



OncoAlert Colloquium 2026 – GU Day Chat Transcript

Moderators: Dr. Gilberto Morgan and Dr. Natalia Gandur

02 Feb 2026, 19:01 | Natalia Gandur: Hello

02 Feb 2026, 19:01 | The OncoAlert Network: Dear All Greetings

02 Feb 2026, 19:01 | The OncoAlert Network: welcome to the OncoAlert Colloquium

02 Feb 2026, 19:01 | The OncoAlert Network: "Hello Dr. Gandur, welcome to the colloquium"

02 Feb 2026, 19:01 | KCA - Salvatore La Rosa: video has not started yet

02 Feb 2026, 19:03 | KCA - Salvatore La Rosa: now yes!

02 Feb 2026, 19:03 | The OncoAlert Network: During the colloquium we will be running polls

02 Feb 2026, 19:03 | The OncoAlert Network: you can find those in the right hand

02 Feb 2026, 19:03 | The OncoAlert Network: right by the chat

02 Feb 2026, 19:04 | The OncoAlert Network: Sorry we had an issue

02 Feb 2026, 19:05 | The OncoAlert Network: Dr. Rini will be on soon

02 Feb 2026, 19:06 | The OncoAlert Network: "We have as as many people from the US, Europe and Asia"

02 Feb 2026, 19:07 | Darius Norkus: Password doesn't work

02 Feb 2026, 19:07 | The OncoAlert Network: TRY this link

02 Feb 2026, 19:07 | The OncoAlert Network: <https://vimeo.com/event/5689320>

02 Feb 2026, 19:07 | The OncoAlert Network: OncoAlertColloquium2026Access!



02 Feb 2026, 19:07 | Natalia Gandur: <https://vimeo.com/event/5689320?fl=so&fe=fs>

02 Feb 2026, 19:07 | The OncoAlert Network: We are having issues with the stream on the OncoAlert website

02 Feb 2026, 19:07 | The OncoAlert Network: this will be fixed tomorrow

02 Feb 2026, 19:08 | Natalia Gandur: OncoAlertColloquium2026Access!

02 Feb 2026, 19:08 | The OncoAlert Network: you have to access directly in vimeo

02 Feb 2026, 19:08 | The OncoAlert Network: our apologies

02 Feb 2026, 19:15 | Natalia Gandur: "In adjuvant RCC, more immune therapy is not necessarily better, and may even dilute benefit."

02 Feb 2026, 19:16 | Natalia Gandur: "KIM-1 is not just prognostic, it has the potential to become a treatment-selection and timing biomarker, which is exactly what the field is missing."

02 Feb 2026, 19:18 | The OncoAlert Network: QUICK QUESTION

02 Feb 2026, 19:18 | The OncoAlert Network: Which adjuvant therapy trial in kidney cancer has demonstrated a clear disease-free survival and overall survival benefit and is considered a current standard of care? A. IMmotion010 (Atezolizumab) B. CheckMate trial with Ipi/Nivo C. KEYNOTE-564 (Pembrolizumab) D. RAMPART (Durvalumab + Tremelimumab)

02 Feb 2026, 19:18 | The OncoAlert Network: Which adjuvant therapy trial in kidney cancer has demonstrated a clear disease-free survival and overall survival benefit and is considered a current standard of care?

02 Feb 2026, 19:18 | The OncoAlert Network: A. IMmotion010 (Atezolizumab)

02 Feb 2026, 19:18 | The OncoAlert Network: B. CheckMate trial with Ipi/Nivo

02 Feb 2026, 19:19 | The OncoAlert Network: C. KEYNOTE-564 (Pembrolizumab)

02 Feb 2026, 19:19 | The OncoAlert Network: D. RAMPART (Durvalumab + Tremelimumab)

02 Feb 2026, 19:20 | KCA - Salvatore La Rosa: C



02 Feb 2026, 19:20 | The OncoAlert Network: Great Job Dr. La Rosa

02 Feb 2026, 19:21 | The OncoAlert Network: the Answer is C. KEYNOTE-564 (Pembrolizumab)

02 Feb 2026, 19:21 | The OncoAlert Network: Second question

02 Feb 2026, 19:21 | The OncoAlert Network: "In the RAMPART trial, which patient subgroup derived the disease-free survival benefit from adjuvant Durvalumab + Tremelimumab?"

