New Medications in Solid Tumors

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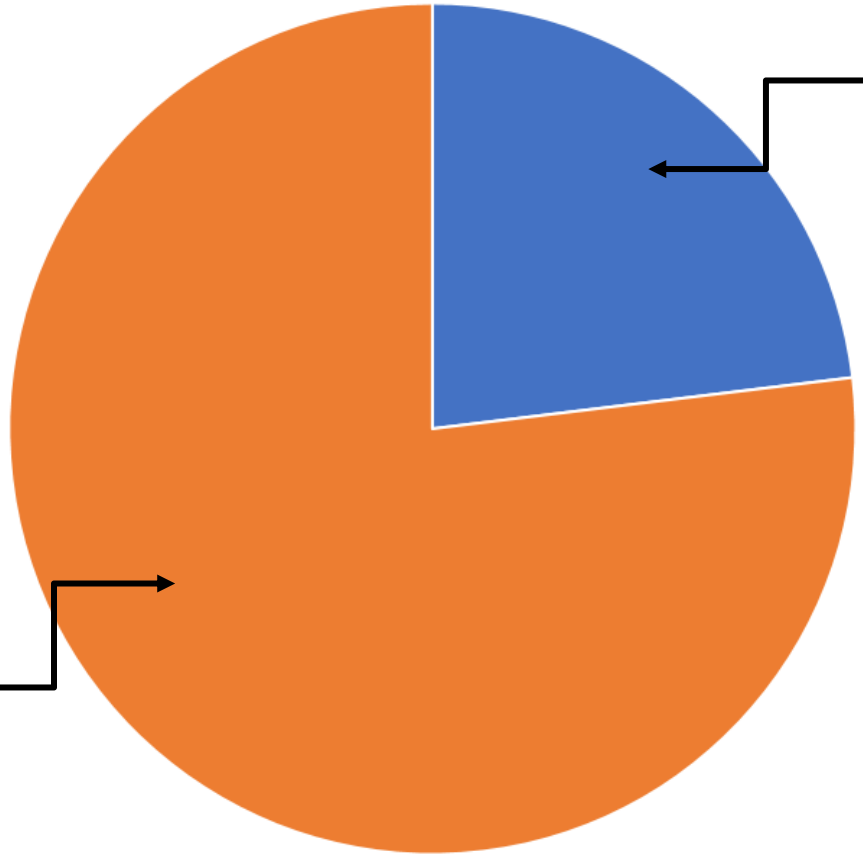
Disclosures

- I have nothing to disclose.

Learning Objectives

- Review novel agents approved for the treatment of solid tumors in the last year and describe the following for each drug:
  - Dosing/administration
  - Mechanism of action
  - PK/PD and drug interactions
  - Boxed warnings, warnings/precautions, and common adverse reactions
- Summarize clinical trial data that led to FDA approval of these novel agents.
- Review the treatment paradigm for relevant disease states and highlight the place in therapy for each drug.
- Discuss the significance of each drug approval and future directions for these medications.

FDA Drug Approvals for Solid Tumors



Expanded indications for previously approved drugs

Novel Agents

- Belzutifan (Welireg™)
- Mobocertinib (Exkivity ®)
- Tisotumab vedotin-tftv (Tivdak ™)
- Tebentafusp-tebn (Kimmtrak ®)
- Nivolumab and relatlimab-rmbw (Opdualag®)
- Lutetium (177Lu) vipivotide tetraxetan (Pluvicto ®)

FDA.gov

Mobocertinib

Mobocertinib (Exkivity®)

Mobocertinib	
Approval Date	9/15/2021
Indication	Treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with EGFR exon 20 insertion (*EGFR*ex20ins) mutations whose disease has progressed on or after platinum-based chemotherapy
Dosing & Administration	160mg by mouth once daily with or without food
Dosage Form(s)	40mg capsules

Exkivity. Package insert.
Image source: Clinicaltrialsarena.com

Mobocertinib (Exkivity®)

Mobocertinib	
Mechanism of Action	• Irreversible inhibitor of *EGFR*ex20ins mutations • Leads to decreased proliferation of cells driven by these mutations
PK/PD	• Half-life of parent drug and active metabolites ~18-24hrs • Metabolized by CYP3A • Excreted primarily in the feces (76%) • No clinically significant differences in PK observed in patients with mild-moderate renal or hepatic dysfunction
Drug Interactions	• Reduce dose by 50% with concomitant use of moderate CYP3A inhibitor and monitor QTc more frequently • Avoid CYP3A inducers

Exkivity. Package insert.

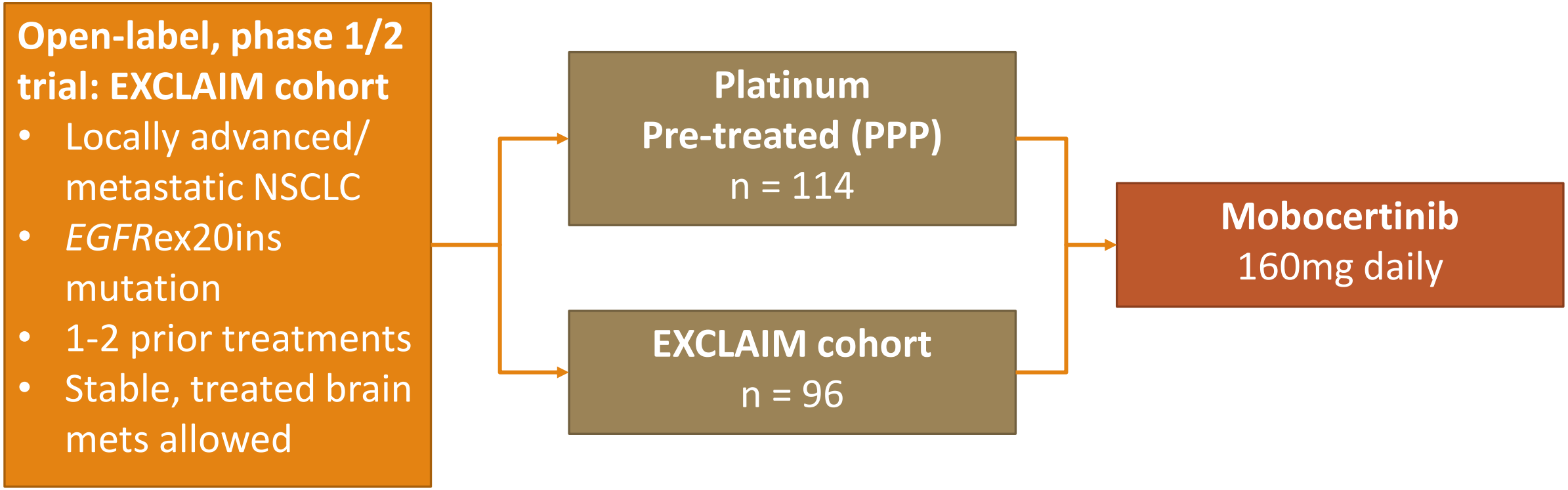
PK/PD = Pharmacokinetics/pharmacodynamics

Mobocertinib (Exkivity®)

Mobocertinib	
Boxed Warning(s)	• QTc prolongation/Torsades des Pointes
Warnings/Precautions	• Interstitial lung disease (ILD)/pneumonitis • Cardiac toxicity • Diarrhea • Embryo-fetal toxicity
Common Adverse Effects	• Diarrhea • Rash • Nausea/vomiting (moderate-high emetogenicity) • Stomatitis • Paronychia • Dry skin • Musculoskeletal pain

Exkivity. Package insert.

Clinical Trial: Mobocertinib



Zhou C et al. JAMA Oncol. 2021 Dec 1;7(12):e214761.

