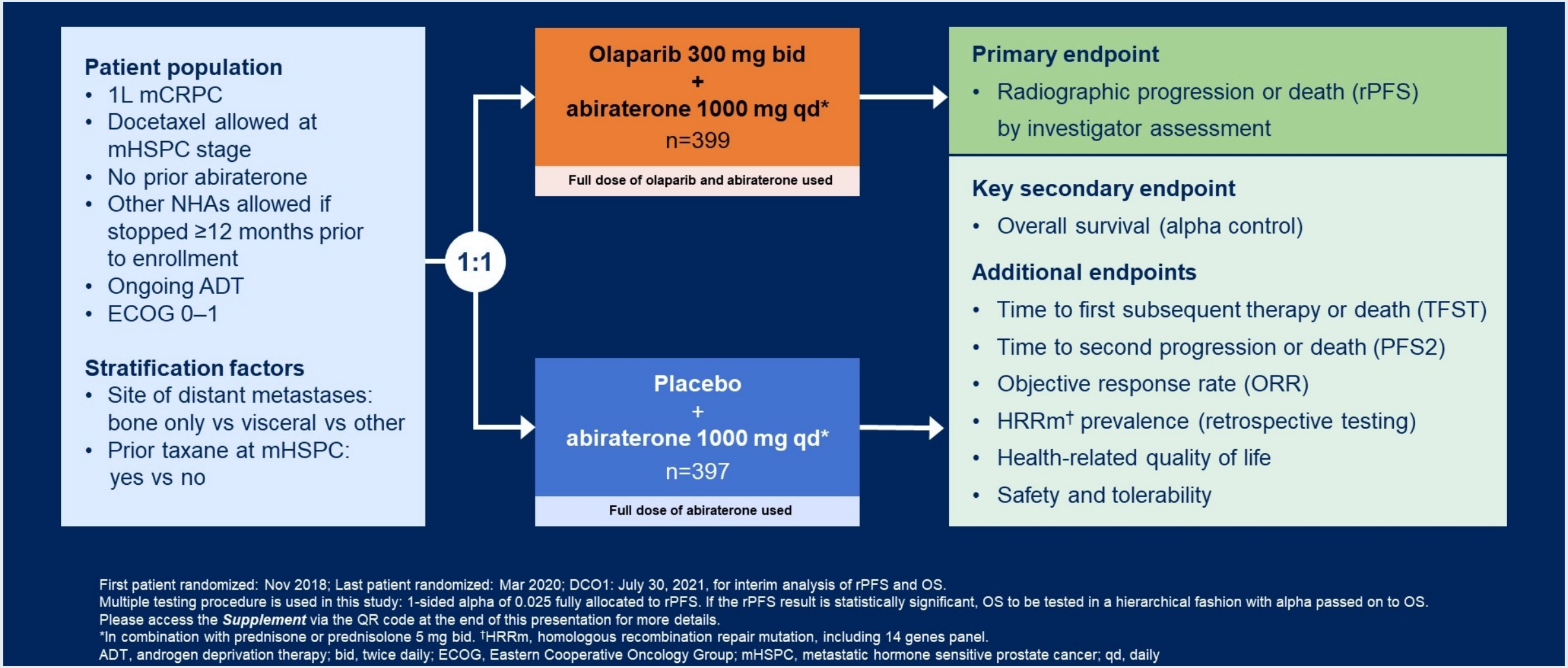
Fred Saad, Andrew J. Armstrong, Antoine Thiery-Vuillemin, Mototsugu Oya, Eugenia Loredo, Giuseppe Procopio, Juliana de Menezes, Gustavo Girotto, Cagatay Arslan, Niven Mehra, Francis Parnis, Emma Brown, Friederike Schlürmann, Jae Young Joung, Mikio Sugimoto, Christian Poehlein, Elizabeth A. Harrington, Chintu Desai, Jinyu Kang, and Noel Clarke

ClinicalTrials.gov identifier: NCT03732820.

Genitourinary Cancers Symposium 2022;Abstract 11.

RTP Year in Review 2022

PROpel: Study Design

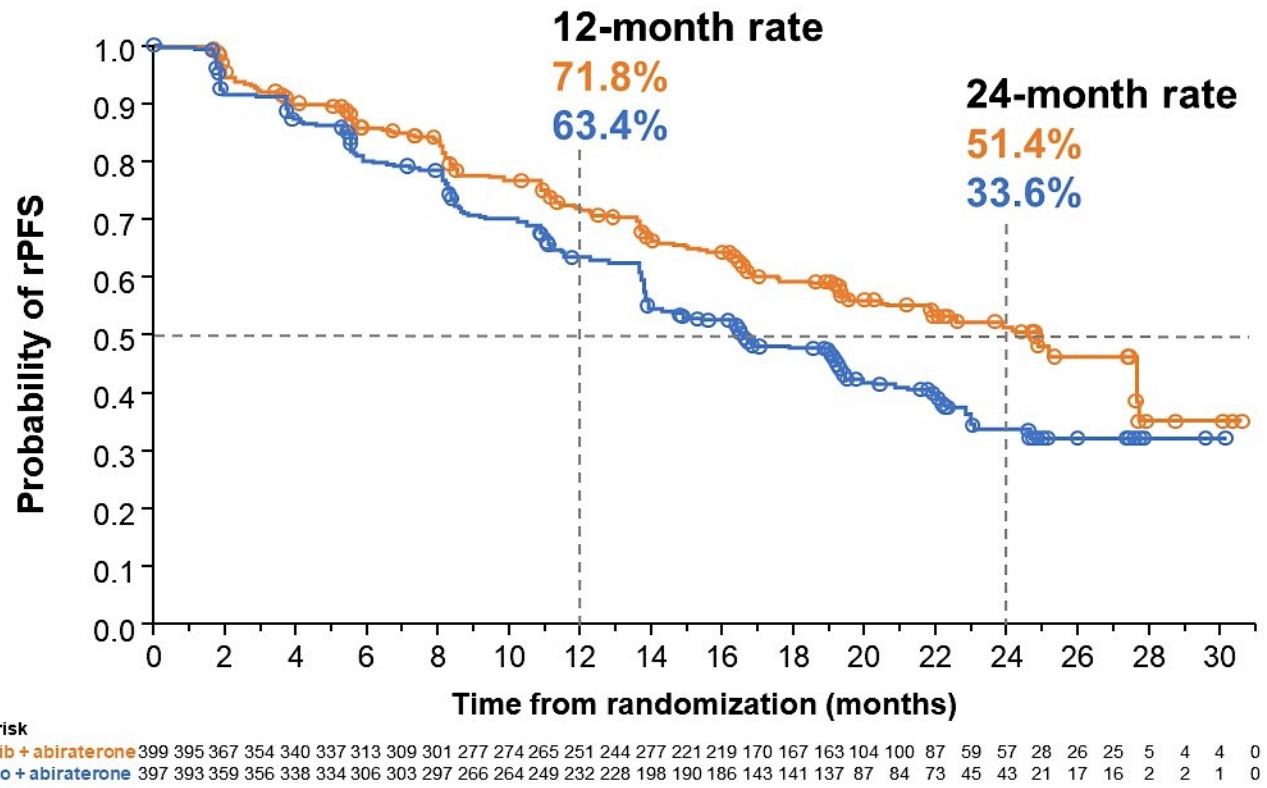


First patient randomized: Nov 2018; Last patient randomized: Mar 2020; DCO1: July 30, 2021, for interim analysis of rPFS and OS.
Multiple testing procedure is used in this study: 1-sided alpha of 0.025 fully allocated to rPFS. If the rPFS result is statistically significant, OS to be tested in a hierarchical fashion with alpha passed on to OS.
Please access the ***Supplement*** via the QR code at the end of this presentation for more details.
*In combination with prednisone or prednisolone 5 mg bid. †HRRm, homologous recombination repair mutation, including 14 genes panel.
ADT, androgen deprivation therapy; bid, twice daily; ECOG, Eastern Cooperative Oncology Group; mHSPC, metastatic hormone sensitive prostate cancer; qd, daily

Saad F et al. Genitourinary Cancers Symposium 2022;Abstract 11.

