# ASCO Direct™ Highlights Genitourinary

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UW/FHCC

# Faculty Disclosures

**I have no relevant financial relationship with any company (commercial interest) to disclose.**

2022 ASCO® ANNUAL MEETING

# Long-Term Outcomes in EV-301: 24-Month Findings From the Phase 3 Trial of Enfortumab Vedotin vs Chemotherapy in Patients With Previously Treated Advanced Urothelial Carcinoma

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# Enfortumab Vedotin for Previously Treated Advanced Urothelial Carcinoma

- The 5-year relative survival rate for metastatic bladder cancer is ≈8%[1]
- Enfortumab vedotin (EV), an antibody–drug conjugate directed against Nectin-4, demonstrated overall survival (OS) and progression-free survival (PFS) benefit in patients with locally advanced or metastatic (la/m) urothelial carcinoma (UC) in the open-label, confirmatory phase 3 EV-301 trial (NCT03474107) at the prespecified interim analysis[2]

## Efficacy and safety are presented for EV vs chemotherapy over a median follow-up period of ≈2 years

**Key eligibility criteria:**
- Histologically/Cytologically confirmed UC
- Radiographic progression/ relapse during or after PD-1/L1 treatment for advanced UC
- Prior platinum-containing regimen for advanced UC
- ECOG PS 0–1

*1:1 randomization with stratification*

**Enfortumab vedotin (N=301)**
*1.25 mg/kg on days 1, 8, and 15 of each 28-d cycle*

**Preselected chemotherapy (N=307)**
*Docetaxel 75 mg/m$^2$ or paclitaxel 175 mg/m$^2$ or vinflunine 320 mg/m$^2$ on day 1 of each 21-d cycle*

**Primary end point: Overall survival**

**Secondary end points:**
- Progression-free survival
- Disease control rate
- Overall response rate

→ *Investigator-assessed per RECIST v1.1*

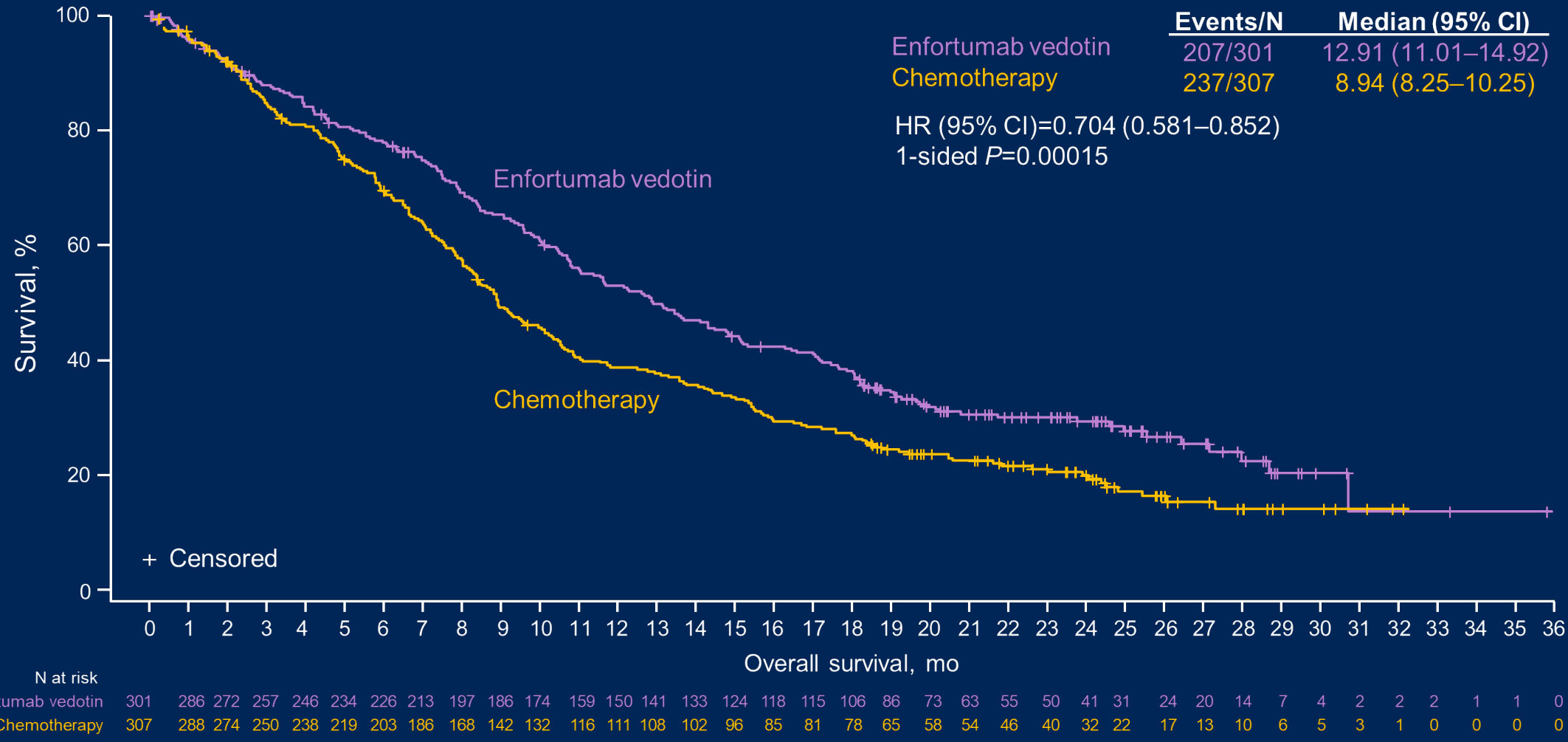
- Safety

***Findings from the prespecified, event-driven OS analysis when 439 deaths occurred are presented***

ECOG PS, Eastern Cooperative Oncology Group performance status; EV, enfortumab vedotin; la/m, locally advanced or metastatic; OS, overall survival; PD-1/L1, programmed cell death protein-1/programmed death-ligand 1; RECIST, Response Evaluation Criteria In Solid Tumors; UC, urothelial carcinoma.

**1.** National Cancer Institute. https://seer.cancer.gov/statfacts/html/urinb.html. **2.** Powles T, et al. *N Engl J Med*. 2021;384:1125-1135.

# Overall Survival




| | Events/N | Median (95% CI) |
|---|---|---|
| Enfortumab vedotin | 207/301 | 12.91 (11.01–14.92) |
| Chemotherapy | 237/307 | 8.94 (8.25–10.25) |

