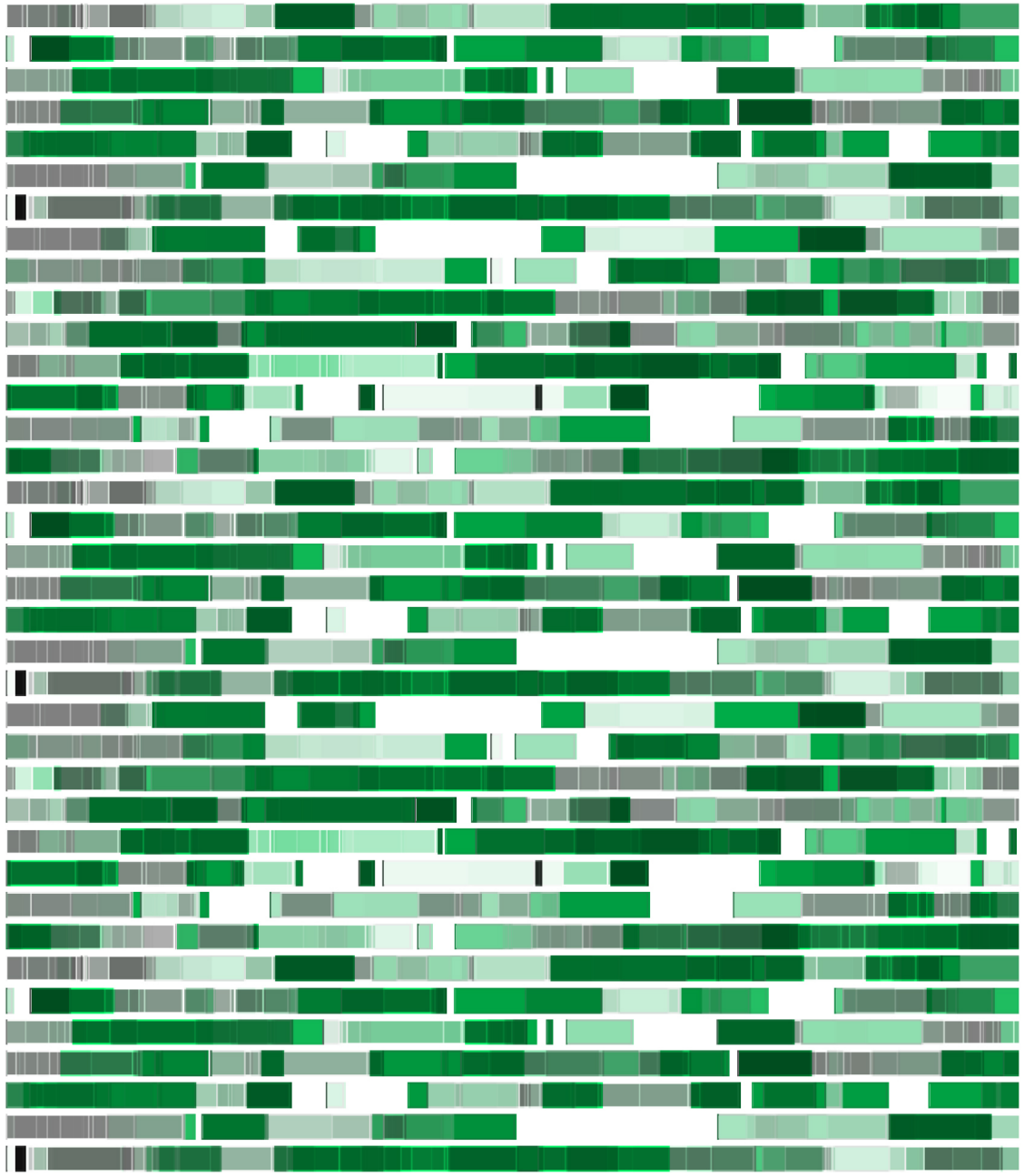
III JORNADA TRASLACIONAL DE ONCOLOGÍA DE PRECISIÓN:

A TRAVÉS DE LAS VÍAS DE SEÑALIZACIÓN

SEVILLA, 12 Y 13 DE FEBRERO DE 2026



IMPORTANCIA DE FGFR (RECEPTORES DEL FACTOR DE CRECIMIENTO FIBROBLÁSTICO) EN EL TRATAMIENTO DE TUMORES GENITOURINARIOS

IMPORTANCE OF FGFR IN THE TREATMENT OF GENITOURINARY TUMORS.

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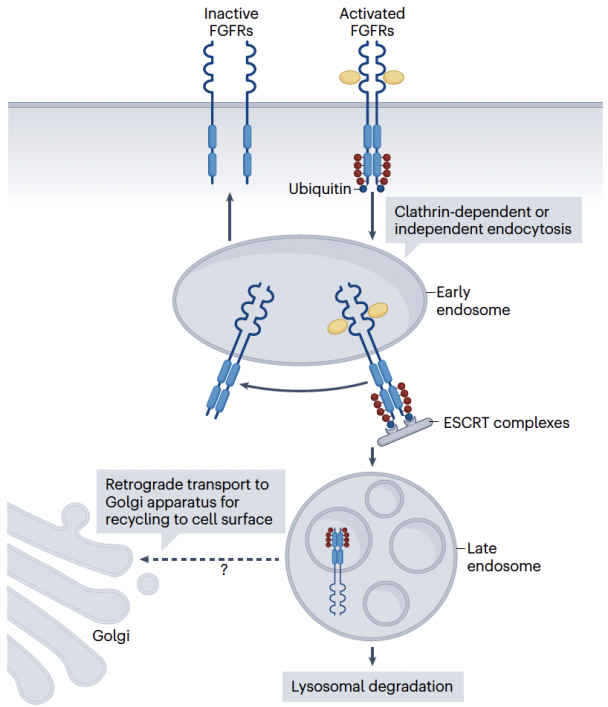
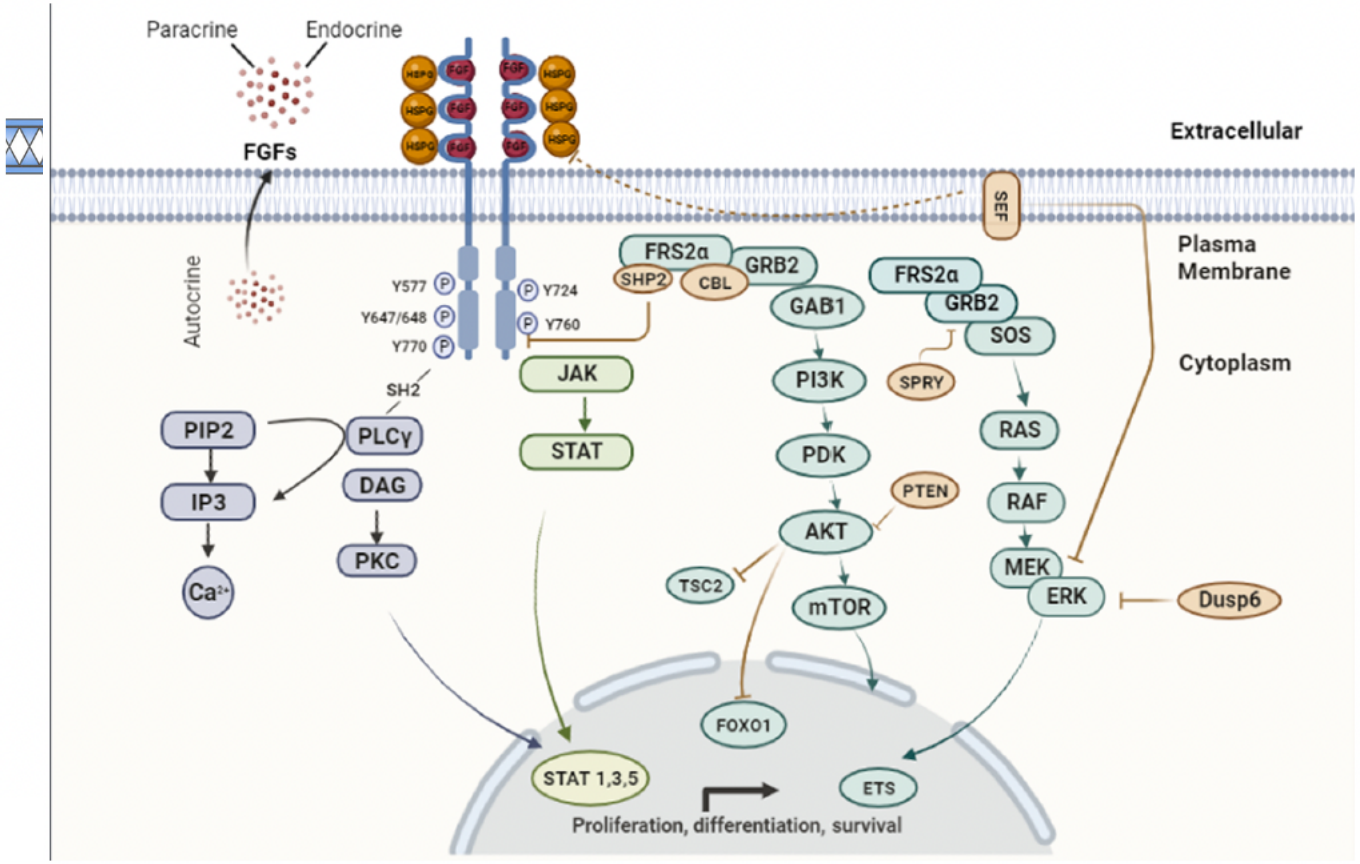
HENDERE HEALTHCARE

OVERVIEW OF FGFR SIGNALLING

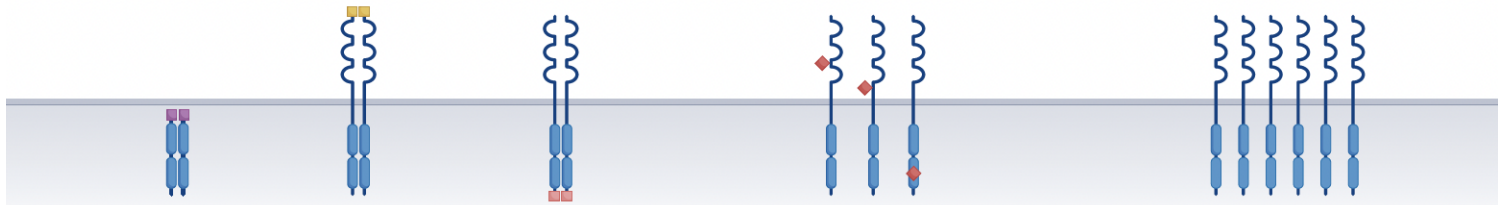
FGFRs belong to a family of four transmembrane receptor tyrosine kinases (FGFR1–4) that are highly conserved, widely distributed and regulate key cell behaviours[1–4]