PROpel Primary Endpoint: Investigator-Assessed rPFS

34% risk reduction of progression or death with olaparib + abiraterone



	Olaparib + abiraterone (n=399)	Placebo + abiraterone (n=397)
Events, n (%)	168 (42.1)	226 (56.9)
Median rPFS (months)	24.8	16.6
HR (95% CI)	0.66 (0.54–0.81); *P*<0.0001	

Pre-specified 2-sided alpha: 0.0324

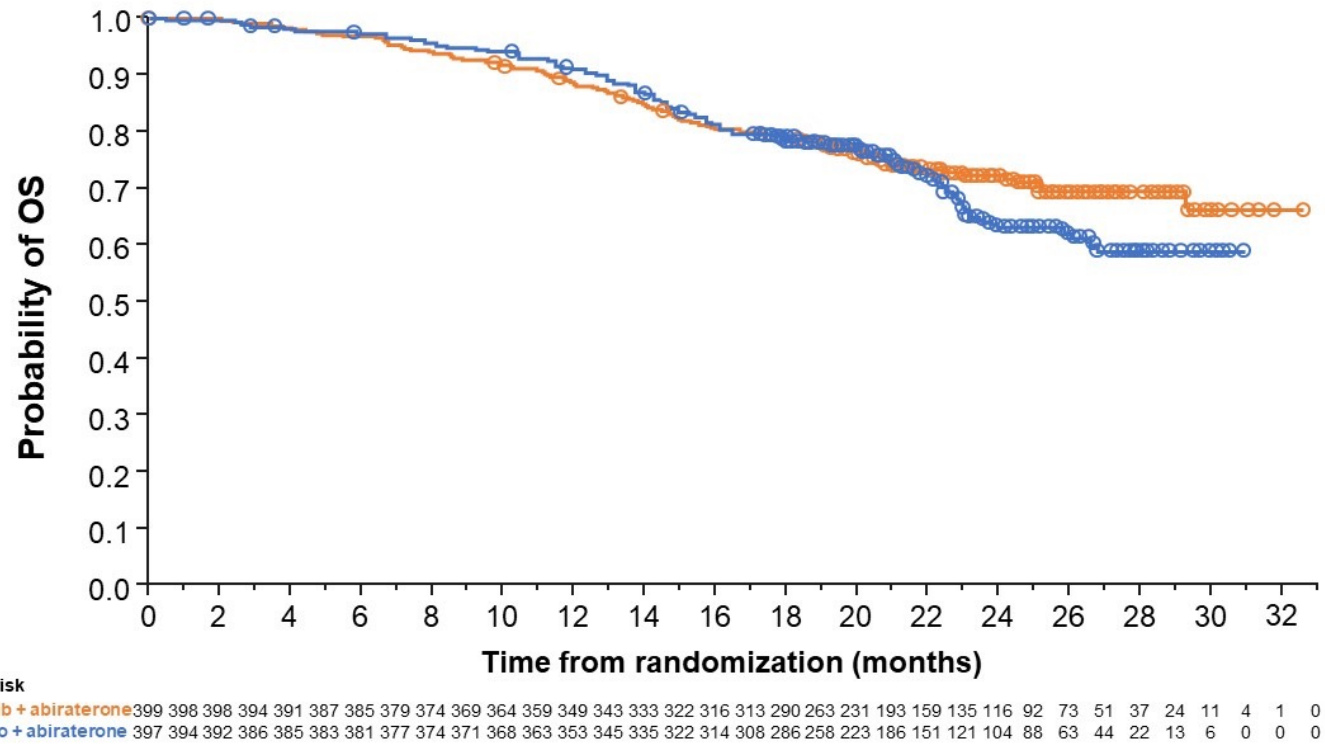
Median rPFS improvement of 8.2 months favors olaparib + abiraterone*

Events: 394; Maturity 49.5%
*In combination with prednisone or prednisolone
CI, confidence interval; HR, hazard ratio.

Saad F et al. Genitourinary Cancers Symposium 2022;Abstract 11.

PROpel: Overall Survival

28.6% maturity; trend towards improved OS with olaparib + abiraterone



	Olaparib + abiraterone (n=399)	Placebo + abiraterone (n=397)
Events, n (%)	107 (26.8)	121 (30.5)
Median OS (months)	NR	NR
HR (95% CI)	0.86 (0.66–1.12) *P*=0.29	

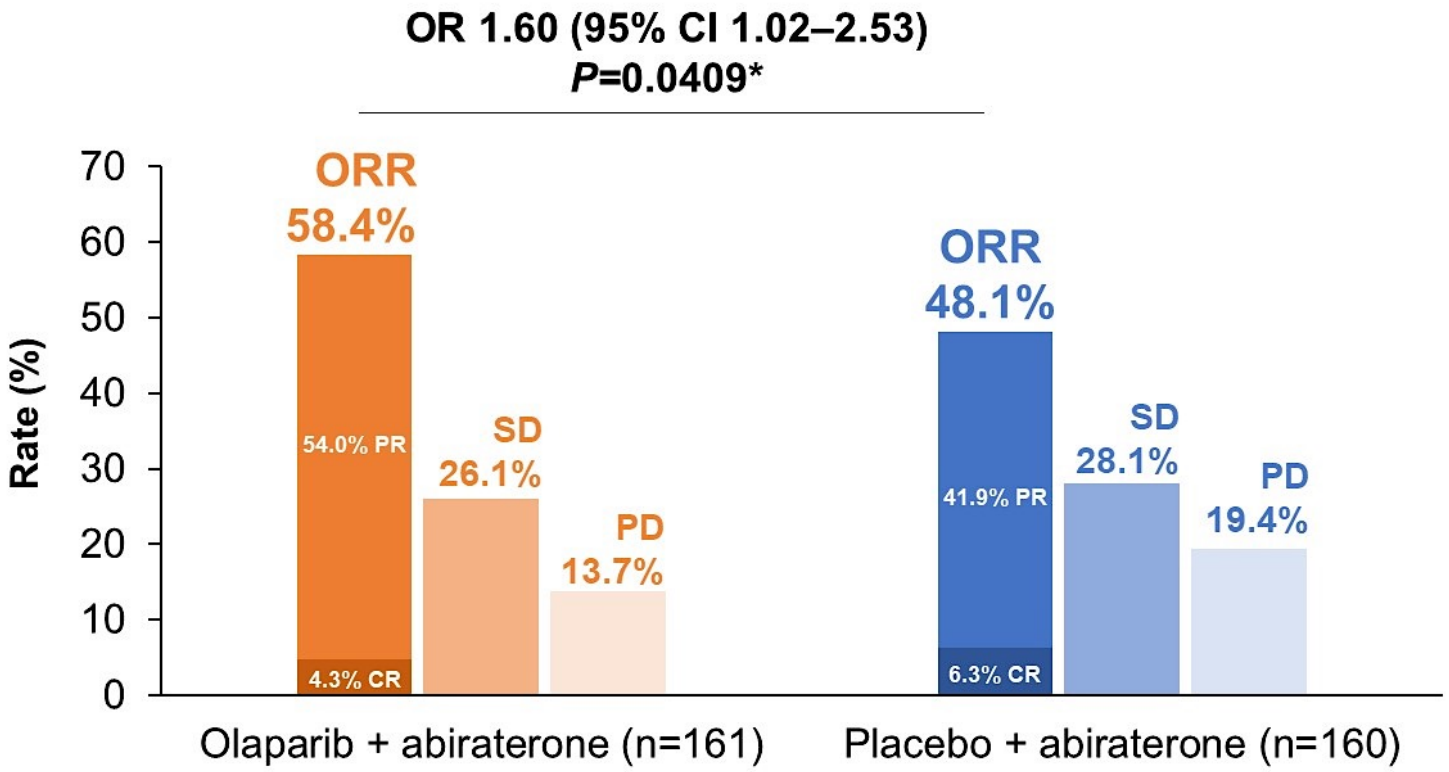
Pre-specified 2-sided alpha: 0.001

Events: 228
NR, not reached.

