Background: Platinum-based chemotherapy (PBC) followed by avelumab 1L maintenance in patients (pts) without progressive disease is the standard 1L tx for la/mUC. In pts ineligible for standard-dose C (1 day per cycle), carboplatin (Cb) or split-dose C (35 mg/m^2 on days 1 + 8) are alternative options. The effectiveness of these regimens vs standard-dose C has not been extensively examined. In this real-world (rw) study, we compared clinical outcomes in pts with la/mUC who received 1L split-dose C + G (CG-S) vs standard-dose C + G (CG) or Cb + G (CbG).

Methods: CONVINCE (initiated in Dec 2021) enrolled 188 pts who received 1L tx in 2019-2020 in 27 oncology or urology institutions in Germany. Objective response rate (ORR), rw progression-free survival (rwPFS) and overall survival (rwOS) were compared between CG-S vs CG and CG-S vs CbG groups. rwOS and rwPFS were estimated by Kaplan-Meier analysis.

Results: 124/188 (66.0%) enrolled pts received 1L PBC + G: 27 (21.8%) received CG-S, 75 (60.5%) CG, and 22 (17.7%) CbG. Median age was 66, 69, and 73 years, respectively. Most pts were male (CG-S, 70.4%, CG, 73.3%, CbG, 77.2%) and had an ECOG PS of 0/1 at diagnosis (CG-S, 59%/37%, CG, 55%/40%, CbG, 46%/50%). Median follow-up was 16.5 months. Median no. of cycles was 5, 4, and 6, respectively. In 116/124 evaluable pts, ORR with CG-S, CG, and CbG was 64.0%, 49.3%, and 59.1%, respectively (p=0.84 for CG-S vs CG; p=0.65 for CG-S vs CbG). In the overall population (n=124), median rwPFS was 10.5, 10.5, and 9.1 months, respectively (p=0.35 for CG-S vs CG; p=0.24 for CG-S vs CbG). Median rwOS was 14.4, 18.8, and 16.7 months, respectively (p=0.06 for CG-S vs CG; p=0.14 for CG-S vs CbG).

Discussion: Despite its small sample size, this rw study provides valuable insights into the use of 1L CG-S in routine clinical practice in Germany.

Conclusions: CG-S showed broadly comparable outcomes vs CG or CbG. This analysis suggests that CG-S can be a viable alternative for pts with la/mUC unsuitable for CG, without compromising tx effectiveness.

Previously presented at ESMO 2023, “FPN: 2388P”, “Katrin Schlack et al.” - Reused with permission