02 Feb 2026, 19:21 | Natalia Gandur: "Depth of response provides additional granularity beyond ORR, particularly in refractory disease where durable tumor shrinkage even without CR often correlates with prolonged disease control and symptomatic benefit."

02 Feb 2026, 19:21 | The OncoAlert Network: A. Intermediate-risk patients defined by tumor size alone

02 Feb 2026, 19:21 | The OncoAlert Network: B. All patients regardless of risk category

02 Feb 2026, 19:21 | The OncoAlert Network: C. Patients with low Leibovich scores

02 Feb 2026, 19:21 | The OncoAlert Network: D. High-risk patients defined by Leibovich scoring criteria

02 Feb 2026, 19:22 | The OncoAlert Network: The Answer is D. High-risk patients defined by Leibovich scoring criteria

02 Feb 2026, 19:22 | The OncoAlert Network: Last question

02 Feb 2026, 19:22 | The OncoAlert Network: What was the most notable finding regarding the biomarker KIM-1 in the IMmotion010 study?

02 Feb 2026, 19:22 | The OncoAlert Network: A. KIM-1 levels predicted toxicity from adjuvant Atezolizumab

02 Feb 2026, 19:23 | The OncoAlert Network: B. KIM-1 was only elevated in patients receiving immunotherapy

02 Feb 2026, 19:23 | The OncoAlert Network: C. High KIM-1 levels were associated with worse outcomes and potential benefit from adjuvant Atezolizumab



02 Feb 2026, 19:23 | The OncoAlert Network: D. KIM-1 was not associated with recurrence risk in kidney cancer

02 Feb 2026, 19:23 | The OncoAlert Network: Answer in one minute

02 Feb 2026, 19:24 | The OncoAlert Network: C. High KIM-1 levels were associated with worse outcomes and potential benefit from adjuvant Atezolizumab

02 Feb 2026, 19:24 | The OncoAlert Network: The Answer is C

02 Feb 2026, 19:24 | Natalia Gandur: "A Reflection Papillary RCC reminds us that "renal cell carcinoma" is not a single disease but a collection of biologically distinct entities. Across studies, single-agent VEGF or IO therapies deliver modest and inconsistent benefit, while combination strategies appear to improve response rates but often without clearly durable disease control. The key message is not that we lack active drugs, but that we still lack a unifying biological framework to guide treatment selection in nccRCC. Until molecular str"

02 Feb 2026, 19:25 | The OncoAlert Network: Just a quick roll call in case colleagues want to say hello

02 Feb 2026, 19:26 | Natalia Gandur: "Bev-erlotinib works exceptionally well in HLRCC, reinforcing that molecular selection, not histology, is the key to progress in papillary RCC."

02 Feb 2026, 19:26 | The OncoAlert Network: "Gil Morgan, coming Live from Sweden at the moment"

02 Feb 2026, 19:26 | "Brian Rini, MD": I'm on and happy to answer any questions!

02 Feb 2026, 19:26 | The OncoAlert Network: HI Dr. Rini

02 Feb 2026, 19:26 | The OncoAlert Network: Greetings and welcome to the chat

02 Feb 2026, 19:27 | The OncoAlert Network: "Dear All, Dr. Rini is now free to answer questions"

02 Feb 2026, 19:27 | Natalia Gandur: "Hello Dr Rini, Thank you!"

02 Feb 2026, 19:27 | Keith Leyden: Password provided does not work

02 Feb 2026, 19:27 | Natalia Gandur: How should clinicians prioritize among multiple combination regimens in heavily pretreated mRCC?