Saad F et al. Genitourinary Cancers Symposium 2022;Abstract 11.

PROpel: ORR for Patients with Measurable Disease

10% improvement in ORR with olaparib + abiraterone



321/796 patients (40.3%) had measurable disease by RECIST v1.1 criteria at baseline

*Nominal.
CR, complete response; OR, odds ratio; ORR, overall response rate; PD, progressive disease; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease.

Saad F et al. Genitourinary Cancers Symposium 2022;Abstract 11.

PROpel: Cardiac and Thromboembolic Adverse Events

n (%)	Olaparib + abiraterone (n=399)	Placebo + abiraterone (n=397)
Cardiac failure SMQ	6 (1.5)	5 (1.3)
Embolic and thrombotic events, arterial SMQ	8 (2.0)	10 (2.5)
Embolic and thrombotic events, venous SMQ	29 (7.3)	13 (3.3)
Pulmonary embolism	26 (6.5)	7 (1.8)

CT, computerized tomography; SMQ, Standardised MedDRA Query.

Saad F et al. Genitourinary Cancers Symposium 2022;Abstract 11.

ASCO® Genitourinary Cancers Symposium

Phase 3 MAGNITUDE study: First results of niraparib (NIRA) with abiraterone acetate and prednisone (AAP) as first-line therapy in patients (pts) with metastatic castration-resistant prostate cancer (mCRPC) with and without homologous recombination repair (HRR) gene alterations

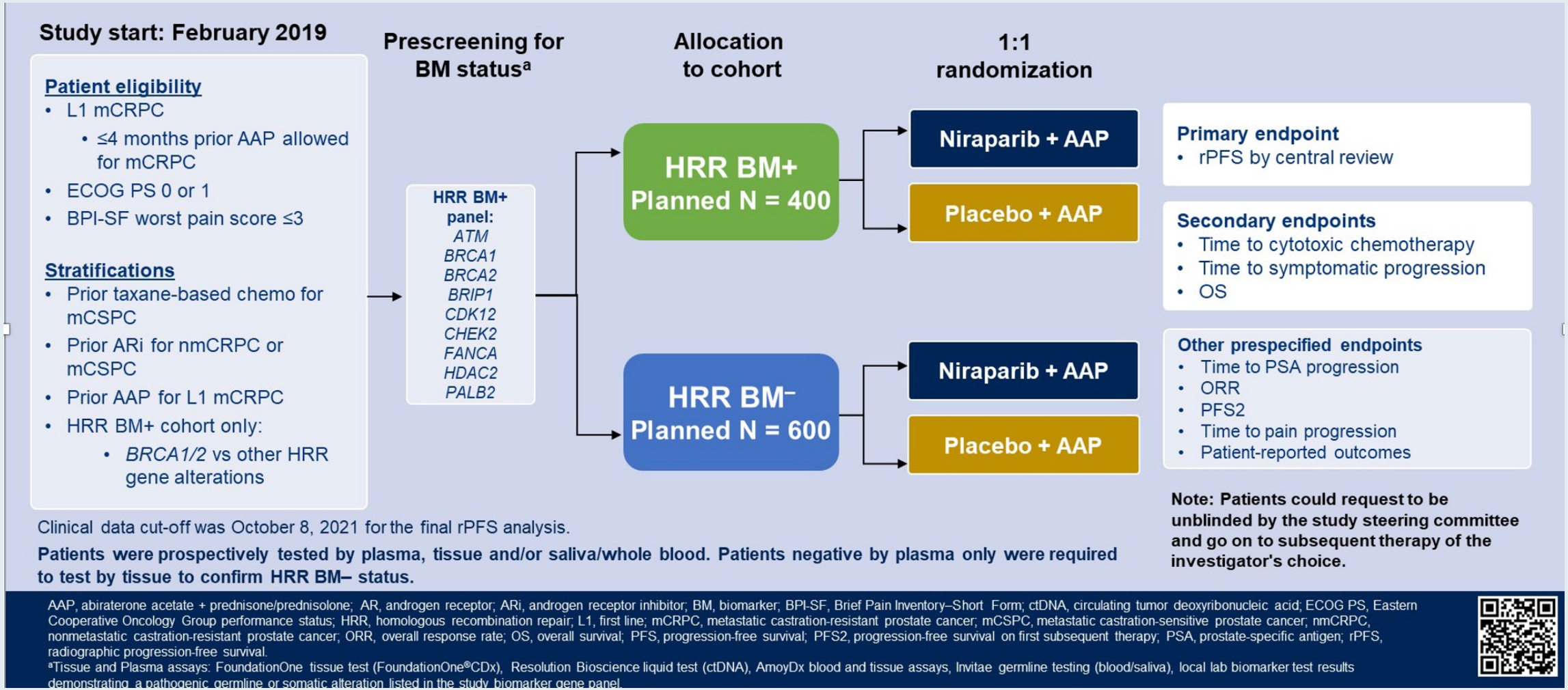
Kim N. Chi,[1] Dana E. Rathkopf,[2] Matthew R. Smith,[3] Eleni Efstathiou,[4] Gerhardt Attard,[5] David Olmos,[6] Ji Youl Lee,[7] Eric J. Small,[8] Andrea J. Pereira de Santana Gomes,[9] Guilhem Roubaud,[10] Marniza Saad,[11] Bogdan Zurawski,[12] Valerii Sakalo,[13] Gary E. Mason,[14] Adam del Corral,[15] George Wang,[14] Daphne Wu,[16] Brooke Diorio,[17] Angela Lopez-Gitlitz,[16] Shahneen Sandhu[18]

[1]University of British Columbia, BC Cancer – Vancouver Center, Vancouver, BC, Canada; [2]Memorial Sloan Kettering Cancer Center and Weill Cornell Medicine, New York, NY, USA; [3]Massachusetts General Hospital Cancer Center and Harvard Medical School, Boston, MA, USA; [4]Houston Methodist Cancer Center, Houston, TX, USA; [5]University College London, London, UK; [6]Department of Medical Oncology, Hospital Universitario 12 de Octubre, Instituto de Investigación Sanitaria Hospital 12 de Octubre (imas12), Madrid, Spain; [7]Department of Urology Cancer Center, Seoul St. Mary's Hospital, The Catholic University of Korea, Seoul, South Korea; [8]Helen Diller Family Comprehensive Cancer Center, University of California San Francisco, San Francisco, CA, USA; [9]Liga Norte Riograndense Contra o Câncer, Natal, Brazil; [10]Department of Medical Oncology, Institut Bergonié, Bordeaux, France; [11]Department of Clinical Oncology, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia; [12]Department of Outpatient Chemotherapy, Professor Franciszek Lukaszczyk Oncology Center, Bydgoszcz, Poland; [13]Institute of Urology named after Academician OF Vozianov of NAMS of Ukraine, Kyiv, Ukraine; [14]Janssen Research & Development, Spring House, PA, USA; [15]Janssen Research & Development, Bridgewater, NJ, USA; [16]Janssen Research & Development, Los Angeles, CA, USA; [17]Janssen Research & Development, Titusville, NJ, USA; [18]Peter MacCallum Cancer Center and the University of Melbourne, Melbourne, Australia

Genitourinary Cancers Symposium 2022;Abstract 12.

