VIII SIMPOSIO NACIONAL
de ONCOLOGÍA de PRECISIÓN
Vigo, 19 y 20 de febrero de 2026

LO MEJOR DEL 2025 EN CABEZA Y CUELLO, SNC Y TIROIDES

Laura Ferreira Freire
Oncóloga médica
Hospital Universitario Lucus Augusti

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HOSPITAL UNIVERSITARIO LUCUS AUGUSTI
ÁREA SANITARIA DE LUGO, A MARIÑA E MONFORTE DE LEMOS

SERVIZO GALEGO de SAÚDE

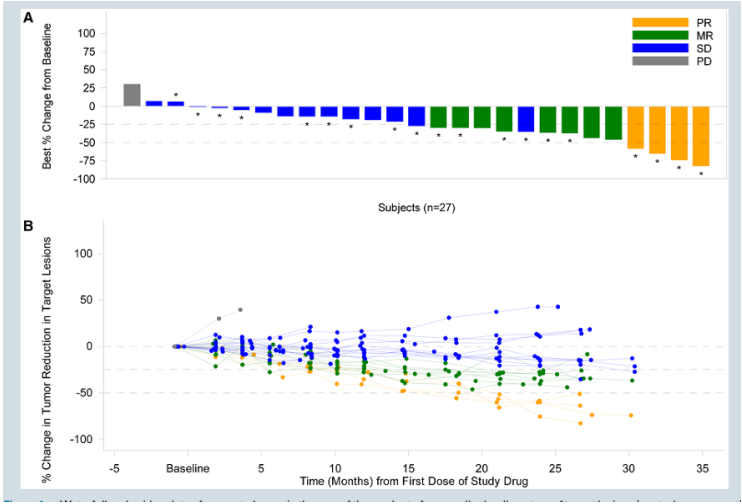
VIII SIMPOSIO NACIONAL
de ONCOLOGÍA de PRECISIÓN
Vigo, 19 y 20 de febrero de 2026

LO MEJOR DEL 2025 EN **SISTEMA NERVIOSO CENTRAL**, CayCu y tiroides

“yo he venido aquí a hablar de mi libro”

00(00), 1–11, 2026 | https://doi.org/10.1093/neuonc/noaf258 | Advance Access publication November 8, 2025

Phase II study of safusidenib erbumine in patients with chemotherapy- and radiotherapy-naïve isocitrate dehydrogenase 1-mutated WHO grade 2 gliomas



2023

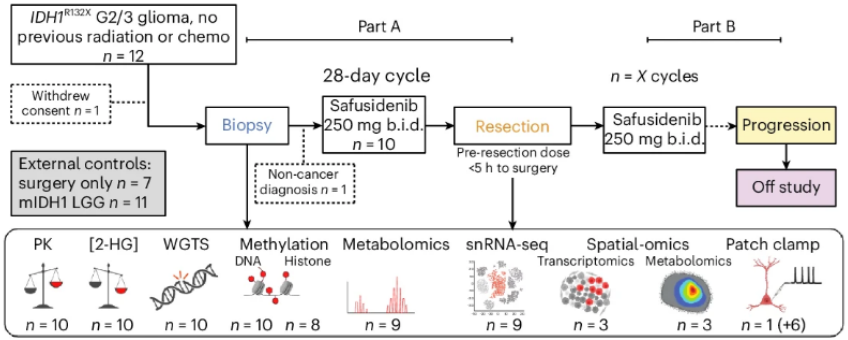
EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

VORASIDENIB

Article | Open access | Published: 21 August 2025

Perioperative IDH inhibition in treatment-naive IDH-mutant glioma: a pilot trial

Nature Medicine 31, 3451–3463 (2025)



FGFR

Pemigatinib for previously treated metastatic or unresectable central nervous system tumors with fibroblast growth factor receptor mutations or rearrangements: FIGHT-207 results

Iben Spanggaard, MD, PhD[1,*], Marc Matrana, MD[2], Caio Rocha Lima, MD, MS[3], Amit Mahipal,

IDH

ABSTRACT CITATION ID: NOAF201.0530
CTNI-34. PHASE 1B SAFETY RESULTS OF VORASIDENIB IN COMBINATION WITH TEMOZOLOMIDE IN PATIENTS WITH MUTANT IDH1 OR IDH2 GLIOMA