Efficacy: Mobocertinib

	PPP	EXCLAIM
ORR by IRC	28%	25%
DCR by IRC	78%	76%
Duration of response	17.5 months	Not reached
Time to response	1.9 months	
PFS	7.3 months	
OS	24 months	Not reached

- Brain was first site of progression in 38% of patients with PD and 68% of patients with baseline brain mets

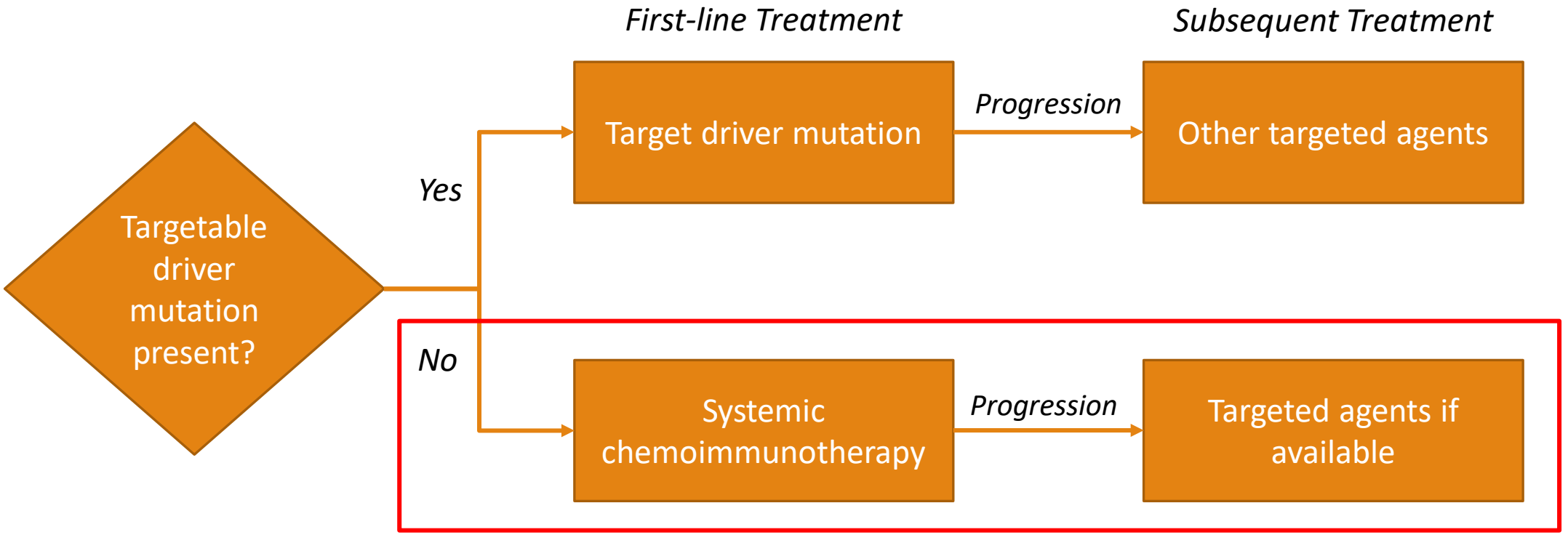
Zhou C et al. JAMA Oncol. 2021 Dec 1;7(12):e214761. ORR = Overall response rate IRC = Independent review committee PFS = Progression-free survival OS = Overall survival PD = Progressive disease

Safety: Mobocertinib

	PPP		EXCLAIM	
	Any Grade (%)	Grade ≥3 (%)	Any Grade (%)	Grade ≥3 (%)
Any treatment-related AE	99	47	99	42
Diarrhea	91	21	93	16
Rash	45	0	45	0
Paronychia	38	<1	39	1
Vomiting	30	3	26	1
Stomatitis	24	4	27	3
QTc prolongation	11	3	8	3

Zhou C et al. JAMA Oncol. 2021 Dec 1;7(12):e214761. AE = Adverse event

Metastatic NSCLC: Treatment Paradigm



Targeted agents for *EGFR*ex20ins mutations:

- **Amivantamab**
- **Mobocertinib**

NCCN Guidelines. "Non-small Cell Lung Cancer."

Significance

- *EGFR*ex20ins mutations account for ~4-10% of all EGFR mutations
- *EGFR*ex20 mutations are heterogeneous → generally predict lack of benefit to EGFR TKIs
- Mobocertinib represents an alternative, second-line, oral treatment option for patients with metastatic NSCLC and *EGFR*ex20ins mutations
- Future directions
  - Mobocertinib first-line vs platinum-based chemotherapy

NCCN Guidelines. "Non-small Cell Lung Cancer."
Vyse S, Huang PH. Signal Transduct Target Ther. 2019 Mar 8;4:5.
ClinicalTrials.gov identifier: NCT04129502.

TKI = Tyrosine kinase inhibitor

Tisotumab vedotin-tftv

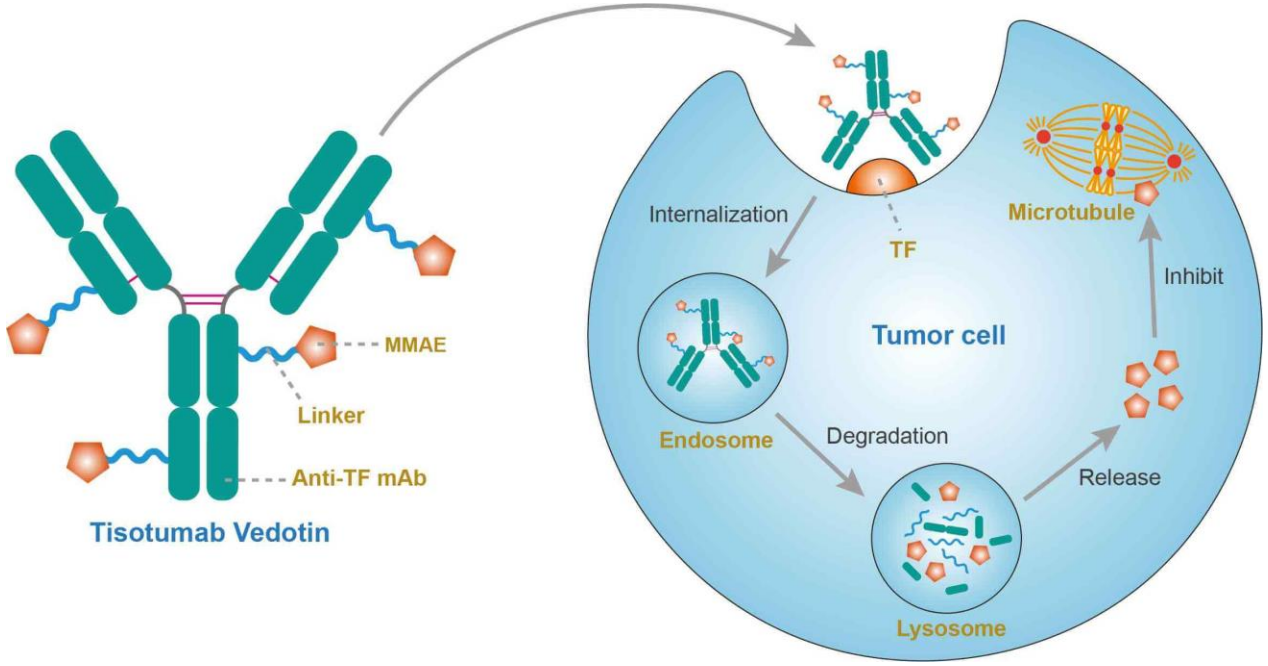
Tisotumab vedotin-tftv (Tivdak™)

Tisotumab vedotin	
Approval Date	9/20/2021
Indication	Treatment of adult patients with recurrent or metastatic cervical cancer after disease progression on or after chemotherapy
Dosing & Administration	Tisotumab vedotin 2mg/kg (up to a max of 200mg) IV over 30 minutes every 3 weeks
Dosage Form(s)	40mg single dose vial

Tivdak. Package insert.
Image source: Clinicaltrialsarena.com

Tisotumab vedotin-tftv (Tivdak™)

	Tisotumab vedotin
Mechanism of Action	• Antibody drug conjugate (ADC) targeted towards tissue factor (TF) on the cell surface • Tisotumab vedotin internalized by target cell → release of MMAE payload • MMAE disrupts microtubule network of dividing cells → cell cycle arrest → apoptosis • Tisotumab vedotin may also mediate antibody-directed cellular phagocytosis and antibody-directed cellular cytotoxicity



Tivdak. Package insert.
Image source: Creativebiolabs.net MMAE = Monomethyl auristatin E

Tisotumab vedotin-tftv (Tivdak™)

Tisotumab vedotin	
PK/PD	• Unconjugated MMAE is metabolized by CYP3A4 in vitro • MMAE exposure increased by 37% in patients with mild hepatic dysfunction → no initial dose adjustments recommended • Avoid use in patients with moderate-severe hepatic dysfunction

Drug Interactions	• Clinical studies with another ADC show the following interactions:
	  • Strong CYP3A4 inhibitor: increased MMAE exposure by 34%
	  • Strong CYP3A4 inducer: decreased MMAE exposure by 46%
	• Monitor closely for side effects in patients taking strong CYP3A4 inhibitors

Tivdak. Package insert.

