

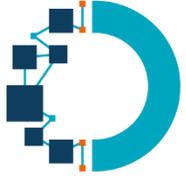


29 Janvier 2026

BORDEAUX

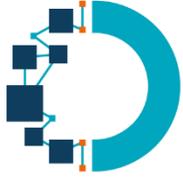
Claire JAMET

Oncologie médicale La Rochelle



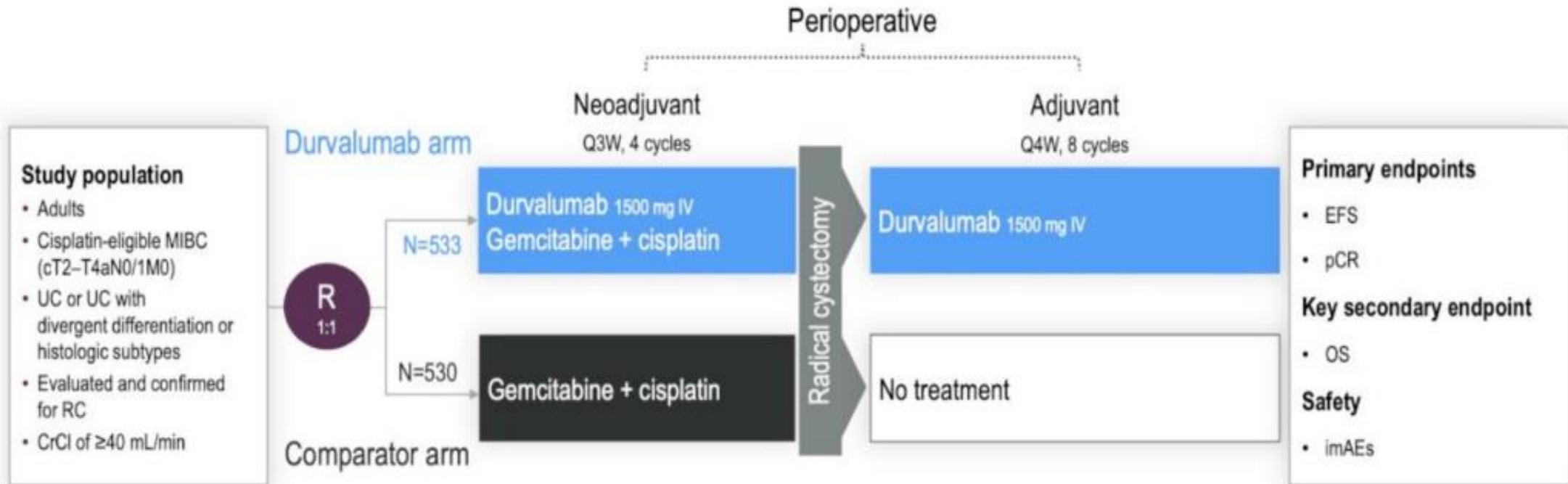
Liens d'intérêts

- BMS, Eisai, Ipsen, Astra Zeneca

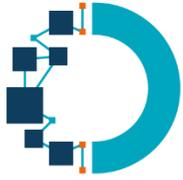


Cancer de Vessie : Néoadjuvant

NIAGARA



Urotoday, Powles T, Catto JWF, Galsky MD, et al. Perioperative Durvalumab with Neoadjuvant Chemotherapy in Operable Bladder Cancer. *N Engl J Med*. 2024 Nov 14;391(1):1773-1786.



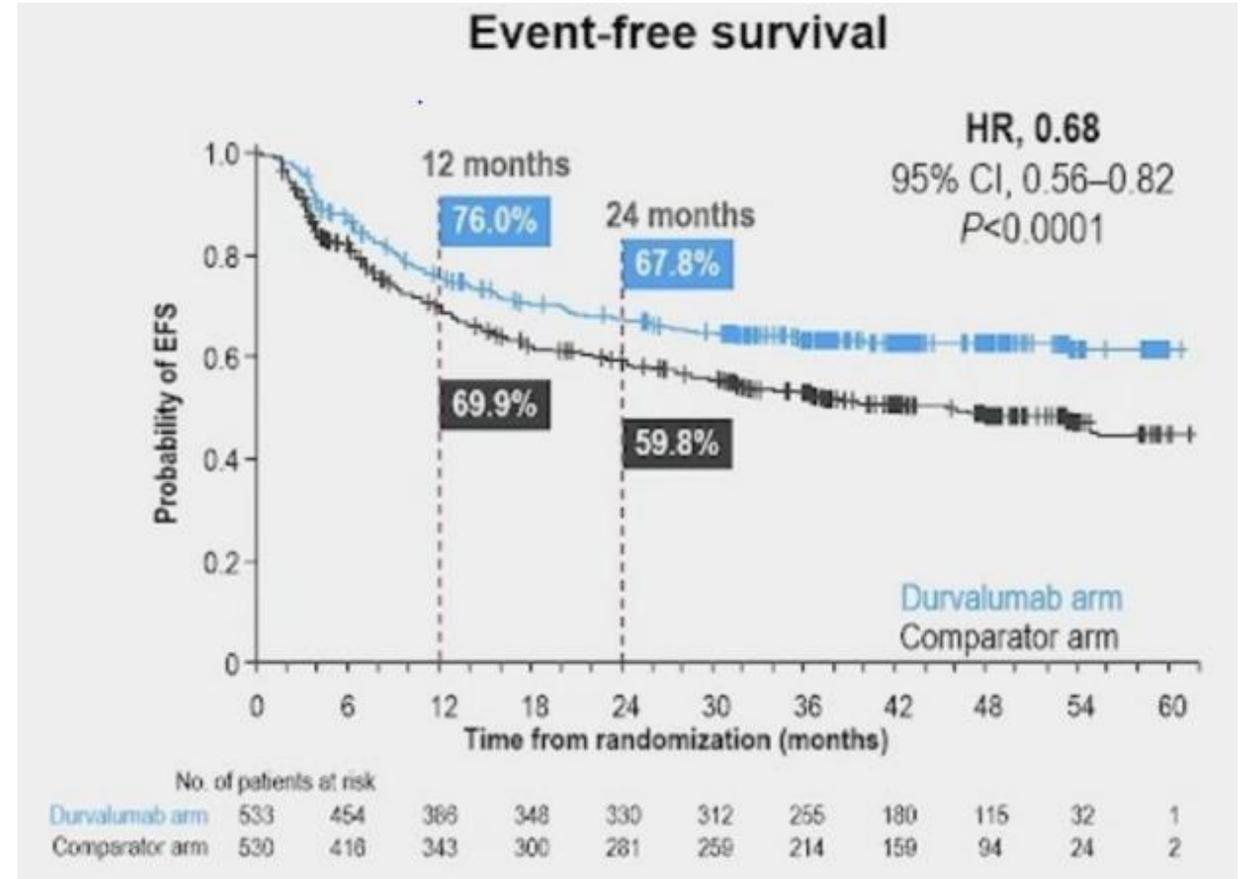
Cancer de Vessie : Néoadjuvant

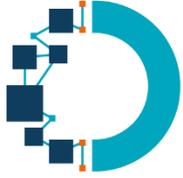
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Pas de traitement adjuvant même en cas de réponse incomplète

pCR : 37.3 % vs 27.5%

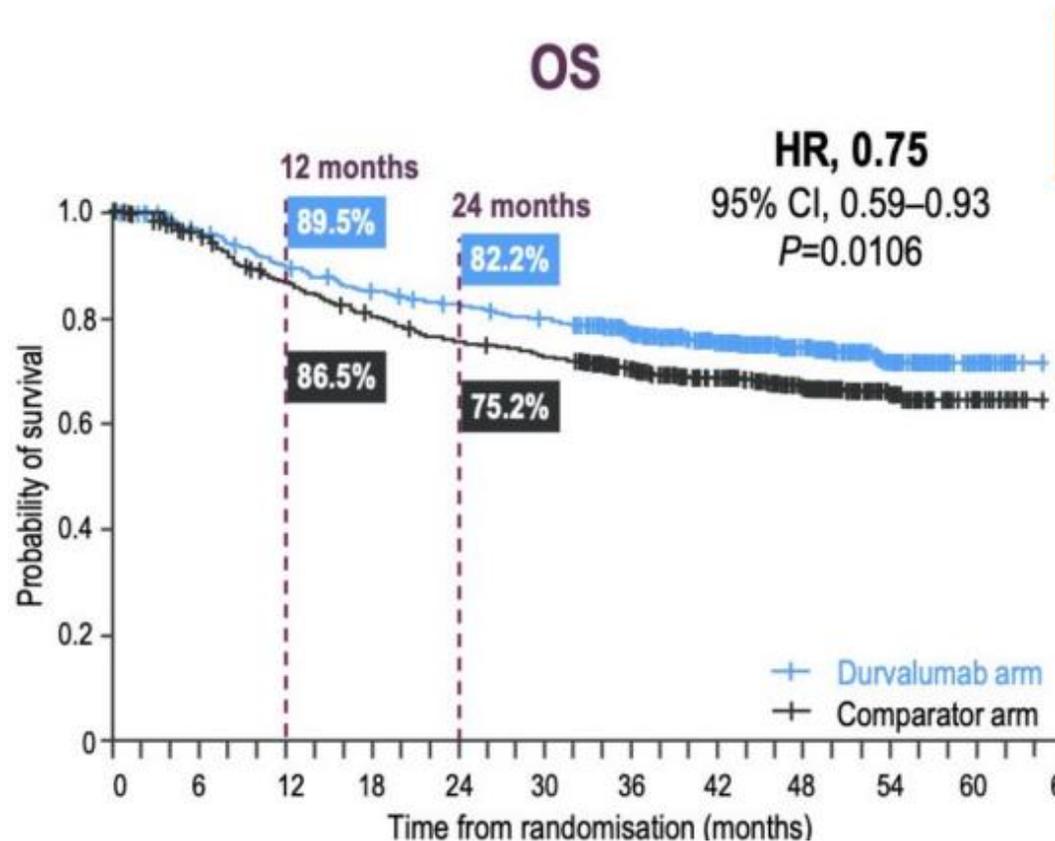
Dans VESPER : 42 % de pCR vs 36% pour GC





