Benefits of an early mobility program for hospitalized cancer patients: A pilot study.

Cardinale Smith, MD, PhD, Chief Quality Officer for Cancer, Mount Sinai Health System

Oral Abstract #7008, Oral Abstract Session, Health Services Research and Quality Improvement, Health Services Research and Quality Improvement

Cancer patients are often hospitalized with complications from cancer and cancer treatment. Many experience a decline in physical functioning, which likely contributes to increased length of stay (LOS), and excess days, increased readmissions and decreased patient experience. We aimed to determine whether a mobility program project would improve quality of care and decrease healthcare utilization.

Use of this mobility program resulted in a significant decrease in healthcare utilization and improvement in patient experience. This demonstrates that non-PT professionals can mobilize hospitalized cancer patients decreasing the burden of PT and nursing resources. Future work will evaluate the sustainability of the program and evaluate association with healthcare costs.

Tumor, immune, and stromal characteristics associated with clinical outcomes with atezolizumab (atezo) + platinum-based chemotherapy (PBC) or atezo monotherapy (mono) versus PBC in metastatic urothelial cancer (mUC) from the phase III IMvigor130 study.

Matt D. Galsky, MD, Co-Director of the Center of Excellence for Bladder Cancer at The Tisch Cancer Institute and the Icahn School of Medicine at Mount Sinai

Oral Presentation 5011, Clinical Science Symposium, Updates on Immunotherapy Biomarkers, Development in Kidney and Bladder Cancers, Genitourinary Cancer—Kidney and Bladder

Tumor mutational burden (TMB), PD-L1 expression, T-effector gene expression (GE) and a fibroblast TGF-β–response signature (F-TBRS) are associated with clinical outcomes with atezo mono in mUC (Mariathasan, Nature, 2018). Here we explore the potential predictive role of these biomarkers and APOBEC mutagenesis in IMvigor130.

These results reinforce the potential predictive nature of biomarkers associated with response/resistance to atezo and highlight potentially distinct biology driving benefit with atezo and atezo + PBC. These findings suggest a possible biomarker-directed approach to 1L mUC tx that warrants mechanistic interrogation and prospective validation. Clinical trial information: NCT02807636.

Pearls" for Newly Diagnosed High-Risk Multiple Myeloma: Finding the Right "Jam"

Oral Abstract Session, Session Title: Hematologic Malignancies—Plasma Cell Dyscrasia,

Joshua Richter, MD, Assistant Professor of Medicine, Hematology and Medical Oncology

Discussant

KarMMa-RW: A study of real-world treatment patterns in heavily pretreated patients with relapsed and refractory multiple myeloma (RRMM) and comparison of outcomes to KarMMa.

Sundar Jagannath, MBBS, Director of the Center of Excellence for Multiple Myeloma, The Tisch Cancer Institute at Mount Sinai

8525-425, Poster Session, Hematologic Malignancies—Plasma Cell Dyscrasia, Hematologic Malignancies

RRMM patients (pts) triple-class exposed (to immunomodulatory drugs [IMiDs], proteasome inhibitors [PIs] and anti-CD38 monoclonal antibodies [mAbs]) have limited treatment (tx) options. The ongoing phase II KarMMa study (NCT03361748) is examining idecabtagene vicleucel (ide-cel; bb2121), a BCMA targeted CAR T cell therapy, in RRMM pts with ≥3 prior regimens (IMiD, PI and CD38 mAb inclusive) who are refractory to their last tx per IMWG criteria. This study aimed to 1) assess tx patterns and outcomes in real world (RW) RRMM pts similar to the KarMMa population and; 2) compare outcomes with SoC in a synthetic cohort vs ide-cel in KarMMa.

Results from the KarMMa-RW study confirm that there is no clear SoC for heavily pretreated RW RRMM pts and responses are suboptimal with currently available therapies. Ide-cel showed deep, durable responses and significantly improved PFS in RRMM pts, representing a potential new tx option in RRMM. Clinical trial information: tbd.