Macarena I. de la Fuente[1], Timothy F. Cloughesy[2], Mehdi Touat[3],

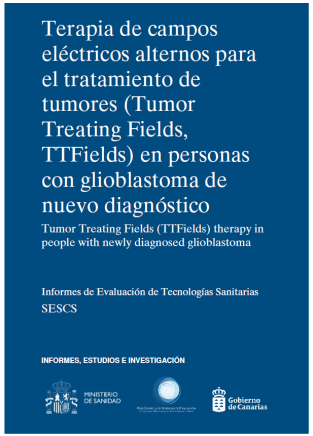
GB: ORR 8% SD 28% Otros gliomas: ORR 22% y SD 33%

BRAF

INNV-25. Efficacy of dabrafenib plus trametinib in *BRAF*-mutant gliomas: a retrospective series FREE

Beatrice Raschio, Elena Marchesani, Francesco Bruno, Edoardo Pronello, Alessia Pellerino, Riccardo Soffietti, Roberta Rudà

Neuro-Oncology, Volume 27, Issue Supplement_5, November 2025, Page v230,

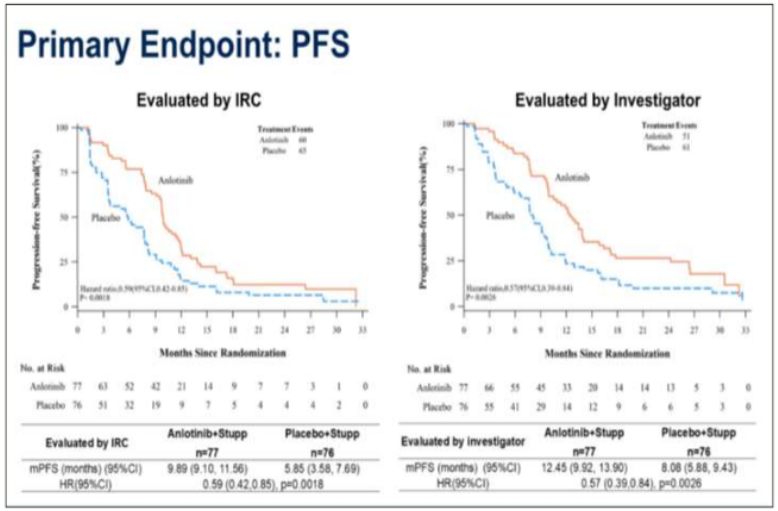


FUTUROS FASES 3

Efficacy and safety of STUPP regimen with or without anlotinib for newly diagnosed glioblastoma: Results of a multicenter, double-blind, randomized phase II trial.

Authors: Yuanyuan Chen, Guihong Liu, Meihua Li, Liang Wang, Pengfei Sun, Shiyu Feng, Xin Xu, ... SHOW ALL ... , and Zhongping Chen | AUTHORS INFO & AFFILIATIONS

J Clin Oncol **43**, LBA2000(2025) • Volume 43, Number 17_suppl • DOI: 10.1200/JCO.2025.43.17_suppl.LBA2000



Evaluated by IRC	Anlotinib+Stupp n=77	Placebo+Stupp n=76
mPFS (months) (95%CI)	9.89 (9.10, 11.56)	5.85 (3.58, 7.69)
HR(95%CI)	0.59 (0.42,0.85), p=0.0018	

Evaluated by investigator	Anlotinib+Stupp n=77	Placebo+Stupp n=76
mPFS (months) (95%CI)	12.45 (9.92, 13.90)	8.08 (5.88, 9.43)
HR(95%CI)	0.57 (0.39,0.84), p=0.0026	

ANLOTINIB: RTK inhibitor that targets VEGFR1, VEGFR2/KDR, VEGFR3, c-Kit, PDGFR-α, and the fibroblast growth factor receptors (FGFR1, FGFR2, and FGFR3)

FDA grants accelerated approval to dordaviprone for diffuse midline glioma

On August 6, 2025, the Food and Drug Administration granted accelerated approval to dordaviprone (Modeyso, Jazz Pharmaceuticals, Inc.), a protease activator, for adult and pediatric patients 1 year of age and older with diffuse midline glioma harboring an H3 K27M mutation with progressive disease following prior therapy.

