

III JORNADA DE ACTUALIZACIÓN EN
URO-ONCOLOGÍA:
UPDATE 2026

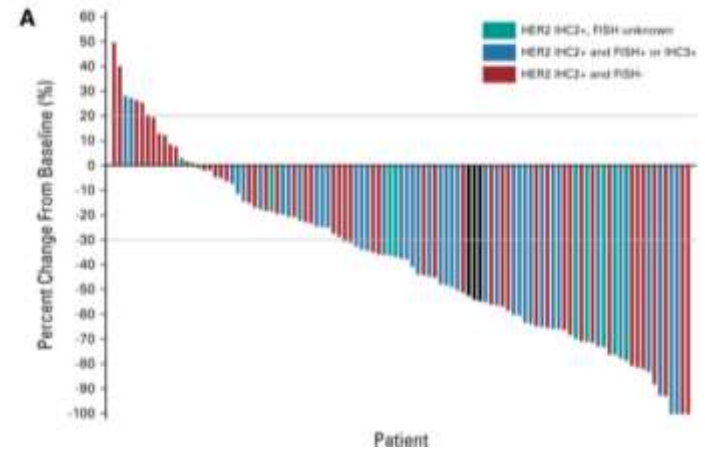
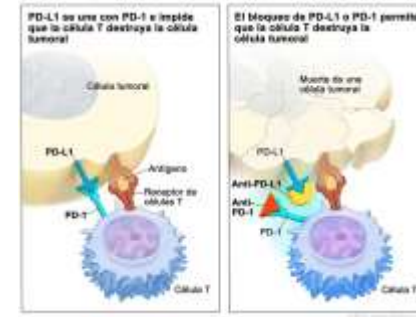
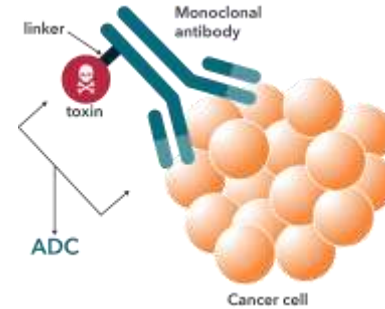
Madrid, 17 de febrero de 2026

