Real-World Treatment Patterns and Sequencing in Locally Advanced or Metastatic Urothelial Carcinoma Patients Receiving Sacituzumab Govitecan in the United States

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Conclusions

- In this real-world study, from December 2019 to August 2023, 52% of EV patients were treated with SG as immediate subsequent LOT; SG was mostly used in 3L
- Most (79%) patients receiving SG in 3L, 4L, and 5L had received EV in the immediate prior line
- When compared with patients who received SG immediately after EV, those who did not receive SG at all after EV were mostly older at LOT start date and/or had worse performance status (ECOG PS 2 or 3) and were less likely to be treated in an academic setting
- As the treatment landscape evolves with the expected adoption of 1L EV+P as SOC, updated analyses will provide further insights on treatment patterns and sequencing in 2L+ la/mUC treatment in real-world clinical practice

Study Limitations

- The small sample size of SG-treated patients by LOT introduces variability in study estimates
- In routine practice, there is a general lack of consensus on the method used to determine cisplatin and platinum ineligibility, as several ICD codes and laboratory assessments are used

Plain Language Summary

- This study explored how often and in what sequence newer treatments for advanced bladder cancer, such as sacituzumab govitecan (SG) and enfortumab vedotin (EV), are used in routine care
- Our findings show that more than half of the participants who were treated with EV had received SG immediately after EV treatment
- Most participants who were treated with SG had received EV immediately before SG treatment
- Participants who did not receive SG after EV were mostly older on average, had low physical functioning (measured by Eastern Cooperative Oncology Group performance status), and a lower percentage of them were treated in a clinic connected with a teaching hospital
- These sequence patterns of treatment are likely to change as new treatments for bladder cancer are approved for use

References: **1.** US FDA. Accelerated approval of SG for aUC; April 13, 2021. **2.** TRODELVY® (sacituzumab govitecan-hziy) [PI]. Foster City, CA: Gilead Sciences, Inc., 04/2024. **3.** US FDA. Approval of EV for mUC; July 9, 2021. **4.** PADCEV® (enfortumab vedotin) [PI]. Northbrook, IL: Astellas Pharma US, Inc., 04/2024. **5.** US FDA. Approval of EV+P for la/mUC; December 15, 2023.

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Introduction

- The treatment landscape for locally advanced or metastatic urothelial carcinoma (la/mUC) has evolved rapidly, with recent US FDA approvals of antibody-drug conjugates (ADCs):
  - Accelerated approval of sacituzumab govitecan (SG) in April 2021[1,2,a]
  - Approval of enfortumab vedotin (EV) in July 2021[3,4,b]
  - Accelerated approval of EV plus pembrolizumab (EV+P) in April 2023, followed by full approval in December 2023, expected to be first-line (1L) standard of care[5]
- There is a growing need to better understand the current la/mUC patient population and treatment sequencing in the real-world setting

[a]The US FDA granted accelerated approval of SG in April 2021 for the treatment of adult patients with la/mUC following treatment with platinum-containing chemotherapy and a programmed death (ligand)-1 (PD-[L]1) inhibitor.
[b]For patients with la/mUC who were previously treated with a PD-(L)1 inhibitor and platinum-based chemotherapy in the neoadjuvant/adjuvant setting.

Objectives

- To describe patient demographics and clinical characteristics of la/mUC patients receiving SG
- Characterize treatment patterns and sequencing of SG by line of therapy (LOT) in la/mUC in real-world clinical practice

Methods

- This is a retrospective cohort study using the nationwide (US) Flatiron Health electronic health record–derived de-identified database
- Patients aged ≥ 18 years diagnosed with la/mUC initiating 1L treatment from December 2019 to August 2023 were included, with 3 months of data accrual to November 2023; patients had to have ≥ 2 clinic visits following the 1L start date. Patients with other primary cancer or who received any clinical trial drug were excluded
- Demographics and clinical characteristics were assessed by LOT in SG patients, in EV patients who received SG in the immediate subsequent line, and in EV patients who did not receive SG at all during the study period
- Systemic treatments for la/mUC were summarized by LOT to fifth line (5L)
- Treatment sequencing overall and by SG LOT were assessed
- This study period was before the full approval of EV+P, and therefore, the results only capture EV monotherapy and SG monotherapy with standard systemic la/mUC treatments