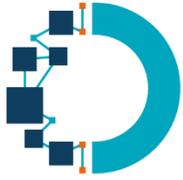
Cancer de Vessie : Néoadjuvant

NIAGARA



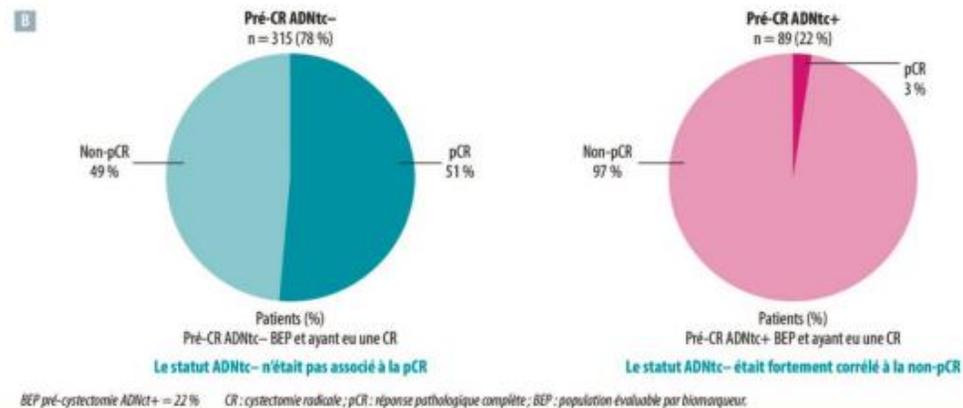
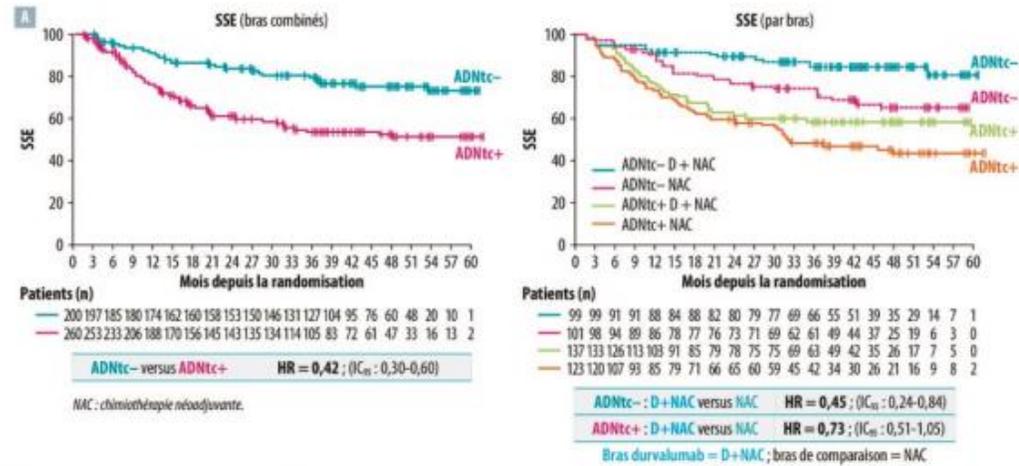
- Essai positif en survie globale, profil de toxicité acceptable
- Quel place dans la stratégie actuelle ?
- Intérêt de l'ADN tumoral circulant (données posthoc présentées à l'ASCO)

ASCO GU 2025, Powles T, Catto JWF, Galsky MD, et al. Perioperative Durvalumab with Neoadjuvant Chemotherapy in Operable Bladder Cancer. *N Engl J Med.* 2024 Nov 14;391(1):1773-1786.

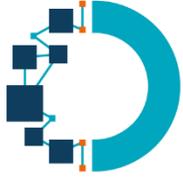


Cancer de Vessie : Néoadjuvant

NIAGARA

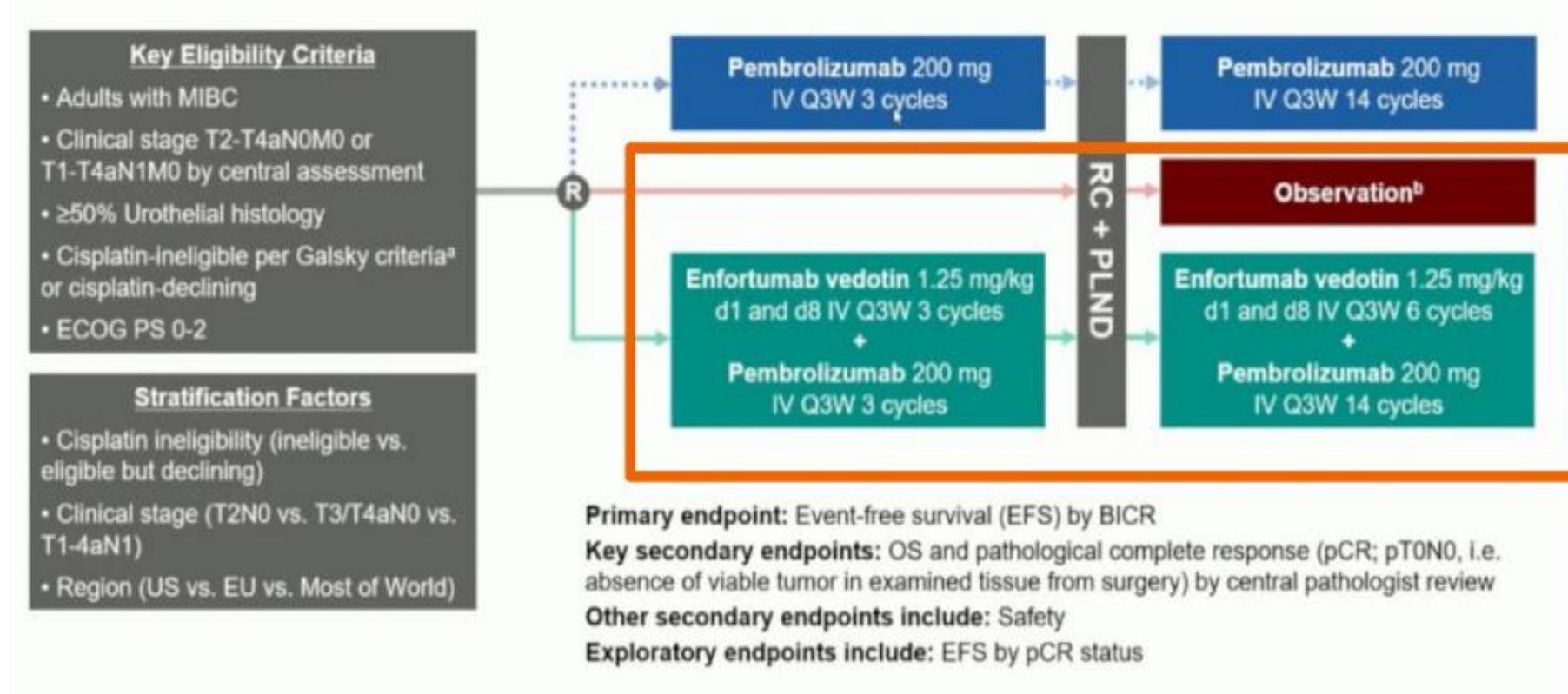


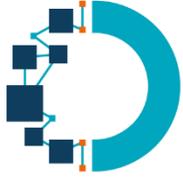
- 57 % des patients ont un ADNtc détectable avant tout traitement, 22 % avant et 9 % après la chirurgie
- amélioration de la survie chez les malades sans ADNtc (HR = 0,42 ; IC₉₅ : 0,30-0,60).
- Etude non désignée pour statuer si l'ajout du durvalumab permet d'améliorer le pronostic des ADNtc+ post chirurgie



