

 A large graphic on the left side of the slide consists of several stylized human figures in various colors (teal, green, orange, grey, light blue) arranged in a circular pattern, suggesting a global or diverse audience.

EPICS

EPICS Global Perspectives: GU Malignancies in 2022 and Beyond

Tuesday, December 13, 2022

Friday, December 16, 2022

Content	Slide
Meeting Snapshot	3 ➔
Faculty Panel	4 ➔
Meeting Agenda	5 ➔
Strategic Recommendations	7 ➔
Full Summary	10 ➔

EPICS

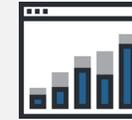
VIRTUAL CLOSED-DOOR ROUNDTABLE



DATE:
December 13 and 16, 2022



**DISEASE-STATE AND
DATA PRESENTATIONS**
by key experts



INSIGHTS REPORT
including postmeeting
analyses and actionable
recommendations



PANEL: Key experts in
GU malignancies

- > 8 from US
- > 4 from Europe



**GU CANCER-SPECIFIC
DISCUSSIONS** on
therapeutic advances and
their application in clinical
decision-making

Panel Consisting of 8 US and 4 European GU Cancer Experts

EPICS

Susan F. Slovin, MD, PhD
Memorial Sloan Kettering
Cancer Center



Scott Tagawa, MD, FACP
Weill Cornell Medicine



Thomas Powles, MD, MRCP, MBBS
Barts Cancer Institute



Joaquim Bellmunt, MD, PhD
Harvard Medical School



Mitchell Benson, MD
Columbia University, Irving Medical Center



CHAIR:
Daniel P. Petrylak, MD
Yale Cancer Center



Manuela Schmidinger, MD
Medical University of Vienna



E. David Crawford, MD
University of California, San Diego



Robert Dreicer, MD, MACP, FASCO
University of Virginia
Cancer Center



Karim Fizazi, MD, PhD
Gustave Roussy Institute



Oliver Sartor, MD
Tulane University School of Medicine



José Pablo Maroto Rey, MD, PhD
Hospital de la Santa Creu i Sant Pau



Meeting Agenda – Day 1

EPICS

Time (ET)	Topic	Speaker/Moderator
10.00 AM – 10.05 AM	Welcome and Introductions	Daniel Petrylak, MD
10.05 AM – 10.15 AM	Early-Stage Bladder Cancer (BCG-Resistant NMIBC; MIBC)	Mitchell Benson, MD
10.15 AM – 10.35 AM	Key Questions and Topics for Discussion	All
10.35 AM – 10.40 AM	Summary and Key Takeaways	
10.40 AM – 10.50 AM	Current Paradigms and Future Directions in Metastatic Bladder Cancer	Joaquim Bellmunt, MD, PhD
10.50 AM – 11.20 AM	Key Questions and Topics for Discussion	All
11.20 AM – 11.25 AM	Summary and Key Takeaways	
11.25 AM – 11.35 AM	BREAK	
11.35 AM – 11.45 AM	Evolving Paradigms for Metastatic RCC	Manuela Schmidinger, MD
11.45 AM – 12.15 PM	Key Questions and Topics for Discussion	All
12.15 PM – 12.20 PM	Summary and Key Takeaways	
12.20 PM – 12.30 PM	Neo/Adjuvant Treatment of RCC	Pablo Maroto Rey, MD, PhD
12.30 PM – 12.50 PM	Key Questions and Topics for Discussion	All
12.50 PM – 12.55 PM	Summary and Key Takeaways	
12.55 PM – 1.00 PM	Conclusions and Wrap-up	Daniel Petrylak, MD



Meeting Agenda – Day 2

EPICS

Time (ET)	Topic	Speaker/Moderator
10.00 AM – 10.05 AM	Welcome and Introductions	Daniel Petrylak, MD
10.05 AM – 10.15 AM	Current and Future Management of Non-clear Cell RCC	Thomas Powles, MD, MRCP, MBBS
10.15 AM – 10.25 AM	Key Questions and Topics for Discussion	All
10.25 AM – 10.30 AM	Summary and Key Takeaways	
10.30 AM – 10.40 AM	Diagnosing and Managing Localized/Locally Advanced Prostate Cancer	E. David Crawford, MD
10.40 AM – 10.55 AM	Key Questions and Topics for Discussion	All
10.55 AM – 11.00 AM	Summary and Key Takeaways	
11.00 AM – 11.10 AM	Treatment Paradigms for Advanced Prostate Cancer	Oliver Sartor, MD
11.10 AM – 11.25 AM	Key Questions and Topics for Discussion	All
11.25 AM – 11.30 AM	Summary and Key Takeaways	
11.30 AM – 11.40 AM	BREAK	
11.40 AM – 11.55 AM	Investigational Therapies for Metastatic CRPC	Susan Slovin, MD, PhD
11.55 AM – 12.20 PM	Key Questions and Topics for Discussion	All
12.20 PM – 12.25 PM	Summary and Key Takeaways	
12.25 PM – 12.35 PM	Advances in Imaging Technologies for Genitourinary Cancers	Scott Tagawa, MD, FACP
12.35 PM – 12.55 PM	Key Questions and Topics for Discussion	All
12.55 PM – 1.00 PM	Summary and Key Takeaways	
1.00 PM	Conclusions and Wrap-up	Daniel Petrylak, MD

EPICS

**Early-Stage Bladder Cancer
(BCG-Resistant NMIBC; MIBC)**



Early-Stage Bladder Cancer (BCG-Resistant NMIBC; MIBC) (2/2)

Presented by Mitchell Benson, MD

CYSTECTOMY FOR BCG-UNRESPONSIVE NMIBC

> Cystectomy still has a role in the management of BCG-unresponsive NMIBC

STUDY POPULATION

1. 1000 patients with BCG-unresponsive NMIBC... (text is blurred)

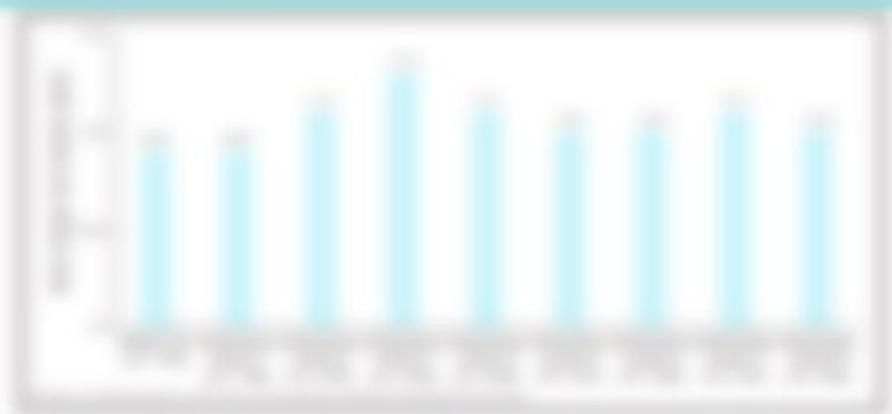
RESULTS

2. 50% of patients achieved CR... (text is blurred)

