



8th Annual

LEAD 2026

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Enriching Experiences for Leaders in Hematology and Oncology

SEPT
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2026

Updates in GU Oncology

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Agenda

Topic	Title
Urothelial Cancer	Perioperative management of urothelial carcinoma
Prostate Cancer	Management of metastatic APMS prostate cancer
Prostate Cancer	Management of metastatic APMR prostate cancer
Kidney Cancer	Updates in RCC

Disclosures

- Consulting: Exelixis, Johnson & Johnson
- Speaking: Medical Education Consortium, Oakstone Publishing, Curio Scientific

Prostate Cancer: Updates in treatment of mCRPC/mAPMR

mCRPC has new options in development and validation of combination treatments

- Antibody drug conjugates are showing efficacy in heavily pre-treated populations
 - YL201: B7H3-targeting ADC - ORR 29.5%; median DoR of 9.9 months¹
 - ABBV-969: PSMA and STEAP1 targeting ADC – ORR 45%²
- PARP inhibition has efficacy
 - BRCAAway – abiraterone/prednisone + olaparib significantly improved OS compared to either agent used alone or sequentially³
 - FUZUPRO – AA-P +/- fuzuloparib showed improved PFS with addition of PARPi⁴
- PEACE-3 – addition of enzalutamide to radium improves OS⁵

1 – Ye et al, presented at ASCO annual meeting 2026

2 – Dorff et al, presented at ASCO annual meeting 2026

3 – Hussain et al, presented at ASCO GU Cancers Symposium 2026

4 – Ye et al, presented at ASCO annual meeting 2026

5 – Gallardo et al, presented at ASCO GU Cancers Symposium 2026

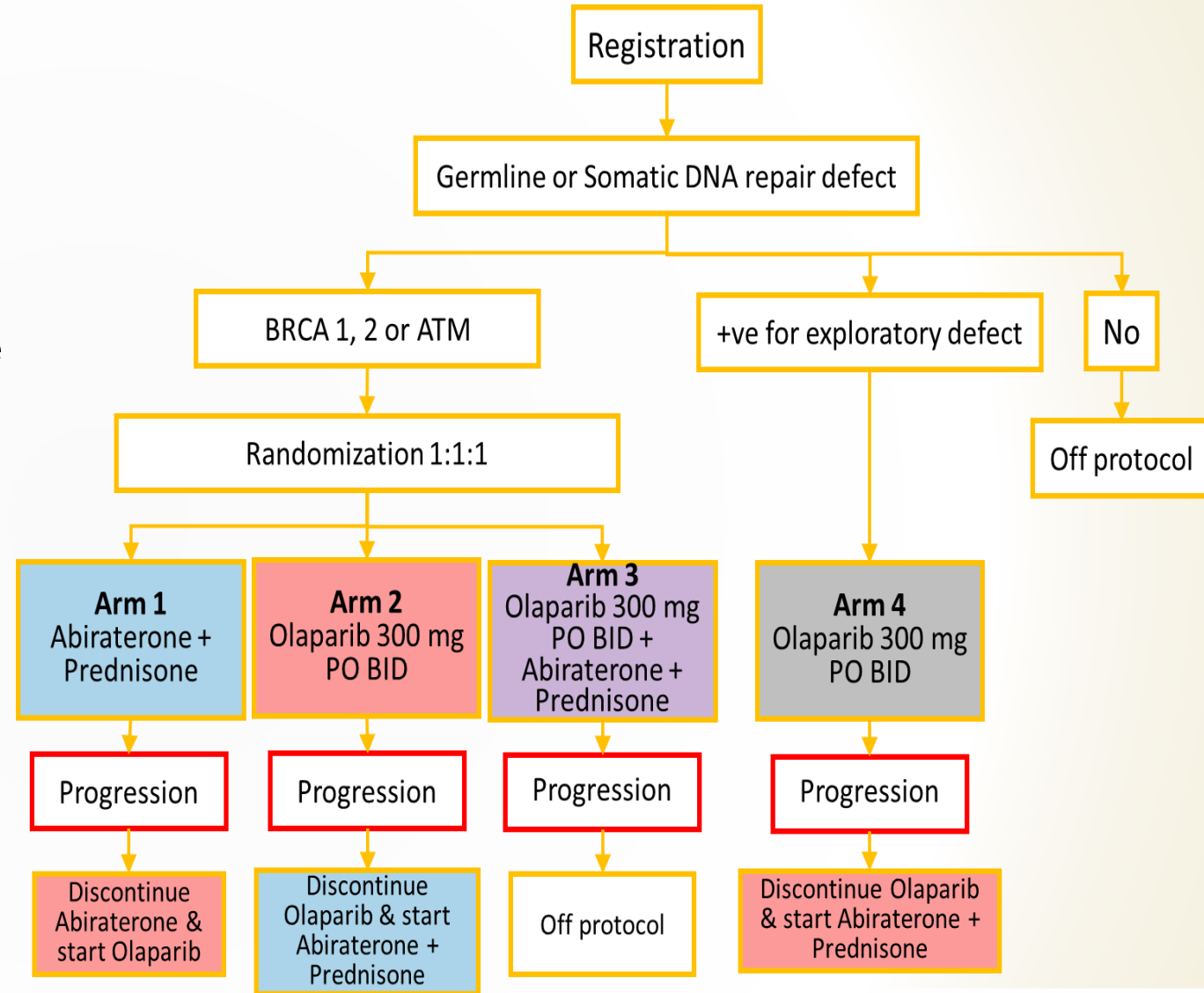
BRCAAway examined PARPi in APMR

Eligibility: mCRPC (first line: no prior exposure to PARP-I, ARPI, or chemotherapy for mCRPC)

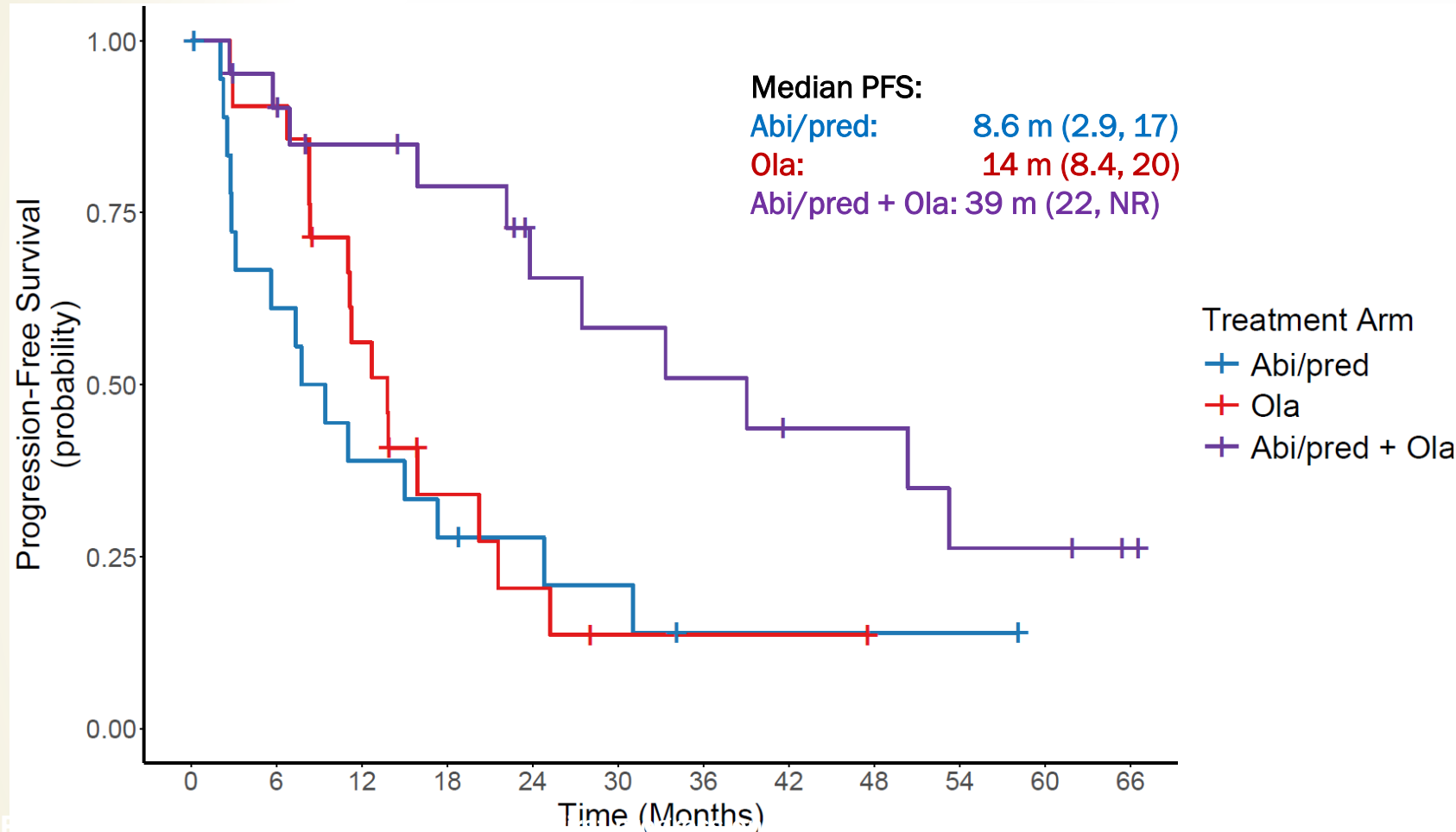
- Arm I: abiraterone (1000 mg QD) + prednisone (5mg BID),
- Arm II: olaparib (300 mg BID)
- Arm III: olaparib + abiraterone/prednisone

