# GU Onc Chat

### The OncoAlert Network

"Hello, The Colloquium will start in 30 minutes"

### The OncoAlert Network

We start off the Colloquium With Dr. Vincent Xu

### Natalia Gandur Moderator

"Hi everyone, this is Natalia, your Colloquium Moderator"

### The OncoAlert Network

"Dear Colleagues, welcome to the first day of the OncoAlert Colloquium"

### The OncoAlert Network

Today we are covering GU Oncology

### The OncoAlert Network

"I would like to introduce today's Moderator, our OncoAlert GU faculty Dr. Natalia Gandur, Medical Oncologist from Argentina focused on GU malignancies"

### Gil Morgan

Please if there are any questions feel free to ask

### The OncoAlert Network

"Precisely Dr. Morgan, if you have any questions please feel free"

### The OncoAlert Network

and if you have any problems or issue with your connectivity emails us at OncoAlertNetwork@OncoAlert360.com

### Natalia Gandur Moderator

"Dr. Xu's presentation provided an excellent and insightful discussion on the evolving role of immunotherapy in the adjuvant setting, a topic highly relevant to daily clinical practice. The emphasis on refining patient

selection and addressing long-term safety concerns is particularly important as these strategies become more integrated into standard care."

### Natalia Gandur Moderator

"The analysis of post-ICI treatment strategies, including findings from TiNivo-2 and CONTACT-03, highlights the critical need to better understand resistance mechanisms in RCC. These results suggest broader limitations in sequential ICI-based combinations and reinforce the necessity of biomarker-driven treatment approaches."

### Natalia Gandur Moderator

"The discussion on predictive biomarkers, particularly KIM-1 and transcriptomic analyses, raises important considerations for optimizing immunotherapy in RCC. Given the challenges in translating these findings into routine clinical practice, the next steps in biomarker integration will be crucial in shaping future treatment paradigms."

### Natalia Gandur Moderator

"Thank you, Dr. Xu, for this excellent and insightful presentation which are highly relevant to our daily practice. I have a couple of questions and comments I'd like to discuss with you."

### Vincent (Wenxin) Xu

Certainly -- thanks for the invitation to participate and glad to be part of the discussion!

**Natalia Gandur Moderator** thank you!!

### Natalia Gandur Moderator

"1.These findings reinforce the role of immunotherapy in the adjuvant setting, but they also raise important questions about patient selection and long-term safety. As we move forward, how do you see the future landscape of adjuvant therapy evolving in renal cancer?"

### Gil Morgan

Thank you for being part of our faculty Dr. Xu and thank you for this magnificent presentations

### The OncoAlert Network

"Greetings Dr. Xu, We leave you in the hands of Dr. Gandur and Dr. Morgan for questions"

### The OncoAlert Network

and ofcourse questions from the audience

### Vincent (Wenxin) Xu

"Patient selection is extremely important. Despite the overall survival benefit seen for adjuvant pembrolizumab, most patients who get pembrolizumab may have been cured with surgery alone. Biomarkers such as KIM-1 might identify which patients can safely skip adjuvant therapy, and which patients benefit the most."

### Natalia Gandur Moderator thank you

for your answer!

### Vincent (Wenxin) Xu

"Otherwise, ongoing trials are adding to pembrolizumab. For example there are randomized trials adding either belzutifan, or a mRNA vaccine, to pembrolizumab."

### Natalia Gandur Moderator

"The TiNivo-2 results highlight an important limitation in post-ICI treatment strategies, reinforcing the need for a better understanding of resistance mechanisms. How do we move forward in developing more effective sequential approaches?"

### Vincent (Wenxin) Xu

"Thanks for this important question. CONTACT-03 and TiNivo-2 clearly show we can't indiscriminantly rechallenge with PD1/PDL1 in all patients. To move the needle, subsequent therapies need to be biologically informed. For example, some patients respond well to VEGF blockade or HIF-2 blockade in the refractory setting. mRNA and epigenetic biomarkers are being developed to help identify these patients."

### Natalia Gandur Moderator

Thank you very much for this clarifying answer.

### Gil Morgan

OK Now its time to listen

### Natalia Gandur Moderator

"Given the complexity of transcriptomic analysis, what are the biggest barriers to implementing these biomarkers in routine clinical practice? Are there specific signatures that you see as most promising for near-term adoption?"

