



8th Annual

LEAD 2026

LEADERSHIP
EMPOWERMENT
DEVELOPMENT

Enriching Experiences for Leaders in Hematology and Oncology

**SEPT
18-19,
2026**

Updates in GU Oncology

Kriti Mittal MD MS FACP and Catherine Fahey MD

Disclosures

Education Grant to Institution: Pfizer

Honorarium: AstraZeneca, Janssen

Agenda

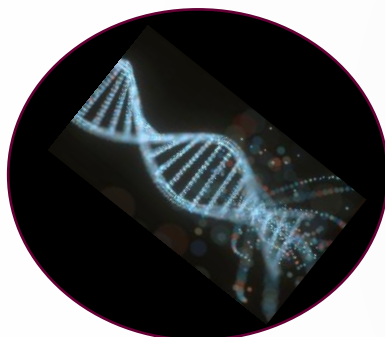
Topic	Title
Urothelial Cancer	Perioperative management of urothelial carcinoma
Prostate Cancer	Management of metastatic APMS prostate cancer
Prostate Cancer	Management of metastatic APMR prostate cancer
Kidney Cancer	Updates in RCC

Urothelial cancer: Updates in perioperative treatment

Kriti Mittal MD MS FACP
Director, Genitourinary Oncology
Director, Cancer Research Office (Oncology)
University of Massachusetts Medical Center

ctDNA in Urothelial Cancer

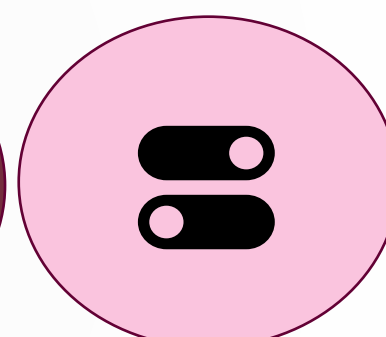
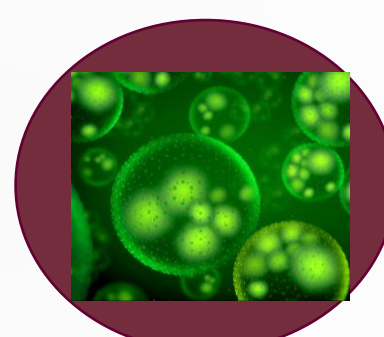
Current state



Detect minimal residual disease (MRD)

Identify targetable mutations

Potential future applications



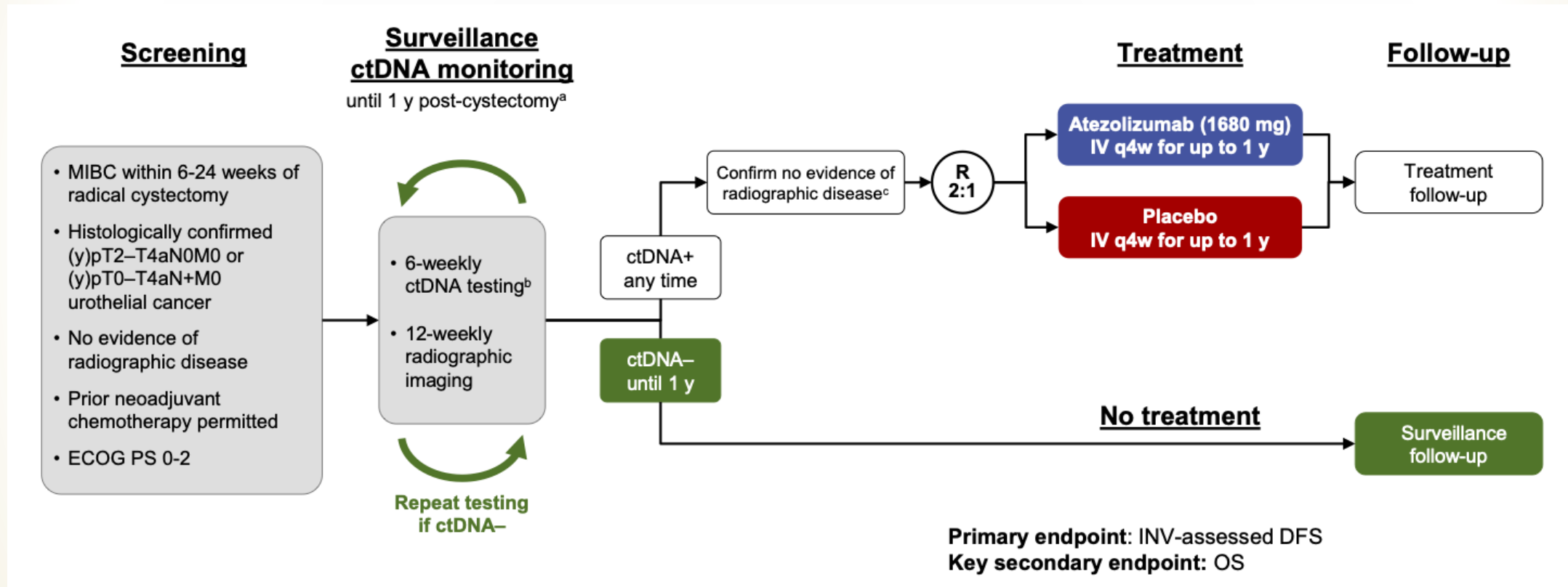
Treatment intensification
deintensification

Treatment of
molecular
recurrence

Switch
therapy in
advanced
disease

Consolidative
therapy for
oligometastatic
disease

IMvigor 011: Study Schema

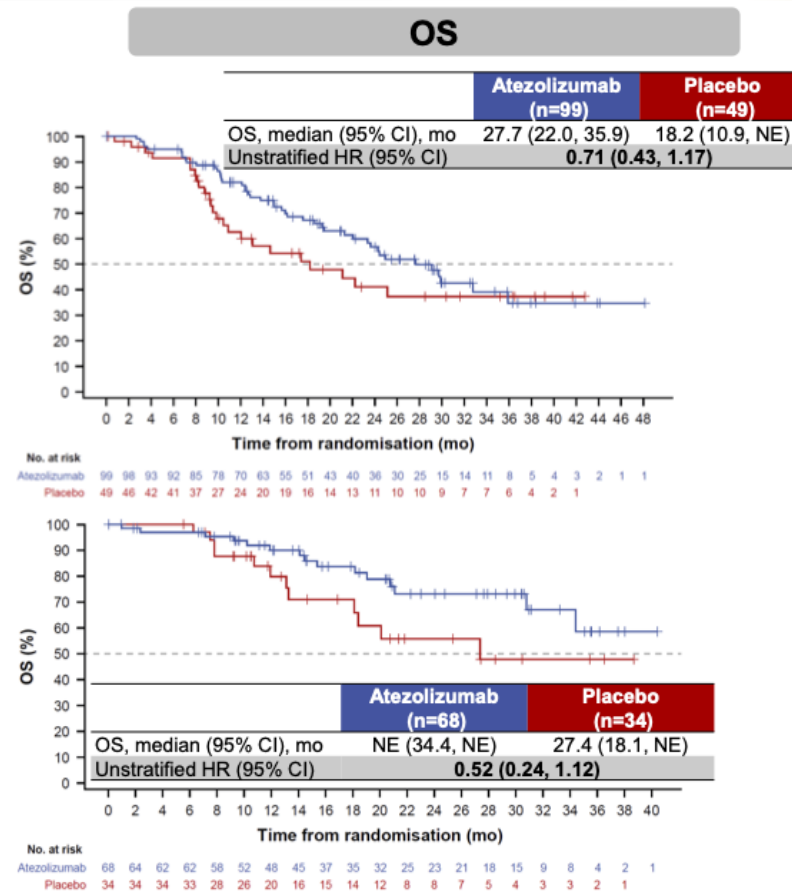
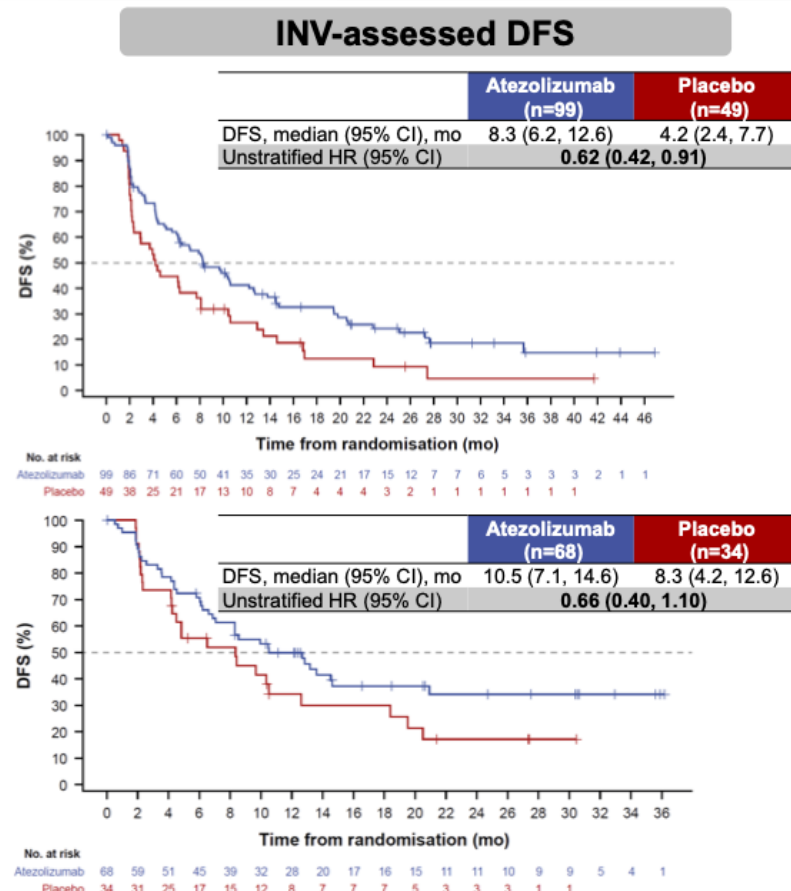