Crossover at progression was permitted in Arm I and II pts.

- Arm IV: Pts with other HRRm received olaparib (300 mg BID) and switched to abi/pred at progression



Progression-Free Survival (PFS): Randomized Arms (n = 61)



HRs:

Abi/pred + Ola vs Abi/pred:
0.33 (0.15, 0.72)

Abi/pred + Ola vs Ola: 0.37
(0.17, 0.84)

comparison.

versus II

Metastatic

Abiraterone/prednisone was associated with prolonged overall survival

Treatment	Median OS (95% CI) in Months	60-Month OS Rate (95% CI)	HR (95% CI) for Arm III vs Arm I and Arm II
Arm I: AAP (n=19)	28 (13, NR)	31% (9.5%, 55%)	0.39 (0.16, 0.93)
Arm II: Olaparib (n=21)	37 (26, NR)	42% (21%, 63%)	0.51 (0.22, 1.18)
Arm III: AAP+ Olaparib (n=21)	68 (38, NR)	55% (30%, 74%)	1 [reference]
Arm IV: Exploratory (n=17)	39 (21, 49)	15% (2.4%, 37%)	-

Kidney Cancer: Updates in adjuvant and second line treatment

Kidney Cancer Key Updates

Litespark-011 – Lenvatinib + belzutifan improved PFS and DOR over cabozantinib in ICI refractory RCC

LenCabo – Lenvatinib + everolimus improved PFS over cabozantinib in ICI refractory RCC

Litespark-022 – adjuvant pembrolizumab + belzutifan shows PFS benefit over adjuvant pembrolizumab

Litespark-011 compared lenvatinib/belzutifan versus cabozantinib in ICI-refractory RCC

Key Eligibility Criteria

- Unresectable, locally advanced or metastatic clear cell RCC
- Karnofsky Performance Status score $\geq 70\%$
- ≤ 2 prior systemic regimens
- Progression on/after anti-PD-(L)1 mAb as 1L or 2L therapy or progression ≤ 6 months of the last dose of adjuvant anti-PD-(L)1 mAb
- Prior VEGFR-TKI was permitted

R
1:1

N = 371

**Belzutifan 120 mg orally QD
+
Lenvatinib 20 mg orally QD**

N = 376

Cabozantinib 60 mg orally QD

Stratification Factors

- IMDC prognostic score: 0 vs. 1-2 vs. 3-6
- Line of treatment for prior anti-PD-(L)1: 1L, adjuvant, neoadjuvant-adjuvant vs. 2L
- Geographic region: North America vs. western Europe vs. rest of world

Dual Primary Endpoints:

- PFS per RECIST 1.1 by BICR
- OS

Key Secondary Endpoint:

- ORR per RECIST 1.1 by BICR

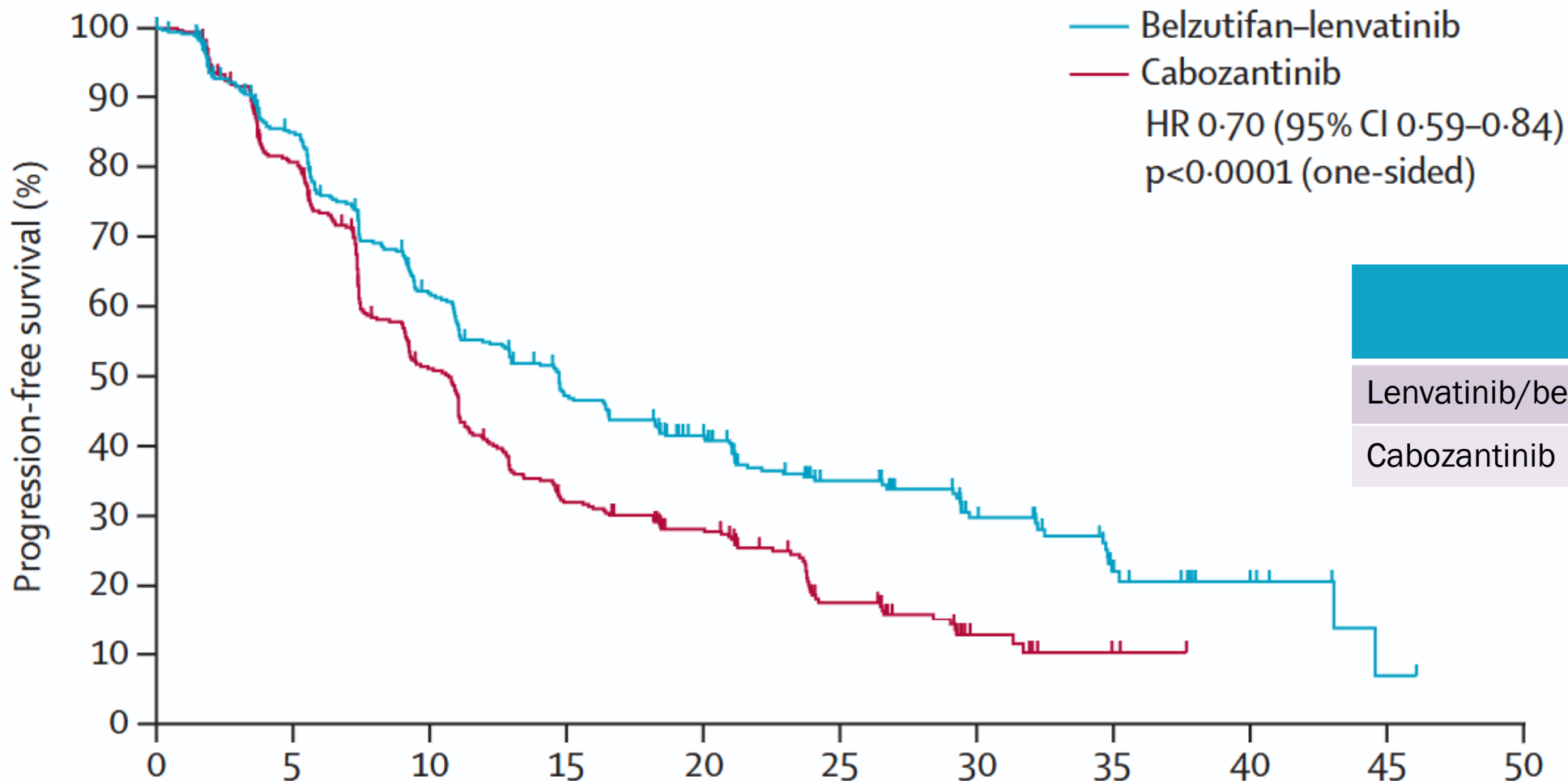
Other Secondary Endpoints Include:

- DOR per RECIST 1.1 by BICR
- Safety

Exploratory Endpoints Include:

- Time to deterioration in patient-reported outcomes

Lenvatinib/belzutifan improved PFS over cabozantinib



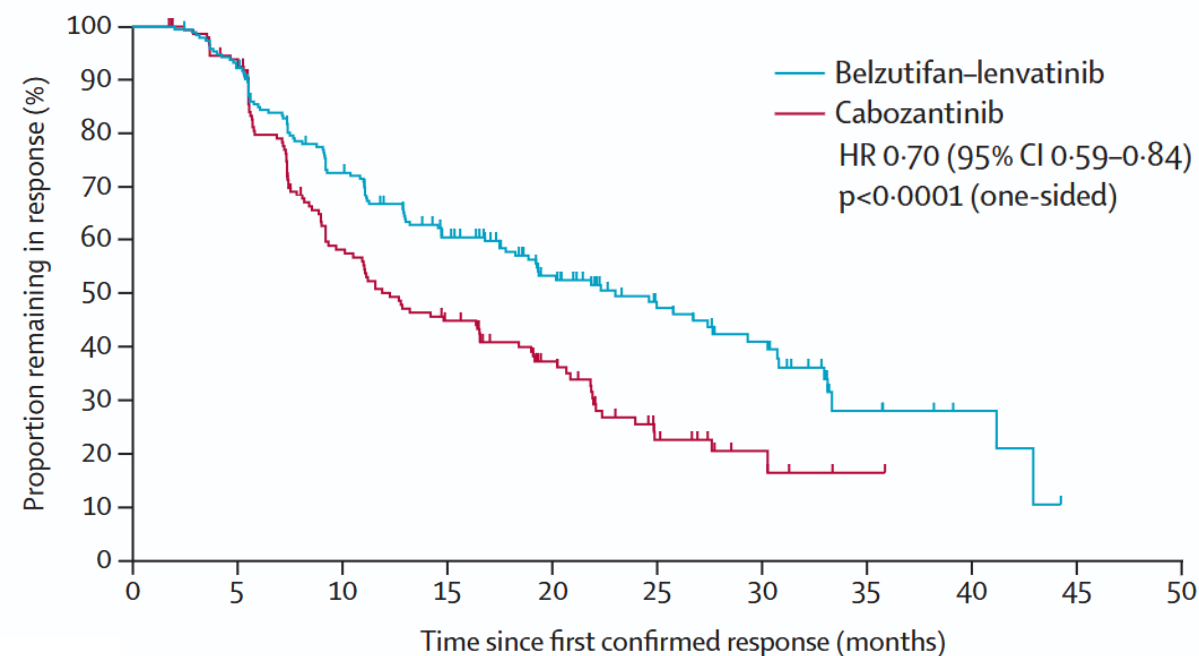
Motzer et al, Lancet 2026

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Lenvatinib/belzutifan improved ORR and DOR over cabozantinib

	Belzutifan– Lenvatinib group (n=371)	Cabozantinib group (n=376)
Objective response rate (95% CI)	53% (47–58)	40% (35–45)
Median duration of response, months (95% CI)	23.0 (18.3–29.3)	12.3 (9.7–16.6)
Median time to response, months (IQR)	2.0 (1.9–3.9)	1.9 (1.8–3.7)
Best overall response		
Complete response	20 (5%)	4 (1%)
Partial response	175 (47%)	147 (39%)
Stable disease*	143 (39%)	186 (49%)
Progressive disease	21 (6%)	22 (6%)
No evidence of disease	1 (<1%)	2 (1%)
Not evaluable†	3 (1%)	5 (1%)
No assessment‡	8 (2%)	10 (3%)

Data are % (95% CI), median (95% CI), median (IQR), or n (%).



	Median DOR
Lenvatinib/ belzutifan	23.0 mo
Cabozantinib	12.3 mo

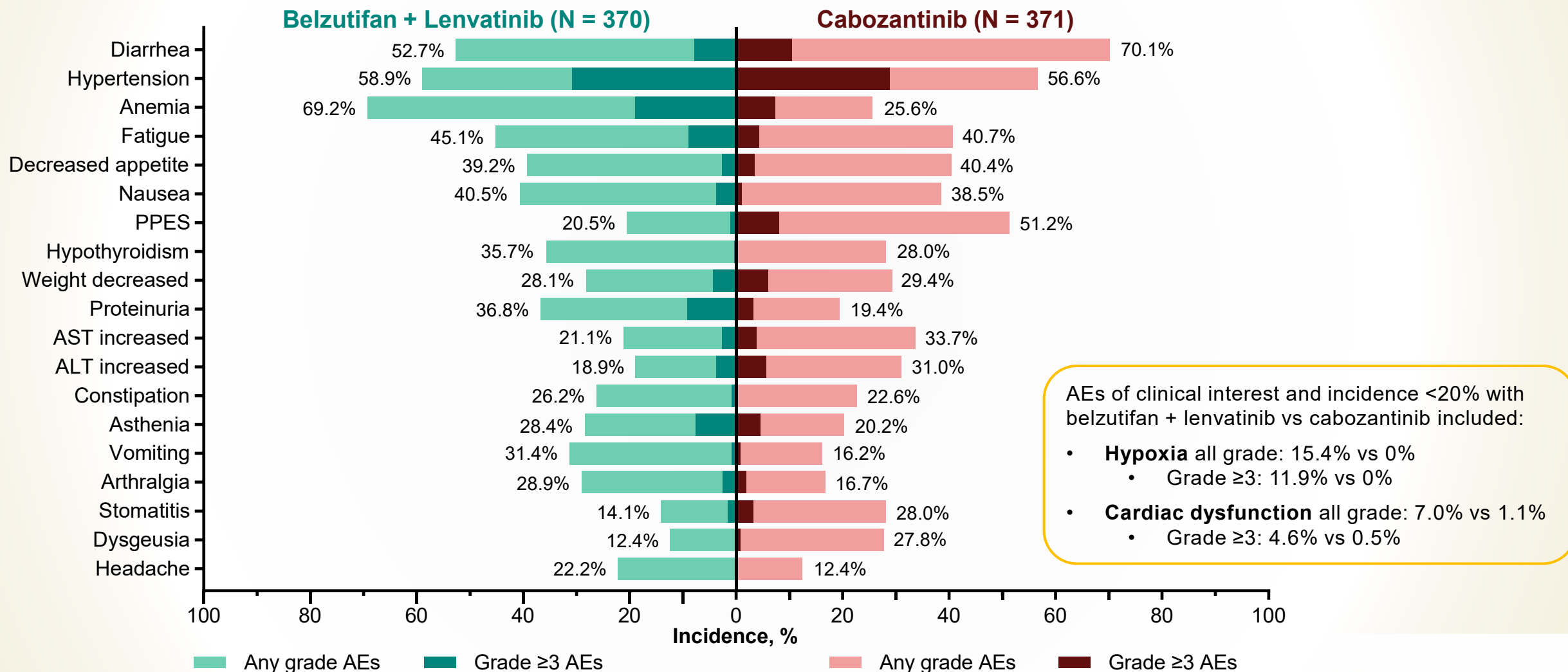
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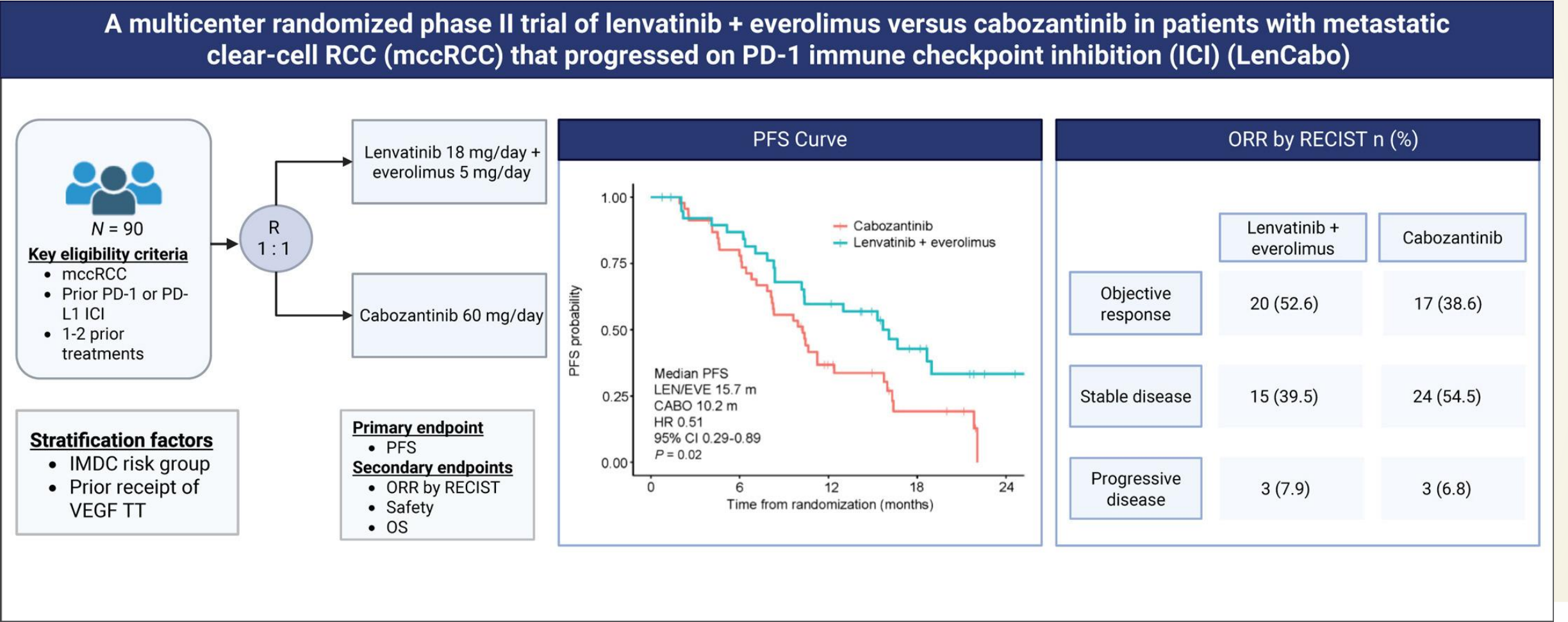
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Common Treatment-Emergent AE were similar between arms