**Gil Morgan**

WHAT HAS CHANGED IN CLINICAL PRACTICE

**The OncoAlert Network**

https://x.com/OncoAlert/status/1886461417563316560

**The OncoAlert Network**

That post just out on social media wraps up what has changed in Clinical practice from Dr. Xu's presentation

**Silke Gillessen “(Presenter)”**

"I am in, please let me know if I am in the correct space"

**Natalia Gandur Moderator**

GREAT PRESENTATION AND EXCELLENT SUMMARY. THANK YOU VERY MUCH DR XU

**Vincent (Wenxin) Xu**

"Ongoing trials, such as OPTIC-RCC, are evaluating using baseline mRNA signatures to help select treatment. However, to implement these biomarkers they need to be widely available and quickly done. Hopefully we can find other biomarkers that are proxies for mRNA signatures."

**Gil Morgan**

"Dear Dr. Gillessen, Welcome!!"

**Vincent (Wenxin) Xu**

Thank you and it was a pleasure to be here!

**The OncoAlert Network**

"Welcome Prof. Gillessen, you are in the right place"

**Natalia Gandur Moderator**

"Dear Dr. Gillessen, Welcome!!"

**The OncoAlert Network**

WELCOME

**The OncoAlert Network**

Thank you Prof. Xu!

### The OncoAlert Network

Amazing wrap up on Kindey Cancer Year in Review

### Natalia Gandur Moderator

"Thank you, Dr. Gillessen, for this excellent overview of the key practice-changing updates in prostate cancer"

### Natalia Gandur Moderator

"The PACE-B results reinforce the role of ultra-hypofractionation as an effective and well-tolerated approach for localized prostate cancer. As we integrate these findings into clinical practice, what factors should guide treatment decisions at the individual patient level?"

### The OncoAlert Network

A pleasure to introduce Dr. Silke Gillessen president of Advanced Prostate Cancer
Consensus Conference who is a partner and collaborator in this colloquium

### Silke Gillessen “(Presenter)”

"Thank you, very nice!"

### The OncoAlert Network

"Dr. Gillessen, I leave you in the hands of Dr. Gandur and Dr. Morgan for further discussions"

### Silke Gillessen “(Presenter)”

All theirs!

### Natalia Gandur Moderator

"With a median follow-up of 74 months, do we have enough long-term data to confidently endorse SBRT for all low- and intermediate-risk patients, or should we be cautious about potential late-onset toxicities beyond 5 years?"

### Silke Gillessen “(Presenter)”

The trial was for patients with intermediate disease. For low-risk we should recommend active surveillance for the majority of patients

**Natalia Gandur Moderator** Thank you

Dr Gillessen!

**Silke Gillessen “(Presenter)”**

"And you are correct, we need to have also even longer follow-up! But the data that have been shown look very encouraging in my opinion"

**Natalia Gandur Moderator** great!

**Natalia Gandur Moderator**

"The combination of abiraterone plus or minus docetaxel with radiotherapy shows additional benefits. Should all eligible low-volume patients receive this intensified approach, or are there specific subgroups where a more tailored strategy might be preferable?"

**Natalia Gandur Moderator**

"•Given the benefits of local RT in de novo mHSPC treated with intensified systemic therapy, should we reconsider treatment paradigms for low-volume disease? Could RT also play a role in select high-volume patients?"

**Silke Gillessen “(Presenter)”**

Interestingly in patients with low-volume disease

**Silke Gillessen “(Presenter)”**

the addition seemed to work in the patient who received also Abi

**Natalia Gandur Moderator** thank you!

**Silke Gillessen “(Presenter)”**

I mean the addition of RT. It is very interesting!

**Natalia Gandur Moderator** Great!

**Natalia Gandur Moderator**

"With the combination of enzalutamide and radium-223 emerging as a potential first-line option in bone-dominant mCRPC, how should we balance efficacy with the risk of skeletal-related events? Should bone-protecting agents become mandatory in these patients?"

**Silke Gillessen “(Presenter)”**

"Yes! And not only in patients who receive the combination with Rad-223, but also the patients with an ARPI alone for mCRPC!"

**Natalia Gandur Moderator** thank you!

**Natalia Gandur Moderator**

"•As we await the first data from ENZARAD, do you anticipate this trial will support a shift towards systemic intensification for high-risk localized prostate cancer, similar to what we’ve seen in mHSPC?"