Phase I/IIa study of concomitant radiotherapy with olaparib and temozolomide (TMZ) in unresectable high-grade gliomas patients (pts): Results from the phase IIa (OLA-TMZ-RTE-01)

A global phase 3, open-label, randomized 2-arm study comparing the clinical efficacy and safety of niraparib with temozolomide in adult participants with newly-diagnosed, MGMT unmethylated glioblastoma.

Authors: Nader Sanai, Shwetal Mehta, An-Chi Tien, Artak Tovmasyan, Jocelyn Harmon, William R. Kennedy, Amine Aziez, ... SHOW ALL ... , and Yoshie Umemura | AUTHORS INFO & AFFILIATIONS

J Clin Oncol **43**, TPS2096(2025) • Volume 43, Number 16_suppl • DOI: 10.1200/JCO.2025.43.16_suppl.TPS2096

Original research

Efficacy and safety of entrectinib in children with extracranial solid or central nervous system (CNS) tumours harbouring *NTRK* or *ROS1* fusions

STARTRK-NG, TAPISTRY, STARTRK-2→ N: 44 NTRK

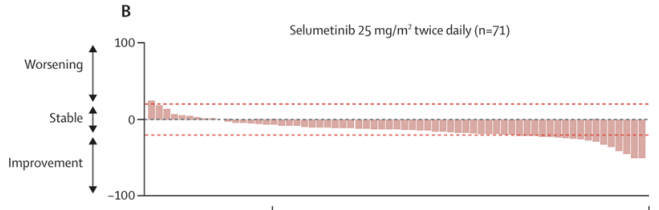
mEdad 4 años
Tm SNC 20/44
Astrocitoma anaplásico/pilocítico, ganglioglioma, GB, GDM, ganglioneuroblastoma,meduloblastoma.
LMNA-NTRK1 6/44, ETV6-NTRK3 11/44
≥3L 7/44

Toxicidad: ↑peso, anemia, ↑Cr, AST,ALT
AEs neurológicos (2%-3%): mareo, ataxia, somnolencia, parestesias.
G3: Fractura 15/91

Desai AV. Eur J Cancer. 2025 May 2;220:115308.

Efficacy and safety of selumetinib in adults with neurofibromatosis type 1 and symptomatic, inoperable plexiform neurofibromas (KOMET): a multicentre, international, randomised, placebo-controlled, parallel, double-blind, phase 3 study

*Alice P Chen, Geraldine O'Sullivan Coyne, Pamela L Wolters, Staci Martin, Said Farschtschi, Ignacio Blanco, Zhongping Chen, Luiz Guilherme Darrigo Jr, Marica Eoli, James R Whittle, Yoshihiro Nishida, Rosa Lamarca, Randolph de la Rosa Rodriguez, Ayo Adeyemi, Idoia Herrero, Nereida Llorente, Scott J Diede, Eva Dombi, Pierre Wolkenstein, on behalf of the KOMET study investigators**



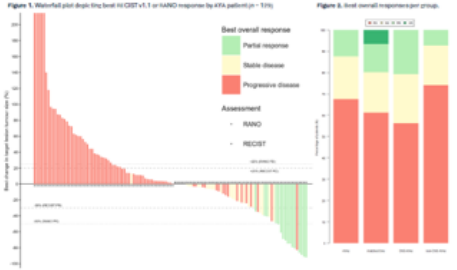
	Target plexiform neurofibroma volume, best percentage change	
Participants randomly assigned to selumetinib	Participants with an objective response by C16 (n=14)	Participants who had not reached an objective response by C16 (n=51)
Mean	−36·6	−9·9
Median (minimum, maximum)	−33·9 (−58·1 to −22·6)	−11·4 (−26·7 to 24·0)

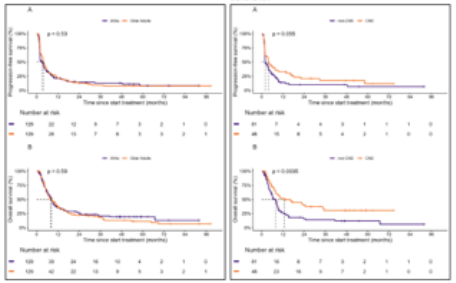
DRUP the Drug Rediscovery Protocol

Soomeya F. Haj Mohammad[1,2], Henk van der Pol[1,3], Laurien J. Zeverijn[2], Birgit S. Geurts[2], Ilse A.C. Spiekman[4], Karlijn Verkerk[2], Florentine A.J. Verbeek[2], Hans Timmer[1,2], Maud A. van Maren[4], Paul Roepman[5], Anne M.L. Jansen[6], Wendy W.J. de Leng[6], Henk M.W. Verheul[4], Emile E. Voest[2], Hans Gelderblom[1]