Results

- The study included 2448 patients with la/mUC, including 501 unique patients receiving ADCs (SG, n = 93; EV, n = 481)
- The number of patients who received SG was as follows: 5 in 1L, 17 in second line (2L), 42 in third line (3L), 19 in fourth line (4L), and 12 in 5L. Baseline characteristics are shown in **Table 1**
- Median age of patients and proportion of patients with an Eastern Cooperative Oncology Group performance status (ECOG PS) of 2 or 3 increased with increasing SG LOT (**Table 1**)
- Most SG-treated patients had received cisplatin or carboplatin (49%) or a PD-(L)1 inhibitor (32%) in 1L. In 2L, most SG-treated patients received either EV (47%) or a PD-(L)1 inhibitor (24%) (**Figure 1**)
- Patients treated with SG in 2L (n = 17) mostly received a PD-(L)1 inhibitor (41%), EV (29%), and platinum-based chemotherapy (24%) in 1L (**Figure 2A**)
- Most (79%) patients who received SG in 3L, 4L, or 5L had received EV in the immediately prior LOT (**Figure 2B-D**)
- Of the 121 EV patients who received the next LOT, 63 (52%) received SG in the line immediately following EV, and 51 (42%) did not receive SG at all (**Table 2**)
- EV patients not receiving SG at all, compared with those who received SG immediately after EV: had a higher median age at LOT start date (71-75 vs 61-73 years); had fewer patients with an ECOG PS of 0 or 1 (50%-86% vs 74%-85%); had fewer patients who were treated in an academic setting (0%-38% vs 22%-50%) (**Table 2**)

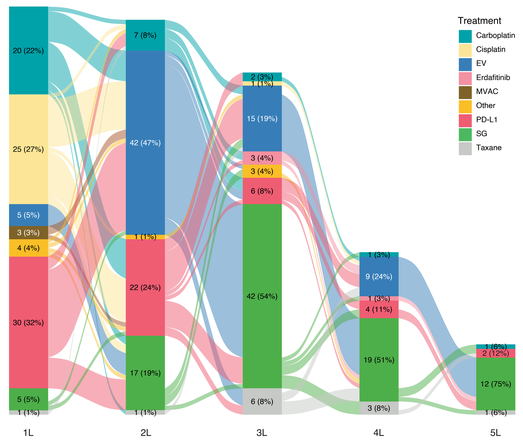
Results

Table 1. Demographics and Baseline Characteristics of Patients Who Received SG by Line of Therapy

	2L (n = 17)	3L (n = 42)	4L (n = 19)	5L (n = 12)
Median (Q1-Q3) age at LOT start date, years	66 (62-72)	73 (66-76)	73 (65-79)	75 (65-78)
Male	12 (71)	29 (69)	17 (89)	10 (83)
Race				
White	13 (76)	31 (74)	11 (58)	9 (75)
Black	1 (6)	2 (5)	1 (5)	0 (0)
Asian	0 (0)	0 (0)	0 (0)	1 (8)
Other	2 (12)	2 (5)	4 (21)	1 (8)
Missing	1 (6)	7 (17)	3 (16)	1 (8)
ECOG PS				
0	6 (35)	4 (10)	4 (21)	1 (8)
1	8 (47)	20 (48)	8 (42)	6 (50)
2 or 3	0 (0)	13 (31)	6 (32)	5 (42)
Missing	3 (18)	5 (12)	1 (5)	0 (0)
Provider type				
Academic	4 (24)	13 (31)	3 (16)	3 (25)
Community	13 (76)	29 (69)	16 (84)	9 (75)
De novo disease	5 (29)	13 (31)	11 (58)	5 (42)
Cisplatin ineligible	5 (29)	22 (52)	9 (47)	4 (33)
Platinum ineligible	3 (18)	6 (14)	2 (11)	1 (8)

All characteristics are expressed in n (%) unless otherwise specified. Only 5 patients received SG in 1L and are not included in this table. The sum of patients with SG in 1-5L is 95, but as there is 1 patient who received SG in 3 lines, there are 93 unique patients who received SG. 1L, first line; 2L, second line; 3L, third line; 4L, fourth line; 5L, fifth line; ECOG PS, Eastern Cooperative Oncology Group performance status; LOT, line of therapy.

