

III JORNADA DE ACTUALIZACIÓN EN
URO-ONCOLOGÍA:
UPDATE 2026

Madrid, 17 de febrero de 2026



BCG en monoterapia: NO

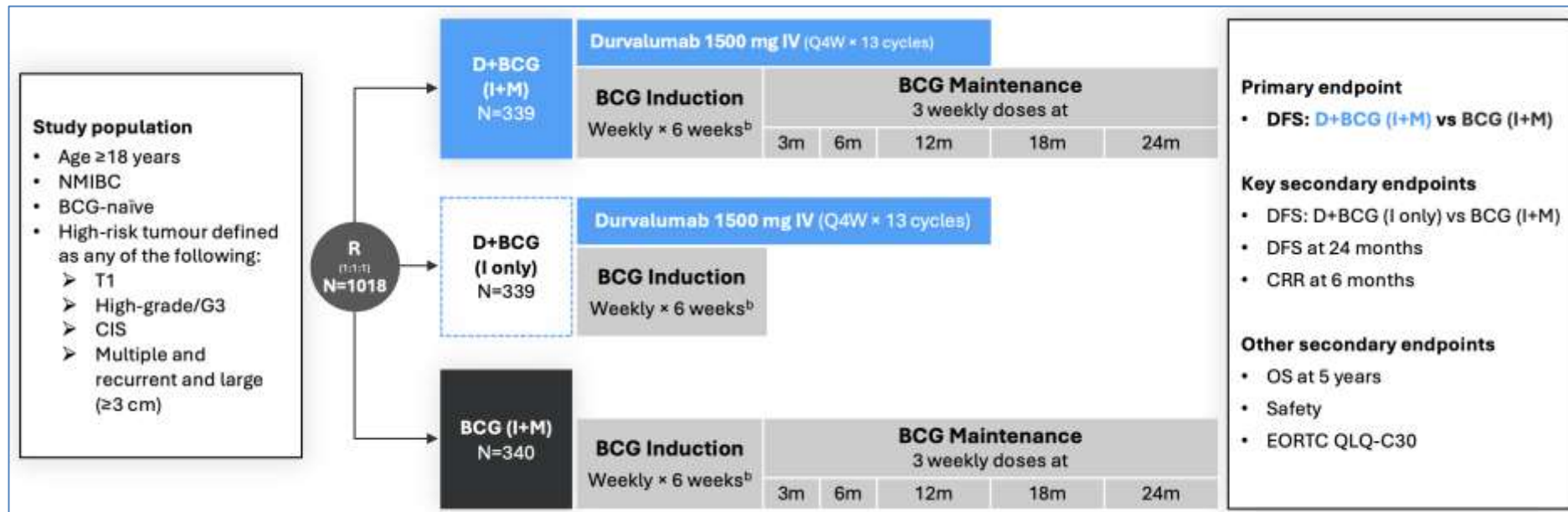
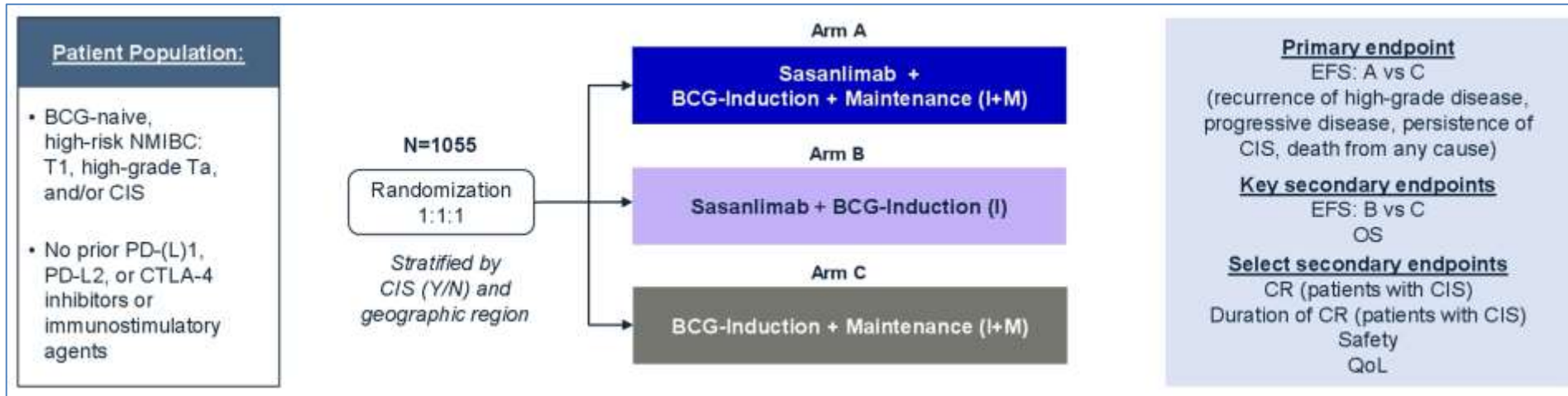
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Hospital Universitario 12 de Octubre

