AUA 2024 San Antonio MAY 3-6

SATURDAY | MAY 4, 2024

DAILY NEWS

SEE THE DAILY SCHEDULE FOLLOWING PAGE 8

NEW! Learning Lab

These important clinical trials are expected to influence practice when they are ultimately reported and/or published.

Top Surgical Videos: Innovations in Diagnostics and Techniques
1-3 p.m.
AUA Square: Learning Lab

Flip the Script: Case Submissions
3-4 p.m.
AUA Square: Learning Lab

AUA Robotics Theater

Don't miss today's moderated session with live narration of robotic procedure videos and a panel discussion.

Supported by Intuitive

Prostate Procedures
9:30-11:30 a.m.
S&T Hall, Booth #2425

Reconstructive Procedures
2-4 p.m.
S&T Hall, Booth #2425

Patient Perspectives

This engaging program aims to help physicians and healthcare providers understand what success looks like in patient-physician communication and shared decision-making.

1-4 p.m.
The Square

A new frontier of immunotherapy for bladder cancer

Patrick Soon-Shiong, MD

Anktiva plus BCG works by activating natural killer cells to recognize and eliminate cancer cells that have evaded the immune system.

N-803, also known as nongapendekin alfa inbakicept, or Anktiva, with BCG is a new standard of care for patients with non-muscle invasive bladder cancer carcinoma in situ (NMIBC CIS) who have failed Bacillus Calmette-Guerin (BCG) and other therapies.

Anktiva received Breakthrough Therapy Designation and approval from the FDA on April 22, 2024, based on interim safety, efficacy and complete response and duration of complete response data from QUILT 3032, an open-label, three-cohort, multicenter phase 2/3 study, with a cutoff of Nov. 30, 2023. The interleukin-15 immunotherapy plus BCG helps harness the natural power of the immune system to attack bladder cancer, leading to a long-term duration of complete response that, for some patients, exceeds 47 months. Patients' tumor status will continue to be assessed with cystoscopy and urine cytology for up to five years.

"Median duration is yet to be determined, and duration is everything," said Patrick Soon-Shiong, MD, executive chair, global chief scientific and medical officer of ImmunityBio. On Friday afternoon, Dr. Soon-Shiong spoke with Sam Chang, MD, MBA, the Patricia and Rodes Hart Endowed professor of urological surgery and oncology and the chief surgical officer at Vanderbilt University Medical Center, during an engaging conversation in the Learning Lab about the new FDA approval of Anktiva and the next generation of immunotherapy for NMIBC.

"Anktiva not only proliferates and activates the patient's own natural killer cells and CD8+ killer T cells, but it activates CD4+ T helper cells to enhance the proliferation of memory killer T cells, to mount 'a triangle offense' against bladder cancer," Dr. Soon-Shiong said. "With Anktiva, we have found a way to reactivate natural killer cells, turning cold tumors that have learned to evade the immune system into hot tumors that respond to therapy," he said.

"The FDA's approval of Anktiva marks the launch of a next-generation immunotherapy beyond checkpoint inhibitors," Dr. Soon-Shiong said. Anktiva is expected to be available in the U.S. momentarily. ImmunityBio has its own U.S.-based large-scale facilities that will produce both Anktiva and BCG, with special distributors "up and ready."

Anktiva will be available to all patients who need it. "I'm most proud of our patient assistance program, which will limit copays to $100 and provide the drug for free for patients without insurance who can't afford it," Dr. Soon-Shiong said.

Anktiva plus BCG for patients with NMIBC CIS is only the beginning. In development are studies investigating Anktiva plus BCG for all tumor types and the promise of the first cancer prevention vaccine for patients with Lynch syndrome, which carries an 80% chance of developing colon cancer. ●

Jelmyto®
(mitomycin) for pyelocalyceal solution

EXTENDING EXPECTATIONS

Experience the power of possibilities at the UroGen® booth.

Learn more about this innovative treatment at
Jelmyto.com/hcp

UroGen® Pharma

Which is the best diversion: conduit or neobladder?

Friday's debate featured the pros and cons of both types of urinary diversion to help inform true shared decision-making with your patients.

Continent bladder replacement (neobladders) was developed and widely used beginning in the mid-1980s. Many institutions across the United States and internationally began offering this type of diversion to half or more of their patients undergoing cystectomy, and many published series show long-term safety, patient satisfaction and overall good functional results. Yet nearly 90% of patients undergoing cystectomy will have a standard ileal conduit diversion with a stoma requiring an external bag. Should neobladder diversion be recommended to more patients in lieu of ileal conduit?