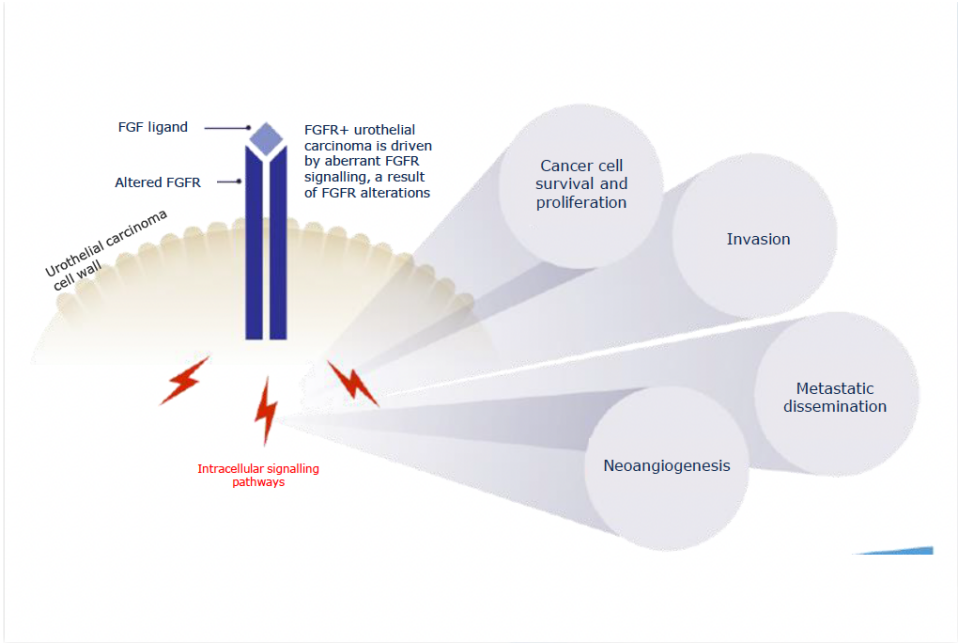
Katoh et al . *Nat Rev Clin Oncol*. 2024; Ascione et al Can Treat Rev 2023

MECHANISMS OF ONCOGENIC ACTIVATION



	Type I	Type IIa	Type IIb	Gain-of-function mutations	Amplification and/or overexpression
Fusions:	*BCR–FGFR1*	*FN1–FGFR1*	*FGFR1–TACC1*	*FGFR1* N546K and K656E	Whole-gene amplifications
	CEP43–FGFR1				
	CNTRL–FGFR1	*EPHA6–FGFR2*	*FGFR2–BICC1*	*FGFR2* S252W, C382R, N549K and K659E	Partial gene amplifications (excluding *FGFR2* exon 18)
	CUX1–FGFR1	*FN1–FGFR2*	*FGFR2–CCDC6*		
	MYO18A–FGFR1	*KLK2–FGFR2*	*FGFR2–ERC1*		
	TPR–FGFR1		*FGFR2–INA*	*FGFR3* S249C, Y373C and K650E	Enhancer amplifications or rearrangements
	TRIM24–FGFR1		*FGFR2–SHTN1*		
	ZMYM2–FGFR1		*FGFR2–TACC2*		
				FGFR4 N535K, V550M and K645E	Transactivation by other oncogenic drivers
	ETV6–FGFR3	*FN1–FGFR3*	*FGFR3–TACC3*		

Aberrant FGFR signalling can drive oncogenesis and is implicated in cancer cell survival, neoangiogenesis, metastatic dissemination, cancer cell proliferation and invasion, and response to some types of anticancer therapies[2,3]



Katoh et al . *Nat Rev Clin Oncol*. 2024

FGFR IN UROTELIAL CARCINOMA

***FGFR* alterations** are observed in **~20% of advanced or mUC of the bladder** and **~35% of high-grade upper tract UC**, and may function as oncogenic drivers[1-3]