Tisotumab vedotin-tftv (Tivdak™)

Tisotumab vedotin			
Boxed Warning(s)	Ocular toxicity: can lead to severe vision loss and corneal ulceration • Recommend eye exam at baseline and prior to each dose • Steroid eye drops prior to infusion and for 72 hrs after infusion • Vasoconstrictor eye drops prior to infusion • Cooling eye pads during infusion • Lubricating eye drops during therapy and for 30 days after last dose • Avoid wearing contact lenses for entire duration of therapy		
Warnings/Precautions	• Peripheral neuropathy • Hemorrhage • Pneumonitis • Embryo-fetal toxicity		
Common Adverse Effects	• Alopecia • Epistaxis • Nausea (low emetogenicity)	• Conjunctivitis • Fatigue • Anemia	• Muscle/joint pain • Dry eyes • Peripheral neuropathy

Tivdak. Package insert.

Clinical Trial: innovaTV 204/GOG-3023/ENGOT-cx6

Open-label, phase 2 trial

- Recurrent or metastatic cervical cancer
- Progressed during/after doublet chemo ± bevacizumab
- ≤2 regimens for recurrent or metastatic disease

→ **Tisotumab vedotin** 2mg/kg (up to 200mg) Q3wks

Coleman RL et al. Lancet Oncol. 2021;22(5):609-619.

Efficacy: innovaTV 204/GOG-3023/ENGOT-cx6

	Tisotumab vedotin N =101
ORR	24%
DCR	72%
Duration of response	8.3 months
Time to response	1.4 months
PFS	4.2 months
OS	12.1 months

Coleman RL et al. Lancet Oncol. 2021;22(5):609-619.

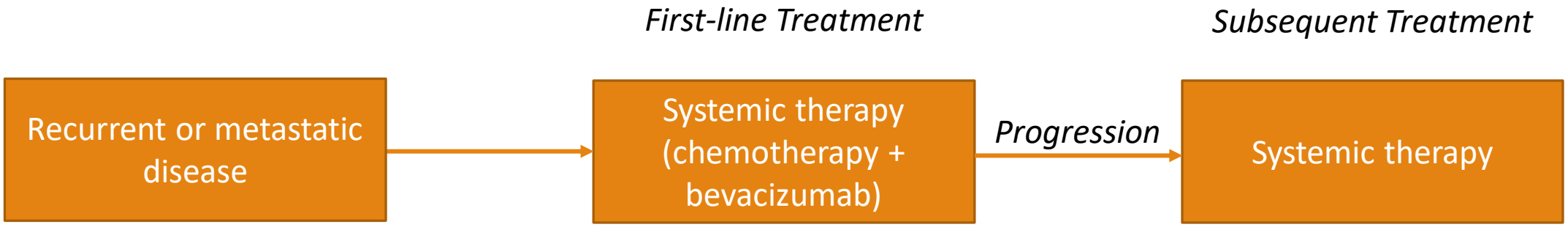
Safety: innovaTV 204/GOG-3023/ENGOT-cx6

	Tisotumab vedotin	
	Any Grade (%)	Grade ≥3 (%)
Any treatment-related AE	93	28
Ocular AEs	53	2
Conjunctivitis	26	0
Dry Eyes	23	0
Keratitis	11	0
Bleeding AEs	39	2
Epistaxis	30	0
Vaginal hemorrhage	7	0
Hematuria	3	0

	Tisotumab vedotin	
	Any Grade (%)	Grade ≥3 (%)
Peripheral neuropathy	33	7
Alopecia	38	0
Nausea	27	0
Myalgia	15	0
Anemia	13	1
Arthralgia	12	0
Neutropenia	4	3

Coleman RL et al. Lancet Oncol. 2021;22(5):609-619.

Metastatic Cervical Cancer: Treatment Paradigm



Preferred regimens:

- **Anti PD-1 agents if PD-L1+ (Category 2A)**

Other:

- **Tisotumab vedotin (Category 2A)**
- **Single-agent chemotherapy (Category 2B)**

NCCN Guidelines. "Cervical Cancer."

Significance

- No standard second-line treatment option established for metastatic cervical cancer patients who are not PD-L1+
- Tisotumab vedotin serves as an effective treatment option after progression on chemotherapy + bevacizumab
  - Tisotumab vedotin ORR 24% vs pembrolizumab ORR 14.6% in KEYNOTE-158
- Future directions
  - Tisotumab vedotin in combination with other agents for cervical cancer
  - Use in other solid tumors

NCCN Guidelines. “Cervical Cancer.”
Coleman RL et al. Lancet Oncol. 2021;22(5):609-619.
Chung HC et al. J Clin Oncol. 2019;37(17):1470-1478.

Tebentafusp-tebn

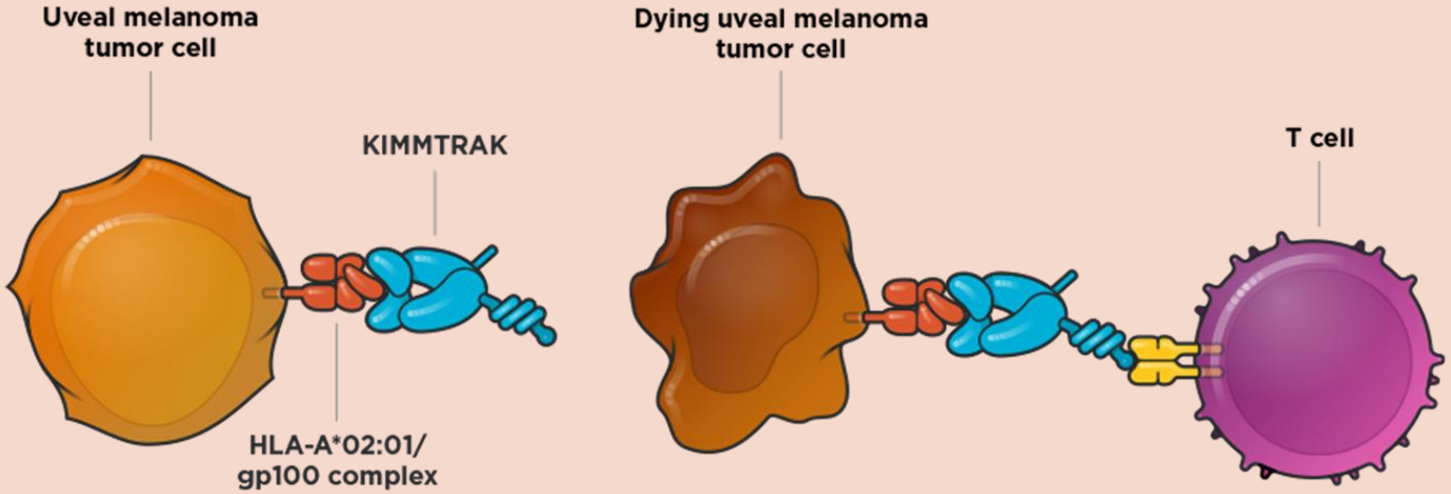
Tebentafusp-tebn (Kimmtrak®)

Tebentafusp	
Approval Date	1/26/2022
Indication	Treatment of HLA-A*02:01-positive adults with unresectable or metastatic uveal melanoma
Dosing	• Day 1: 20mcg • Day 8: 30mcg • Day 15: 68mcg • 68mcg once every week thereafter
Administration	• IV infusion over 15-20 minutes • Monitor patients for at least 16hrs after the first 3 infusions • If no ≥grade 2 hypotension during or after 3rd infusion, administer in outpatient setting and monitor patients for at least 30 minutes after each infusion

Kimmtrak. Package insert.
Image source: Thesocialmedwork.com

Tebentafusp-tebn (Kimmtrak®)

Tebentafusp	
Mechanism of Action	• Bi-specific T-cell engager directed towards gp-100 peptide presented by HLA-A*02:01 on the surface of uveal melanoma tumor cells • T cells release inflammatory cytokines, cytolytic proteins → direct lysis of tumor cells



Kimmtrak. Package insert.
Image source: Kimmtrakhcp.com

Tebentafusp-tebn (Kimmtrak®)

Tebentafusp			
Boxed Warning(s)	• Cytokine release syndrome (CRS) - temperature ≥38°C with:		
	Moderate • Hypotension responding to fluids • Hypoxia needing LFNC	**Severe** • Hemodynamic instability requiring pressors • Hypoxia needing HFNC/face mask	**Life-threatening** • Hemodynamic instability requiring multiple pressors • Hypoxia requiring intubation
	• Administer IV steroids (ex. methylprednisolone 2mg/kg or equivalent) for severe or life-threatening CRS • For persistent/recurrent moderate CRS or severe CRS, pre-medicate with dexamethasone 4mg 30 minutes before next infusion		
Warnings/Precautions	• Skin reactions • Elevated liver enzymes • Embryo-fetal toxicity		
Common Adverse Effects	• CRS • Rash • Fevers	• Itching • Chills • Nausea	• Fatigue • Hypotension • Headaches

Kimmtrak. Package insert.

