

FOCUS ONCOLOGY in

Multifaceted Care at NewYork-Presbyterian Hospital for Patients with Genitourinary Cancers

Cancers of the genitourinary tract often require multimodality treatment delivered by an interdisciplinary team of specialists. At the National Cancer Institute-designated Herbert Irving Comprehensive Cancer Center at Columbia University Medical Center and the Weill Cornell Cancer Center of NewYork-Presbyterian Hospital, we take a coordinated approach to the care of patients with all stages of genitourinary cancers — bringing together urologic surgeons, medical oncologists, radiation oncologists, pathologists, radiologists, oncology nurses, psychosocial support specialists, and other professionals to create a personalized plan of care for each patient.

Team members meet regularly to discuss each patient's care and progress. Our physicians initiate and participate in major clinical trials assessing new treatment and diagnostic approaches. Both centers offer support services to patients and their loved ones to help them address the challenges of cancer care. Patients who wish to preserve their ability to have a child also have access to renowned fertility programs at both campuses.

Prostate Cancer

At NewYork-Presbyterian, we carefully assess the stage and grade of each patient's cancer and consider patient preferences when assembling a treatment plan. For men with localized disease who choose surgery, we offer minimally invasive approaches, and have been world leaders in robotic prostatectomy. Highly targeted radiation treatments include intensity-modulated radiation therapy and brachytherapy. Cryotherapy is also available.

For men with advanced disease, hormonal therapies are offered. Those with castration-resistant prostate cancer (CRPC) may benefit from chemotherapy with docetaxel or cabazitaxel. Herbert Irving

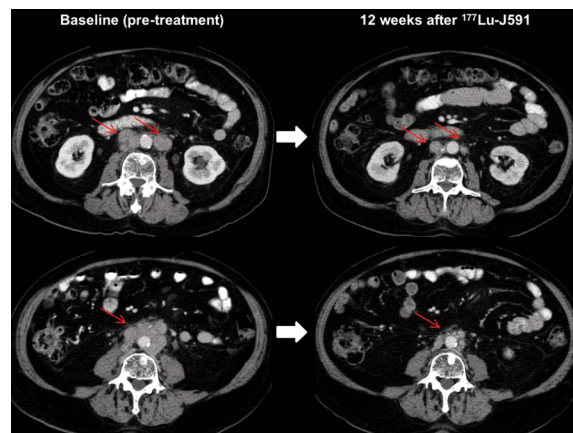
Comprehensive Cancer Center researchers led the studies that culminated in the approval of docetaxel as a standard treatment for men with advanced prostate cancer. Both campuses offer the Provenge® vaccine for men with metastatic disease.

Clinical trials are also open for men with progressive CRPC, including those evaluating treatments that target PSMA, a protein which is highly selective for prostate cancer cells.

Investigators are conducting novel imaging studies to examine the molecular effects of treatment on cancer cells and to identify early prognostic biomarkers. Genetic sequencing is also under way to distinguish indolent from aggressive disease and to pinpoint new therapeutic targets. Innovative research at Weill Cornell is examining how circulating tumor cells correlate with a patient's response to chemotherapy.

Bladder Cancer

Many patients with bladder cancer at NewYork-Presbyterian receive neoadjuvant chemotherapy in an attempt to preserve the bladder or to make the tumor easier to resect. For patients who require surgery, our surgeons have extensive experience performing robotic cystectomy. They are also pioneers in bladder reconstruction techniques following radical cystectomy, able to create a "neobladder" that allows patients to urinate more normally after bladder removal. Our clinicians collaborate to provide the long-term, ongoing therapy required by patients with bladder cancer, including repeat procedures and intravesicular immunotherapy or chemotherapy. For patients whose cancer progresses despite standard options, a number of novel therapeutics are available through clinical trials.



Pre- and post-treatment CT scans from a patient with metastatic castration-resistant prostate cancer after a single dose of ¹⁷⁷Lu-J591 (radiolabeled anti-PSMA antibody)

Kidney Cancer

NewYork-Presbyterian surgeons take the least invasive approach possible for patients with kidney tumors and have extensive experience in minimally invasive surgery. Some patients are candidates for "percutaneous cryoablation," in which tumors are frozen using small needles inserted into through the patient's skin. Other patients may benefit from laparoscopic cryoablation.

For patients who need to have more kidney tissue removed, our surgeons offer laparoscopic partial nephrectomy — an approach which helps retain more kidney function than radical nephrectomy. Some patients can have this procedure done via a single-port procedure through the navel. Immunotherapy as well as the latest anti-cancer agents for renal cell carcinoma (RCC) are also offered, including studies examining the use of targeted agents as adjuvant therapy, with the hopes of increasing cure rates.

continued on back

Comprehensive,
personalized care
for patients with
genitourinary cancers

Clinical Trial Opportunities

Investigators at both the Herbert Irving Comprehensive Cancer Center and Weill Cornell Cancer Center participate in clinical trials of new therapeutic approaches for genitourinary cancers. Some of the studies originated at our institutions and have expanded to sites all over the world. Examples of studies currently enrolling patients include:

NewYork-Presbyterian/Columbia

- Gemcitabine/cisplatin with or without an antisense molecule targeting clusterin (a study designed by our researchers which is being expanded internationally)
- Docetaxel with or without ramucirumab or IMC-18F1 (antibodies that target VEGF-R1 and VEGF-R2) as second-line therapy in patients with bladder, urethra, ureter, or renal pelvis cancer
- Evaluation of a vaccine targeting HER2-NEU (Neuvence) in patients with high-risk bladder cancer, 30 percent of whom have tumors that overexpress HER2-NEU
- Abiraterone plus docetaxel in men with CRPC
- TAK-700 (an oral, selective non-steroidal androgen synthesis inhibitor of lyase) alone and with docetaxel in men with CRPC
- Study of a PSMA antibody-drug conjugate in men with refractory CRPC



NewYork-Presbyterian/Cornell

- Studies evaluating radiolabelled J591 for men with advanced CRPC, an antibody designed by Weill Cornell researchers linked to a radioactive particle to target PSMA. An additional study using this approach to target non-prostate solid tumor neovasculature is also ongoing.
- Study of radiolabelled J591 used after surgery and/or radiation therapy in men with a rising PSA but no evidence of metastasis, to prevent or delay the onset of metastases
- Docetaxel with or without ramucirumab or IMC-18F1 as second-line therapy in patients with bladder, urethra, ureter, or renal pelvis cancer
- Abiraterone plus docetaxel in men with CRPC



- Assessment of an antibody which blocks the PD-1 protein and stimulates the immune system to fight RCC
- Pazopanib (an oral targeted agent) in the adjuvant setting after radical or partial nephrectomy to decrease recurrence rates of RCC

To refer a patient to us for genitourinary cancer care, please call:

NewYork-Presbyterian/Columbia University Medical Center 212-305-5098

NewYork-Presbyterian/Weill Cornell Medical Center 212-746-5360

For more information, visit nyp.org/cancer.



For 11 consecutive years, NewYork-Presbyterian Hospital has been listed on the prestigious "Honor Roll" of the U.S. News & World Report "Best Hospitals" survey, and is ranked #1 in the New York metro area. NewYork-Presbyterian has the most physicians listed in New York Magazine's "Best Doctors" issue and is recognized by Castle Connolly for having more top doctors than any other hospital in the nation.