HR (95% CI)=0.704 (0.581–0.852)
1-sided *P*=0.00015

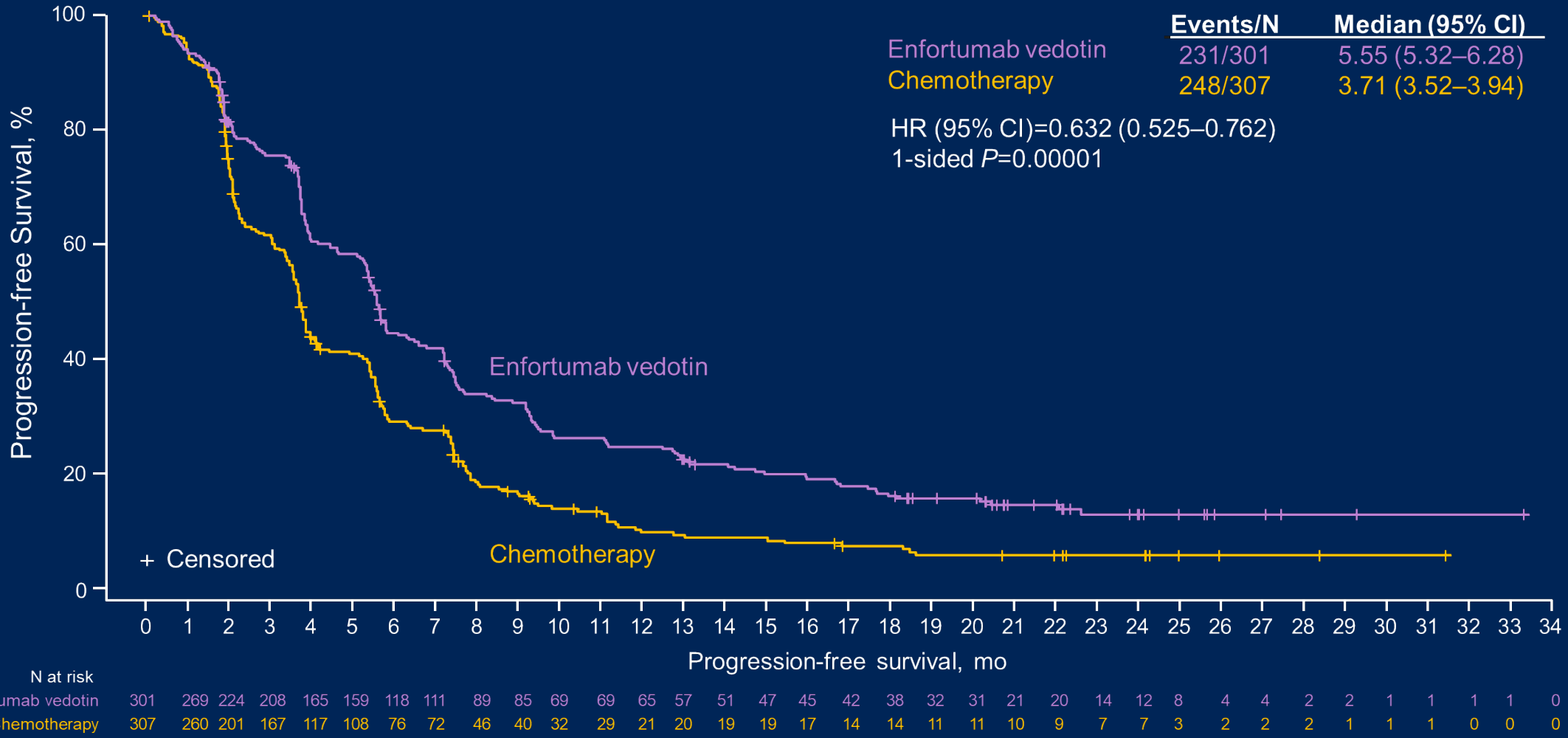
N at risk

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Enfortumab vedotin | 301 | 286 | 272 | 257 | 246 | 234 | 226 | 213 | 197 | 186 | 174 | 159 | 150 | 141 | 133 | 124 | 118 | 115 | 106 | 86 | 73 | 63 | 55 | 50 | 41 | 31 | 24 | 20 | 14 | 7 | 4 | 2 | 2 | 2 | 1 | 1 | 0 |
| Chemotherapy | 307 | 288 | 274 | 250 | 238 | 219 | 203 | 186 | 168 | 142 | 132 | 116 | 111 | 108 | 102 | 96 | 85 | 81 | 78 | 65 | 58 | 54 | 46 | 40 | 32 | 22 | 17 | 13 | 10 | 6 | 5 | 3 | 1 | 0 | 0 | 0 | 0 |

Data shown for intention-to-treat population.
HR, hazard ratio.

Data cutoff date: July 30, 2021

# Progression-Free Survival




| | Events/N | Median (95% CI) |
|---|---|---|
| Enfortumab vedotin | 231/301 | 5.55 (5.32–6.28) |
| Chemotherapy | 248/307 | 3.71 (3.52–3.94) |

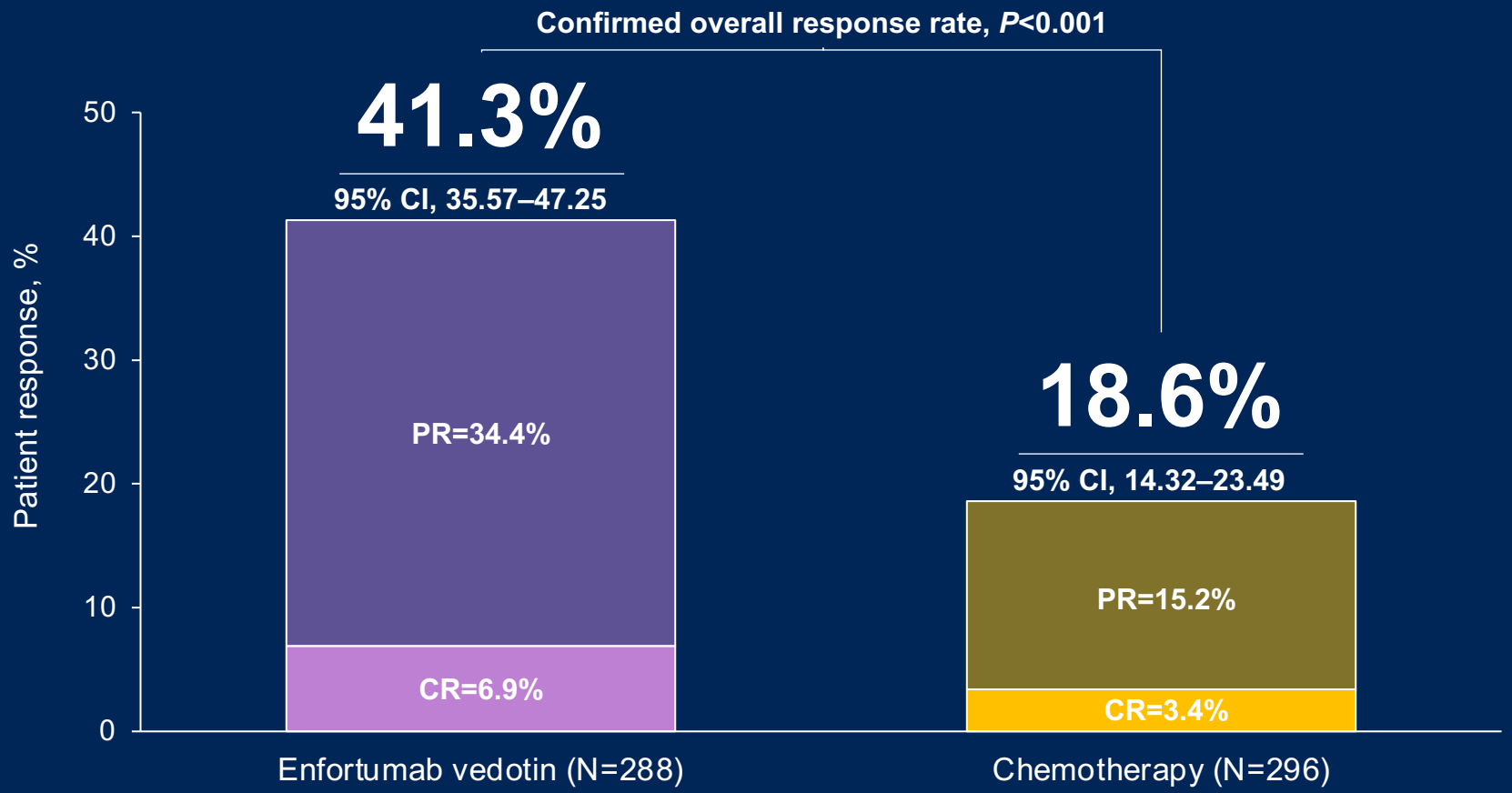
HR (95% CI)=0.632 (0.525–0.762)
1-sided *P*=0.00001

| N at risk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Enfortumab vedotin | 301 | 269 | 224 | 208 | 165 | 159 | 118 | 111 | 89 | 85 | 69 | 69 | 65 | 57 | 51 | 47 | 45 | 42 | 38 | 32 | 31 | 21 | 20 | 14 | 12 | 8 | 4 | 4 | 2 | 2 | 1 | 1 | 1 | 1 | 0 |
| Chemotherapy | 307 | 260 | 201 | 167 | 117 | 108 | 76 | 72 | 46 | 40 | 32 | 29 | 21 | 20 | 19 | 19 | 17 | 14 | 14 | 11 | 11 | 10 | 9 | 7 | 7 | 3 | 2 | 2 | 2 | 1 | 1 | 1 | 0 | 0 | 0 |

Data shown for intention-to-treat population.
HR, hazard ratio.

Data cutoff date: July 30, 2021

# Investigator-Assessed Clinical Response




| | | | |
|---|---|---|---|
| **Disease control rate (95% CI),[a] %** | **71.9 (66.30–76.99)** | **53.4 (47.52–59.17)** | ***P*<0.001** |

Response as assessed by investigator per RECIST version 1.1. Assessed in the response evaluable population.
CR, complete response; PR, partial response; RECIST, Response Evaluation Criteria In Solid Tumors.
[a]Proportion of patients with best overall response of confirmed CR, PR, or SD (≥7 wk); enfortumab vedotin vs chemotherapy.

# Safety/Tolerability

- Median (range) duration rates of treatment were 4.99 mo (0.5-29.9) for EV and 3.45 mo (0.2–26.4) for chemotherapy
- Rates of treatment-related adverse events (TRAEs; 93.9% vs 91.8%) and serious TRAEs (22.6% vs 23.4%) were comparable between EV and chemotherapy groups

| Treatment-related adverse event, n (%) | Enfortumab vedotin (N=296) | | Chemotherapy (N=291) | |
|---|---|---|---|---|
| | Any grade | Grade ≥3 | Any grade | Grade ≥3 |
| Alopecia | 135 (45.6) | NR | 108 (37.1) | NR |
| Peripheral sensory neuropathy | 103 (34.8) | 15 (5.1) | 63 (21.6) | 6 (2.1) |
| Pruritus | 96 (32.4) | 4 (1.4) | 14 (4.8) | 1 (0.3) |
| Fatigue | 93 (31.4) | 20 (6.8) | 66 (22.7) | 13 (4.5) |
| Decreased appetite | 92 (31.1) | 9 (3.0) | 69 (23.7) | 5 (1.7) |
| Diarrhea | 74 (25.0) | 10 (3.4) | 49 (16.8) | 5 (1.7) |
| Dysgeusia | 73 (24.7) | NR | 22 (7.6) | NR |
| Nausea | 71 (24.0) | 3 (1.0) | 64 (22.0) | 4 (1.4) |
| Maculopapular rash | 50 (16.9) | 22 (7.4) | 5 (1.7) | NR |
| Anemia | 34 (11.5) | 8 (2.7) | 63 (21.6) | 23 (7.9) |
| Decreased neutrophil count | 31 (10.5) | 18 (6.1) | 51 (17.5) | 41 (14.1) |
| Neutropenia | 20 (6.8) | 14 (4.7) | 25 (8.6) | 18 (6.2) |
| Decreased white blood cell count | 15 (5.1) | 4 (1.4) | 32 (11.0) | 21 (7.2) |
| Febrile neutropenia | 2 (0.7) | 2 (0.7) | 16 (5.5) | 16 (5.5) |

NR, not reported; TRAE, treatment-related adverse event.
Occurring in ≥20% of patients in either treatment group or grade ≥3 TRAEs occurring in ≥5% of patients in either treatment group. Data shown for safety population.