1. Department of Medical Oncology, Leiden University Medical Center, Leiden, the Netherlands, 2. Department of Molecular Oncology & Immunology, Netherlands Cancer Institute, Amsterdam, the Netherlands, 3. Mathematical Institute, Leiden University, Leiden, the Netherlands, 4. Department of Medical Oncology, Erasmus MC Cancer Institute, Rotterdam, the Netherlands, 5. Hartwig Medical Foundation, Amsterdam, the Netherlands, 6. Department of Pathology, University Medical Cancer Center Utrecht, Utrecht, the Netherlands.

FPN: 165P **Diversity in Treatment Benefit between Adolescents and Young Adults (AYAs) and Older Adults (OA) treated in the Drug Rediscovery Protocol (DRUP)**





Study design: DRUP (NCT02925234) is a Dutch multicenter, non-randomized, prospective, pan-cancer platform trial treating treatment-refractory patients with targeted- and immunotherapies outside their registered indications, based on their tumor molecular profile.

CONCLUSIONS

AYAs demonstrated diversity in clinical benefit from biomarker-guided treatment compared to OA, depending on tumor type and biomarker. These findings underscore the need for further research to better understand the biology of AYA cancers.

SPECTA-AYA: Caracterización molecular 50 pacientes con gliomas alto grado edad 12-29

La revisión central aportó:

- Detección de 6 casos con mutación IDH1(1 R132G, 2 R132H, 3 R132S).
- Presencia de mutaciones germinales en 7 pacientes (MMR en 3 casos de Glioma IDHwt, 2 casos de posible Li-Fraumeni, 1 caso mutación POLE).
- High TMB en 4 casos de tumores IDH mutados y 3 GBM.
- Reclasificación grado 9 casos.
- Muy pocos cambios en función de la metilación.

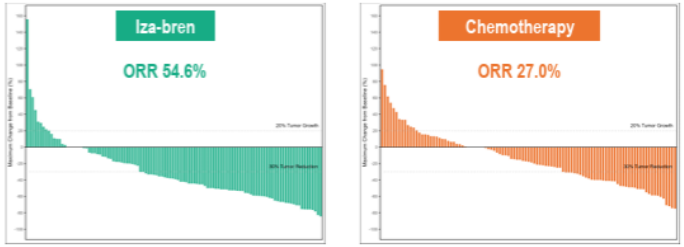
Mayor beneficio de la NGS en poblaciones especificas

Presentado en SEOM 2025 por Dra. Vieito SPECTA-AYA Consortium, *Eur J Cancer* 2025

NASOFARINGE

Izalontamab brengitecan, an EGFR and HER3 bispecific antibody–drug conjugate, versus chemotherapy in heavily pretreated recurrent or metastatic nasopharyngeal carcinoma: a multicentre, randomised, open-label, phase 3 study in China

Yunpeng Yang, Huaqiang Zhou*, Linquan Tang*, Sufang Qiu*, Yaqian Han*, Dongmei Ji*, Xiaozhong Chen, Feng Lei, Song Qu, Bin Deng, Lusi Chen, Jianli Huang, Ye Guo, Zhigang Liu, Dongping Chen, Jingao Li, Xiaolei Shu, Yan Qin, Zhichao Fu, Bihui Li, Peng Zhang, Shaoqing Chen, Jinsheng Hong, Yan Wei, Xintian Qin, Shenhong Qu, Kunyu Yang, Daren Lin, Junxian Wang, Lei Yang, Sa Xiao, Hai Zhu, Yi Zhu, Li Zhang, on behalf of the BL-B01D1-303 Investigators†*



A multicenter, randomized, open-label, phase III study conducted at 55 study centers across China

Key eligibility criteria

- Histologically or cytologically confirmed R/M NPC
- Measurable lesion per RECIST v1.1
- Progressed after at least two lines of systemic chemotherapy including at least one PBC and PD(L)-1 inhibitors
- ECOG PS 0-1

