Also described herein are methods of treating urothelial carcinoma in a patient harboring at least two FGFR genetic alterations comprising, consisting of, or consisting essentially of administering a FGFR inhibitor to the patient, wherein: (a) two or more of the at least two FGFR genetic alterations are FGFR2 fusions; (b) one or more of the at least two FGFR genetic alterations is an FGFR2 fusion and one or more of the at least two FGFR genetic alterations is an FGFR3 fusion; (c) two or more of the at least two FGFR genetic alterations are FGFR3 mutations; (d) one or more of the at least two FGFR genetic alterations is an FGFR3 mutation and one or more of the at least two FGFR genetic alterations is an FGFR2 fusion; or (e) one or more of the at least two FGFR genetic alterations is an FGFR3 mutation and one or more of the at least two FGFR genetic alterations is an FGFR3 fusion.

In one aspect, described herein is use of erdafitinib in the manufacture of a medicament for the treatment of urothelial carcinoma in a patient harboring at least two FGFR genetic alterations, wherein: (a) one or more of the at least two FGFR genetic alterations is an FGFR3 mutation and one or more of the at least two FGFR genetic alterations is an FGFR2 fusion; or (b) one or more of the at least two FGFR genetic alterations is an FGFR3 mutation and one or more of the at least two FGFR genetic alterations is an FGFR3 fusion; and wherein erdafitinib is to be administered at a dose of 8 mg, in particular 8 mg once daily, with an option to uptitrate to 9 mg depending on serum phosphate levels (e.g. serum phosphate levels are < 5.5 mg/dL, or are < 7 mg/dL or range from and include 7 mg/dL to ≤9 mg/dL or are ≤9 mg/dL), and depending on treatment-related adverse events observed.

In certain examples, the methods of treating urothelial carcinoma in a patient harboring at least two FGFR genetic alterations further comprise evaluating a biological sample from the patient for the presence of the at least two FGFR genetic alterations prior to administration of the FGFR inhibitor.

In certain examples of the methods of treating urothelial carcinoma disclosed herein, two or more of the at least two FGFR genetic alterations are FGFR2 fusions. In some examples, two or more FGFR genetic alterations comprise FGFR2-BICC1 and FGFR2-CASP7.

In certain examples of the methods of treating urothelial carcinoma disclosed herein, one or more of the at least two FGFR genetic alterations is an FGFR2 fusion and one or more of the at least two FGFR genetic alterations is an FGFR3 fusion. In some

What is claimed:

1. Use of erdafitinib in the manufacture of a medicament for the treatment of urothelial carcinoma in a patient harboring at least two FGFR genetic alterations, wherein:

(a) one or more of the at least two FGFR genetic alterations is an FGFR3 mutation and one or more of the at least two FGFR genetic alterations is an FGFR2 fusion; or

(b) one or more of the at least two FGFR genetic alterations is an FGFR3 mutation and one or more of the at least two FGFR genetic alterations is an FGFR3 fusion;

and wherein erdafitinib is to be administered at a dose of 8 mg, in particular 8 mg once daily, with an option to uptitrate to 9 mg depending on serum phosphate levels (e.g. serum phosphate levels are < 5.5 mg/dL, or are < 7 mg/dL or range from and include 7 mg/dL to ≤9 mg/dL or are ≤9 mg/dL), and depending on treatment-related adverse events observed.

2. Use of erdafitinib according to claim 1 wherein the at least two FGFR genetic alterations comprise FGFR3 G370C and FGFR2-BICC1; FGFR3 G370C and FGFR3-TACC3 V1; FGFR3 R248C and FGFR3-TACC3 V1; or FGFR3 R248C, FGFR3 S249 and FGFR3-TACC3 V1.

3. Use of erdafitinib according to claim 1, wherein a biological sample that had been obtained from the patient is to be evaluated for the presence of the at least two FGFR genetic alterations prior to administration of the FGFR inhibitor.

4. Use of erdafitinib according to claim 1, wherein one or more of the at least two FGFR genetic alterations is an FGFR3 mutation and one or more of the at least two FGFR genetic alterations is an FGFR2 fusion.

5. Use of erdafitinib according to claim 4, wherein the two or more FGFR genetic alterations comprise FGFR3 G370C/FGFR2-BICC1; or FGFR3 S249C, FGFR3 Y373C, FGFR2-CASP7, FGFR3-BAIAP2L1, FGFR3-TACC3 V1 and FGFR3-TACC3 V3.

6. Use of erdafitinib according to claim 1, wherein one or more of the at least two FGFR genetic alterations is an FGFR3 mutation and one or more of the at least two FGFR genetic alterations is an FGFR3 fusion.

7. Use of erdafitinib according to claim 6, wherein the two or more FGFR genetic alterations comprise FGFR3 G370C and FGFR3-TACC3 V1; FGFR3 R248C and FGFR3-TACC3 V1; FGFR3 S249C and FGFR3-BAIAP2L1; FGFR3 R248C, FGFR3

S249 and FGFR3-TACC3 V1; or FGFR3 S249C, FGFR3 Y373C, FGFR2-CASP7, FGFR3-BAIAP2L1, FGFR3-TACC3 V1 and FGFR3-TACC3 V3.

8. Use of erdafitinib according to any one of the preceding claims, wherein the urothelial carcinoma is locally advanced or metastatic.

9. Use of erdafitinib according to claim 3, wherein the biological sample is blood, lymph fluid, bone marrow, a solid tumor sample, or any combination thereof.

10. Use of erdafitinib according to claim 9, wherein the biological sample is a solid tumor sample.

11. Use of erdafitinib according to any one of the preceding claims, wherein erdafitinib is to be administered daily.

12. Use of erdafitinib according to any one of the preceding claims, wherein erdafitinib is to be administered orally.

13. Use of erdafitinib according to any one of the preceding claims, wherein erdafitinib is to be administered orally on a continuous daily dosing schedule.

14. Use of erdafitinib according to any one of the preceding claims, wherein erdafitinib is to be administered orally at a dose of about 8 mg once daily.

15. Use of erdafitinib according to any one of the preceding claims, wherein the dose of erdafitinib is to be increased from 8 mg once daily to 9 mg once daily at 14 to 21 days after initiating treatment if:

(a) the patient exhibits a serum phosphate (PO_4) level that is less than about 5.5 mg/dL or is < 7 mg/dL or ranges from and include 7 mg/dL to ≤9 mg/dL or is ≤9 mg/dL at 14-21 days after initiating treatment; and

(b) administration of erdafitinib at 8 mg once daily resulted in no ocular disorder; or

(c) administration of erdafitinib at 8 mg once daily resulted in no Grade 2 or greater adverse reaction.

16. Use of erdafitinib according to claim 15, wherein the dose of erdafitinib is to be increased from 8 mg once daily to 9 mg once daily at 14 to 21 days after initiating treatment if:

(a) the patient exhibits a serum phosphate (PO_4) level that is < 7 mg/dL or ranges from and include 7 mg/dL to ≤9 mg/dL or is ≤9 mg/dL at 14-21 days after initiating treatment; and

(b) administration of erdafitinib at 8 mg once daily resulted in no ocular disorder; or

(c) administration of erdafitinib at 8 mg once daily resulted in no Grade 2 or greater adverse reaction.

17. Use of erdafitinib according to any one of the preceding claims, wherein erdafitinib is present in a solid dosage form.

18. Use of erdafitinib according to claim 17, wherein the solid dosage form is a tablet.

19. Use of erdafitinib according to claim 18, wherein the tablet comprises 3 mg, 4 mg or 5 mg of erdafitinib.