Powles et al, ESMO, 2025

IMvigor 011: Outcomes in ctDNA positive patients

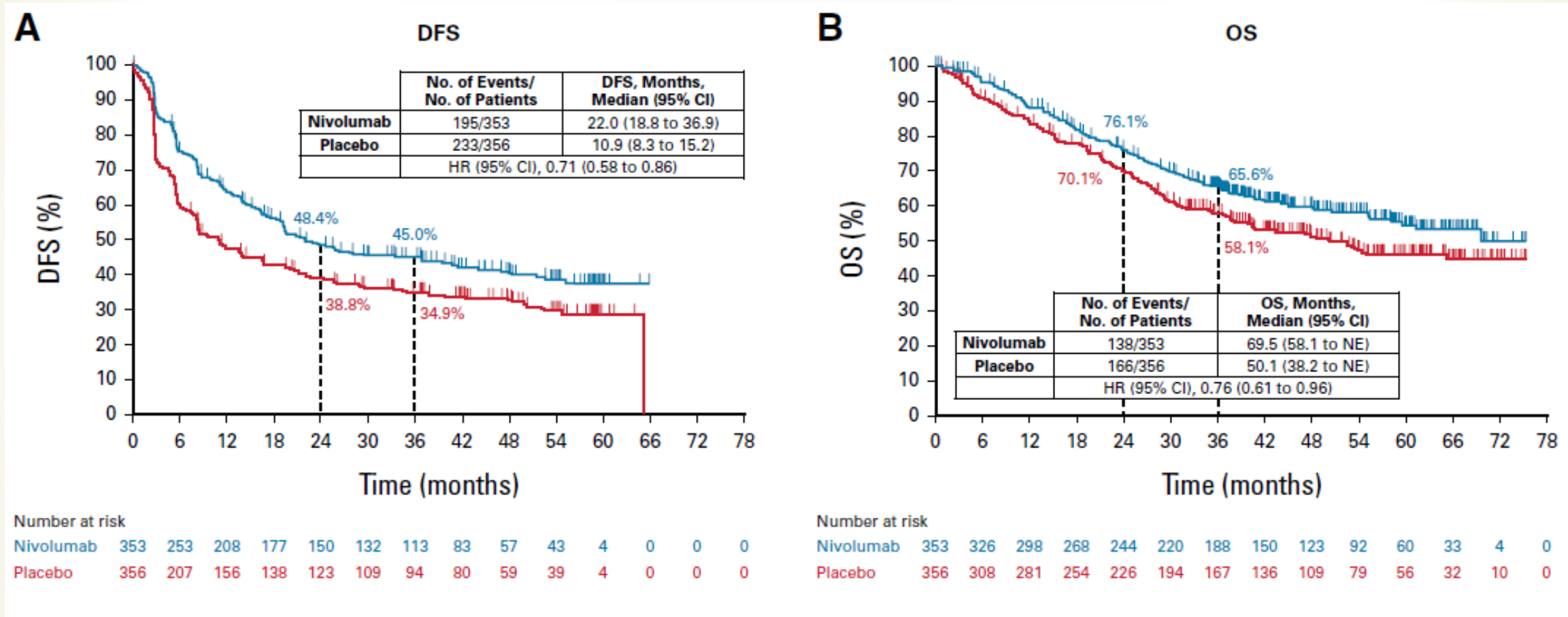
**ctDNA+ at
initial test**
(148/250; 59.2%)

**ctDNA+ at
subsequent test**
(102/250; 40.8%)



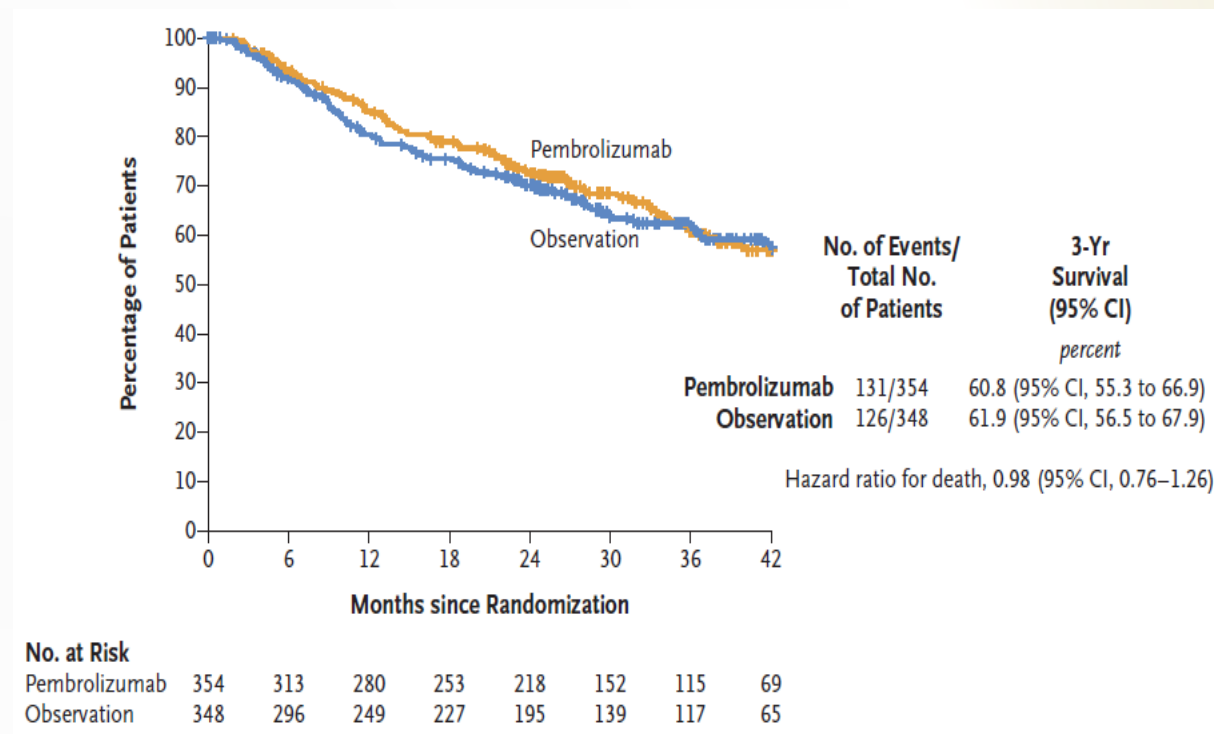
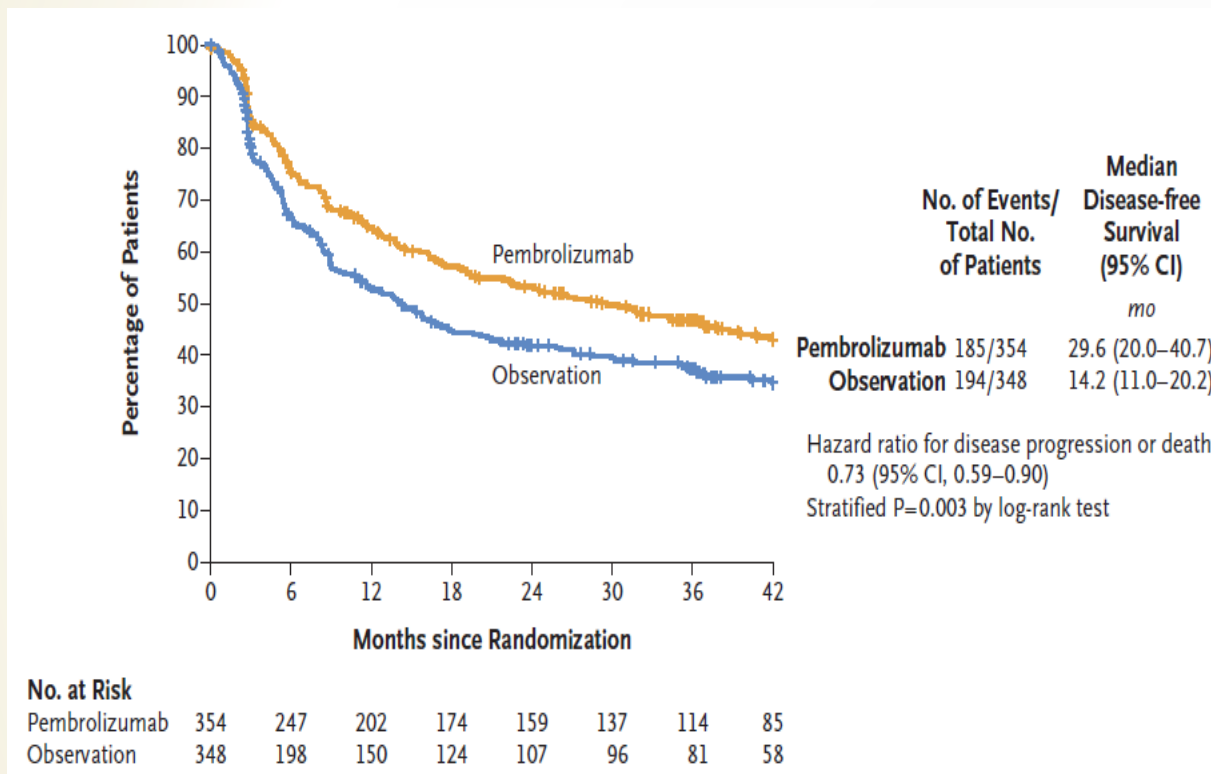
Powles et al, ESMO, 2025