Treatment until

Disease progression per RECIST v1.1 or intolerable toxicity

R 1:1
N=386

- Iza-bren 2.5 mg/kg D1D8 Q3W
- Chemotherapy
  - Capecitabine, BID, Q3W
  - Gemcitabine, Q3W
  - Docetaxel, Q3W

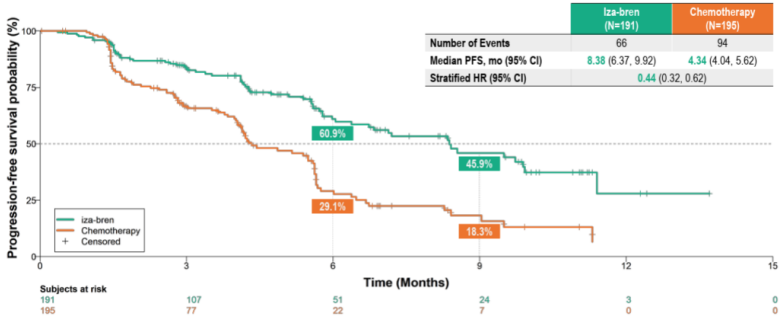
Stratified by

- Baseline ECOG PS (0 vs 1)
- Liver metastases (Yes vs No)
- Previous lines of PBC (1 line vs ≥ 2 lines)

Study endpoints

- **Dual primary endpoints:** ORR (by BICR), OS
- **Secondary endpoints:** PFS (by BICR, key secondary); PFS (by INV), ORR (by INV), DoR, DCR, Safety, PK, Immunogenicity

Note: Iza-bren dose is compensated per protocol; capecitabine 1000 mg/m², BID from days 1 to 14 Q3W; gemcitabine 1000 mg/m² on days 1 and 8 Q3W; docetaxel 75 mg/m² Q3W.



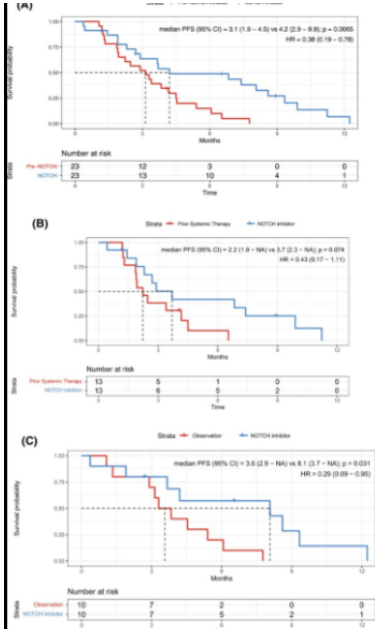
	Iza-bren (N=191)	Chemotherapy (N=195)
Number of Events	66	94
Median PFS, mo (95% CI)	8.38 (6.37, 9.92)	4.34 (4.04, 5.62)
Stratified HR (95% CI)	0.44 (0.32, 0.62)	

Iza-bren demonstrated clinically meaningful improvement in PFS vs chemotherapy.

ADENOIDE QUÍSTICO

Cancer Med. 2025 Mar;14(5):e70663. doi: 10.1002/cam4.70663.

Clinical Outcomes With Notch Inhibitors in Notch-Activated Recurrent/Metastatic Adenoid Cystic Carcinoma



Abstract 1658: REM-422, a first-in-class mRNA degrader of the MYB oncogene, demonstrates anti-tumor activity in xenograft models of adenoid cystic carcinoma and acute myeloid leukemia FREE

Samantha Levin-Furtney; Michael P. Thomas; Alycen Harney; Alexander Ivliev; Jesper Maag; Sudeep Prajapati; Michael Seiler; Dominic Reynolds; Silvia Buonamici; Charles Kung