Data cutoff date: July 30, 2021

# Adverse Events of Special Interest[a] (Safety Population)

| Treatment-related adverse event, n (%) | Enfortumab vedotin (N=296) | | | | | | Chemotherapy (N=291) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Grade | | | | | | Grade | | | | |
| | Any | 1 | 2 | 3 | 4 | 5 | Any | 1 | 2 | 3 | 4 | 5 |
| Rash | 133 (44.9) | 41 (13.9) | 48 (16.2) | 43 (14.5) | 1 (0.3) | NR | 28 (9.6) | 21 (7.2) | 6 (2.1) | 1 (0.3) | 0 | NR |
| Severe cutaneous adverse reaction | 60 (20.3) | 20 (6.8) | 25 (8.4) | 14 (4.7) | 1 (0.3) | NR | 22 (7.6) | 12 (4.1) | 8 (2.7) | 2 (0.7) | 0 | NR |
| Peripheral neuropathy | 142 (48.0) | 36 (12.2) | 84 (28.4) | 22 (7.4) | NR | NR | 92 (31.6) | 43 (14.8) | 41 (14.1) | 8 (2.7) | NR | NR |
| Peripheral neuropathy sensory events | 135 (45.6) | 35 (11.8) | 82 (27.7) | 18 (6.1) | NR | NR | 89 (30.6) | 42 (14.4) | 39 (13.4) | 8 (2.7) | NR | NR |
| Peripheral neuropathy motor events | 23 (7.8) | 6 (2.0) | 11 (3.7) | 6 (2.0) | NR | NR | 7 (2.4) | 5 (1.7) | 2 (0.7) | 0 | NR | NR |
| Dry eye | 48 (16.2) | 34 (11.5) | 12 (4.1) | 2 (0.7) | NR | NR | 9 (3.1) | 6 (2.1) | 2 (0.7) | 1 (0.3) | NR | NR |
| Blurred vision | 13 (4.4) | 11 (3.7) | 2 (0.7) | 0 | NR | NR | 6 (2.1) | 5 (1.7) | 0 | 1 (0.3) | NR | NR |
| Corneal disorders | 2 (0.7) | 2 (0.7) | NR | NR | NR | NR | 0 | 0 | NR | NR | NR | NR |
| Infusion-related reaction | 27 (9.1) | 12 (4.1) | 11 (3.7) | 4 (1.4) | NR | NR | 14 (4.8) | 7 (2.4) | 7(2.4) | 0 | NR | NR |
| Systemic infusion-related reaction event | 24 (8.1) | 11 (3.7) | 9 (3.0) | 4 (1.4) | NR | NR | 9 (3.1) | 4 (1.4) | 5 (1.7) | 0 | NR | NR |
| Local infusion-related reaction event | 4 (1.4) | 2 (0.7) | 2 (0.7) | 0 | NR | NR | 7 (2.4) | 5 (1.7) | 2 (0.7) | 0 | NR | NR |
| Infusion-site reaction | 2 (0.7) | 0 | 2 (0.7) | 0 | NR | NR | 5 (1.7) | 4 (1.4) | 1 (0.3) | 0 | NR | NR |
| Extravasation-site reaction | 4 (1.4) | 2 (0.7) | 2 (0.7) | 0 | NR | NR | 4 (1.4) | 2 (0.7) | 2 (0.7) | 0 | NR | NR |
| Hyperglycemia | 20 (6.8) | 3 (1.0) | 4 (1.4) | 12 (4.1) | 0 | 1 (0.3) | 1 (0.3) | 0 | 1 (0.3) | 0 | 0 | 0 |

MedDRA, Medical Dictionary for Regulatory Activities; NR, not reported.

[a]Adverse events of special interest to enfortumab vedotin. Events represent listings by preferred term and are sponsor-specific query/customized medical queries or standard MedDRA queries. Order of adverse events is as it appears in the Supplementary Appendix to the EV-301 primary publication (Powles, et al. *N Engl J Med.* 2021;384:1125-1135).

Data cutoff date: July 30, 2021

# Conclusions

- After a median follow-up period of approximately 2 years, EV maintained a clinically meaningful and significant OS benefit versus chemotherapy consistent with findings from the primary efficacy results (which had occurred at the interim analysis)
  - PFS and ORR results were consistent with what was observed in the interim and final analysis

- Safety and tolerability of EV and chemotherapy were consistent with findings from the interim and final analysis
  - EV adverse events continued to be manageable and no new safety signals were observed

- These data showed continued survival benefit of EV versus chemotherapy, including a sustained magnitude of benefit, in patients with previously treated la/mUC

2022 ASCO® ANNUAL MEETING

ANZUP® Cancer Trials Group Limited

# $^{177}$Lu-PSMA-617 (LuPSMA) versus cabazitaxel in metastatic castration resistant prostate cancer (mCRPC) progressing after docetaxel: overall survival after median follow-up of 3 years

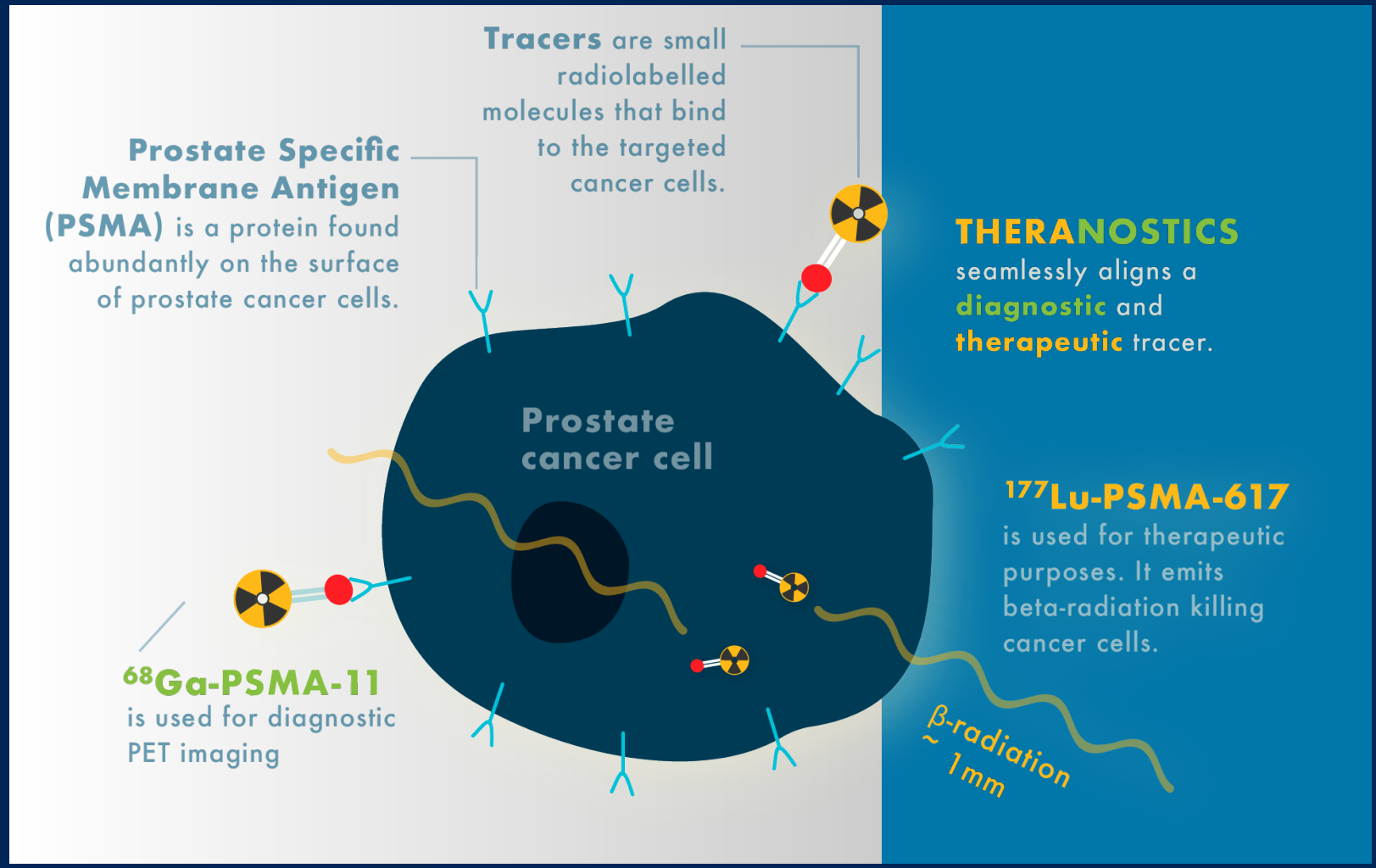
(TheraP ANZUP 1603)

Michael Hofman, Louise Emmett, Shahneen Sandhu, Amir Iravani, Anthony Joshua, Jeffrey Goh, David Pattison, Hsiang Tan, Ian Kirkwood, Siobhan Ng, Roslyn Francis, Craig Gedye, Natalie Rutherford, Andrew Scott, Alison Zhang, Margaret McJannett, Martin Stockler, Scott Williams, Andrew Martin, Ian D. Davis, on behalf of the **TheraP Investigators**