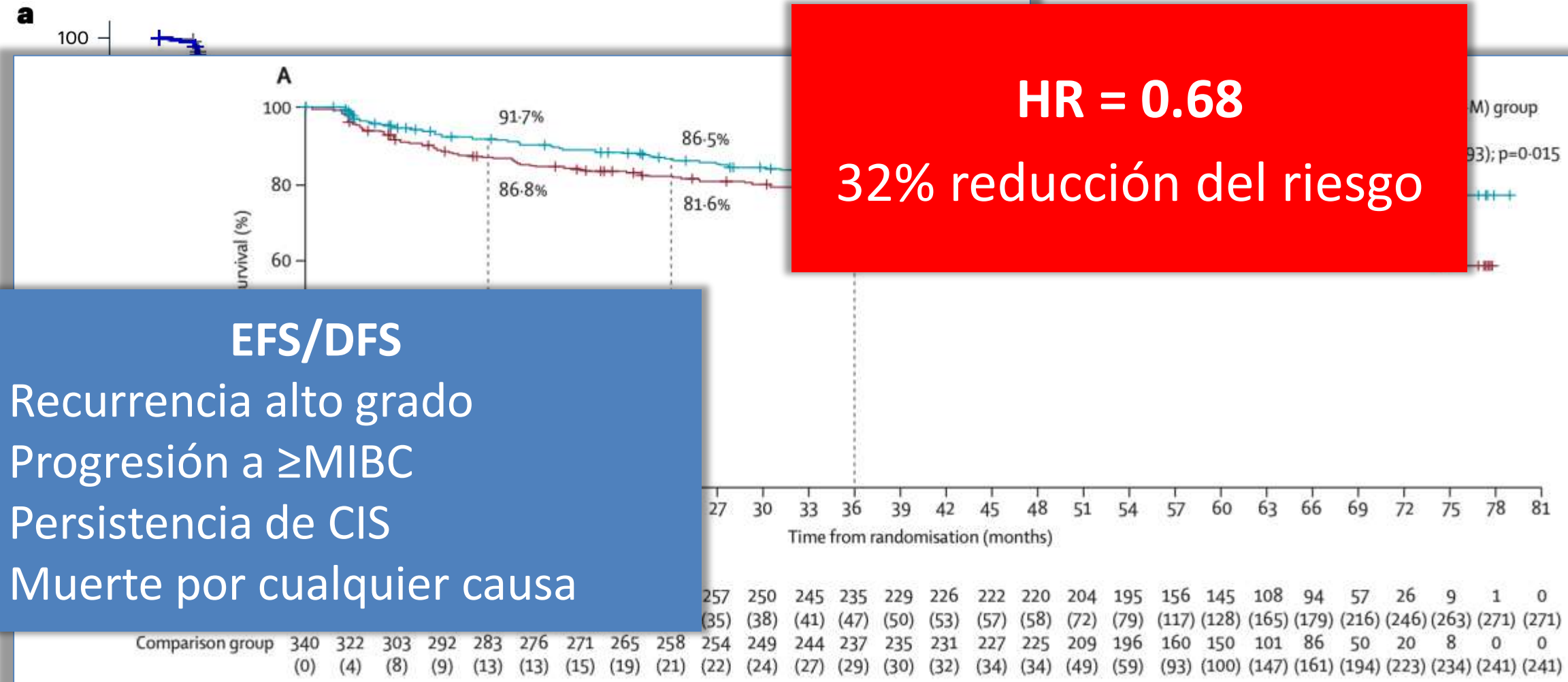
DISCLOSURES

Research support/PI	Johnson & Johnson, Pfizer, Taris, BMS, Roche, Seagen, AstraZeneca, Combat Medical, Cepheid, Fidia, Astellas, UroGen, MSD, enGene, Tyra Bio
Employee	SERMAS (Servicio Madrileño de Salud)
Consultant	Johnson & Johnson, Pfizer, Merck, Roche, Taris, Combat Medical, AstraZeneca, MSD, BMS, enGene, Nanobots Therapeutics, Gebro, Photocure
Stockholder	CG Oncology, Johnson & Johnson, Pfizer, NEED Inc, Danae Urogenomics
Speaker bureau	Nucleix, MSD, Pfizer, Merck, BMS, AstraZeneca, Palex, Combat Medical, Johnson & Johnson, Recordati, Gebro
Travel	Pfizer, Recordati, Ipsen, Combat Medical, Alter, Salvat, Nucleix, AstraZeneca, Fidia, Johnson & Johnson
Scientific advisory board	AstraZeneca, BMS, Combat Medical, Johnson & Johnson, Nucleix, Pfizer, Taris, Roche, MSD, enGene
Manuscript support	Pfizer, Janssen, Combat Medical, AstraZeneca, Johnson & Johnson, BMS, Gebro
Others	Co-founder of Danae Urogenomics