Futuro
degradadores de mRNA de MYB

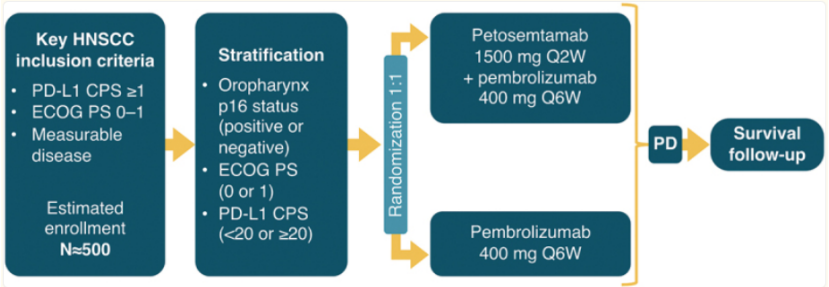
CARCINOMA EPIDERMOIDE CayCu

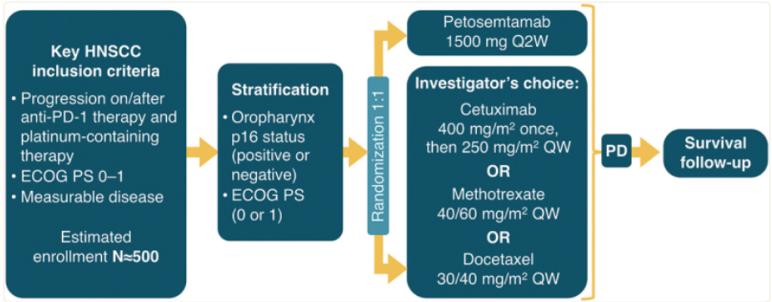
1349P **Tipifarnib (TIP) and alpelisib (ALP) in recurrent/metastatic head and neck squamous cell carcinoma (R/M HNSCC): Phase I results from KURRENT-HN**

G.J. Hanna[1], D.R. Adkins[2], M. Gillison[3], R. Mehra[4], J.Y. Bruce[5], C.A. Perez[6], T. Seiwert[7], M. Manchanda[8], H.S. Soifer[8], J. Britt[9], Z. Zhang[10], B. Balsara[9], T. Kozlek[9], S. Dale[9], A. Saunders[9], M. Leoni[9], A.L. Ho[11]

LiGeR-HN phase III trials of petosemtamab + pembrolizumab and petosemtamab monotherapy in recurrent or metastatic HNSCC

Ac biespecífico EGFR y LGR5





Machiels et al., *Future Oncology*. 2025;21(16):2007–2016

CARCINOMA EPIDERMOIDE CayCu

Subcutaneous amivantamab in recurrent/metastatic head and neck squamous cell cancer after disease progression on checkpoint inhibitor and chemotherapy: Preliminary results from the phase 1b/2 OrigAMI-4 study

Kevin J. Harrington [a,*], Ari J. Rosenberg [b], Muh-Hwa Yang [c], Jessica L. Geiger [d],

Eligibility criteria

- Recurrent/metastatic head and neck squamous cell carcinoma
- No prior anti-EGFR therapy
- ECOG PS 0 or 1
- HPV-unrelated: p16 status (if known) is negative

***Subcutaneous** amivantamab is administered at 2400 mg (or 3360 mg if ≥80 kg) Q3W[a]*

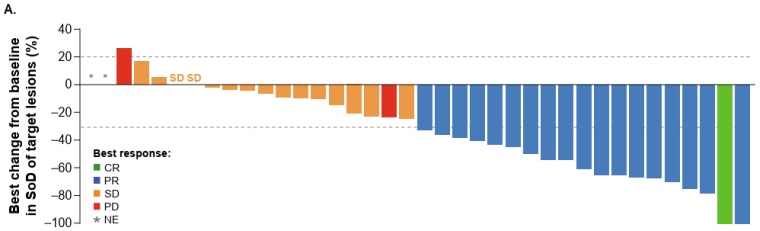
Cohort 1: Amivantamab monotherapy in HPV-unrelated
Post–PD-(L)1 inhibitor and platinum-based chemotherapy

Cohort 2: Amivantamab plus pembrolizumab in HPV-unrelated
Treatment-naïve in the recurrent/metastatic setting

Cohort 3: Amivantamab plus paclitaxel in HPV-unrelated
Post–PD-(L)1 inhibitor

Cohort 4: Amivantamab monotherapy in HPV-related
Post–PD-(L)1 inhibitor and platinum-based chemotherapy

Cohort 5: Amivantamab plus pembrolizumab with carboplatin
Treatment-naïve in the recurrent/metastatic setting



GLÁNDULAS SALIVARES

Darolutamide plus goserelin for androgen receptor-positive salivary gland cancers: Results of phase 2 study (DISCOVARY).