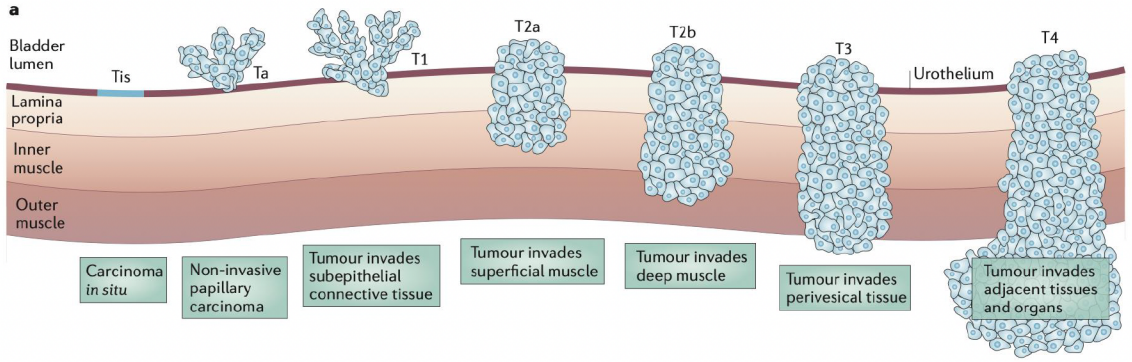
***FGFR3* mut 60-70%**

***FGFR3* mut 20-40%**

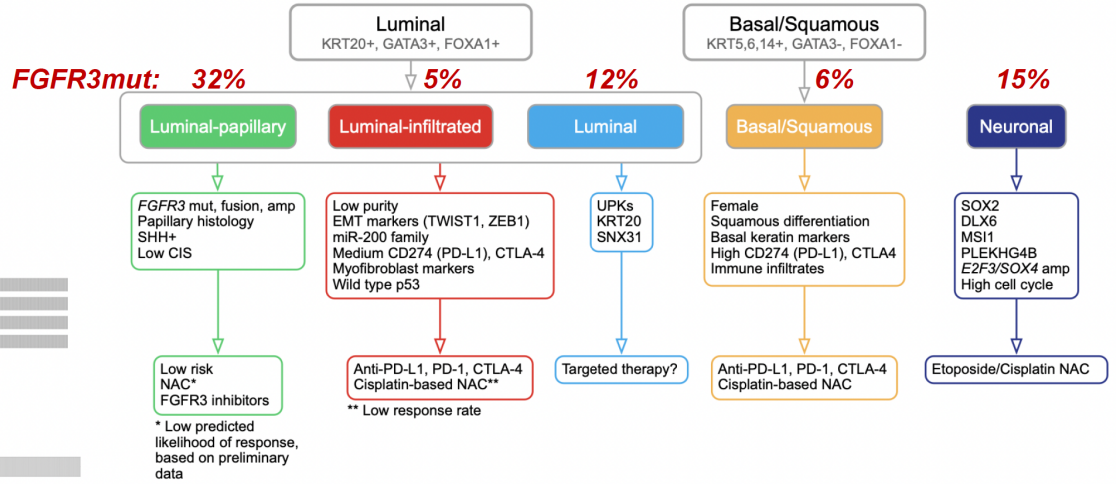
***FGFR3* mut: 14%**

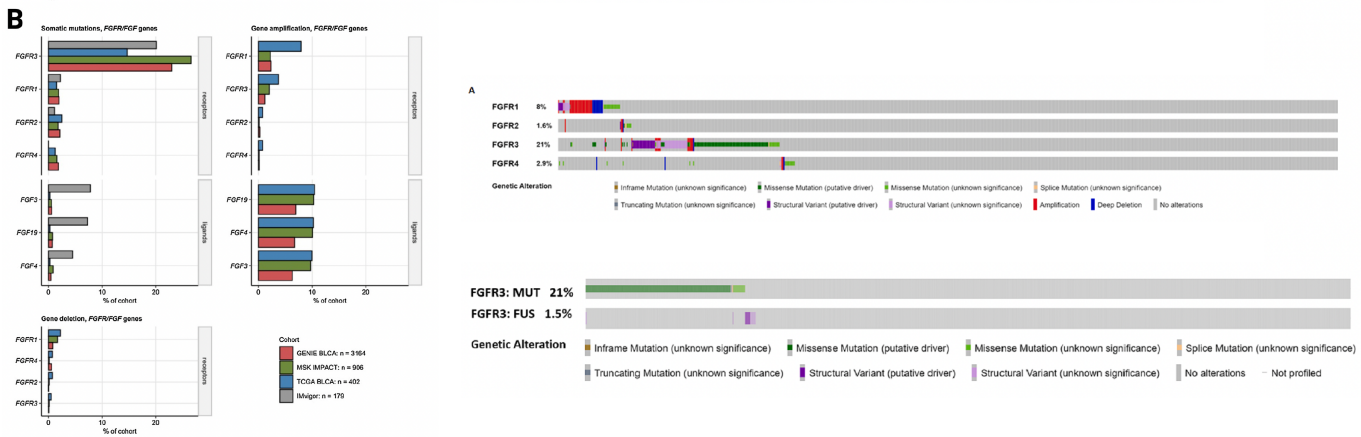
***FGFR3* fusions: 2%**

***FGFR2* fusions**



TCGA: Molecular subtypes and systemic therapy

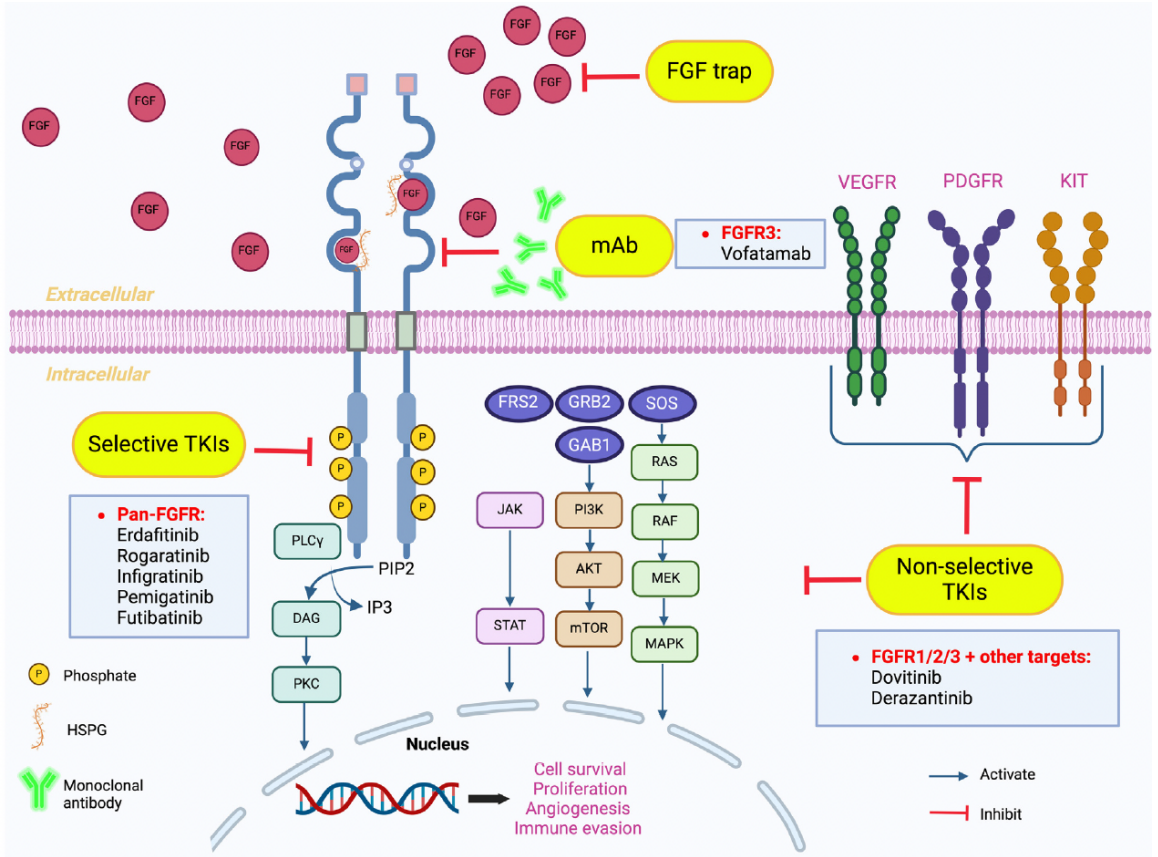




Robertson et al, Cell 2017; Knowles et al, Nat Rev Can 2015; Ascione et al Can Treat Rev 2023 Necchi A, et al. Eur Urol Focus. 2019.

FGFR INHIBITORS IN UROTHELIAL CANCER

Inhibitor	Mechanism	Target	Binding site	Delivery	Primary cancer trials
Second generation (FGFR selective)					
Erdafitinib (JNJ-42756493)	TKI RTI	FGFR1–4	ATPc	Oral	UC
Rogaratinib (BAY1163877)	TKI RTI	FGFR1–4	ATPc	Oral	UC
Infigratinib (BGJ398)	TKI RTI	FGFR1–3	ATPc	Oral	UC/CGC
Pemigatinib (INCB054828)	TKI RTI	FGFR1–3	ATPc	Oral	UC
Fexagratinib (AZD4547)	TKI RTI	FGFR1–3	ATPc	Oral	Lung, brea
Tasurgratinib (E7090)	TKI type V	FGFR1–3	ATPc	Oral	CGC
Derazantinib (ARQ 087)	TKI	FGFR1–3	ATPc	Oral	UC/CGC
LY2874455	TKI RTI	FGFR1–4	ATPc	Oral	Gastric/ NSCLC
Futibatinib (TAS-120)	TKI IRTI	FGFR1–4	KD P-loop	Oral	CGC
Third generation (FGFR subtype–specific)					
TYRA-300	TKI	FGFR3	KD GMR	Oral	UC
LOXO-435	TKI	FGFR3	KD GMR	Oral	UC
LY3076226	ADC	FGFR3	ECR	Systemic	UC
Vofatamab (B-701)	mAb	FGFR3	LBD	Systemic	UC
MFGR1877S	mAb	FGFR3	LBD	Systemic	STs
First generation (nonselective TKIs)					
Dovitinib (TKI258)	TKI RTI	VEGFR1–3 FGFR1–3 PDGFRA/B	ATPc	Oral	RCC



Pichler et al Act Urol 2024; Li et al Eur Urol 2025

ERDAFITINIB IN UROTELIAL CARCINOMA

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

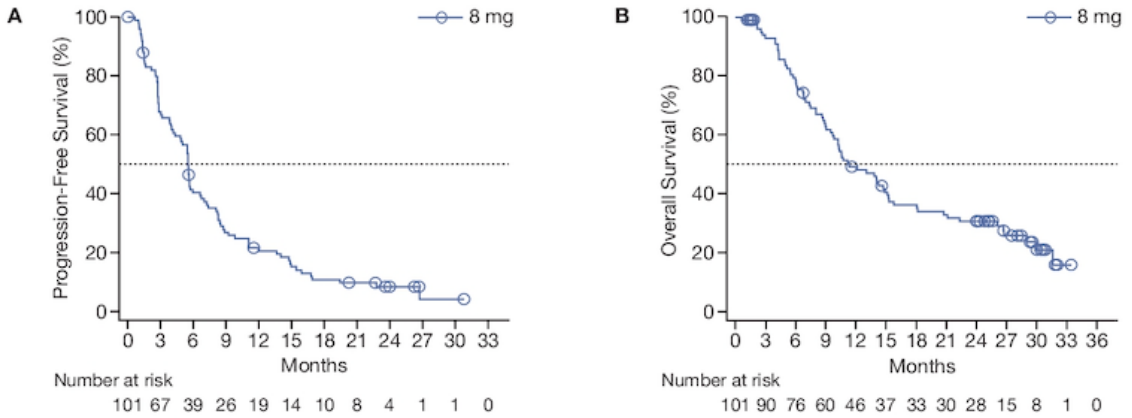
Erdafitinib in Locally Advanced or Metastatic Urothelial Carcinoma

Table 1. Baseline Characteristics

Patients, n (%)		ERDA 8 mg/d UpT n = 101[a]
Age, median (range), years		67 (36-87)
ECOG PS	0 1 2	51 (50) 43 (43) 7 (7)
Pretreatment	Progressed or relapsed after chemo Chemo naive Prior immunotherapy	89 (88) 12 (12) 24 (24)
Number of lines of prior treatment	0 1 2 ≥ 3	10 (10) 48 (48) 28 (28) 15 (15)
Visceral metastases	Present Absent	78 (77) 23 (23)
Hemoglobin level, g/dL	≥ 10 < 10	86 (85) 15 (15)
Tumor location	Upper tract Lower tract	25 (25) 76 (75)
Creatinine clearance rate	< 60 mL/min ≥ 60 mL/min	53 (52) 48 (48)

[a]2 patients were added to the 8 mg daily regimen since the cutoff date for the primary analysis (March 15, 2018).

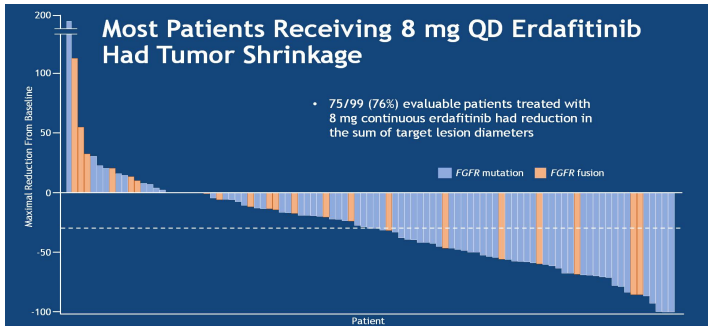
Figure 2. A) Progression-Free Survival[a] and B) Overall Survival



[a]By investigator assessment.

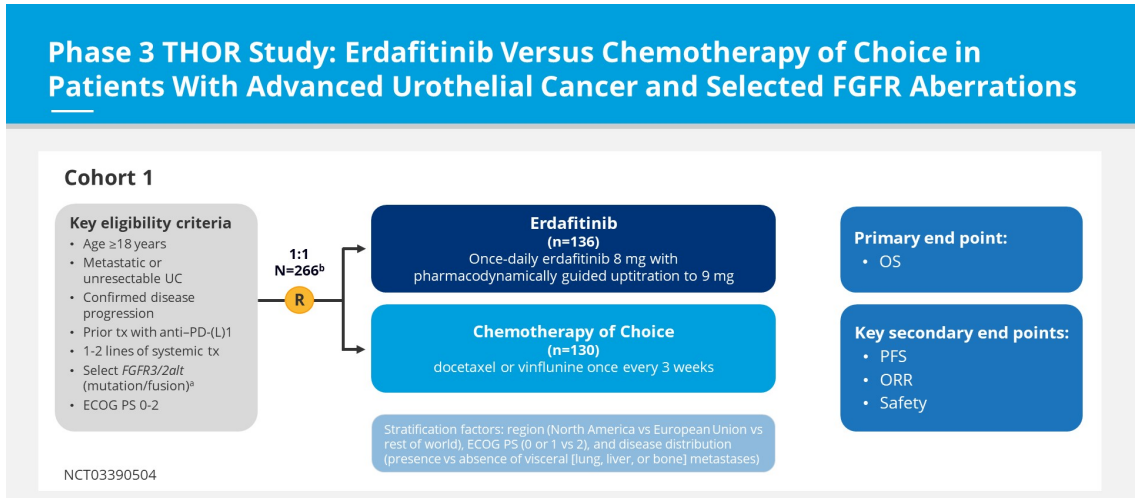
Table 2. Antitumor Activity of Erdafitinib in the 99 Patients in the Selected-Regimen Group.*

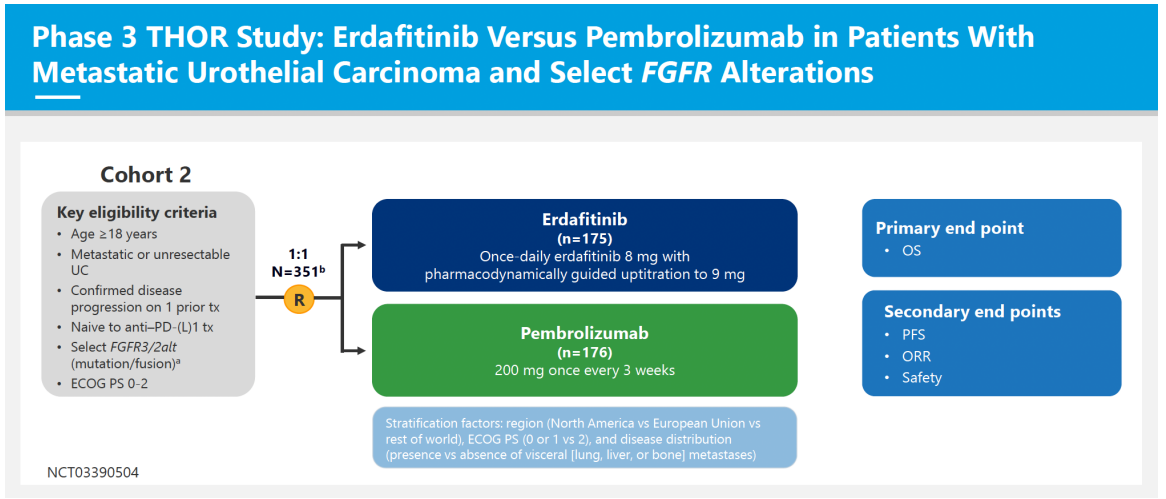
Variable	Value	Rate of Response (95% CI)
		percent
Response per investigator assessment — no. of patients†		
Any objective response	40	40 (31–50)
Complete response	3	3
Partial response	37	37
Stable disease	39	39
Progressive disease	18	18
Could not be evaluated or unknown	2	2
Median time to response — mo	1.4	
Median duration of response (95% CI) — mo	5.6 (4.2–7.2)	