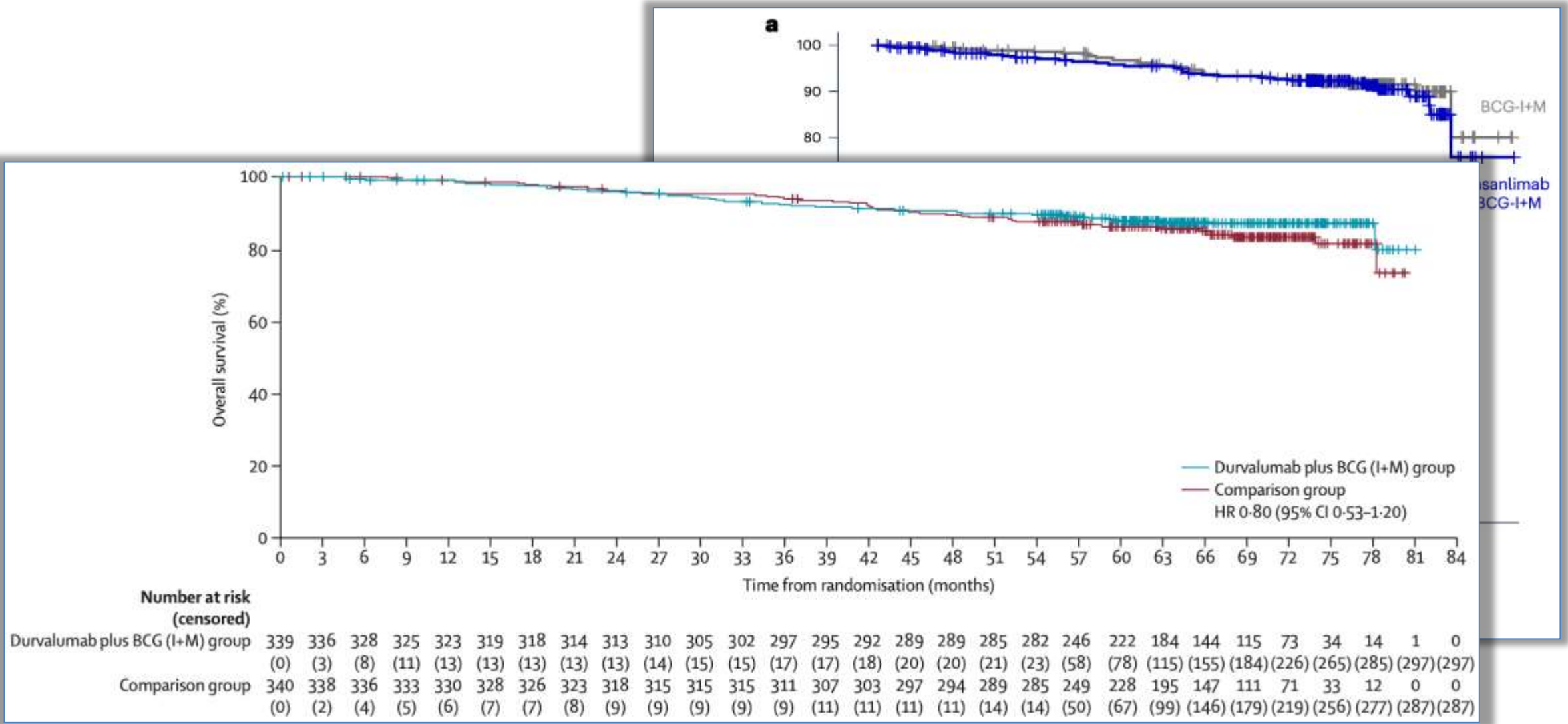


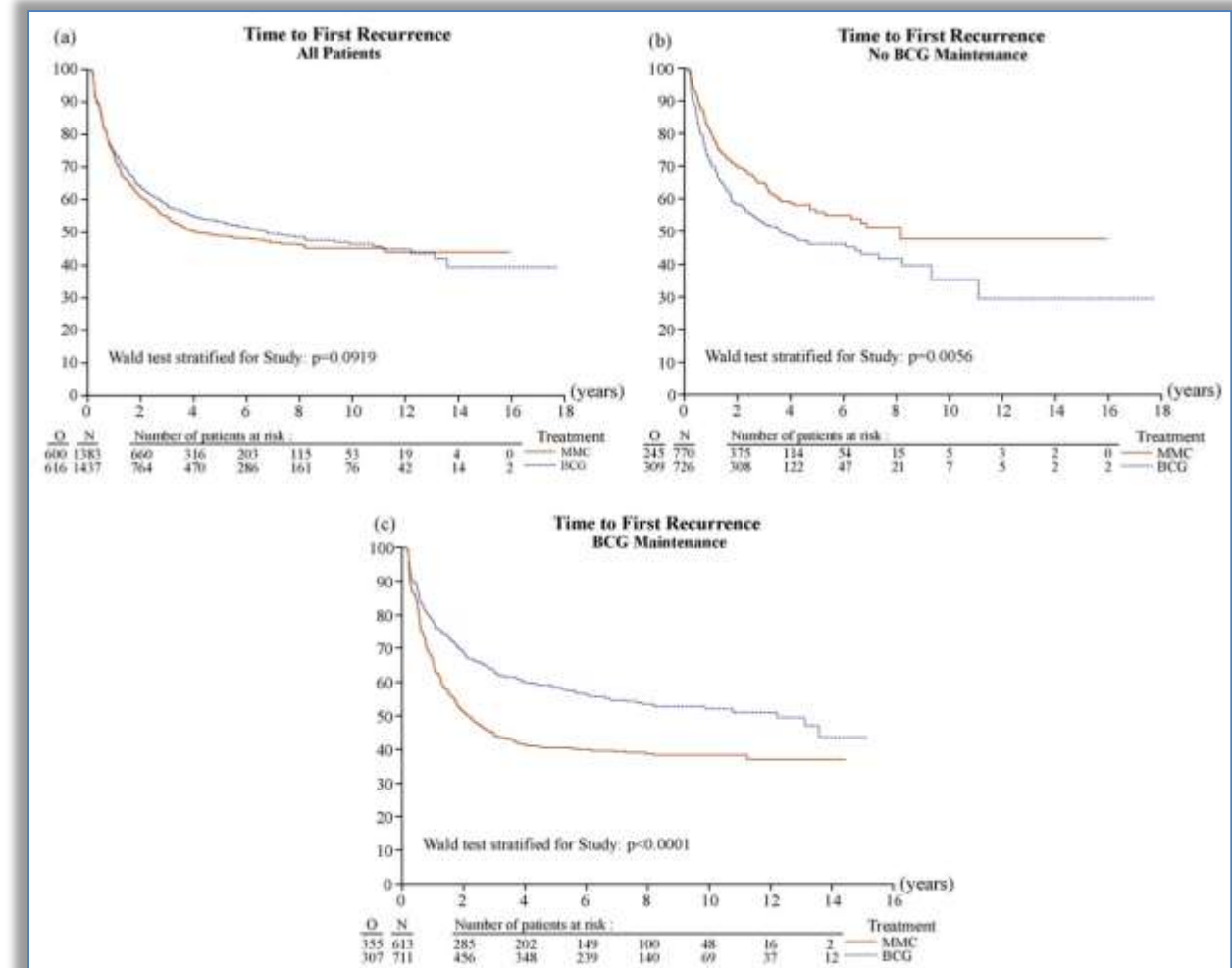