Incidence $\geq 20\%$ in Any Arm



LenCabo phase 2 trial compared Lenvatinib/everolimus versus cabozantinib in ICI refractory RCC



Key trials for post-ICI treatments in RCC

	LITESPARK-011 (belzutifan + lenvatinib vs cabozantinib)	LenCabo (lenvatinib + everolimus vs cabozantinib)	TiNivo-2 (tivozanib + nivolumab vs tivozanib)	CONTACT-03 (atezolizumab + cabozantinib vs cabozantinib)	CaboPoint (cabozantinib single arm phase II post ICI)	LITESPARK-005 (belzutifan vs everolimus)
Patients per arm	371 vs 376	40 vs 46	171 vs 172	263 vs 259	A: 88 post-dual IO B: 39 post IO/TKI	374 vs 372
Median PFS (mo)	14.8 vs 10.7	15.7 vs 10.2	5.7 vs 7.4	10.6 vs 10.8	A: 10.9 B: 8.3	5.6 vs 5.6
PFS HR (CI)	0.70 (0.59–0.84)	0.51 (0.29–0.89)	1.10 (0.84–1.43)	1.03 (0.83–1.28)	NA	NA
Median OS (mo)	34.9 vs 27.6	1-yr OS 87.0% vs 84.6%	23.9 v 22.9	25.7 vs NE	A: 24.3 B: 24.1	21.4 vs 18.1
OS HR (CI)	0.85 (0.68–1.05)	Immature	0.95 (0.7-1.28)	0.94 (0.70–1.27)	NA	0.88 (0.73–1.07)
ORR (%)	53 vs 40	52.6 vs 38.6	19 vs 20	41% vs 41%	A: 40.5 B: 27.5	21.9% vs 3.5%
References	Motzer et al, Lancet 2026	Hahn et al, Ann Oncol 2026	Choueiri et al, Lancet 2024 Motzer et al, JCO 2026	Pal et al, Lancet 2023	Albiges et al, Eur Urol 2026	Choueiri et al, NEJM 2024

LITESPARK-022 compared adjuvant pembrolizumab + belzutifan versus adjuvant pembrolizumab

Key Eligibility Criteria

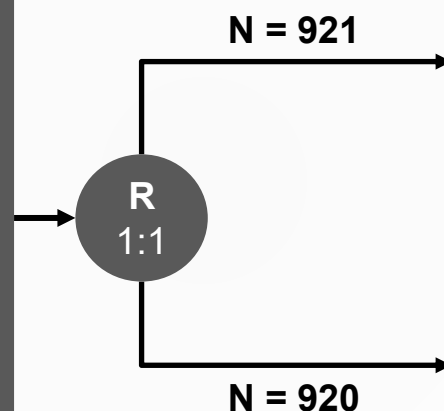
- Histologically confirmed ccRCC with no prior systemic therapy
- Surgery ≤12 weeks prior to randomization
- ECOG PS 0 or 1
- One of the following:
 - Intermediate-high risk of recurrence (M0):
 - pT2, grade 4 or sarcomatoid, N0
 - pT3, any grade, N0
 - High risk of recurrence (M0):
 - pT4, any grade, N0
 - Any pT, any grade, N+
- M1 NED

Stratification Factors

- Intermediate-high vs high vs M1 NED
- Tumor grade 1-2 vs 3-4

Median follow-up (data cutoff, Aug 23, 2025):

28.4 months (range, 15.0–40.1)



Pembrolizumab 400 mg Q6W
for ~1 year (≤9 cycles)
+ **belzutifan 120 mg QD**
for ≤54 weeks

