2016 Symposium Highlights Notable Research Advances in Genitourinary Cancers

For immediate release
January 7, 2016

Contact
Alise Fisher
571-483-1354
alise.fisher@asco.org

SAN FRANCISCO - Eight studies exploring key issues in the treatment of genitourinary cancers will be presented at the 2016 Genitourinary Cancers Symposium, taking place January 7-9 at the Moscone West Building in San Francisco. These notable abstracts investigate several approaches to the treatment and management of prostate cancer and the use of immune checkpoint blockade therapies in patients with metastatic urothelial cancer.

Experts in genitourinary cancers are available on-site to comment on the studies below.

Abstract 1:
NRG Oncology RTOG 0415: A randomized phase III non-inferiority study comparing two fractionation schedules in patients with low-risk prostate cancer.

Oral Abstract Session A: Prostate Cancer
Thursday, January 7, 2016: 1:00 PM - 1:10 PM PST
Moscone West, Level 2, Ballroom

W. Robert Lee, MD
Duke University School of Medicine
Durham, North Carolina

Abstract 2:
Comparison of hypofractionated high-dose intensity-modulated radiotherapy schedules for prostate cancer: Results from the phase III randomized CHHiP trial (CRUK/06/016).

Oral Abstract Session A: Prostate Cancer
Thursday, January 7, 2016: 1:10 PM – 1:20 PM PST
Moscone West, Level 2, Ballroom

David P. Dearnaley, MD, FRCR
The Institute of Cancer Research and The Royal Marsden
NHS Foundation Trust
London, United Kingdom

Abstract 106:
Development and validation of an ADT resistance signature to predict adjuvant hormone treatment failure.

Oral Abstract Session A: Prostate Cancer
Thursday, January 7, 2016: 1:10 PM – 1:20 PM PST
Moscone West, Level 2, Ballroom

The value of monitoring circulating tumor DNA (ctDNA) for assessing treatment response and predicting relapse in patients with advanced renal cell carcinoma (RCC) is limited by incomplete sequence coverage in the liquid biopsy. The ctDNA contains a diverse panel of mutations that drive the tumor's growth and can be used to predict treatment response. The objective of the study was to develop a panel of ctDNA mutations that could be used to monitor response to immunotherapy and predict relapse in patients with metastatic RCC.

Methods: ctDNA was extracted from plasma of 22 patients with metastatic RCC treated with immunotherapy. The panel included 26 selected ctDNA mutations associated with RCC driver genes, such as VEGFA, PD1, PD-L1, PTEN, and BAP1. The ctDNA mutations were sequenced using the Ion Torrent platform. The ctDNA was sequenced at baseline, at each of the 6 weeks of immunotherapy, and at each clinical follow-up visit. The changes in ctDNA burden were measured using the Vascular Island Algorithm (VIA) and used to assess treatment response. The ctDNA baseline and on-treatment samples were used to identify the ctDNA mutations associated with the best survival outcomes and with the best prediction of relapse.

Results: The ctDNA was sequenced at baseline and after 6 weeks of immunotherapy in 22 patients with metastatic RCC. The ctDNA was sequenced at each clinical follow-up visit in 15 patients. The ctDNA mutations were associated with treatment response and relapse in 22 patients. The ctDNA mutations were associated with treatment resistance and relapse in 15 patients. The ctDNA mutations were associated with treatment resistance and relapse in 15 patients.
Abstract 196:  
*The impact of statin use on abiraterone acetate (AA) treatment duration in patients with castration-resistant prostate cancer (CRPC).*

Poster Session A: Prostate Cancer  
Thursday, January 7, 2016: 11:30 AM – 1:00 PM PST  
Thursday, January 7, 2016: 5:15 PM – 6:45 PM PST  
Moscone West, Level 1, West Hall, Poster E22  

Jeffrey Karnes, MD  
Mayo Clinic  
Rochester, Minnesota

---

Abstract 236:  
*Bipolar androgen therapy (BAT) in men with hormone sensitive (HS) prostate cancer (PC).*

Poster Session A: Prostate Cancer  
Thursday, January 7, 2016: 11:30 AM – 1:00 PM PST  
Thursday, January 7, 2016: 5:15 PM – 6:45 PM PST  
Moscone West, Level 1, West Hall, Poster H11

Lauren Christine Harshman, MD  
Dana-Farber Cancer Institute  
Boston, Massachusetts

---

Abstract 286:  
*Quality of life (QOL) analysis from E3805, chemohormonal androgen ablation randomized trial (CHAARTED) in prostate cancer (PrCa).*

Poster Session A: Prostate Cancer  
Thursday, January 7, 2016: 11:30 AM – 1:00 PM PST  
Thursday, January 7, 2016: 5:15 PM – 6:45 PM PST  
Moscone West, Level 1, West Hall, Poster K7

Michael Thomas Schweizer, MD  
University of Washington/Fred Hutchinson Cancer Research Center  
Seattle, Washington

---

Abstract 357:  
*Phase II trial of gemcitabine + cisplatin + ipilimumab in patients with metastatic urothelial cancer.*

Poster Session A: Prostate Cancer  
Thursday, January 7, 2016: 11:30 AM – 1:00 PM PST  
Thursday, January 7, 2016: 5:15 PM – 6:45 PM PST  
Moscone West, Level 1, West Hall, Poster M13

Linda J. Patrick-Miller, PhD  
The University of Chicago Medical Center  
Chicago, Illinois

---

Abstract 367:  
*Safety, clinical activity, and PD-L1 expression of avelumab (MSB0010718C), an anti-PD-L1 antibody, in patients with metastatic urothelial carcinoma from the JAVELIN Solid Tumor phase Ib trial.*

Oral Abstract Session B: Urothelial Carcinoma; Penile, Urethral, and Testicular Cancers  
Friday, January 8, 2016: 1:55 PM – 2:05 PM PST  
Moscone West, Level 2, Ballroom

Matt D. Galsky, MD  
The Tisch Cancer Institute  
Icahn School of Medicine at Mount Sinai  
New York, New York
2016 Genitourinary Cancers Symposium News Planning Team
Sumanta Pal, MD, American Society of Clinical Oncology (ASCO); Daniel A. Hamstra, MD, PhD, American Society for Radiation Oncology (ASTRO); Badrinath R. Konety, MD, MBA, Society of Urologic Oncology (SUO).

View the disclosures for the News Planning Team.

ATTRIBUTION TO THE 2016 GENITOURINARY CANCERS SYMPOSIUM IS REQUESTED IN ALL NEWS COVERAGE.

About ASCO:

Founded in 1964, the American Society of Clinical Oncology (ASCO) is the world’s leading professional organization representing physicians who care for people with cancer. With more than 35,000 members, ASCO is committed to improving cancer care through scientific meetings, educational programs and peer-reviewed journals. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation, which funds groundbreaking research and programs that make a tangible difference in the lives of people with cancer. For ASCO information and resources, visit asco.org. Patient-oriented cancer information is available at Cancer.Net.