Friday's "Crossfire: Controversies in Urology: Ileal Conduit vs. Neobladder: 68-Year-Old Man Who Wants a Neobladder but Is Unsure About Catheterizing," debated the rationale for recommending a neobladder or a standard ileal conduit for an index patient, a healthy 68-year-old man with a recent diagnosis of muscle-invasive bladder cancer but without medical contraindications, who theoretically asks, "Which type of diversion is best for me?"

"There are only a few real medical contraindications to a neobladder," said session moderator Eila C. Skinner, MD, chair of the department of urology and professor of urology at Stanford University in California. "Every urologist who does cystectomies says they let their patient decide what type of diversion they want. But, in fact, it's easy to steer patients to what you want to do."

Anne Schuckman, MD, associate professor of urologic oncology at the Keck USC School of Medicine in Los Angeles, presented evidence highlighting the perioperative safety of neobladder surgery and the low rates of complications, such as incontinence, urinary retention and infections.

"Up to 25% of patients experience early complications for all diversions, but neobladder infections stabilize over time," she said. Conversely, the complication rates of ileal conduits increase slowly over time. "Many patients are willing to accept short-term risks for a long-term payoff," Dr. Schuckman said.

Mark Tyson, MD, MPH, associate professor of urology at the Mayo Clinic in Phoenix, reviewed quality-of-life literature that supports patient satisfaction with neobladder reconstruction. "When adjusted for age, neobladders result in better quality of life for younger, fitter patients," he said. With a neobladder, patients appreciate improved general health, the ability to more easily use public bathrooms and a better body image.

Joshua Meeks, MD, PhD

Joshua Meeks, MD, PhD, professor of urology at Northwestern University in Chicago, argued that there is limited data on the long-term burdens of neobladders. "The neobladder is probably not the best choice for patients with bladder cancer," he said. "What happens if these patients have a recurrence of their cancer? When patients have complications, the neobladder makes it so much harder. What if more treatment is needed?"

Amy N. Luckenbaugh, MD, assistant professor of urology at Vanderbilt University Medical Center in Nashville, Tennessee, outlined the benefits of an ileal conduit, including lower operative time and lower length of stay, fewer postoperative complications and readmissions, improved simplicity of care and maintenance, and equivalent quality-of-life outcomes. Overall, "humans are adaptable. They will learn to live with whatever you throw at them," she said.

AUA Guidelines endorse a fair discussion of all forms of urinary diversion. "Both types of diversion have acceptable outcomes, and the choice should reflect the patient's own values and priorities," Dr. Skinner said. ●

AUA2024 San Antonio DAILY NEWS

The AUA Daily News is the official newspaper of AUA2024 and is published by Ascend Media.

AUA Staff
Darci Berliant
Heather Corkin
Elaine Garrison
Melissa Goodman
Scott D. Morrow
Katie Phipps
Jennifer Regala
Kathleen Warshawsky

Ascend Media
Cindy Ratcliff, Editor & Writer
Timothy Nord, Senior Graphic Designer

Scan the QR code for a preview of today's session, **"How to prevent and manage nightmare cases in urology."**

PLUVICTO can be the next step on your patient's **treatment journey**

Reimagine what's possible at

Booth 1555

Scan here for more information about PLUVICTO

PLUVICTO®
lutetium Lu 177 vipivotide tetraxetan
INJECTION FOR INTRAVENOUS USE

NOVARTIS

Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

3/24

420503

Merck Medical Forums

Join us for **a Product Theater**

Merck cordially invites you to attend the medical education event listed below for US healthcare professionals and US healthcare business professionals only. Merck is sponsoring this event and the speakers are presenting on behalf of Merck. The events are non-CME programs. Information presented in this event is consistent with FDA guidelines.

