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### **Avelumab first-line (1L) maintenance + best supportive care (BSC) vs BSC alone with 1L chemotherapy (CTx) for advanced urothelial carcinoma (UC): Subgroup analyses from JAVELIN Bladder 100**

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#### **Background**

In the phase 3 JAVELIN Bladder 100 trial (NCT02603432), avelumab (anti-PD-L1) 1L maintenance + BSC significantly prolonged overall survival (OS) vs BSC alone in patients (pts) with advanced UC without disease progression with 1L induction CTx (gemcitabine + cisplatin [GemCis] or carboplatin [GemCar]) in all randomized pts (hazard ratio [HR] 0.69; p=0.0005) and pts with PD-L1+ tumors (HR 0.56; p=0.0003). We report prespecified subgroup analyses.

#### **Methods**

Pts were randomized 1:1 to avelumab + BSC or BSC alone, stratified by best response to 1L CTx (complete/partial response [CR/PR] vs stable disease [SD]) and by visceral vs nonvisceral disease. The primary endpoint was OS (from randomization). PD-L1 status was assessed using the Ventana SP263 assay.

#### **Results**

700 pts were randomized to either avelumab + BSC (n=350) or BSC alone (n=350); median follow-up was >19 mo. An OS benefit with avelumab + BSC vs BSC alone (median [95% CI], mo) was observed across prespecified subgroups, including pts with objective response (CR/PR; 23.8 [19.0, not estimable (NE)] vs 15.0 [13.0, 18.7]; HR 0.69 [0.53, 0.89]) or SD (19.9 [18.2, NE] vs 14.0 [10.7, 19.4]; HR 0.70 [0.46, 1.05]) as best response to 1L CTx; and pts with visceral (18.9 [16.5, 21.4] vs 14.0 [11.7, 17.4]; HR 0.82 [0.62, 1.09]) and nonvisceral metastases (28.3 [23.8, NE] vs 15.2 [13.4, 20.2]; HR 0.54 [0.38, 0.76]). OS in other subgroups is shown (Table). No significant treatment-by-subgroup interaction (at 0.05 level) was observed for any subgroup variable. Additional subgroups, progression-free survival, objective response endpoints, and safety data will also be presented.

#### **Conclusions**

Avelumab 1L maintenance + BSC provided OS benefit vs BSC alone across prespecified subgroups of pts whose disease had not progressed with 1L induction CTx and is an important advance for 1L treatment of advanced UC. Table: 704MO

	Median OS (95% CI), mo Avelumab + BSC	HR (95% CI)	Interaction p-value* BSC
1L CTx			
GemCis	25.3 (18.6, NE)	16.5 (13.4, 26.8)	0.69 (0.51, 0.94)

	Median OS (95% CI), mo Avelumab + BSC	HR (95% CI)	Interaction p-value*	0.82 BSC
GemCar	19.9 (16.0, 24.0)	12.9 (9.4, 16.2)	0.66 (0.47, 0.91)	
ECOG performance status				
0	26.0 (20.1, NE)	17.8 (14.3, 23.7)	0.64 (0.48, 0.86)	0.55
≥1	18.2 (13.3, 21.4)	11.6 (9.6, 14.1)	0.74 (0.54, 1.03)	
Creatinine clearance				
≥60 mL/min	22.5 (18.2, NE)	14.6 (13.3, 18.7)	0.68 (0.50, 0.92)	0.97
<60 mL/min	20.8 (18.8, NE)	13.5 (11.6, 18.6)	0.68 (0.50, 0.94)	
PD-L1 status				
+	NE (20.3, NE)	17.1 (13.5, 23.7)	0.56 (0.40, 0.78)	0.08
-	18.8 (13.3, 22.5)	13.7 (10.8, 17.8)	0.86 (0.62, 1.18)	0.68
Unknown	20.1 (10.6, NE)	12.8 (9.6, NE)	0.69 (0.31, 1.53)	

\*Wald Chi-sq. test, 2 sided.

## Clinical trial identification

NCT02603432.

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