KEY CONCLUSIONS

3. Cystectomy... (text is blurred)

BLadder Cancer (NMIBC) - Overall Survival (OS) by Treatment Group



RESPONSE RATES AND OS in BCG-UNRESPONSIVE NMIBC



EPICS

Key Insights

**Early-Stage Bladder Cancer (BCG-Resistant
NMIBC; MIBC)**

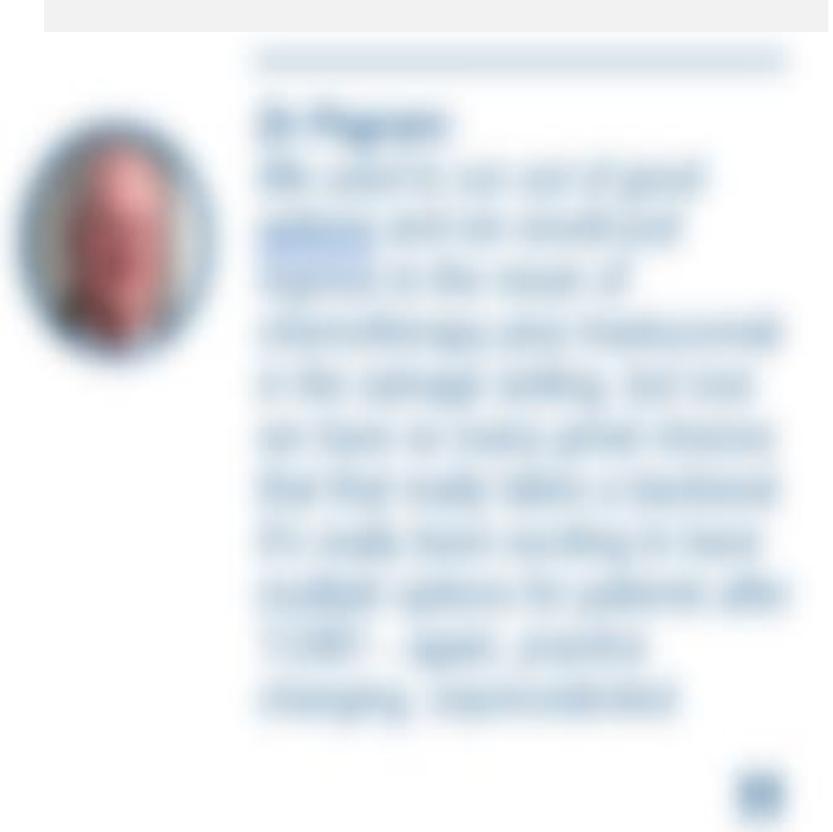
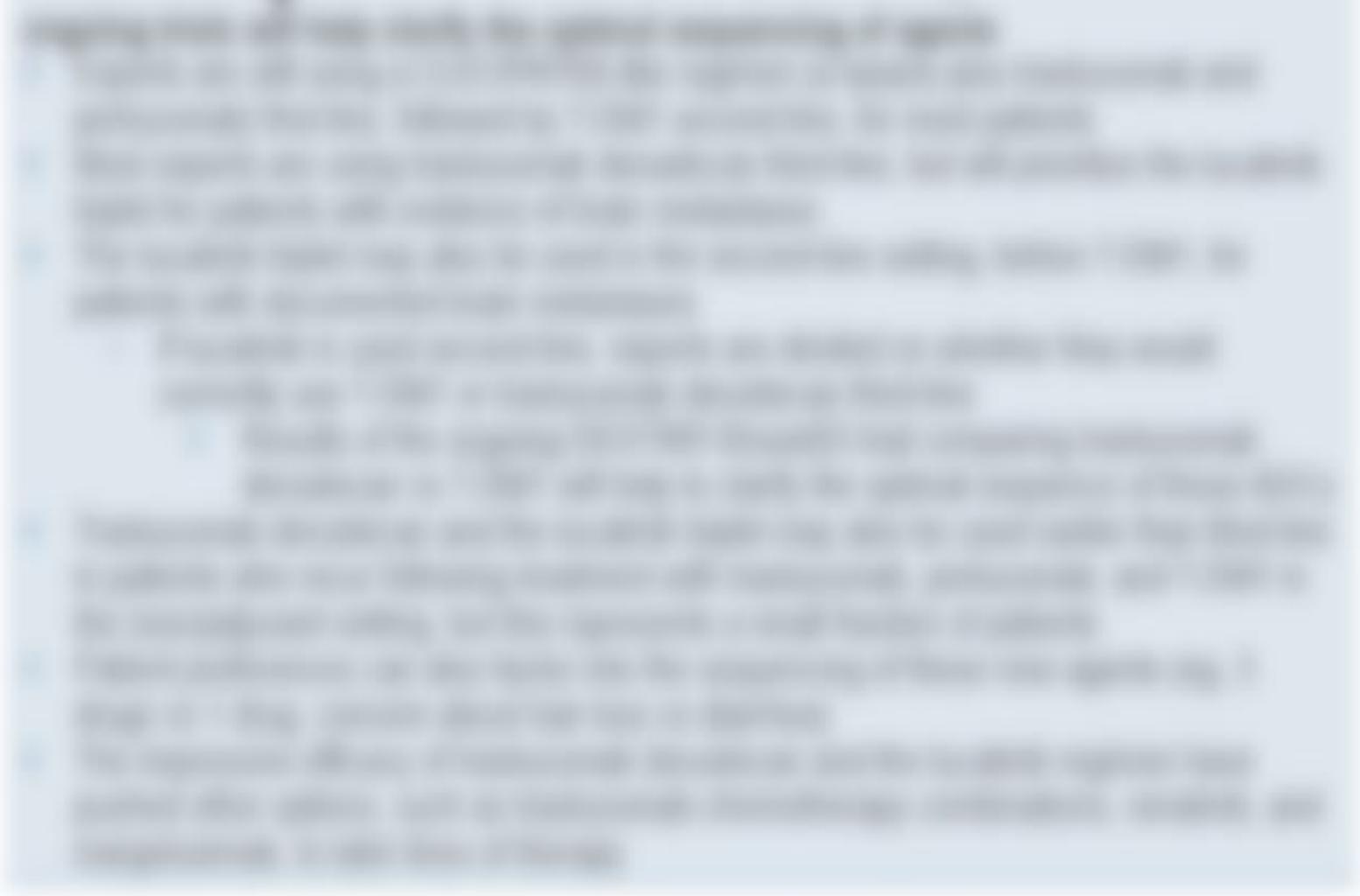
Experts Debated the Role of Systemic Therapy for BCG-Resistant NMIBC