Adjuvant therapy: CheckMate-274 extended follow up



Galsky et al J. Clin. Oncol. 2024

AMBASSADOR: ITT analysis

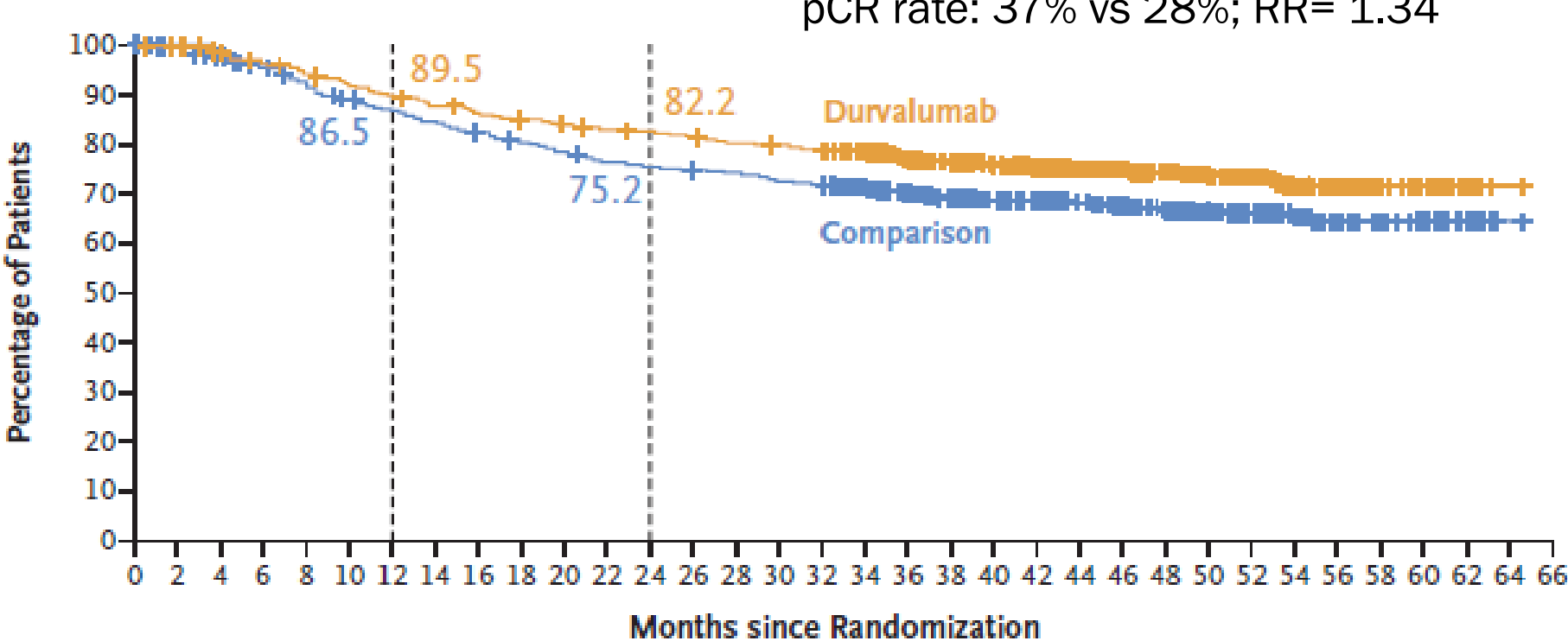


Apolo et al N Engl J Med 2025

NIAGARA

A Overall Survival

pCR rate: 37% vs 28%; RR= 1.34



	No. of Deaths/Total No. (%)
Durvalumab	136/553 (25.5)
Comparison	169/530 (31.9)

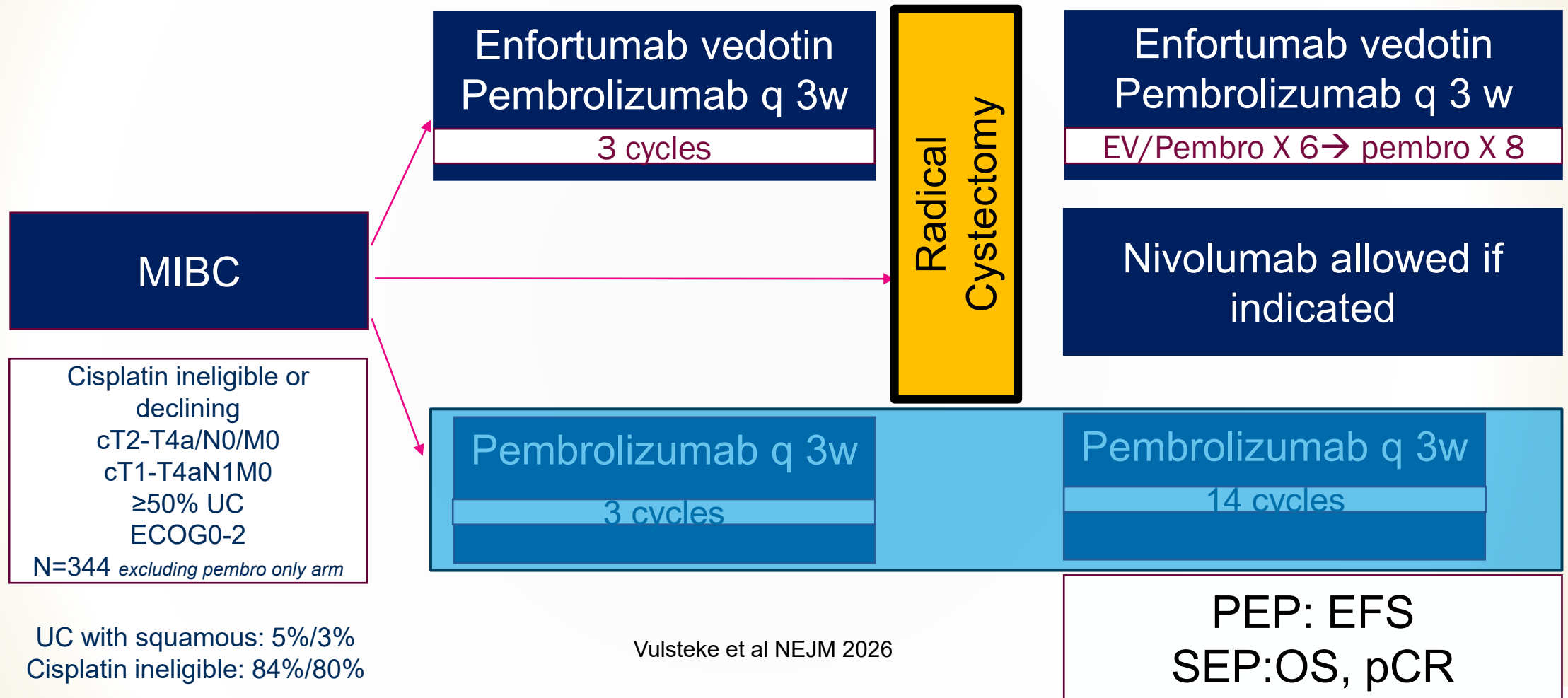
Hazard ratio for death, 0.75 (95% CI, 0.59–0.93)
Stratified P=0.01 by log-rank test
Median follow-up among patients with censored data, 46.3 mo (range, 0.03–64.7)