Siefker-Radtke A, et al. ASCO 2020; Loriot et al NEJM 2019

ERDAFITINIB IN UROTELIAL CARCINOMA





Loriot et al ASCO 2023; N Engl J Med. 2023

ERDAFITINIB IN UROTELIAL CARCINOMA

Phase 3 THOR Study: Erdafitinib Versus Chemotherapy of Choice in Patients With Advanced Urothelial Cancer and Selected FGFR Aberrations

Cohort 1

Key eligibility criteria
- Age ≥18 years
- Metastatic or unresectable UC
- Confirmed disease progression
- Prior tx with anti–PD-(L)1
- 1-2 lines of systemic tx
- Select *FGFR3/2alt* (mutation/fusion)[a]
- ECOG PS 0-2

1:1
N=266[b]
R

Erdafitinib
(n=136)
Once-daily erdafitinib 8 mg with pharmacodynamically guided uptitration to 9 mg

Chemotherapy of Choice
(n=130)
docetaxel or vinflunine once every 3 weeks

Stratification factors: region (North America vs European Union vs rest of world), ECOG PS (0 or 1 vs 2), and disease distribution (presence vs absence of visceral [lung, liver, or bone] metastases)

Primary end point:
- OS

Key secondary end points:
- PFS
- ORR
- Safety

NCT03390504

Demographics and Disease Characteristics

Characteristic	Erdafitinib (n=136)	Chemotherapy (n=130)
Age, median (range), years	66 (32-85)	69 (35-86)
Men, n (%)	96 (70.6)	94 (72.3)
Race, n (%)		
White	81 (59.6)	63 (48.5)
Asian	37 (27.2)	40 (30.8)
Black or African American	0	1 (0.8)
Multiple	0	1 (0.8)
Not reported	18 (13.2)	25 (19.2)
Presence of visceral metastases, n (%)	101 (74.3)	97 (74.6)
Liver	31 (22.8)	38 (29.2)

Characteristic	Erdafitinib (n=136)	Chemotherapy (n=130)
ECOG PS 0-1, n (%)	124 (91.2)	117 (90)
Primary tumor upper tract, n (%)	41 (30.1)	48 (36.9)
PD-L1 low (CPS <10), n (%)	89 (92.7)[a]	68 (86.1)[a]
FGFRalt, n (%)[b]	(n=135)	(n=129)
Mutations	108 (79.4)	107 (82.3)
Fusions	25 (18.4)	19 (14.6)
Mutations and fusions	2 (1.5)	3 (2.3)
Prior lines of systemic therapy[c]		
1 line	45 (33.1)	33 (25.4)
2 lines	90 (66.2)	97 (74.6)

- Patient baseline characteristics were generally balanced between treatment arms

All Patients Enrolled in the Study Had Received Anti–PD-1 in the First- or Second-Line Setting

Patients receiving prior therapy, n (%)	Erdafitinib (n=136)[a]	Chemotherapy (n=130)
1 line of prior systemic therapy	**45 (33.1)**	**33 (25.4)**
Chemotherapy + anti–PD-(L)1[b]	33 (24.3)	15 (11.5)
Anti–PD-(L)1[c]	11 (8.1)	16 (12.3)
Chemotherapy	1 (0.7)	2 (1.5)
2 lines of prior systemic therapy	**90 (66.2)**	**97 (74.6)**
First line of therapy		
Chemotherapy	77 (56.6)	76 (58.5)
Chemotherapy + anti–PD-(L)1	6 (4.4)	10 (7.7)
Other	7 (5.1)	11 (8.5)
Second line of therapy		
Anti–PD-(L)1	76 (55.9)	76 (58.5)
Chemotherapy	10 (7.4)	14 (10.8)
Other	4 (2.9)	7 (5.4)

Loriot et al ASCO 2023; N Engl J Med. 2023

ERDAFITINIB IN UROTELIAL CARCINOMA

Phase 3 THOR Study: Erdafitinib Versus Chemotherapy of Choice in Patients With Advanced Urothelial Cancer and Selected FGFR Aberrations

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1:1
N=266[b]
R

Erdafitinib
(n=136)
Once-daily erdafitinib 8 mg with pharmacodynamically guided uptitration to 9 mg

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docetaxel or vinflunine once every 3 weeks

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Primary end point:
- OS

Key secondary end points:
- PFS
- ORR
- Safety

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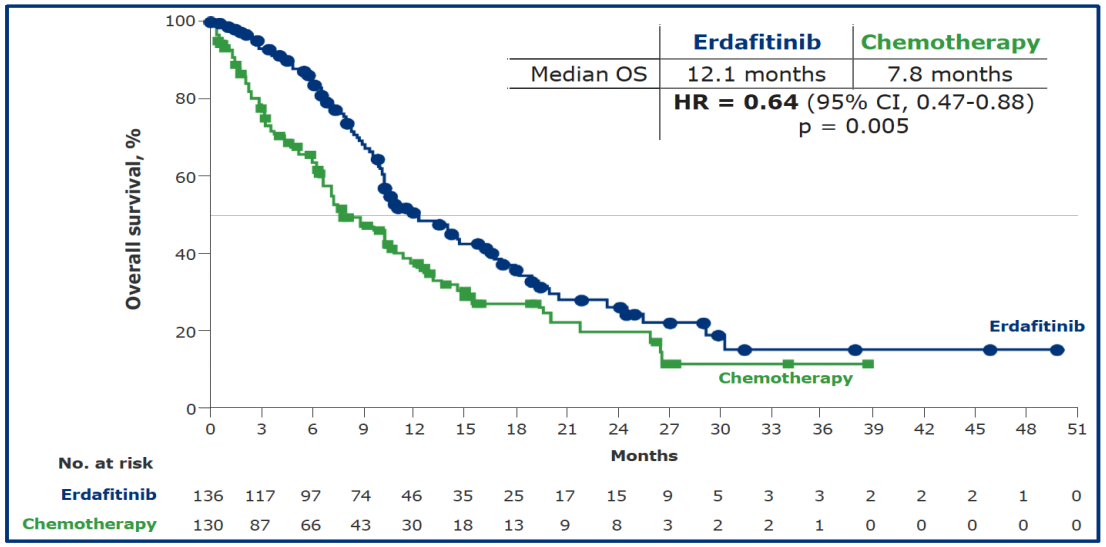

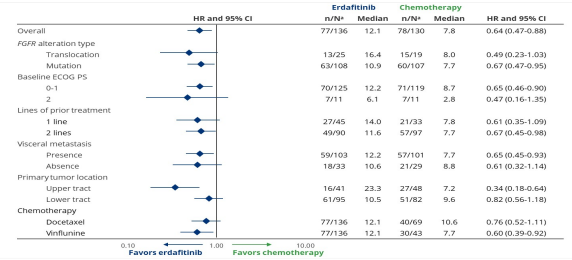

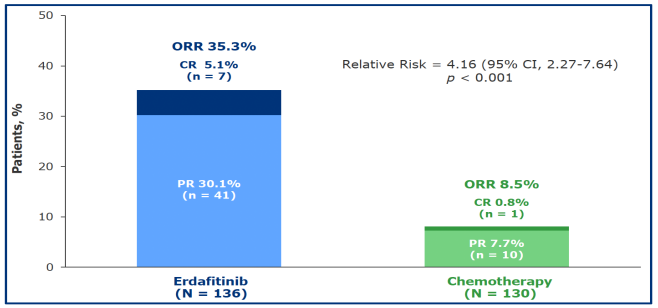

Loriot et al ASCO 2023; N Engl J Med. 2023

ERDAFITINIB IN UROTELIAL CARCINOMA

Phase 3 THOR Study: Erdafitinib Versus Pembrolizumab in Patients With Metastatic Urothelial Carcinoma and Select *FGFR* Alterations

Cohort 2

Key eligibility criteria
- Age ≥18 years
- Metastatic or unresectable UC
- Confirmed disease progression on 1 prior tx
- Naive to anti–PD-(L)1 tx
- Select *FGFR3/2alt* (mutation/fusion)[a]
- ECOG PS 0-2

1:1
N=351[b]
R

Erdafitinib
(n=175)
Once-daily erdafitinib 8 mg with pharmacodynamically guided uptitration to 9 mg

Pembrolizumab
(n=176)
200 mg once every 3 weeks

Stratification factors: region (North America vs European Union vs rest of world), ECOG PS (0 or 1 vs 2), and disease distribution (presence vs absence of visceral [lung, liver, or bone] metastases)