Title: A Treatment Approach for Certain Patients With High-risk, Non-muscle Invasive Bladder Cancer

Learning objectives:

- Review the cases of hypothetical patients with high-risk, non-muscle invasive bladder cancer (NMIBC)
- Present efficacy and safety data for a treatment option for certain patients with high-risk NMIBC
- Understand how to monitor and manage potential select adverse reactions

Speaker: Vahan Kassabian, MD

Dr. Vahan Kassabian is a urologic oncologist with Advanced Urology serving as the Director of the Atlanta Prostate Center and Advanced Therapeutics in Atlanta, GA. Dr. Kassabian earned his M.D. and completed his residency at the University of Montreal followed by fellowship training in urologic oncology at Baylor College of Medicine in Houston, Texas. He is a former Assistant Professor, Department of Surgery at Emory University and also served as Chief of Urology at the V.A. Hospital in Atlanta. His clinical research interests include general urologic oncology and he is a contributing editor to Reviews in Urology. His research has been featured in articles, abstracts and chapters of leading academic publications. Dr. Kassabian is an international speaker and has lectured extensively on prostate cancer and disease. He is a member of the American Urological Association, the American College of Surgeons and the Society of Urological Oncology.

Sunday, May 5, 2024

1:00 PM - 2:00 PM CT

Henry B. González Convention Center

Hemisfair Ballroom 1

Merck Medical Forums are educational meetings and do not include alcoholic beverages.

New guideline for prostate cancer introduced at AUA2024

The new Salvage Therapy for Prostate Cancer: AUA/ASTRO/SUO Guideline (2024) was unveiled during the morning Plenary on Friday. This is not a revision or an update of the prior 2013 guideline; rather, it is a new consensus document built from the ground up, said Guideline Committee Chair Todd Morgan, MD, chief of urologic oncology and the Jack Lapides, MD, Research Professor at the University of Michigan in Ann Arbor.

"There has a been a huge number of new trials in this area in the past 10 years," Dr. Morgan said. "The science and evidence around prostate cancer and salvage therapy for prostate cancer have advanced dramatically since the last guideline on adjuvant and salvage radiotherapy after prostatectomy was published. We had no recourse to PET imaging and molecular markers five years ago, and molecular markers play an important role in the new guideline we developed with ASTRO (American Society for Radiation Oncology) and SUO (Society of Urologic Oncology)."

The guideline focuses on management recommendations for patients with biochemical recurrence (BCR) following prostatectomy or other curative treatment. Trials have brought new recommendations for the timing and delivery of salvage therapy, risk stratification, use of ADT, quality of life, molecular imaging and metastasis-directed therapy.

The 2013 guideline, for example, recommended offering salvage therapy to patients with BCR, noting that earlier is better. However, it was not possible to provide guidance on the potential use of androgen deprivation therapy due to lack of data.

Most patients should now receive salvage radiation therapy (RT) when PSA is still ≤0.5 ng/mL. Patients at high risk for clinical progression can start RT when PSA is <0.2 ng/mL.

Advanced imaging is now standard of care. When considering salvage RT for BCR following prostatectomy, the new guideline states that clinicians should perform next-generation molecular PET imaging.

There is also a call for ADT in addition to salvage RT after prostatectomy for patients with BCR and any high-risk features. RT alone may be appropriate for patients without high-risk features.

Patients with no evidence of metastatic disease who are candidates for local salvage therapy should have a prostate biopsy before treatment. For patients with biopsy-documented recurrence, clinicians should offer prostatectomy, cryoablation, high intensity focused ultrasound or re-irradiation as part of a shared decision-making approach.

"We will undoubtedly see updates with continued refinement of adjuvant systemic therapy with RT and improved understanding of how PSMA PET should be used in treatment decisions in the BCR setting," Dr. Morgan said, "and we can appreciate that the results of EMBARK (enzalutamide plus leuprolide in nonmetastatic prostate cancer) will be incorporated." ●

Todd Morgan, MD

Inlyta®
axitinib 1mg and 5mg tablets

Stay up to date with INLYTA® (axitinib) + pembrolizumab data

To learn more, visit our booth

Scan to visit the Virtual Booth

Scan to see the full Prescribing Information

Pfizer Oncology

Key clinical trials take center stage at AUA2024

"Clinical Trials in Progress, Benign Disease" opened on Friday afternoon with a glimpse at a new sheath for nephroliathiasis. "Randomized Controlled Trial of Miniaturized Percutaneous Nephrolithotomy with Vacuum-Assisted Access Sheaths Versus Conventional Sheaths for Treatment of Nephrolithiasis" compares a novel sheath that allows surgeons to irrigate and suction simultaneously. Based on the mini-PCNL, pilot study showed greater stone-free rate, less operative time, lower intrarenal pressure, and fewer complications compared to conventional sheaths.

