



The Patient Experience with Immunotherapy

Stephanie Chisolm: We've had some really good questions come in. But I do think it's really important to really understand that patient experience. So if you don't mind, we're going to start with ladies first, Lynn. I know that you went through chemo and then you went on the immunotherapy. So can you tell us a little bit about your experience.

Ms. Lynn Sperling: From what Dr. O'Donnell just talked about, I seem very typical. I had six rounds of chemotherapy. There was some progress and the cancer was less. Then when it was stopped, it started to grow again. My oncologist at the time said we could try another chemotherapy or there's a drug trial at the University of Chicago on immunotherapy. Would you be interested? My husband and I discussed it. We said definitely yes, and we went to see Dr. O'Donnell.

We were part of a drug trial. I was on Keytruda, the one ... I don't know how to say the one. I have been off of infusions for a couple of years, and each of my CT scans is great because they're still the same. There's no return. I'm up to six months checkups since. So at first it was three months and then nine months. Now we're up to six months rather. So hopefully the news is continuing to be great.

Stephanie Chisolm: That's awesome. Being in a clinical trial is a big step for many people, but it was great that you were able to benefit from that. So let's go to Andrew and then I'll ask you both some questions. Then we'll just open it up for the general questions. Andrew, you started out with BCG back in 2011. Then you got into the Keytruda study. Do you want to tell us a little bit about your experience?

Mr. Andrew Kunz: Yeah. I was initially diagnosed in 2011. I had a series of BCG treatments. The cancer came back in late 2015 then. That's when I saw Doc O'Donnell and he got me on to the pembrolizumab, the Keytruda study there, which was very effective. It was effective enough for me to have my bladder removed then that following summer. After that, I went through a series of scans. Then cancer came back again in February of 2020. That time it was a tumor on my spine.

What happened then was he got me into a study that was basically radiation, three shots on a Monday, Wednesday, Friday, and then two immunotherapy drugs, nivolumab and avelumab. That study ran for a

year, and I've been off of it now for almost a year and a half. At this point, I have monthly infusions of nivolumab and scans every four months, and I'm feeling fine.

Stephanie Chisolm: So immunotherapy requires patients to make a time commitment. Has that been an issue for you? Lynn, I know you're no longer getting the actual immunotherapy treatment. Andrew, you are. How do you make that decision to commit to that long-term treatment option?

Mr. Andrew Kunz: Oh, it's no big deal. It's just like one day a month at the hospital. I'm getting to be a regular over there with the nurses and everything else. But I don't mind it at all. It's the very least that I could do. The side effects, as doc was mentioning earlier, literally a little bit of itching and that is it.

Ms. Lynn Sperling: I think sticking with it has been really wonderful. It seems to be working and gives me a real positive hope for the future.

Dr. Peter O'Donnell: Stephanie, just about one difference that I touched on on the presentation, but we didn't get to expand on, is Mr. Kunz and Miss Sperling have had a difference in their treatment courses in that for Mr. Kunz, when we stopped the immunotherapy, his cancer did come back. For Miss Sperling, we've been able to stop the immunotherapy now for a couple of years. Luckily, the cancer has not recurred. So that's an area of debate among bladder cancer physicians is when can we stop immunotherapy and hope that that immune system has been trained to do its job on its own.

In some patients, that training, that memory of the immune system doesn't seem to be there and you need to keep giving the drug. In other patients, it seems like we're able to stop the immunotherapy and the patient will do quite well. I know that was a point of debate for both of you. I don't know if you want to comment on that decision that we had to wrestle with about whether to stop or not.

Mr. Andrew Kunz: Well, we did discuss it. I think, at your recommendation, we went ahead with it. I think that's a real important thing for what I'd recommend for other patients, is you need to trust your doctor. You need to realize that he or she sincerely wants you to heal and sincerely wants you better. The recommendations they're giving you are for your benefit. So it wasn't really a very hard decision at all for me. I don't know about you, Lynn.

Ms. Lynn Sperling: I had the same. I was confident that Dr. O'Donnell ... He recommended that I was ready to stop the infusions, and I trusted his judgment and was confident that that was the right decision.

Stephanie Chisolm: I think that says a lot that you really do have to have those conversations with your provider and you have to trust that. So if in fact it does stop working, Dr. O'Donnell, do you go back and restart the same immunotherapy that had worked or do you try a different one?

Dr. Peter O'Donnell: Yeah, great question. In Mr. Kunz's specific case, we tried a different one. It was specifically because he had a different clinical trial that was available, and he was really interested in this idea of trying to combine two immunotherapies. It's something that I didn't actually touch on the presentation. But in this disease, in bladder cancer, we don't actually use more than one immunotherapy at a time. We only use one immunotherapy at a specific time. In other cancers, they actually can use more than one immunotherapy at the same time. And so, that's being studied for bladder cancer right now. Mr. Kunz was particularly interested in that idea, that after his initial single immunotherapy stopped working, he was interested in trying a trial where he got two drugs, as he

mentioned. And so, that was really the decision there. In some patients, I have switched the immunotherapy. If one wears off, then we can switch to a different one. But in most cases, if an immunotherapy stops working, we're thinking about them using one of those targeted drugs that I talked about as the third step.

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