PEMBROLIZUMAB FOR BCG-RESISTANT NMIBC

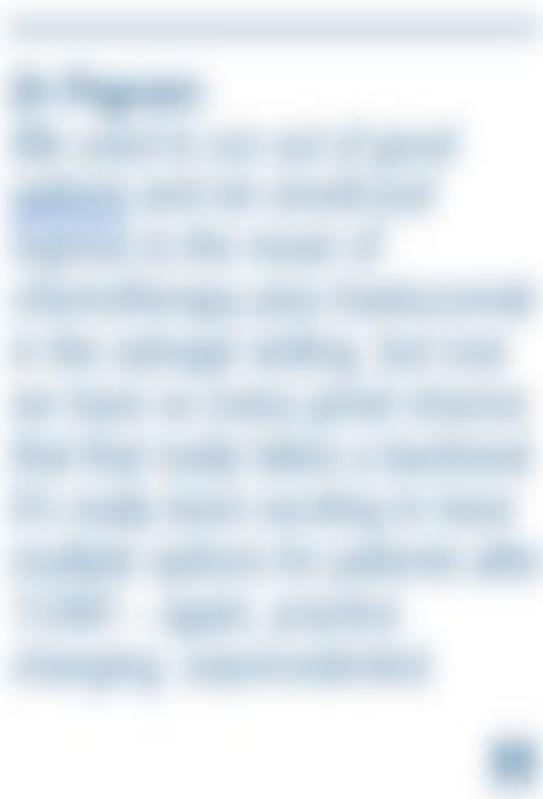
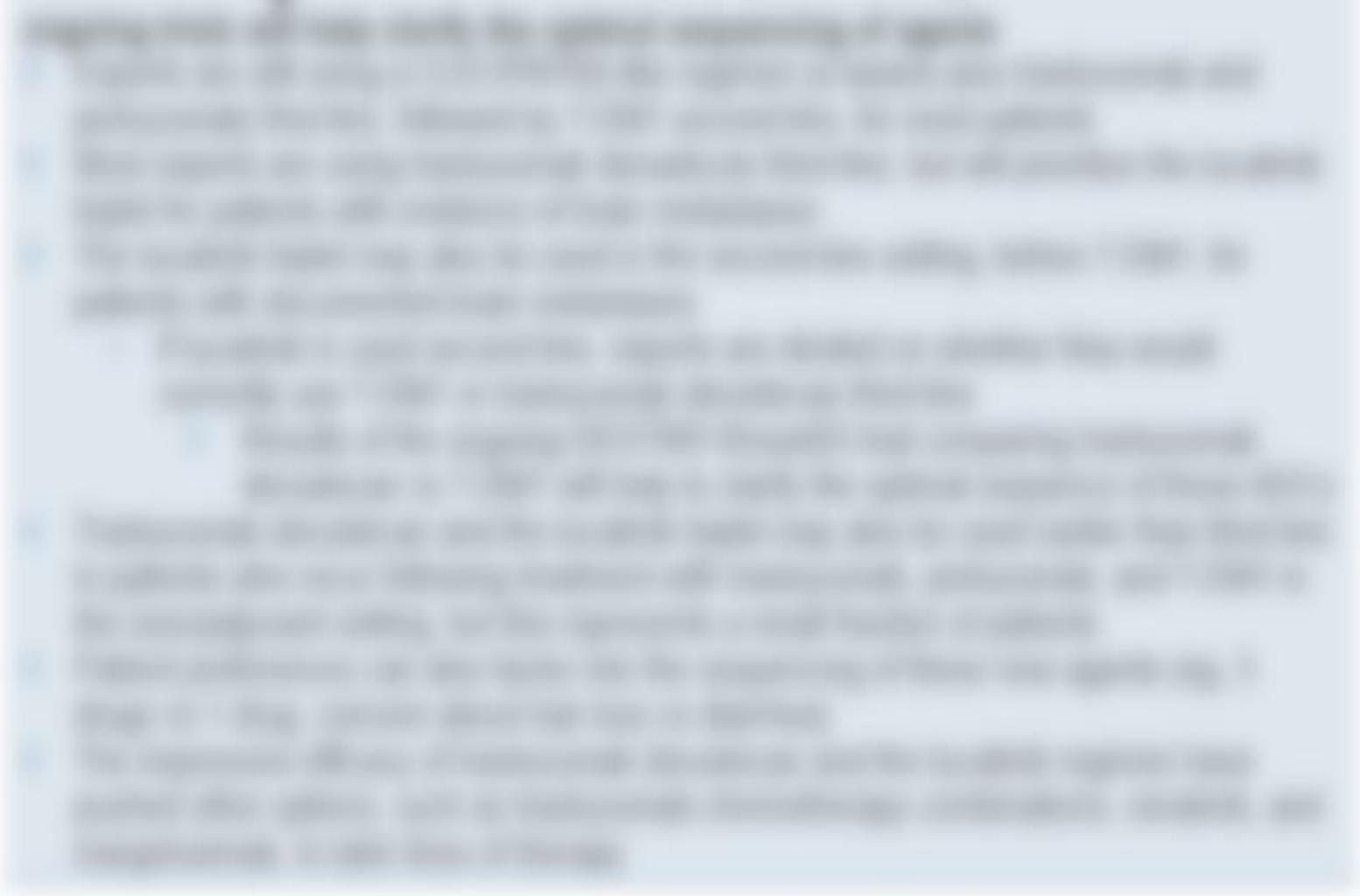
Experts perceive that pembrolizumab is rarely used in the community, and those patients with NMIBC who are referred for systemic

- Experts believe the combination of pembrolizumab + enfortumab is a promising approach for patients with BCG-resistant NMIBC, and these combinations are generally well-tolerated.
- Promising preliminary and efficacy results from phase III studies of pembrolizumab + enfortumab in patients with BCG-resistant NMIBC are encouraging, and these combinations are generally well-tolerated.
- The approach is seen as effective, working well, and broadly applicable to many patients.
- Pembrolizumab + enfortumab is a promising approach for patients with BCG-resistant NMIBC, and these combinations are generally well-tolerated and effective with minimal systemic toxicity.
- This approach is seen as a great option for a patient population in which giving immunotherapy is difficult. It is seen as effective and safe.
- Pembrolizumab + enfortumab is a promising approach for patients with BCG-resistant NMIBC, and these combinations are generally well-tolerated and effective with minimal systemic toxicity.
- Experts believe the combination of pembrolizumab + enfortumab is a promising approach for patients with BCG-resistant NMIBC, and these combinations are generally well-tolerated and effective with minimal systemic toxicity.
- Long-term outcomes from a phase III study of pembrolizumab + enfortumab in patients with BCG-resistant NMIBC are encouraging, and these combinations are generally well-tolerated and effective with minimal systemic toxicity.