"We have enrolled 20% of our target of 90 patients," reported Sri Silvalingam, MD, Glickman Urological and Kidney Institute, Cleveland Clinic Foundation, "but it is too early to have data to report."

RELIEF, the "Reduced-dose onabotulinumtoxinA for Urgency Incontinence Among Older Females" compares 50 IU injections of Botox into the detrusor muscle vs the standard 100 IU in older women with urge incontinence. Quality of life is the primary outcome, secondary outcomes include comparisons of clinical and patient-reported outcomes.

"Patients are often concerned about cost, we clinicians are concerned about side effects," said E. Ann Gormley, Professor of Urology Surgery, Dartmouth Hitchcock Clinic. "RELIEF addresses both concerns."

Enrollment opened in May, 2023 with 174 patient as of April, and will close April, 2025 at 376.

Multiple observational trials suggest that exercise improves outcomes for older men with urinary disease, but there are few randomized controlled trials. The "Prescription exercise for Older men with Urinary Disease (PROUD) trial" is comparing the effect of receiving exercise information on exercise vs. information plus active exercise coaching. Endpoints include the rate and intensity of physical exercise plus patient-reported and clinical changes in body measurements, lab measurements, and urologic function.

PROUD is targeting 68 participants, said Stacey A. Kenfield, SM, ScD, Professor and Epidemiology & Biostatsitics, University of California, San Francisco, and is actively seeking partners for a multi-center trial.

"We have a real shortage of randomized controlled data," Dr. Kenfield said. "We have our first 15 patients, so if you have patients in the community who might be appropriate, please refer them!

AUA guidelines recommend stent omission after uncomplicated ureteroscopy, yet 80% of U.S. ureteroscopy patients are stented. A 2019 Cochrane Review article noted that stenting may slightly reduce the number of unplanned visits.

"The Cochrane data are uncertain," said Khurshid Ghani, MBChB, MS, FRCS, University of Michigan Urological Surgery Improvement Collaborative "We need a good randomized clinical trial."

"Stent Omission after Ureteroscopy and Lithotripsy (SOUL)" is a patient-centered comparative effectiveness trial of stent vs. no stent following uncomplicated ureteroscopy. The trial has recruited 50 of a planned 125 patients for the 2-year, 14 center trial. Patients who want to participate but are not willing to undergo randomization can enroll in an observational arm, a first in this population. Dr. Ghani said SOUL results are expected to guide surgical practice nationally.

Other trials are exploring the benefits of treating small, asymptomatic stones in the office, using hydration to prevent urinary stones, holmium-YAG vs Thulium fiber laser for dusting stones, and investigational drug to block bladder pain, and multiple new treatments for erectile dysfunction. ●

Sri Sivalingam, MD

Stacey A. Kenfield, SM, ScD

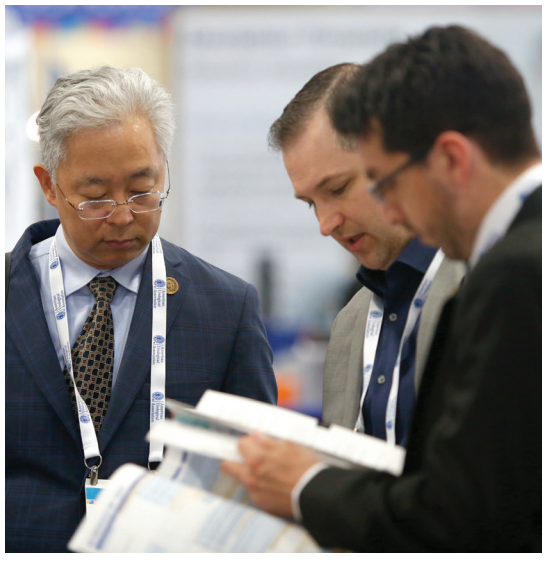
New!

