



Jonathan is a 67-year-old patient presenting with **recurrent, bilateral low-grade UTUC, with unresectable tumors in his left kidney.** Newly retired with plans to travel, he is concerned about the severity of his disease and fears he has run out of treatment options.

Not an actual patient.

## Can chemoablation play a role in the overall treatment of Jonathan's bilateral low-grade UTUC?

### Indications and Usage

JELMYTO® (mitomycin) for pyelocalyceal solution is indicated for the treatment of adult patients with low-grade Upper Tract Urothelial Cancer (LG-UTUC).

### Important Safety Information

#### Contraindications

JELMYTO is contraindicated in patients with perforation of the bladder or upper urinary tract.

#### Ureteric Obstruction

Ureteric obstruction, including ureteral stenosis and hydronephrosis, occurred in patients receiving JELMYTO. Monitor patients for signs and symptoms of ureteric obstruction, including flank pain, and fever, and for changes in renal function. Patients who experience obstruction may require transient or long-term ureteral stents or alternative procedures. Withhold or permanently discontinue JELMYTO based on the severity of ureteric obstruction.

Please see additional Important Safety Information throughout and [click here](#) for Full Prescribing Information, Instructions for Pharmacy, and Instructions for Administration.

  
**Jelmyto**®  
(mitomycin) for pyelocalyceal solution



### JONATHAN'S CHARACTERISTICS\*

- Age: **67**
- Number of papillary tumors: **4**
- Diameter of largest tumor: **14 mm**
- Total tumor burden: **18.5 mm**
- History of LG-UTUC disease: **yes**
- Previous renal ablative surgery: **yes**
- ECOG PS: **0**

\*Tumor characteristics based on latest UTUC diagnosis.

### COMORBIDITIES

- Hypertension
- Current smoker (1 pack a day for 30 years)

### CASE HISTORY

- Two years ago, Jonathan presented with low-grade UTUC in his right kidney. At the time, the small unifocal tumor < 1 cm was treated with endoscopic ablation
- After 1 year, Jonathan presented with gross hematuria. An MRI urogram demonstrated an enhancing soft tissue lesion in the right upper pole calyx and 3 smaller tumors throughout the renal pelvis of his left kidney. Two of these tumors, in the mid-pole calyx, were endoscopically unresectable
- Jonathan's right kidney is currently being treated with ablation. He needs a treatment that can effectively address the unresectable tumors in his left kidney, while taking both renal risk and his future plans into account<sup>1,2</sup>

ECOG PS = Eastern Cooperative Oncology Group Performance Score; KM = Kaplan-Meier; MRI = magnetic resonance imaging.

**Study design:** The efficacy of JELMYTO was investigated in the OLYMPUS Study (N=71), a phase 3 open-label, single-arm, multicenter trial in patients with treatment-naïve or recurrent low-grade non-invasive UTUC with ≥ 1 measurable papillary tumor between 5-15 mm (partial resection/debulking was permitted if > 15 mm). Patients were treated with 6 instillations once a week. The dosage of JELMYTO was individualized based on volumetric measurements using pyelography with the intent to fill the renal pelvis (maximum dose was 15 mL or 60 mg mitomycin). CR was defined as complete absence of tumor lesions in the ipsilateral pyelocalyceal system at 3 months after initiation of JELMYTO by urine cytology, ureteroscopy, and biopsy (if warranted). The primary endpoint was CR. Secondary endpoint: durability of response at 12-month follow-up of CR evaluation.<sup>3</sup>

### Important Safety Information (cont'd)

#### Bone Marrow Suppression

The use of JELMYTO can result in bone marrow suppression, particularly thrombocytopenia and neutropenia. The following tests should be obtained prior to each treatment: Platelet count, white blood cell count differential and hemoglobin. Withhold JELMYTO for Grade 2 thrombocytopenia or neutropenia. Permanently discontinue for Grade 3 or greater thrombocytopenia or neutropenia.

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## JELMYTO CAN EFFECTIVELY CHEMOABLATE TUMORS FOR PATIENTS LIKE JONATHAN<sup>3</sup>

The OLYMPUS Study population included low-grade UTUC patients with similar characteristics to Jonathan<sup>4,5†</sup>

- **52%** had a history of LG-UTUC disease
- **52%** had previous renal ablative surgery
- **48%** had tumors unreachable by laser
- **66%** had hypertension

†In the OLYMPUS Study, patients with bilateral LG-UTUC were enrolled if at least one side met the inclusion criteria for the trial (including at least one measurable low-grade papillary tumor 5 to ≤ 15 mm) and if the other kidney did not require further treatments. (The other kidney could be treated or surgically removed prior to the beginning of the study).<sup>3,5</sup>

