

What do these results mean for individuals with papillary-only high-risk non-muscle-invasive bladder (HR NMIBC) cancer, for whom previous treatment with Bacillus Calmette-Guérin (BCG) did not work?

- Most patients (64%) with papillary-only HR NMIBC who received adequate BCG treatment had their cancer come back within 1 year after stopping treatment
- Although surgical removal of the whole bladder (radical cystectomy) is recommended for patients who have BCG-resistant/unresponsive bladder cancer, only 3% underwent surgery
- For those who received active treatments within 1 month of disease recurrence, the type depended on how soon the cancer came back:
- If the cancer came back within a year, most patients (69%) had chemotherapy directly to the bladder. If the cancer came back after a year, most patients (73%) received BCG again
- Despite these treatments, the median time to disease recurrence or progression was 7 and 10 months, respectively
- These findings highlight the need more effective bladder-sparing treatments following BCG treatment failure



What was the purpose of this study?

- BCG is a common treatment for HR NMIBC, but it doesn't work for everyone. Up to 50% of patients with HR NMIBC experience return of cancer within 1 year
- This study sought to understand how patients with a specific type of bladder cancer, called papillary-only HR NMIBC, are treated after their initial treatment (BCG) stops working



How was the study carried out?



Patients aged ≥18 years who had papillary only HR NMIBC and whose cancer came back (recurrence) after BCG treatment (BCG failure) were identified by screening a large US database





After starting the next treatment after BCG failure, the time to the next recurrence was also analyzed

Real-world treatment patterns and clinical outcomes in Bacillus Calmette-Guérin (BCG)-experienced or BCG-unresponsive patients with papillary-only high-risk non-muscle-invasive bladder cancer (HR NMIBC)

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What were the results?

- After stopping initial BCG-treatment, most patients (64%) experienced disease recurrence within 1 year. Many of these (69%) patients went on to receive subsequent chemotherapy directly to the bladder, and the median time to recurrence or progression for these patients was 7 months
- For the patients who recurred after at least 1 year following initial BCG-retreatment, the majority (73%) were re-treated with BCG, and the median time to recurrence or progression was 10 months



Who was in the study?

There were **1,690** participants who:

- Had papillary-only HR NMIBC
- Received adequate initial treatment with BCG and subsequently discontinued

For **63.9%** (1,080 patients) the cancer progressed within 1 year after discontinuation (early recurrence)



For **36.1%** (610 patients) the cancer returned after 1 year (late recurrence)

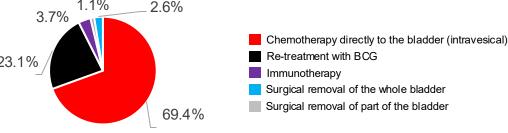
- The average age was 72 years
- 79% of patients were male and 21% were female
- 94% were White and 5% were Black or African American

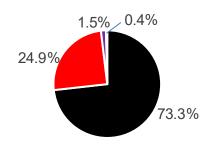
What types of treatments did patients receive as their next treatment (following BCG)?

A total of 32% (n=541) of patients received a subsequent treatment (within 1 month of recurrence)

Patients with **early recurrence** (within 1 year) of cancer following initial BCG treatment:

Patients with **late recurrence** (more than 1 year) of cancer following initial BCG treatment:





What happened to the patients who received subsequent treatment?

 For patients with early recurrence (within 1 year) following BCG treatment who then received chemotherapy directly to the bladder (intravesical) – median time to recurrence or progression was 7 months



 For patients with late recurrence (more than 1 year) following BCG treatment who then received re-treatment with BCG – median time to recurrence or progression was 10 months

Glossary of terms

Bacillus
Calmette-Guerin
(BCG)

BCG failure

A drug that works by stimulating the immune system to attack and destroy cancer cells within the bladder

Discontinuation of BCG after adequate initial treatment (≥5 doses within 6 months of index BCG), with no further BCG treatments for ≥1 year after the last BCG dose High-risk nonmuscle-invasive bladder cancer (HR NMIBC) A type of bladder cancer that has not invaded the muscle layer but is considered high risk due to factors like high-grade tumors or recurrence

Intravesical Chemotherapy administered directly into the bladder

Recurrence

When the cancer returns following treatment



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