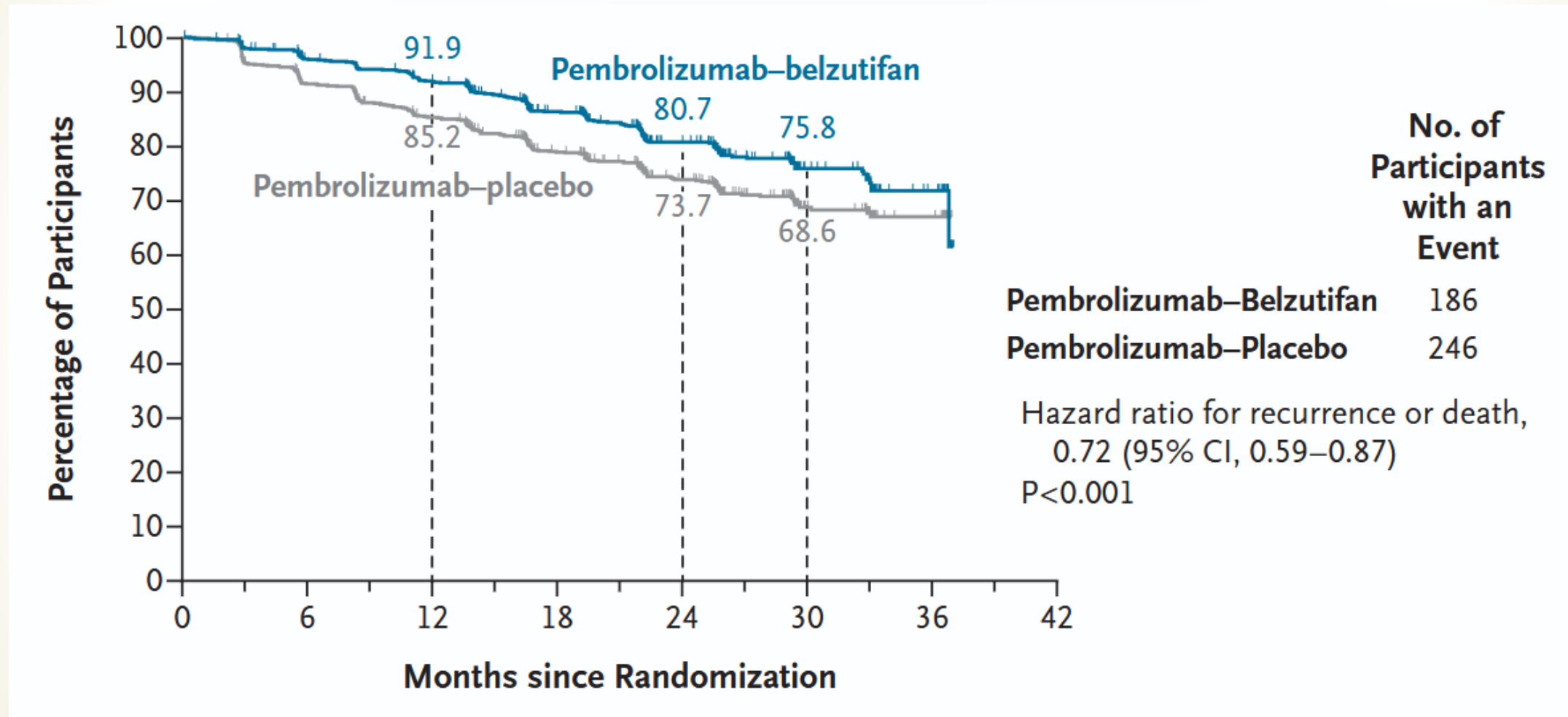
Pembrolizumab 400 mg Q6W
for ~1 year (≤9 cycles)
+ **placebo QD**
for ≤54 weeks