TheraP is a partnership between ANZUP Cancer Trials Group and the Prostate Cancer Foundation of Australia (PCFA) in collaboration with the NHMRC Clinical Trials Centre (CTC) and the Australasian Radiopharmaceutical Trials Network (ARTnet) with support from the Australian Nuclear Science and Technology Organisation (ANSTO) and Endocyte Inc., a Novartis company

Clinicaltrials.gov NCT03392428

# $^{177}$Lu-PSMA-617: ↑OS and QoL in mCRPC[1]




[1] Sartor O et al, NEJM 2021; 385

# TheraP: First randomized trial of LuPSMA vs. cabazitaxel[1]

**50% MEN TREATED WITH**
**CABAZITAXEL**
20mg/m2 IV q3 weekly
Up to 10 cycles

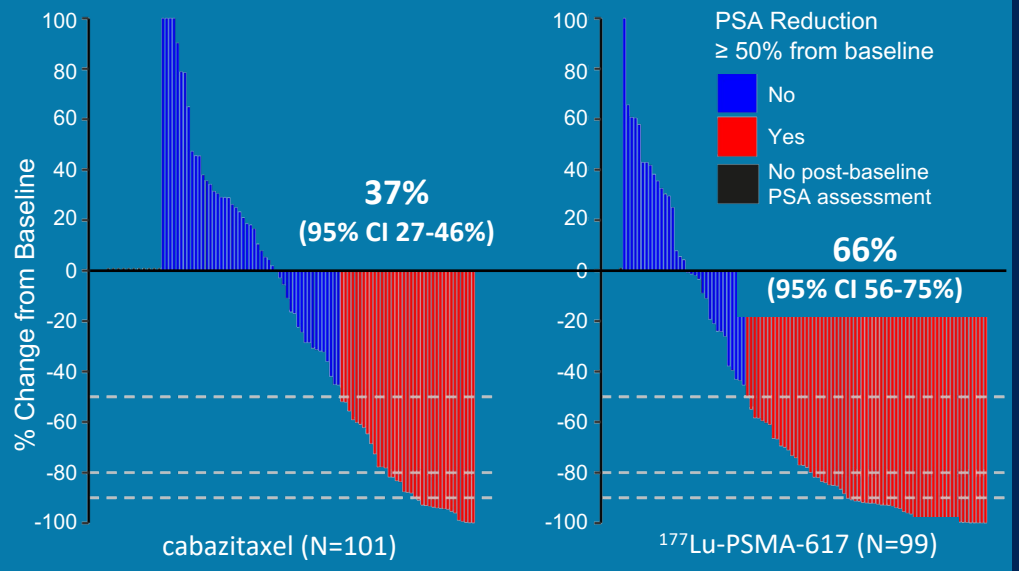
**50% MEN TREATED WITH**
**$^{177}$Lu-PSMA-617**
8.5 GBq IV q6 weekly
↓ 0.5 GBq each cycle
Up to 6 cycles

## 1º endpoint

**PSA Reduction**
≥ 50% from baseline

37%
66%

$^{177}$Lu-PSMA-617: 29% (95% CI 16%-42%; p<0.0001) greater PSA50-RR




## 2º endpoints

**Progression Free Survival**
at 12 months

3%
19%

**Objective Response Rate**
on CT Scan (RECIST)

24%
49%

**Troublesome Adverse Events**
Grade 3-4

53%
33%

**Patient Reported Outcomes**

- Diarrhea
- Fatigue
- Hair loss
- Urinary symptoms
- Dizziness
- skin rash
- Painful hands/feet
- Insomnia

[1] Hofman MS et al, Lancet 2021; 397(10276)



PRESENTED BY:
Michael Hofman, MBBS @DrMHofman

# TheraP Trial Schema

ANZUP Cancer Trials Group Limited

**KEY ELIGIBILITY**
- mCRPC post docetaxel
- Rising PSA and PSA ≥ 20 ng/mL
- ECOG 0-2

**$^{68}$Ga-PSMA-11 + FDG PET/CT**
- PSMA SUVmax > 20 at any site
- No FDG positive/PSMA negative sites of disease
- Centrally reviewed

R

**$^{177}$Lu-PSMA-617**
8.5 GBq IV q6 weekly
↓ 0.5GBq each cycle
Up to 6 cycles

**SPECT/CT @ 24 hours**
suspend Rx if no or minimal uptake (centrally reviewed)

**200 men 1:1 randomisation**
**11 sites in Australia**
Stratified by:
- Disease burden (>20 sites vs ≤ 20 sites)
- Prior enzalutamide or abiraterone
- Study site

**CABAZITAXEL**
20mg/m$^2$ IV q3 weekly,
Up to 10 cycles

# Aim: report secondary endpoint of OS

N=291 registered

**$^{68}$Ga-PSMA-11 + FDG PET/CT**
- PSMA SUVmax > 20 at any site
- No FDG positive/PSMA negative sites of disease
- Centrally reviewed

N=91 ineligible
- Low PSMA expression (n=29)
- FDG discordant disease (n=51)
- Other (n=11)

28% unsuitable →followed-up for OS

R

N=200

**$^{177}$Lu-PSMA-617**
8.5 ↓ 0.5GBq IV q6 weekly
Up to 6 cycles
median 5
exceptional response 7

N=99
Died prior to Rx (n=1)

**CABAZITAXEL**
20mg/m$^2$ IV q3 weekly,
Up to 10 cycles
median 8

N=101
Met exclusion criterion (n=1)
Withdrawal of consent (n=15)