No. at Risk

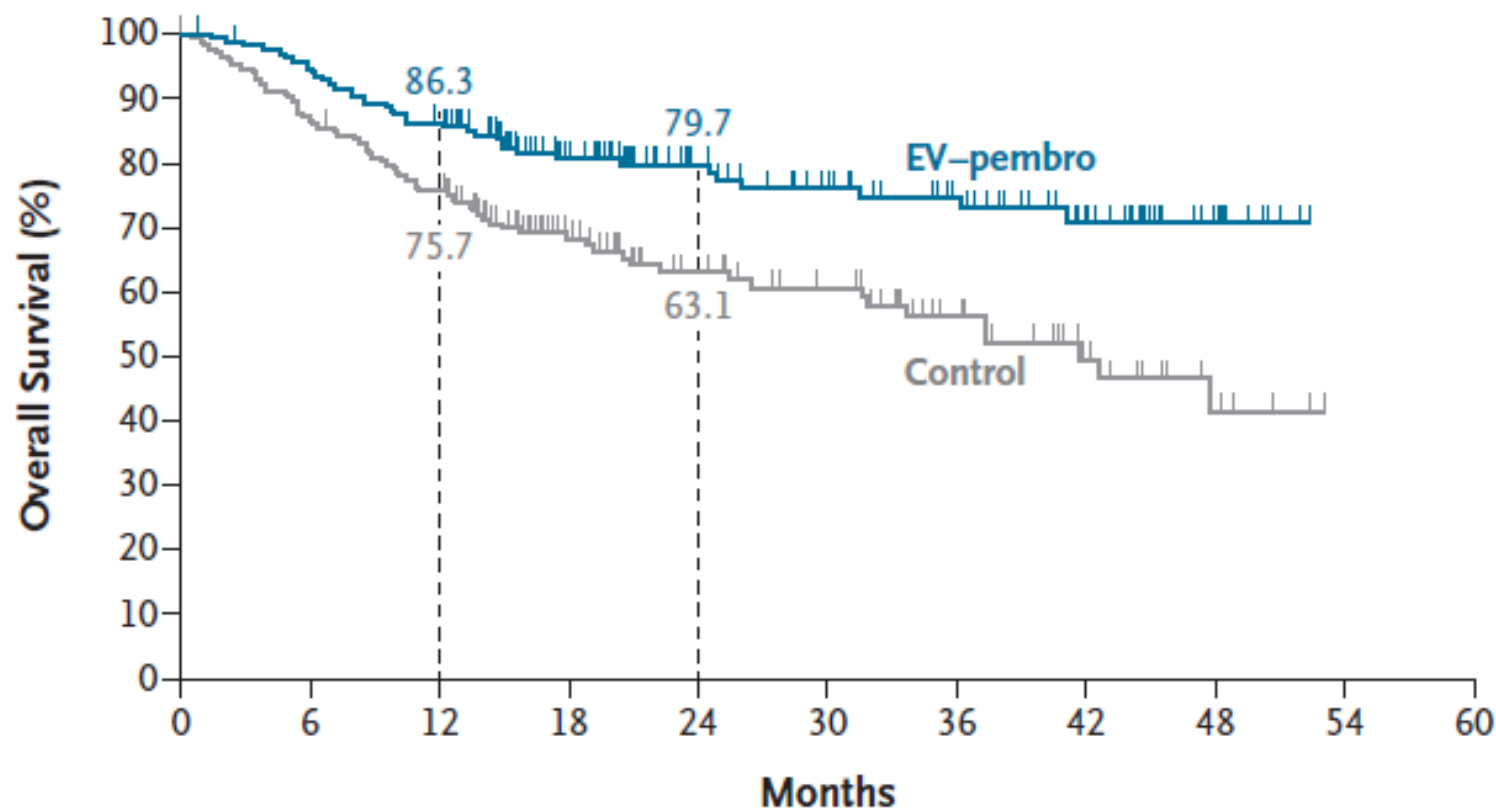
Durvalumab	533	517	492	468	446	434	423	410	400	349	295	238	182	125	96	68	34	21	7	1	0
Comparison	530	507	467	438	413	392	378	368	358	311	259	215	174	113	90	60	38	21	10	2	0

Powles et al NEJM 2024

EV-303/KEYNOTE-905 (cisplatin ineligible patients)



EV-303: EFS and OS



	Median Overall Survival (95% CI) mo
EV-Pembro	NR (NR–NR)
Control	41.7 (31.8–NR)
Hazard ratio, 0.50 (95% CI, 0.33–0.74) P<0.001	

No. at Risk

EV-pembro	170	159	144	94	68	56	45	28	10	0	0
Control	174	150	130	75	54	45	30	18	6	0	0

Vulsteke et al NEJM 2026

EV-304/Keynote B15 (cisplatin eligible)