**Silke Gillessen “(Presenter)”**

"We saw the first data from STAMPEDE adding Abi to RT and ADT for M0 disease, so this will show us what happens when we add Enza in a bit different population, a bit less high risk."

**Silke Gillessen “(Presenter)”**

Thanks Natalia for the chat! I will go back to my research meeting. Have a nice evening!

**Gil Morgan**

A great discussion by two amazing people

**Gil Morgan**

Thank you Dr. Gillessen and thank you Dr. Gandur

**Natalia Gandur Moderator** thank you!

**The OncoAlert Network**

Here is a Tweet that will give us the changes in Clinical Practice this year for prostate Cancer

**The OncoAlert Network**

https://x.com/OncoAlert/status/1886465947663323543

**The OncoAlert Network**

"We now welcome Prof. Petros Grivas, however Prof Grivas is flying at the moment and could not join us"

**The OncoAlert Network**

However, he did tell us that if there was any questions he will get back to anyone with comments

**Natalia Gandur Moderator**

I have some comments on Dr. Grivas' excellent presentation.

**The OncoAlert Network**

Please Dr. Gandur

**The OncoAlert Network**

We are all ears

**Natalia Gandur Moderator**

"he NIAGARA trial reinforces the role of perioperative immunotherapy in muscle-invasive bladder cancer, demonstrating a significant event-free survival benefit. However, it also raises important questions about the necessity of both neoadjuvant and adjuvant phases for all patients. A more tailored approach based on tumor response and individual risk stratification could optimize treatment, ensuring that patients receive the level of therapy most likely to benefit them while minimizing unnecessary exposure to"

**Natalia Gandur Moderator**

"immunotherapy-related toxicities. Future trials should explore response-adapted strategies, integrating biomarkers and imaging to refine patient selection. This would help determine whether certain subgroups might achieve similar benefits with neoadjuvant therapy alone or whether adjuvant treatment remains essential in all cases. As the field progresses, a more personalized approach could improve outcomes while reducing overtreatment in lower-risk patients."

**The OncoAlert Network**

"Dr. Grivas discusses significant ongoing advancements in the treatment of urothelial carcinoma, focusing on several pivotal trials and approvals. He highlights the anticipation surrounding regulatory decisions on Durvalumab from the Niagara study and the Ambassador trial, as well as upcoming perioperative and adjuvant trials in muscle-invasive bladder cancer. He also references promising phase 3 trials in bladder preservation with chemoradiation plus/minus checkpoint inhibitors, like the KEYNOTE 992 trial."

**The OncoAlert Network**

We just released a post that wraps up Prof. Grivas' presentation https://x.com/OncoAlert/status/1886469723820376096

**Natalia Gandur Moderator**

"The growing interest in systemic therapy for bladder preservation raises the question of whether immunotherapy could reduce the need for radical cystectomy in select patients. Biomarkers like PD-L1 expression and tumor mutational burden, along with clinical factors such as tumor stage and response to initial therapy, may help refine patient selection. Future trials should focus on integrating these criteria to develop safe and effective bladder-preserving strategies that balance oncologic control with quali"

**Natalia Gandur Moderator** quality of life

### Natalia Gandur Moderator

"The AMBASSADOR trial confirms a DFS benefit with adjuvant pembrolizumab, but its role must be evaluated alongside NIAGARA and CheckMate-274. The choice between adjuvant-only and perioperative checkpoint inhibition should be guided by factors such as tumor response to neoadjuvant therapy, PD-L1 status, and patient risk stratification."

### Natalia Gandur Moderator

Future studies should focus on refining selection criteria to ensure that immunotherapy is tailored to those who derive the greatest benefit while minimizing unnecessary exposure in lower-risk patients.

### Gil Morgan

"Dr. Gandur, I have a question"

### Gil Morgan

"1. The NIAGARA trial demonstrated a significant event-free survival (EFS) benefit with perioperative durvalumab. However, the impact of the neoadjuvant versus adjuvant phase remains unclear. What are the key considerations when evaluating the relative contribution of each phase, and how might future trials help clarify this?"

### Natalia Gandur Moderator

Thank you Gil for the question

### Natalia Gandur Moderator

"I think the NIAGARA trial highlights the benefit of perioperative durvalumab but leaves questions about the individual impact of the neoadjuvant and adjuvant phases. Since the trial was not designed to compare them directly, future studies should focus on patient stratification based on tumor downstaging, PD-L1 expression, and response to initial therapy."