PD-L1 tumor proportion score and clinical benefit from first-line pembrolizumab in patients with advanced nonsquamous versus squamous non-small cell lung cancer (NSCLC).

Deborah Blythe Doroshow, MD, PhD, Assistant Professor of Medicine, Hematology and Medical Oncology at The Tisch Cancer Institute at Mount Sinai

9539, Poster Session, Lung Cancer—Non-Small Cell Metastatic, Lung Cancer—Non-Small Cell Metastatic, Biologic Correlates

The predictive value of PD-L1 tumor proportion score (TPS) on NSCLC tumor cells as a biomarker for response to PD-(L)1 inhibitors is well established. However, its histology specific value in advanced (a) squamous (Sq) versus nonsquamous (NS) cancers remains unclear. Here, we used real world data to assess the differential value of PD-L1 TPS as a predictive biomarker for overall survival (OS) after first-line pembrolizumab (P) in patients (pts) with Sq versus NS NSCLC.

PD-L1 TPS of ≥ 50% predicted longer OS in pts with NS NSCLC treated with first-line P compared to pts whose tumors had a TPS of < 50%. However, no relationship between PD-L1 TPS and OS after first-line P was seen in patients with Sq NSCLC. These data suggest that PD-L1 may not be an appropriate predictive biomarker for checkpoint inhibitor use in NSCLC with squamous histology.

CIMAC-CIDC tissue imaging harmonization.

Guray Akturk, MD, Associate Scientist of Immunobiology at the Icahn School of Medicine at Mount Sinai

3125-189, Poster Session, Developmental Therapeutics—Immunotherapy, Developmental Therapeutics—Immunotherapy

The Cancer Immune Monitoring and Analysis Centers Cancer Immunology Data Commons (CIMAC-CIDC) network is a NCI Cancer Moonshots initiative to provide state-of-the-art technology and expertise for immunotherapy clinical trials. Multiplex tissue immunostaining is an integral assay provided that examines density and spatial distribution of immune cells and markers in tissues, for their prognostic or predictive value. Two approaches were evaluated for sensitivity, specificity, and reproducibility and subsequently harmonized: chromogenic-based Multiplex Immunohistochemical Consecutive Staining on Single Slide (MICSSS) and Multiplex Immunofluorescence (mIF) based tyramide signal amplification system.

These results show for the first time that two platforms can deliver harmonized data, despite differences in protocols, platforms, reagents, and analysis tools. Data resulting from retrospective and prospective CIMAC-CIDC analyses may be used with confidence for statistical associations with clinical parameters and outcome.

Distribution of oncotype recurrence scores in invasive lobular carcinomas

Abstract e13025

Amy Tiersten, MD, Professor of Medicine, Hematology, Oncology and Medical Oncology, Icahn School of Medicine at Mount Sinai

Oncotype recurrence scores have the potential to guide treatment decisions in node-negative breast cancers. In this study there was no significant difference between intraductal carcinoma (IDC) and invasive lobular carcinoma (ILC) in terms of age and ER/PR positivity. Though mean recurrence scores were similar between ILC and IDC patients, ILC were more likely to be distributed in low-risk groups. Further research is needed to determine oncotype recurrence scores and recurrence rates.

Single-institution experience of allogeneic stem cell transplantation for diffuse large B-cell lymphoma.

Abstract E19524

Benjamin Puliafito, MD, The Tisch Cancer Institute at Mount Sinai

Given the promising results of novel therapies such as CAR-T, there is heightened scrutiny on the long-term outcomes of allogeneic stem cell transplant (alloHCT) in diffuse large B cell lymphoma (DLBCL). We present the characteristics and long-term follow-up of DLBCL patients (pts) who underwent alloHCT at our institution over the past 10 years.

A significant portion of DLBCL patients had durable responses after alloHCT with 24% of patients alive at 3 years, despite high rates of GVHD and a broad range of disease status. As novel therapies continue to emerge, alloHCT should still be considered in specific populations of relapsed and refractory DLBCL.