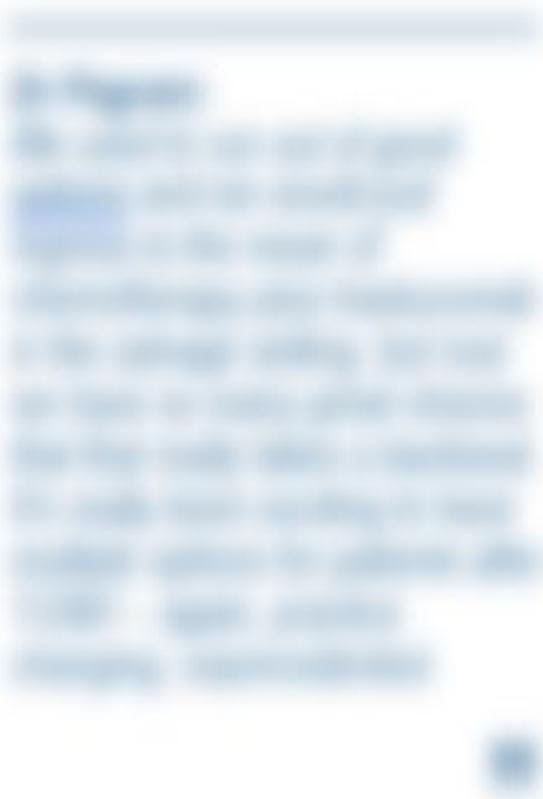
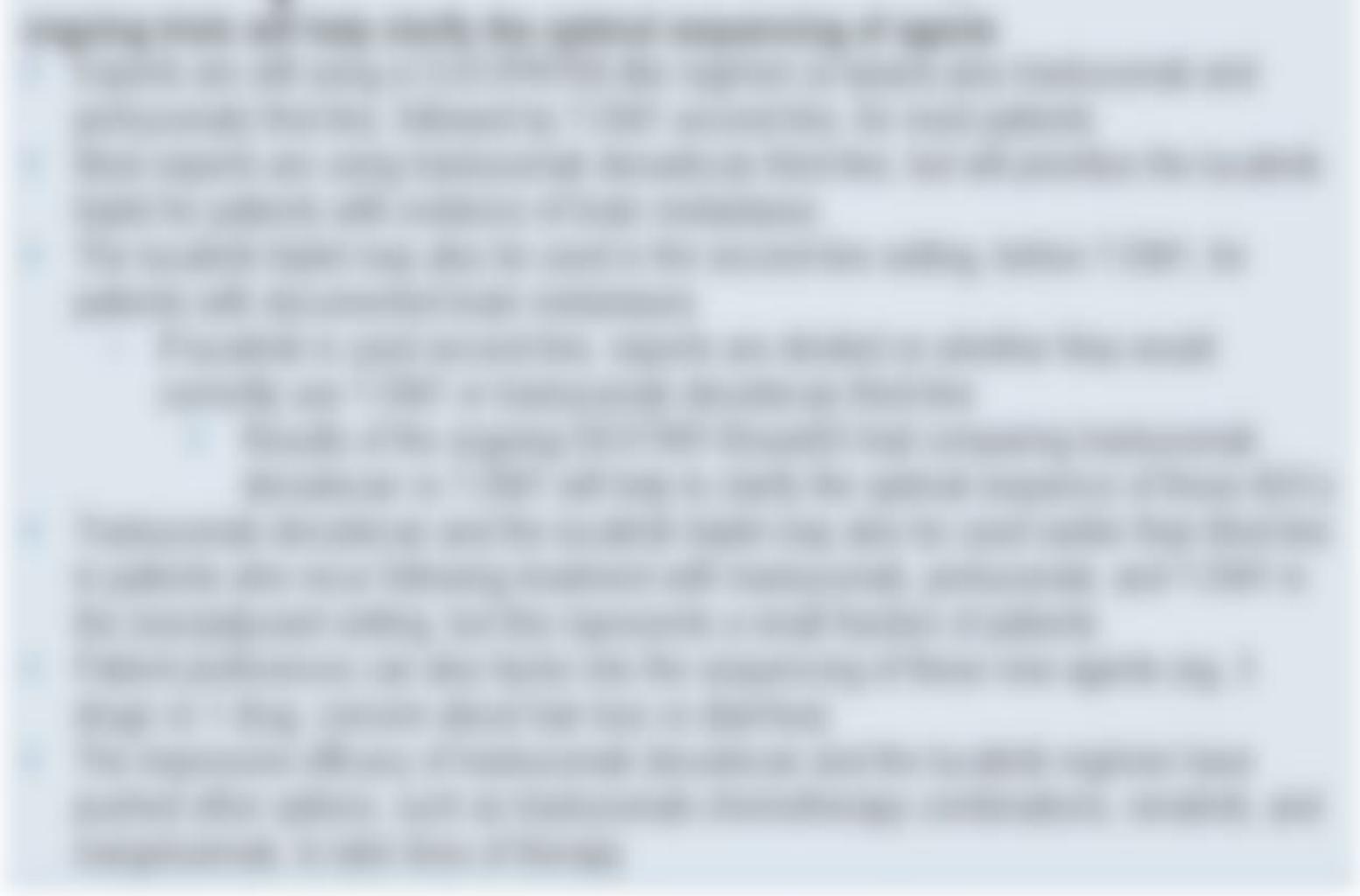
Experts Discussed Emerging Therapies for NMIBC and the Ongoing Role for Cystectomy



Experts Discussed Preoperative Therapy for Patients With MIBC



Experts Discussed Adjuvant Therapy and Patient Selection for MIBC



EPICS

Current Paradigms and Future Directions in Metastatic Bladder Cancer



Current Paradigms and Future Directions in Metastatic Bladder Cancer (1/3)

Presented by Joaquim Bellmunt, MD, PhD

TREATMENT ALGORITHMS FOR mUC

> Current algorithms for the treatment of metastatic urothelial cancer (mUC) differ

US Algorithm

Timeline of FDA Approvals for HER2+ Breast Cancer

| Year |
|------|------|------|------|------|------|------|
| 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| | 2010 | | 2012 | 2013 | 2014 | 2015 |
| | | | | | | 2015 |





Current Paradigms and Future Directions in Metastatic Bladder Cancer (3/3)

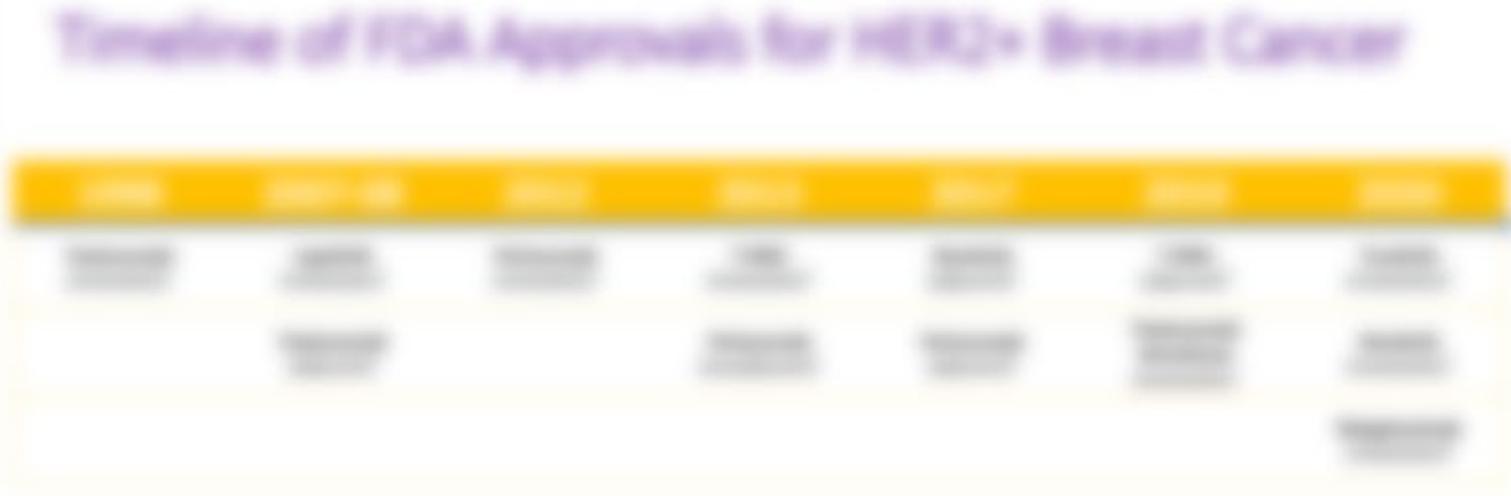
Presented by Joaquim Bellmunt, MD, PhD

NOVEL INVESTIGATIONAL AGENTS

> An important area of investigation is therapies for

HER2-TARGETED THERAPIES

> Several ADCs targeting HER2 are in development in mUC



EPICS

Key Insights

**Current Paradigms and Future Directions in
Metastatic Bladder Cancer**

FIRST-LINE PLATINUM FOLLOWED BY MAINTENANCE

Platinum-based chemotherapy followed by maintenance avelumab currently remains the

