

New York GU™

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Interdisciplinary PROSTATE CANCER AND OTHER GENITOURINARY MALIGNANCIES Congress®

IPCC® UPDATE

A Message From the Chair

Daniel P. Petrylak, MD

Happy 2018! As we make our way through January and the New Year, I find it beneficial to stop and reflect on how far we've come since the last gathering of NYGU™.

2017 was a year of rapid development across all genitourinary malignancies, especially bladder cancer. We saw the maturation of clinical data leading to 4 immunotherapy approvals in bladder cancer this year alone. Our second-line options have expanded, giving our patients new options and new hope. This past year also brought us new options for other genitourinary cancers, with the approval of cabazitaxel for metastatic prostate cancer and adjuvant sunitinib and low-dose cabozantinib in renal cell carcinoma.

Overall, last year brought us over 40 approved agents across all of oncology/hematology—with even more indications! I marvel at how fast our field is advancing, and how difficult it can be to keep up while maintaining your practice.

That's why I also find myself grateful this New Year for continued medical educational conferences like NYGU™. Now in its 11th year, this **Interdisciplinary Prostate Cancer Congress®** has grown to encompass all **other Genitourinary Malignancies** since its conception. The ability of this conference to bring together leading experts and practicing clinicians is truly unparalleled.

NYGU™ has offered world-class education on the latest in our field for over a decade. I hope you join me in keeping that tradition alive this year. From the latest data to new indications, changes in staging to breakthroughs in standards of care, I can't wait to discuss it with you.

See you in New York!

Daniel P. Petrylak, MD
Yale Cancer Center
New Haven, CT



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JOIN US!

Saturday, March 24, 2018

Crowne Plaza® Times Square Manhattan

1605 Broadway (at 49th Street) New York, NY 10019

A Year in Review

The checkpoint inhibitor revolution began in February of last year with the approval of the PD-1 inhibitor **nivolumab** for the treatment of locally advanced or metastatic bladder cancer following disease progression on or after traditional platinum-based chemotherapy. Results from the phase II CheckMate 275 trial showed 19.6% of patients demonstrated a response on nivolumab.

By the end of May, nivolumab was no longer alone—every other late-stage PD-1 or PD-L1 inhibitor under investigation was approved for urothelial cancer in rapid succession. First, **durvalumab**, a PD-L1 inhibitor was approved under the same indication as nivolumab after a phase I/II trial demonstrated an overall response rate (ORR) of 17.8%. Next was **avelumab**, another PD-L1 inhibitor with the same indication. Results from the phase I JAVELIN Solid Tumor trial demonstrated an ORR of 16.1% at the time of approval. Subsequent publications have shown a slightly increased ORR.

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For more information and to register visit
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A Year in Review, continued from page 1

A week after the approval of avelumab, **pembrolizumab** was approved, also for the treatment of locally advanced or metastatic bladder cancer. Support for pembrolizumab's approval came from the phase III KEYNOTE-045 trial, the results of which demonstrated an ORR of 21.1% for patients on the PD-1 inhibitor. Across all patient populations, including high expressers of PD-L1, median OS increased by nearly 3 months. Pembrolizumab was approved on the same day, one year later, as **atezolizumab**, a PD-L1 inhibitor, with the same indication.

In a further groundbreaking advancement for checkpoint inhibition, also in May, the FDA issued the **first tissue-agnostic** approval for pembrolizumab for patients with unresectable or metastatic, microsatellite instability-high, or mismatch repair deficient, solid tumors that have progressed following initial treatment.

Rounding out a year of advancement in genitourinary malignancies, September saw the approval of lower dose **cabazitaxel**, a microtubule inhibitor, in combination with prednisone for the treatment of metastatic castration-resistant prostate cancer. November brought us the approval of **sunitinib**, a small molecule receptor tyrosine kinase, for the adjuvant treatment of patients at high risk of recurrence of renal cell carcinoma (RCC) following surgical resection. Then, finishing the year **cabozantinib** was approved for advanced RCC in late December.