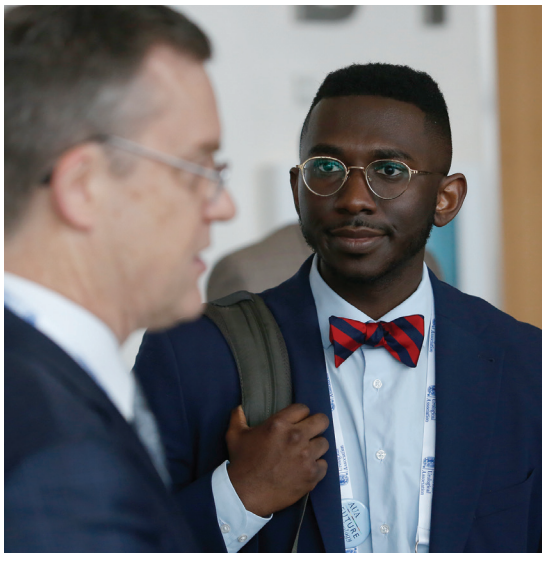
KEY TAKEAWAYS

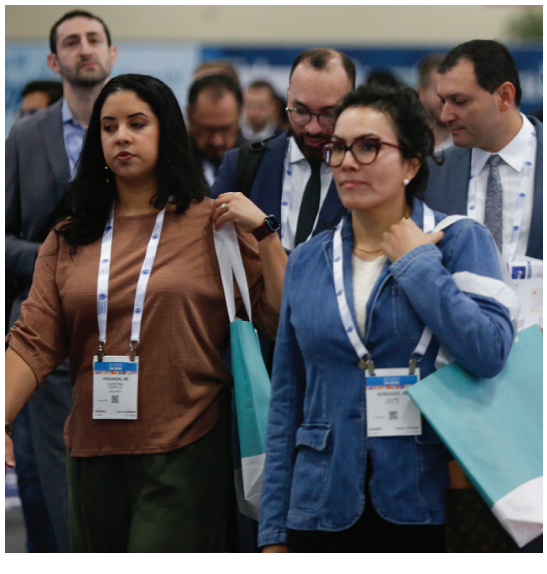
MONDAY, MAY 6 | 12-3 P.M.

Join us Monday afternoon as we showcase highlights from the 2024 AUA Annual Meeting. In this innovative new format, thought leaders take the stage for a series of discussions that review the most impactful science from AUA2024. Key Takeaways will be in the Main Lobby, where attendees can grab lunch, connect with colleagues, and hear AUA2024 highlights and take-home messages by topic area.

Giddyup! AUA2024 rides into town







Merck Medical Forums

Join us for **a Product Theater**

Merck cordially invites you to attend the medical education event listed below for US healthcare professionals and US healthcare business professionals only. Merck is sponsoring this event and the speakers are presenting on behalf of Merck. The events are non-CME programs. Information presented in this event is consistent with FDA guidelines.

Title: Patient Case-Based Learning: Clinical Management of Certain Patients With VHL Disease

Learning objectives:

- Understand von Hippel-Lindau (VHL) disease through a hypothetical patient case
- Review clinical data on a management option for certain patients with VHL disease
- Discuss monitoring and management of potential adverse reactions through a patient case

Saturday, May 4, 2024

10:15 AM - 11:00 AM CT

Henry B. González Convention Center

S&T Hall, Booth #1159

Speaker: Brian Shuch, MD

Title: A Treatment Option for Certain Patients With Renal Cell Carcinoma in the Adjuvant Setting

Learning objectives:

- Review renal cell carcinoma (RCC)
- Understand clinical data supporting a treatment option for certain patients with RCC in adjuvant treatment setting
- Understand how to monitor and manage potential adverse reactions associated with this treatment option

Sunday, May 5, 2024

12:00 PM -12:45 PM CT

Henry B. González Convention Center

S&T Hall, Booth #1159

Speaker: Vahan Kassabian, MD

Merck Medical Forums are educational meetings and do not include alcoholic beverages.

MERCK

Confidence in Every Approach

Being ready for every stone requires confidence in yourself and trust in the equipment you use.

Olympus provides you with the solutions you need to approach every stone and to address the unique anatomy and pathology of a wide range of patients.