02 Feb 2026, 19:27 | The OncoAlert Network: USE THE following

02 Feb 2026, 19:27 | The OncoAlert Network:

<https://vimeo.com/event/5689320?fl=so&fe=fs>

02 Feb 2026, 19:27 | The OncoAlert Network: OncoAlertColloquium2026Access!

02 Feb 2026, 19:28 | The OncoAlert Network: "We are having issues with the OncoAlert website stream, you have to go direct to vimeo"

02 Feb 2026, 19:28 | The OncoAlert Network: in the link above

02 Feb 2026, 19:29 | "Brian Rini, MD": I think at now its hard to prioritize combos in refractory RCC given we havent seen all the data. I imagine it will come down to selecting pts for combos who can tolerate and perhaps 'need' the additional tumor shrinkage and PFS provided balanced against more toxicity.

02 Feb 2026, 19:30 | Natalia Gandur: "Thank you very much, Dr. Rini."

02 Feb 2026, 19:31 | Natalia Gandur: Another question: What do emerging combinations including belzutifan tell us about resistance biology in refractory mRCC?

02 Feb 2026, 19:33 | "Brian Rini, MD": "Good question but I dont think we know at this point. I think the biology of response and resistance to belzu is different than VEGF TKIs. This likely explains the enhanced clinical effect of these combos, but we are still in desperate need of biomarkers for each component."

02 Feb 2026, 19:36 | Natalia Gandur: "Absolutely agree, Dr. Rini, thank you. The apparent non-overlapping resistance biology compared with VEGF TKIs is likely what makes these combinations clinically compelling. As you point out, without predictive biomarkers for each component, we're still largely operating empirically."

02 Feb 2026, 19:36 | Natalia Gandur: "This really underscores that the next step for belzutifan-based strategies isn't more combinations, but better biological selection, to understand who benefits from HIF-2 α inhibition, who from the partner drug, and who truly needs both."

02 Feb 2026, 19:36 | The OncoAlert Network: Thank you very much Dr. Rini and Dr. Gandur



02 Feb 2026, 19:40 | Natalia Gandur: "Thank you, Dr. Powles, for a truly outstanding and thought-provoking presentation. The TOMBOOLA data are particularly striking patients who remain persistently ctDNA-negative after cystectomy seem to do extremely well with surveillance alone, with no clear added benefit from adjuvant immunotherapy. This really supports ctDNA not only as a tool to guide escalation of treatment, but also to safely de-escalate therapy, helping us avoid overtreatment in patients who are very likely already cured."

02 Feb 2026, 19:41 | Natalia Gandur: "The efficacy signal is clearly compelling, particularly the depth of response, but questions around patient selection, biomarker alignment (HER2 expression), and generalizability to Western populations will be key before this can be broadly adopted."

02 Feb 2026, 19:44 | Natalia Gandur: The lack of consistent biomarker selection across most of these agents is still a major limitation and probably explains some of the variability we're seeing.

02 Feb 2026, 19:45 | The OncoAlert Network: Great observation Dr. Gandur

02 Feb 2026, 19:45 | The OncoAlert Network: Thank you Dr. Powles!

02 Feb 2026, 19:45 | The OncoAlert Network: Now we have our friends from GU Cast

02 Feb 2026, 19:46 | The OncoAlert Network: Dr. Murphy and Dr. Eapen to give us the controversies in GU oncology

02 Feb 2026, 19:51 | Natalia Gandur: "A big thank you to Dr. Murphy and Dr. Eapen for a fantastic GU CAST discussion, tackling the real-world controversies that continue to shape decision-making in GU oncology."