Primary endpoint: DFS by investigator

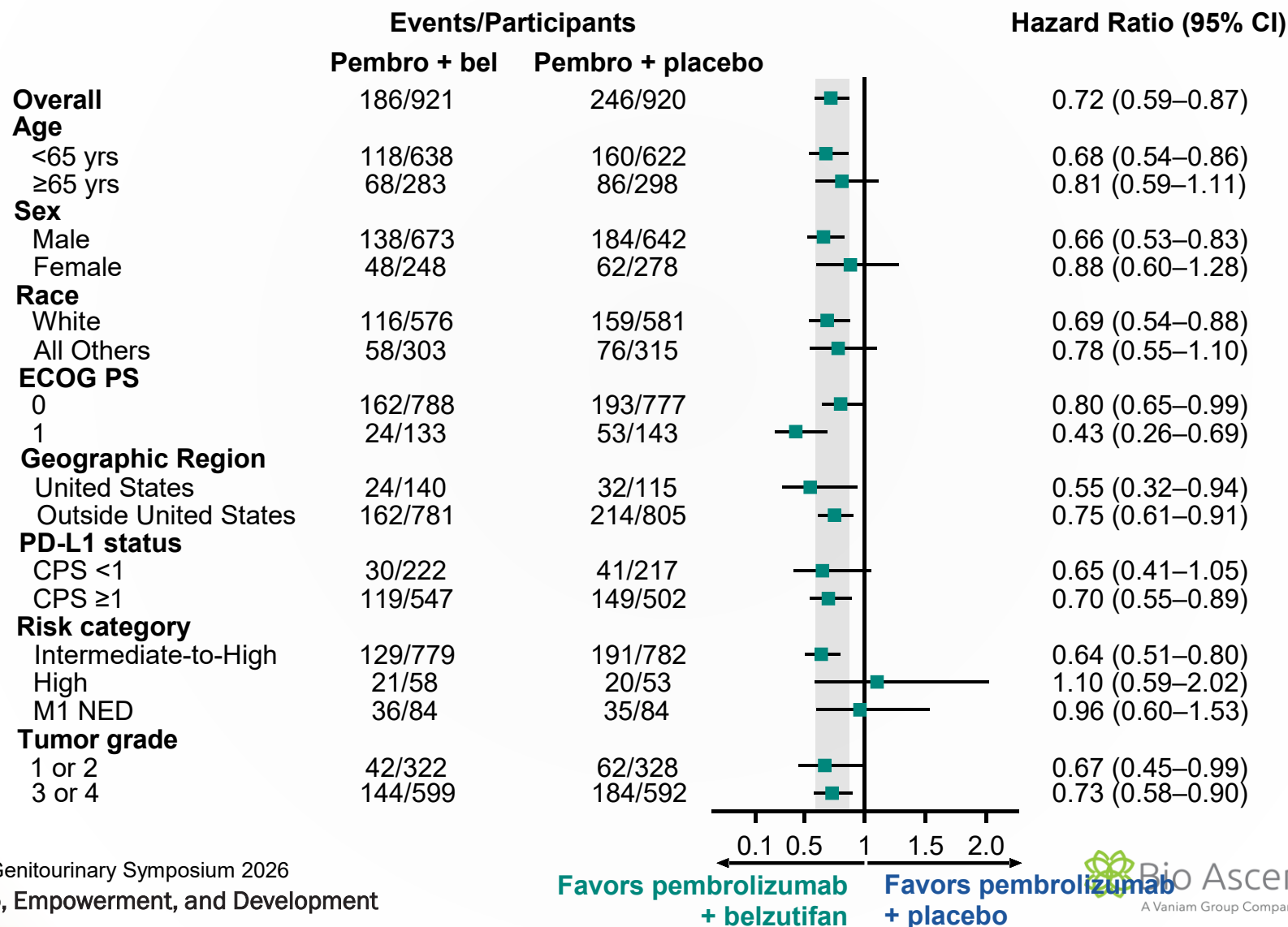
Key secondary endpoint: OS

Other secondary endpoints include: safety

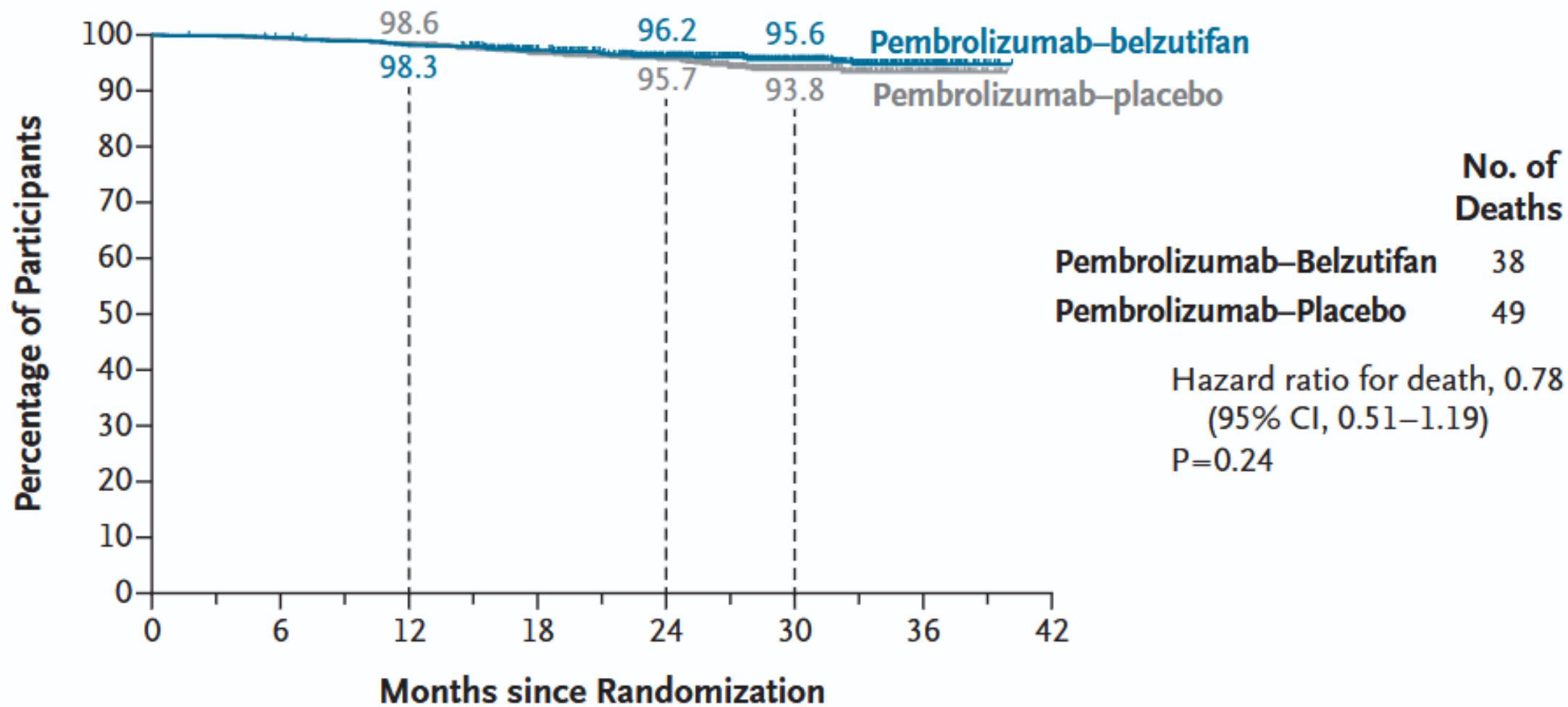
DFS improved with the addition of belzutifan



DFS by Investigator in Subgroups, ITT Population



OS is trending toward improved but has not met significance at first analysis



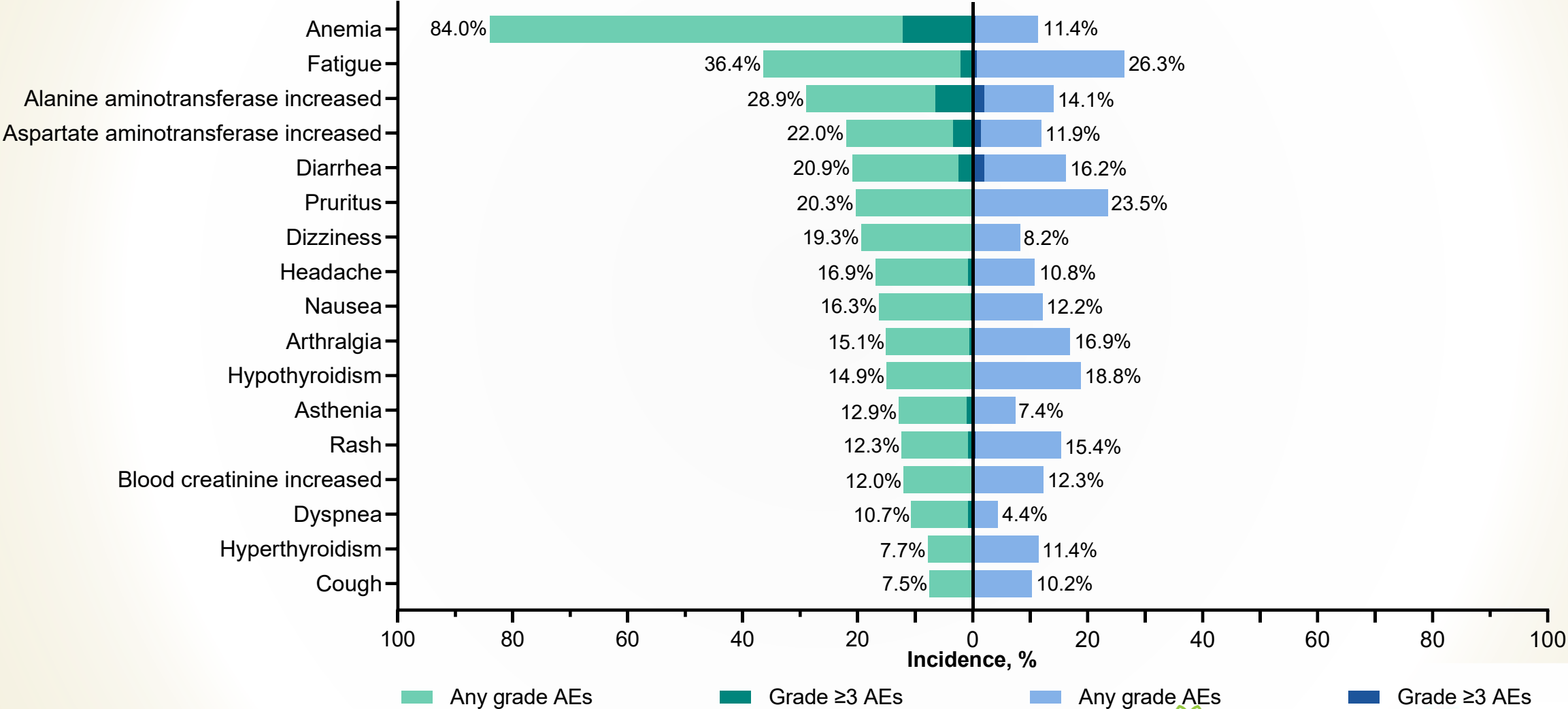
Pembrolizumab-belzutifan was associated with higher rates of G3 adverse events

Adverse Event	Pembrolizumab– Belzutifan (N=915)	Pembrolizumab– Placebo (N=913)
	number of participants (percent)	
Adverse events of any cause		
Adverse event of any grade	905 (98.9)	863 (94.5)
Adverse event of grade ≥3	477 (52.1)	276 (30.2)
Death due to an adverse event	10 (1.1)	11 (1.2)
Serious adverse event†‡	270 (29.5)	182 (19.9)
Discontinuation of any trial regimen because of an adverse event	314 (34.3)	178 (19.5)
Discontinuation of any trial regimen because of a serious adverse event	119 (13.0)	82 (9.0)
Treatment-related adverse events‡		
Adverse event of any grade	884 (96.6)	737 (80.7)
Adverse event of grade ≥3	386 (42.2)	163 (17.9)
Death due to an adverse event	3 (0.3)	3 (0.3)
Serious adverse event†‡	174 (19.0)	96 (10.5)
Discontinuation of any trial regimen because of an adverse event	293 (32.0)	156 (17.1)
Discontinuation of any trial regimen because of a serious adverse event	104 (11.4)	63 (6.9)