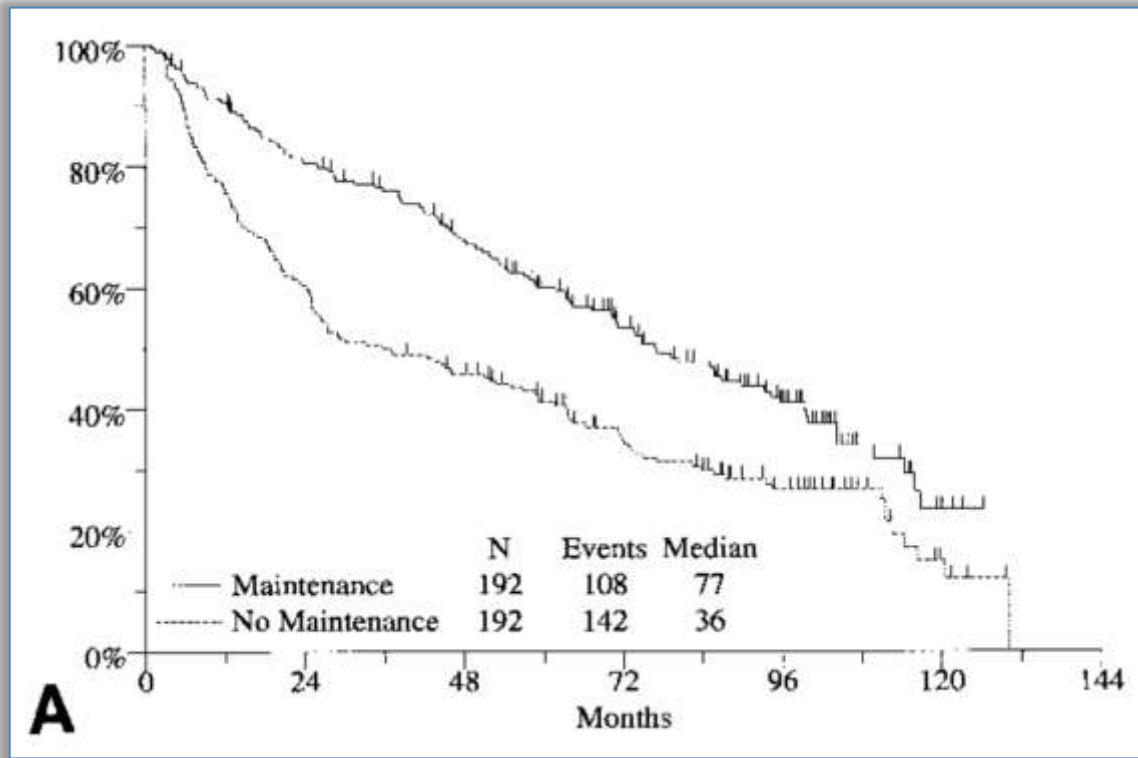
HR = 0.68
32% reducción del riesgo