PREVIEW | Conference Schedule

Welcome

International Congress on Genitourinary Malignancies - *Daniel P. Petrylak, MD*

Prostate Cancer

Moderated by *Daniel P. Petrylak, MD, and Leonard G. Gomella, MD, FACS*

Biomarkers in Prostate Cancer - *Leonard G. Gomella, MD, FACS*

The PSA Screening Controversy: Re-analysis of ERSPC and PLCO Trial Data - *E. David Crawford, MD*

Challenging Case Debates: Localized Prostate Cancer - *Daniel P. Petrylak, MD*

Current and Emerging Standards in Radiation Therapy for Prostate Cancer - *James B. Yu, MD, MHS*

Novel Hormonal Agents for Advanced Castration-Resistant Prostate Cancer - *Robert Dreicer, MD, MS, MACP, FASCO*

Early Use of Systemic Therapy: Abiraterone Versus Docetaxel for Hormone-Sensitive Prostate Cancer - *Celestia S. Higano, MD, FACP*

Immune Therapy for Advanced Prostate Cancer - *Susan Slovin, MD, PhD*
Richard G. Stock, MD

DNA Damage Repair: Implications for Next Generation Sequencing and Therapeutic Development in Prostate Cancer - *Maha H Hussain, MD, FACP, FASCO*

Challenging Case Debates: Best Practices for Advanced Disease - *Leonard G. Gomella, MD, FACS*

Renal Cell

Moderated by *Daniel P. Petrylak, MD*

Targeted Therapies in Renal Cell Carcinoma - *David I Quinn, MBBS, PhD, FRACP, FACP*

Immunotherapy in Renal Cell Carcinoma - *Mario Sznol, MD*

Evolving Therapeutic Strategies in Renal Cell Carcinoma: Neoadjuvant and Adjuvant Approaches - *David M Nanus, MD*

Challenging Case Debates: Highlight on Therapeutic Sequencing and Adverse Event Management in Renal Cell Carcinoma - *Daniel P. Petrylak, MD*

Urothelial Carcinoma

Moderated by *Leonard G. Gomella, MD, FACS*

Genomics, Genetics and Prostate Cancer - *Leonard G. Gomella, MD, FACS*

Management of Early Bladder Cancer - *Daniel P. Petrylak, MD*

Immunotherapy and Other Novel Treatments for Metastatic Urothelial Carcinoma - *Daniel P. Petrylak, MD*

Challenging Case Debates: Best Practices for Bladder Cancer - *Daniel P. Petrylak, MD*

FEATURE | Checkpoint Inhibition

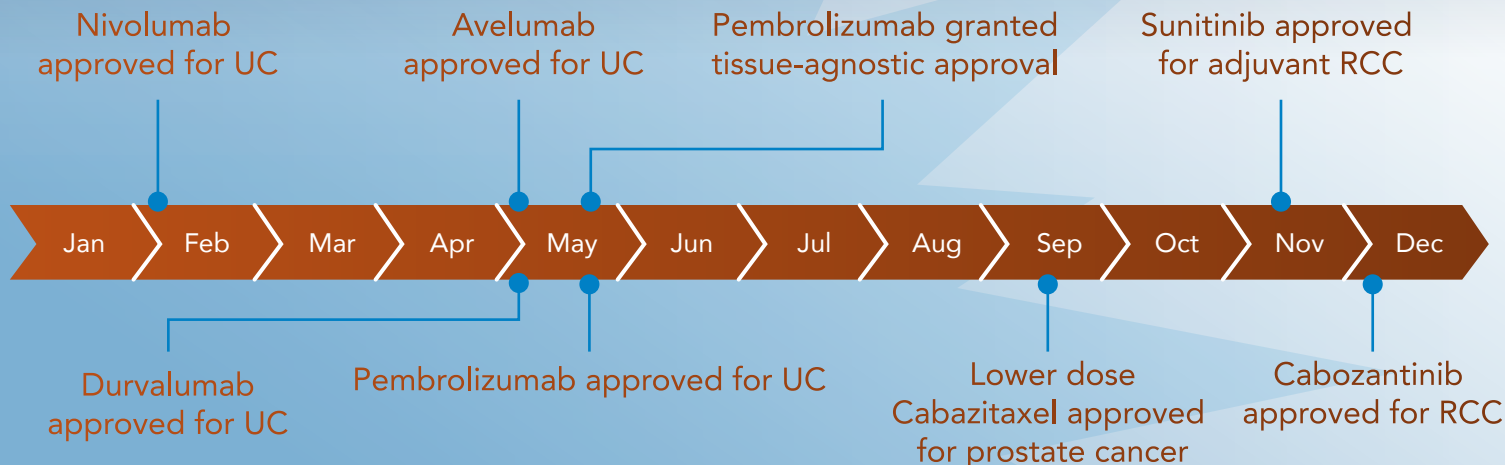
Inhibition of the checkpoint protein programmed cell death protein 1 (PD-1) and its ligand, programmed death ligand-1 (PD-L1), have been an increased focus of immunotherapy strategies across all of oncology. In few other disease types have we made advances as quickly as we have in bladder cancer.