Cancer de vessie : NEOAJUVANT

KEYNOTE-905/EV-303 unfit cisplatine ou refus

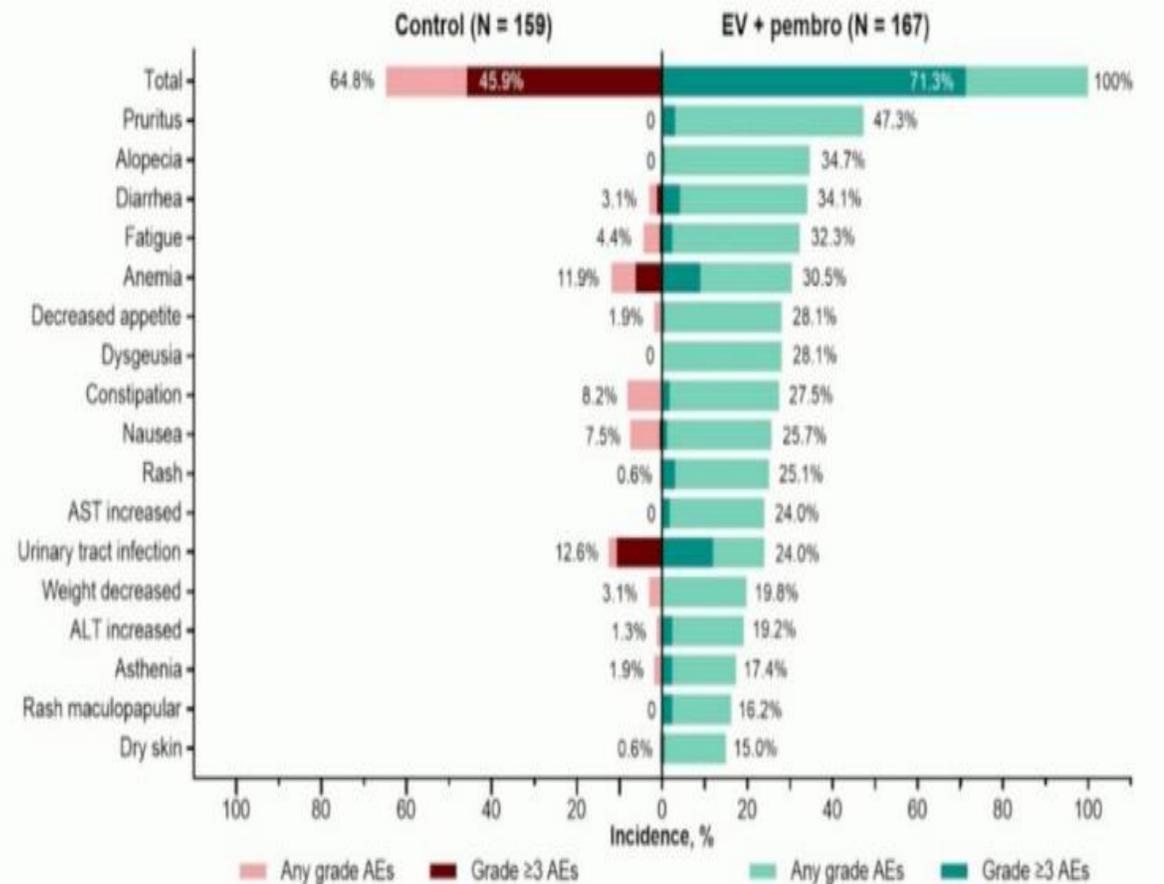


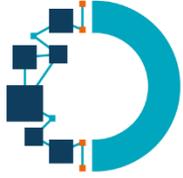


Cancer de vessie : NEOAJUVANT

KEYNOTE-905/EV-303 unfit cisplatine ou refus

Characteristic, n (%)	EV + pembro (N = 170)	Control (N = 174)
Median age (range), years	74.0 (47-87)	72.5 (46-87)
≥65 to <75 years	63 (37.1)	77 (44.3)
≥75 years	78 (45.9)	68 (39.1)
Male	137 (80.6)	131 (75.3)
ECOG PS		
0	102 (60.0)	95 (54.6)
1	47 (27.6)	53 (30.5)
2	21 (12.4)	26 (14.9)
Region		
United States	21 (12.4)	23 (13.2)
European Union	78 (45.9)	77 (44.3)
Most of World	71 (41.8)	74 (42.5)
Cisplatin eligibility status (per Galsky criteria)		
Ineligible	142 (83.5)	139 (79.9)
Eligible but declining	28 (16.5)	35 (20.1)
PD-L1 combined positive score (CPS) ≥10^a	80 (47.1)	83 (47.7)
Tumor stage at baseline (centrally assessed using both pathology of TURBT specimen and imaging)^b		
T2N0	30 (17.6)	32 (18.4)
T3/T4aN0	133 (78.2)	132 (75.9)
T1-4aN1	7 (4.1)	10 (5.7)
Creatinine clearance		
≥60 mL/min	68 (40.0)	72 (41.4)
≥30 and <60 mL/min	102 (60.0)	101 (58.0)
<30 mL/min	0	1 (0.6)
Pure urothelial carcinoma histology	152 (89.4)	161 (92.5)

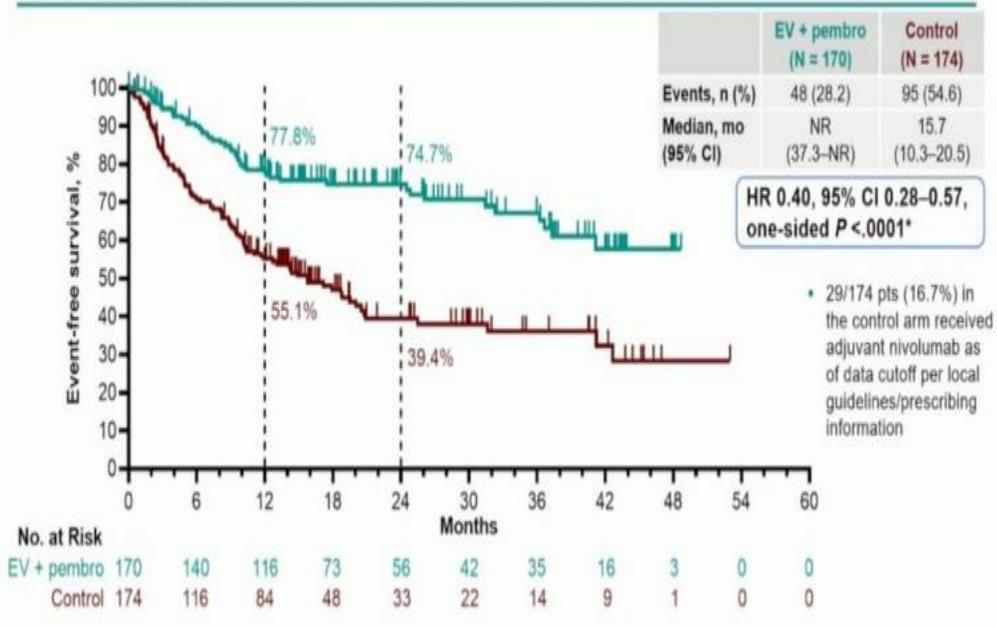




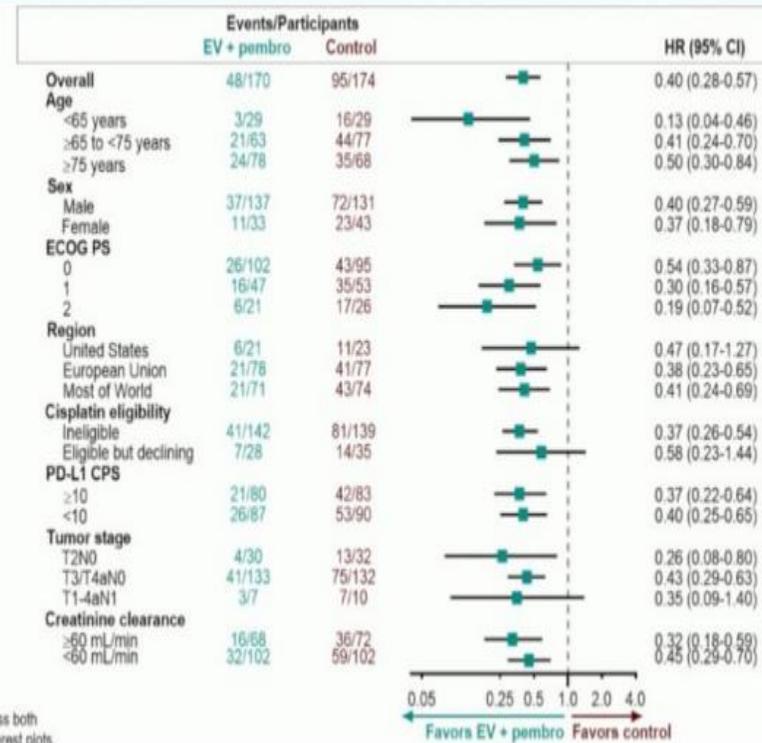
Cancer de vessie : NEOAJUVANT

KEYNOTE-905/EV-303 unfit cisplatine ou refus

ITT Population

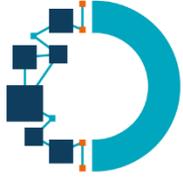


ITT Population



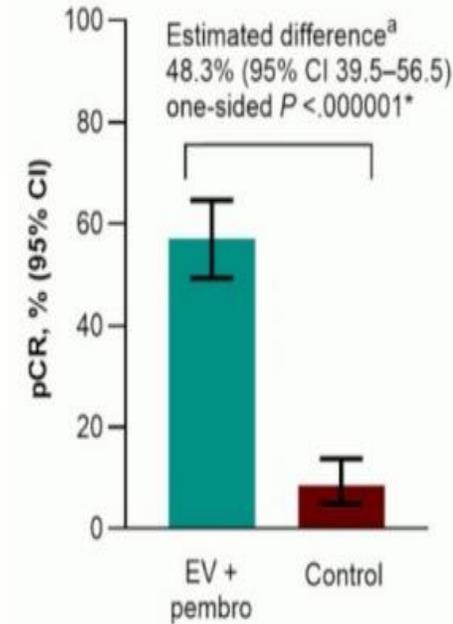
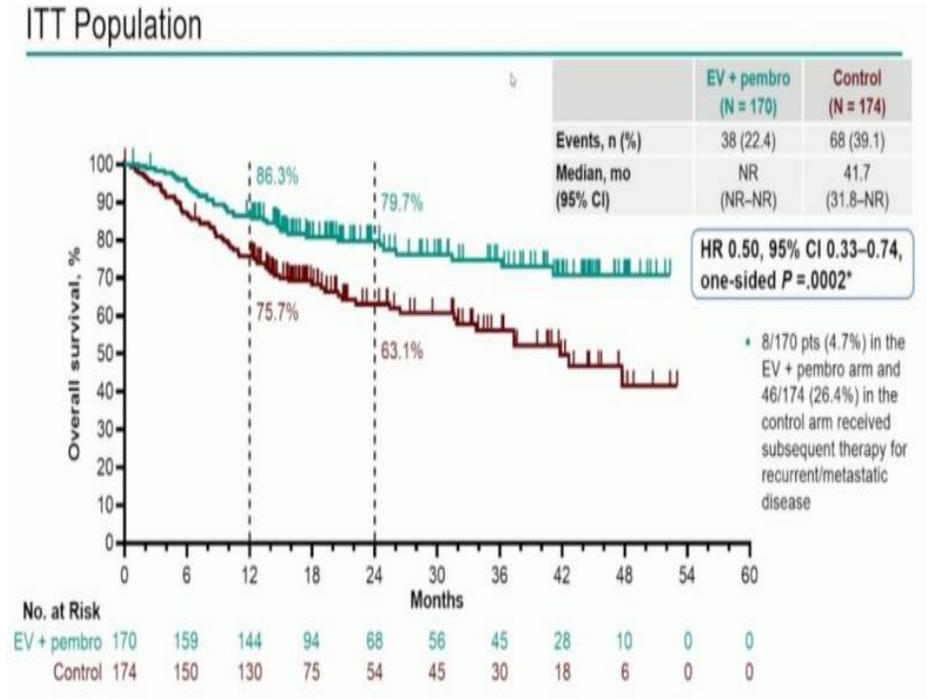
Subgroup levels with <10 events across both treatment arms were not included in forest plots.

