

Introduction

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Transitional cell carcinoma of the urothelium is one of the few malignancies in which survival has not improved over the last few decades. Vinflunine is the only agent developed and registered in this setting in years.

Since vinflunine was approved in Europe, new areas of unmet medical needs where vinflunine can provide benefit have emerged. Consequently, we found it useful to review the available data on vinflunine and explore areas for improvement in the management of this disease.

For this purpose, I decided to gather around me clinicians who are recognised experts in the field of urological oncology and I am proud to put my name with them to this supplement, which brings together their thoughts. ■

Abstract

Vinflunine is the only agent that has been developed and registered in the treatment of metastatic urothelial carcinoma after the failure of a platinum-containing regimen. It was registered in 2009 as single agent on the basis of a phase III pivotal trial that followed two phase II trials. The results of the phase III trial were confirmed in a long-term analysis and in subgroup analyses. Vinflunine is now recommended in European guidelines. Its usage can be adapted to special populations that are not rare in this disease, such as elderly patients or patients with renal or hepatic impairment. However, there remain some unmet medical needs that further development with vinflunine could theoretically meet in order to further improve the care of patients with urothelial carcinoma. Several tracks are being explored, which include first-line or maintenance chemotherapy regimens for patients who are not fit for cisplatin.

Keywords

Vinflunine, urothelial carcinoma, survival, development

Disclosure: Joaquim Bellmunt, Anders Ullén, Fabio Calabró, Maria De Santis, Karim Fizazi and Arnulf Stenzl have delivered lectures on behalf and received consultant fees from Pierre Fabre Médicament.

Received: 24 September 2013 **Accepted:** 9 October 2013 **Citation:** *European Oncology & Haematology*, 2013;9(Suppl. 1).

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Support: The publication of this supplement is supported by Pierre Fabre Médicament. The views and opinions are those of the authors and not necessarily those of Pierre Fabre Médicament.