LFNC = Low flow nasal cannula

HFNC = High flow nasal cannula

Clinical Trial: IMCgp100-202

Open-label, phase 3 trial

- Metastatic uveal melanoma
- HLA-A*02:01-positive
- No prior systemic or liver-directed therapy
- No symptomatic CNS mets, autoimmune diseases on steroids, immunosuppressive treatment

Randomized 2:1

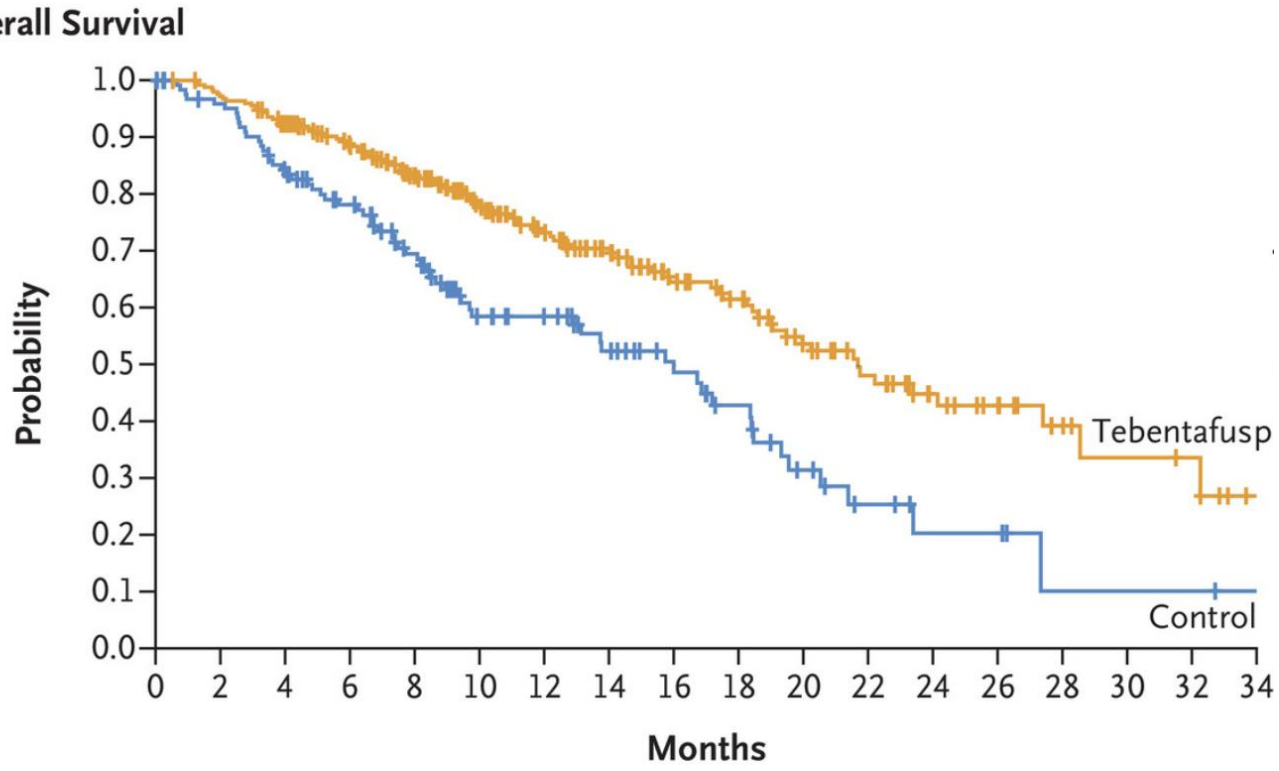
Tebentafusp 20mcg on D1, 30mcg on D8, and 68mcg weekly thereafter

- **Pembrolizumab** 2mg/kg (up to 200mg) or 200mg flat dose on Q3wks **(82%)**
- **Ipilimumab** 3mg/kg on Q3wks x 4 doses (**13%**)
- **Dacarbazine** 1000mg/m2 Q3wks **(6%)**

Nathan P et al. N Engl J Med. 2021 Sep 23;385(13):1196-1206.

Efficacy: IMCgp100-202

	Tebentafusp n = 252	Control n = 126
OS	21.7 months	16.0 months
	HR 0.51 (95% CI, 0.37-0.71; P<0.001)	
PFS	3.3 months	2.9 months
	HR 0.73 (95% CI, 0.58-0.94)	
ORR	9%	5%
DCR	46%	27%



Nathan P et al. N Engl J Med. 2021 Sep 23;385(13):1196-1206.

Safety: IMCgp100-202

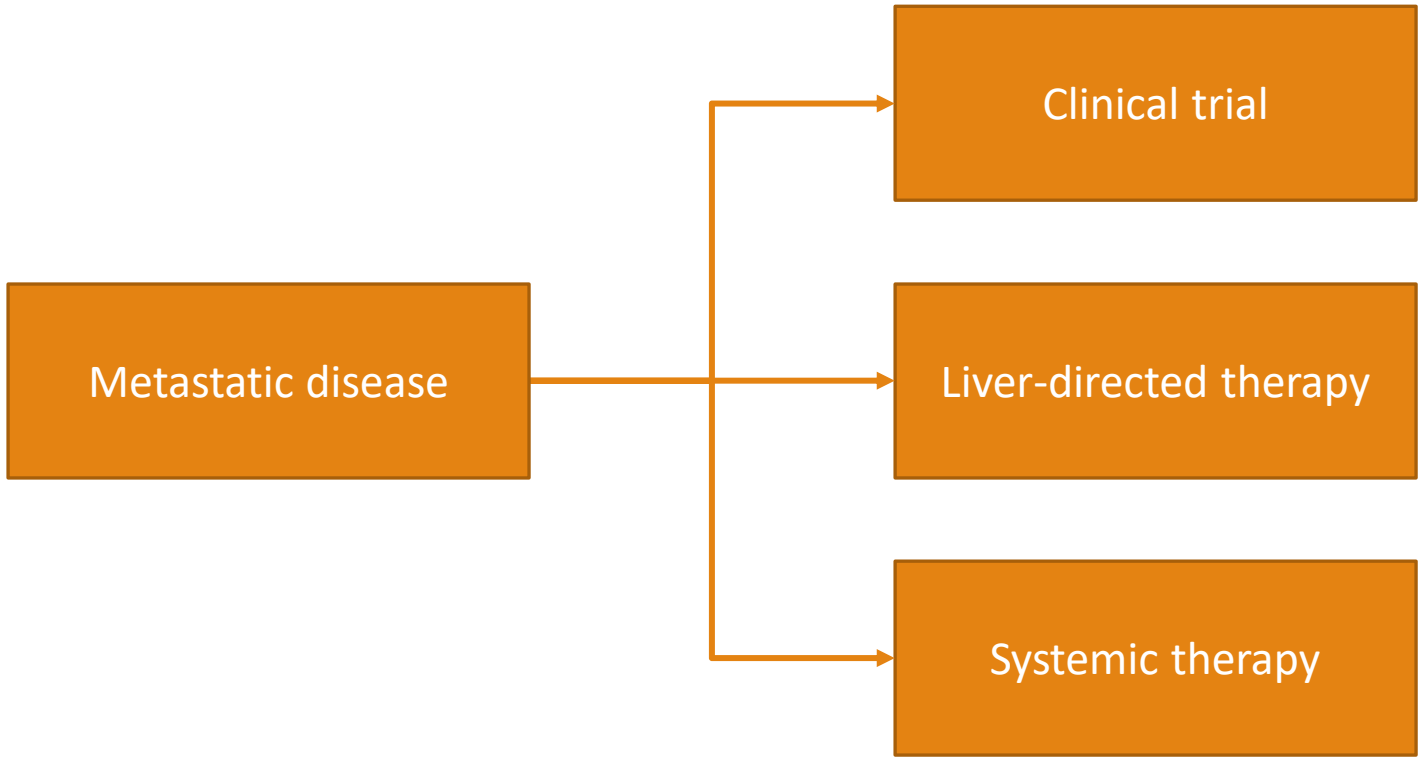
	Tebentafusp		Control	
	Any Grade (%)	Grade ≥3 (%)	Any Grade (%)	Grade ≥3 (%)
Any treatment-related AE	99	44	82	17
CRS	89	1	3	0
Rash	83	18	24	0
Pruritus	76	4	3	0
Chills	69	4	21	0
Hypotension	47	<1	3	0
Vomiting	26	<1	6	0
Headache	22	<1	3	1
Increased ALT	18	3	7	2