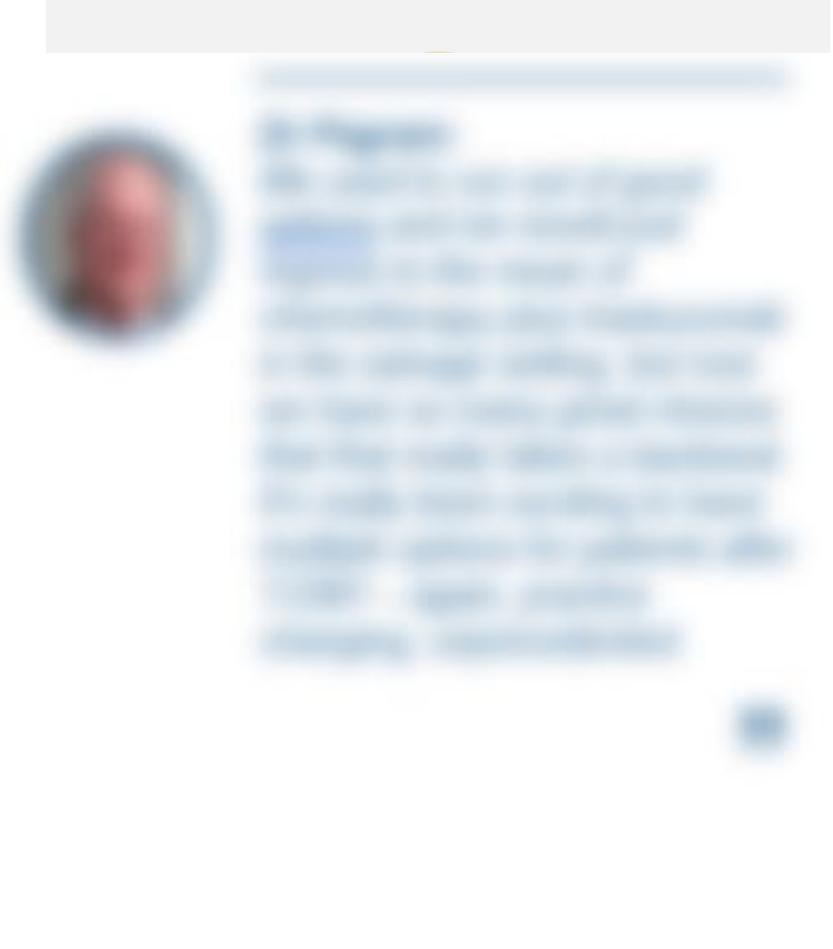
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FIRST-LINE EV + PEMBROLIZUMAB

Results of the EV-302 trial evaluating first-line therapy with EV + pembrolizumab are



ANTIBODY-DRUG CONJUGATES

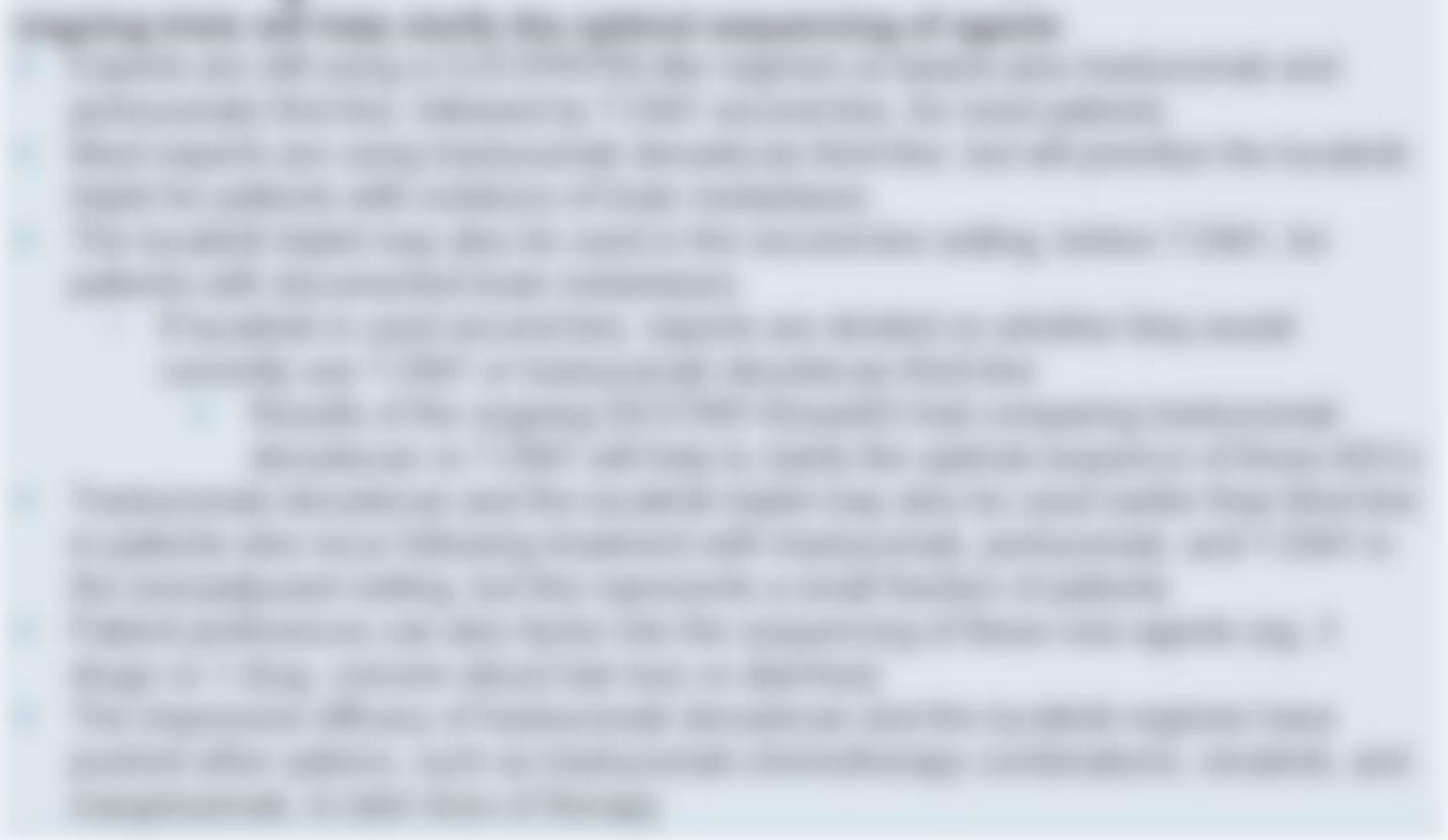
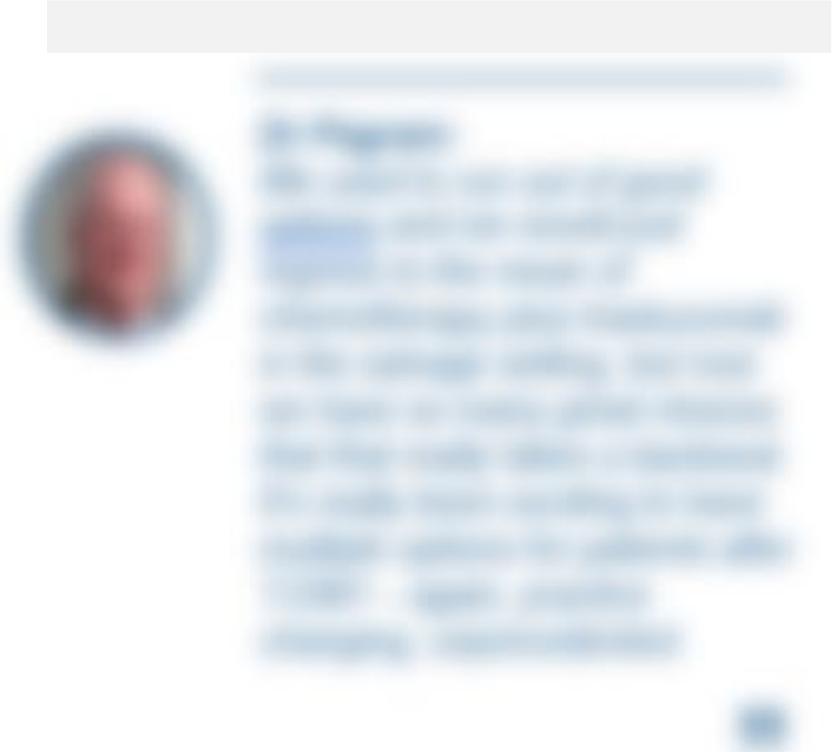
The targets, payloads, and toxicity profiles of EV and sacituzumab govitecan are non-

