

Cite as: Bossé D. The king has been dethroned. *Can Urol Assoc J* 2024;18(12):391. <http://dx.doi.org/10.5489/cuaj.9046>

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The *king* has been dethroned

The previous edition of the Canadian Urological Association (CUA) and Genitourinary Medical Oncologists of Canada (GUMOC) consensus on the management of unresectable locally advanced and metastatic urothelial carcinoma, published in 2019, marked a pivotal moment in the field.¹ It arrived just as we were navigating an unprecedented influx of early-phase trials involving immune checkpoint inhibitors (ICIs) for patients who were refractory or ineligible to platinum.

The uro-oncology community was then just transitioning from applauding results at conferences and implementing ICIs in clinics to grappling with the complexities of programmed death-ligand 1 (PD-L1) assays and lack of predictive markers of response. It was evident that we were at the forefront of a significant shift; however, the shadow of the three-decade-long hegemony of platinum doublet persisted in treatment-naïve patients, with the same “old” benefits and challenges.

Little did we know that changes were just beginning. Fast forward to the 2024 edition of the report in this month's issue of CUAJ, which introduces new classes of therapy against bladder cancers, including novel antibody-drug conjugates (ADC), targeted therapies, and new combination regimens.² The authors meticulously dissect practice-changing trials and their implementation across first-line treatment, both de novo and post-adjuvant ICI, as well as second-line and beyond.

This progress represents much-anticipated breakthroughs for patients and clinicians. Most notably, enfortumab vedotin combined with pembrolizumab (EV + P) has replaced cisplatin-based chemotherapy as the new gold-standard first-line treatment in this

disease. The *king* has finally been dethroned, with EV + P offering not only an alternative treatment option to platinum for patients, but also significantly improving their outcomes. And the progress of the last years does not stop there, as fibroblast growth factor receptors (FGFR)-targeted therapy, ADCs, and combinations therapies have made their way into the Expert Report, while many ICIs have vanished.

The 2024 Expert Report was created by key Canadian leaders in advanced urothelial cancer from across the country and provides a comprehensive roadmap for navigating this evolving therapeutic landscape. It supports clinicians and patients in making informed decisions in our unique national context in an era of many changes. It is an important document that allows clinicians and patient advocates to continue improving our understanding of the current treatment landscape and support timely access and implementation of the new life-prolonging therapies available. I congratulate the authors on their efforts.

COMPETING INTERESTS: Dr. Bossé reports honoraria for consultancy and speaker fees from AbbVie, AstraZeneca, Bayer, Eisai, EMD Serono, Ipsen, Janssen, Knight Therapeutics, Merck, and Pfizer; and research funding from Amgen, Ipsen, Knight Therapeutics.

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