Authors: Susumu Okano, Makoto Tahara, Kiyoaki Tsukahara, Tomoyuki Otsuka, Satoshi Kano, Masato Nagaoka, Hideoki Uryu, ... SHOW ALL ... , and Naomi Kiyota | AUTHORS INFO & AFFILIATIONS

J Clin Oncol **43**, 6007(2025) • Volume 43, Number 16_suppl • DOI: 10.1200/JCO.2025.43.16_suppl.6007

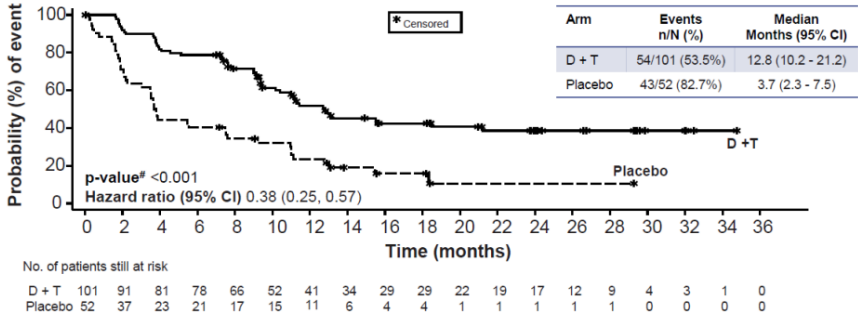
SHR-A1811 in HER2-expressing salivary gland cancers: Preliminary efficacy and safety results.

Authors: Guangliang Chen, Dongmei Ji, Yanjin Guo, Xin Liu, Yanan Yang, Youzhou Sang, Shu Dong, ... SHOW ALL ... , and Qinghai Ji | AUTHORS INFO & AFFILIATIONS

J Clin Oncol **43**, 6006(2025) • Volume 43, Number 16_suppl • DOI: 10.1200/JCO.2025.43.16_suppl.6006

Phase III trial with Dabrafenib-Trametinib vs placebo: improvement of PFS

BRAF mutated RAIR patients randomized to Dabra.Trame (n=101) or placebo (n=52)
Patients with prior 1 or 2 VEGFR treatment

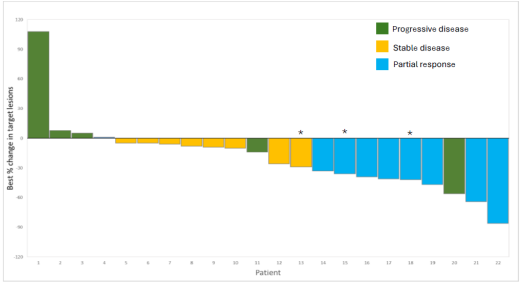


Arm	Events n/N (%)	Median Months (95% CI)
D + T	54/101 (53.5%)	12.8 (10.2 - 21.2)
Placebo	43/52 (82.7%)	3.7 (2.3 - 7.5)

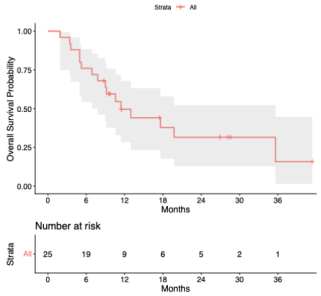
	Dabrafenib + Trametinib	Placebo	p
Overall Response Rate % (95%CI)	57.4 (47.2-67.2)	3.8 (0.5–13.2)	<0.01
Complete Response %	5.9	1.9	
Partial Response %	51.5	1.9	
Stable Disease %	29.7	55.8	
Progressive disease %	9.9	7.7	
NA	3.0	3.8	

Wirth, LJ. Efficacy and safety of dabrafenib plus trametinib (D+T) in patients with radioactive iodine (RAI)-refractory BRAF V600-mutant differentiated thyroid cancer (DTC). Presented at: ESMO 2025 Congress; October 17–21, 2025; Berlin, Germany. Abstract 2987O.