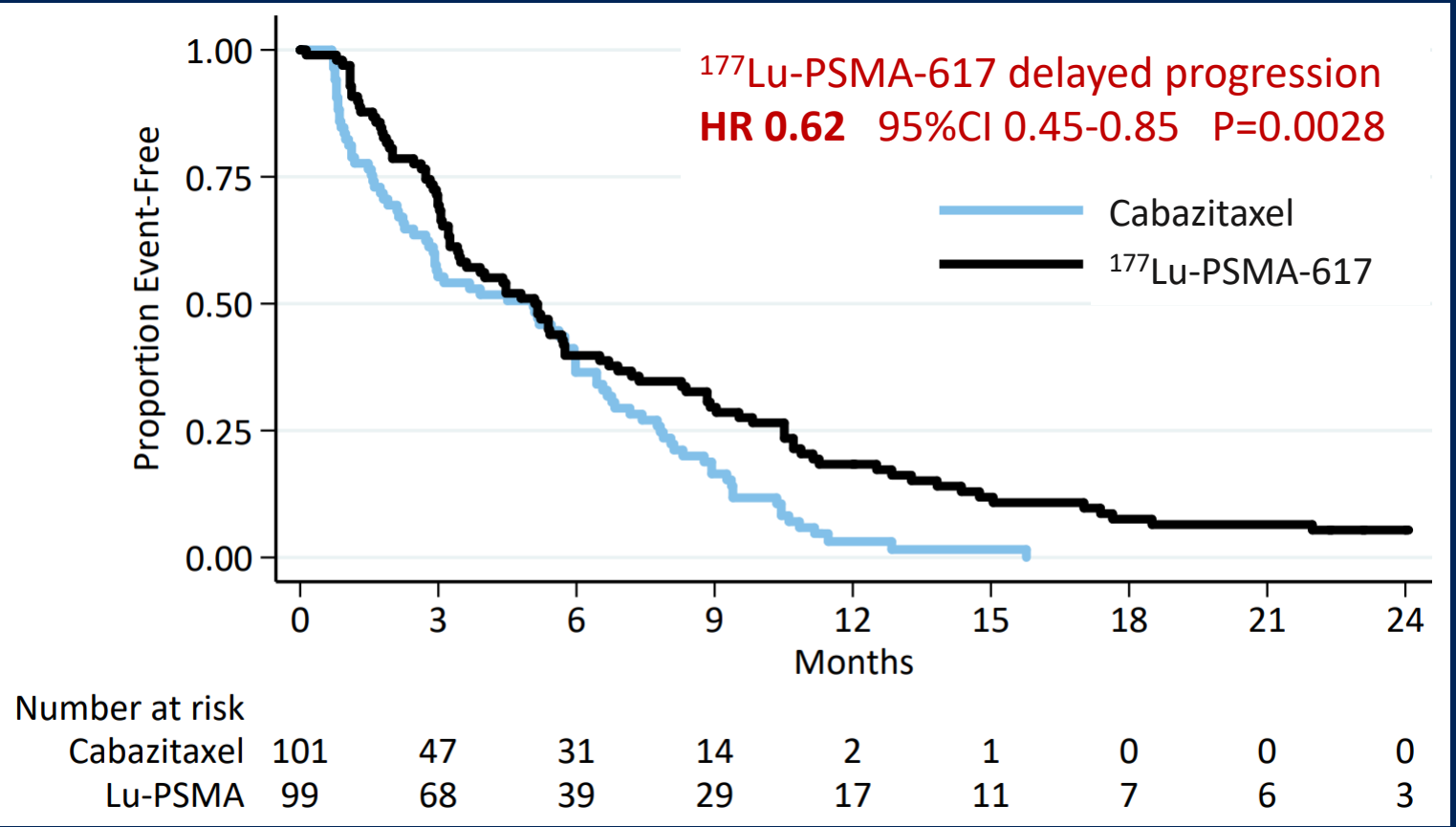
**POST PROTOCOL SYSTEM TREATMENT**

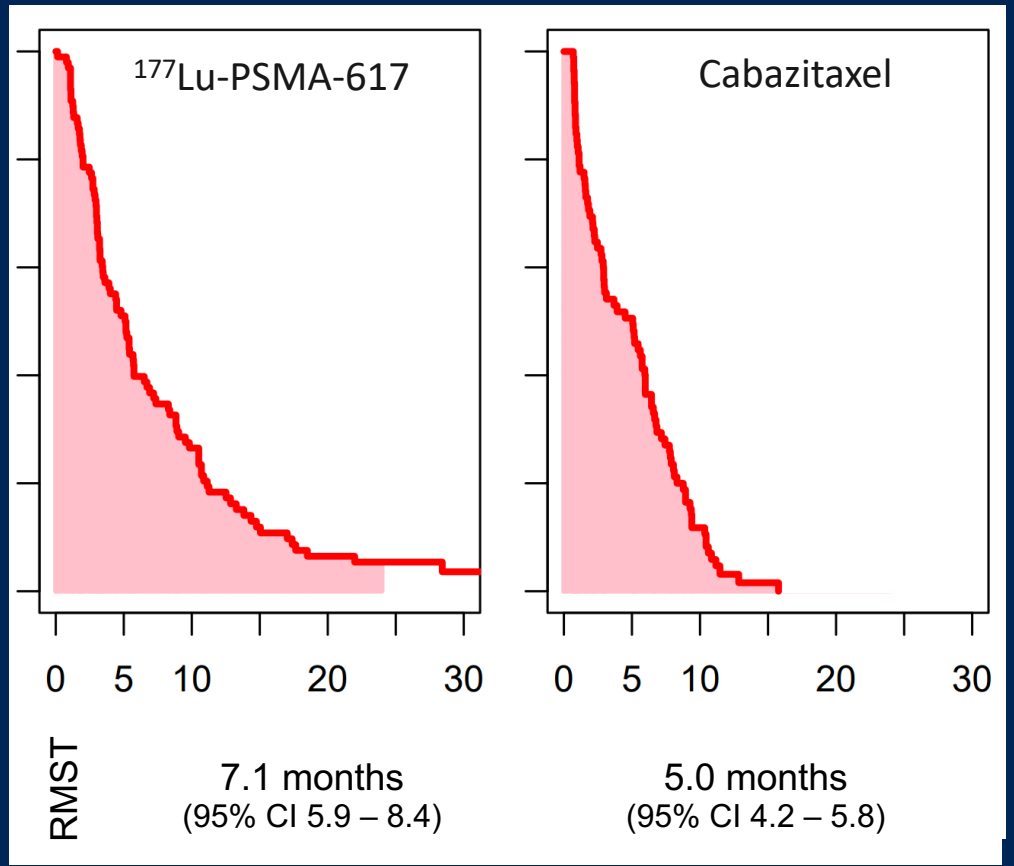
**Cabazitaxel (32)**
**LuPSMA (5)**
**Abiraterone (5)**
**Enzalutamide (2)**

**Cabazitaxel (21)**
**LuPSMA (20)**
**Abiraterone (7)**
**Enzalutamide (9)**


PRESENTED BY: Michael Hofman, MBBS @DrMHofman

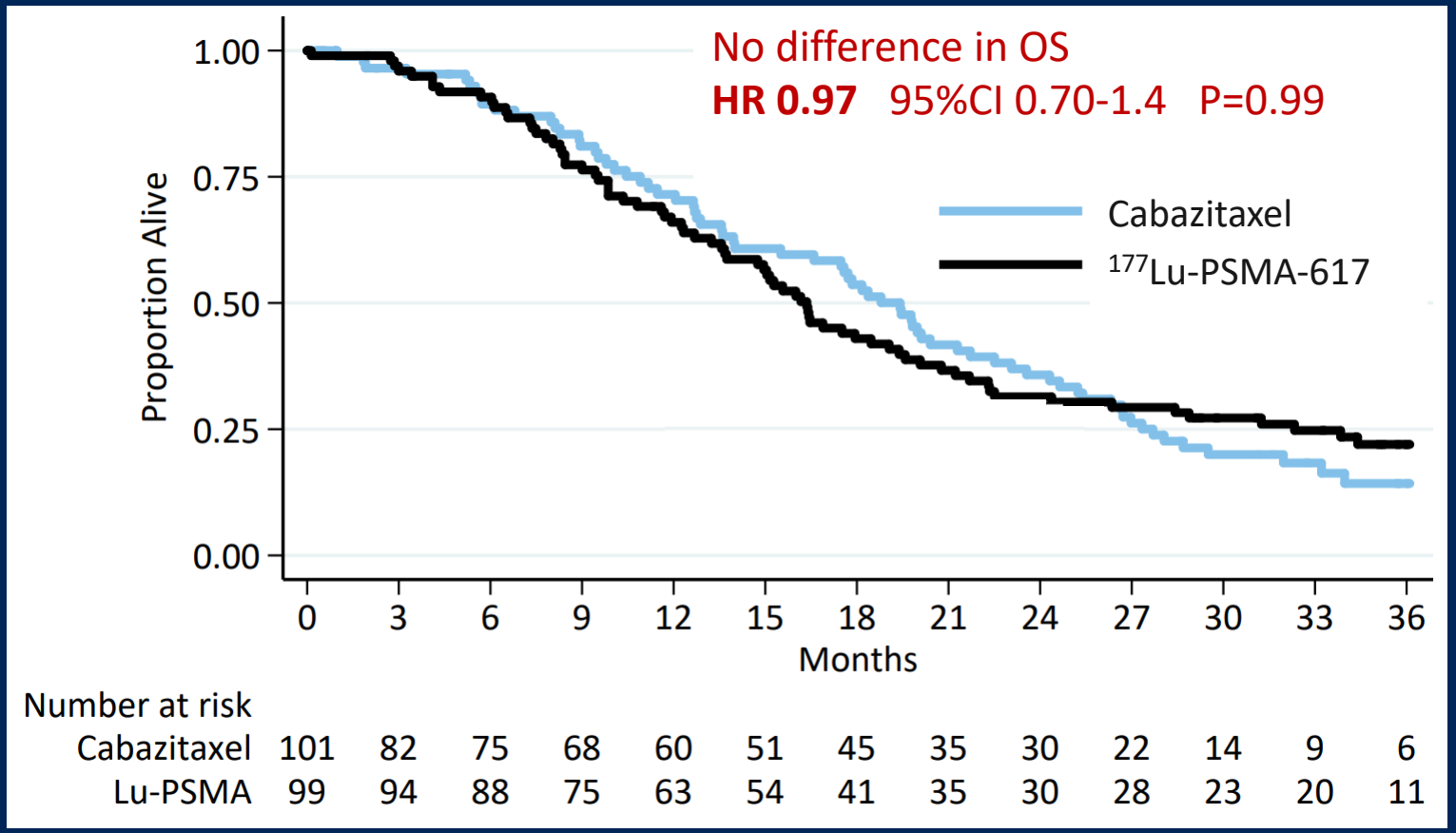
# Progression Free Survival (PSA and radiographic)

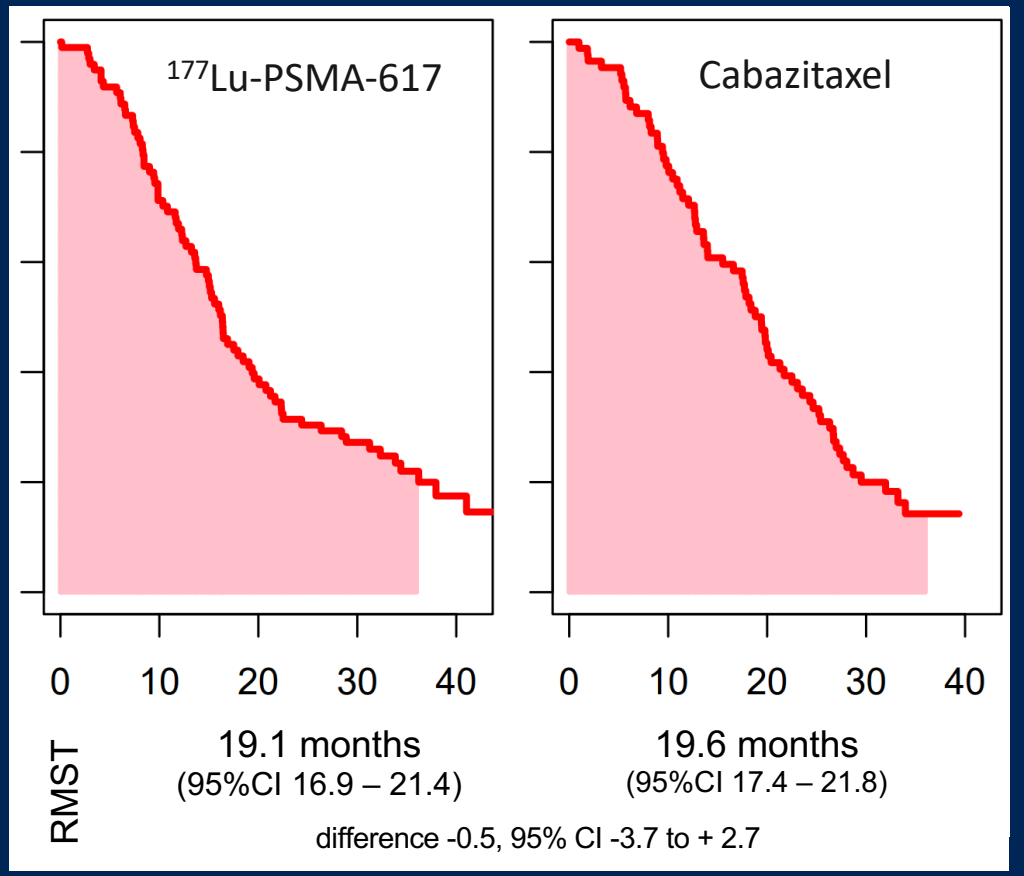



- Treatment effect not constant with respect to time → restricted mean survival time (RMST)
- 177 progression events. Cut-off 31 DEC 2020 for non-OS endpoints.
- Similar HR for rPFS (0.65) and PSA-PFS (0.60), and in per-protocol sensitivity analyses