**JELMYTO delivered a complete response (CR) in 58% of patients (n=71; 95% CI: 45, 69)<sup>3</sup>**

**82% durability of response at 12 months post-CR (95% CI: 66, 91)<sup>3,6‡</sup>**

- Estimated probability by KM analysis that a patient will remain in CR for 12 months. At the 12-month assessment for durability (n=41): 23 patients remained in CR, 8 patients had a recurrence, and 10 patients were inevaluable
- Median duration of response was not reached, with a range of 0-18.8+ months

### Adverse reactions<sup>3</sup>

- The most common adverse reactions in ≥ 20% of patients treated with JELMYTO were ureteric obstruction, flank pain, urinary tract infection, hematuria, abdominal pain, fatigue, renal dysfunction, nausea, dysuria, and vomiting

**JELMYTO is given once weekly for 6 weeks with the option for a maintenance regimen<sup>3</sup>**

- Patients who achieve CR can receive up to 11 monthly maintenance treatments

For patients like Jonathan,

**CHEMOABLATE NOW, SPARE  
THE KIDNEY FOR TOMORROW<sup>3S</sup>**

**Jelmyto**<sup>®</sup>  
(mitomycin) for pyelocalyceal solution

## Important Safety Information (cont'd)

### Embryo-Fetal Toxicity

Based on findings in animals and mechanism of action, JELMYTO can cause fetal harm when administered to a pregnant woman. In animal reproduction studies, administration of mitomycin resulted in teratogenicity. Advise females of reproductive potential to use effective contraception during treatment with JELMYTO and for 6 months following the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with JELMYTO and for 3 months following the last dose.

### Common Adverse Reactions

The most common adverse reactions in  $\geq 20\%$  of patients treated with JELMYTO were ureteric obstruction, flank pain, urinary tract infection, hematuria, abdominal pain, fatigue, renal dysfunction, nausea, dysuria, and vomiting.

### Additional Adverse Reactions Information

Selected clinically relevant adverse reactions in  $< 10\%$  and  $\geq 2\%$  of patients who received JELMYTO include urinary tract inflammation, bladder spasm, urosepsis, hypersensitivity, and instillation site pain.

### Use in Specific Populations

#### Lactation

Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment with JELMYTO and for 1 week following the last dose.

### Preparation and Administration Information

JELMYTO is for pyelocalyceal use only and not for intravenous use, topical use, or oral administration. JELMYTO must be prepared and administered by a healthcare provider. To ensure proper dosing, it is important to follow the preparation instructions found in the JELMYTO Instructions for Pharmacy and administration instructions found in the JELMYTO Instructions for Administration.

JELMYTO may discolor urine to a violet to blue color following the instillation procedure. Advise patients to avoid contact with urine for at least six hours post-instillation, to void urine sitting on a toilet, and to flush the toilet several times after use.

JELMYTO is a hazardous drug. Follow applicable special handling and disposal procedures.

<sup>†</sup>Kaplan-Meier analysis estimates probability of durable response. It does not represent an actual percentage of patients. In the OLYMPUS trial, at the time of the 12-month assessment for durability, not all patients had a recurrence (patients may have still been in CR, died, or discontinued). The KM analysis accounts for these missing data. The analysis has potential limitations: the sample size was small ( $n=41$ ) and median duration of response was not reached due to the limited number of recurrences ( $n=8$ ); this may be reflective of a short follow-up time (12 months).

<sup>§</sup>JELMYTO is instilled via the pyelocalyceal system in a procedure that spares the kidney.

**References:** **1.** Lee KH, Chen YT, Chung HJ, et al. Kidney disease progression in patients of upper tract urothelial carcinoma following unilateral radical nephroureterectomy. *Ren Fail.* 2016;38(1):77-83. **2.** Trpkov K, Smith C, Patel P, Amin MB. Upper urinary tract urothelial carcinoma pathology. In: Shariat SF, Xylinas E, eds. *Upper Tract Urothelial Carcinoma*. Springer; 2015:45-89. **3.** JELMYTO [package insert]. Princeton, NJ: UroGen Pharma, Inc.; 2022. **4.** Kleinmann N, Matin SF, Pierorazio PM, et al. Primary chemoablation of low-grade upper tract urothelial carcinoma using UGN-101, a mitomycin-containing reverse thermal gel (OLYMPUS): an open-label, single-arm, phase 3 trial. *Lancet Oncol.* 2020;21(6):776-785. **5.** Data on file. UroGen Pharma, Inc., Princeton, NJ. **6.** Matin SF, Pierorazio PM, Kleinmann N, et al. Durability of response to primary chemoablation of low-grade upper tract urothelial carcinoma using UGN-101, a mitomycin-containing reverse thermal gel: OLYMPUS trial final report. *J Urol.* 2022;207(4):779-788.

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