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DISCUS: A phase II study comparing 3 vs 6 cycles of platinum-based chemotherapy prior to maintenance avelumab in advanced urothelial cancer

E. Grande Pulido[1], S.A. Hussain[2], M.A. Climent Duran[3], F. Jackson-Spence[4], I. García-Carbonero[5], J. Molina Cerrillo[6], J. Puente[7], P. Borrega[8], J. Malik[9], L.M. Dourthe[10], R. Jones[11], D.E. Castellano Gauna[12], Y. Loriot[13], G. Priyadarshini[4], F. Jamal[4], C. Ackerman[4], T.B. Powles[4]

[1] Medical Oncology Department, MD Anderson Cancer Center Madrid, Madrid, Spain, [2] Department of Oncology and Metabolism, University of Sheffield Medical School, Sheffield, United Kingdom, [3] Medical oncology, IVO - Fundación Instituto Valenciano de Oncología, Valencia, Spain, [4] Barts Cancer Institute, Barts ECMC - Queen Mary University of London, London, United Kingdom, [5] Medical Oncology, Hospital Virgen de la Salud, Toledo, Spain, [6] Medica Oncology Department, Hospital Universitario Ramon y Cajal, Madrid, Spain, [7] Dept. Medical Oncology, Hospital Clinico Universitario San Carlos, Madrid, Spain, [8] Medical Oncology Department, Hospital San Pedro de Alcantara, Caceres, Spain, [9] Edinburgh Cancer Centre, Western General Hospital, Edinburgh, United Kingdom, [10] Service Oncologie, Saint Anne Clinic, Strasbourg, France, [11] School of Cancer Sciences, University of Glasgow, School of Cancer Sciences, Bearsden, United Kingdom, [12] Medical Oncology Department, Hospital Universitario 12 de Octubre, Madrid, Spain[13] Cancer Medicine Department / DITEP, Institut Gustave Roussy, Villejuif, France

Background

Six cycles of platinum-based chemotherapy followed by maintenance avelumab is still globally utilised to treat patients (pts) with advanced urothelial carcinoma (aUC). Whether fewer cycles could preserve efficacy while improving tolerability and quality of life (QoL) is being investigated in the DISCUS trial (NCT06892860).

Methods

Pts with previously untreated aUC were randomized 1:1 to receive 3 (3C arm) or 6 (6C arm) cycles of gemcitabine/cisplatin or gemcitabine/carboplatin, followed by maintenance avelumab. The dual primary endpoints were patient-reported outcomes (PROs) (EORTC QLQ-C30 GHS/QoL scale score; change in QoL at cycle 6 of treatment vs baseline) and overall survival (OS). Secondary endpoints included additional PRO analysis, progression-free survival (PFS), and safety. We present the final PRO analysis and interim OS.

Results

At 25th August 2025, a total of 267 pts were randomized (133 to 3C, 134 to 6C). Baseline characteristics were balanced. 42% received cisplatin/gemcitabine. 78% and 40% of patients completed 3 and 6 cycles as allocated. 74% of patients received avelumab in 3C arm, vs 56% in 6C arm. The mean QoL change between baseline and cycle 6 was 0.0 (95%CI: -5.9, 5.2) in 3C vs -8.5 (95%CI: -14.1, -2.9) in 6C, with a clinically significant difference favouring 3C (+8.5 points, 95%CI: 0.7–16.3; p=0.016). Improvement in PRO scores was observed in 41% (3C) vs 24% (6C) of pts. The overall response rate (ORR) was 24% in the 3C arm vs 27% in the 6C arm, with no significant difference between groups. Median PFS was 8.0 mo (95%CI: 6.7–11.9) vs 9.0 mo (95%CI: 6.9–12.7), HR=1.05 (95%CI: 0.73–1.53; p=0.79). Median OS was 18.9 mo in both arms (HR=1.15, 95%CI: 0.72–1.86; p=0.56). Grade 3–4 TRAEs occurred in 11.9% (3C) vs 15.7% (6C).

Conclusions

Three cycles of platinum-based chemotherapy followed by avelumab provides better QoL compared with six cycles, and similar OS without compromising efficacy. Funding: This study was financially supported by Merck (CrossRef Funder ID: 10.13039/100009945).

Clinical trial identification

NCT06892860 released 17Mar2025 ISRCTN15750433, Registration date: 10 March 2022.

Legal entity responsible for the study

Queen Mary University of London.

Funding

Merck.