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FGFR INHIBITORS

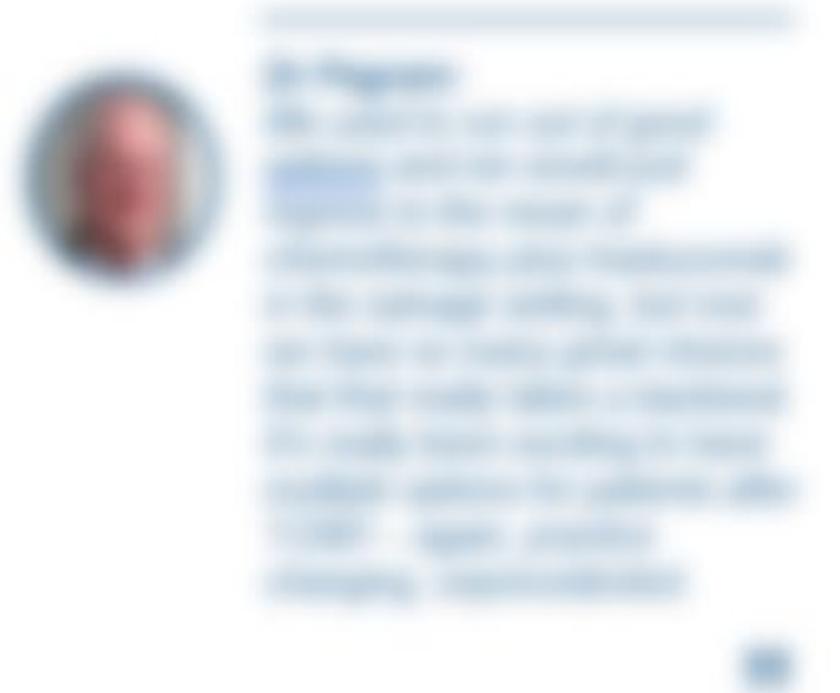
> The percentage of patients with *FGFR*-altered mUC is perceived to be much lower in

A large, heavily blurred screenshot of a document or presentation slide, likely containing text and possibly a chart or figure, but the content is illegible due to the blur.A blurred screenshot of a presentation slide. It features a prominent red circle on the left side and several lines of illegible text on the right. The overall layout suggests a key point or a specific data point being highlighted.

Experts Discussed Other Research Considerations in Therapeutic Development for mUC

NEW THERAPIES and SEQUENCING

The mUC field is becoming more complex – as agents move into earlier lines of therapy,



EPICS

Evolving Paradigms for Metastatic RCC



Evolving Paradigms for Metastatic RCC (1/3)

Presented by Manuela Schmidinger, MD

CURRENT TREATMENT ALGORITHMS FOR CLEAR CELL mRCC

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Timeline of FDA Approvals for HER2+ Breast Cancer

| Year |
|------|------|------|------|------|------|------|
| 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| | 2010 | | 2011 | 2012 | 2013 | 2014 |
| | | | | | | 2015 |





Evolving Paradigms for Metastatic RCC (2/3)

Presented by Manuela Schmidinger, MD

FACTORS IN FIRST-LINE TREATMENT SELECTION

• The presence of metastatic disease is a key factor in treatment selection. The extent of metastatic disease, including the number of sites, the location of sites, and the presence of symptoms, all influence treatment selection.

• The presence of performance issues is a key factor in treatment selection. Patients with performance issues may not be able to tolerate aggressive therapy.

• The presence of comorbidities is a key factor in treatment selection. Patients with comorbidities may not be able to tolerate aggressive therapy.

• The presence of prior therapy is a key factor in treatment selection. Patients who have received prior therapy may have limited options.

• The presence of biomarkers is a key factor in treatment selection. Patients with certain biomarkers may be eligible for targeted therapy.

• The presence of patient preferences is a key factor in treatment selection. Patients may have preferences regarding treatment side effects, frequency, and duration.

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2009	2010	2011	2012	2013	2014	2015
Number of Approvals	0	1	2	3	4	5	6





Evolving Paradigms for Metastatic RCC (3/3)

Presented by Manuela Schmidinger, MD

TARGETING HIF1α

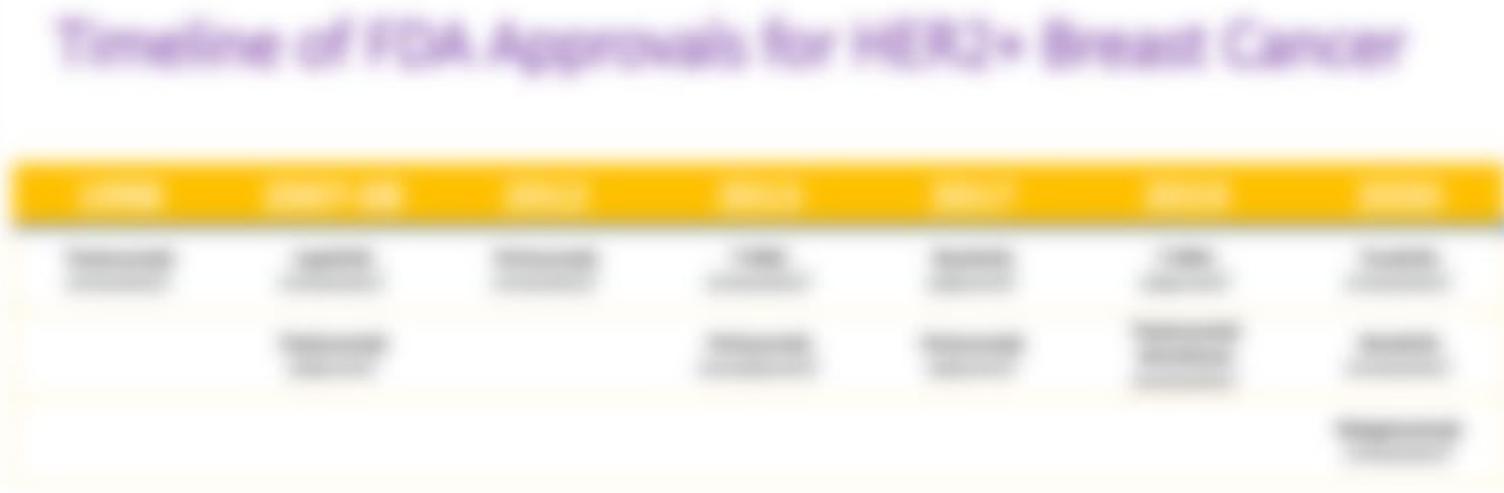
> The HIF1α inhibitor belzutifan is emerging as an important new