- EFS/DFS**
- Recurrencia alto grado
 - Progresión a \geq MIBC
 - Persistencia de CIS
 - Muerte por cualquier causa



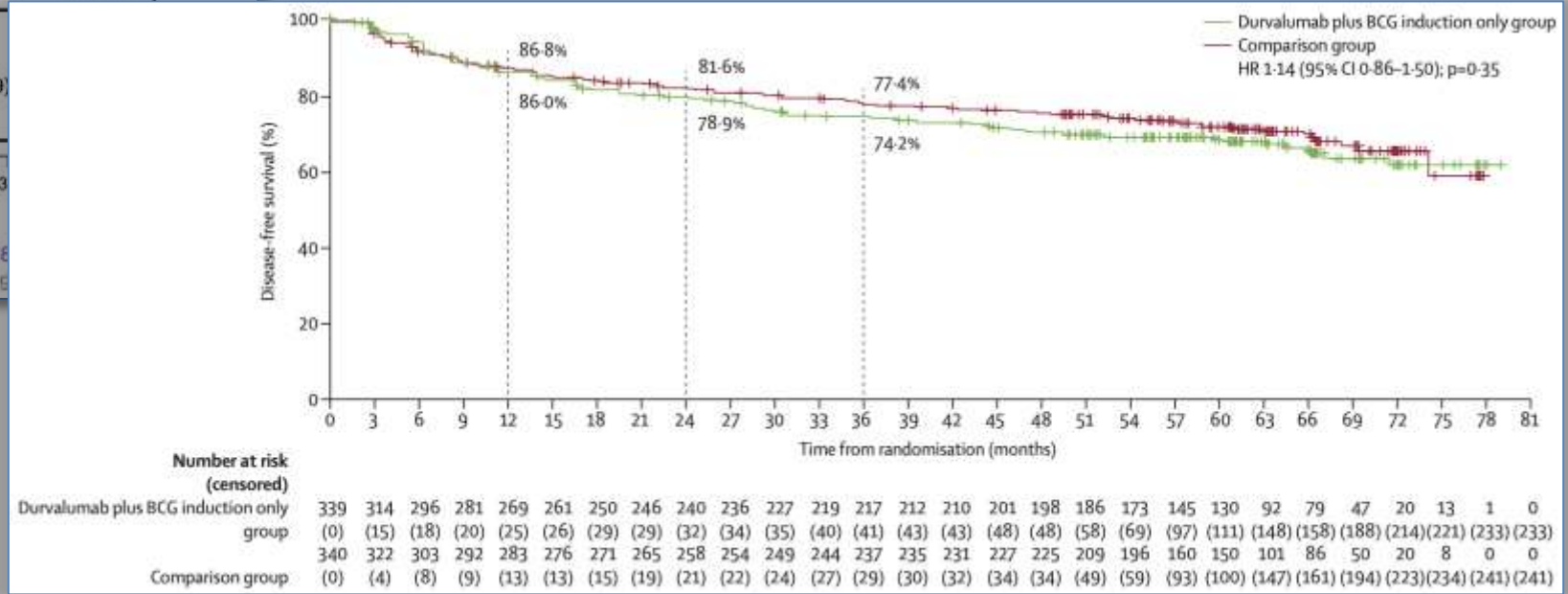
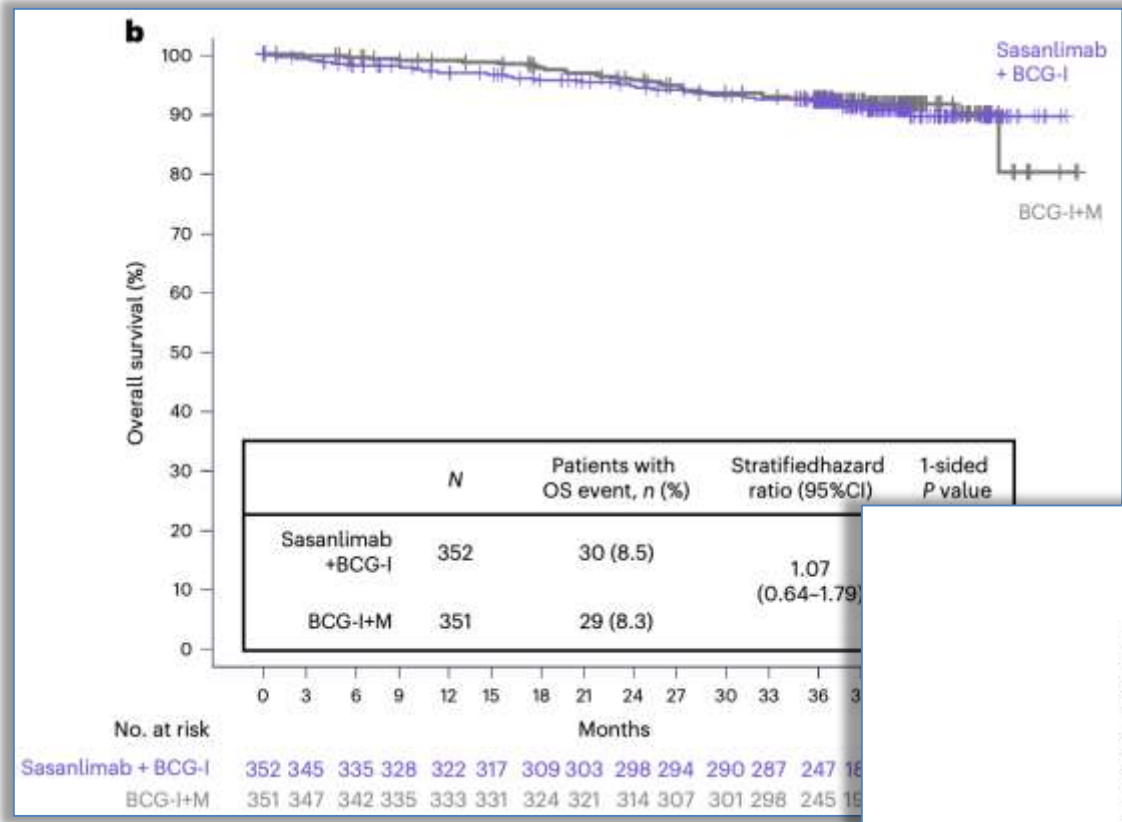
	Months																												
	0	3	6	9	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54	57	60	63	66	69	72	75	78	81	
Sasanlimab + BCG-I+M	352	313	285	275	262	257	256	252	241	238	236	227	169	125	45	33	2												
BCG-I+M	351	315	293	285	279	270	262	252	240	236	232	221	157	121	33	28	2												