02 Feb 2026, 19:52 | The OncoAlert Network: "Dr. Gandur, what would you say has been one of the biggest controversies in GU oncology"

02 Feb 2026, 19:52 | The OncoAlert Network: "you can pick prostate, Kidney or bladder"

02 Feb 2026, 19:54 | Natalia Gandur: "One of the biggest controversies right now is how to integrate all these highly active perioperative strategies in bladder cancer without overtreating patients. We now have EVP, chemo-IO, and emerging ctDNA-guided approaches, but we still don't fully agree on who truly needs intensified therapy and who could safely



avoid it. The controversy is no longer about whether these treatments work, but about how to personalize them."

02 Feb 2026, 19:55 | The OncoAlert Network: and that is something that is only going to play a bigger role as we go further

02 Feb 2026, 19:55 | Silke Gillessen: "Dear Dr. Gandur, I am online, not sure if I need to do anything else?"

02 Feb 2026, 19:55 | The OncoAlert Network: Greetings Dr. Gillessen!

02 Feb 2026, 19:55 | Natalia Gandur: "In prostate cancer, one of the biggest current controversies is the role of PSMA-targeted strategies, particularly when and how to add them to existing systemic treatment. PSMA imaging has clearly changed staging and decision-making, but we're still debating how much it should drive treatment escalation. The key question is whether PSMA-based intensification truly improves long-term outcomes, or whether in some cases we're simply detecting more disease without changing the natural history."

02 Feb 2026, 19:56 | The OncoAlert Network: "perfect timing, Dr. Murphy and and Dr. Eapen were talking about EMBARK"

02 Feb 2026, 19:56 | Silke Gillessen: Do I have to join Vimeo?

02 Feb 2026, 19:59 | Natalia Gandur: "A question regarding the EMBARK trial: in patients with biochemical recurrence and high-risk features, EMBARK clearly showed benefit with treatment intensification. How do you translate these data into real-world practice when deciding when to start systemic therapy and how intensive it should be?"

02 Feb 2026, 19:59 | The OncoAlert Network: We are so happy to have Dr. Silke Gillessen on the chat already who will be our next speaker

02 Feb 2026, 19:59 | Juan Antonio Vallejo Casas: I'm conected

02 Feb 2026, 19:59 | The OncoAlert Network: but if there are any questions please feel free

02 Feb 2026, 19:59 | The OncoAlert Network: Greetings Dr. Vallejo

02 Feb 2026, 20:00 | Natalia Gandur: "Dr. Gillessen, thank you for being with us."



02 Feb 2026, 20:00 | Silke Gillessen: Pleasure!

02 Feb 2026, 20:02 | Natalia Gandur: "How do you decide who truly needs triplet therapy versus who can do very well with ADT + ARPI alone? Specifically, do you use a biology/imaging-driven framework (e.g., PSMA PET burden, visceral disease, rapid PSA kinetics) to escalate or are we still largely relying on clinical volume/risk definitions? Thank you, really looking forward to your perspective."

02 Feb 2026, 20:03 | Silke Gillessen: Interesting question! Only that soon we will have (or have already) new sorts of triplets and even quadruplets.

02 Feb 2026, 20:05 | Silke Gillessen: For the "original" systemic triplet ADT+ARPI Docetaxel I am still using the more old-fashioned clinical definitions of timing of disease (de novo vs metachronous) and volume.

02 Feb 2026, 20:06 | Juan Antonio Vallejo Casas: What's tool use for "volume definition"? bone scan + CT or PSMA PET/TC

02 Feb 2026, 20:06 | Silke Gillessen: "For patients with metachronous, low volume disease I do not consider addition of docetaxel. Mainly we do it for patients with de novo, high volume disease if the patient is fit."

02 Feb 2026, 20:07 | Natalia Gandur: "Dear Dr. Gillessen, thank you very much for a clear and insightful overview of the AMPLITUDE data really a landmark study in this space. My question is about implementation: AMPLITUDE clearly supports early intensification with niraparib plus ARPI in HRR-mutated mCSPC, but in real-world practice, how do you see this changing our treatment algorithms?"

02 Feb 2026, 20:07 | Silke Gillessen: We have mostly staging with PSMA PET CT

02 Feb 2026, 20:08 | Silke Gillessen: To Dr. Gandur: I personally would discuss it only with patients with BRCA alterations: Attention not approved in Europe as far as I know!