Treatment-Emergent AEs with Incidence $\geq 10\%$, As-Treated Population

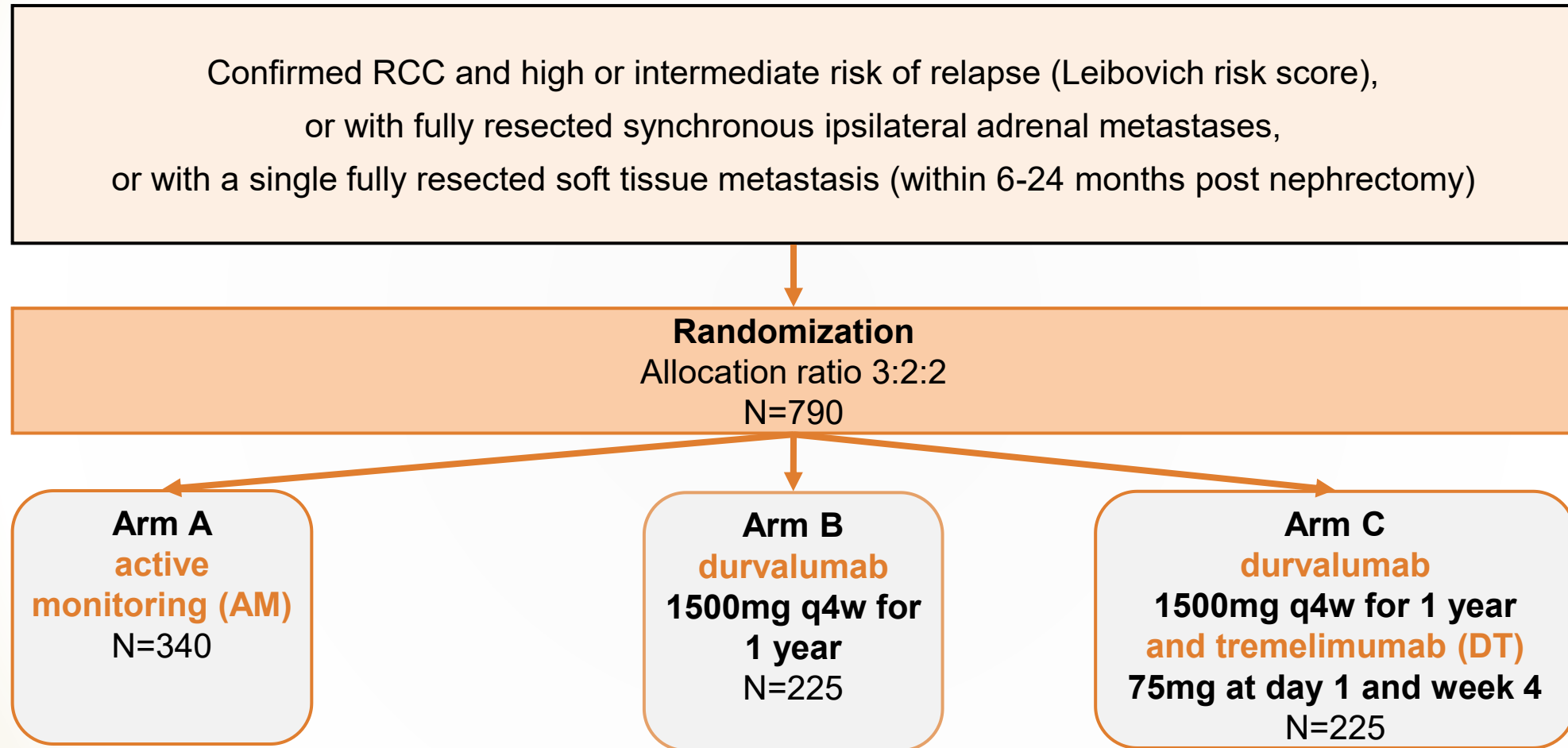
Pembrolizumab + belzutifan

Pembrolizumab + placebo



Choueiri et al, presented at ASCO Genitourinary Symposium 2026

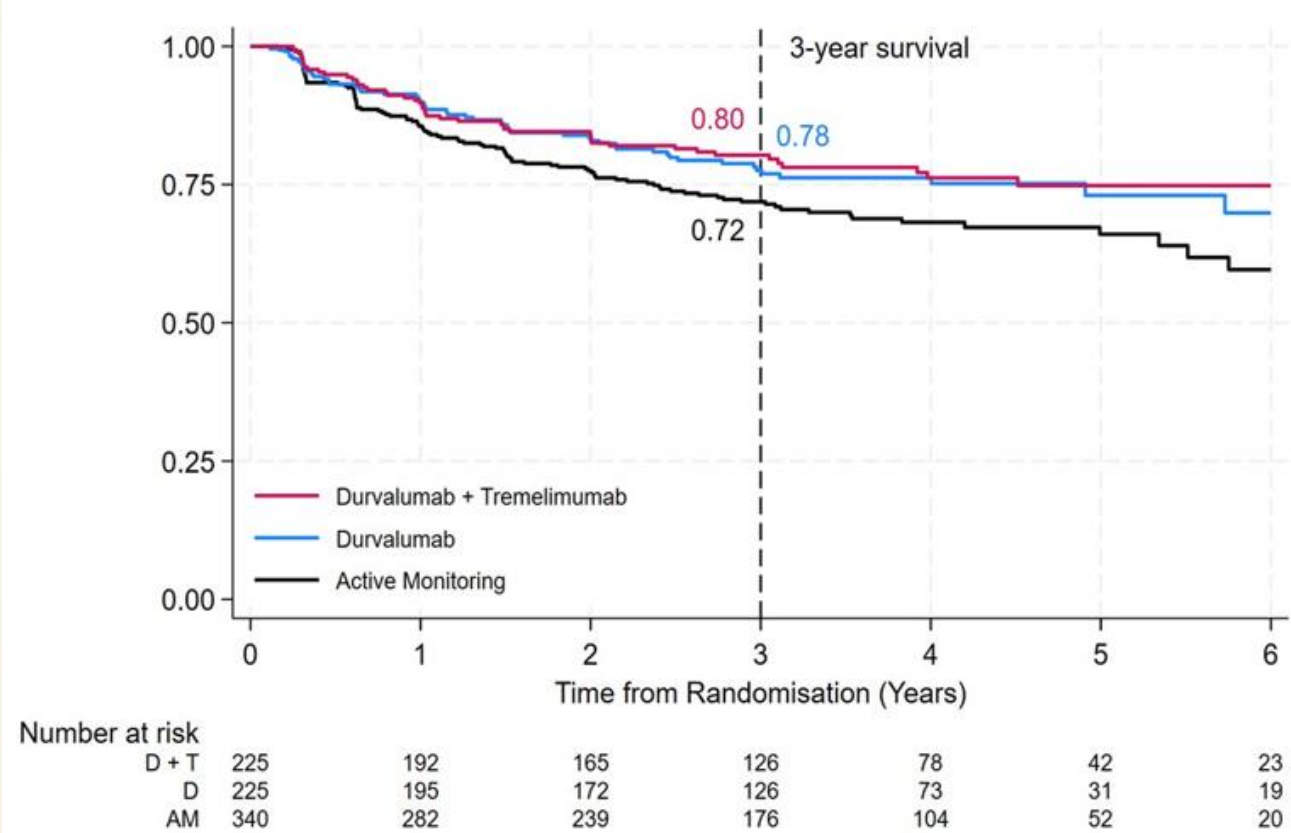
RAMPART Trial examined adjuvant durvalumab or durvalumab/tremelimumab versus surveillance



Modified from Larkin et al, presented at ASCO Annual Symposium 2026

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Durvalumab/tremelimumab showed improved DFS over surveillance, but durvalumab monotherapy did not