### Natalia Gandur Moderator

"Comparing neoadjuvant-only, adjuvant-only, and combined approaches, along with biomarker-driven selection, will help clarify the optimal strategy for each patient."

### Gil Morgan

Thank you

### Gil Morgan

Now that Dr. Grivas is talking about it

### Gil Morgan

"2. The AMBASSADOR trial assessed adjuvant pembrolizumab in high-risk muscle-invasive urothelial carcinoma (MIUC). Given the dual primary endpoints of disease-free survival (DFS) and overall survival (OS), how do we interpret its clinical significance, particularly in the context of existing adjuvant options?"

### Natalia Gandur Moderator

"I think the AMBASSADOR trial confirms a DFS benefit with adjuvant pembrolizumab, but its long-term impact remains uncertain as OS data is still immature. Compared to nivolumab, which is already established as the standard of care, pembrolizumab showed a DFS benefit regardless of PD-L1 status. However, its role in clinical practice will depend on OS outcomes and further comparisons."

### Natalia Gandur Moderator

"The observed reduction in metastatic recurrence suggests potential benefits, but more data is needed to define its place among existing adjuvant options."

### Gil Morgan

"The combination of nivolumab + gemcitabine/cisplatin (NIVO+GC) demonstrated significant OS and PFS benefits in metastatic urothelial carcinoma (mUC), establishing it as a new standard of care. However, with the recent success of enfortumab vedotin + pembrolizumab (EV+Pembro), how should clinicians navigate treatment selection in the first-line setting?"

### Natalia Gandur Moderator

"I think the choice between NIVO+GC and EV+Pembro in first-line mUC treatment depends on multiple factors. EV+Pembro has shown a greater OS benefit, but no direct comparison exists. Toxicity profiles differ, with chemotherapy-related adverse events in NIVO+GC and neuropathy/skin toxicities in EV+Pembro, making patient comorbidities key in decision-making."

**Natalia Gandur Moderator**

"EV+Pembro may be preferred for cisplatin-ineligible patients, while cisplatin-eligible patients might still benefit from NIVO+GC. Cost and accessibility also play a role, especially in low-resource settings. Since optimal sequencing remains unclear, treatment selection should be personalized based on patient fitness, drug availability, and real-world data."

**The OncoAlert Network**

Excellent answer Dr. Gandur

**Natalia Gandur Moderator** thank you!!

**Gil Morgan**

"One Final Question, One of the ongoing debates in urothelial carcinoma is whether immune checkpoint inhibitors (ICIs) should be rechallenged after progression. What are the potential rationales and challenges for ICI rechallenge, and what data gaps exist in this area?"

**Natalia Gandur Moderator**

"I think ICI rechallenge in urothelial carcinoma remains a complex and evolving area. Some patients with an initial durable response may benefit, but acquired resistance mechanisms, such as loss of antigen presentation or T-cell exhaustion, must be considered."

**Natalia Gandur Moderator**

"Combining ICIs with chemotherapy, targeted agents, or novel immunomodulators may improve outcomes. While retrospective data suggest potential benefits, prospective trials are needed to clarify patient selection, optimal timing, and combination strategies to maximize efficacy."

**Halil İbrahim Ellez**

"In mUC, the combination of immunotherapy and chemotherapy (except nivo+GC) did not show benefit but seems to be effective in the neoadjuvant period. What do you think is the reason for this?"

**The OncoAlert Network**

"Thank you for the question Halil, Right now Dr. Grivas could stay in the conversation, but if you would like Dr Gandur and Dr. Morgan can give you their view"

**The OncoAlert Network**

We will ofcourse take this question to Dr. Grivas and can reach out to you

### The OncoAlert Network

we ask you to just send us your question to OncoAlertNetwork@OncoAlert360.com and just have as your subject as questions for Dr Grivas

### Natalia Gandur Moderator

"I think the difference in efficacy between the metastatic and neoadjuvant settings likely stems from tumor biology and the immune microenvironment. In the neoadjuvant setting, the immune system is more intact, allowing for a stronger response to checkpoint inhibitors when combined with chemotherapy."

### The OncoAlert Network

we will get it to him and the answer to you

### Natalia Gandur Moderator

"Additionally, neoadjuvant therapy may enhance antigen presentation and T-cell priming before the immunosuppressive effects of metastatic progression take hold. In contrast, in metastatic urothelial carcinoma, tumors often develop immune escape mechanisms, such as loss of antigen presentation or T-cell exhaustion, which may reduce the effectiveness of combination strategies. Understanding these differences is crucial for optimizing treatment approaches in both settings."

