ONCOLOGISTS' PERSPECTIVES ON EVOLUTION OF FIRST-LINE IMMUNE CHECKPOINT INHIBITOR MAINTENANCE THERAPY IN MANAGEMENT OF ADVANCED UROTHELIAL CARCINOMA IN THE US

¹Petros Grivas, ²Phani Veeranki, ³Kevin Chiu, ⁴Vivek Pawar, ⁵Jane Chang, ⁶Murtuza Bharmal*. ¹Department of Medicine, Division of Oncology, University of Washington, Seattle, WA, USA; ²Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle Cancer Care Alliance, Seattle, WA, Seattle, United States; ³PRECISIONheor, Los Angeles, CA, USA (At the time of the study), Los Angeles, CA, United States; ⁴PRECISIONheor, Los Angeles, CA, USA, Los Angeles, CA, United States; ⁵EMD Serono, Billerica, MA, USA, Billerica, MA, United States; ⁶Pfizer, New York, NY, USA, New York, NY, United States

Background Avelumab, a PD-L1 immune checkpoint inhibitor (ICI), was recently approved as first-line (1L) maintenance therapy for locally advanced/unresectable or metastatic urothelial carcinoma (aUC) after disease control with platinum-based chemotherapy.¹ Given the evolving treatment landscape, the study aim was to gain real-world insights into clinical decision-making among oncologists for patients with aUC.

Methods In March 2021, a cross-sectional web-based survey was administered to a sample of US oncologists treating patients with aUC. Oncologists' demographics, practice characteristics, and treatment patterns were obtained; descriptive statistics were used.

would consider 1L ICI maintenance therapy after disease control with platinum-based chemotherapy for over 40% of their patients. Future studies are warranted to evaluate real-world treatment patterns, barriers, and utilization of ICI maintenance therapy as the new 1L standard of care.

Acknowledgements The authors would like to acknowledge all physicians at who participated and completed the survey for the study.

REFERENCE

1. Powles T, et al. *N Engl J Med* 2020;**383**(13):1218–1230.

Ethics Approval The study was reviewed and determined to be exempt by Advarra IRB.

Consent All survey participated signed a consent form.

<http://dx.doi.org/10.1136/jitc-2021-SITC2021.630>

Abstract 630 Table 1 Oncologists characteristics and considerations for 1L ICI maintenance therapy

	High consideration (1L ICI maintenance for ≥40% of their patients) (N=118)	Low consideration (1L ICI maintenance for <40% of their patients) (N=33)
Age, mean (SD), years	49.8 (10.1)	49.9 (10.5)
Male, %	69.5	81.8
Practice location, %*		
Solo	8.5	12.1
Group/partnership	49.1	60.5
University	30.5	15.2
Hospital	10.2	12.1
Years of practice, %		
<10	18.6	18.2
11–20	51.7	57.6
>20	28.0	24.2
Cisplatin-eligible regimen, mean % of patients in practice (SD)	54.4 (21.0)	53.6 (23.5)
Carboplatin-eligible regimen, mean % of patients in practice (SD)	30.1 (16.3)	32.0 (21.5)
Number of cycles of chemotherapy before initiating 1L ICI maintenance, %*		
2	5.9	15.2
3	19.5	24.2
4	64.4	42.4
5	16.1	12.1
6	28.0	36.4

*Responses not mutually exclusive.

Results The study included 151 medical oncologists, who reported that 54% and 31% of their patients, on average, would be classified as cisplatin or carboplatin eligible for their 1L treatment, respectively. Approximately 78% of oncologists (n=118) considered using ICI maintenance in ≥40% of their patients following disease control with platinum chemotherapy and were categorized as the “high-consideration” group, for further exploratory analysis; the rest (22%) were in the low-consideration group (See table 1). Approximately, 31% and 27% of oncologists in the high- and low-consideration groups reported administering ICI maintenance with a 2–3-week gap after chemotherapy, while 45% and 46% reported administering it with a 4–6-week gap after chemotherapy, respectively.

Conclusions Surveyed oncologists reported that 85% of patients with aUC in US may be eligible for platinum-based chemotherapy. Further, 78% of the surveyed oncologists