

1





Presented 10/25/20









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Presented 10/25/20



10





Presented 10/25/20



13





Presented 10/25/20





17



Disclosures	
Funding support from Linebo	erger Comprehensive Cancer
Center, the American Cance	er Society, and the Department of
Defense	
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26





Presented 10/25/20









Presented 10/25/20







32

Pembrolizumab Anti-programmed cell death (PD)-1 antibody

- · Expressed by T-cells and acts as an immune checkpoint inhibitor
- Approved for BCG-unresponsive, high-risk NMIBC based on KEYNOTE-057 (Balar et al., Lancet Oncology 2021)
- Dincology 2021)
 Single arm study of 101 patients → analysis included 96 patients with high-risk CIS ineligible
 or unwilling to undergo cystectomy
 Treated with 200 mg of systemic pembrolizumab every 3 weeks for up to 24 months
 Complete response: 41% at 3 months
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 Induces events in 2/3 of patients:
 Induces common: diarrhea, fatigue, prurits (11 serious treatment-related)
 Inmune related adverse events in 22% (most common: hypothyroid)
 Conducts and adverse events in 22% (most common: hypothyroid)

- Extended follow-up (Balar et al., JCO, 2021):

 - 14% (13 of 39) with CR @ 2 years
 41.7% underwent cystectomy for toxicity, recurrence, progression, or persistence

Alliance Trial Intravesical Gemcitabine + Pembrolizumab ongoing at UNC

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61























67



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"Don't let the sunset on a testis mass"

71



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RPLND for Seminoma						
Primary RPLND for Seminoma						
	SEMS (2021 GU ASCO)	PRIMETEST (2022 GU ASCO)				
Population	- 55 patients with Stage II A/B Seminoma - Max LN 3 cm - 14 progression on AS - 15 sites in North America	 - 33 patients with Stage II A/B Seminoma - 9 de novo, 19 progression on AS, 5 progression after carboplatin - Single site in Germany 				
Intervention	Primary RPLND (open, modified)	Primary RPLND (robot and open)				
Comparison	Single Arm	Single Arm				
Outcomes	- 10 recurrences (18%) at 2-years - 2 (4%) with major complications - No retrograde ejaculation	- 10 (31%) recurrences at median 2-years - 3 in-field recurrences - 3 (10%) with major complications - No difference between robotic and open				
https://a	ascopubs.org/doi/abs/10.1200/JCO.2022.40.6_supp ascopubs.org/doi/abs/10.1200/JCO.2021.39.6_supp	1420 1375 INC LINEBERGER COMPREHENSIVE CANCER CENTER				





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82