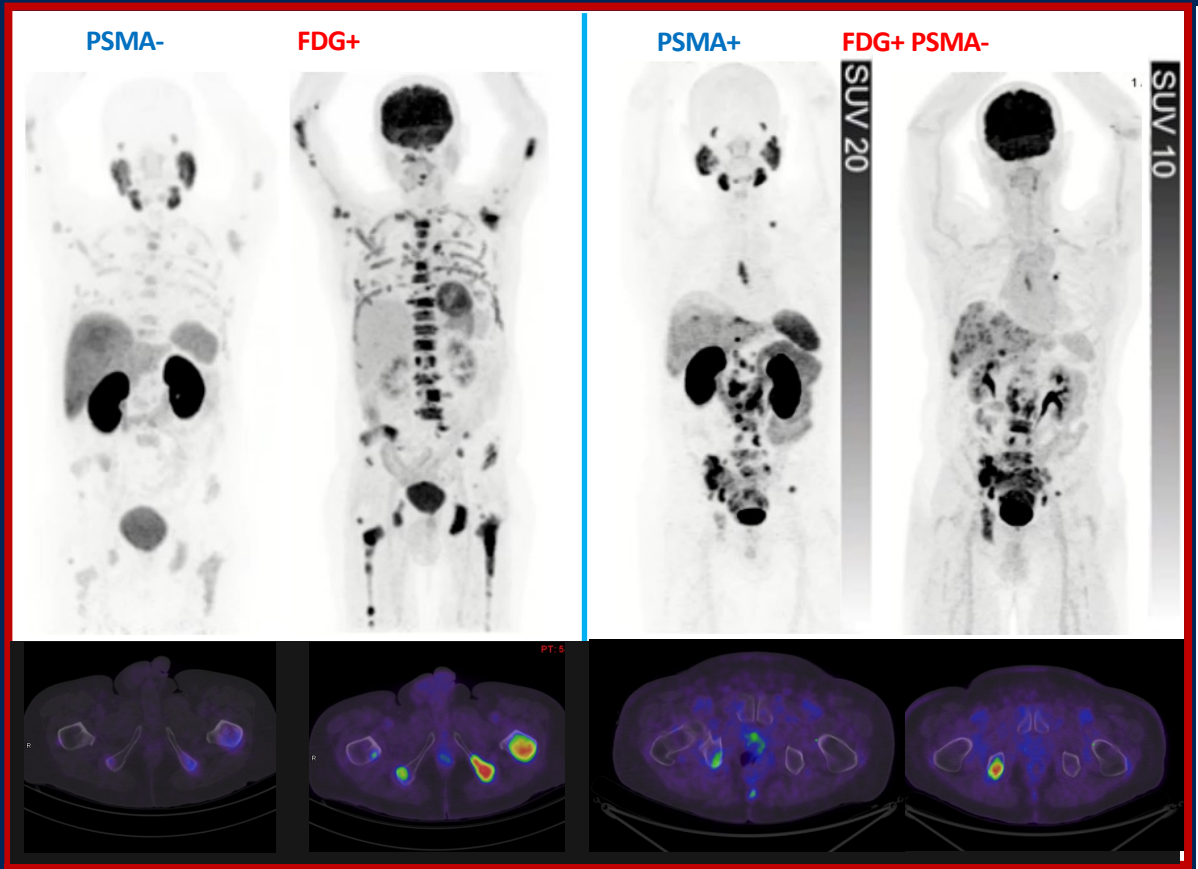
# Overall survival (ITT)



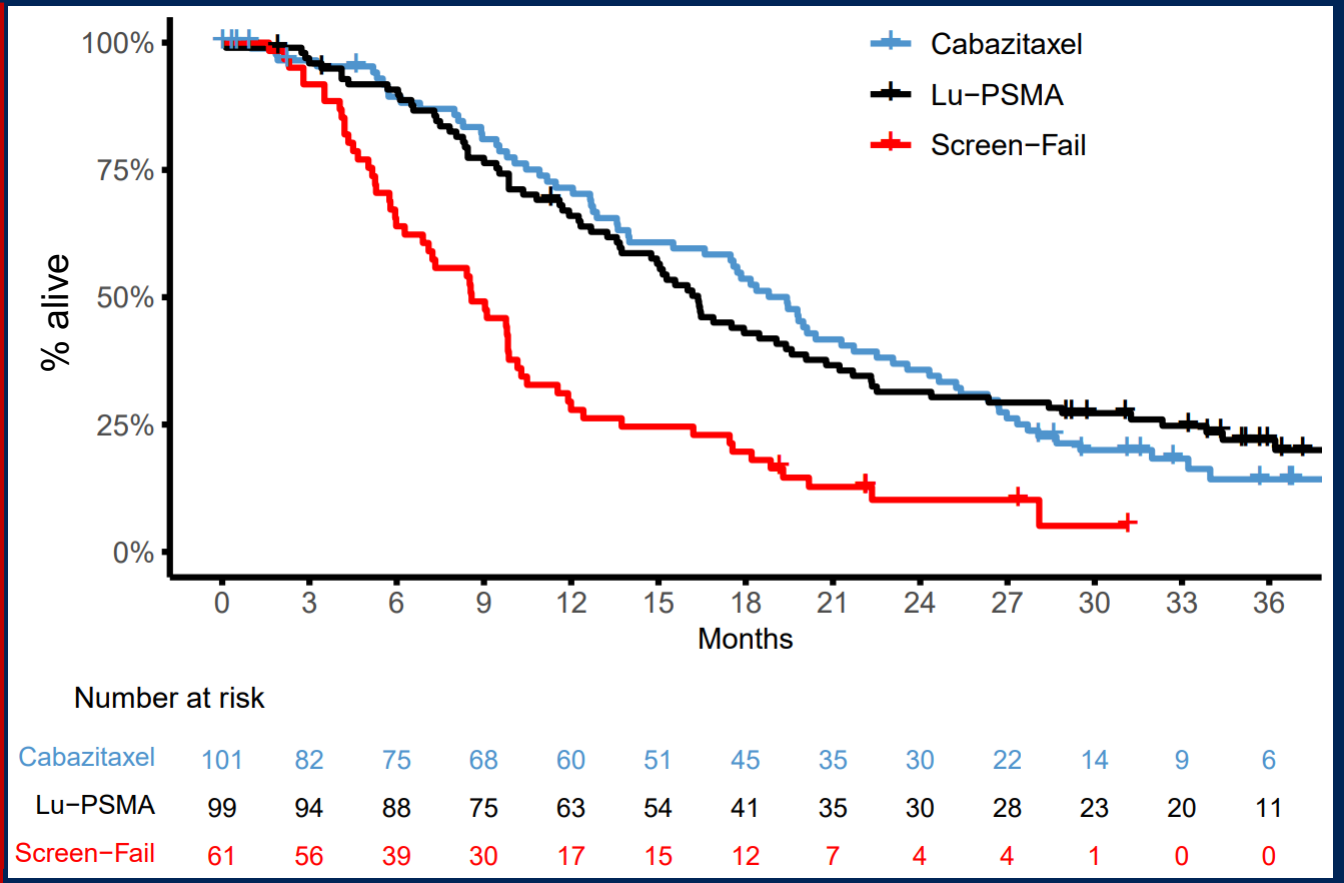

- Cut-off 31 DEC 2021 for OS
- At 36 months follow-up, death reported in 147/200; 70/101 assigned cabazitaxel vs. 77/99 assigned LuPSMA
- Per-protocol analysis: no difference in OS
- No additional safety signals with longer follow-up.