Primary end point
- OS

Secondary end points
- PFS
- ORR
- Safety

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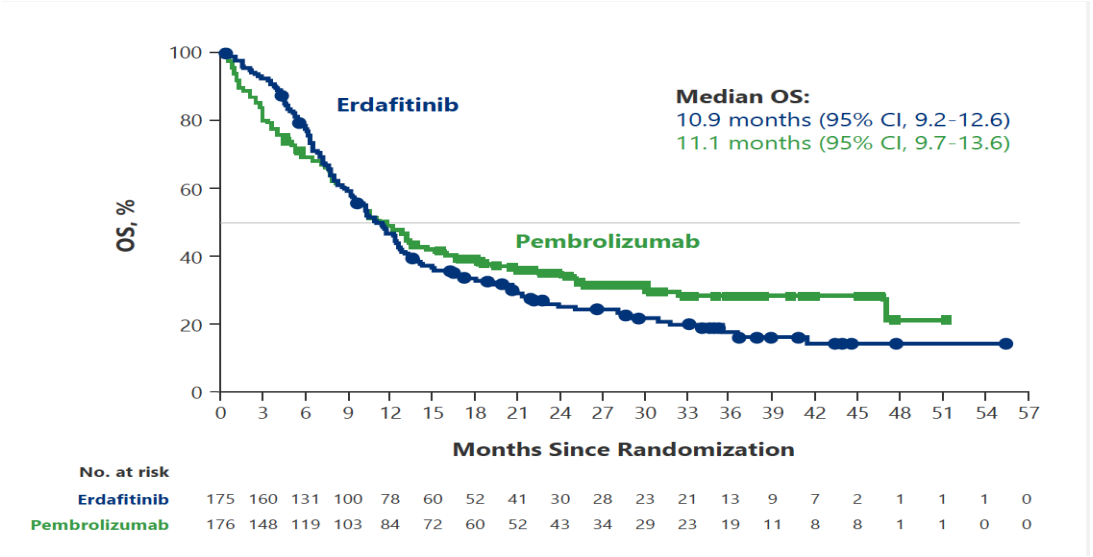
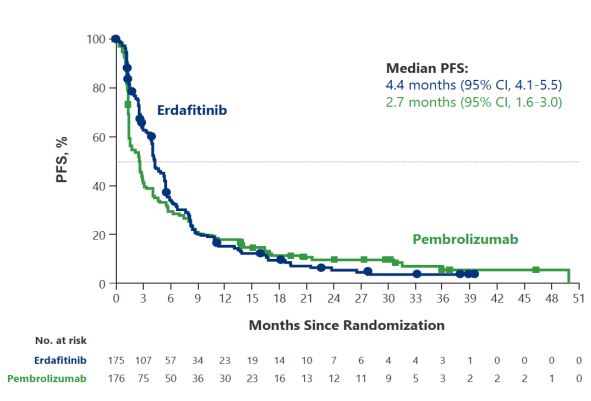
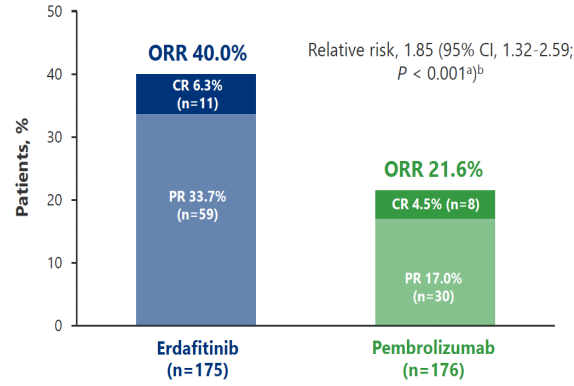






Siefker-Radtke et al ESMO 2023; Siefker-Radtke Ann Oncol 2024

OTHERS FGFR INHIBITORS

PEMIGATINIB

Inhibidor selectivo potente de FGFR 1-3

Fase II (FIGHT 201) con:

- Cohorte A: 64 pts UCm mut/fusión **FGFR3**
- Cohorte B: 36 pts UCm otras alteraciones de FGFR

ORR 25%

INFRIGATINIB

Inhibidor selectivo oral ATP-competitivo de FGFR 1-3

Fase I

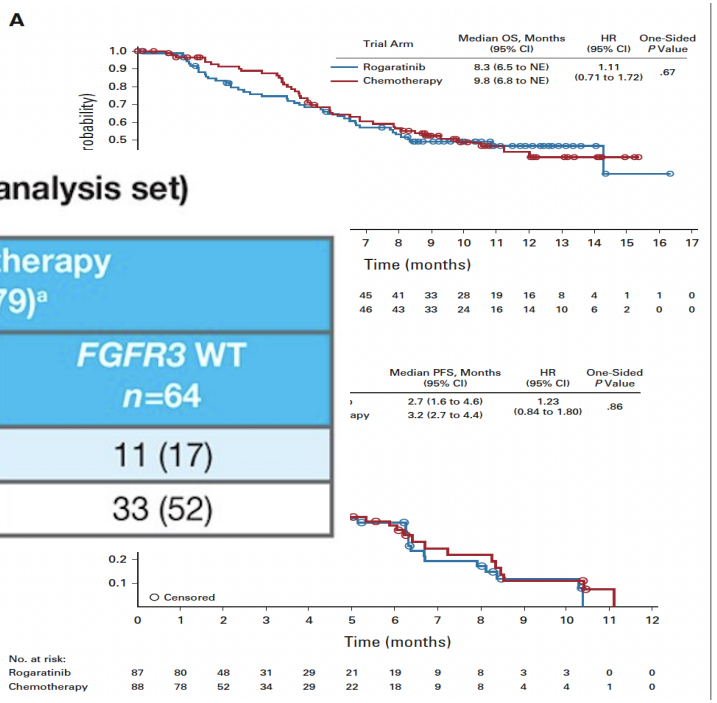
67 pts UCm con alteraciones FGFR3

ORR 25,4%

ROGARATINIB

Inhibidor selectivo potente de FGFR 1-4

FORT-1: Phase II/III Study of Rogaratinib Versus Chemotherapy in Patients With Locally Advanced or Metastatic Urothelial Carcinoma



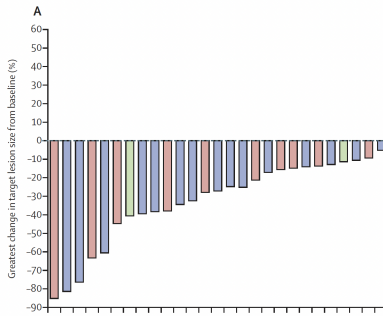


Table 3. Exploratory analysis of tumor response by *FGFR3* DNA alteration (full analysis set)

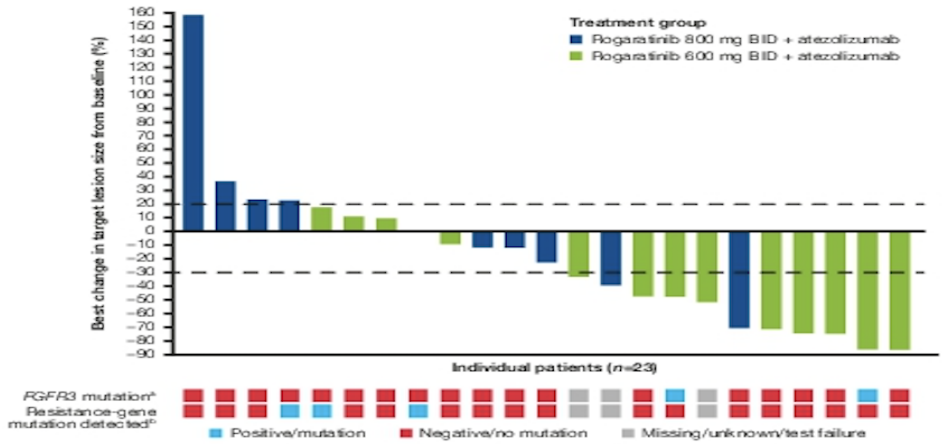
	Rogaratinib (*n*=82)[a]		Chemotherapy (*n*=79)[a]	
	FGFR3 DNA[alt] *n*=21	*FGFR3* WT *n*=61	*FGFR3* DNA[alt] *n*=15	*FGFR3* WT *n*=64
ORR, *n* (%)	11 (52)	6 (10)	4 (27)	11 (17)
DCR, *n* (%)	16 (76)	27 (44)	10 (67)	33 (52)
DCR, *n* (%) [95% CI]	43 (49) [39, 60]		49 (56) [45, 66]	
1-sided *p* value (Fisher's exact test)	0.84			

Necchi et al Ann of Oncol 2024; Lyou et al Clin Genitourin Cancer. 2022; Sternberg et J Clin Oncol 2022.

COMBINATIONS OF FGFR:

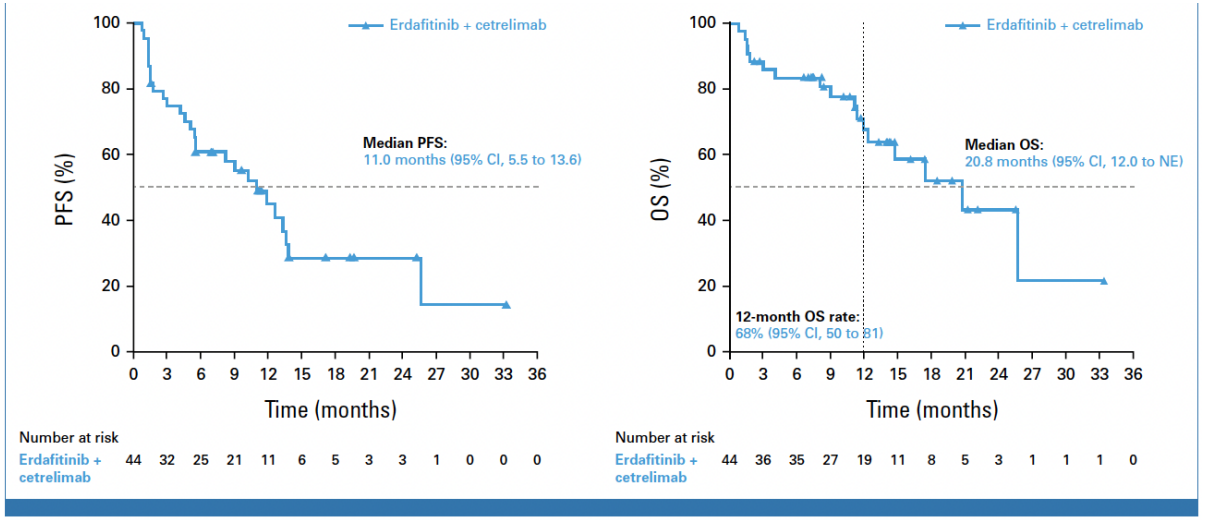
Rogaratinib Plus Atezolizumab in Cisplatin-Ineligible Patients With *FGFR* RNA-Overexpressing Urothelial Cancer
The FORT-2 Phase 1b Nonrandomized Clinical Trial

n (%) [95% CI]	Rogaratinib 800 mg BID + atezolizumab 1200 mg (*n*=10)	Rogaratinib 600 mg BID + atezolizumab 1200 mg (*n*=15)	Total (*N*=25)
Best response			
Complete response	1 (10)	3 (20)	4 (16)
Partial response	1 (10)	6 (40)	7 (28)
Stable disease	2 (20)	4 (27)	6 (24)
Progressive disease	6 (60)	2 (13)	8 (32)
Objective response rate	2 (20) [3, 56]	9 (60) [32, 84]	11 (44) [24, 65]
Disease control rate	4 (40) [12, 74]	13 (87) [60, 98]	17 (68) [47, 85]