MAGNITUDE: Randomized, Double-Blind, Placebo-Controlled Study

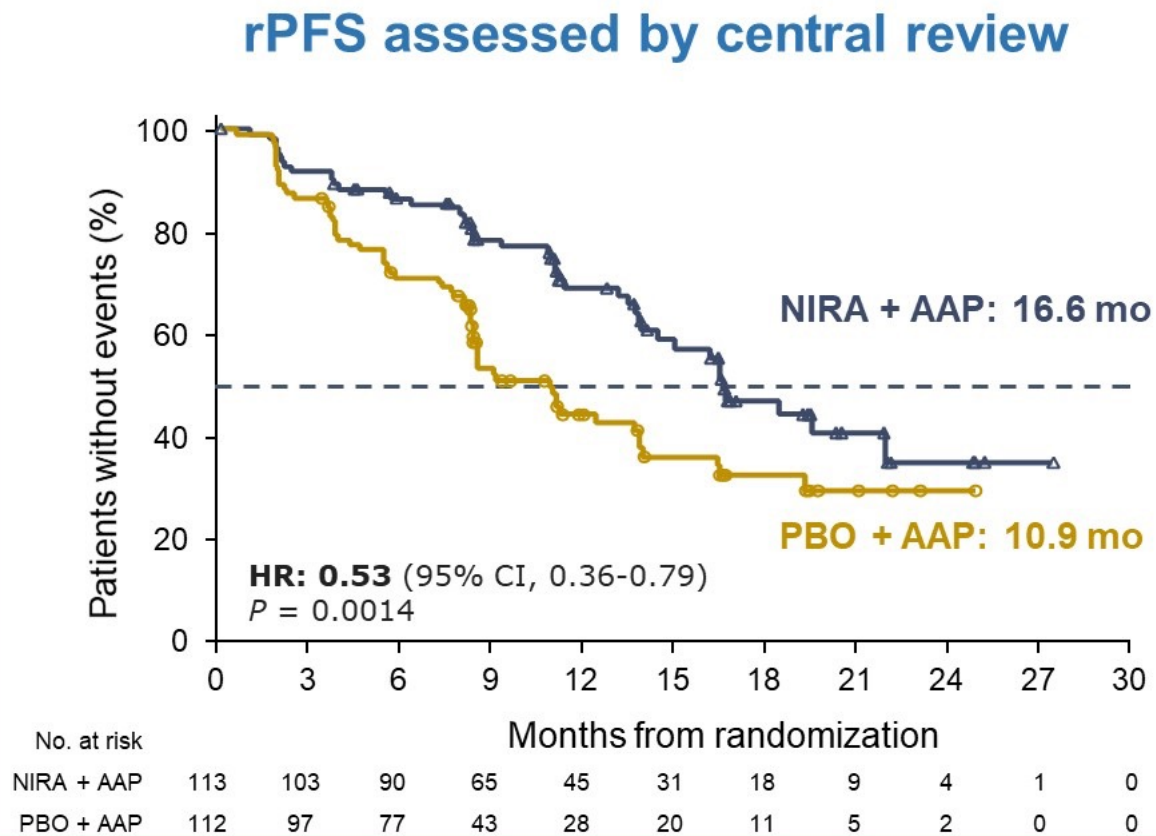
Prospectively Selected Biomarker (BM) Cohorts Designed to Test HRR BM+ and HRR BM-

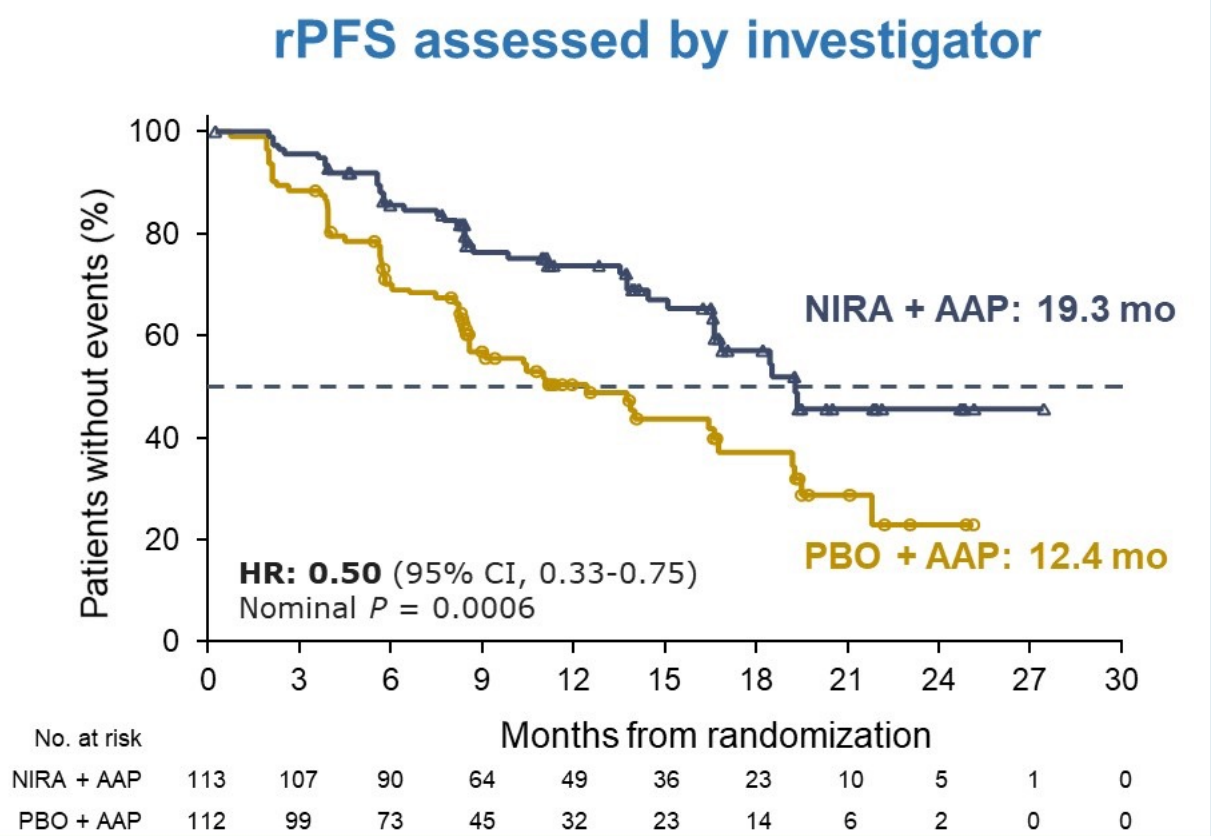


Chi KN et al. Genitourinary Cancers Symposium 2022;Abstract 12.