# OS of PSMA/FDG PET Screen Failures




n=51(18%) n=29 (10%)

Ineligible (n=80, 28%)



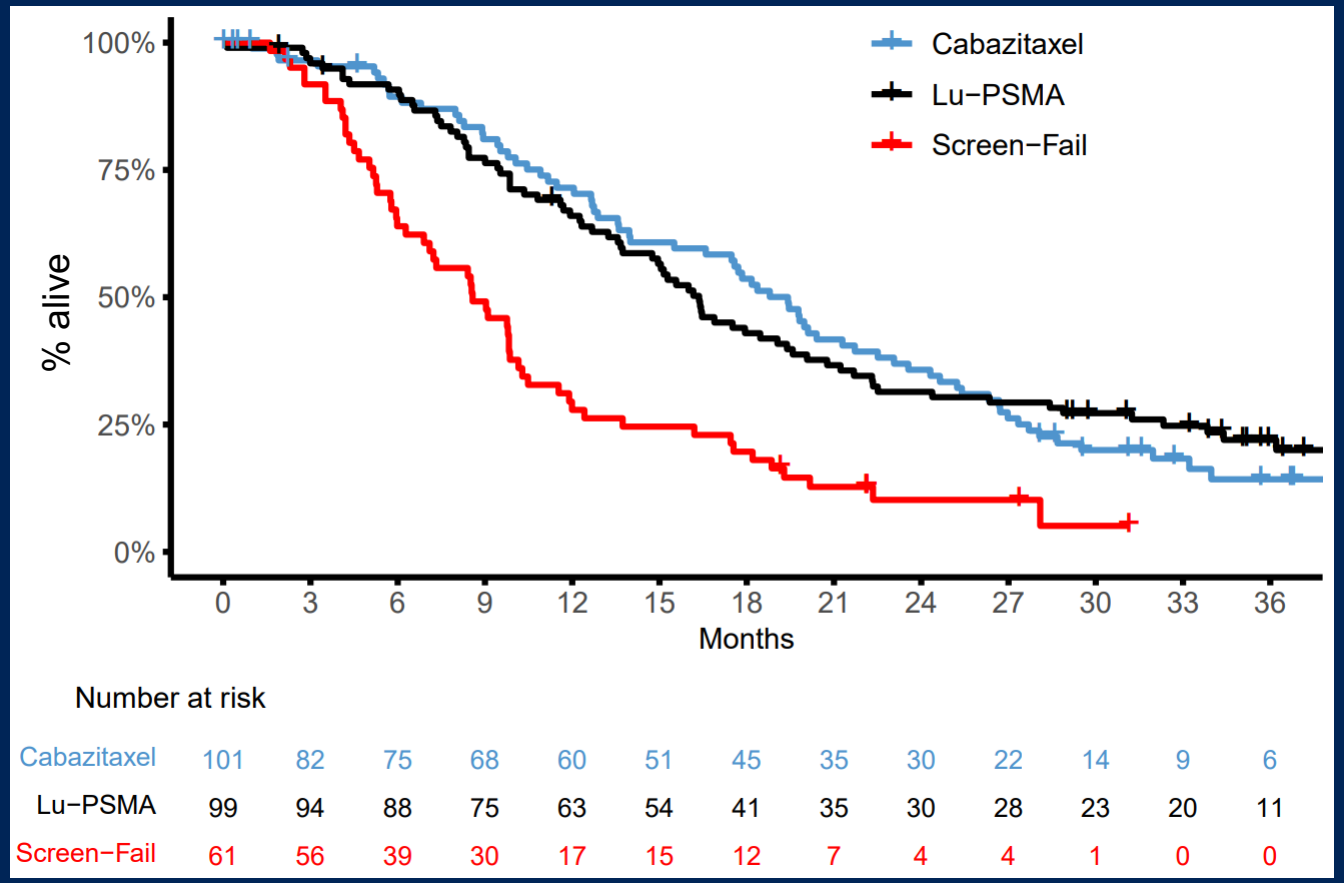

Number at risk

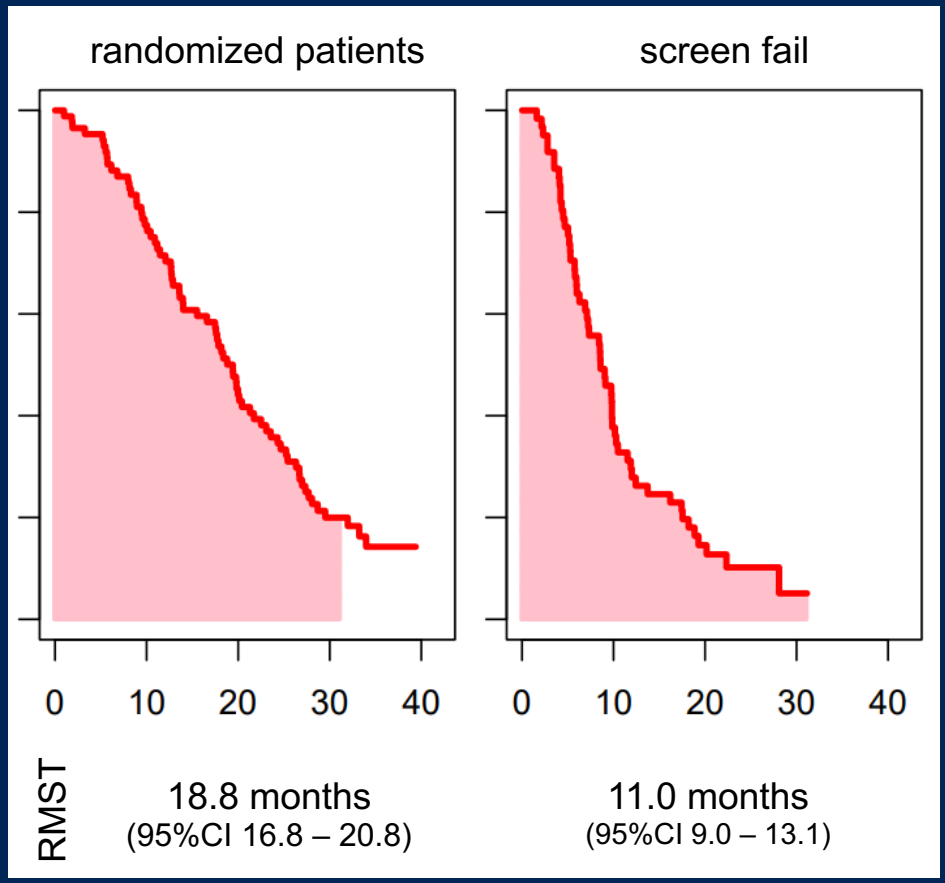
| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cabazitaxel | 101 | 82 | 75 | 68 | 60 | 51 | 45 | 35 | 30 | 22 | 14 | 9 | 6 |
| Lu−PSMA | 99 | 94 | 88 | 75 | 63 | 54 | 41 | 35 | 30 | 28 | 23 | 20 | 11 |
| Screen−Fail | 61 | 56 | 39 | 30 | 17 | 15 | 12 | 7 | 4 | 4 | 1 | 0 | 0 |

Next line of treatment: cabazitaxel 29 (48%), enzalutamide 4 (7%), LuPSMA 3 (5%), carboplatin 3 (5%), other 3 (5%), mitoxantrone 1 (2%)

Patients met other TheraP trial eligibility criteria.
61 of 80 consented for follow-up

# OS of PSMA/FDG PET Screen Failure




Next line of treatment: cabazitaxel 29 (48%), enzalutamide 4 (7%), LuPSMA 3 (5%), carboplatin 3 (5%), other 3 (5%), mitoxantrone 1 (2%)

# Discussion

## Strengths

- Prospective, randomized, multi-center
- 3 years follow-up
- Active control arm[1] (vs. VISION)

## Limitations

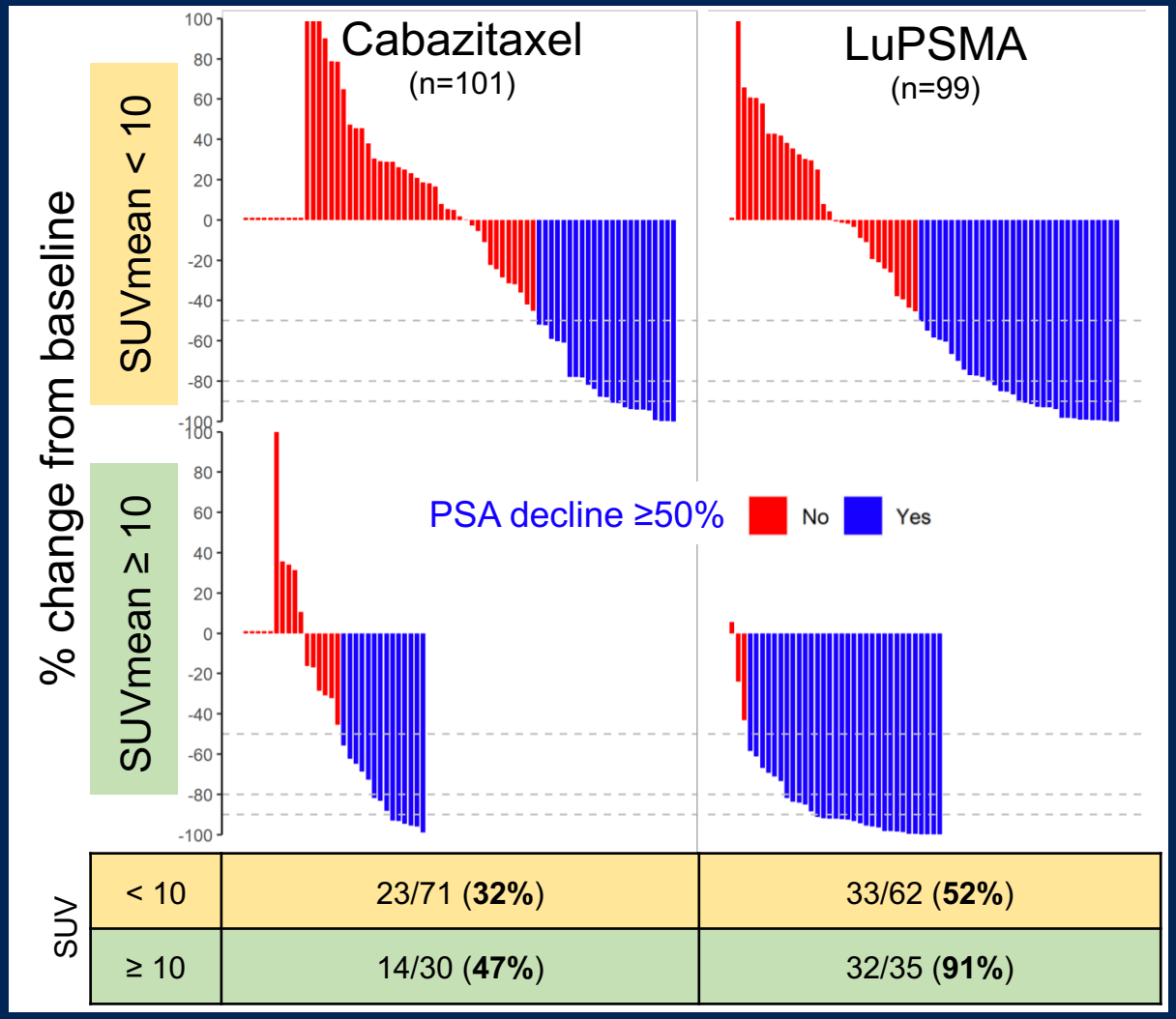
- Post protocol cross-over confounds OS
- Withdrawal post randomization in cabazitaxel arm
- OS a 2º endpoint (underpowered)