MIBC

Cisplatin eligible
cT2-T4a/N0/M0
cT1-T4a/N1M0
≥50% UC
ECOG 0-1
N=808

Pure urothelial: 91%/88%
≈72% pts. T3/T4 N0

Enfortumab vedotin
Pembrolizumab q 3w
4 cycles

Cisplatin
Gemcitabine q 3 w
4 cycles

Radical Cystectomy

Enfortumab vedotin
Pembrolizumab q 3 w
EV/Pembro X5 → pembro X 8

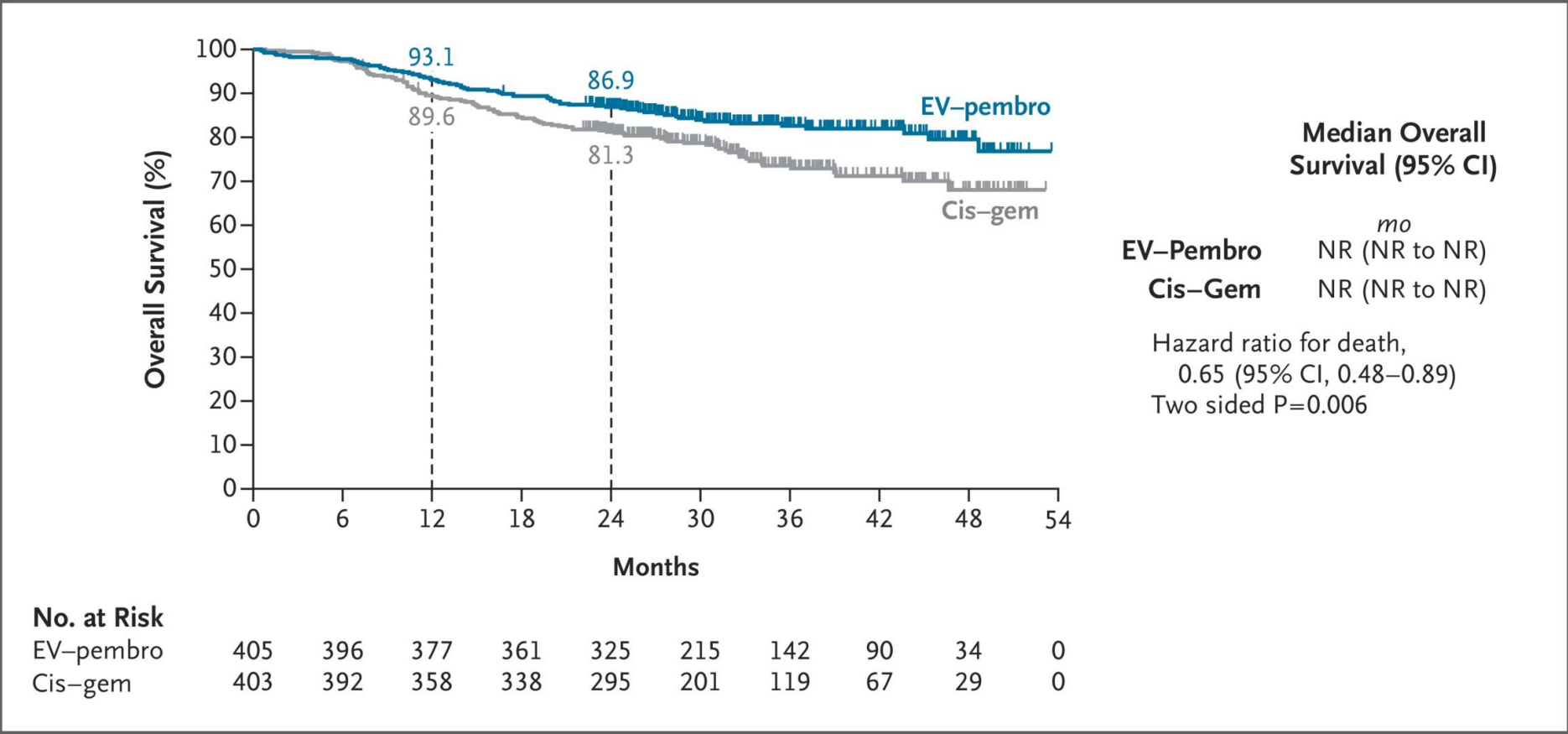
Observation

2023: Adjuvant IO permitted

PEP: EFS; SEP: OS, pCR

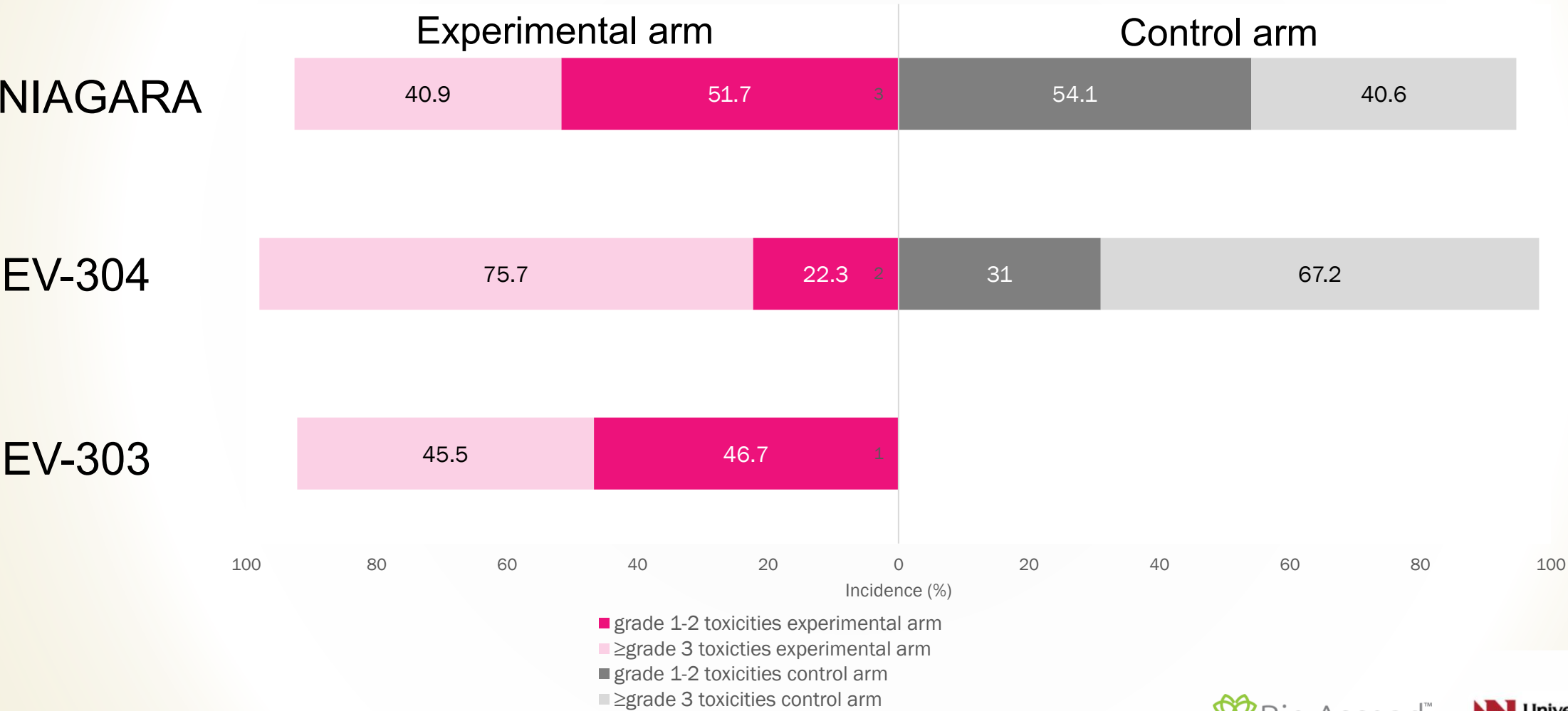
Galsky et al ASCO GU 2026

EV-304: EFS and OS

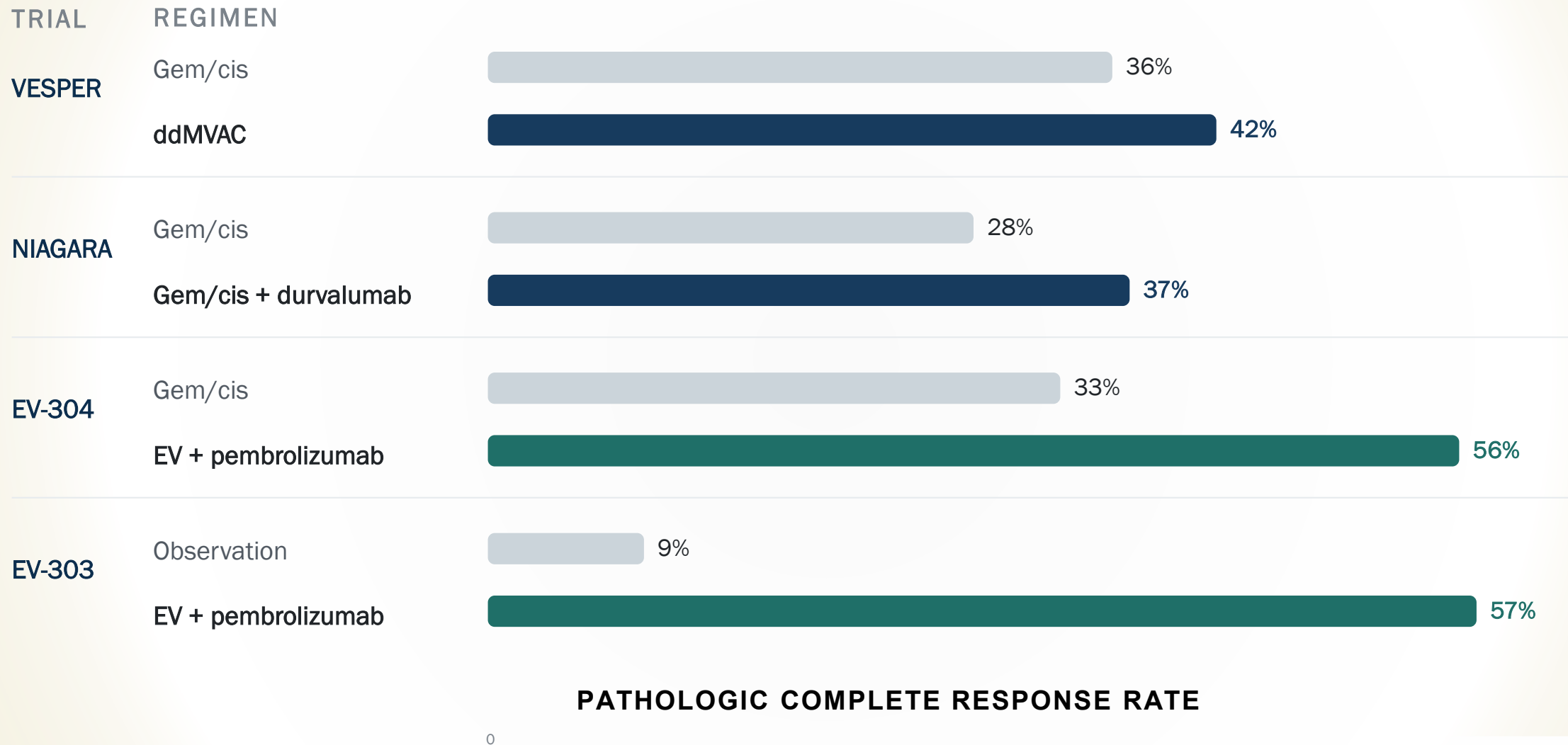


Galsky et al NEJM 2026

Comparative adverse event profile



Effective neoadjuvant therapy



Perioperative management of urothelial carcinoma

- **EV-304 / KEYNOTE-B15**
 - 65% started adjuvant EVP
 - 51% completed adjuvant EVP
 - Of 403 patients in gem/cis arm, 28 received adjuvant IO
- Current paradigm:
 - **ADC + ICI across entire perioperative continuum**
- 👉 **Take-home:** Moving toward a **unified perioperative strategy independent of cisplatin eligibility**
- Do all patients need adjuvant therapy?

Adjuvant therapy

Uniform adjuvant therapy	Pathologic response adapted	Path + ctDNA adapted
EV-303 EV-304 NIAGARA	CheckMate-274	IMvigor-011
VOLGA	AMBASSADOR	MODERN

Prostate Cancer: Updates in treatment of mHSPC/mAPMS

New PCWG 4 guidelines

- PSMA detected two or more new lesions will constitute progression in bone.
- For preexisting bony lesions that are evident only by PSMA-PET, increases in SUV measures alone, whether by mean, max, volume, or other parameters, will not constitute progression
- For nodal and lung mets: Changes in lesional avidity do not constitute progression.
- For bone scans (2+2 rule): Confirmatory scan not needed if ≥ 6 lesions

Armstrong et al JCO 2026

mHSPC/ mAPMS

Trial	Intervention arm	Comparator arm	Other treatments allowed
STAMPEDE	ADT + Abiraterone	ADT	
LATITUDE	ADT + Abiraterone	ADT + Placebo	
ARANOTE	ADT + Darolutamide	ADT + Placebo	
TITAN	ADT + Apalutamide	ADT + Placebo	Docetaxel (≤ 6 cycles before randomization)
ENZAMET	ADT + Enzalutamide	ADT+ NSAA	Docetaxel ≤ 6 (≤ 2 cycles before randomization)
ARCHES	ADT + Enzalutamide	ADT + Placebo	Docetaxel (≤ 6 cycles before randomization)
PEACE-1	ADT + Abiraterone + Docetaxel	ADT + Docetaxel	RT to primary for low volume disease
ARASENS	ADT + Darolutamide + Docetaxel	ADT + Placebo + Docetaxel	

Adapted from Maiorano et al Urologic Oncology 2026

Genomically selected intensification

AMPLITUDE: Randomized, Double-Blind, Placebo-Controlled Trial in HRRm mCSPC

First and final rPFS analysis and first interim analysis of time to symptomatic progression and overall survival. Median follow-up: 30.8 months

Key inclusion criteria:

- mCSPC^a
- Alteration in ≥1 HRR eligible gene: *BRCA1*, *BRCA2*, *BRIP1*, *CDK12*, *CHEK2*, *FANCA*, *PALB2*, *RAD51B*, *RAD54L*^b
- ECOG PS 0-2

Key exclusion criteria:

- Any prior
 - PARPi
 - ARPI other than AAP

Prior allowed treatments in mCSPC:

- ADT ≤6 months
- Docetaxel ≤6 cycles^c
- AAP ≤45 days
- Palliative RT

Randomized
1:1
(N=696)

Nira (200 mg QD)

+
AAP (1000 mg QD + 5 mg QD)

+
ADT
(n=348)