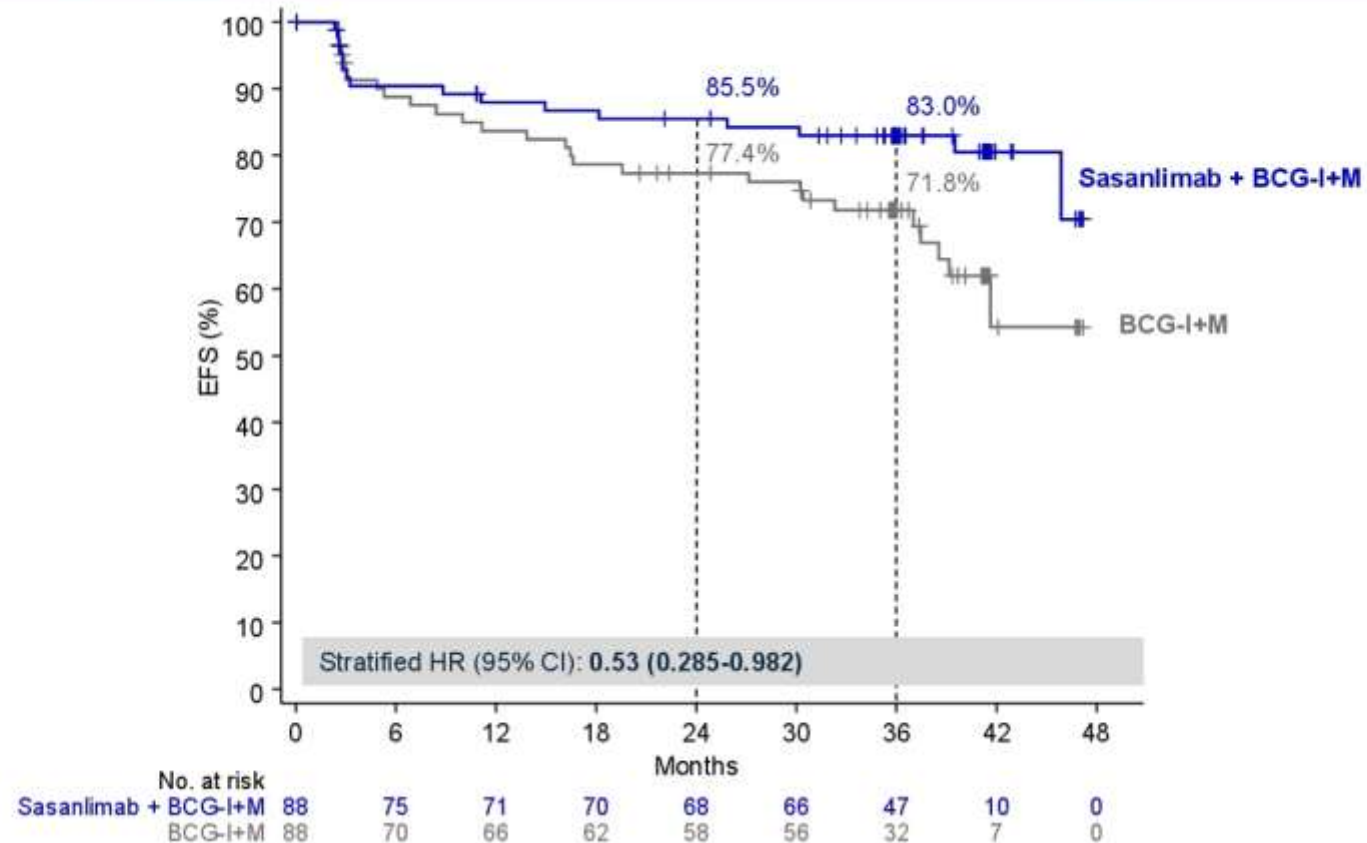


Characteristic	Overall (N = 1001 [100%])	Instillation drug	
		BCG (n= 859 [85.8%])	MMC (n = 142 [14.2%])
Adequate induction course, n (%)	881 (88.0)	741 (86.3)	140 (98.6)
Maintenance course administered, n (%)	776 (77.5)	652 (75.9)	124 (89.2)
Adequate maintenance course, n (%)*	244 (31.4)*	229 (35.1)	15 (12.1)
Total number of instillations, median (IQR)	8 (5–12)	7 (5–10)	9 (9–10)

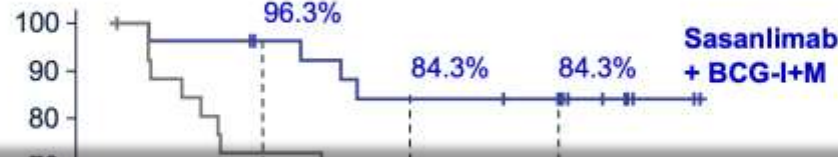
*Over patients receiving maintenance course.



EFS prolongation was observed with sasanlimab + BCG-I+M in patients with CIS



The risk of experiencing an EFS event was 66% lower with sasanlimab + BCG-I+M vs BCG-I+M



	Sasanlimab + BCG-I+M (n=28)	BCG-I+M (n=29)
Patients with EFS event, n (%)	4 (14.3)	10 (34.5)

New Risk Groups with WHO 2004/2016

Subgroup	Category	N	Hazard Ratio (95% CI)
All patients		679	0.68 (0.50–0.93)
Age	<65 years	258	0.74 (0.42–1.27)
	≥65 years	421	0.64 (0.44–0.93)
Sex	Male	547	0.59 (0.41–0.83)
	Female	132	1.21 (0.61–2.42)
Region	Western Europe	278	0.59 (0.36–0.95)
	Rest of world	401	0.75 (0.50–1.12)
ECOG PS	0	598	0.64 (0.45–0.90)
	1	81	0.77 (0.38–1.56)
Smoking status	Current	125	0.38 (0.17–0.80)
	Former	348	0.80 (0.52–1.22)
	Never	206	0.74 (0.41–1.31)
BCG strain	TICE®	162	0.68 (0.37–1.23)
	Other	513	0.66 (0.46–0.95)
CIS ^a	Yes	250	1.01 (0.62–1.64)
	No	429	0.58 (0.31–0.78)
Higher risk papillary disease ^b	Yes	346	0.54 (0.35–0.83)
	No	333	0.88 (0.56–1.38)