Data cutoff date: 6 June 2025



Cancer de vessie : NEOAJUVANT

KEYNOTE-905/EV-303 unfit cisplatine ou refus

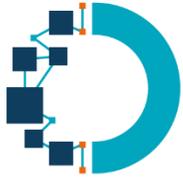


	EV + pembro (N = 170)	Control (N = 174)
pCR, n	97	15
pCR rate, % (95% CI)	57.1 (49.3-64.6)	8.6 (4.9-13.8)

- pCR: absence of viable tumor (pT0N0) in examined tissue from RC + PLND
- Pts who did not undergo surgery, including those with clinical complete response after neoadjuvant therapy, were considered non-responders

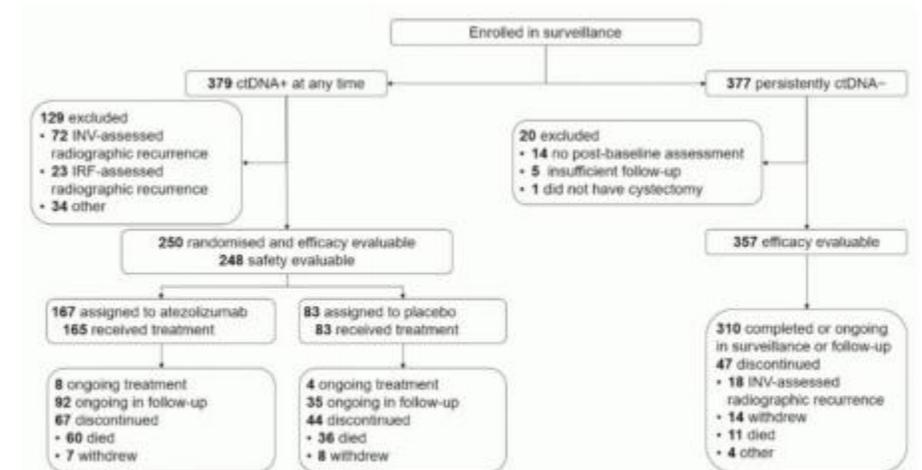
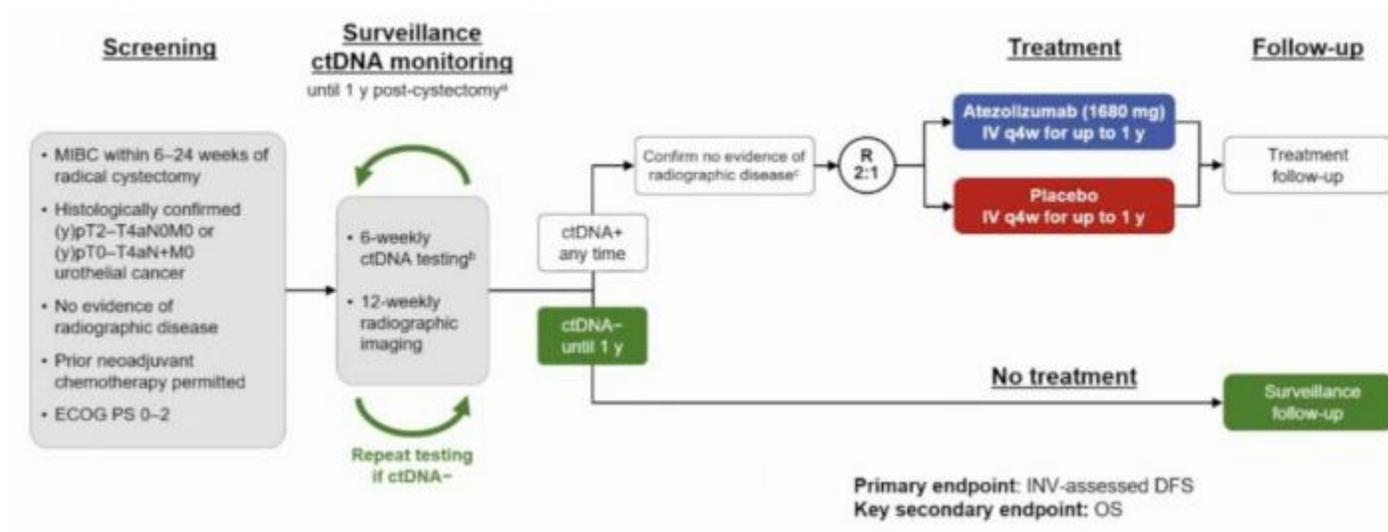
FUTUR STANDARD

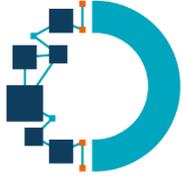
Pas de signal de toxicité particulière en post opératoire
Attente des résultats vs PEMBROLIZUMAB et de VOLGA : EV + durvalumab + tremelimumab



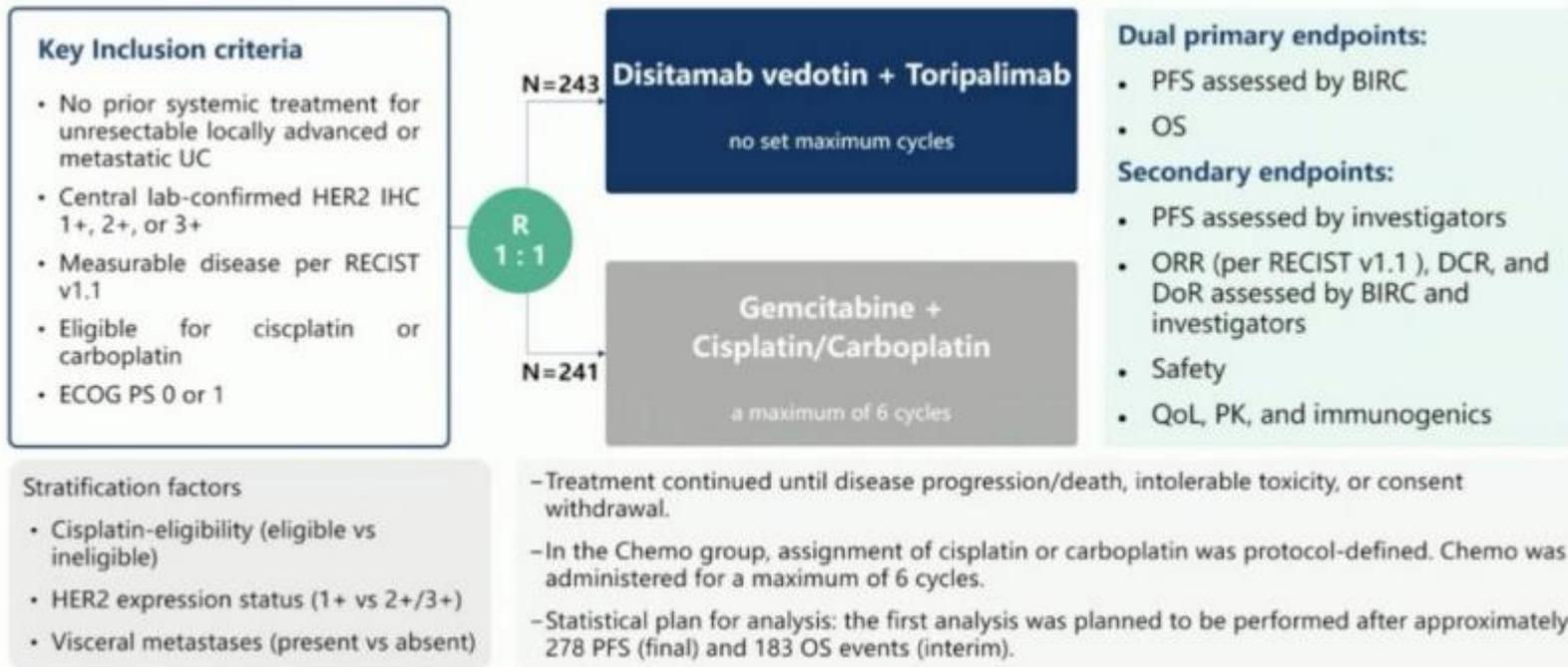
Rôle de l'ADN tumoral circulant

IMVIGOR 011

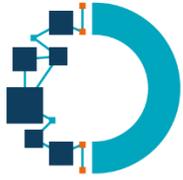




Métastatique : Disitamab Vedotin plus Toripalimab RC48 – C016



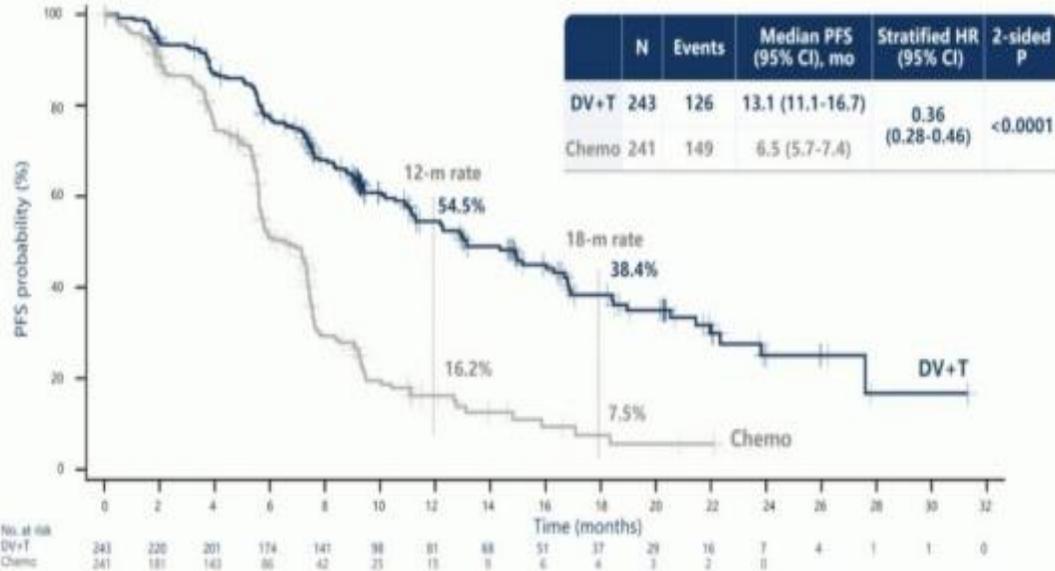
Presented by: Jun Guo, MD, Peking University Cancer Hospital & Institute, Beijing, China. ESMO 2025



Métastatique : Disitamab Vedotin plus Toripalimab RC48 – C016

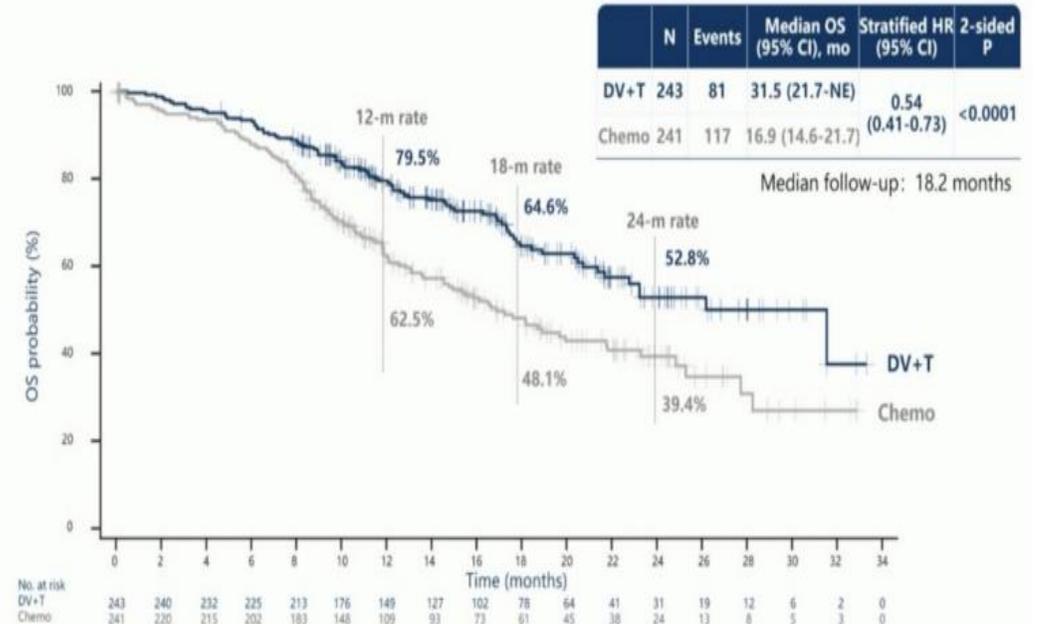
Progression-free Survival according to BIRC