### Halil İbrahim Ellez

Do you think chemotherapy as a concomitant to immunotherapy in bladder cancer is effective in increasing immune response? Is it more logical to use it concurrently or in the maintenance period?

### The OncoAlert Network

Here is the post with the wrap up of Dr. Grivas' presentation

### The OncoAlert Network

https://x.com/OncoAlert/status/1886469723820376096

### Natalia Gandur Moderator

"In my opinion, chemotherapy can enhance the immune response when used concomitantly with immunotherapy in bladder cancer by promoting tumor antigen release, reducing immunosuppressive cells,

and increasing tumor visibility to the immune system. However, its effectiveness depends on timing and patient-specific factors."

### Natalia Gandur Moderator

"While concurrent use may maximize synergy by priming the immune system early, it also carries a higher risk of toxicity. Using chemotherapy in the maintenance phase could help sustain an immune response while minimizing overlapping toxicities. Future studies should clarify the optimal sequencing to balance efficacy and safety."

### The OncoAlert Network

Thank you very much Dr. Grivas

### The OncoAlert Network

and thank you Dr. Gandur for those amazing comments

### The OncoAlert Network

"Dr. Halil, please send us an email with your questions for Dr. Grivas and we will get it to him"

### The OncoAlert Network

OncoAlertnetwork@OncoAlert360.com

### The OncoAlert Network

And now we start with the TOP in GU RADIATION Oncology

### The OncoAlert Network

and Dr. Sean McBride of Memorial Sloan Kettering

### Natalia Gandur Moderator

I would like to sincerely thank Dr. Grivas for his amazing presentation!!

### The OncoAlert Network

Dr. Morgan any comments on Fastrack

### Gil Morgan

"FASTRACK II https://buff.ly/3EjJgRc This prospective multicenter trial found SABR to be an effective treatment for primary renal cell cancer, with 100% local control at 12 months, no cancer-related deaths, and an acceptable side-effect profile, supporting the need for future trials comparing SABR to surgery"

**The OncoAlert Network**

"Excellent, thank you for including the link to the publication direct in here"

**The OncoAlert Network** easiest to follow

**The OncoAlert Network**

What about PACE B

**Natalia Gandur Moderator**

"Dr. McBride, congratulations on an excellent presentation!"

**Gil Morgan**

Absolutely

**Gil Morgan**

"PACE B https://buff.ly/4aJTjv9 Five-fraction SBRT was noninferior to conventional radiotherapy in preventing biochemical or clinical failure, making it an effective treatment option for patients with low-to-intermediate-risk localized prostate cancer."

**Natalia Gandur Moderator**

"One particularly interesting aspect is the observed decline in eGFR over time. While the renal function impact appears mild, do you think there is a need for specific nephroprotective strategies or follow-up protocols to mitigate long-term renal impairment, especially in patients with borderline kidney function"

**The OncoAlert Network**

"We just received word from Dr. McBride who is taking care of Clinics, but Dr. Morgan (who is a clinical Oncologist) and Dr. Gandur will take us through the presentation"

**The OncoAlert Network**

"any questions for Dr. McBride, can be directed to us and we will get it to him"

### The OncoAlert Network

OncoAlertNetwork@OncoAlert360.com

### Natalia Gandur Moderator

"The FASTRACK II trial provides compelling evidence supporting [treatment option] as a viable approach for patients with unresectable RCC or those at high surgical risk. The impressive local control rates highlight its potential to reshape treatment paradigms, particularly in patients where surgery is not feasible. Moving forward, refining patient selection criteria will be key to optimizing outcomes, ensuring that this strategy is applied to those most likely to benefit while maintaining long-term efficacy"

### The OncoAlert Network

Thank you Dr. Gandur

### The OncoAlert Network

"Dr Morgan, what can you tell us about RADICAS HD"

### The OncoAlert Network

RADICALS HD

### The OncoAlert Network

and can you include the link to the publication

### Gil Morgan

Certainly

### Gil Morgan

"The RADICALS-HD Trial https://buff.ly/4aIiC0m Long-term outcomes after radical prostatectomy are generally favorable, and the addition of ADT in patients receiving postoperative radiotherapy did not show improved outcomes,"

### Natalia Gandur Moderator

"One particularly interesting aspect is the observed decline in eGFR over time. While the impact on renal function appears mild, it raises important questions about the need for nephroprotective strategies and structured follow-up protocols. This is especially relevant for patients with borderline kidney function, where

proactive monitoring and intervention could help mitigate long-term renal impairment and optimize treatment safety."