- 57% of tebentafusp-related AEs occurred during the first 4 weeks of treatment

Nathan P et al. N Engl J Med. 2021 Sep 23;385(13):1196-1206.

ALT = Alanine aminotransferase

Metastatic Uveal Melanoma: Treatment Paradigm



Tebentafusp in HLA A*02:01-positive patients (Category 1)

NCCN Guidelines. “Melanoma: Uveal.”

Significance

- Distant metastatic uveal melanoma associated with poor prognosis (5-yr OS <20%)
- Prior treatments have not definitively improved outcomes
- Tebentafusp represents the first FDA-approved treatment for unresectable or metastatic uveal melanoma
- Liver-directed therapy or ipilimumab/nivolumab may be preferred for patients with symptomatic liver metastases
- Future directions
  - Tebentafusp + immunotherapy in cutaneous melanoma

NCCN Guidelines. “Melanoma: Uveal.”
ClinicalTrials.gov identifier: NCT02535078

Nivolumab and Relatlimab-rmbw

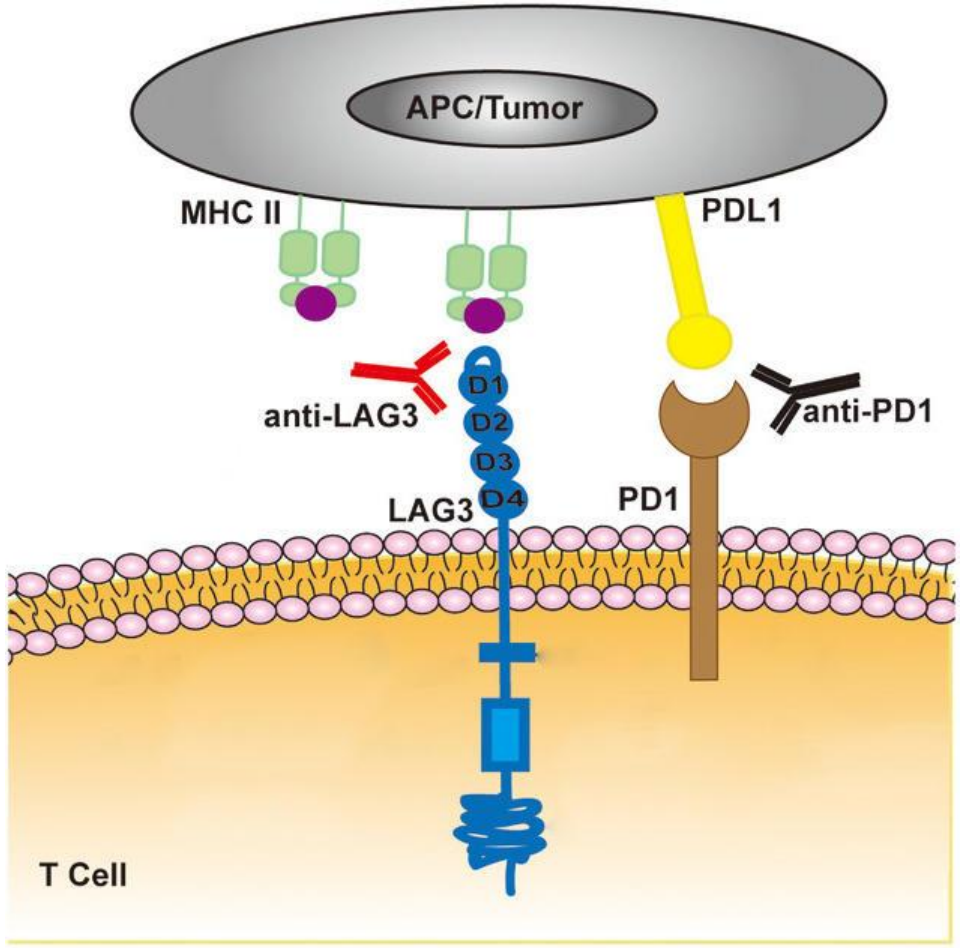
Nivolumab and Relatlimab-rmbw (Opdualag ™)

	Nivolumab and Relatlimab
Approval Date	3/18/2022
Indication	Treatment of adult and pediatric patients ≥12 years old with metastatic or unresectable melanoma
Dosing & Administration	480mg nivolumab/160mg relatlimab IV over 30 minutes every 4 weeks
Dosage Form(s)	240mg nivolumab/80mg relatlimab per 20 mL single-dose vials

Opdualag. Package insert.
Image source: Empr.com

Nivolumab and Relatlimab-rmbw (Opdualag ™)

Nivolumab and Relatlimab	
Mechanism of Action	• Nivolumab binds to the PD-1 receptor on T cells and reduces PD-1 mediated inhibition of the immune response • Relatlimab binds to the LAG-3 receptor on T cells and reduces LAG-3 mediated inhibition of the immune response • Combination of both leads to increased T cell activation → T cells block tumor growth and promote tumor regression



Opdualag. Package insert.
Image source: Cancer.gov

Nivolumab and Relatlimab-rmbw (Opdualag ™)

Nivolumab and Relatlimab	
Boxed Warning(s)	None
Warnings/Precautions	• Immune-mediated adverse reactions (irAEs) • Infusion-related reaction • Complications of allogeneic HSCT • Embryo-fetal toxicity
Common Adverse Effects	• Musculoskeletal pain • Fatigue • Rash • Pruritus • Diarrhea