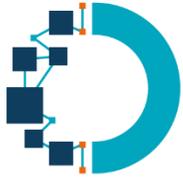
Clinically meaningful reduction in the risk of progression or death by 64% with DV+T



Overall Survival

Clinically meaningful reduction in the risk of death by 46% with DV+T

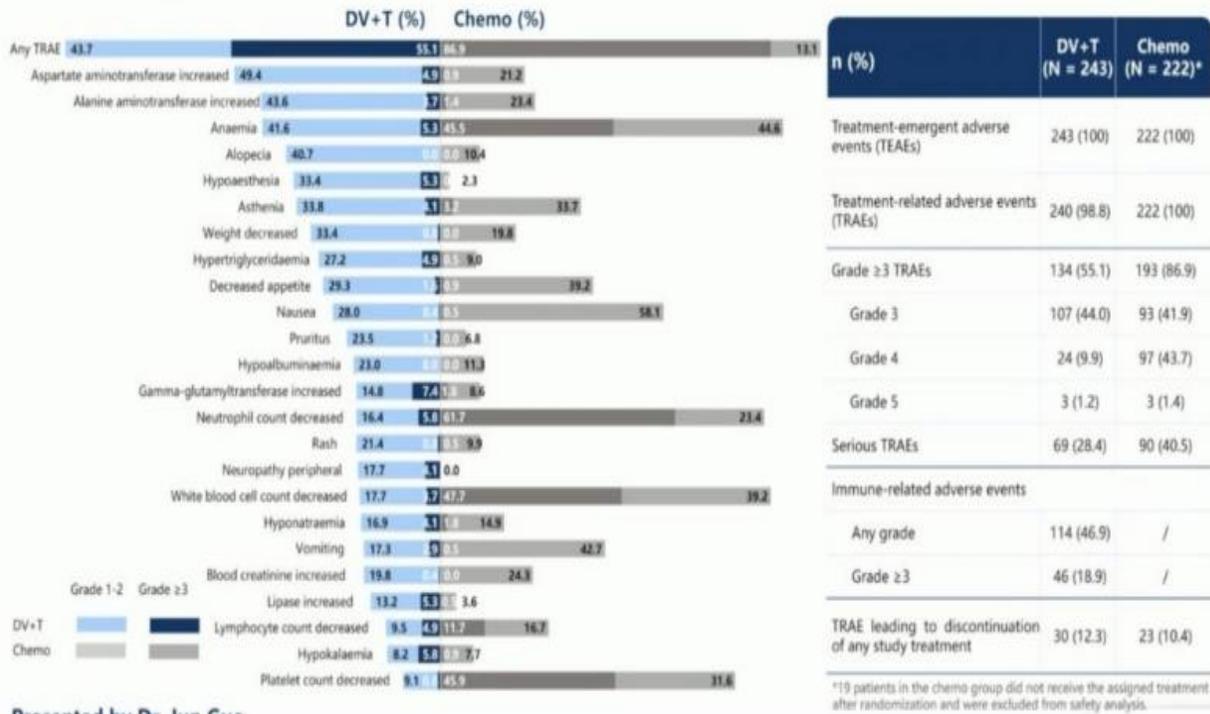




Métastatique : Disitamab Vedotin plus Toripalimab RC48 – C016

Safety Summary

Incidence of grade ≥3 TRAEs: 55.1% with DV+T vs 86.9% with chemo



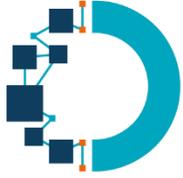
Presented by Dr. Jun Guo

Limites :

Bras comparateur platine gemcitabine et non EV Pembrolizumab

Population strictement chinoise

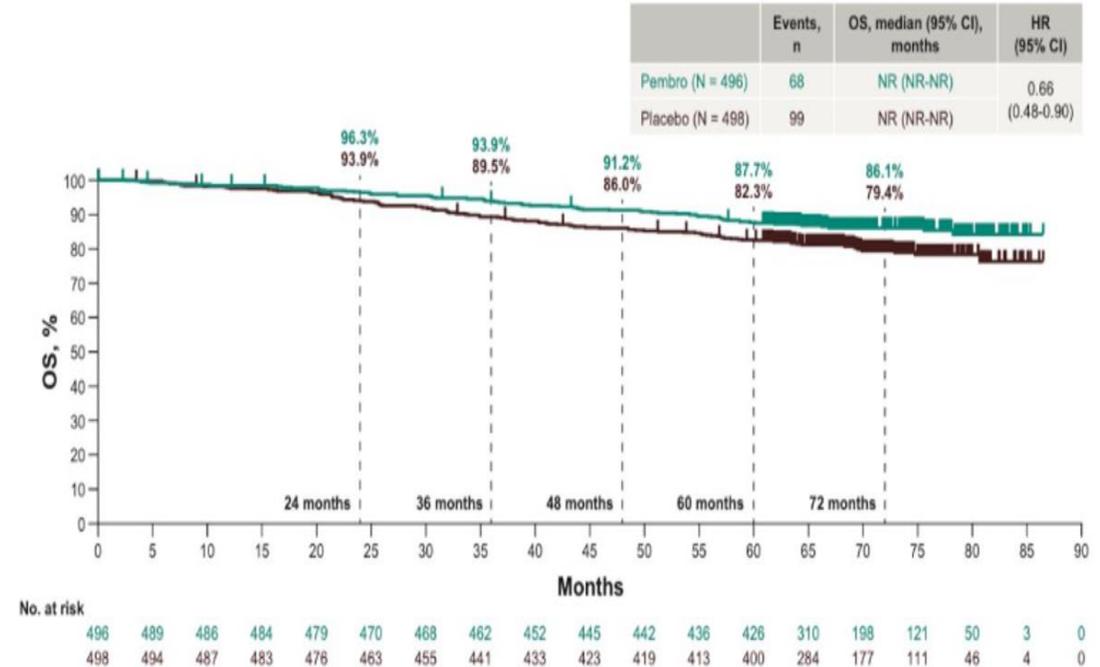
Définition des biomarqueurs : quelle association ADC-IO en 1ere L ?



Cancer du rein :

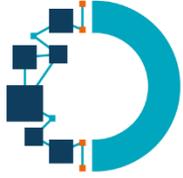
Situation adjuvante

- Jusqu'à présent : 3 essais randomisés négatifs et un seul essai positif (Pembrolizumab Keynote 564) en PFS et SG
- AMM obtenue pour le Pembrolizumab.
Actualisation récente



Actualisation à 68 mois
SG non atteinte mais 68 décès dans le bras Pembro vs 99 dans le bras Placebo
Le bénéfice se maintient dans le temps

HR 0,66



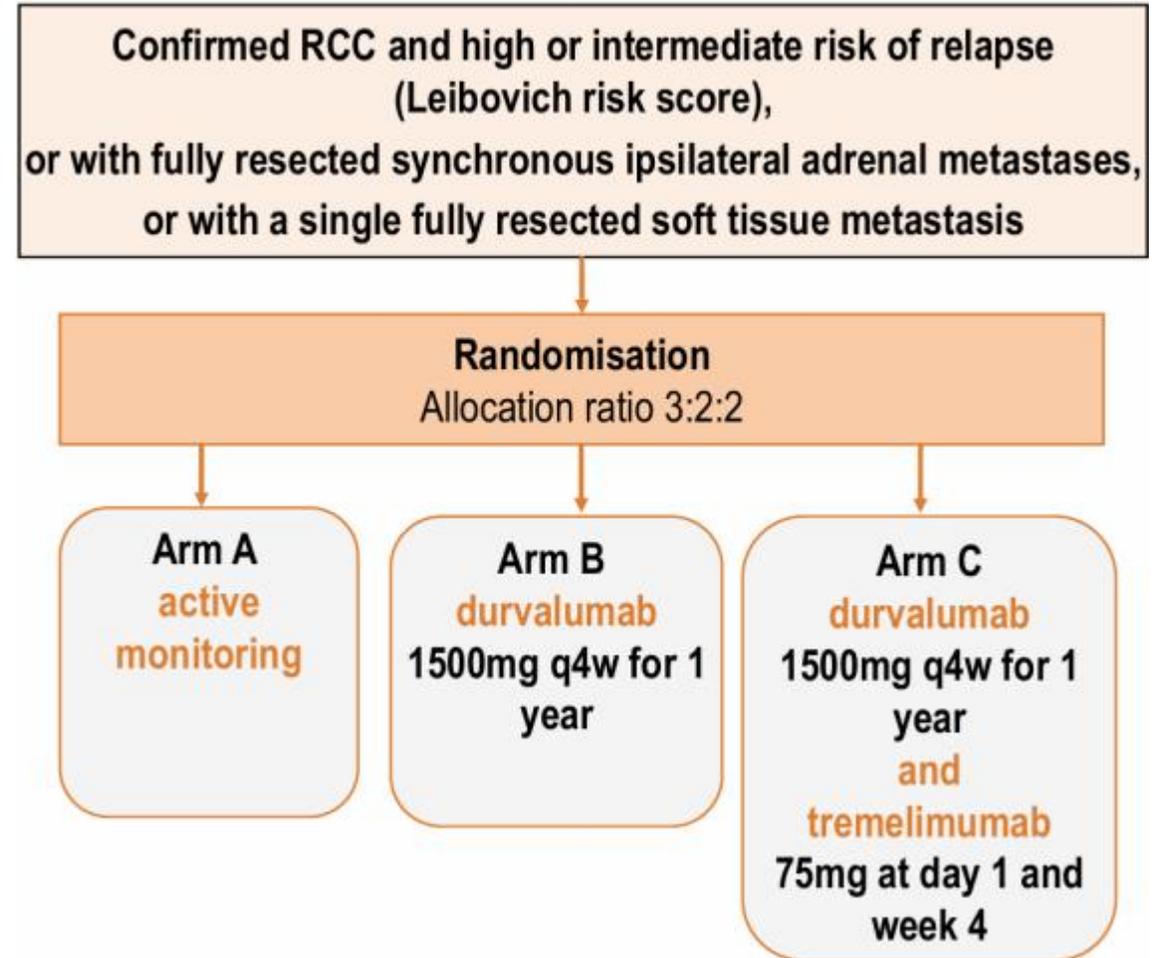
Situation adjuvante : essai RAMPART

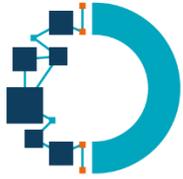
Bras DURVA + TREME vs Observation

- Phase 3 randomisée en ouvert
- Essai académique
- Objectif de 1750 patients diminué à 750 (COVID-19 et KEYNOTE-564)
- Premiers résultats : bras A vs C