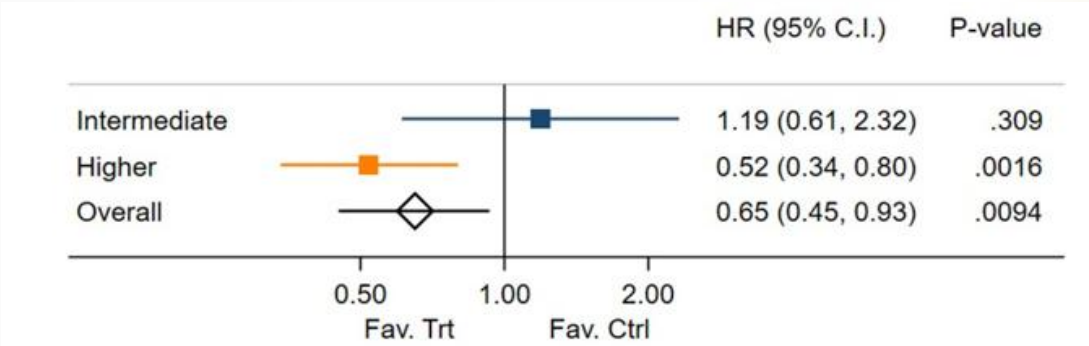
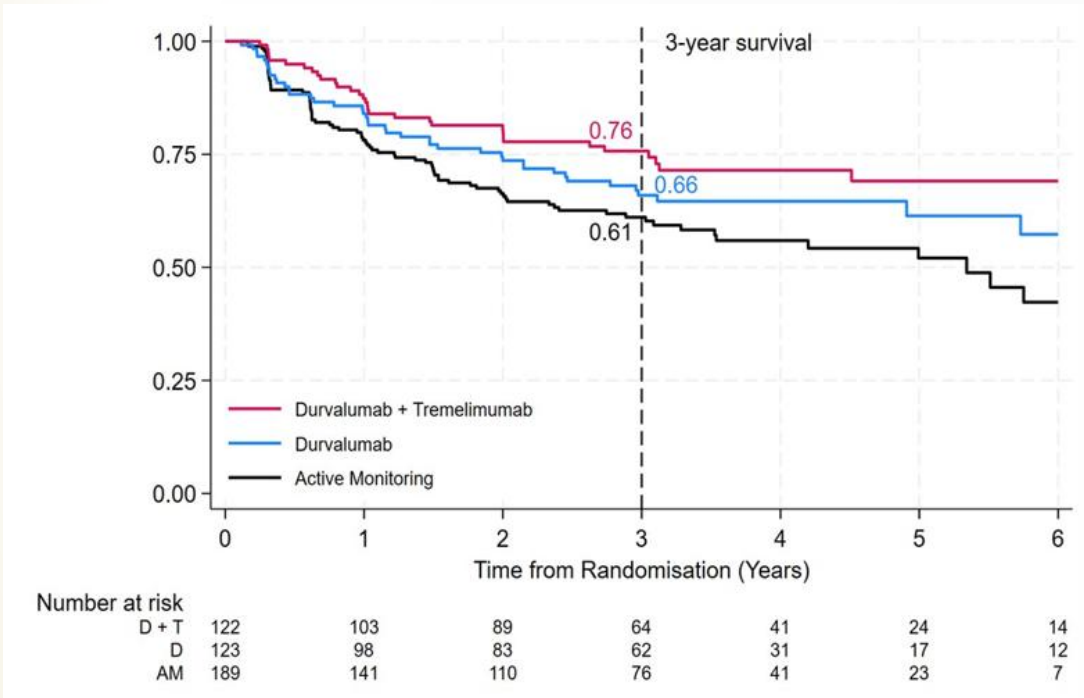
3-year DFS		
Durvalumab + Tremelimumab (N= 225)	Durvalumab (N= 225)	Active Monitoring (N= 340)
80%	78%	72%

Median Follow Up: 3.5 years

Proportional Hazards (PH) Multivariable Model Results		
	HR (95% C.I.)	One-sided p-value
Durvalumab vs Active Monitoring	0.74 (0.53, 1.04)	0.041
Durvalumab + Tremelimumab vs Active Monitoring	0.65 (0.45, 0.93)	0.0094

Larkin et al, presented at ASCO Annual Symposium 2026

Higher risk patients benefitted more from D/T



Larkin et al, presented at ASCO Annual Symposium 2026

Minority of patients received full intended treatment

	Durvalumab + Tremelimumab	Durvalumab
Median duration of treatment (range)	10.9 months (0-13.3)	11 months (0-15.2)
Median number of infusions (range)	D: 8 infusions (0-13) T: 2 infusions (0-2)	11 infusions (0-13)
Number of patients completing treatment as per protocol	D + T: 51/225 (23%) D: 53/225 (24%) T: 164/225 (73%)	73/225 (32%)
Randomised patients who had no treatment	18/225 (8%)	10/225 (4%)

	Durvalumab + Tremelimumab* (N= 207)	Durvalumab* (N= 215)	Active Monitoring (N= 340)
Any-grade AE, any cause, N(%)	201 (97%)	199 (93%)	219 (64%)
Immune related	140 (68%)	109 (51%)	2 (<1)
Durvalumab related	187 (90%)	158 (73%)	-
Tremelimumab Related	166 (80%)	-	-
Grade 3/4 AE, any cause, N(%)	84 (41%)	65 (30%)	31 (9%)
Immune related	65 (31%)	49 (23%)	-
Durvalumab related	81 (39%)	61 (28%)	-
Tremelimumab Related	73 (38%)	-	-
Any-grade SAE, any cause, N(%)	71 (34%)	41 (19%)	20 (6%)
Durvalumab related	52 (25%)	25 (12%)	-
Tremelimumab Related	50 (24%)	-	-
Deaths (in all patients)	9 (4%)	15 (7%)	22 (7%)
Treatment related	2 (<1%)**	1 (<1%)**	-
AE leading to treatment discontinuation, N(%)	66 (29%***)	41 (19%)	-
Durvalumab	59 (26%)	41 (19%)	-
Tremelimumab	30 (13%)	-	-

Larkin et al, presented at ASCO Annual Symposium 2026

Adjuvant trials for RCC have had mixed results

	KEYNOTE-564 (pembrolizumab vs placebo)	LITESPARK-022 (pembro + belzutifan vs pembro + placebo)	RAMPART (durvalumab + tremelimumab vs active monitoring)	RAMPART (durvalumab vs active monitoring)	IMmotion010 (atezolizumab vs placebo)	CheckMate 914 Part A (nivo+ipi vs placebo)	CheckMate 914 Part B (nivo vs placebo)	PROSPER (perioperative nivolumab vs surveillance)
Patients (n)	496 vs 498	921 vs 920	225 vs 340	225 vs 340	390 vs 388	206 v 208	411 vs 208	404 v 415
DFS/RFS (%)	5-yr DFS 60.9 vs 52.2	24-mo DFS 80.7 vs 73.7	3-yr DFS 80 vs 72	3-yr DFS 78 vs 72	Median 57.2 vs 49.5 mo	Median NR vs 50.7 mo	18-mo DFS 78.4% vs 75.4%	Median NR
DFS/RFS HR	0.72 (0.59–0.87)	0.72 (0.59–0.87)	0.65 (0.45–0.93)	0.74 (0.53–1.04)	0.93 (0.75–1.15)	0.92 (0.71–1.19)	0.8 (0.58–1.12)	0.95 (0.74–1.22)
OS	5-yr OS 87.7% vs 82.3%	Immature	Immature	Immature	3-yr OS 90.3% vs 89.8%	NR	NR	5 yr OS 73.0% v 81.1%
OS HR	0.66 (0.48–0.90)	0.78 (0.51–1.19)	0.71 (0.34–1.46)	0.99 (0.52–1.92)	0.91 (0.76–1.08)	NR	NR	1.28 (0.84–1.95)
Reference	Haas et al, Ann Oncol 2026	Chouieiri et al, NEJM 2026	ESMO 2025; ASCO 2026	ASCO 2026	Pal et al, Lancet 2022	Motzer et al, Lancet 2024	Motzer et al, Lancet 2025	Allaf et al, Lancet Oncology 2024

NR – not reported