PBO

+
AAP (1000 mg QD + 5 mg QD)

+
ADT
(n=348)

Primary end point

- rPFS by investigator review

Key secondary end points

- Time to symptomatic progression
- OS
- Safety

Clinical data cutoff: January 7, 2025

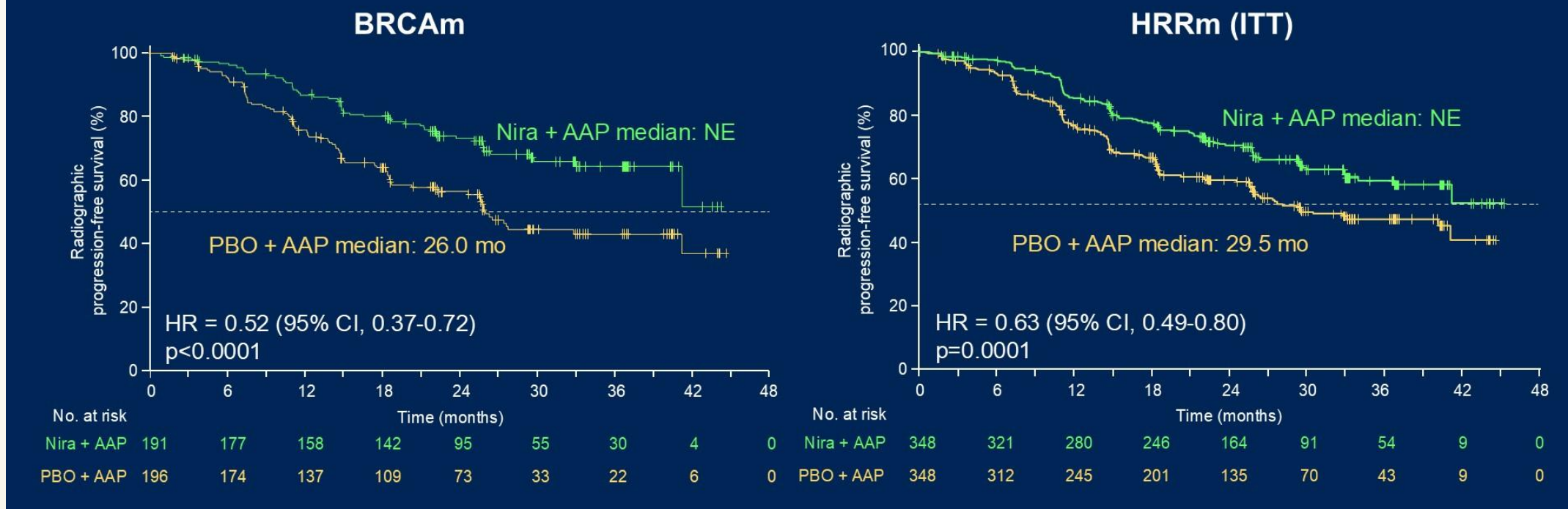
Stratification factors:

- *BRCA2* vs *CDK12* vs all other alterations
- Prior docetaxel (yes vs no)
- Disease volume (high vs low)

^aPatients with lymph node-only disease are not eligible. ^bHRR gene panel was fixed prior to trial initiation based on MAGNITUDE trial and external data from the published literature. ^cLast dose ≤3 months prior to randomization. ECOG PS, Eastern Cooperative Oncology Group performance status; Nira, niraparib; OS, overall survival; PBO, placebo; RT, radiotherapy; QD, once daily.

Genomically selected intensification

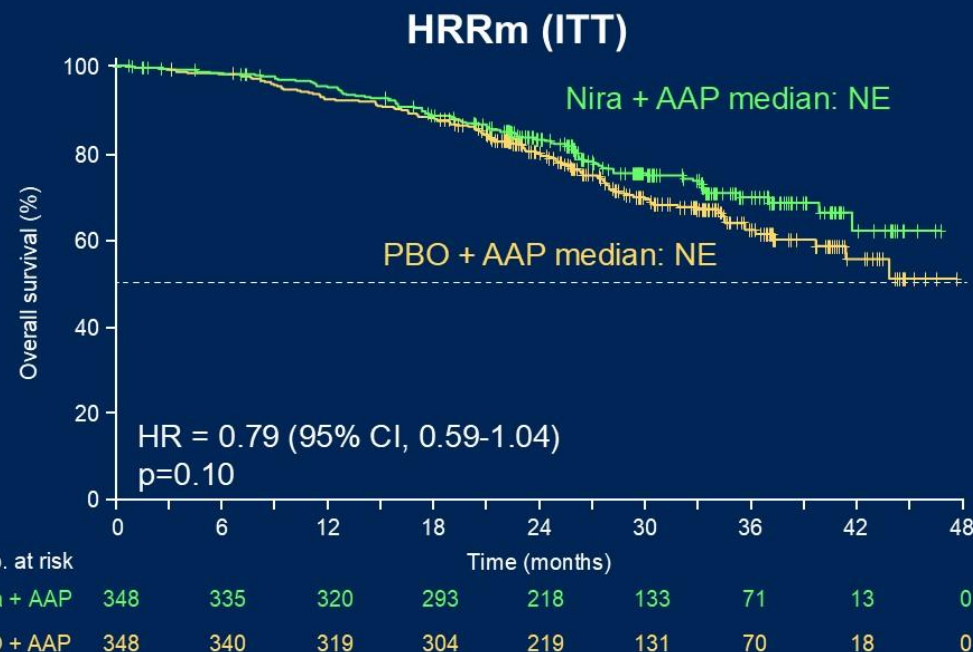
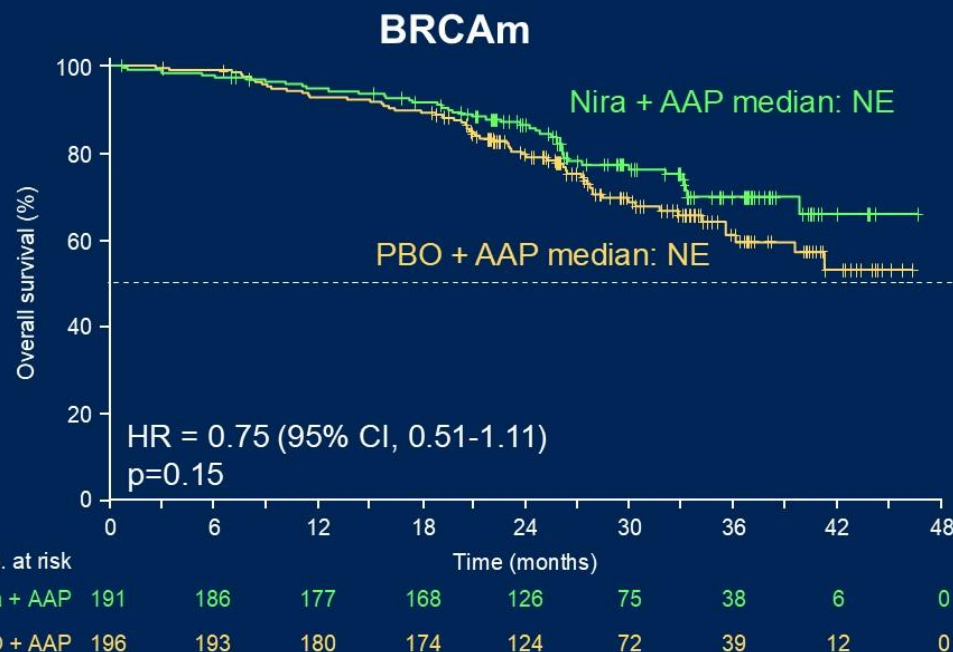
Primary End Point: Radiographic Progression-Free Survival



Attard et al, ASCO 2025

Genomically selected intensification

Secondary End Point: Overall Survival (First Interim Analysis)