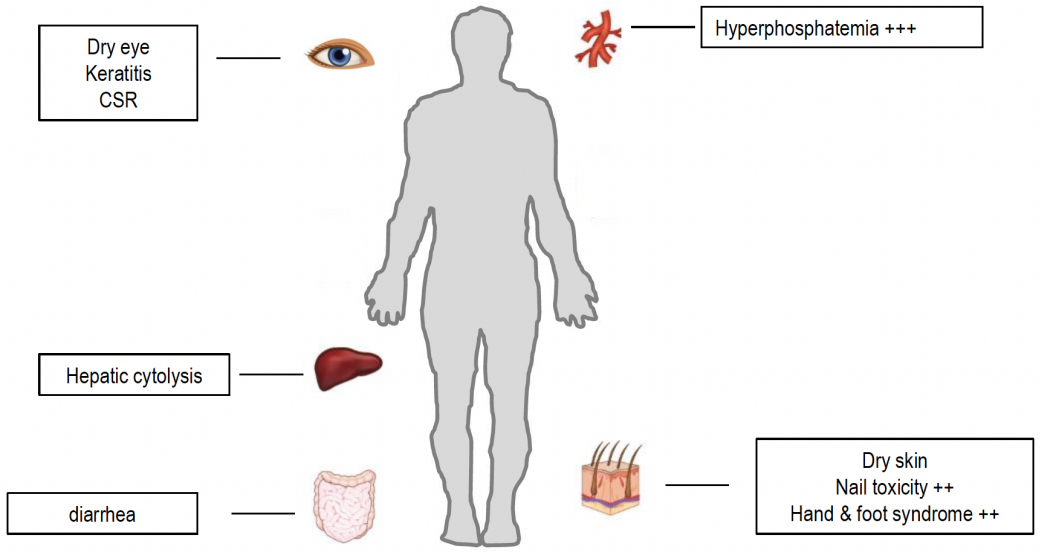
Erdafitinib or Erdafitinib Plus Cetrelimab for Patients With Metastatic Urothelial Carcinoma and *FGFR* Alterations: Final Results From the Phase II NORSE Study

	Erdafitinib (n = 18)	Erdafitinib + Cetrelimab (n = 19)
ORR[a], n (%) [95% CI]	6 (33%) [13%-59%]	13 (68%) [43%-87%]
Complete response, n (%)	1 (6%)	4 (21%)
Partial response, n (%)	5 (28%)	9 (47%)
DOR, median, months [95% CI]	NE [4.4-NE]	6.9 [1.6-NE]

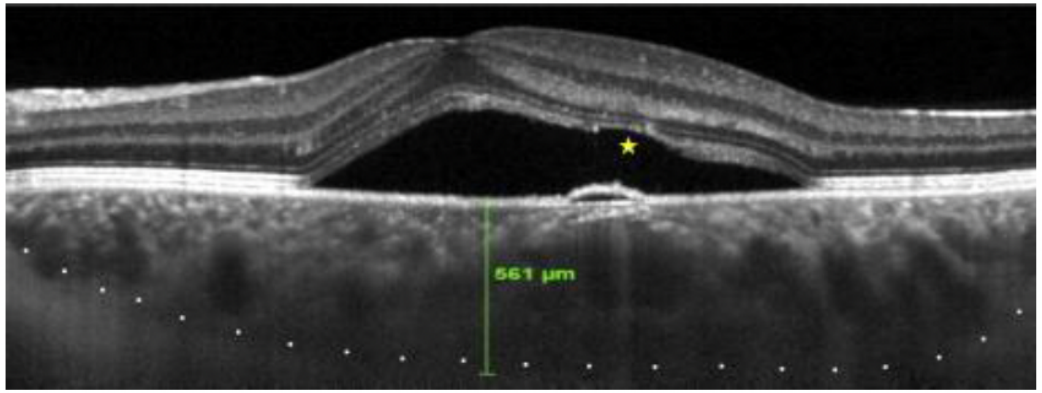


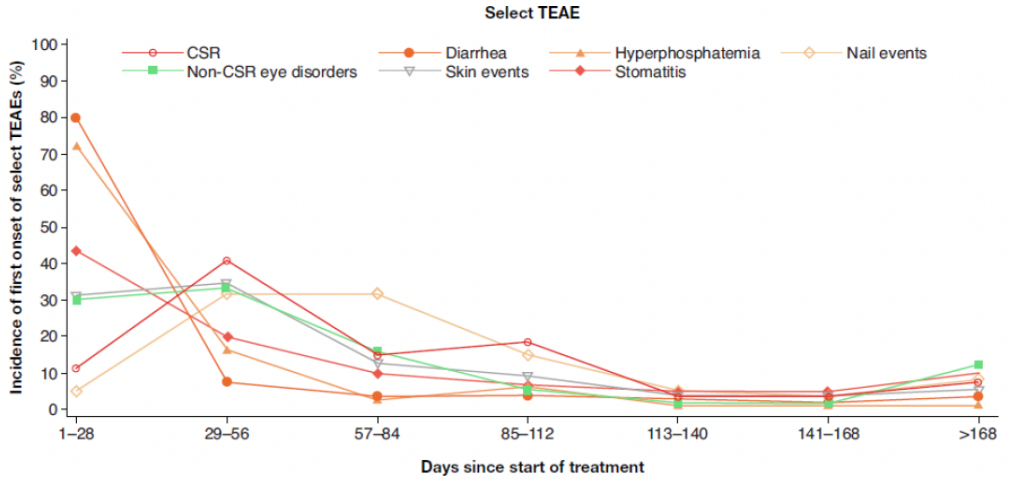
Sweis et al JAMA Oncol 2022; Loriot et al J Clin Oncol 2026

SAFETY PROFILE



	Grade 1 *n* (%)	Grade 2 *n* (%)	Grade 3 *n* (%)	Total *n* (%)	UpT *n* (%)	No UpT *n* (%)
				N = 101	*N* = 41	*N* = 60
Hyperphosphatemia	54 (54)	23 (23)	2 (2.0)	79 (78)	27 (66)	52 (87)
Stomatitis	21 (21)	25 (25)	14 (14)	60 (59)	23 (56)	37 (62)
Nail events[a]	22 (22)	23 (23)	15 (15)	60 (59)	25 (61)	35 (58)
Non-CSR eye disorders[a]	28 (28)	23 (23)	5 (5.0)	57 (56)[b]	21 (51)	36 (60)
Skin events[a]	25 (25)	22 (22)	8 (7.9)	55 (55)	23 (56)	32 (53)
Diarrhea	34 (34)	17 (17)	4 (4.0)	55 (55)	24 (59)	31 (52)
CSR	12 (12)	11 (11)	4 (4.0)	27 (27)	12 (29)	15 (25)

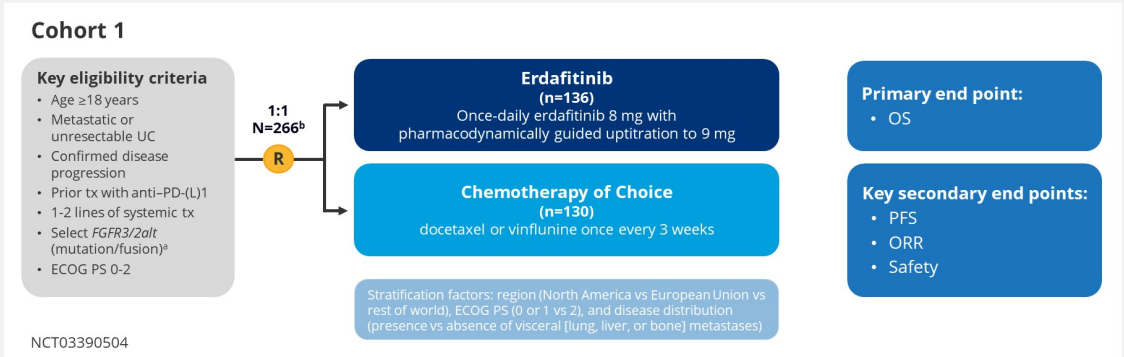




Siefker-Radtke et al. EurUrolOpen Science 2023

SAFETY PROFILE

Phase 3 THOR Study: Erdafitinib Versus Chemotherapy of Choice in Patients With Advanced Urothelial Cancer and Selected FGFR Aberrations



THOR Cohort 1 Safety[1]

Safety profiles were consistent with the known profiles of erdafitinib and chemotherapy

- 18 patients (13.3%) had serious TRAEs with **erdafitinib**
  - 1 treatment-related death occurred (sudden death)
  - AEs with erdafitinib were mostly manageable with dose modifications and supportive care
- 27 patients (24.1%) had serious TRAEs with **chemotherapy**
  - 6 treatment-related deaths occurred (due to febrile bone marrow aplasia, febrile neutropenia, septic shock, and atypical pneumonia)

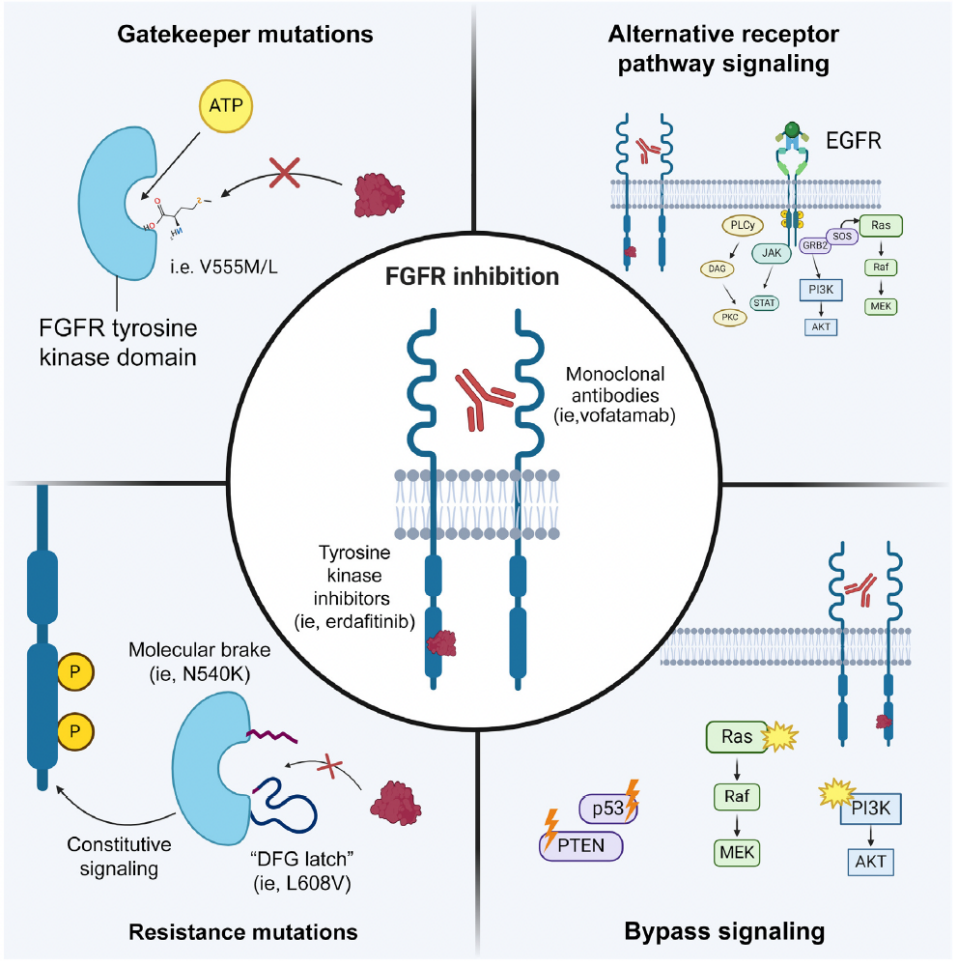
Patients with TRAEs, n (%)[a]	Erdafitinib (N = 135)		Patients with TRAEs, n (%)[c]	Chemotherapy (N = 112)	
	Any grade	Grade 3-4		Any grade	Grade 3-4
≥ 1 TRAE	131 (97.0)	62 (45.9)	≥ 1 TRAE	97 (86.6)	52 (46.4)
Hyperphosphatemia	106 (78.5)	7 (5.2)	Anemia	31 (27.7)	7 (6.3)
Diarrhea	74 (54.8)	4 (3.0)	Alopecia	24 (21.4)	0
Stomatitis	62 (45.9)	11 (8.1)	Nausea	22 (19.6)	2 (1.8)
Dry mouth	52 (38.5)	0	Neutropenia	21 (18.8)	15 (13.4)
PPES	41 (30.4)	13 (9.6)	Leukopenia	13 (11.6)	9 (8.0)
Onycholysis	31 (23.0)	8 (5.9)	Febrile neutropenia	9 (8.0)	10 (8.9)
Discontinuation due to TRAEs	11 (8.1)[b]		Discontinuation due to TRAEs	15 (13.4)[d]	