02 Feb 2026, 20:09 | Silke Gillessen: "I showed the HR for rPFS for HRR but not BRCA,"

02 Feb 2026, 20:09 | Silke Gillessen: 0.81!

02 Feb 2026, 20:11 | Natalia Gandur: "Thank you, that's very clear and very pragmatic. I completely agree that for now the strongest and most actionable signal from AMPLITUDE is in BRCA-altered disease, and that broader HRR use clearly requires caution."



02 Feb 2026, 20:12 | Natalia Gandur: "How should we interpret the post-hoc PTEN findings from CAPItello-281 in terms of clinical decision-making? Do you see PTEN loss as a biomarker that could eventually guide treatment intensification with AKT inhibition, or are we still too early given the post-hoc nature of the analysis?"

02 Feb 2026, 20:12 | The OncoAlert Network: HERE ARE SOME QUESTIONS from Dr. Gillessen

02 Feb 2026, 20:12 | The OncoAlert Network: If approved would you recommend adding Niraparib to ADT plus Abiraterone/Pred in fit patients with de novo mHSPC and a BRCA alteration:

02 Feb 2026, 20:12 | The OncoAlert Network: YES

02 Feb 2026, 20:12 | The OncoAlert Network: NO

02 Feb 2026, 20:12 | The OncoAlert Network: Abstain

02 Feb 2026, 20:14 | The OncoAlert Network: another one would be

02 Feb 2026, 20:14 | The OncoAlert Network: If approved would you recommend adding Niraparib to ADT plus Abiraterone/Pred in in fit patients with de novo mHSPC and an HRR alteration but not BRCA:

02 Feb 2026, 20:14 | The OncoAlert Network: YES

02 Feb 2026, 20:14 | The OncoAlert Network: No

02 Feb 2026, 20:14 | The OncoAlert Network: or abstain?

02 Feb 2026, 20:15 | Silke Gillessen: The post-hoc PTEN findings are really interesting. The question is if these patients would profit also more from addition to docetaxel

02 Feb 2026, 20:15 | Natalia Gandur: My vote: YES

02 Feb 2026, 20:16 | The OncoAlert Network: for both of the questions Dr. Gandur?

02 Feb 2026, 20:18 | Natalia Gandur: "Thank you, Dr Gillessen that's a great point. It suggests PTEN may reflect a biology sensitive to intensification overall, not necessarily AKT inhibition specifically, which is exactly why prospective validation is so critical."

02 Feb 2026, 20:19 | Natalia Gandur: yes for the first one only.



02 Feb 2026, 20:19 | The OncoAlert Network: Thank you

02 Feb 2026, 20:19 | The OncoAlert Network: Thank you Dr. Gillessen and Dr. Gandur

02 Feb 2026, 20:19 | The OncoAlert Network: And now Dr. Vallejo for the GUARD Consortium Session on GU Cancer Diagnostics

02 Feb 2026, 20:19 | The OncoAlert Network: Saludos Dr. Vallejo

02 Feb 2026, 20:20 | Juan Antonio Vallejo Casas: Delighted to be here

02 Feb 2026, 20:21 | Natalia Gandur: "Thank you, Dr. Gillessen, for a fantastic and very thought-provoking overview. We really appreciate your perspective."

02 Feb 2026, 20:26 | The OncoAlert Network: an honor to have you here Dr. Vallejo and honoured to have this great GUARD Consortium session on a very important topic

02 Feb 2026, 20:27 | Natalia Gandur: "Thank you, Dr. Vallejo, for this excellent overview. With the very high detection rates of PSMA PET—especially at higher PSA levels, how do you avoid overtreatment? In other words, how do you decide when a PSMA-positive finding should truly change management versus when it simply reflects more sensitive imaging without clear clinical benefit?"