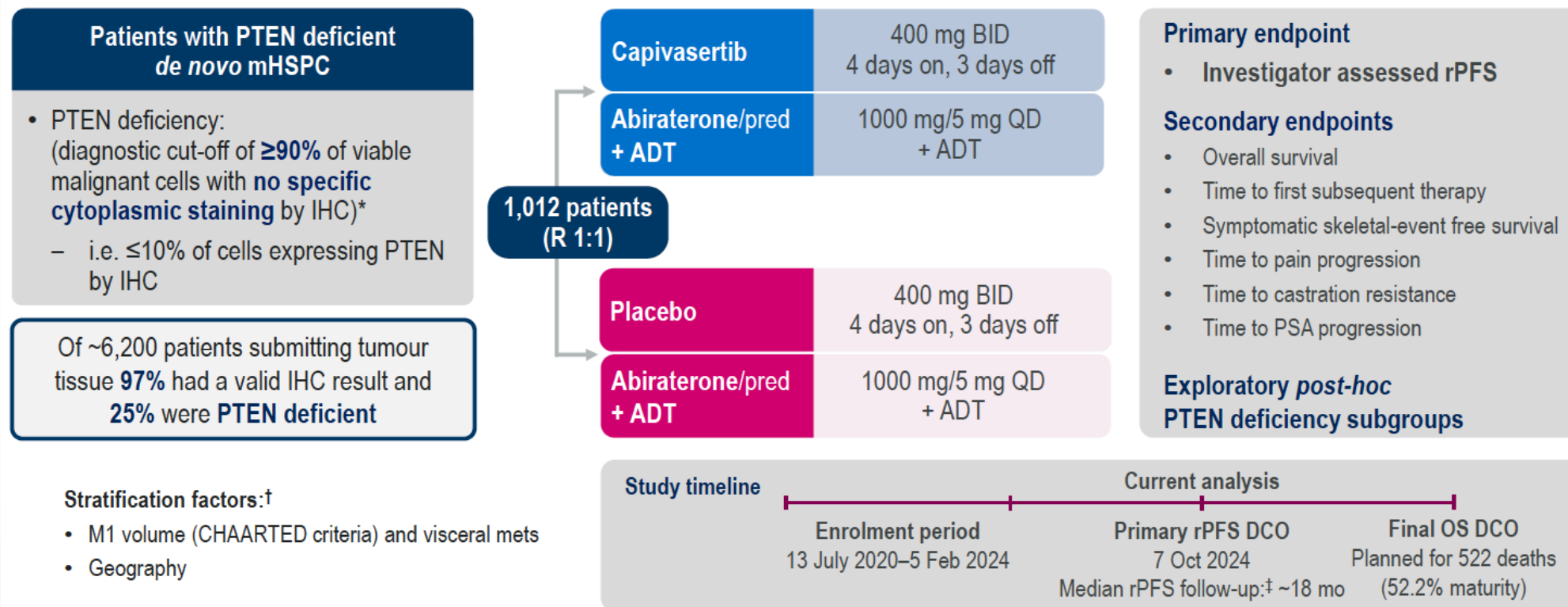


Attard et al, ASCO 2025

Biomarker driven intensification

CAPItello-281 Study Design

A global, multicentre, randomized, double-blind, Phase 3 study



NCT04493853. Full eligibility criteria available in the online article. *Determined using investigational antibody for PTEN (SP218) (Roche Diagnostics).

[†]High-vol. disease with visceral mets, high-vol disease without visceral mets, low-vol. disease; North America; Western Europe and Australia; Latin America and Eastern Europe; Asia. [‡]In censored patients.

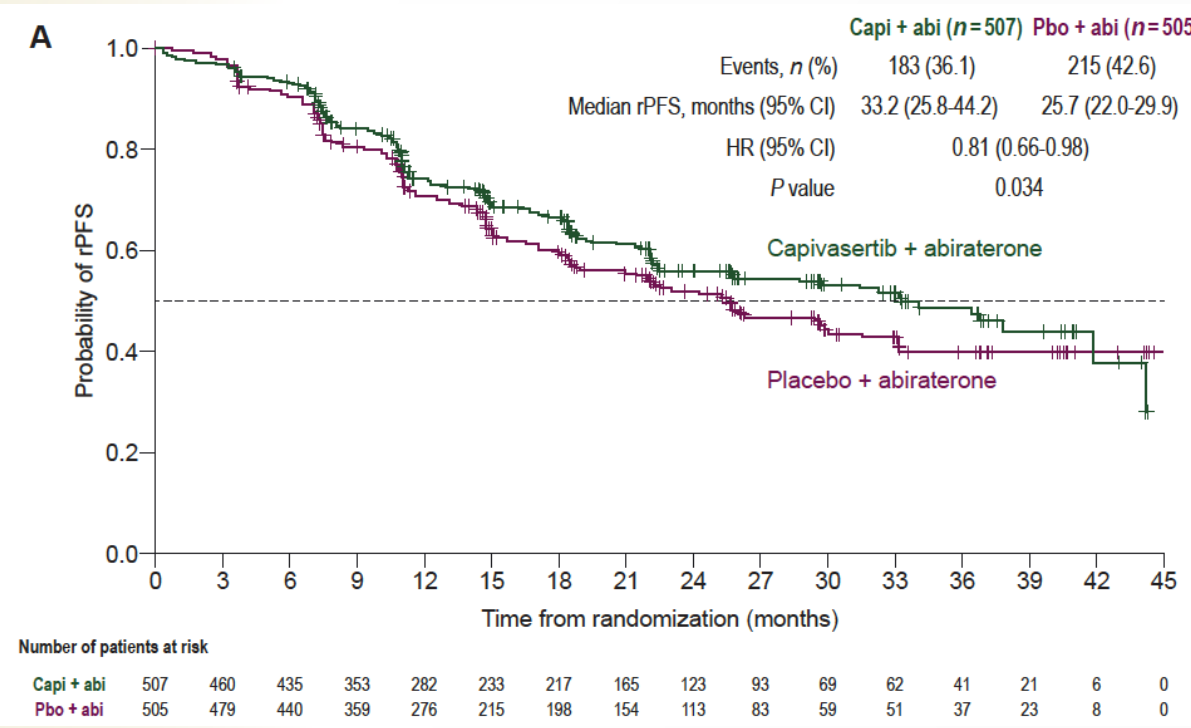
ADT, androgen deprivation therapy; BID, twice daily; IHC, immunohistochemistry; mHSPC, metastatic hormone-sensitive prostate cancer; pred, prednisone/prednisolone; QD, once daily; rPFS, radiographic progression-free survival