INVESTIGATIONAL FIRST-LINE TRIPLETS

> Triplet combinations (IO-IO-TKI) are also being investigated for

(Faded text area containing bullet points and details related to HIF1α targeting)

- Belzutifan is a HIF1α inhibitor that is being investigated in clinical trials for metastatic RCC.
- It is thought to improve outcomes by targeting the hypoxia pathway.
- Other agents in development include...



EPICS

Key Insights

Evolving Paradigms for Metastatic RCC

Experts Debated First-Line Treatment Options for Clear Cell mRCC (1/2)

FAVORABLE-RISK mRCC

IO-TKI doublets are preferred for favorable-risk mRCC, particularly when there is a high

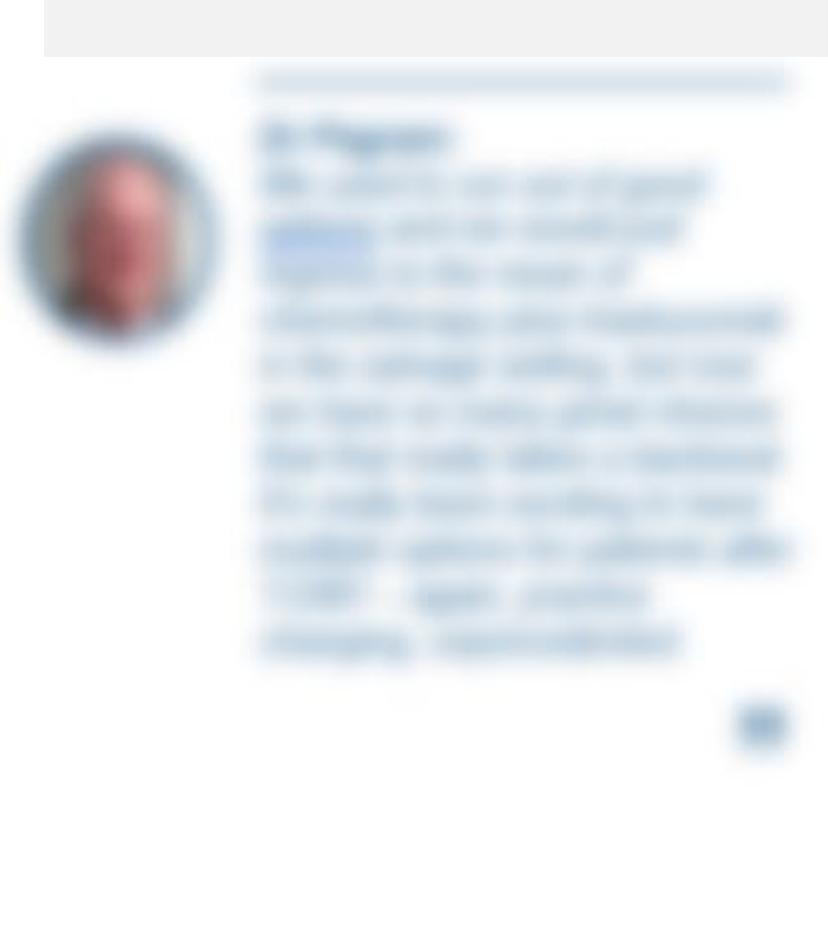
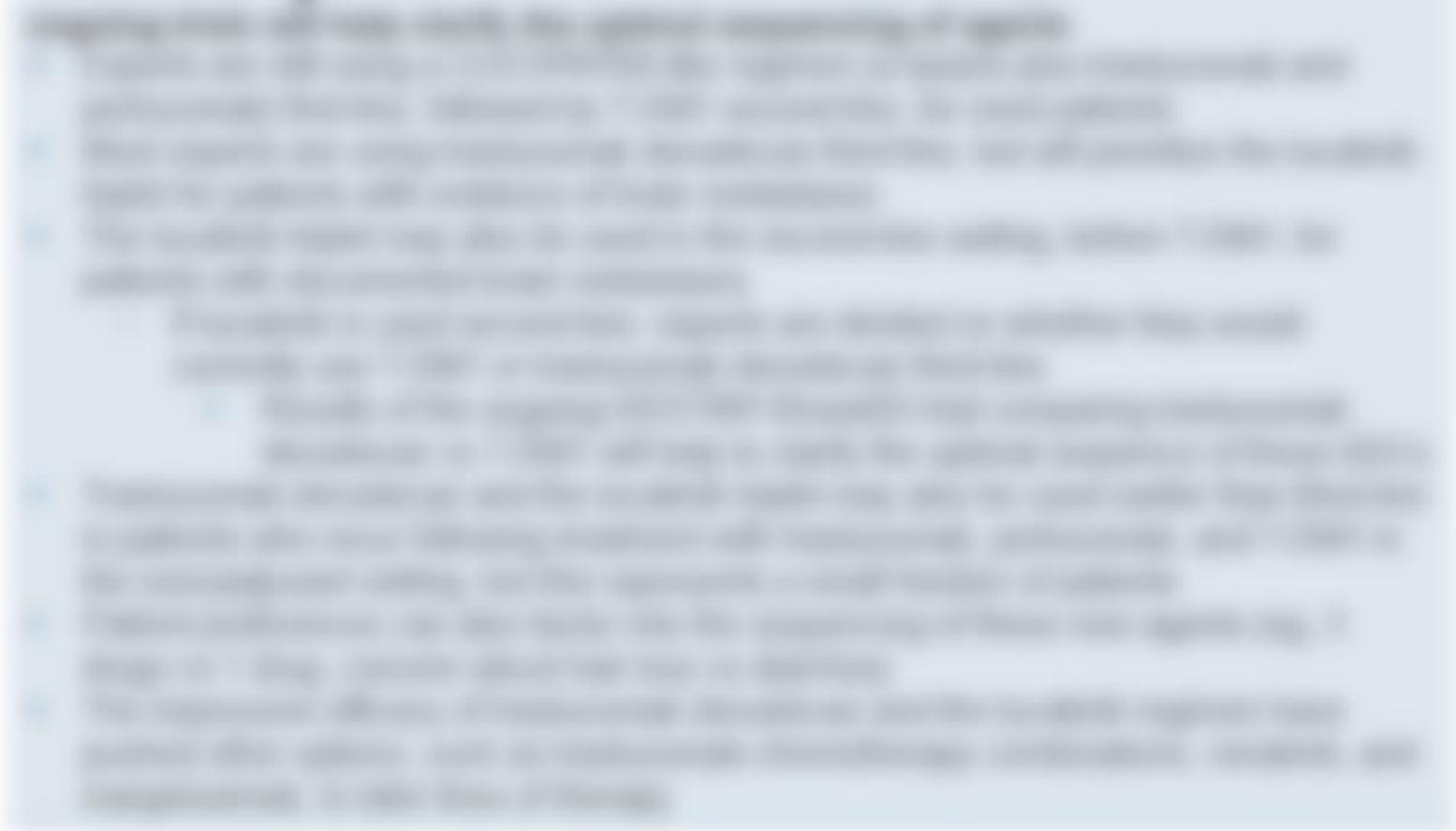
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Experts Debated First-Line Treatment Options for Clear Cell mRCC (2/2)