**The OncoAlert Network** exactly

**Natalia Gandur Moderator**

"The RADICALS-HD trial provides crucial insights into the impact of different durations of androgen deprivation therapy (ADT) on metastasis-free survival (MFS) and overall survival in prostate cancer. The comparisons between no ADT, short-term, and long-term ADT highlight significant differences in treatment outcomes, reinforcing the role of ADT duration in optimizing patient management. However, the varying hazard ratios across different contexts suggest that patient selection remains key,"

**Natalia Gandur Moderator**

and further refinement of stratification criteria could help tailor therapy to maximize benefits while minimizing unnecessary exposure.

**The OncoAlert Network**

and now for Dr. McBride's 4th practice changing trial of last year

**The OncoAlert Network**

NRG GU 003

**The OncoAlert Network**

"Dr. Morgan, Any comments"

**The OncoAlert Network**

"yes, in the same concept"

**Gil Morgan**

"NRG GU 003 https://buff.ly/4aFhOcN This randomized clinical trial found that while HYPORT resulted in greater short-term GI symptoms compared to COPORT, these symptoms resolved within 6 months, and there were no significant differences in long-term genitourinary or GI symptoms, establishing HYPORT as a noninferior and acceptable new practice standard."

**Natalia Gandur Moderator**

Agree with Gil

**The OncoAlert Network**

Thank you Dr. McBride

**The OncoAlert Network**

and now what a special treat

**The OncoAlert Network** its our

friends from GU CAST

**The OncoAlert Network**

Prof. Declan Murphy and Dr. Renu Eapen!

**The OncoAlert Network**

Welcome to both

**Natalia Gandur Moderator**

Hello GU CAST!

**Gil Morgan**

Indeed

**Gil Morgan**

Oh wow

**Gil Morgan**

I remember the 5k

**Gil Morgan**

so great

**Gil Morgan**

So here we are about to get contraversial

**Natalia Gandur Moderator**

I would like to share some thoughts and raise a few questions for discussion.

**Gil Morgan**

absolutely

**Natalia Gandur Moderator**

How has GU Cast influenced the education and continuous professional development of urology and genitourinary oncology specialists worldwide?

**Gil Morgan**

We have to have all different voices in every discussion

**Gil Morgan**

"Educational Podcasts like GU Casts are great, however its good to have different parts of every discussion"

**Gil Morgan**

"and thats the great thing about science, we can agree and we can disagree"

**Gil Morgan**

but its important to have these voices out there

**Natalia Gandur Moderator**

What advantages do podcast platforms like GU CAST offer compared to traditional scientific journals for medical knowledge dissemination?

**Gil Morgan**

I remember this specific occasion at APCCC in Lugano

**Gil Morgan**

I think that the great thing about podcasts is that it allows us to get different views on specific trials

**Gil Morgan**

"but then ofcourse it depends on the podcasts, because they do vary"

**Gil Morgan**

another great podcast that is our friends the UROMIGOS

**Gil Morgan**

highly reccommended

**Natalia Gandur Moderator** YES!!

**Gil Morgan**

Wow no we go into Negative trials

**Gil Morgan**

The SWOG 101 was very important in the urology world

**Gil Morgan**

NO BENEFIT in doing more extended LN into the Peritoneum and some patients were harmed

**Natalia Gandur Moderator**

How does GU CAST utilize social media to expand its reach and foster audience engagement?

**Gil Morgan**

"oh wow, Social Media is huge for us all, and GU cast definitely uses the platform in order to amplify an already established audience"

**Gil Morgan**

Similar to the OncoAlert Newsletter

**Gil Morgan**

Or the the Uromigos podcast

**Gil Morgan**

we all leverage social media in order to amplify all of this information

**Natalia Gandur Moderator** Thank you

Gil!!