Leibovich Score Calculation

Component	Category	Score
Pathological T category	pT1a	0
	pT1b	2
	pT2	3
	pT3a-4	4
Regional lymph node status	pNx or pN0	0
	pN1-pN2	2
Tumour size	<10cm	0
	≥10cm	1
Nuclear grade	1 or 2	0
	3	1
	4	3
Histological tumour necrosis	No	0
	Yes	1



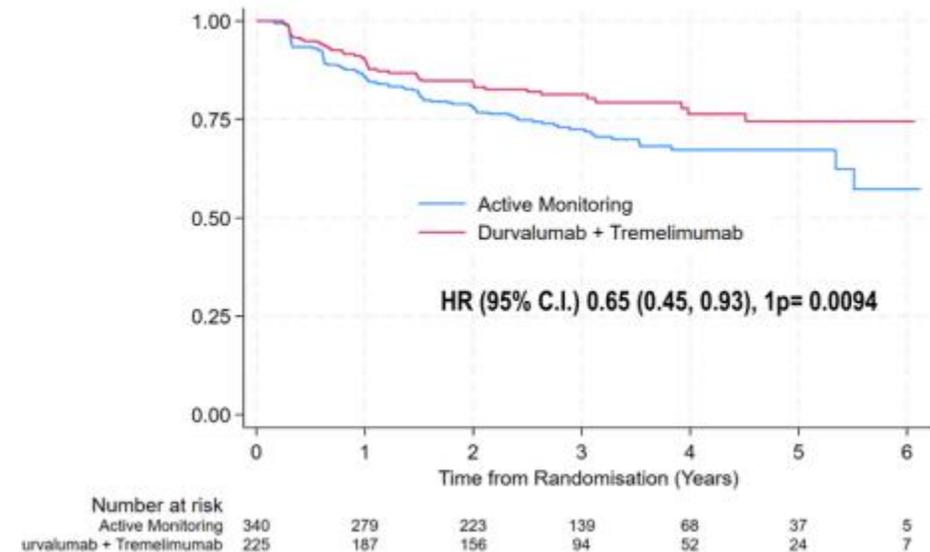


Situation adjuvante : essai RAMPART

Bras DURVA + TREME vs Observation

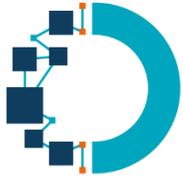
	Active Monitoring (n= 340)	Durvalumab + Tremelimumab (n= 225)
Age at Randomisation (Years),		
Mean (SD)	59.6 (10.1)	58.9 (10.0)
Female	96 (28.2%)	63 (28.0%)
WHO PS 1	65 (19.1%)	43 (19.1%)
Radical Nephrectomy	287 (84.4%)	191 (84.9%)
Histology		
Clear Cell	285 (83.8%)	191 (84.9%)
Non-Clear Cell	55 (16.2%)	34 (15.1%)
Risk of Relapse		
Intermediate Leib.	151 (44.4%)	103 (45.8%)
High Leib.	172 (50.6%)	111 (49.3%)
M1NED	17 (5.0%)	11 (4.9%)
T Stage		
pT1	38 (11.5%)	23 (10.5%)
pT2	39 (11.8%)	33 (15.0%)
pT3	252 (76.1%)	161 (73.2%)
pT4	2 (0.6%)	3 (1.4%)
Lymph Node Status		
pNx/pN0	307 (93.3%)	209 (95.9%)
pN1	22 (6.7%)	9 (4.1%)

RAMPART : DFS – ITT population



3-year DFS	
Durvalumab + Tremelimumab (N= 225)	Active Monitoring (N= 340)
81%	73%
Median Follow Up: 3 years	

Larkin et al. ESMO 2025

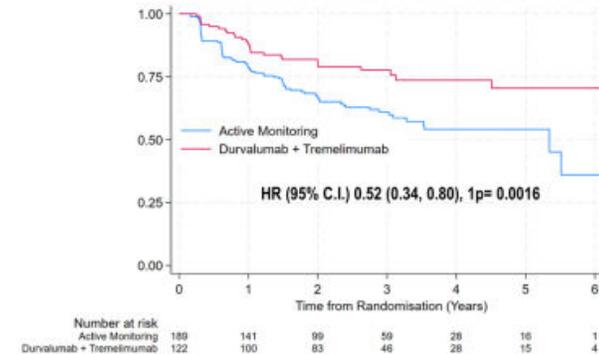


Situation adjuvante : essai RAMPART

Bras DURVA + TREME vs Observation

- Premiers résultats : bras A vs C
 - 555 patients dans ces 2 bras
 - 50% de haut risque, 16% non à cellules claires
 - Suivi médian de 3 ans
 - Bénéfice en DFS (HR 0,65)
 - Bénéfice limité à la population de haut risque (HR 0,52)
- En attente du bras Durvalumab seul
Attention à la Tox +++

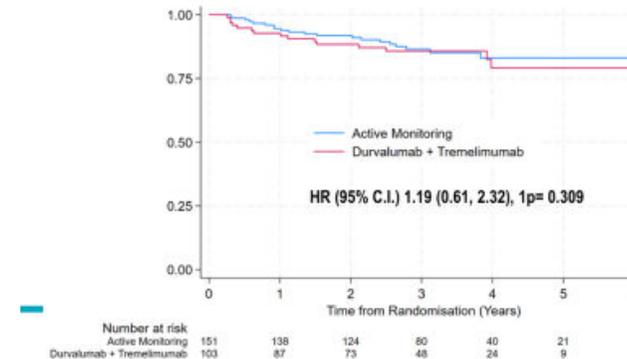
RAMPART DFS in the Higher Risk Population – ITT



Pre-specified, pre-powered subgroup analysis

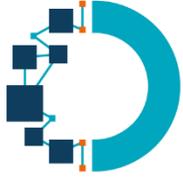
3-year DFS	
Durvalumab + Tremelimumab (N= 122)	Active Monitoring (N= 189)
78%	61%
Median Follow Up: 3 years	

RAMPART DFS in the Intermediate Risk Population - ITT



Pre-specified, pre-powered subgroup analysis

3-year DFS	
Durvalumab + Tremelimumab (N= 103)	Active Monitoring (N= 151)
86%	87%
Median Follow Up: 3.1 years	



Situation adjuvante : essai RAMPART

Bras DURVA + TREME vs Observation

RAMPART Safety Summary

Corticosteroid use:
Steroid use was reported for 36% of participants receiving durvalumab and tremelimumab.

	Active Monitoring (N= 340)	Durvalumab + Tremelimumab (N= 207)
Any-grade AE, any cause, N(%)	213 (63%)	201 (97%)
Immune related	2 (<1)	137 (66%)
Durvalumab related	-	185 (89%)
Tremelimumab related	-	164 (79%)
Grade ≥ 3 AE, any cause, N(%)	28 (8%)	83 (40%)
Immune related	-	63 (30%)
Durvalumab related	-	80 (39%)
Tremelimumab related	-	72 (35%)
Any-grade SAE, any cause, N(%)	20 (6%)	70 (34%)
Durvalumab related	-	51 (25%)
Tremelimumab related	-	49 (24%)
Deaths	15 (4%)	9 (4%)
Treatment related	-	2* (<1%)
AE leading to treatment discontinuation, N(%)	-	66 (32%)**
Durvalumab	-	59 (29%)
Tremelimumab	-	30 (14%)

* 6 myocarditis SAEs in 4 patients, 2 resulting in death

**One or both treatments leading to toxicity discontinuation



CELLULES CLAIRES AVANCE

Essai CARE1 en cours



CARE-1 est une étude pragmatique internationale randomisée de phase III comparant 2 schémas thérapeutiques standard (ICI-ICI vs ICI-VEGFR TKI)

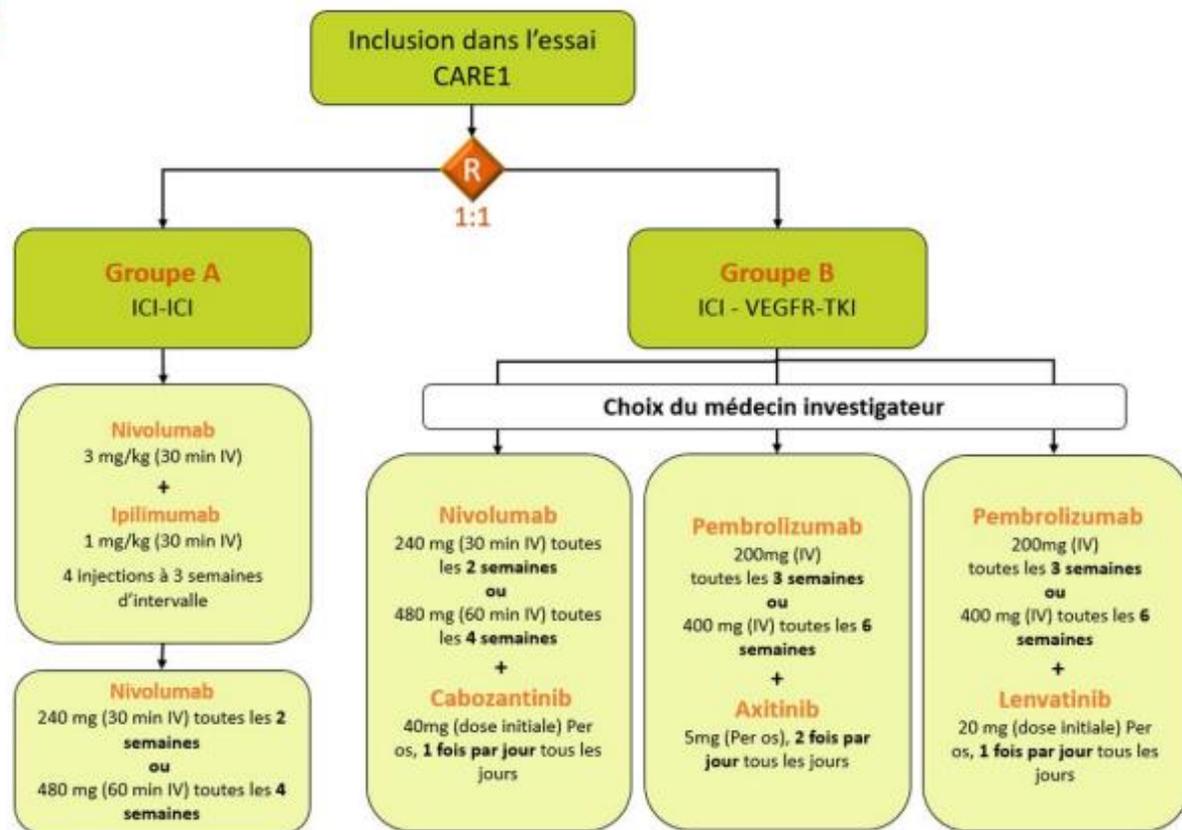
Objectif et critère d'évaluation principal

