



OncoAlert Colloquium 2026 – GU Day Comprehensive Synopsis

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Overall Session Themes

The GU Day of the OncoAlert Colloquium 2026 focused on practice-changing clinical trials across kidney, prostate, and precision oncology.

Major themes included:

- Optimization of adjuvant immunotherapy
- Biomarker-driven patient selection
- Treatment intensification versus de-escalation
- Integration of PSMA PET imaging into treatment algorithms
- Equity and representation in clinical trial enrollment

Kidney Cancer – Adjuvant Therapy and Biomarkers

KEYNOTE-564 emerged as the dominant reference point for adjuvant therapy in renal cell carcinoma (RCC), reinforcing pembrolizumab as the current standard for selected high-risk patients following nephrectomy.

Discussion emphasized:

- Confirmation of disease-free survival benefit with pembrolizumab
- Ongoing uncertainty regarding overall survival maturity
- Need for better risk stratification tools

The RAMPART trial discussion highlighted efforts to refine patient selection for adjuvant immune therapy combinations.

Biomarker discussions centered on KIM-1:

- Elevated KIM-1 correlated with worse oncologic outcomes
- Potential future role as a prognostic or monitoring biomarker
- Not yet ready for routine clinical decision-making

Experts stressed that “more immunotherapy” is not universally beneficial and



personalization remains essential.

Rare Kidney Cancer and Precision Oncology

A notable clinical discussion addressed hereditary leiomyomatosis and renal cell carcinoma (HLRCC). The combination of bevacizumab plus erlotinib was highlighted as producing particularly strong clinical responses in this biologically distinct disease subtype, reinforcing the paradigm of genotype-driven therapy.

Prostate Cancer – Treatment Intensification and New Trials

The EMBARK trial was a central topic in prostate cancer discussions. Key questions included:

- Appropriate patient selection for early androgen receptor pathway inhibition
- Duration of therapy
- Balancing disease control against quality of life

Triplet therapy debates reflected evolving evidence from modern metastatic hormone-sensitive prostate cancer trials:

- Increasing adoption of intensified regimens in high-volume disease
- Persistent uncertainty regarding overtreatment in lower-risk patients

Faculty emphasized individualized decision-making rather than universal escalation.

Imaging Integration – PSMA PET

PSMA PET-CT staging was discussed as rapidly becoming the preferred imaging modality for disease definition and treatment planning. Speakers highlighted:

- Improved detection of occult metastatic disease
- Impact on radiation and systemic therapy decisions
- Need for standardized reporting frameworks across institutions.

Translational and Post-Hoc Analyses

Post-hoc analyses involving PTEN alterations generated discussion regarding predictive biomarkers for treatment response. While promising, faculty cautioned against premature clinical implementation without prospective validation.



Additional commentary referenced emerging data (including work associated with Spratt and colleagues) suggesting molecular classifiers may soon guide treatment intensity decisions.

Clinical Trial Design and Representation

A major non-clinical theme addressed global disparities in clinical trial participation. Participants emphasized:

- Underrepresentation of geographic regions and minority populations
- The impact of limited diversity on generalizability of trial results
- Need for standardized reporting and broader global collaboration.

Key Take-Home Messages

1. Adjuvant immunotherapy in RCC is established but still evolving.
2. Biomarkers such as KIM-1 and PTEN show promise but require validation.
3. Precision oncology remains essential in rare GU malignancies.
4. Prostate cancer management is shifting toward risk-adapted intensification.
5. PSMA PET imaging is reshaping staging and treatment algorithms.
6. Future progress depends not only on trials themselves but also on inclusive trial participation worldwide.