Fizazi et al. Ann Onc 2025

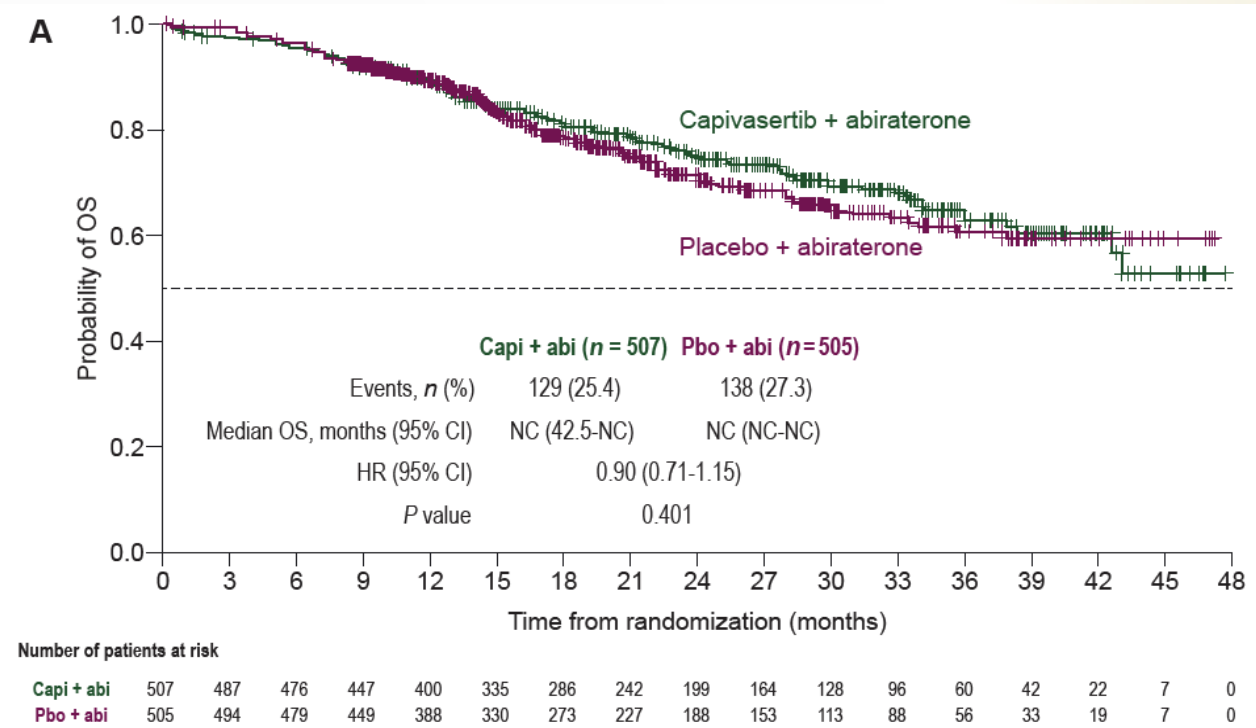
Kriti Mittal MD MS

Biomarker driven intensification

Radiographic PFS



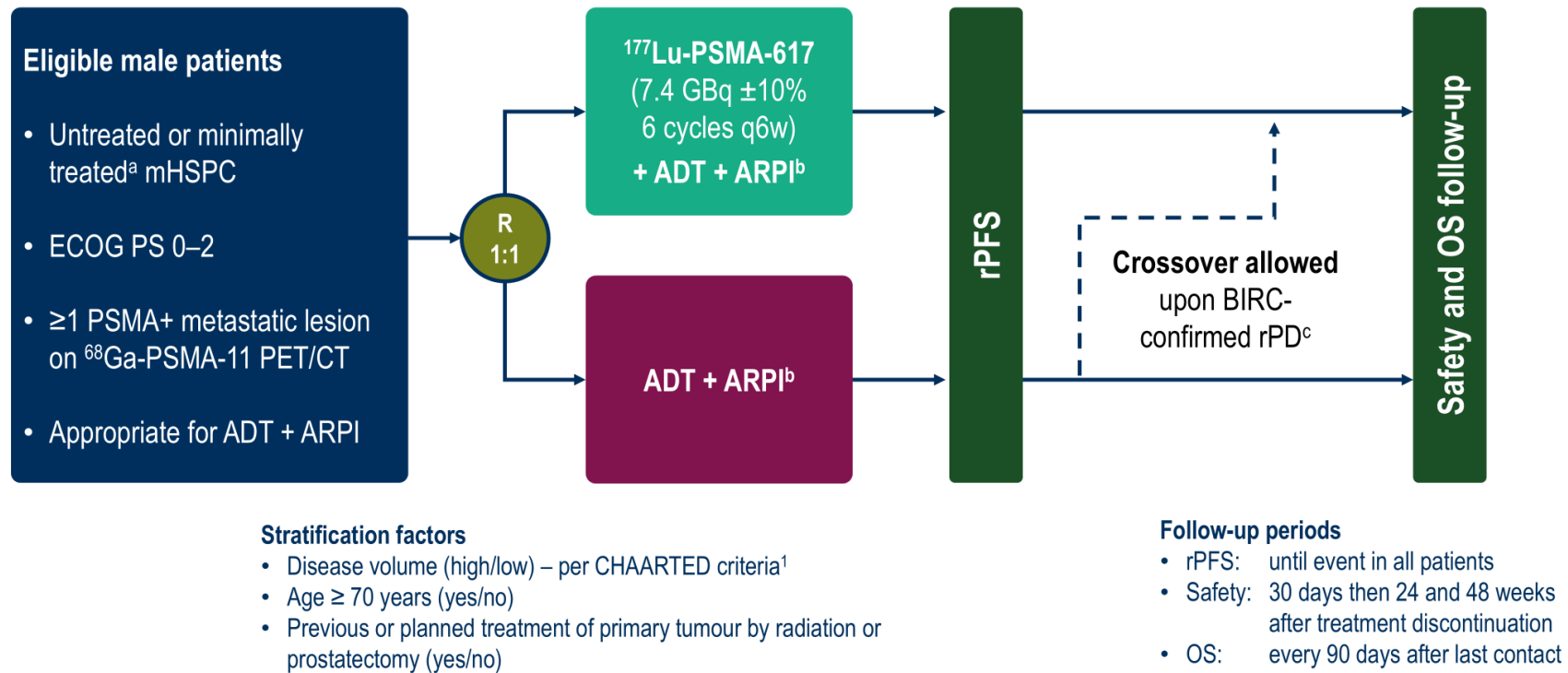
OS



Fizazi et al. Ann Onc 2025

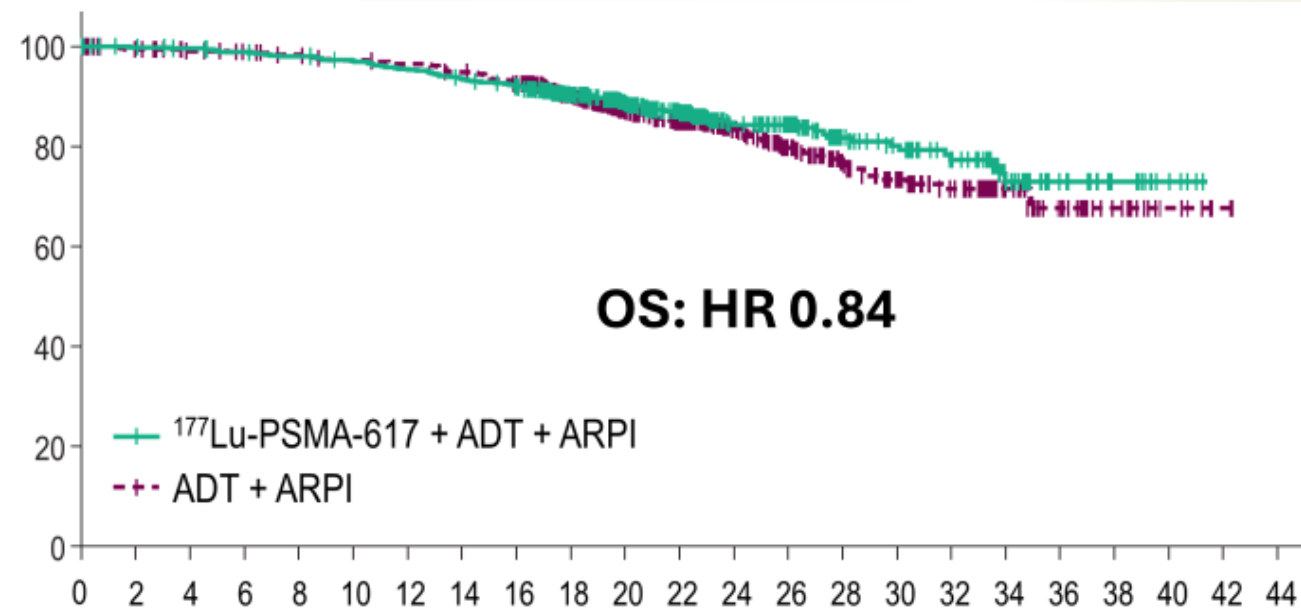
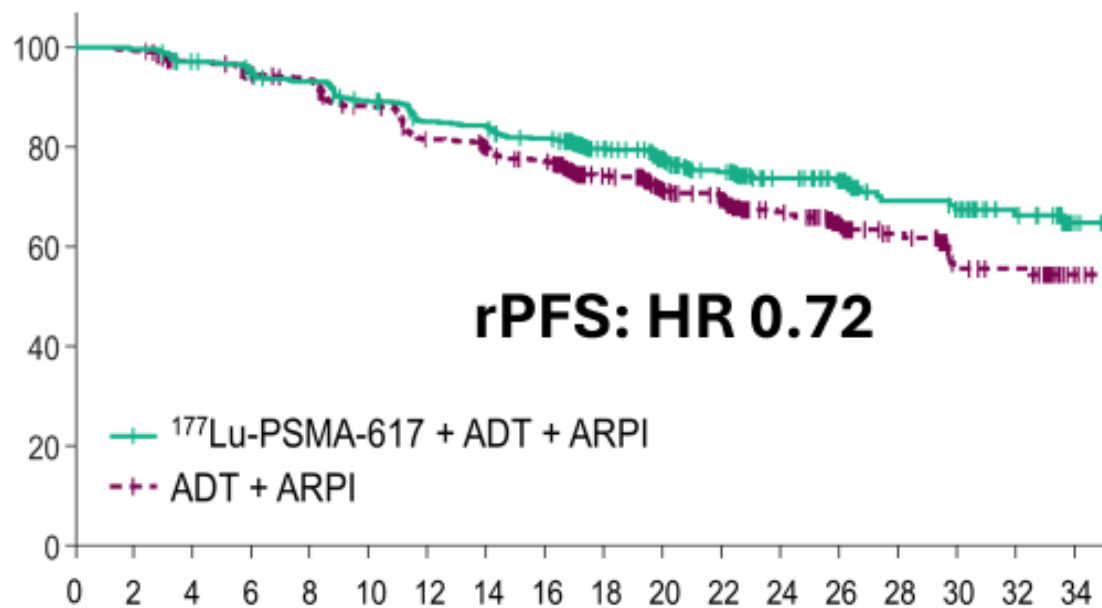
Imaging selected intensification

PSMAddition: randomized phase 3 trial of ^{177}Lu -PSMA-617 in mHSPC



Tagawa S et al ESMO 2025

Imaging selected intensification



Tagawa S et al ESMO 2025

AEs in ≥10% of patients in the ¹⁷⁷ Lu-PSMA-617 arm – n (%)	¹⁷⁷ Lu-PSMA-617 + ADT + ARPI (N = 564)		ADT + ARPI (N = 565)	
	Any grade	Grade ≥3	Any grade	Grade ≥3
Dry mouth ^a	258 (45.7)	0	21 (3.7)	0
Fatigue	196 (34.8)	6 (1.1)	158 (28.0)	6 (1.1)
Nausea	193 (34.2)	1 (0.2)	53 (9.4)	0
Hot flush	164 (29.1)	0	205 (36.3)	0
Anemia	153 (27.1)	28 (5.0)	75 (13.3)	15 (2.7)
Arthralgia	111 (19.7)	5 (0.9)	130 (23.0)	9 (1.6)
Back pain	101 (17.9)	8 (1.4)	110 (19.5)	16 (2.8)
Constipation	101 (17.9)	0	91 (16.1)	0
Asthenia	92 (16.3)	2 (0.4)	73 (12.9)	5 (0.9)
Decreased appetite	81 (14.4)	5 (0.9)	37 (6.5)	1 (0.2)
Vomiting	78 (13.8)	4 (0.7)	21 (3.7)	0
COVID-19	76 (13.5)	5 (0.9)	60 (10.6)	2 (0.4)
Hypertension	76 (13.5)	34 (6.0)	95 (16.8)	35 (6.2)
Diarrhea	69 (12.2)	1 (0.2)	56 (9.9)	0
Headache	69 (12.2)	0	51 (9.0)	2 (0.4)
Alanine aminotransferase increased	68 (12.1)	19 (3.4)	73 (12.9)	14 (2.5)
Dysgeusia	67 (11.9)	0	23 (4.1)	0
White blood cell count decreased	63 (11.2)	12 (2.1)	18 (3.2)	3 (0.5)
Aspartate aminotransferase increased	61 (10.8)	10 (1.8)	65 (11.5)	11 (1.9)
Lymphocyte count decreased	60 (10.6)	28 (5.0)	21 (3.7)	7 (1.2)

Upfront intensification- triplet therapy