02 Feb 2026, 20:29 | Juan Antonio Vallejo Casas: "WE need to standardize reports and understand unexpected finding. In bone location, we need to avoid false positive (mainly in PSMA-1007)."

02 Feb 2026, 20:30 | Juan Antonio Vallejo Casas: "The experience and communications are the best tools. In node is very rare the false positiva, but in bone, we need to evaluate te global patient"

02 Feb 2026, 20:32 | Natalia Gandur: "Completely agree, standardization and awareness of tracer-specific false positives, especially in bone, are critical to avoid overtreatment."

02 Feb 2026, 20:33 | Natalia Gandur: "Absolutely agree. Experience and communication are key, and the distinction you make between nodal and bone disease is very important. In lymph nodes, false positives are indeed uncommon, but in bone, interpretation clearly requires a more global clinical context, integrating imaging patterns, PSA kinetics, and the overall disease scenario. This really highlights that PSMA PET is a powerful tool, but one that demands expertise to avoid misinterpretation and overtreatment."



02 Feb 2026, 20:34 | The OncoAlert Network: Thank you very Much Dr. Vallejo and Dr. Gandur

02 Feb 2026, 20:35 | Juan Antonio Vallejo Casas: Thank for including GUARConsortium en this event;;

02 Feb 2026, 20:37 | The OncoAlert Network: "Absolutely Dr. Vallejo, we are proud partners of our friends at the GUARD consortium"

02 Feb 2026, 20:37 | The OncoAlert Network: honoured to have had you here and as part of our faculty

02 Feb 2026, 20:40 | The OncoAlert Network: We are proud to have Dr. Sean McBride of MSK who goes through the TOP in Radiation Oncology in GU

02 Feb 2026, 20:44 | Natalia Gandur: "Thank you, Dr. McBride, for an excellent and very clear overview of these important radiation oncology data. You've nicely highlighted where intensification with systemic therapy adds value and where it does not."

02 Feb 2026, 20:47 | The OncoAlert Network: Thank you Dr. McBride

02 Feb 2026, 20:47 | The OncoAlert Network: and welcome Dr. Salvo La Rosa of Kidney Cancer Association

02 Feb 2026, 20:47 | Natalia Gandur: "The Spratt results are particularly compelling in showing that even in the post-prostatectomy setting, not all patients benefit equally from adding an ARPI, and that molecular and luminal subtyping may help us avoid unnecessary treatment."

02 Feb 2026, 20:47 | The OncoAlert Network: The OncoAlert Network is a proud partner of KCA

02 Feb 2026, 20:47 | KCA - Salvatore La Rosa: Hi Everyone! I'm online if anyone has any questions!

02 Feb 2026, 20:51 | Natalia Gandur: "Hello Dr. La Rosa, it's great to have you with us, thank you very much for joining. Your presentation powerfully highlights a critical and often underappreciated issue: how funding instability directly threatens innovation, workforce development, and ultimately patient outcomes in kidney cancer. We're very grateful for the leadership of the Kidney Cancer Association in advocating not only for research, but for the entire ecosystem that makes progress possible."



02 Feb 2026, 20:52 | KCA - Salvatore La Rosa: "Yes, well said! Everything we do at KCA is supporting the community bringing tools and opportunities to advance research!"

02 Feb 2026, 20:52 | KCA - Salvatore La Rosa: "Of course we do a lot more also for patients, but today I guess the focus is on HCP! 😊😊"

02 Feb 2026, 20:53 | Natalia Gandur: "Dr. La Rosa, given the current funding crisis you've highlighted, what do you think is the single most effective advocacy lever the kidney cancer community should prioritize right now: policy engagement, public-private partnerships, or patient-driven advocacy, to protect innovation and the research workforce?"

02 Feb 2026, 20:54 | KCA - Salvatore La Rosa: "I guess the right answer is all of the above! KCA cannot do all of it, and that's why across all groups collaborating, we can advance all topics!"