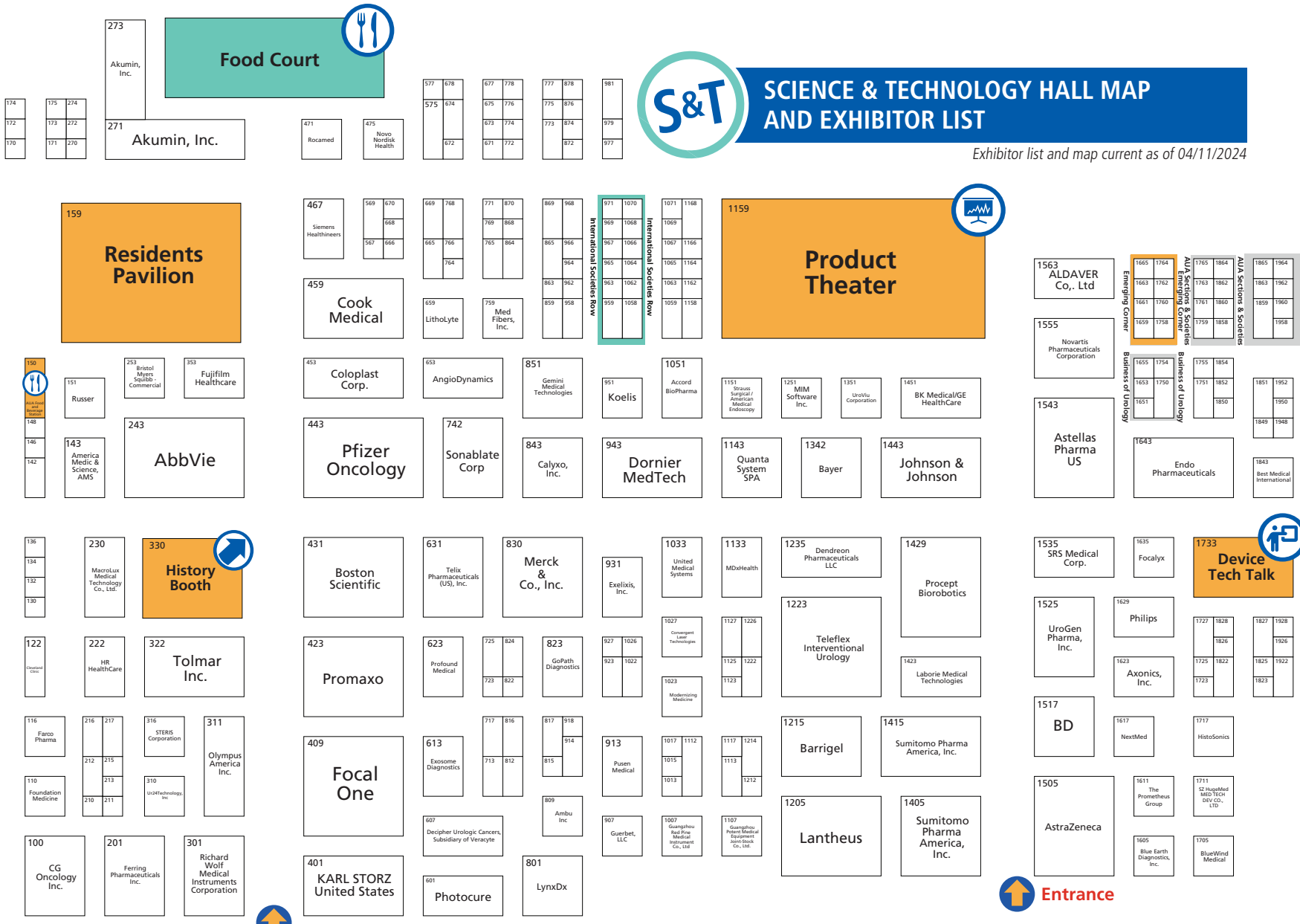
Visit Olympus Booth #311

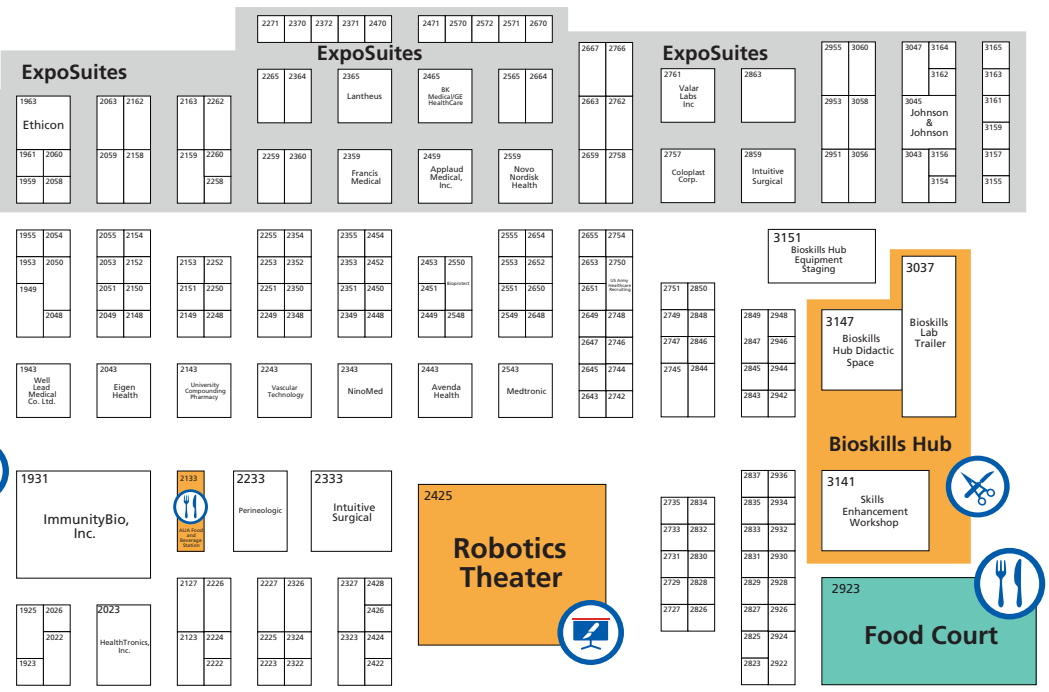
For more information, scan the QR code

For safe and proper of Olympus devices follow the manufacturer's instructions for use handling, operating, and reprocessing of each product. If used or handled in an improper manner, there is a risk of patient and/or operator injuries, burns, infections, bleeding, and/or perforation, and/or equipment damage.

SCIENCE & TECHNOLOGY HALL MAP AND EXHIBITOR LIST

Exhibitor list and map current as of 04/11/2024





QUESTION OF THE DAY

How are you promoting diversity, equity, inclusion and accessibility in the workplace and/or in urology?

In Japan, we are trying to increase the ratio of female professors and female urologists by creating a structure that encourages their involvement. Urology is one of the most male-dominated specialties, and we want to change that situation.

Eisuke Tomiyama, MD, PhD
Vancouver, BC, Canada

I am the chair of the Community Prostate Health Fair, which started last year as an annual event with R. Frank Jones (Urological Society) and some other partners, including the American Medical Association. Essentially, we go to conferences and into communities to do free PSA screenings and we connect people with resources outside of their community, whether that is with the American Cancer Society or health equity funds like Zero Prostate. We believe education