MAGNITUDE BRCA1/2 Mutations: Primary Endpoint

NIRA + AAP Significantly Reduced the Risk of Disease Progression or Death by 47%

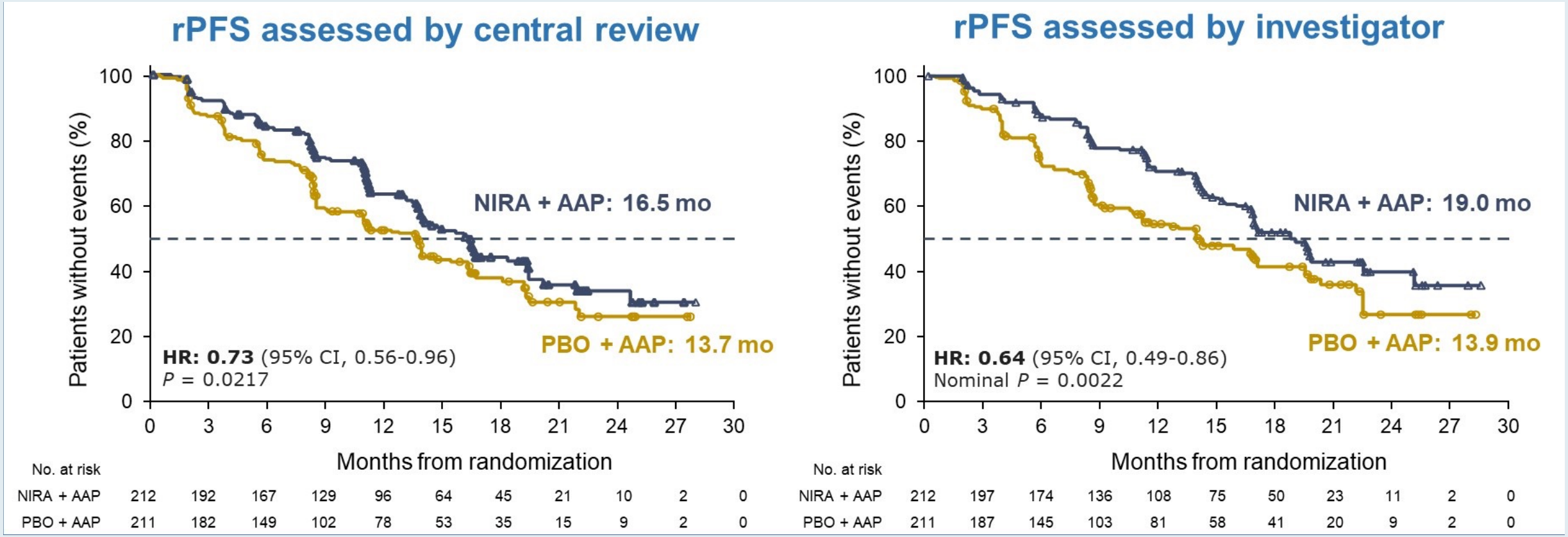




Chi KN et al. Genitourinary Cancers Symposium 2022;Abstract 12.

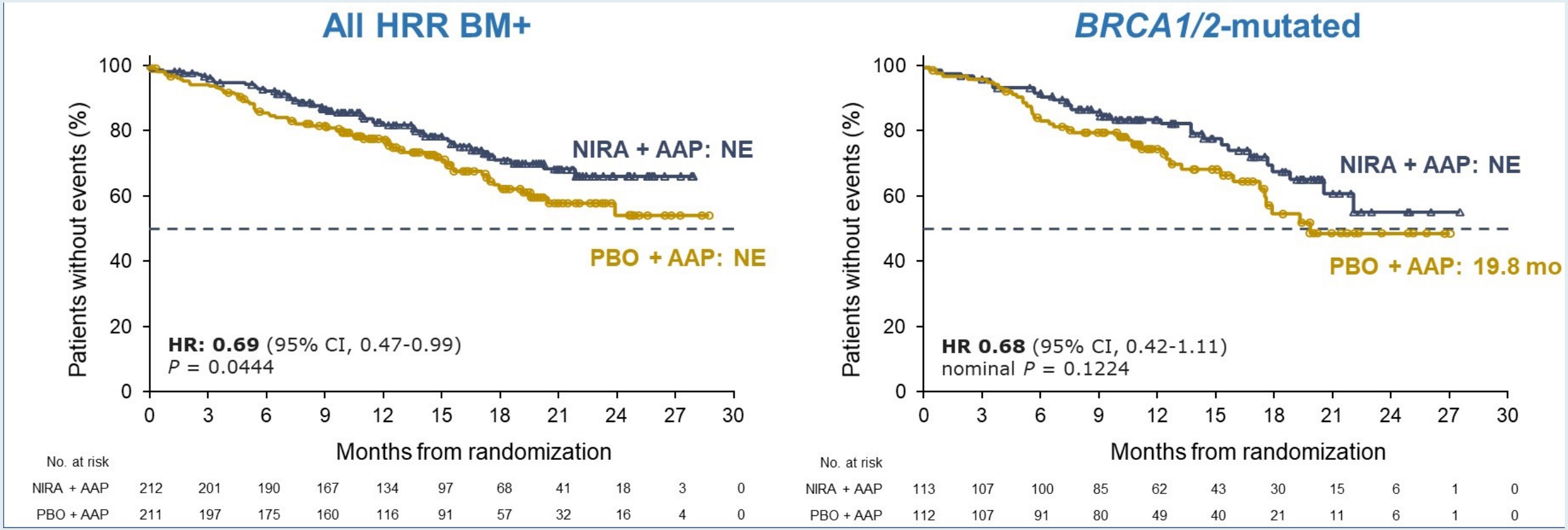
MAGNITUDE All HRR Biomarker-Positive: Primary Endpoint

NIRA + AAP Significantly Reduced the Risk of Disease Progression or Death by 27%



Chi KN et al. Genitourinary Cancers Symposium 2022;Abstract 12.

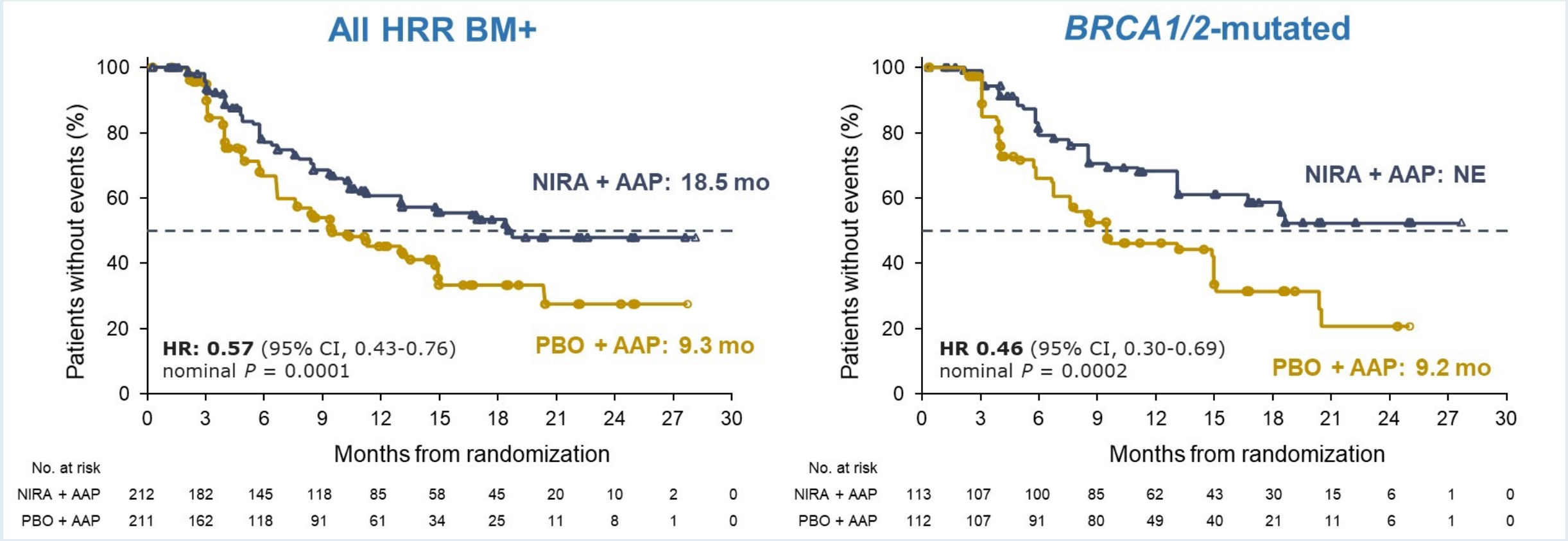
MAGNITUDE: NIRA + AAP Delays Time to Symptomatic Progression Across Gene Alterations



NIRA + AAP provides >30% improvement in time to symptomatic progression in evaluated groups

Chi KN et al. Genitourinary Cancers Symposium 2022;Abstract 12.