Figure 1. Treatment Patterns of Overall SG-Treated Patients (N = 93)



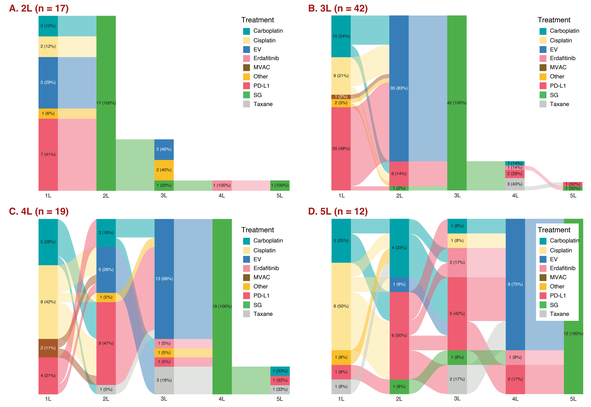
Erdafitinib used as monotherapy or combination therapy. Paclitaxel or docetaxel used as monotherapy or combination therapy. "Others" indicates treatments besides MVAC and the above treatments. 1L, first line; 2L, second line; 3L, third line; 4L, fourth line; 5L, fifth line; EV, enfortumab vedotin; MVAC, methotrexate, vinblastine, adriamycin, and cisplatin; PD-L1, programmed death ligand 1; SG, sacituzumab govitecan.

Table 2. Demographics and Baseline Characteristics of Patients Sequencing from EV to SG, and Those Who Received EV Only

	Patients Who Received EV by Line Then SG in the Next Line (n = 63)				Patients Who Received EV by Line and Did Not Receive SG at All (n = 51)			
	1L (n = 6)	2L (n = 35)	3L (n = 13)	4L (n = 9)	1L (n = 13)	2L (n = 23)	3L (n = 14)	4L (n = 4)
Median (Q1-Q3) age at LOT start date, years	61 (57-64)	71 (65-76)	73 (67-75)	65 (63-76)	72 (64-76)	75 (71-81)	72 (64-81)	71 (64-77)
Male	4 (67)	25 (71)	11 (85)	7 (78)	11 (85)	19 (83)	10 (71)	2 (50)
Race								
White	5 (83)	26 (74)	7 (54)	6 (67)	9 (69)	15 (65)	8 (57)	3 (75)
Black	1 (17)	2 (6)	0 (0)	0 (0)	1 (8)	2 (9)	0 (0)	0 (0)
Asian	0 (0)	0 (0)	0 (0)	1 (11)	0 (0)	0 (0)	0 (0)	0 (0)
Other	0 (0)	1 (3)	4 (31)	1 (11)	2 (15)	3 (13)	3 (21)	1 (25)
Missing	0 (0)	6 (17)	2 (15)	1 (11)	1 (8)	3 (13)	3 (21)	0 (0)
ECOG PS								
0	2 (33)	6 (17)	5 (38)	3 (33)	1 (8)	5 (22)	7 (50)	1 (25)
1	3 (50)	20 (57)	6 (46)	4 (44)	8 (62)	11 (48)	5 (36)	1 (25)
2 or 3	0 (0)	6 (17)	1 (8)	2 (22)	1 (8)	2 (9)	1 (7)	2 (50)
Missing	1 (17)	3 (9)	1 (8)	0 (0)	3 (23)	5 (22)	1 (7)	0 (0)
Provider type								
Academic	3 (50)	11 (31)	3 (23)	2 (22)	5 (38)	1 (4)	3 (21)	0 (0)
Community	3 (50)	24 (69)	10 (77)	7 (78)	8 (62)	22 (96)	11 (79)	4 (100)
De novo disease	1 (17)	10 (29)	7 (54)	4 (44)	4 (31)	10 (43)	5 (36)	2 (50)
Cisplatin ineligible	3 (50)	19 (54)	6 (46)	3 (33)	8 (62)	13 (57)	5 (36)	2 (50)
Platinum ineligible	2 (33)	4 (11)	2 (15)	0 (0)	2 (15)	3 (13)	0 (0)	0 (0)

All characteristics are expressed in n (%) unless otherwise specified. Only 6 or fewer patients in each LOT received EV then SG with another treatment in between and hence are not included in this table. One patient received EV in 3 lines (2-4L) and another patient received EV in 2 lines (2L and 4L), therefore, there are 124 patients in the EV lines with the next LOT but 121 unique patients. 1L, first line; 2L, second line; 3L, third line; 4L, fourth line; ECOG PS, Eastern Cooperative Oncology Group performance status; EV, enfortumab vedotin; LOT, line of therapy; SG, sacituzumab govitecan.

Figure 2. Treatment Sequencing in SG by Line of Therapy



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