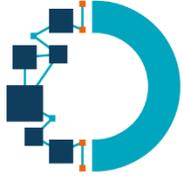
Comparer l'efficacité de l'association ICI-ICI avec le nivolumab-ipilimumab par rapport à l'association ICI-TKI chez les patients à **risque intermédiaire ou défavorable** avec un CCRm non traité auparavant sur la base de la **stratification PDL1**.

Population PDL1(+) : Survie globale

Population PDL1(-) : Survie globale et survie sans progression

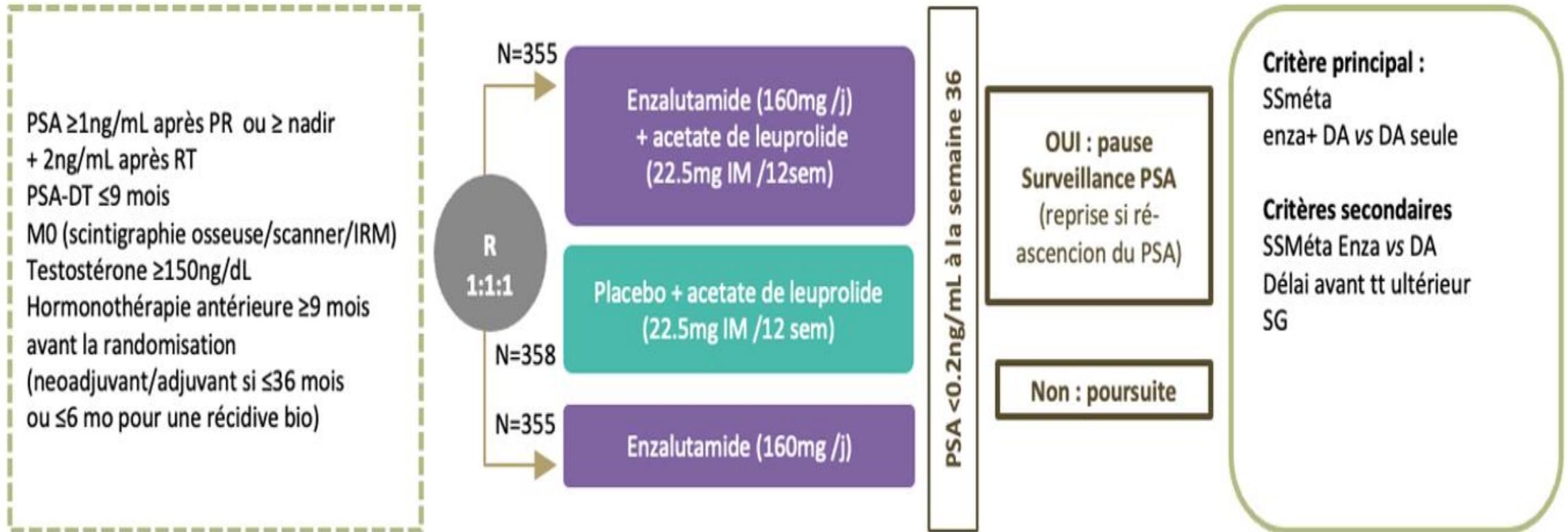
- 1200 patients attendus

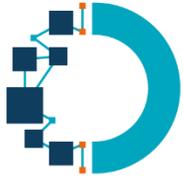




CaP en rechute à haut risque : EMBARK

Analyse finale

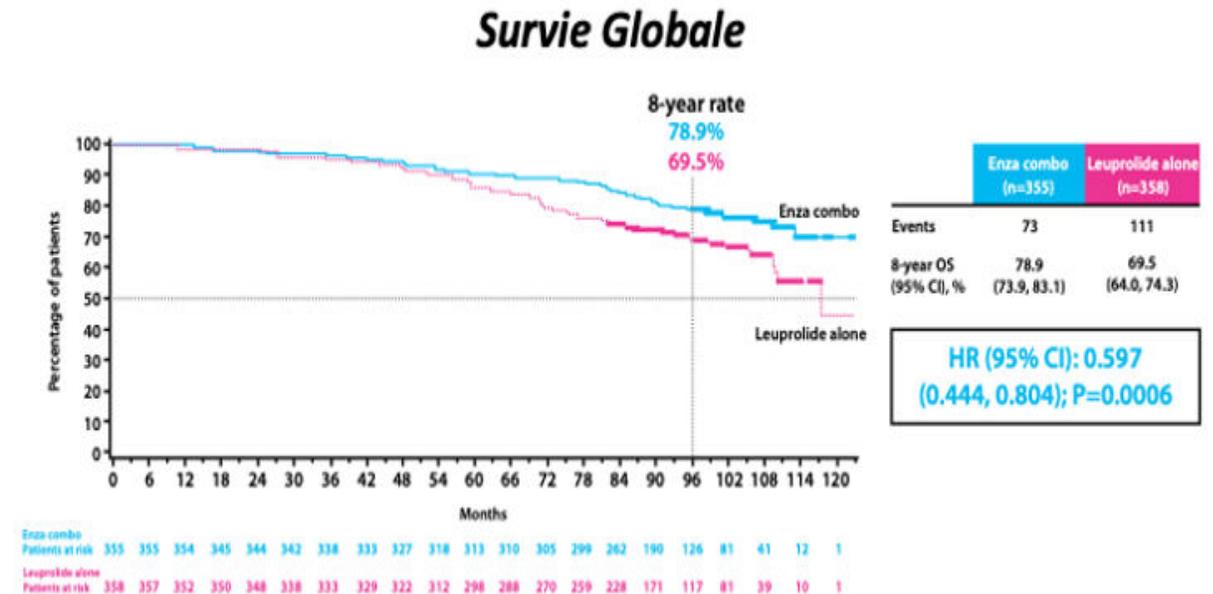




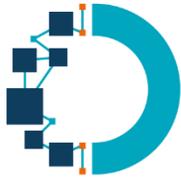
CaP en rechute à haut risque : EMBARK

Analyse finale

- Bénéfice sur tous les sous-groupes (âge, PR, RT, temps de doublement < 3 mois, entre 3-6 mois, 6-9 mois, taux psa ≤ 10 ou > 10)
- Pas de bénéfice en SG avec enza monothérapie vs DA (HR 0,830 ; IC à 95 % 0,630–1,095 ; P = 0,1867)
- Pas d'élément nouveau en termes de toxicité



Ajout de l'enzalutamide à la DA permet l'allongement de la survie sans métastase ET de la survie globale
Nouveau standard de PEC



CaP mHSPC de novo avec altération HRR : AMPLITUDE

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)

Stratification factors:

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

Primary end point

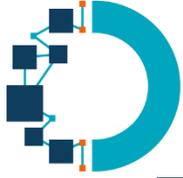
- rPFS by investigator review

Key secondary end points

- Time to symptomatic progression
- OS
- Safety

Clinical data cutoff: January 7, 2025

^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.



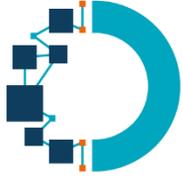
CaP mHSPC de novo avec altération HRR : AMPLITUDE

Baseline Characteristics

		Nira + AAP (n=348)	PBO + AAP (n=348)
Median age (range), y		68 (40-88)	67 (40-92)
Median PSA at initial diagnosis (range), ng/mL		112 (0.1-17475) ^a	102 (0.1-15900) ^b
ECOG PS score, n (%)	0	242 (70)	218 (63)
	≥1	106 (30)	130 (37)
Gleason score at initial diagnosis, n (%)	≥8	276 (79)	262 (75)
Metastatic stage at diagnosis, n (%)	M1 (Synchronous)	301 (86)	302 (87)
Disease volume, n (%)	High	269 (77)	271 (78)
Prior docetaxel use in mCSPC, n (%)		54 (16)	56 (16)
Site of metastases ^c , n (%)	Bone only	146 (42)	154 (44) ^d
	Visceral	57 (16)	54 (16) ^d
	Lymph nodes	173 (50)	161 (46) ^d
BRCA alteration, n (%)		191 (55)	196 (56)