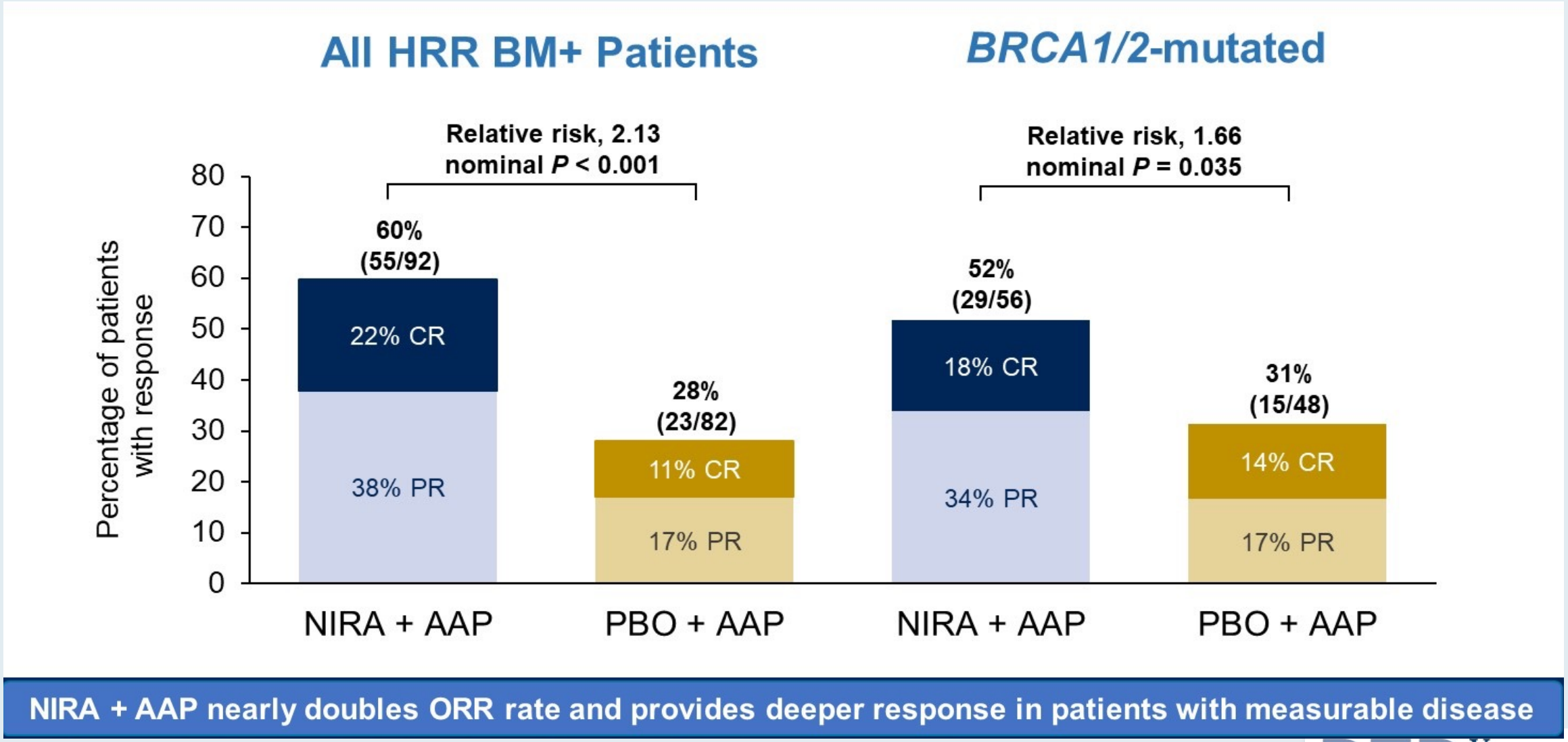
MAGNITUDE: NIRA + AAP Consistently Prolongs Time to PSA Progression Across Gene Alterations



NIRA + AAP nearly doubles the median time to PSA progression with 43% improvement

Chi KN et al. Genitourinary Cancers Symposium 2022;Abstract 12.

MAGNITUDE: NIRA + AAP Improves Overall Response Rate Consistently Across Gene Alterations



NIRA + AAP nearly doubles ORR rate and provides deeper response in patients with measurable disease

Chi KN et al. Genitourinary Cancers Symposium 2022;Abstract 12.

Year in Review: Prostate Cancer

Introduction

MODULE 1: Endocrine Therapy

MODULE 2: ^{177}Lutetium-PSMA-617

MODULE 3: PARP Inhibitors

MODULE 4: Immunotherapy

RTP Year in Review 2022

2021 ESMO congress

Abstract LBA24

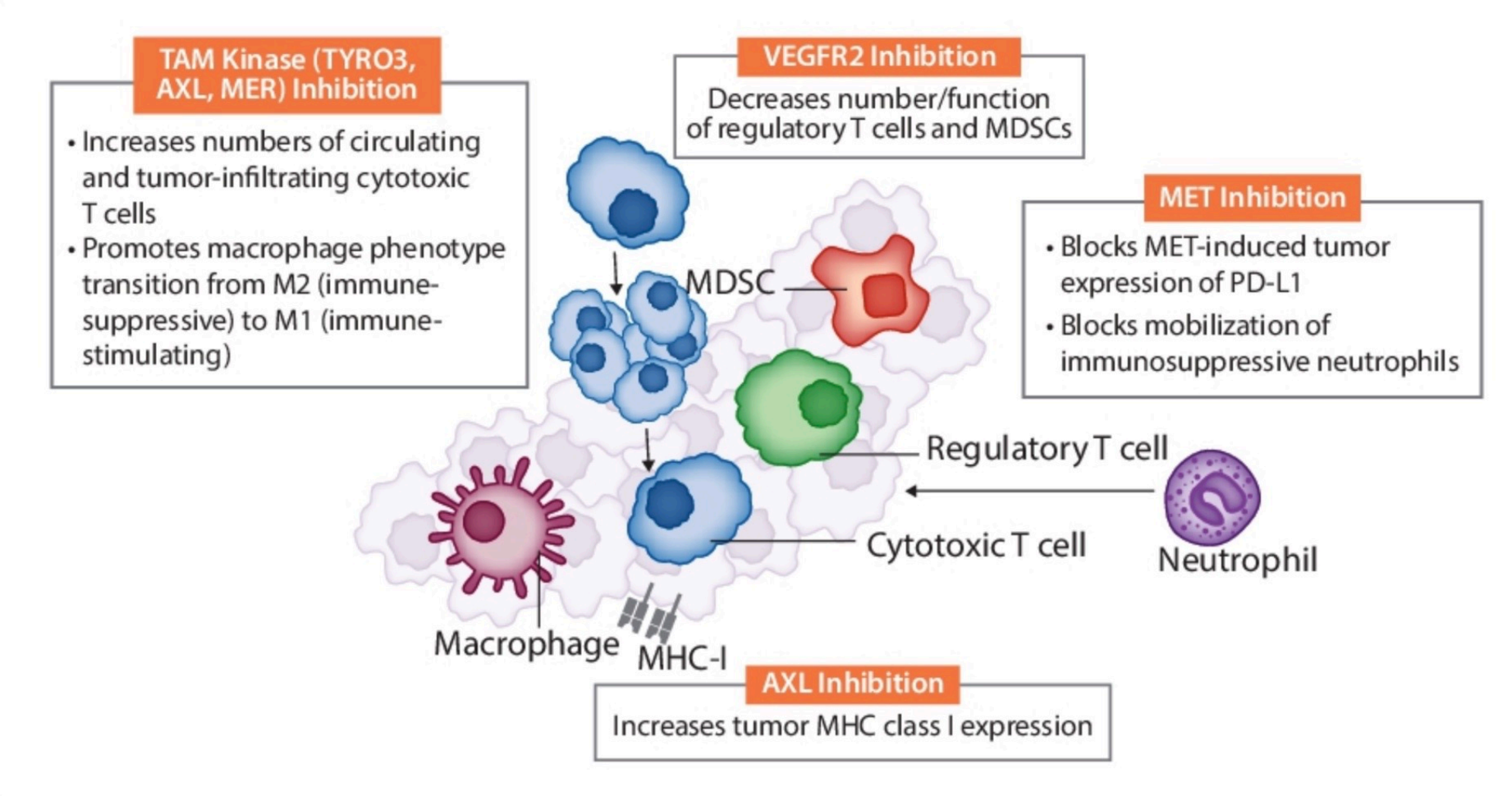
Cabozantinib in combination with atezolizumab in patients with metastatic castration-resistant prostate cancer (mCRPC): results of expanded cohort 6 of the COSMIC-021 Study