**Gil Morgan**

"However, I know so many that use podcasts for this"

**Gil Morgan**

Even in OncoALert we will be increasing the amount of podcasts that we produce

**Gil Morgan**

precisely because we believe in it

**Gil Morgan**

Shout out GU Cast

**Gil Morgan**

thank you

**Elisabetta Bonzano**

"Podcast platforms like GU CAST offer a faster, more accessible, and engaging way to disseminate medical knowledge, complementing traditional journals by providing real-time expert discussions, simplified insights, and greater reach"

**Gil Morgan**

Picking their 3 Practice changing trials in Urology for 2024 1. Standard or Extended Lymphadenectomy for Muscle-Invasive Bladder Cancer https://buff.ly/4gvZBQk 2.
Pelvic Lymph Node Dissection in Prostate Cancer: Update from a Randomized Clinical Trial of Limited Versus Extended Dissection https://buff.ly/4giCzw9 3.Overall Survival with Adjuvant Pembrolizumab in Renal-Cell Carcinoma https://buff.ly/4hBnfeY GU Faculty

**The OncoAlert Network**

Thank you Dr. Eapen and Dr. Murphy

**Natalia Gandur Moderator** Hello Maria

José!

**The OncoAlert Network**

and now we have our collaborators from the GUARD consortium from SPAIN

**MJ Juan**

Hi Natalia and everyone!

**The OncoAlert Network**

starting off with Dr. Maria Jose Juan Fita

**Gil Morgan**

Hola Doctora!!

**Gil Morgan**

So nice to have you here

**MJ Juan** Hola!!

**Gil Morgan**

and thank you for joining us

**Gil Morgan**

"Dra Juan Fita, May I introduce you to Dra. Gandur from Argentina"

**MJ Juan**

"thoughts from ARANOTE: another doublet, this time without mature OS but achieving primary endpoint of rPFS"

**MJ Juan**

My pleasure!

**Elisa Agostinetto**

Hello everyone!

**MJ Juan**

PSMAFORE: unethical controlled arm as colleagues were saying

**Natalia Gandur Moderator**

"Dr. María José Juan Fita 1. Given the promising rPFS results with darolutamide + ADT, how do you see its potential role in treatment sequencing for mHSPC patients? Should we consider early intensification strategies in broader patient subgroups, including those with low-volume disease?"

**MJ Juan**

RETAIN: a very important trial trying to select options based on biomarkers

**MJ Juan**

Answering Natalia:

**MJ Juan**

I would like to see OS data ( despite of being a secondary endpoint) because we already have lot of trials with doublet results improving OS

**MJ Juan**

prescribing it or not would depend on price

**MJ Juan**

and its exceptional well tolerated side effects profile

**MJ Juan**

Thoughts from NIAGARA:

**Natalia Gandur Moderator**

Thank you!

**MJ Juan**

NOT pretty sure everyone need adjuvant IO ( and I am referring to those achieving pT0)

**MJ Juan**

but it is a positive trial in terms of PFS and OS

**Natalia Gandur Moderator**

"2.With Lutetium demonstrating a clear rPFS advantage, how do you foresee its role evolving in clinical practice? Should it be prioritized earlier in the treatment sequence for certain patient subgroups?"

**MJ Juan**

"so , probably practice-changing"

**MJ Juan**

"ambassador: a positive-negative trial: positive for primary endpoint but probably not showing benefit in OS, let´s wait for definitely results"

**MJ Juan**

pembro-EV : of course it would be a standard in 1st line mUC and we will get used to manage ir

**Natalia Gandur Moderator**

"With Lutetium demonstrating a clear rPFS advantage, how do you foresee its role evolving in clinical practice? Should it be prioritized earlier in the treatment sequence for certain patient subgroups?"

**MJ Juan**

how to select patients for JAVELIN with mOS of 25.9 months and EV302 with mOS of 31.5 m...challenging

**Gil Morgan**

A Great discussion

**Gil Morgan**

thank you Dr. Juan and Dr Gandur

**Gil Morgan**

and now Dr. Sevillano also from the GUARD consortium

**The OncoAlert Network**

We Are very proud to be collaborators with GUARD!

**Elena Sevillano ( presenter)**

"Hello! Thank you very much for counting on GUARD Comsortium, a real pleasure !"

**Natalia Gandur Moderator**

Hello Dr. Sevillano!

**Gil Morgan**

Hello Dr. Sevillano

**Gil Morgan** welcome

### Natalia Gandur Moderator

"KEYNOTE-564 has demonstrated a DFS benefit with adjuvant pembrolizumab. Given the challenges in translating DFS gains into OS benefits, what are your thoughts on long-term outcomes?"

