

1. Genomic Landscape in Prostate Cancer in a Latin American Population

Panorama genómico del cáncer de próstata en una población latinoamericana

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ABSTRACTO: Purpose: This study aims to describe genomic characteristics of patients with metastatic prostate cancer (mPC). Patients and methods: This study is a retrospective, multicenter cohort study of patients with mPC and reports on genomic testing. Patients were included from 12 academic centers in five countries. Results: A total of 349 patients with PC were included in this study. Most patients (209, 59.9%) were de novo metastatic. Genomic analysis was performed in 233 (66.6%) patients in the metastatic castration-resistant prostate cancer (mCRPC) setting, and only 115 (32.8%) patients had a tumor evaluation in the metastatic hormone sensitive prostate cancer scenario. The evaluation of somatic and/or germline mutations was performed through multigene panel analyses in 290 (83.09%) patients, and next-generation sequencing of BRCA1 and BRCA2 genes was performed in 59 (16.91%) patients. Analyzing the mCRPC subgroup, with a median follow-up of 15.6 months (IQR, 14-19.06), the median progression-free survival (PFS) was not reached (NR) and the PFS at 16 months was 58.7% (95% CI, 50.8 to 67.8). When comparing patients with BRCA mutations with those who are not BRCA-mutated in the mCRPC scenario, the median PFS was NR (95% CI, 14 to NR) and 26.3 months (95% CI, 16.7 to 36.5; P = .2), respectively. Two of six patients with BRCA mutations were treated with targeted therapies (poly-ADP-ribose polymerase inhibitors). Conclusion: Our study, to the best of our knowledge, represents one of the larger data sets for somatic testing in patients with PC in Latin America (LATAM). It adds valuable information to the growing body of knowledge about the genomic landscape of advanced PC in real-world daily practice scenarios in LATAM countries, which are not always well-represented in large-scale randomized clinical trials.

2. Pembrolizumab Retreatment in Patients with Advanced or Metastatic Urothelial Carcinoma Who Responded to First-course Pembrolizumab-based Therapy

Reinicio de pembrolizumab en pacientes con carcinoma urotelial avanzado o metastásico que respondieron a la terapia de primera línea basada en pembrolizumab

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ABSTRACTO: Patients with metastatic solid tumors who previously had stable disease or a response with immunotherapy may derive benefit from immunotherapy retreatment. This post hoc analysis evaluated pembrolizumab retreatment in patients with advanced/metastatic urothelial carcinoma who received pembrolizumab in KEYNOTE-045, KEYNOTE-052, or KEYNOTE-361, and either stopped pembrolizumab after a complete response (CR) or completed pembrolizumab (35 cycles [~2 yr]) with an objective response or stable disease. Upon disease progression, protocol-specified pembrolizumab retreatment (200 mg intravenously every 3 wk) was administered for ≤ 17 cycles. Forty-nine patients met the criteria and were included. The median follow-up was 24.4 mo (range, 1.4-53.5). The median time between first-course therapy cessation and pembrolizumab retreatment was 10.7 mo (1.0-36.3). Twenty patients (41%) had an objective response with pembrolizumab retreatment, 65% of whom had a CR to first-course treatment. The median retreatment duration was 8.3 mo (range, 0.0-13.2); the median duration of response was 14.0 mo (2.1+ to 20.5). From retreatment initiation, the median (95% confidence interval) progression-free survival and overall survival were 9.5 mo (5.6-15.0) and 25.7 mo (21.5-27.5), respectively. Treatment-related adverse events occurred in 45% (grade 3-4: 6%; grade 5: 0%). Data suggest that pembrolizumab retreatment is beneficial and tolerable for some patients with advanced/metastatic urothelial carcinoma who previously had a CR or completed 2 yr of pembrolizumab.