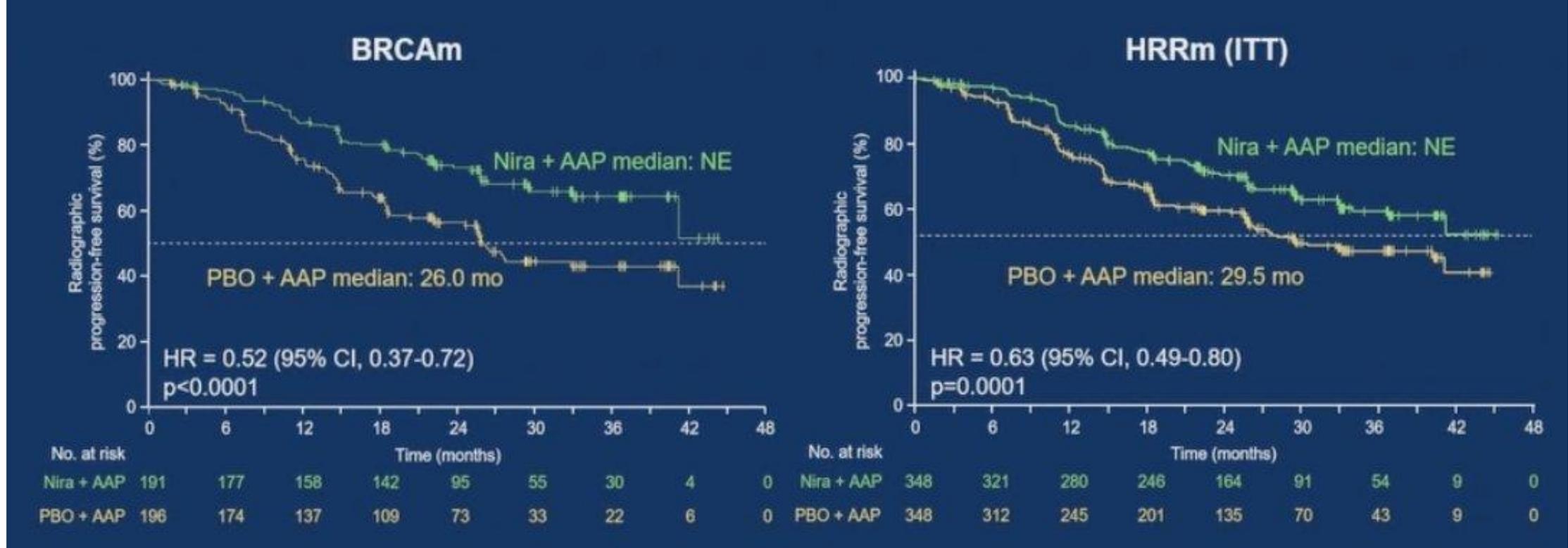
- Characteristics were well balanced between treatment groups

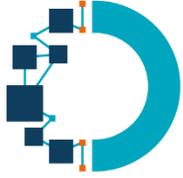
Gerhardt Attard *et al.* ASCO 2025



CaP mHSPC de novo avec altération HRR : AMPLITUDE

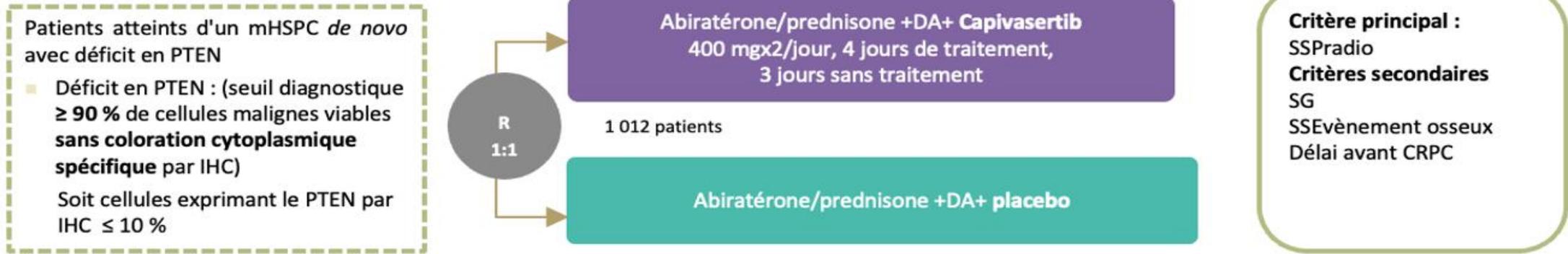
Primary End Point: Radiographic Progression-Free Survival



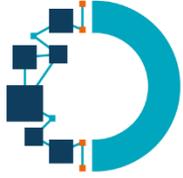


CaP mHSPC de novo : CAPITELLO-281

CAPITello-281 - Cancer de prostate métastatique hormonosensible : DA + abiraterone ± capivasertib

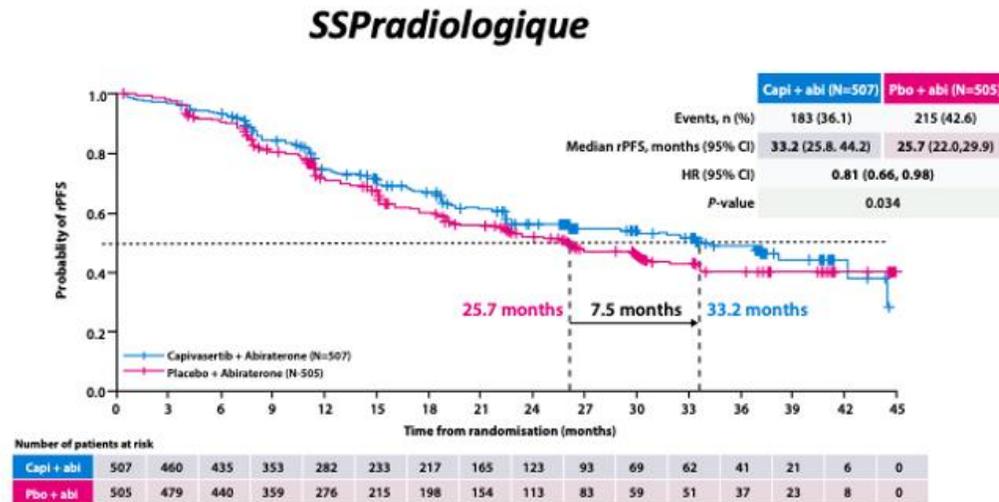


- Caractéristiques cliniques : idem dans 2 bras ;
- M+foie 5,9% APC vs 5,0% APP, M+os 91,1 vs 92,5%, M+poumon 13,6% vs 14,3%, GG à distance 42,8% vs 42,4% ;
- Gleason ≥ 8 78,5% vs 79% ;
- Haut volume M + viscérales 19,3% vs 18,8% ; Haut volume (sans Mviscérales) : 54,4% vs 56%



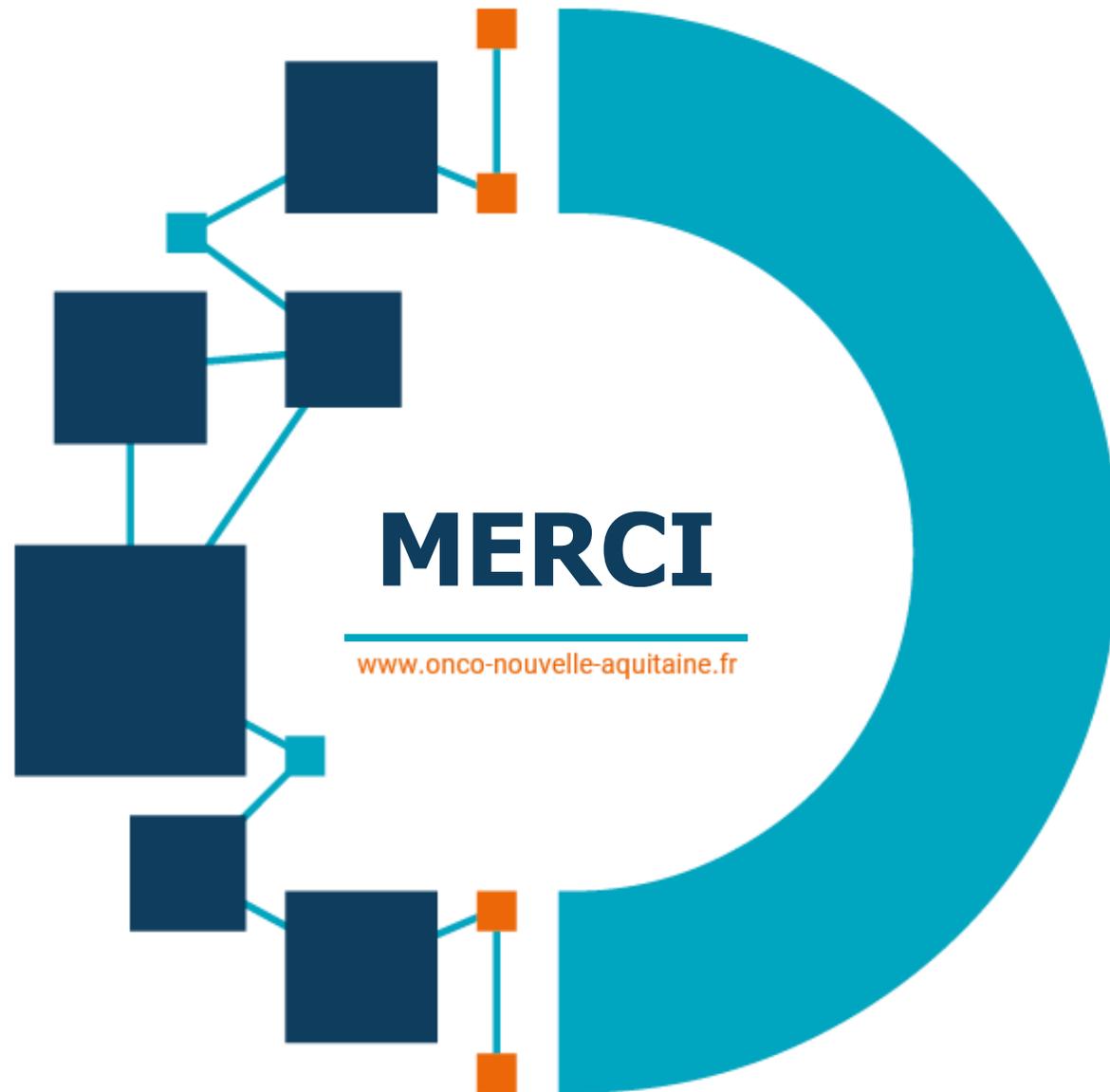
CaP mHSPC de novo : CAPITELLO-281

CAPITello-281 - Cancer de prostate métastatique hormonosensible : DA + abiraterone ± capivasertib



- **Obj II :**
 - Survie globale immature
 - Allongement significatif du temps avant CRPC
 - Et de la SSEos
- **Toxicité :**
 - Effets II de grade > 3 67% APC vs 40% APP,
 - Sévères 42% vs 26%
 - Diarrhées, hyperglycémie, éruption cutanée, anémie
 - Diminution dose Capi/P: 29% vs 4%
 - Interruption Capi/P :63% vs 27%
 - Arrêt Capi/P : 18% vs 5%

Bénéfice en SSP radiologique de l'ajout du capivasertib au doublet DA+ abiraterone
Question : bénéfice en SG ?, place / triplet avec docetaxel ?



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