### Elena Sevillano ( presenter)

He Dr. Gandur and Dr. Morgan

### Gil Morgan

"Dr. Sevillano, I know that this is a little off, but I wanted to ask you why groups like

GUARD are very much needed"

### Gil Morgan

Not just in Spain but worldwide

### Elena Sevillano ( presenter)

Thank you Dr. Gandur for the question

### Elena Sevillano ( presenter)

"PD-1 inhibitors, like pembrolizumab, can induce long-lasting immune responses,"

### Elena Sevillano ( presenter)

"Previous studies in metastatic RCC and other tumors suggest that responders may achieve prolonged OS, even after treatment discontinuation"

**Natalia Gandur Moderator** thank you!

### Natalia Gandur Moderator

"The IMmotion 010 trial did not meet its primary endpoint, yet KIM-1 emerged as a promising biomarker. How do you see KIM-1 shaping future adjuvant treatment strategies in RCC?"

### Elena Sevillano ( presenter)

"Yes , I think GUARD play a key role in the future of GU oncology."

**Elena Sevillano ( presenter)**

Its primary goal is to build an integrative platform for clinical and translational research focused on genitourinary tumors

**Elena Sevillano ( presenter)**

"GUARD fosters multidisciplinary collaboration among experts in medical oncology, urology, radiation oncology, pathology, nuclear medicine, radiodiagnosis, molecular biology, oncological pharmacy, and nursing"

**Elena Sevillano ( presenter)**

"The consortium operates at both national and international levels, aiming to enhance diagnosis and treatment for patients."

**Gil Morgan**

I took part of last years GUARD Symposium during the summer virtually and it was indeed very insightful

**Gil Morgan**

The group in the trials it conducts

**Gil Morgan**

and the Symposium in the Talent it attracts

**Gil Morgan**

Very Proud of GUARD

**MJ Juan**

"Dr Morgan, Dra Sevillano and me want to be part of Oncoalert group. How can we apply?"

**Elena Sevillano ( presenter)**

"KIM 1 , seems to be a very promising biomarker. It also appears to be prognostic, but may be predictive of response"

**The OncoAlert Network**

and very proud to Have GUARD AS a collaborator

**Halil İbrahim Ellez**

In patients with metastatic RCC in whom we use the combination of IO+TKI - if there is a good response - when would you consider discontinuation of treatment? Which treatment would you give up easily in these patients?

**Gil Morgan**

"Dr. Juan and Dr. Sevillano, I will reach out to you both regarding being part of our network"

**Natalia Gandur Moderator** Thank you

Dr Sevillano!

**Gil Morgan**

Thank you both very much for such great presentations

**Gil Morgan**

Thank you Dr. Gandur

**MJ Juan**

many thanks! Our pleasure!

**Elena Sevillano ( presenter)**

It is a pleasure for both of us

**The OncoAlert Network**

We now present Mr Lewis from kidneyCAN

**The OncoAlert Network**

giving us the Patient advocate perspective

**Gil Morgan**

it is amazing what groups like kidneyCAN are doing

**Gil Morgan**

"KidneyCAN generates not only the support for patients, but they are a very important group in funding Kindey Cancer research"

**Natalia Gandur Moderator**

Welcome kidneyCAN!!

**Natalia Gandur Moderator**

"How has the Kidney Cancer Association contributed to advancing kidney cancer research, and what are its most impactful initiatives to date?"

**Gil Morgan**

50 million in 2023

**Gil Morgan** just for

kidney cancer

**Gil Morgan**

thats 285 million dollars for kidney cancer research

**Gil Morgan**

"KidneyCAN's mission is to accelerate cures for kidney cancer by advocating for increased government and industry funding, fostering collaboration among researchers and clinicians, and providing direct financial support to researchers with innovative ideas. The organization also empowers patients and caregivers through educational outreach, helping them stay informed and engaged, while connecting patients with clinical trials and treatment opportunities to ensure access to cutting-edge care."

**Natalia Gandur Moderator** Amaizing!!

**Gil Morgan**

"indeed, an amazing groupr"

**Gil Morgan**

and testament to the value of grass roots advocacy movements

**Gil Morgan**

"WOW, that time just flew"

**Gil Morgan**

Thank you Dr. Natalia Gandur for your amazing comments and questions

### Gil Morgan

Join us tomoro

### Gil Morgan

lung cancer

### Elisa Agostinetto

"Congrats guys, great work!!"

### Natalia Gandur Moderator

Thank you all very much!! Excellent space for exchange!