is important, and we also think that longitudinal relationships are important. By linking those communities not only with those resources outside, but with research institutions or hospitals within their community and striking those relationships, we think we can make a difference in health disparities.

John McGill, MD
Leesburg, Georgia

Urology, as a community, is seeing such a huge demand for the limited supply of urologists, and there absolutely is an active approach that starts even with the medical student and even college student to try to influence those young people toward a path in urology. There are only 12,000-13,000 practicing urologists in the United States, and we want to create as much diversity for our patients as possible, whether it's in clinical research trials or in clinical practice. We have to engage in technology, support staff and get more residents with GMA funding, which are some of the strategies we are using. I am a Korean-American, and I am very proud of the pathway the AUA as an organization has provided me.

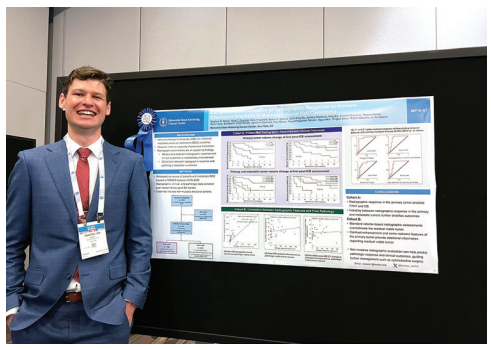
Eugene Rhee, MD, MBA
San Diego, California

Scan the QR code for a preview of today's session, **"A remedy worth fighting for."**

VOICES & VIEWS

Join the Conversation on Instagram, facebook, and X. **#AUA24**

Francesca Monn
@MFrancescaMD
Proud of our own, Dr Jenks **@SIU_URO_RES** representing NCS in the resident bowl for **#AUA24**