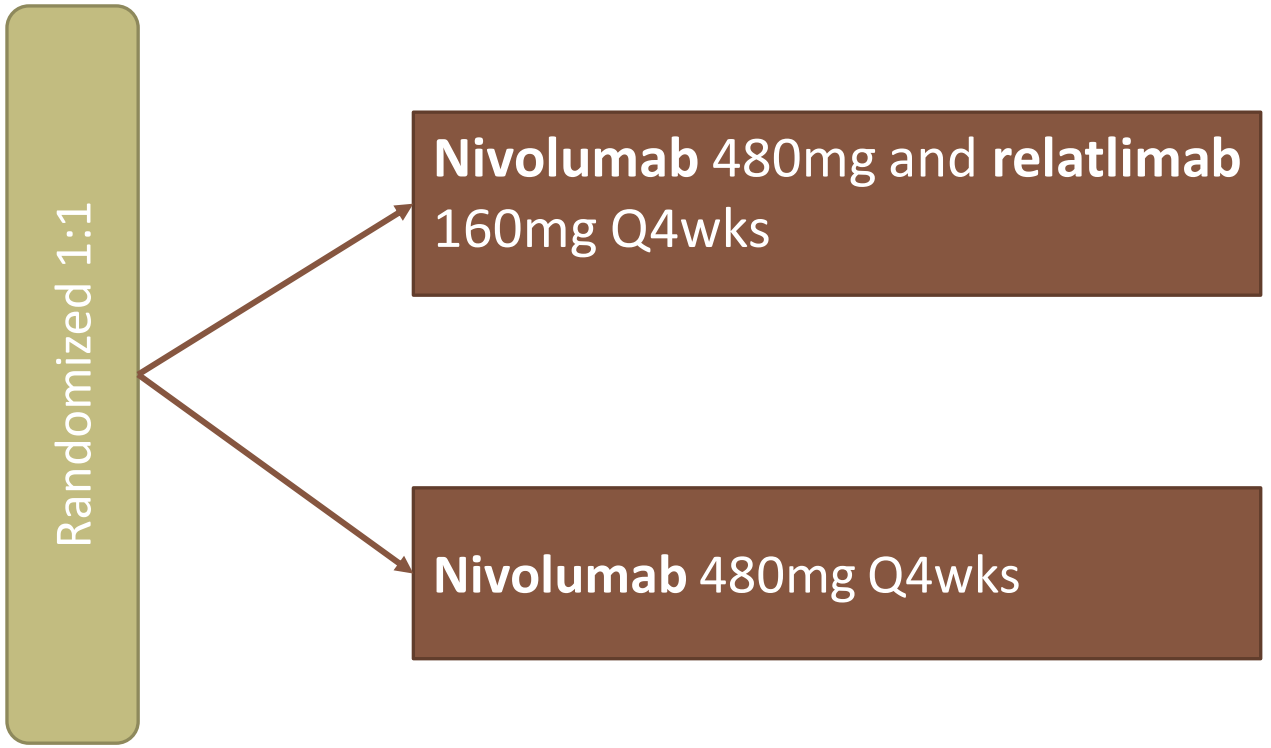
Opdualag. Package insert.

HSCT = Hematopoietic stem cell transplant

Clinical Trial: RELATIVITY-047

Randomized, double-blind, phase 2-3 trial

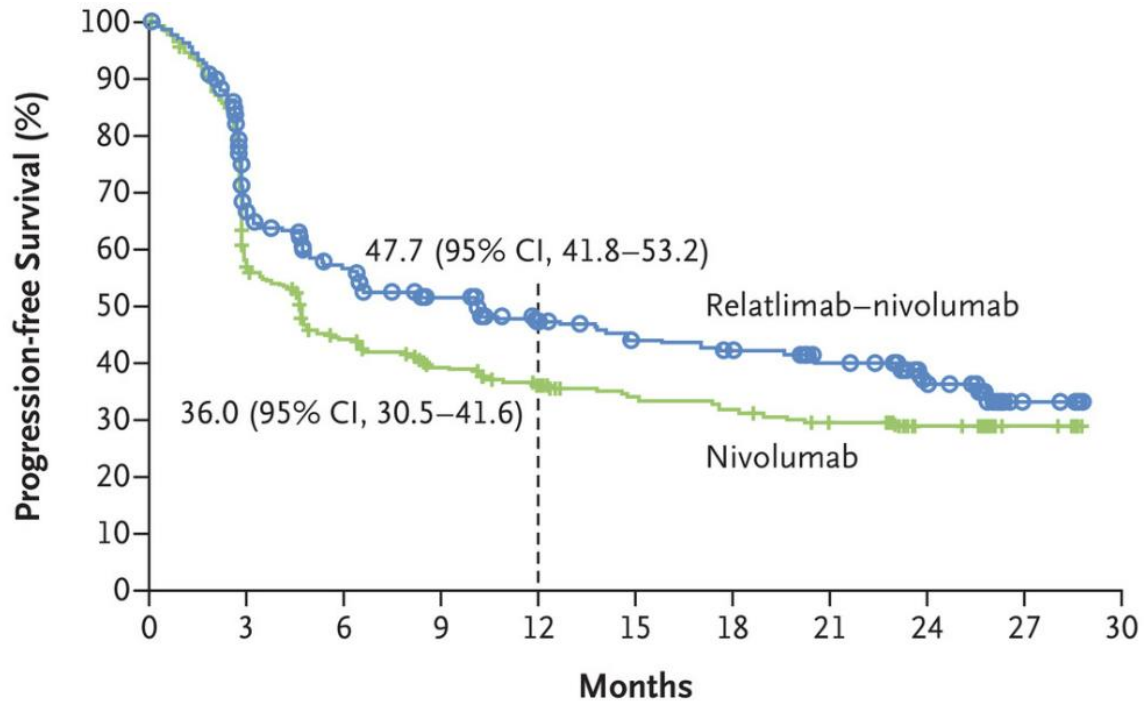
- ≥12 years old
- Previously untreated
- Unresectable stage III/IV melanoma
- Prior PD-1, CTLA-4, BRAF or MEK inhibitors allowed if treatment completed ≥6 months before recurrence



Tawbi HA et al. N Engl J Med. 2022;386(1):24-34.

Efficacy: RELATIVITY-047

	Nivolumab and Relatlimab n = 355	Nivolumab n = 359
PFS (months)	10.1	4.6
	HR 0.75 (95% CI, 0.62-0.92; P=0.006)	



ASCO Data

	Nivolumab and Relatlimab n = 355	Nivolumab n = 359
PFS (months)	10.2	4.6
	HR 0.78 (95% CI, 0.6-0.9)	
OS (months)	Not reached	34.1
	HR 0.80 (95% CI, 0.6-1.0; P=0.0593)	
ORR	43.1%	32.6%
CR	16.3%	14.2%

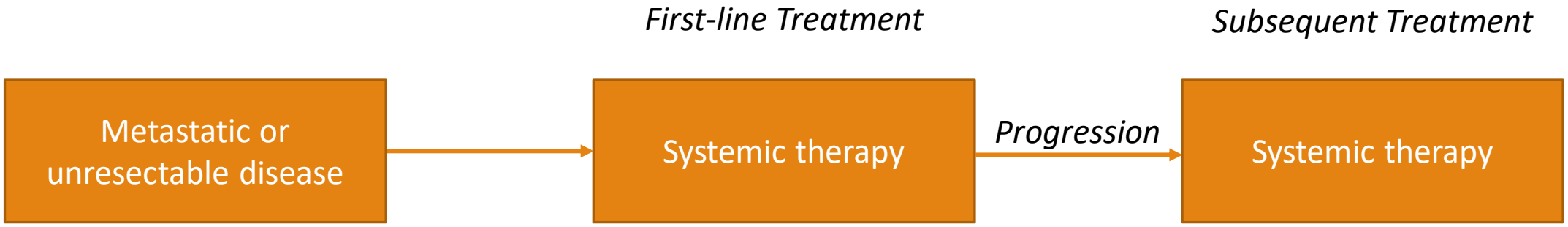
Tawbi HA et al. N Engl J Med. 2022;386(1):24-34.
Long GV et al. J Clin Oncol 2022;40[36_suppl]:360385-360385.

Safety: RELATIVITY-047

	Nivolumab and Relatlimab		Nivolumab	
	Any Grade (%)	Grade ≥3 (%)	Any Grade (%)	Grade ≥3 (%)
Any treatment-related AE	81.1	18.9	69.9	9.7
Infusion-related reactions	5.9	-	3.6	-
irAEs				
Hypothyroidism/thyroiditis	18	0	13.9	0
Rash	9.3	0.6	6.7	1.4
Diarrhea/colitis	6.8	1.1	3.1	1.4
Hyperthyroidism	6.2	0	6.7	0
Hepatitis	5.6	3.9	2.5	1.1
Pneumonitis	3.7	0.6	1.7	0.6
Myocarditis	1.7	0.6	0.6	0

Tawbi HA et al. N Engl J Med. 2022;386(1):24-34.

Metastatic Cutaneous Melanoma: Treatment Paradigm



Preferred regimens:

- **Anti PD-1 agents (Category 1)**
- **Nivolumab/ipilimumab (Category 1)**
- **Nivolumab and relatlimab (Category 2A)**
- **BRAF/MEK inhibitors (Category 1)**

NCCN Guidelines. “Melanoma: Cutaneous.”