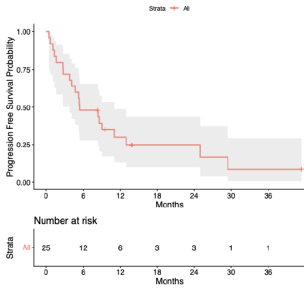
Neoadjuvant pembrolizumab in combination with dabrafenib and trametinib (DTP) for BRAF V600E-mutated anaplastic thyroid cancer (BRAFm-ATC): A multicenter phase 2 trial.

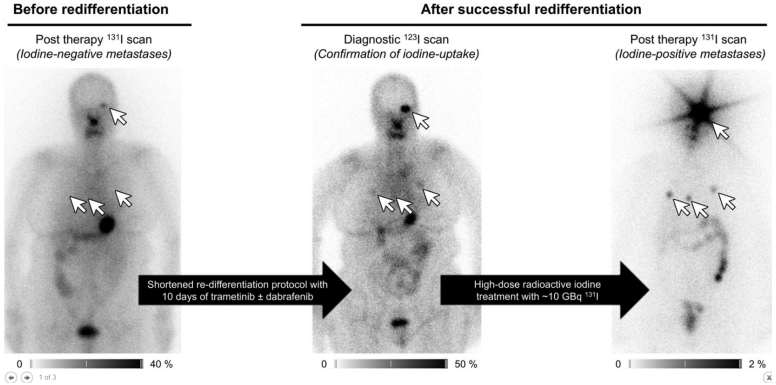


A. Overall Survival



B. Progression-free Survival





https://doi.org/10.2967/jnumed.125.270055

GUÍAS ATA 2025

Driver molecular	Tipo de tumor	Terapia dirigida	Nivel de evidencia según ATA 2025	Comentarios clave
BRAF V600E	**ATC**	Dabrafenib + Trametinib	**Alta – estándar**	Evidencia robusta (ROAR fase II); guía tratamiento de primera línea
BRAF V600E	**DTC RAIR**	Dabrafenib + Trametinib	**Alta–moderada**	Evidencia fase III (ESMO 2025); tratamiento sistémico dirigido
RET mutación (somática o germinal)	**MTC**	Selpercatinib / Pralsetinib	**Alta – estándar**	Selpercatinib con evidencia fase III (LIBRETTO-531)
RET fusión	**DTC RAIR**	Selpercatinib / Pralsetinib	**Moderada–alta**	Altas tasas de respuesta en estudios fase I/II; recomendado
NTRK fusión	**DTC / ATC**	Larotrectinib / Entrectinib	**Moderada–alta**	Evidencia agnóstica sólida; baja prevalencia

GUÍAS ATA 2025

Driver molecular	Tipo de tumor	Terapia dirigida	Nivel de evidencia según ATA 2025	Comentarios clave

Drug	Patients	Phase	NCT number
Cabozantinib versus dabrafenib and trametinib.	BRAF V600E mutated RAIR DTC after MKI failure	III	NCT06475989
Exarafenib (Pan RAFi)	BRAF and/or NRAS Mutation Positive Solid Tumors	I	NCT04913285
Plixorafenib (BRAF Class 1 and Class 2)	BRAF fusions, rare BRAF V600-mutated solid tumors	II	NCT05503797
Avutometinib and defactinib	RAF Dimer-Driven RAIR DTC and ATC	II	NCT06007924

RET fusión	**DTC RAIR**	Selpercatinib / Pralsetinib	**Moderada–alta**	Altas tasas de respuesta en estudios fase I/II; recomendado
NTRK fusión	**DTC / ATC**	Larotrectinib / Entrectinib	**Moderada–alta**	Evidencia agnóstica sólida; baja prevalencia

IDEAS PARA LLEVARSE A CASA

En tumores de SNC los inhibidores de IDH han cambiado el paradigma terapéutico y han venido para quedarse.

La NGS y la búsqueda de marcadores de precisión es fundamental en tumores poco frecuentes y con escasas dianas terapéuticas como puedan ser los tumores de SNC.

El izalontamab brengitecan (ADC) viene pisando fuerte en los tumores de nasofaringe siendo el nuevo estándar en paciente pretratados.

El bloqueo dual de PI3KCA/mTOR y RAS podría ser el futuro de los tumores epidermoides de cabeza y cuello.

Los inhibidores de BRAF y MEK se sitúan en el escenario principal del tratamiento de los tumores tiroideos.


“La esperanza es el sueño del hombre despierto”
Atribuida a Aristóteles