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

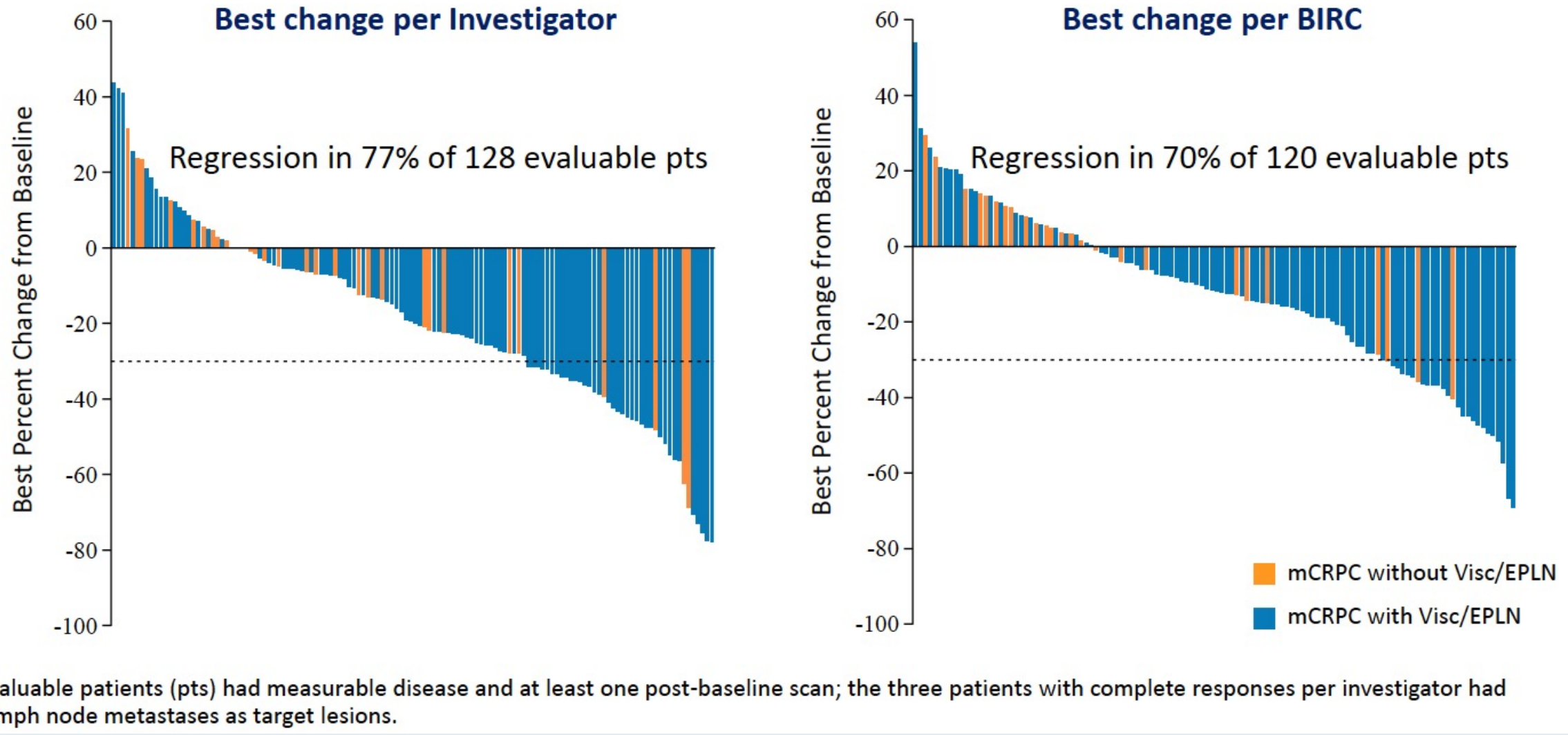
*Co-senior authors

Cabozantinib Targets Pathways Associated with Tumor Immune Suppression



Agarwal N et al. ASCO 2020;Abstract 5564.

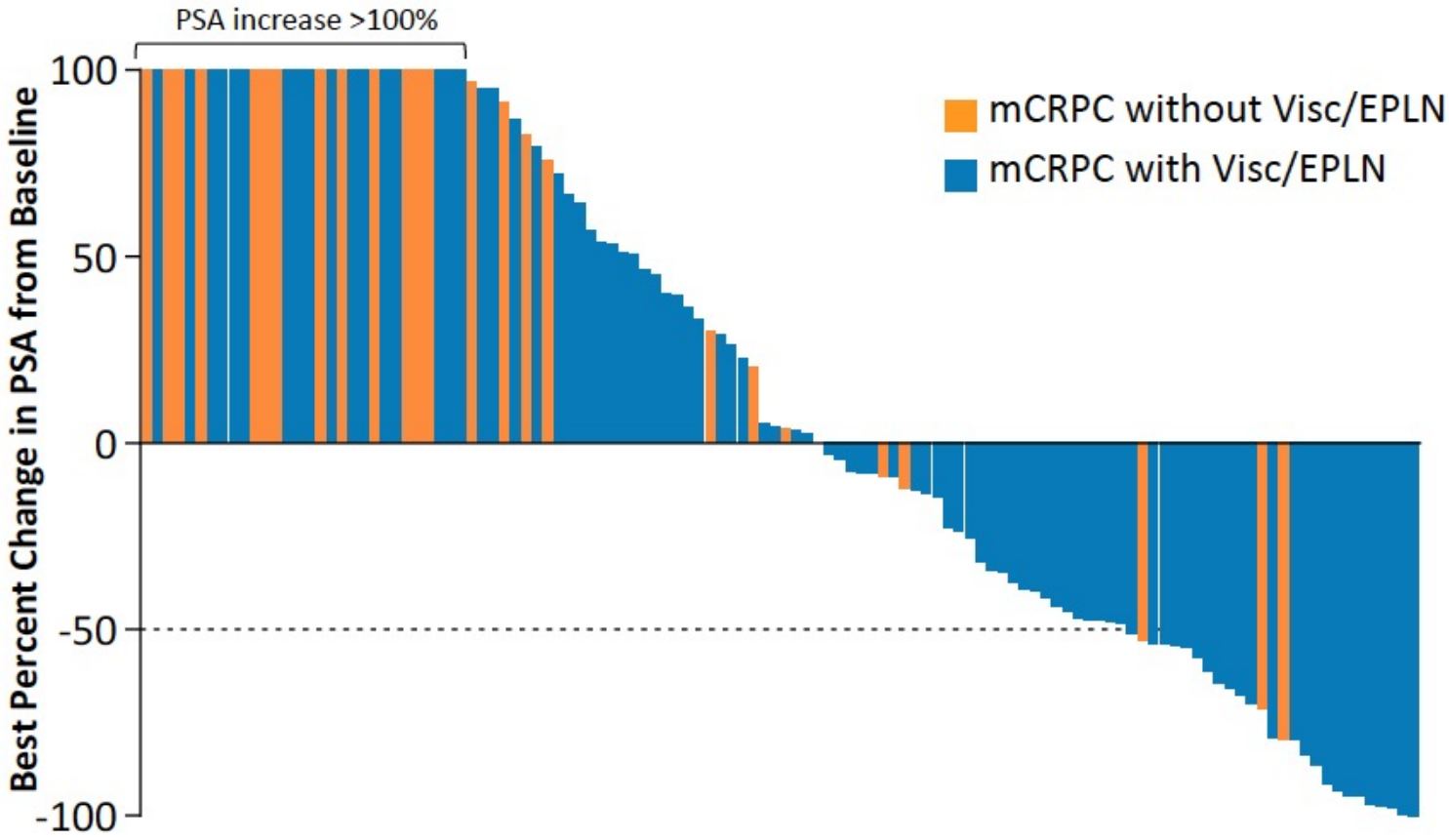
COSMIC-021: Best Change from Baseline in Sum of Target Lesions



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.

