Avelumab first-line maintenance (1LM) for advanced urothelial carcinoma (aUC): Long-term outcomes from JAVELIN Bladder 100 in patients (pts) with low tumor burden.

Joaquim Bellmunt, Thomas Powles, Se Hoon Park, Eric Voog, Begoña Pérez Valderrama, Howard Gurney, Anders Ullén, Yohann Loriot, Srikala S. Sridhar, Norihiko Tsuchiya, Cora N. Sternberg, Jeanny B. Aragon-Ching, Daniel P. Petrylak, Miguel A. Climent Duran, Karin Tyroller, Jason Hoffman, Natalia Jacob, Petros Grivas, Shilpa Gupta; Beth Israel Deaconess Medical Center; Harvard Medical School, Boston, MA; Barts Cancer Institute, Experimental Cancer Medicine Centre, Queen Mary University of London, St Bartholomew's Hospital, London, United Kingdom; Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea; Clinique Victor Hugo, Centre Jean Bernard, Le Mans, France; Hospital Universitario Virgen del Rocío, Seville, Spain; Department of Clinical Medicine, Macquarie University, Westmead, Australia; Karolinska University Hospital, Solna, Sweden; Gustave Roussy, INSERMU981, Université Paris-Saclay, Villejuif, France; Princess Margaret Cancer Centre, University Health Network, Toronto, ON, Canada; Yamagata University Faculty of Medicine, Yamagata, Japan; Englander Institute for Precision Medicine, Meyer Cancer Center, New York, NY; Inova Schar Cancer Institute, Fairfax, VA; Yale Cancer Center, New Haven, CT; Instituto Valenciano de Oncología, Valencia, Spain; EMD Serono, Billerica, MA; The Healthcare Business of Merck KGaA, Darmstadt, Germany; University of Washington, Fred Hutchinson Cancer Center, Seattle, WA; Taussig Cancer Institute, Cleveland Clinic, Cleveland, OH

Background: In the JAVELIN Bladder 100 phase 3 trial, avelumab 1LM + best supportive care (BSC) significantly prolonged overall survival (OS) and progression-free survival (PFS) vs BSC alone in pts with aUC that had not progressed with 1L platinum-based chemotherapy (PBC). Results led to the incorporation of avelumab 1LM into international guidelines. Prior analyses have shown that low tumor burden (eg, nonvisceral metastases or lymph node [LN]-only disease) is associated with better outcomes in pts with aUC receiving immune checkpoint inhibitors. We report post hoc analyses of efficacy and safety in subsets of pts with low tumor burden from JAVELIN Bladder 100. **Methods:** Eligible pts with unresectable locally advanced (LA) or metastatic UC without progression after 1L PBC were randomized 1:1 to receive avelumab + BSC (n=350) or BSC alone (n=350). The primary endpoint was OS measured from randomization; secondary endpoints included PFS and safety. In this post hoc analysis, pts with nonvisceral metastases included those with LA disease or only nonvisceral disease, including bone metastasis, at randomization. **Results:** In the avelumab + BSC and BSC alone arms, 159 and 159 pts had nonvisceral metastases and 51 and 51 pts had LN-only disease, of whom 42 and 35 pts had LN-only disease in the pelvic/retroperitoneal area. At the efficacy data cutoff (June 4, 2021), median follow-up was ≥38 mo in both arms (≥2 y in all pts). In all subgroups, OS and PFS were prolonged with avelumab + BSC vs BSC alone (Table). Incidence of treatment-related adverse events (TRAEs) with avelumab were similar across subgroups. In the avelumab + BSC and BSC alone arms, subsequent anticancer drug treatment was received by 90 (56.6%) vs 119 pts (74.8%) with nonvisceral metastases, 27 (52.9%) vs 39 pts (76.5%) with LN-only disease, and 22 (52.4%) vs 27 pts (77.1%) with pelvic/retroperitoneal LN-only disease. **Conclusions:** Exploratory analyses suggest that avelumab 1LM has pronounced efficacy and manageable toxicity in pts with aUC who have low tumor burden, supporting its use as a standard of care in this setting. Clinical trial information: NCT02603432. Research Sponsor: Pfizer; the healthcare business of Merck KGaA, Darmstadt, Germany (CrossRef Funder ID: 10.13039/100009945).

	Nonvisceral Metastases		LN-Only Disease		Pelvic/Retroperitoneal LN-Only Disease	
	Avelumab + BSC (n=159)	BSC (n=159)	Avelumab + BSC (n=51)	BSC (n=51)	Avelumab + BSC (n=42)	BSC (n=35)
Median OS,* mo (95% CI)	31.4 (26.1-36.8)	17.1 (13.7-21.3)	31.9 (26.1-44.5)	22.7 (16.5-NE)	31.2 (23.8-44.5)	20.2 (13.7-NE)
Stratified HR for OS (95% CI)	0.60 (0.45-0.79)		0.86 (0.51-1.47)		0.72 (0.39-1.31)	
Median PFS by investigator,* mo (95% CI)	9.0 (5.7-12.6)	3.3 (2.0-3.7)	8.7 (5.4-24.7)	3.7 (2.0-6.0)	7.5 (4.2-12.0)	3.7 (1.9-5.7)
Stratified HR for PFS (95% CI)	0.45 (0.35-0.59)		0.51 (0.31-0.84)		0.44 (0.24-0.79)	
TRAEs, n (%)†						
Any grade	122 (77.2)	2 (1.3)	44 (88.0)	0	36 (87.8)	0
Grade ≥3	30 (19.0)	0	8 (16.0)	0	6 (14.6)	0

NE, not estimable. *Measured from randomization. †Treated pts; data cutoff: April 6, 2023.