Significance

- Nivolumab and relatlimab represents a new first-line dual immunotherapy treatment option for unresectable or metastatic cutaneous melanoma
- Nivolumab and relatlimab appears less toxic than nivolumab/ipilimumab
- Future directions
  - Mature data
  - Nivolumab and relatlimab being studied in multiple indications

	Nivolumab and Relatlimab (RELATIVITY-047)		Nivolumab and Ipilimumab (CHECKMATE 067)	
	Any Grade (%)	Grade ≥3 (%)	Any Grade (%)	Grade ≥3 (%)
Any treatment-related AE	81.1	18.9	95.5	55.5
Treatment-related AE leading to discontinuation	14.6	8.5	36.4	29.4
Rash	9.3	0.6	40.3	4.8
Diarrhea	6.8	1.1	44.1	9.3

NCCN Guidelines. "Melanoma: Cutaneous."
Tawbi HA et al. N Engl J Med. 2022;386(1):24-34.
Larkin J et al. N Engl J Med. 2015;373(1):23-34.
ClinicalTrials.gov

Lutetium (177Lu) vipivotide tetraxetan

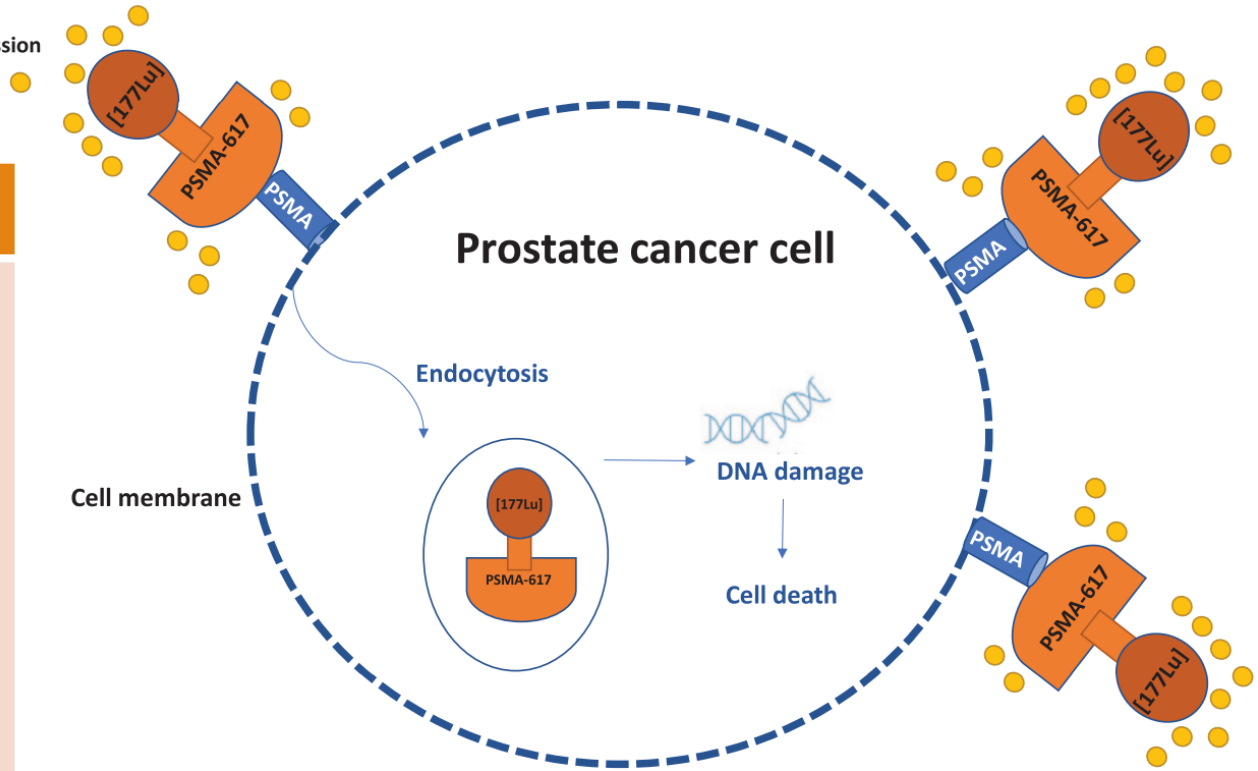
Lutetium (177Lu) vipivotide tetraxetan (Pluvicto™)

Lutetium (177Lu) vipivotide tetraxetan	
Approval Date	3/23/2022
Indication	Treatment of adult patients with PSMA-positive metastatic castration-resistant prostate cancer (mCRPC) who have been treated with anti-androgen therapy and taxane-based chemotherapy
Patient Selection	PSMA-positive by LOCAMETZ® Ga-68 PET scan or other PSMA-11 imaging agent
Dosing & Administration	7.4 GBq (200 mCi) every 6 weeks for up to 6 doses
Dosage Form(s)	1000 mBq/mL (27 mCi/mL) single-dose vial

Pluvicto. Package insert.
Image source: Drugs.com PSMA = Prostate-specific membrane antigen GBq = Gigabecquerel mCi = Millicurie

Lutetium (177Lu) vipivotide tetraxetan (Pluvicto™)

Lutetium (177Lu) vipivotide tetraxetan	
Mechanism of Action	• Radioligand therapeutic agent that targets PSMA on surface of prostate cancer cells • Lutetium (177Lu) vipivotide tetraxetan absorbed by cell → beta-emission from lutetium-177 damages DNA → cell death



Pluvicto. Package insert.
Image source: Heidegger I et al. Ther Adv Med Oncol. 2022;14:17588359221081922.

Lutetium (177Lu) vipivotide tetraxetan (Pluvicto™)

Lutetium (177Lu) vipivotide tetraxetan	
Boxed Warning(s)	None
Warnings/Precautions	• Risk from radiation exposure • Myelosuppression • Renal toxicity • Embryo-fetal toxicity • Infertility
Common Adverse Effects	• Fatigue • Dry mouth • Nausea • Anemia • Constipation

Pluvicto. Package insert.

Clinical Trial: VISION

Open-label, phase 3 trial

- PSMA+ mCRPC: at least one PSMA(+) lesion and no dominant PSMA(-) lesions
- Disease progression after ≥1 AR-pathway inhibitor and one or both taxane regimens

Randomized 2:1

Lutetium (177Lu) vipivotide tetraxetan 7.4 GBq Q6wks for up to 6 cycles + standard of care

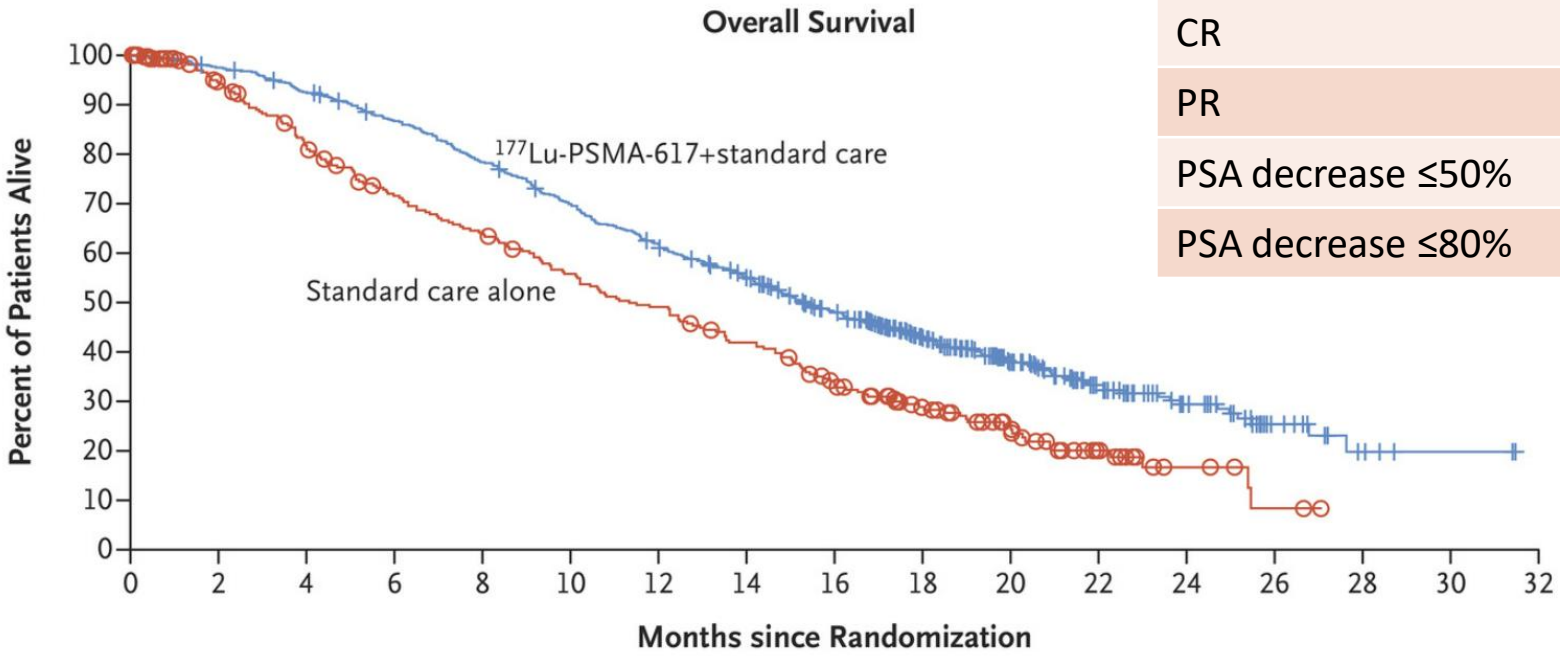
Standard of care (excluded chemotherapy, radioisotopes, IO, investigational drugs at time of trial design)