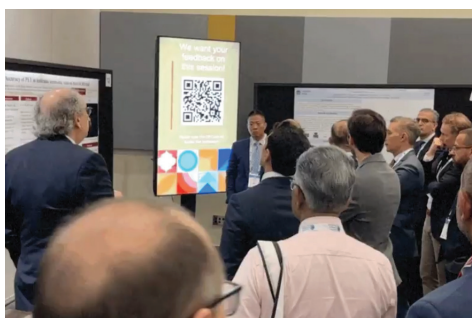


Sarah P. Psutka MD, MS
@spsutkaMD
Congratulations to our best poster winner in the Advanced Kidney cancer session this morning! Drs. Mark Dawidek, Stephen Reese **@arihakimi** and team! **#AUA24 #MSKCC**

Justin Badal, MD
@JustinBadal
Dr. Lerner presenting his S1011 data at **#AUA24**. An absolutely Herculean effort to understand ELND vs SLND in **#MIBC. #SUO #SWOG @bcm_urology**

Kristian Stensland, MD, MPH
@stensy
Prostate cancer clinical trials infrequently use patient-centered outcomes, but it doesn't seem associated with enrollment. Outstanding presentation from amazing resident and future SUO applicant Madison Krischak! **@MadisonKrischak @UMichUrology #AUA24**

Amy Pearlman, MD
@AmyPearlman1
You know you're sharing a hotel room with a pelvic floor physical therapist when you walk into the hotel room and this is the first thing you see… **@AmerUrological #AUA24** - why did she bring these items? You'll have to attend our ball pain course on Saturday to find out!



Dave Penson
@urogeek
Pilot poster format at **#AUA24**. "Walking tours" of the posters. Check out this new format in room 301b throughout the meeting and let me know what you think. I hope to make the meeting more interactive, educational and entertaining

Does looking for

Prostate Cancer

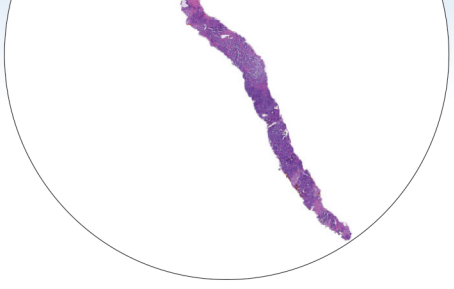
feel like finding a

needle in a haystack ?

Consistently

bigger, better, longer

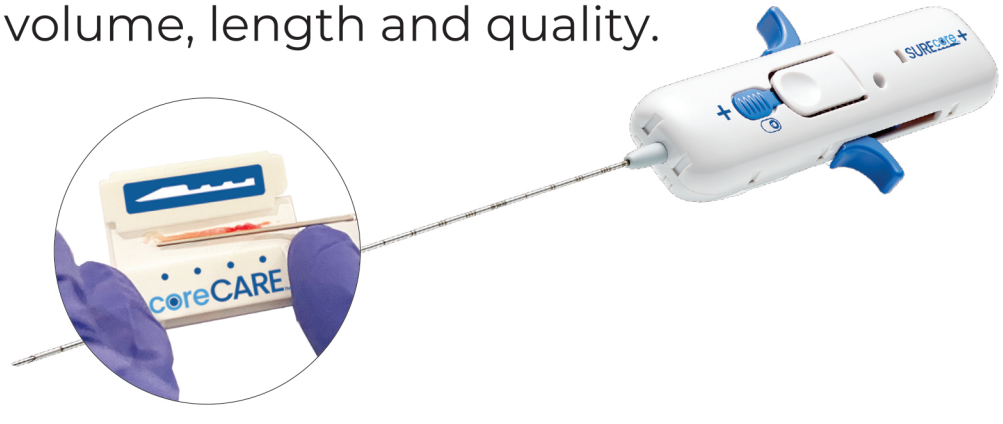
cores from the SUREcore™ Needle and coreCARE™



SUREcore with coreCARE

Standard of care

The SUREcore needle provides significantly more tissue volume, length and quality.



URO-1™ MEDICAL

Visit us during
AUA2024
Booth # 1653

AUA2024
San Antonio, TX
May 3-5, 2024

www.uro1medical.com

Boston Scientific

Advancing science for life™

LithoVue™ Elite

Single-Use Digital Flexible Ureteroscope System
with intrarenal pressure monitoring

Know more

Accurate, real-time IRP monitoring

Make informed, real-time pressure-related clinical decisions with the first ureteroscope with intrarenal pressure monitoring.

See more, know more, and do more with the LithoVue Elite System. Visit us at booth 431.