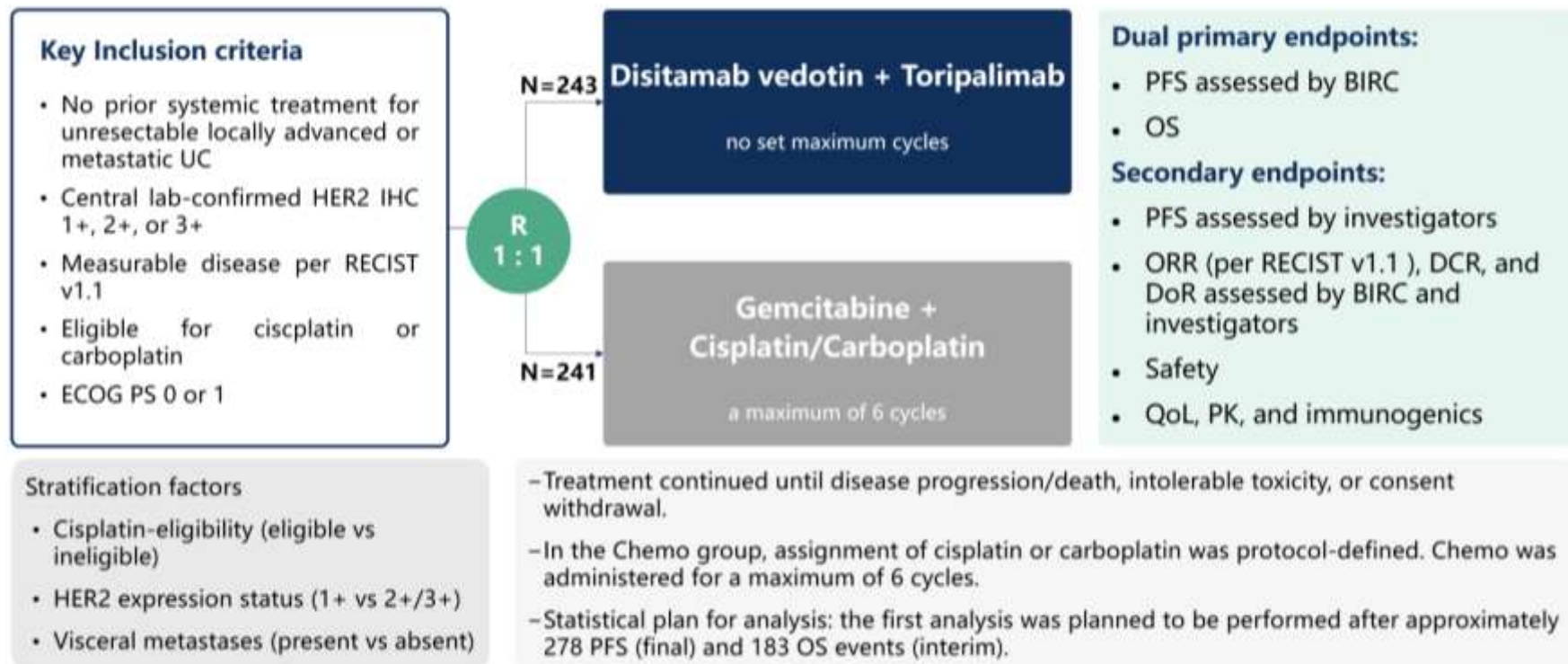


Más terapia dirigida e inmunoterapia para cáncer urotelial / DV + T en CU en 1L.

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- HER2 IHC2 IHC $\geq 1+$: hasta el 70% CU.
- ADC anti-HER2 efectivos en UC HER2 post-quimio.
 - Aprobados: Disitamab-Vedotin (China) / T-DXd (EE.UU).
- Tumor inmunogénico con alta carga de mutaciones somáticas.
- Disitamab-Vedotin + Toripalimab demostró eficacia prometedora en pacientes con UC no seleccionados en un ensayo clínico fase 1b/2 .





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Tumor Response

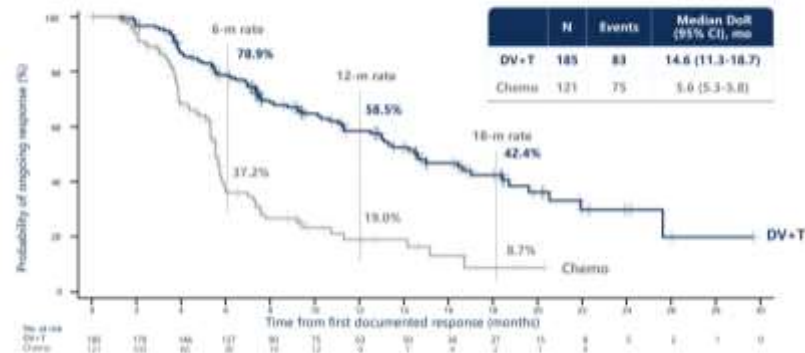
Significant improvement in tumor response in patients with DV+T by BICR and investigators



RR (95% CI) difference per BICR comparing DV+T vs Chemo was calculated using a stratified Wald test with continuity correction. RR, relative response; PR, partial response; CI, confidence interval.

Duration of Response

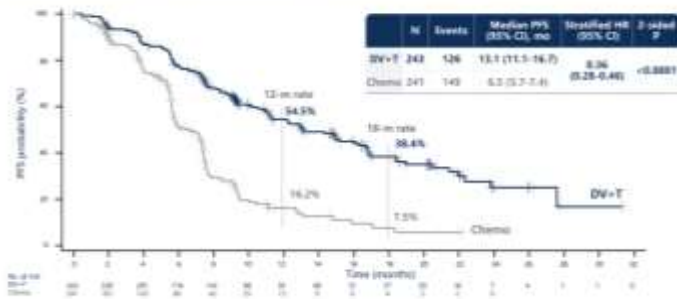
Significant improvement in DoR in patients with DV+T by BICR and investigators



The investigator assessment (median: 13.1 vs 5.5 months) was consistent with BIRC.

Progression-free Survival according to BIRC

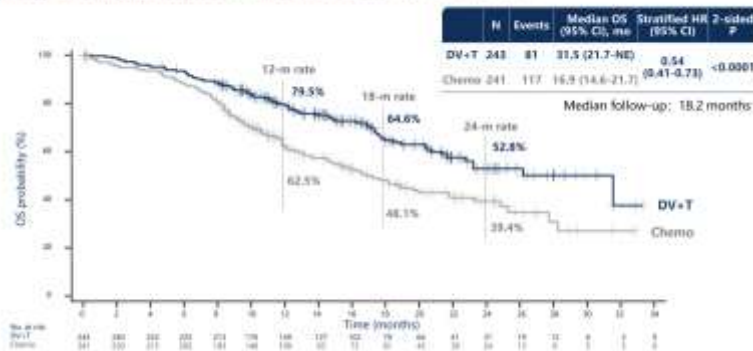
Clinically meaningful reduction in the risk of progression or death by 64% with DV+T



Sheng X, et al. ESMO 2025; LBA7 (RC48-C016 Study) stratified HR: 0.36 (95% CI: 0.28-0.46) was consistent with BIRC.