Disclosure

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Puente: Financial Interests, Personal, Advisory Board: Astellas, AstraZeneca, Janssen, MSD, Pfizer, Eisai, Ipsen, Roche, BMS, Merck, Novartis, Gilead; Financial Interests, Personal, Invited Speaker: Astellas, AstraZeneca, Janssen, MSD, Bayer, Pfizer, Eisai, Roche, BMS, Merck; Financial Interests, Institutional, Research Grant: Astellas, Roche, Merck, Pfizer; Other, Other, Travel expenses: AstraZeneca, Ipsen. J. Malik: Financial Interests, Advisory Board: AstraZeneca, Bristol Meyers Squibb, Eisai, Merck-Pfizer, Ipsen, Astellas, Bayer; Financial Interests, Speaker, Consultant, Advisor, Meeting chair fee: Astellas, Bristol Meyers Squibb, Eisai, Pfizer, Ipsen, Merck; Financial Interests, Other, Conference: Meyers Squibb. R. Jones: Financial Interests, Personal, Advisory Board, advisory board attendance: AstraZeneca, Astellas; Financial Interests, Personal, Invited Speaker, Honoraria for speaking: Astellas; Financial Interests, Personal, Advisory Board: Bayer, Clovis, Bristol Myers Squibb, Merck Serono, Merck Sharpe Dome, Roche, Janssen, Novartis / AAA, Astellas, Gilead, pfizer; Financial Interests, Personal, Invited Speaker: Bayer, Bristol Myers Squibb, Merck Serono, Merck Sharpe Dome, Janssen; Financial Interests, Institutional, Other, IDMC membership: Roche; Financial Interests, Personal, Other, promotional video: Astellas, astellas, bayer; Financial Interests, Institutional, Local PI: Janssen, Pfizer, AstraZeneca, BioXcel, Bristol Myers Squibb; Financial Interests, Institutional, Coordinating PI: Novartis / AAA, MSD, Pfizer. D.E. Castellano Gauna: Financial Interests, Personal, Advisory Board: Pfizer, ROCHE, BMS, Janssen, Astellas, Msd, Ipsen, AstraZeneca, Novartis, GSK; Financial Interests, Institutional, Local PI, advisor/consultant: Pfizer, Roche, Msd, Bms, AstraZeneca, Janssen, Astellas, Ipsen, Exelisis, Eisai, Lilly, Bayer, GSK, Clovis, QED Therapeutics; Financial Interests, Personal and Institutional, Other, advisor/consultant: Novartis; Non-Financial Interests, Other, any: Associate Professor of Medical Oncology/Internal Medicine department; Non-Financial Interests, Personal, Other, Executive member: SOGUG (Spanish Oncology Genito-Urinary Group) Foundation; Non-Financial Interests, Personal, Training, Head of GU Alliance for Research and Development Consortium: GUARD Consortium; Other, Other, any: Member of the Internal/local Pharmacy Commission at the Hospital Universitario 12 de Octubre. Y. Loriot: Financial Interests, Personal, Advisory Board: Merck Kga, Pfizer, Gilead, Seattle Genetics, Tahio; Financial Interests, Personal, Other, lectures, advisory boards: MSD, AstraZeneca, Astellas, Janssen; Financial Interests, Personal, Other, lectures, advisory boards: Roche, BMS; Financial Interests, Institutional, Research Grant: Janssen, Sanofi, MSD, Roche, Celsius; Financial Interests, Institutional, Steering Committee Member: janssen; Financial Interests, Steering Committee Member: msd, Astellas, Gilead/immunomedics, tahio; Financial Interests, Personal, Steering Committee Member: basilea; Financial Interests, Institutional, Local PI: Pfizer, MSD, Janssen, Exelexis, AstraZeneca, Pfizer, Merck Kga, BMS, Astellas, Gilead, Incyte, Orion, Tyra, Lilly; Financial Interests, Institutional, Coordinating PI: janssen; Non-Financial Interests, Member: ESMO, ASCO, AACR; Non-Financial Interests, Other, scientific committee: ARC. T.B. Powles: Financial Interests, Personal, Advisory Board: AstraZeneca, Bristol Myers Squibb, Exelixis, Incyte, Ipsen, Merck, Novartis, Pfizer, Seattle Genetics, Merck Serono, Astellas, Johnson & Johnson, Eisai, Roche, MSD; Financial Interests, Personal, Other, Travel/Accommodation/Expenses: Roche, Pfizer, MSD, AstraZeneca, Ipsen; Financial Interests, Personal, Other, Sponsorship for Uromigos Podcast: Mashup Ltd; Financial Interests, Institutional, Other, honoraria: Gilead; Financial Interests, Institutional, Research Grant: AstraZeneca, Roche, Bristol Myers-Squibb, Exelixis, Ipsen, Merck, MSD, Seattle Genetics, Novartis, Pfizer, Merck Serono, Astellas, Johnson & Johnson, Eisai; Financial Interests, Institutional, Other, Honoraria: Gilead. All other authors have declared no conflicts of interest.