Patients with AEs of interest, n (%)	Erdafitinib (n=135)		Chemotherapy (n=112)	
	Any grade	Grade 3-4	Any grade	Grade 3-4
Nail disorders[a]	90 (66.7)	15 (11.1)	6 (5.4)	0
Skin disorders[b]	74 (54.8)	16 (11.9)	14 (12.5)	0
Eye disorders (excluding central serous retinopathy)[c]	57 (42.2)	3 (2.2)	6 (5.4)	0
Central serous retinopathy[d]	23 (17.0)	3 (2.2)	0	0

Adverse events leading to treatment discontinuation	19 (14.1)	20 (17.9)
Related adverse events leading to treatment discontinuation	11 (8.1)	15 (13.4)
Adverse events leading to dose reduction	93 (68.9)	27 (24.1)
Related adverse events leading to dose reduction	89 (65.9)	24 (21.4)
Adverse events leading to dose interruption	97 (71.9)	35 (31.3)
Related adverse events leading to dose interruption	89 (65.9)	22 (19.6)

Loriot et al ASCO 2023; Loriot et al N Engl J Med. 2023

MECANISMOS DE RESISTENCIA



Li et al Eur Urol 2025

NUEVA GENERACIÓN

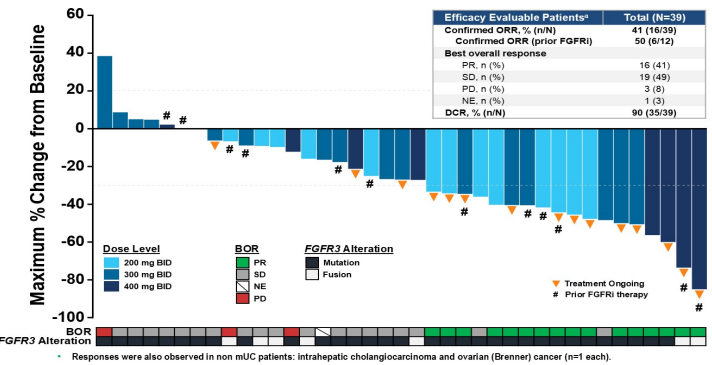
Vepugratinib

LY3866288 is potent against and highly selective for FGFR3 and FGFR3 V555M enzymes while sparing FGFR1 and FGFR2[2]

	Enzyme Inhibition				Fold Selectivity	
	FGFR1 IC_{50} (nM)	FGFR2 IC_{50} (nM)	FGFR3 IC_{50} (nM)	FGFR3 V555M IC_{50} (nM)	FGFR3 over FGFR1	FGFR3 over FGFR2
Erdafitinib	0.3	0.6	0.2	1218.0	1.5x	2.0x
Pemigatinib	0.5	0.3	1.0	752.0	0.5x	0.3x
Infigratinib	0.4	0.7	0.3	579.8	1.3x	0.6x
Futibatinib	0.7	0.4	0.4	14.4	1.8x	1.8x
LY3866288	108.2	19.7	0.3	1.1	361x	66x

ASCO Genitourinary Cancers Symposium

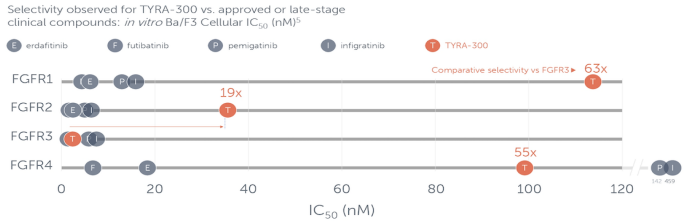
A first-in-human phase 1 study of LY3866288 (LOXO-435), a potent, highly isoform-selective FGFR3 inhibitor (FGFR3i) in advanced solid tumors with FGFR3 alterations: Initial results from FORAGER-1



- Responses were also observed in non mUC patients: intrahepatic cholangiocarcinoma and ovarian (Brenner) cancer (n=1 each).

Treatment-Emergent AEs ≥20%	All Patients (N=107)		200 mg, 300 mg, 400 mg BID (n=70)	
All TEAEs, %	Any Grade	Grade ≥3	Any Grade	Grade ≥3[e]
Any	98	45	100	46
Diarrhea	63	3	76	4
Fatigue	26	<1	29	1
ALT increased	22	7	29	9
AST increased	22	7	29	9
Decreased appetite	21	3	24	1
AEs of interest, %				
Skin disorders[a]	42	3	46	4
Hand-foot (PPE)	6	2	9	3
Hyperphosphatemia[b]	26	<1	36	1
Eye disorders[c]	19	-	21	-
Retinopathy	4	-	4	-
Stomatitis	18	<1	23	1
Nail disorders[d]	16	-	19	-
Dry mouth	14	-	17	-
Dose modifications, %				
Dose reductions due to TEAEs	10		14	
Discontinuations due to TEAEs	5		6	

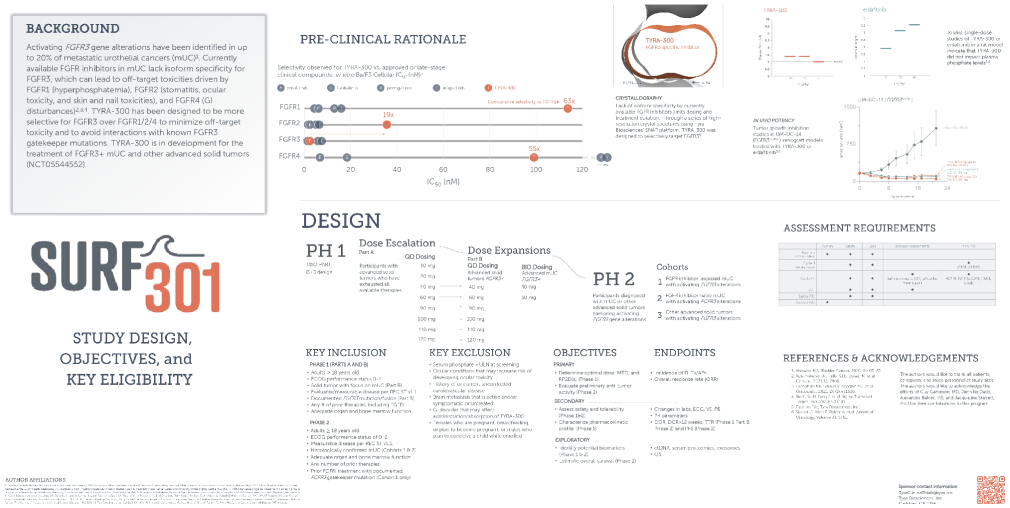
Dabogratinib



Phase I/II study of TYRA-300 in mUC and other solid tumors with activating *FGFR3* alterations (SURF301)

Aaron Hansen[2], Alison Zhang[1], Charlene Mantia[3], Andrew Weickhardt[4], Valentina Boni[5], Evan Yu[6], Marie Robert[7], Shilpa Gupta[8], Gopa Iyer[9], Michael Millward[10], Rafael Morales-Barrera[11], Christopher Hoimes[12], Jordan Berlin[13], Andrew Hill[14], Fabricio Racca[15], Damien Pouessel[16], Kriti Mittal[17], Christine Lihou[18], Yohann Loriot[19], Ben Tran[20]