02 Feb 2026, 20:54 | Natalia Gandur: "IKCS has clearly become more than a conference. From your perspective, what has been its most tangible impact so far: shaping research agendas, accelerating collaboration, or influencing clinical practice?"

02 Feb 2026, 20:56 | KCA - Salvatore La Rosa: "Collaboration has happened and the magic happens when you have people together, KCA has been great at listening and creating agendas and satellite meeting to share research agendas"

02 Feb 2026, 20:56 | The OncoAlert Network: Thank you Very much Dr. La Rosa and a big thanks to KCA for all the great you are doing! WE look forward to continue to work together!

02 Feb 2026, 20:57 | KCA - Salvatore La Rosa: Same here! Thank you!

02 Feb 2026, 20:57 | Natalia Gandur: "This has been a truly inspiring overview. What comes through very clearly is that KCA is not only advancing kidney cancer research, but intentionally building the people, partnerships, and structures that will sustain progress for years to come. Thank you, Dr. La Rosa, for your leadership and for reminding us that meaningful innovation requires long-term vision, advocacy, and investment in the next generation."

02 Feb 2026, 20:57 | The OncoAlert Network: "And now we finish GU day with our Great OncoAlert colleague, Dr. Gandur!"

02 Feb 2026, 21:00 | Natalia Gandur: "Thank you so much, it's truly an honor to be part of this Colloquium. I'm online and happy to take any questions or comments"



02 Feb 2026, 21:00 | The OncoAlert Network: its an honor to have you as not only our faculty

02 Feb 2026, 21:01 | The OncoAlert Network: but our esteemed expert moderator

02 Feb 2026, 21:02 | The OncoAlert Network: "Dear Dr. Gandur, If the evidence in genitourinary oncology is so strong, why do you think the implementation gap in Latin America has persisted for so long?"

02 Feb 2026, 21:05 | Natalia Gandur: "That is an excellent question. The persistence of the implementation gap in Latin America is not due to a lack of evidence, but to structural limitations. The science has advanced faster than the systems responsible for delivering it. Regulatory processes, reimbursement frameworks, and clinical trial infrastructure were not designed to absorb rapid innovation, particularly complex combination strategies. As a result, even when evidence is strong and guidelines are clear, translation routine practiceresearch"

02 Feb 2026, 21:08 | The OncoAlert Network: Thank you

02 Feb 2026, 21:08 | The OncoAlert Network: You emphasized the need to move from recruitment to leadership. What does 'leadership' realistically look like for Latin America?

02 Feb 2026, 21:11 | Natalia Gandur: "Leadership for Latin America does not necessarily mean leading every global phase III trial. Rather, it means actively shaping the research agenda. This includes contributing to trial design, leading investigator-initiated and early-phase studies, defining region-relevant research questions, and having a meaningful role in authorship and governance. Even incremental leadership fundamentally changes how applicable, implementable, and equitable the resulting evidence becomes."

02 Feb 2026, 21:12 | The OncoAlert Network: "very true, leadership looks differently throughout the world, however it is still the leadership that is needed"

02 Feb 2026, 21:13 | The OncoAlert Network: when it comes to the underrepresentation in clinical trials which is a big issue in LMIC's

02 Feb 2026, 21:13 | The OncoAlert Network: How does underrepresentation in clinical trials actually affect patient outcomes in real-world practice?

02 Feb 2026, 21:15 | Natalia Gandur: "Underrepresentation in clinical trials affects patient outcomes in very concrete ways. First, it limits the external validity of our evidence.



When populations from LMICs are underrepresented, we don't fully understand how treatments perform across different genetic backgrounds, comorbidity profiles, and health system contexts. Second, it delays access. Clinical trial participation is often the earliest route to innovation, so underrepresentation directly translates into later exposure to effective therapi"

02 Feb 2026, 21:15 | The OncoAlert Network: Thank you so much Dr. Gandur!

02 Feb 2026, 21:15 | The OncoAlert Network: and thank you for being part of this discussion