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%

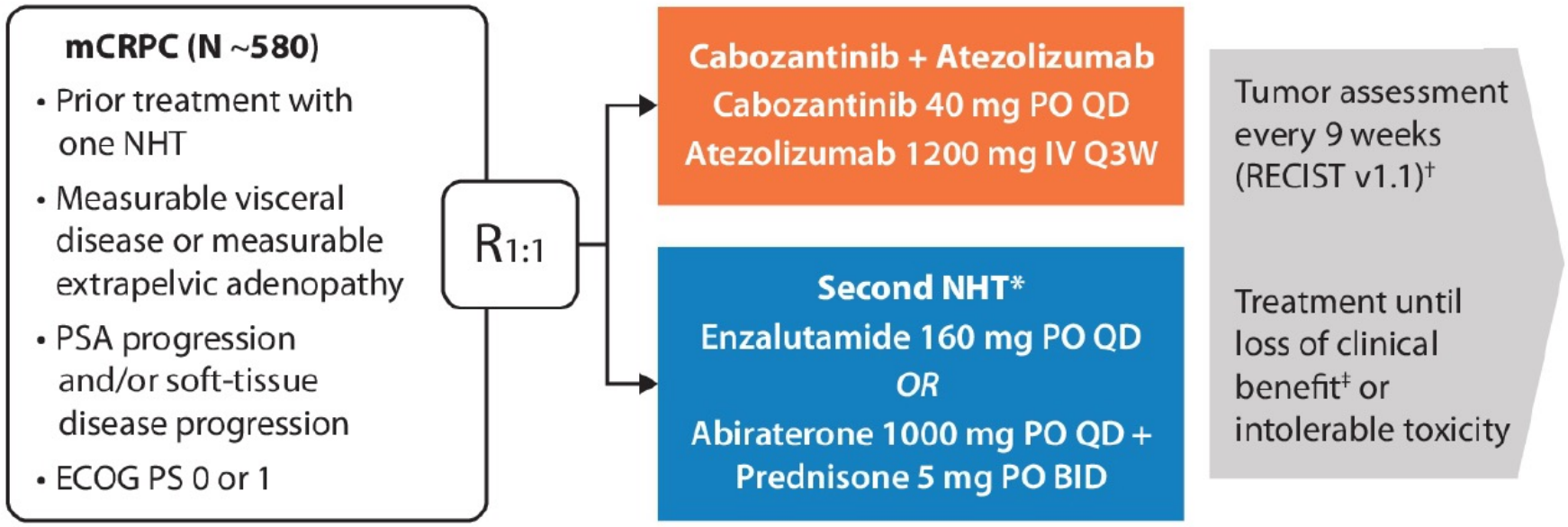
Agarwal et al. ESMO 2021;Abstract LBA24.

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.

Immune Checkpoint Inhibitors in mCRPC

Therapy	Disease state	Disease response
Pembrolizumab monotherapy[a]	Postchemotherapy	ORR 9% PSA RR 14%
Pembrolizumab + enzalutamide[b]	Prechemotherapy, progressing on enzalutamide	ORR 12% PSA RR 14%
Atezolizumab + enzalutamide[c]	Pre- and postchemotherapy, s/p abiraterone	ORR 14% PSA RR 26%
Atezolizumab + cabozantinib[d]	Prechemotherapy, 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

Year in Review:
Hepatobiliary and Pancreatic Cancers

Wednesday, April 13, 2022
5:00 PM – 6:00 PM ET

Faculty

Tanios Bekaii-Saab, MD
Philip A Philip, MD, PhD, FRCP

Special Topics

- **HIMALAYA trial**

RTP Year in Review 2022

What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

A Complimentary NCPD Hybrid Symposium Series Held During the 47th Annual ONS Congress

Prostate Cancer

Thursday, April 28, 2022
6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty
Kathy D Burns, RN, MSN, AGACNP-BC, OCN
Robert Dreicer, MD, MS
Sandy Srinivas, MD
Ronald Stein, JD, MSN, NP-C, AOCNP

Non-Small Cell Lung Cancer

Thursday, April 28, 2022
6:00 PM – 8:00 PM PT (9:00 PM – 11:00 PM ET)

Faculty
Edward B Garon, MD, MS
Kelly EH Goodwin, MSN, RN, ANP-BC
Tara Plues, APRN, MSN
Anne S Tsao, MD, MBA

Ovarian Cancer

Thursday, April 28, 2022
12:15 PM – 1:45 PM PT (3:15 PM – 4:45 PM ET)

Faculty
Jennifer Filipi, MSN, NP
Kathleen N Moore, MD, MS
Krishnansu S Tewari, MD
Deborah Wright, MSN, APRN, AGCNS-BC

Hepatobiliary Cancers

Thursday, April 28, 2022
8:20 PM – 9:20 PM PT (11:20 PM – 12:20 AM ET)

Faculty
Richard S Finn, MD
Amanda K Wagner, APRN-CNP, AOCNP

What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

A Complimentary NCPD Hybrid Symposium Series Held During the 47th Annual ONS Congress

Small Cell Lung Cancer

Friday, April 29, 2022
6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty
Marianne J Davies, DNP, MSN, RN, APRN
Matthew Gubens, MD, MS
Lowell L Hart, MD
Chaely J Medley, MSN, AGNP

Breast Cancer

Friday, April 29, 2022
6:00 PM – 8:00 PM PT (9:00 PM – 11:00 PM ET)

Faculty
Jamie Carroll, APRN, MSN, CNP
Sara A Hurvitz, MD
Kelly Leonard, MSN, FNP-BC
Hope S Rugo, MD

Chronic Lymphocytic Leukemia

Friday, April 29, 2022
12:15 PM – 1:45 PM PT (3:15 PM – 4:45 PM ET)

Faculty
Lesley Camille Ballance, MSN, FNP-BC
Amy Goodrich, CRNP
Anthony R Mato, MD, MSCE
Susan O'Brien, MD

Acute Myeloid Leukemia and Myelodysplastic Syndromes

Friday, April 29, 2022
8:20 PM – 9:20 PM PT (11:20 PM – 12:20 AM ET)

Faculty
Ilene Galinsky, NP
Eunice S Wang, MD

What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

A Complimentary NCPD Hybrid Symposium Series Held During the 47th Annual ONS Congress

Cervical and Endometrial Cancer

Saturday, April 30, 2022
6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty
Paula J Anastasia, MN, RN, AOCN
Robert L Coleman, MD
David M O'Malley, MD
Jaclyn Shaver, MS, APRN, CNP, WHNP

Bladder Cancer

Saturday, April 30, 2022
12:15 PM – 1:45 PM PT (3:15 PM – 4:45 PM ET)

Faculty
Monica Averia, MSN, AOCNP, NP-C
Shilpa Gupta, MD
Brenda Martone, MSN, NP-BC, AOCNP
Sumanta Kumar Pal, MD

Thank you for joining us!

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

RTP Year in Review 2022