Sartor O et al. N Engl J Med. 2021;385(12):1091-1103.

AR = androgen receptor IO = Immunotherapy

Efficacy: VISION

	^{177}Lu-PSMA-617 + SOC n = 551	SOC n = 280
Imaging-based PFS ^{177}Lu-PSMA-617 + SOC n = 385; SOC n = 196	8.7 months	3.4 months
	HR 0.40 (99.2% CI, 0.29-0.57; P<0.001)	
OS	15.3 months	11.3 months
	HR 0.62 (95% CI, 0.52-0.74; P<0.001)	
Time to first symptomatic skeletal event or death	11.5 months	6.8 months
CR	9.2%	0%
PR	41.8%	3%
PSA decrease ≤50%	46%	7.1%
PSA decrease ≤80%	33%	2%



Sartor O et al. N Engl J Med. 2021;385(12):1091-1103.

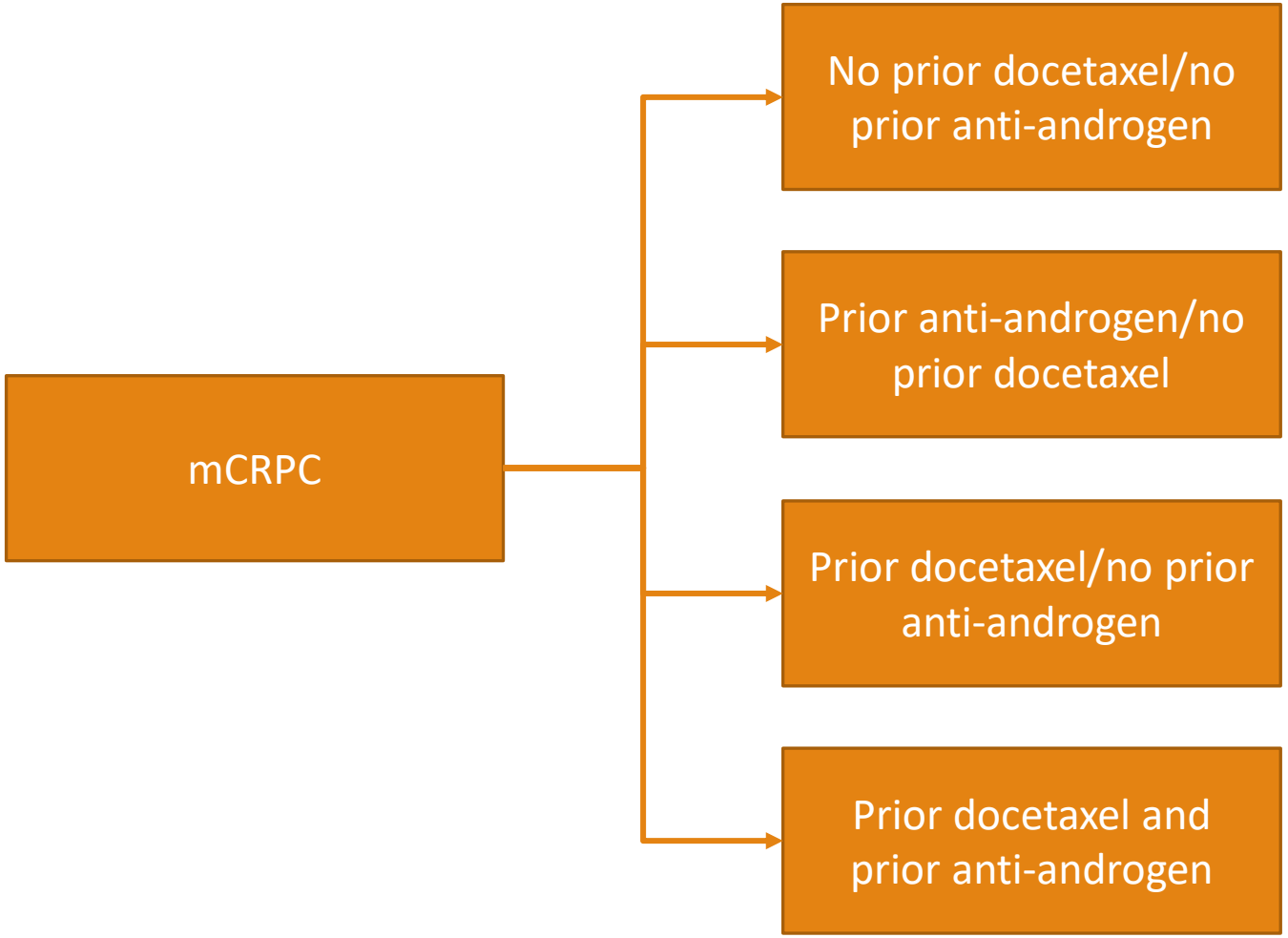
^{177}Lu-PSMA-617 = Lutetium (177Lu) vipivotide tetraxetan SOC = Standard of Care CR = Complete response PR = Partial response

Safety: VISION

	^{177}Lu-PSMA-617 + SOC		SOC	
	Any Grade (%)	Grade ≥3 (%)	Any Grade (%)	Grade ≥3 (%)
Any treatment-related AE	98.1	52.7	82.9	38
Fatigue	43.1	5.9	22.9	1.5
Dry mouth	38.8	0	0.5	0
Anemia	31.8	12.9	13.2	4.9
Back pain	23.4	3.2	14.6	3.6
Constipation	20.2	1.1	11.2	0.5
Vomiting	18.9	0.9	6.3	0.5
Thrombocytopenia	17.2	7.9	4.4	1.0
Lymphopenia	14.2	7.8	3.9	0.5
Leukopenia	12.5	2.5	2.0	0.5

Sartor O et al. N Engl J Med. 2021;385(12):1091-1103.

mCRPC: Treatment Paradigm



Useful in certain circumstances

- **^{177}Lu-PSMA-617 for PSMA+ patients (Category 1)**
- **Olaparib, pembrolizumab, radium-223, rucaparib and others**

Preferred regimens

- **Cabazitaxel**
- **Docetaxel rechallenge**

NCCN Guidelines. “Prostate Cancer.”

Significance

- Lutetium (177Lu) vipivotide tetraxetan is a new treatment option for patients with mCRPC with PSMA+ lesions
- Serves as an alternative to cabazitaxel for patients who received prior docetaxel and prior hormonal therapy
  - TheraP trial showed similar OS between ^{177}Lu-PSMA-617 and cabazitaxel: 19.1 vs 19.6 months (HR 0.97; P = 0.99)
- Future directions
  - ^{177}Lu-PSMA-617 + other agents for mCRPC
  - ^{177}Lu-PSMA-617 for oligometastatic CSPC

NCCN Guidelines. “Prostate Cancer.”
Hofman MS et al. J Clin Oncol. 2022;40, no. 16_suppl: 5000-5000.
ClinicalTrials.gov

Conclusion

- Several novel agents have been approved for the treatment of solid tumors in the last year, representing new options in the first- and subsequent-line treatment setting
- Future studies will show mature OS data and may further expand indications for these drugs

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Thank you!

Questions?

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