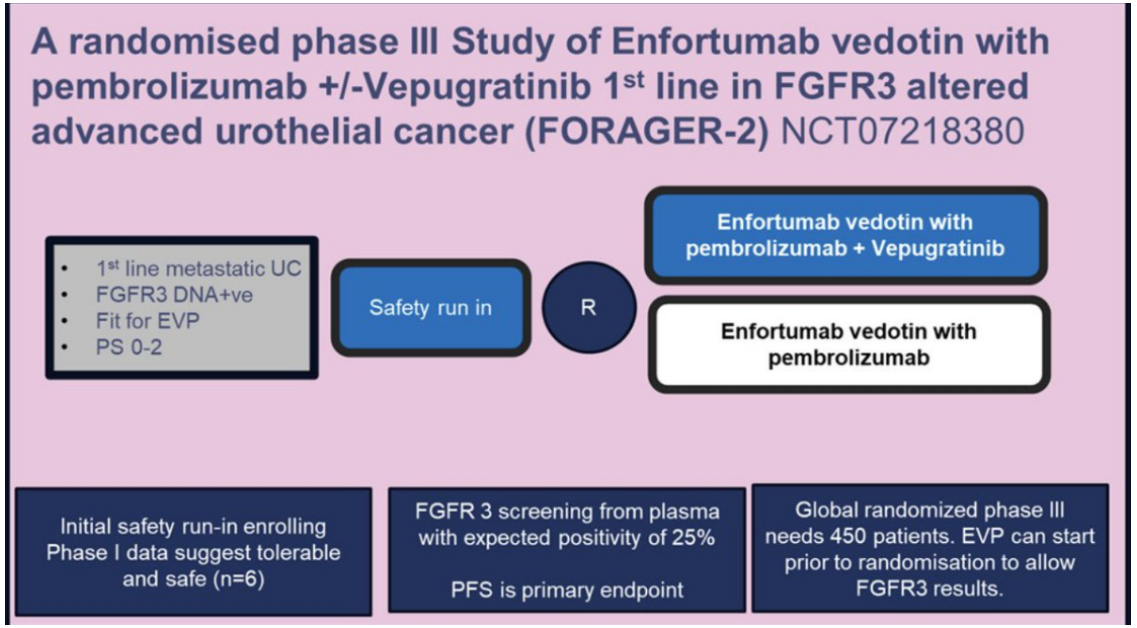
TRIALS IN PROGRESS
Abstract ID TPS904



Lyer et al ASCO GU 2025; Hansen et al ASCO GU 2025

NEW FGFR INHIBITORS

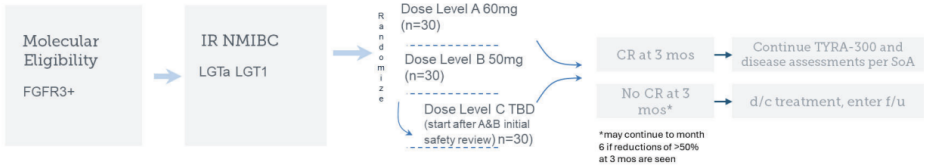
Vepugratinib



Dabogratinib

Tyra Biosciences Doses First Patient in Phase 2 Study of TYRA-300 in Low-Grade Intermediate Risk Non-Muscle Invasive Bladder Cancer (SURF302)

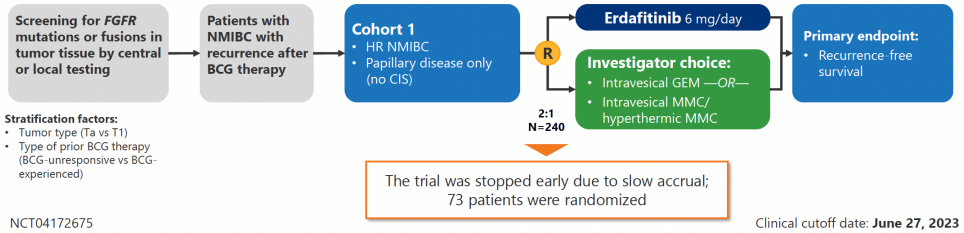
Figure 1: Study Schema



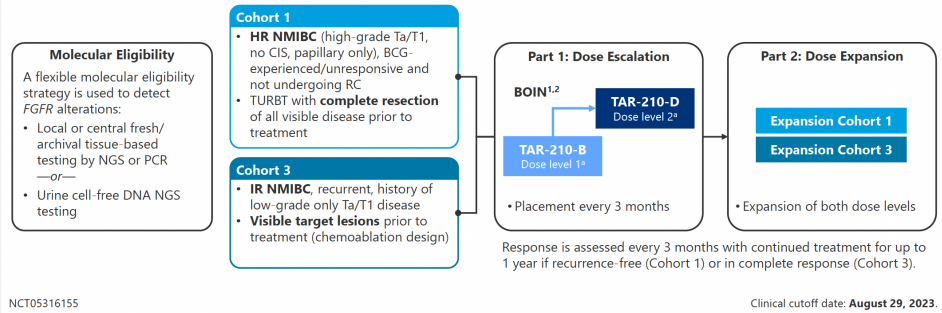
Clinicaltrials.gov

FGFR IN OTHER GU MALIGNANCIES

THOR-2 Cohort 1: Erdafitinib Versus Investigator's Choice of Intravesical Chemotherapy in Patients With High-Risk NMIBC



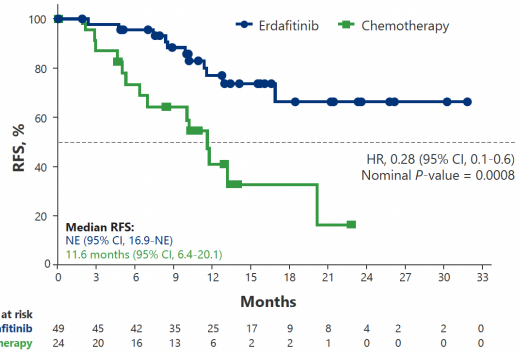
Open-label, Multicenter Phase 1 Study to Evaluate Safety, PK, and Efficacy of TAR-210: Cohorts 1 and 3



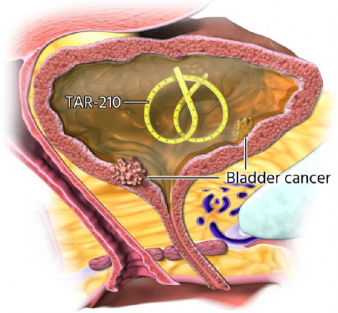
Safety Results Were Generally Consistent With Known Profiles for Erdafitinib and Intravesical Chemotherapy

Patients with events, n (%)[a]	Erdafitinib (n=49)		Chemotherapy (n=23)	
	Any grade	Grade ≥3	Any grade	Grade ≥3
Any	49 (100.0)	19 (38.8)	19 (82.6)	4 (17.4)
Hyperphosphatemia	36 (73.5)	0	0	0
Diarrhea	27 (55.1)	1 (2.0)	3 (13.0)	0
Dry mouth	23 (46.9)	0	0	0
Stomatitis	20 (40.8)	5 (10.2)	0	0
Nail dystrophy	15 (30.6)	2 (4.1)	0	0
Dry skin	11 (22.4)	0	0	0
Dry eye	11 (22.4)	0	0	0
Dysgeusia	11 (22.4)	0	0	0
Constipation	10 (20.4)	1 (2.0)	1 (4.3)	0
Decreased appetite	10 (20.4)	0	0	0
Central serous chorioretinopathy	10 (20.4)	0	0	0
Alopecia	9 (18.4)	0	0	0
Onycholysis	9 (18.4)	0	0	0
Urinary tract infection	9 (18.4)	0	4 (17.4)	0
Fatigue	9 (18.4)	0	1 (4.3)	0
Hematuria	1 (2.0)	0	4 (17.4)	0

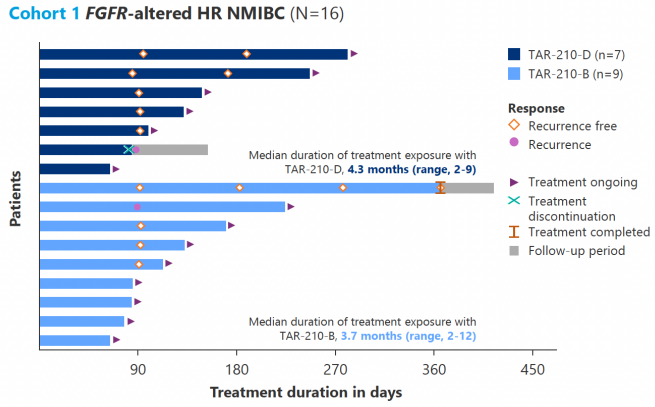
Erdafitinib group:
- 14 patients (28.6%) had AEs leading to treatment discontinuation[b]
- No treatment-related deaths were reported[c]



TAR-210 is designed to provide local, sustained release of erdafitinib within the bladder for 3 months while limiting systemic toxicities



TAR-210 is inserted into the bladder through a dedicated urinary placement catheter and removed via cystoscopy.

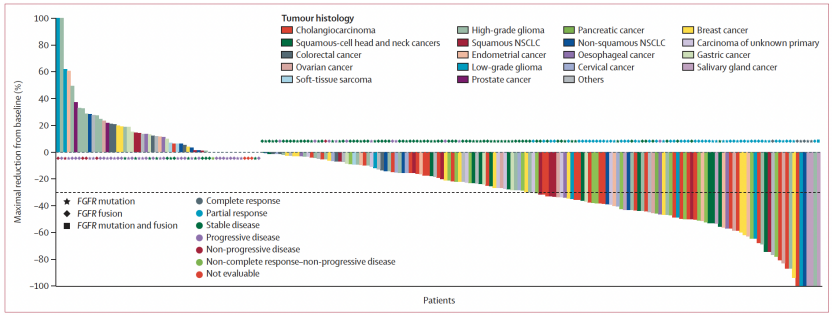


Catto et al ESMO 2023; Vilaseca et al ESMO 2023

FGFR IN OTHER GU MALIGNANCIES

Erdafitinib in patients with advanced solid tumours with *FGFR* alterations (RAGNAR): an international, single-arm, phase 2 study

Tumour types	
Cholangiocarcinoma	31 (14%)
High-grade glioma	30 (14%)
Pancreatic cancer	18 (8%)
Breast cancer	16 (7%)
Squamous-cell head and neck cancers	15 (7%)
Squamous non-small-cell lung cancer	14 (6%)
Non-squamous non-small-cell lung cancer	9 (4%)
Carcinoma of unknown primary	8 (4%)
Colorectal cancer	8 (4%)
Endometrial cancer	8 (4%)
Oesophageal cancer	8 (4%)
Gastric cancer	8 (4%)
Ovarian cancer	8 (4%)
Low-grade glioma	7 (3%)
Cervical cancer	6 (3%)
Salivary gland cancer	5 (2%)
Soft-tissue sarcoma	3 (1%)
Prostate cancer	2 (1%)
Other	13 (6%)



Erdafitinib for the Treatment of Patients With Castration-Resistant Prostate Cancer

ClinicalTrials.gov ID NCT04754425

Sponsor M.D. Anderson Cancer Center

Information provided by M.D. Anderson Cancer Center (Responsible Party)

Last Update Posted 2026-02-06

Erdafitinib and Abiraterone Acetate or Enzalutamide in Treating Patients With Double Negative Prostate Cancer

ClinicalTrials.gov ID NCT03999515

Sponsor University of Washington

Information provided by Michael Schweizer, University of Washington (Responsible Party)

Last Update Posted 2023-09-28

CONCLUSIONES Y FUTURO

- Testar FGFR en pacientes con carcinoma urotelial avanzada
- Erdafitinib aprobado en pacientes con carcinoma urotelial avanzado tras fallo a ICI
- Favorecer adherencia
    - Familiaridad efectos secundarios
    - Nuevos inhibidores
- Posicionamiento inhibidores FGFR
    - No músculo invasivo
    - Primera línea

GRACIAS!

II JORNADA TRASLACIONAL DE ONCOLOGÍA DE PRECISIÓN: A TRAVÉS DE LAS VÍAS DE SEÑALIZACIÓN

SEVILLA, 6 Y 7 DE FEBRERO DE 2025

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