PD-L1 expression ^c	High (≥1 C/IC25%)	100	0.50 (0.26–0.91)
	Low/negative	467	0.72 (0.48–1.05)
	Missing/not evaluable	46	NC (NC–NC)

ed as high-grade Ta and CIS with all 3 risk factors, or high-grade T1 without CIS with all 3 risk factors, or high-grade T1 and CIS with ≥1 risk factor. Risk factors were age >70 years, multiple papillary tumors, and tumor diameter ≥3 cm.



Table 7.3: Treatment options for the various categories of BCG failure

Category	Treatment options
BCG-unresponsive	<ol style="list-style-type: none"> 1. Radical cystectomy (RC). 2. Enrolment in clinical trials assessing new treatment strategies. 3. Other bladder-preserving strategies in patients ineligible for or refusing RC.
Late BCG relapsing: TaT1 HG recurrence > 6 months or CIS > 12 months since last BCG exposure	<ol style="list-style-type: none"> 1. Radical cystectomy or repeat BCG course according to a patient's individual situation. 2. Enrolment in clinical trials assessing new treatment strategies. 3. Other bladder-preserving strategies.
BCG exposed	<ol style="list-style-type: none"> 1. Repeat BCG course or RC according to a patient's individual situation. 2. Enrolment in clinical trials assessing new treatment strategies.
LG recurrence after BCG for primary intermediate-risk tumour	<ol style="list-style-type: none"> 1. Repeat BCG or intravesical chemotherapy. 2. Enrolment in clinical trials assessing new treatment strategies.



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