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TROP2-Directed ADCs in Bladder Cancer

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCME curriculum and is titled “TROP2-Directed ADCs in Bladder Cancer”.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Iyer:
Antibody-drug conjugates, or ADCs, have been around for over 20 years, and 2 ADCs have received FDA approval for metastatic bladder cancer. Patients have experienced significantly improved overall survival with the ADCs. But while the novel mechanism of these ADCs allows for cytotoxic agents to be delivered to cancer cells and limits the overabundance of toxicities, there are still adverse events that we as caregivers need to know how to manage. So let's dive straight in.

This is CME on ReachMD. And I'm Dr. Gopa Iyer.

Sacituzumab govitecan, or SG, received accelerated approval for metastatic bladder cancer. SG binds to TROP-2, a protein found on the surface of many bladder cancer cells, and carries a payload known as SN-38. SN-38 is the active metabolite of irinotecan, a topoisomerase inhibitor.

Common side effects observed with SG include neutropenia, diarrhea, and nausea and vomiting. SG is considered moderately emetogenic, and so appropriate antiemetic agents should be administered intravenously with treatment, including dexamethasone and a 5-HT3 agonist. Patients should also be prescribed as-needed antiemetics for breakthrough nausea.

Diarrhea can be acute or delayed. Intravenous atropine should be used to manage acute diarrhea, while oral loperamide and other antimotility agents can be used as needed for delayed diarrhea. Routine prophylaxis with antimotility agents is not recommended in patients who have never experienced diarrhea. Patients should be instructed to call immediately with associated worrisome signs or symptoms such as melena or bright red blood, and also if they are unable to make up for fluid losses from severe diarrhea.

Severe and/or life-threatening neutropenia has been observed with SG as well as febrile neutropenia. While prophylaxis with growth factor support is not recommended, once patients develop prolonged or severe neutropenia, G-CSF [granulocyte colony-stimulating factor] should be given with future SG infusions.

Unfortunately, that's all the time we have today. So I want to leave you with this final take-home message. Both EV [enfortumab vedotin] and SG have specific side effect profiles that are related in part to the different cytotoxic payloads of these compounds. It is essential for care providers to familiarize themselves with these toxicities and monitor for them routinely in patients receiving these drugs. Most side effects can be managed successfully if caught early and treated immediately. And a multidisciplinary approach is highly recommended to the management of such toxicities.

Thank you for your attention and have a wonderful day.

Announcer:
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