## Clinical Implications

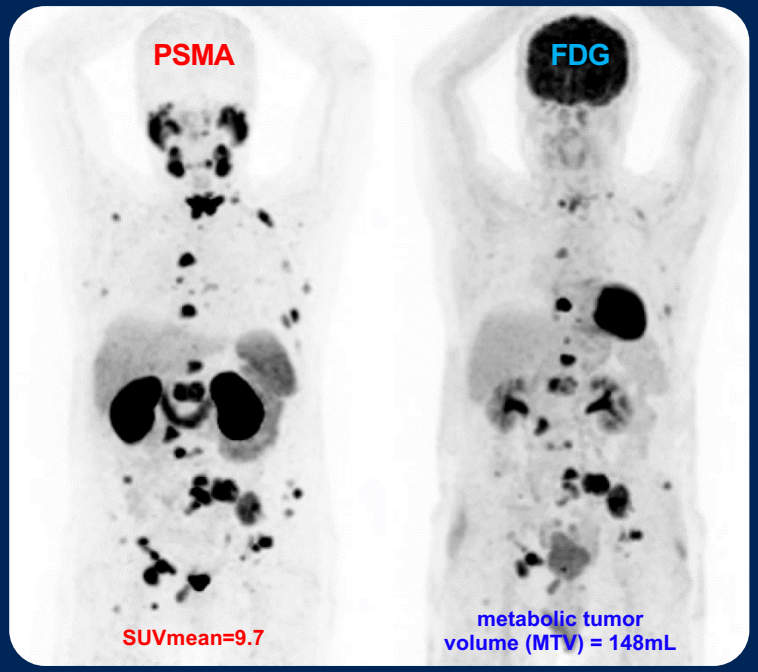
- LuPSMA: >greater activity
  PSA50-RR, RECIST, rPFS, PSA-PFS
- Similar OS to cabazitaxel, a life prolonging treatment[1]
- Fewer AEs, better patient reported outcomes

[1] de Wit R et al, NEJM 2019; 381

# Discussion: PSMA as predictive biomarker[1] (PSA50-RR)




| SUV | Cabazitaxel (n=101) | LuPSMA (n=99) |
|---|---|---|
| < 10 | 23/71 (**32%**) | 33/62 (**52%**) |
| ≥ 10 | 14/30 (**47%**) | 32/35 (**91%**) |




## Odds of PSA50-RR to LuPSMA *vs* cabazitaxel

| | OR (95% CI) |
|---|---|
| PSMA SUVmean < 10 | 2.2 (1.1 – 4.5) |
| PSMA SUVmean ≥ 10 | 12.2 (3.4 - 59) |

P=0.03

Further analysis to be performed including OS

[1]Buteau J et al, ASCO GU 2022. doi:10.1200/JCO.2022.40.6_suppl.010

# Conclusion

**The TheraP data support the choice of $^{177}$Lu-PSMA-617 over cabazitaxel for patients with PSMA-positive, progressive mCRPC after docetaxel and androgen-receptor pathway inhibitor, on the basis of its higher PSA response rate, greater PFS benefit, QoL benefits, favorable safety profile and dosing schedule, and similar survival outcomes.**

**Survival was considerably shorter for patients excluded on PSMA/FDG-PET with either low PSMA-expression, or discordant disease.**

# Acknowledgements

All slides can be downloaded at:
**www.anzup.org.au/therap**

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- Clinical research associates
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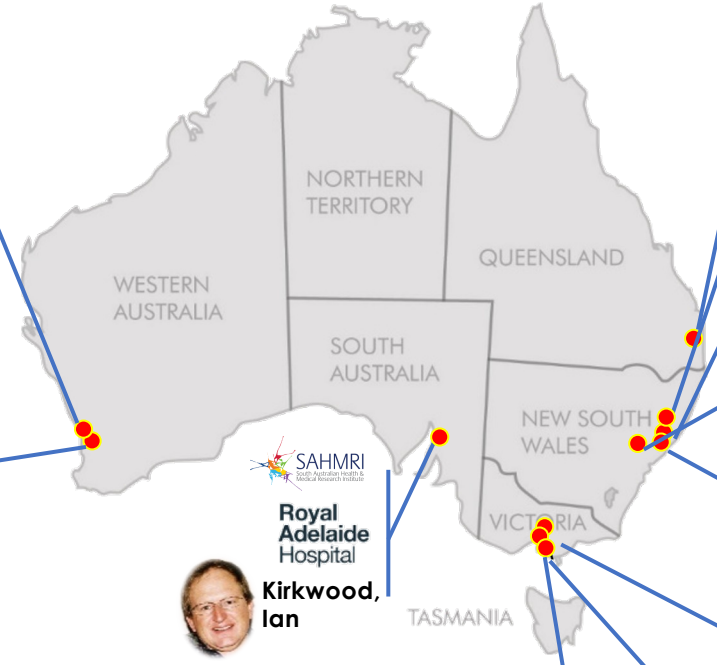
- NHMRC Clinical Trials Centre at the University of Sydney
- Australasian Radiopharmaceutical Trials Network (ARTnet)

# #TheraP Study Team

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# Abstract #198: Racial Concordance and Trust in Health Communications: A Randomized Trial of Videos about Prostate Cancer

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## Background

- Black men are at higher risk of prostate cancer and develop more aggressive disease compared to White men.
- The Internet is a popular source of health information; however, Black adults are underrepresented in online content about prostate cancer.

## Objective

- To evaluate the association between racial representation in online content about prostate cancer and trust in the content.
- A secondary objective was to identify additional attributes that influence trust in online content

## Methods

- Randomized trial n=2904 U.S. adults age ≥40
- Randomized to view 1 of 8 online videos with an equivalent script about either prostate cancer screening or clinical trials presented by 1 of 4 different presenters: Black physician, Black patient, White physician, or White patient

- Logistic regression was used to compare trust in the videos, based upon the characteristics of the speaker and topic

## Conclusions:

Racial concordance is significantly associated with trust in prostate cancer information among Black adults. Additionally, health information is considered more trustworthy when delivered by a physician vs. a patient.

Supported by a Department of Defense Health Disparity Research Award

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## Results:

### 1. Demographics of the Study Population

| | Black adults (n=1703) | White adults (n=1201) |
|---|---|---|
| Age (Mean, SD) | 55.5 (11.0) | 63.0 (11.81) |
| Gender (#, %) | | |
| Male | 901 (52.9%) | 900 (74.9%) |
| Female | 802 (47.1%) | 301 (25.1%) |
| Ethnicity (#, %) | | |
| Hispanic | 115 (6.8%) | 3 (0.25%) |
| Non-Hispanic | 1582 (92.9%) | 1195 (99.5%) |

### 2. Trust in Prostate Cancer Videos Among Black and White Adults

| | Black Adults (N = 1703) | | | White Adults (N = 1201) | | |
|---|---|---|---|---|---|---|
| | Low Trust n (%) | High Trust n (%) | p value | Low Trust n (%) | High Trust n (%) | p value |
| Race of speaker | | | 0.0002 | | | 0.24 |
| Black | 230 (42.9) | 615 (52.7) | | 139 (46.8) | 461 (51.0) | |
| White | 306 (57.1) | 552 (47.3) | | 158 (53.2) | 443 (49.0) | |
| Speaker Qualification | | | 0.0006 | | | 0.01 |
| Doctor | 235 (43.8) | 618 (53.0) | | 128 (43.1) | 470 (52.0) | |
| Patient | 301 (56.2) | 549 (47.0) | | 169 (56.9) | 434 (48.0) | |
| Topic of video | | | 0.06 | | | 0.002 |
| Screening | 251 (46.8) | 605 (51.8) | | 126 (42.4) | 477 (52.8) | |
| Clinical Trial | 285 (53.2) | 562 (48.2) | | 171 (57.6) | 427 (47.2) | |

### 3. Multivariable Analysis for Trust in Prostate Cancer Videos

| | Black adults (n=1703) Adjusted OR (95% CI), p-value | White adults (n=1201) Adjusted OR (95% CI), p-value |
|---|---|---|
| Black vs White Speaker | 1.49 (1.21, 1.83), p<0.001 | 1.19 (0.91, 1.54), p=0.21 |
| Patient vs Doctor | 0.69 (0.56, 0.85), p<0.001 | 0.70 (0.54, 0.91), p=0.008 |
| Clinical Trials vs Screening | 0.81 (0.66, 0.99), p=0.04 | 0.66 (0.54, 0.91), p=0.002 |