PD-1 and PD-L1 work primarily to suppress an overresponse of the immune system, protecting the body from itself. In healthy individuals, PD-1 is expressed in immune cells, including T cells. PD-L1 meanwhile, is expressed on cells throughout the body, hematopoietic and nonhematopoietic alike. When an inflammation event occurs, PD-1 will bind its ligand to inhibit T-cell induced apoptosis.

Cancer cells have been able to utilize this checkpoint system by expressing PD-L1, disguising cancer cells with the rest of our tissue. As high levels of PD-L1 expression have been linked worsened prognosis in bladder cancer, checkpoint inhibition has been an area of intensive research.

By inhibiting PD-1 or PD-L1, we're able to turn the checkpoint off, taking away the cancer's defense. Now, in 2018 we're able to fight back.

A Year in Approvals



REGISTRATION

Use code: **NYGU18NEWS1** to save!

First Name _____ Middle Initial _____

Last Name _____ Degree(s) _____

Physician Fellow PA-C NP Pharmacist Other _____

Nursing license _____

Are you employed by a for-profit organization, including biotech, financial, and pharmaceutical, defined as "Industry" by PER®?

Yes No

Address type: Home Hospital Office

Mailing Address _____

City _____ Prov/State _____

Country _____ Postal/Zip Code _____

E-mail (Your confirmation will be sent via e-mail) _____

	Advanced	On-Site
<input type="checkbox"/> Physicians	\$169	\$229
<input type="checkbox"/> Nurses, PAs, Other HCPs	\$119	\$189
<input type="checkbox"/> Fellows*	\$119	\$189
<input type="checkbox"/> Industry**	\$429	\$499

*FELLOWS registration must be accompanied by a letter from your director/chair stating current fellowship for discount. Cannot be combined with other discounts/coupon codes.

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For registration assistance, please email info@gotoper.com, or call (888) 949-0045 or (609) 378-3701.

A cancellation fee of 25% will be assessed on refunds requested prior to **February 24, 2018**, and a 50% fee on refunds requested on **February 25, 2018**, through **March 10, 2018**. No refunds will be made after **March 11, 2018**. There is no charge for substitution. Substitutions can only be applied to the same conference and only two substitutions will be honored.

Phone type: Home Mobile Work

Phone _____ Fax _____

Specialty _____ Birth Date (MM/DD/YYYY) _____

Institute/Organization _____

Payment can be made by: Check VISA MasterCard Discover American Express

Charge Amount _____

Card Number _____

Expiration Date _____

Name as It Appears on Credit Card _____

Security Code _____

Billing Address of Card (if different from above; zip code required) _____

Signature _____

Practice Setting:

- Academic medical center/university
- Laboratory/basic research Pharmacy
- Community hospital-based practice
- Government agency
- Community office-based practice
- Pharmaceutical/biotechnology company
- In training (fellow, resident, student)
- Other

What is your principal activity?

- Patient care Clinical research
- Administrative Teaching/training Other

Preferred educational formats:

- Live Online Print

Preferred methods of communication:

- Phone Mail E-mail

Would you like to participate in CME surveys?

Yes No

How many cancer patients do you treat each month? _____

Years practicing medicine _____

Would you like to enroll in the PER Point System?

Yes No

Registration fees include continental breakfasts, breaks, receptions and e-syllabus materials.

All payments must be made by a draft on a United States bank.

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“ I come every year
and I find it incredibly
informative. ”

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11th Annual Interdisciplinary **2018**
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AND OTHER GENITOURINARY MALIGNANCIES
IPCC®

Saturday, March 24, 2018

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Meet the Co-Chairs!

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Director, Prostate and GU Medical
Oncology
Director, Prostate Cancer
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Leonard G. Gomella, MD, FACS



The Bernard W. Godwin Professor
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Chairman, Department of Urology
Associate Director, Jefferson
Kimmel Cancer Center
Clinical Director Jefferson Kimmel
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