Overall Survival

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

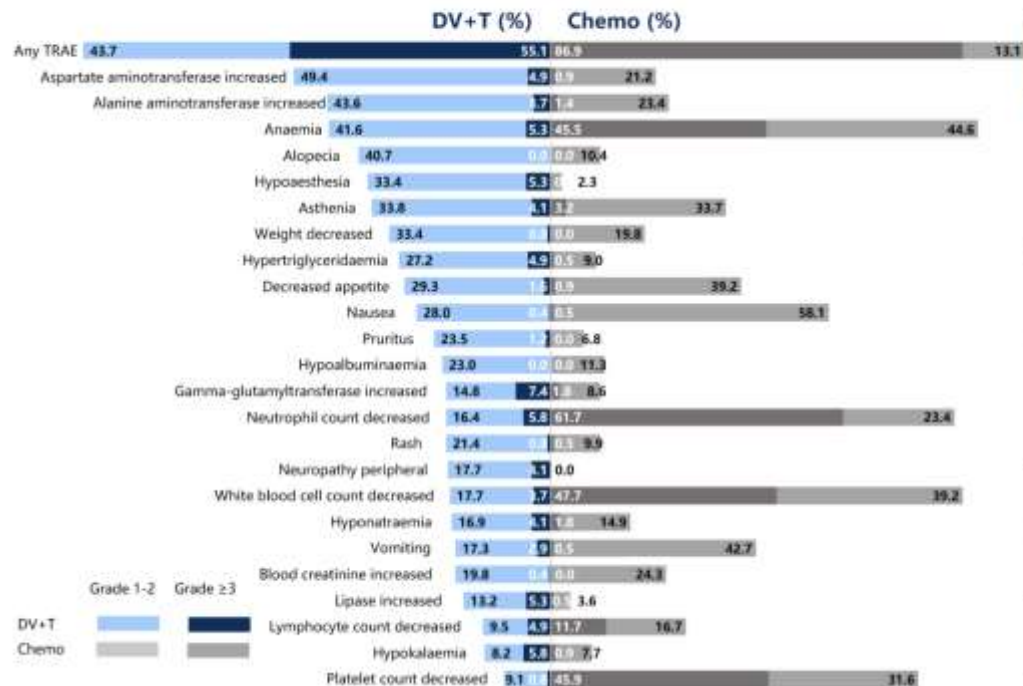


Descripción

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Safety Summary

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



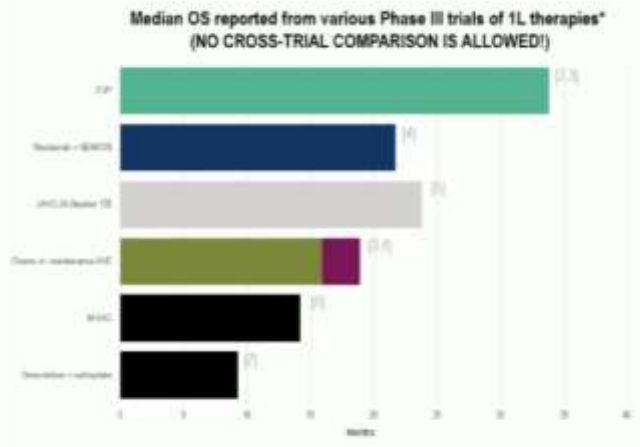
n (%)	DV+T (N = 243)	Chemo (N = 222)*
Treatment-emergent adverse events (TEAEs)	243 (100)	222 (100)
Treatment-related adverse events (TRAEs)	240 (98.8)	222 (100)
Grade ≥ 3 TRAEs	134 (55.1)	193 (86.9)
Grade 3	107 (44.0)	93 (41.9)
Grade 4	24 (9.9)	97 (43.7)
Grade 5	3 (1.2)	3 (1.4)
Serious TRAEs	69 (28.4)	90 (40.5)
Immune-related adverse events		
Any grade	114 (46.9)	/
Grade ≥ 3	46 (18.9)	/
TRAE leading to discontinuation of any study treatment	30 (12.3)	23 (10.4)

*19 patients in the chemo group did not receive the assigned treatment

- El estudio fase III RC48-C016 demostró que DV+T prolonga significativamente la SLP y la SG frente a quimioterapia en pacientes con la/mUC con expresión de HER2 no tratados previamente (SLP: 13,1 vs 6,5 meses (HR 0,36); SG: 31,5 vs 16,9 meses (HR 0,54); beneficios consistentes en todos los subgrupos).

- Perfil de seguridad más favorable que la quimioterapia, con menos TRAEs de grado ≥ 3 (55,1% vs 86,9%).

- DV+T re
la/mUC H



un potencial nuevo estándar de primera línea en



Descripción