INTERMEDIATE/POOR-RISK mRCC

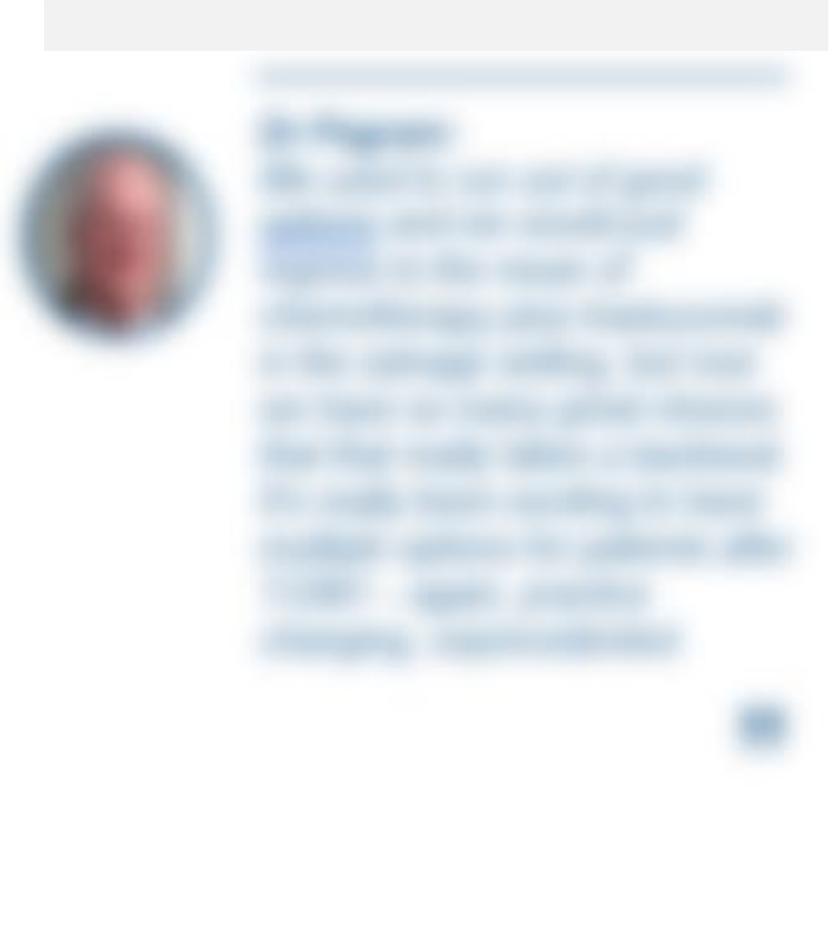
An IO-IO doublet is generally preferred for fit patients with intermediate/poor-risk mRCC



Experts Considered Treatment Holidays and Other Treatment Options for mRCC

TREATMENT HOLIDAYS AND LATER-LINE OPTIONS

Drug holidays tend to be used in Europe, particularly in academic centers, but less so in



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Neo/Adjuvant Treatment of RCC



Neo/Adjuvant Treatment of RCC (1/3)

Presented by José Pablo Maroto Rey, MD, PhD

ADJUVANT THERAPY for ccRCC: TKIs

The standard of care for ccRCC is based on the results of the SARC trial, which compared sunitinib to sorafenib in the adjuvant setting. Sunitinib was found to be superior to sorafenib in terms of overall survival, progression-free survival, and time to progression.

- Sunitinib is the standard of care for adjuvant treatment of ccRCC.
- Other TKIs, such as cabozantinib, are being evaluated in clinical trials.
- The combination of TKIs with immunotherapy is also being evaluated.

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2007	2008	2009	2010	2011	2012	2013
2007							
2008							
2009							
2010							
2011							
2012							
2013							





Neo/Adjuvant Treatment of RCC (2/3)

Presented by José Pablo Maroto Rey, MD, PhD

ADJUVANT THERAPY for ccRCC: IMMUNE CHECKPOINT INHIBITORS

The combination of nivolumab and ipilimumab significantly improved overall survival and response rates in patients with metastatic clear cell renal cell carcinoma (ccRCC) compared with nivolumab monotherapy. This combination is currently the standard of care for metastatic ccRCC.

In the adjuvant setting, the combination of nivolumab and ipilimumab significantly improved overall survival and response rates compared with nivolumab monotherapy in patients with resected high-risk ccRCC. This combination is currently the standard of care for adjuvant treatment of high-risk ccRCC.

The combination of nivolumab and ipilimumab is also being evaluated in ongoing clinical trials for the treatment of ccRCC in various settings, including as a primary treatment for high-risk ccRCC and as a treatment for recurrent or metastatic ccRCC.





Neo/Adjuvant Treatment of RCC (3/3)

Presented by José Pablo Maroto Rey, MD, PhD

BIOMARKERS

> Biomarkers to select patients and predict benefit for adjuvant

CYTOREDUCTIVE NEPHRECTOMY

> The use of cytoreductive nephrectomy (CN) for mRCC appears to

[Faded content area containing multiple paragraphs and bullet points related to biomarkers and cytoreductive nephrectomy]



EPICS

Key Insights

Neo/Adjuvant Treatment of RCC

Experts Debated Adjuvant Therapy for High-Risk RCC and Future Directions for Research

ADJUVANT ICI TRIALS

KEYNOTE-564 showed a clear DFS benefit for adjuvant pembrolizumab: OS is immature

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Experts Discussed Cytoreductive Nephrectomy and Individualization of Therapy

CYTOREDUCTIVE NEPHRECTOMY

Overall, use of CN for patients with mRCC is decreasing

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EPICS

Current and Future Management of Non-clear Cell RCC



Current and Future Management of Non-clear Cell RCC (1/2)

Presented by Thomas Powles, MD, MRCP, MBBS

CURRENT AND EMERGING OPTIONS FOR PAPILLARY mRCC

> Papillary RCC remains an area of pressing unmet needs,

PAPMET Randomized Phase II Study





Current and Future Management of Non-clear Cell RCC (2/2)

Presented by Thomas Powles, MD, MRCP, MBBS

MET-DRIVEN PAPILLARY RCC

> Approximately 30% of patients with papillary

STUDY POPULATION
Approximately 30% of patients with papillary RCC are MET-driven. These patients have a higher rate of metastasis and a shorter median overall survival compared to non-MET-driven patients. The study population included 100 patients with papillary RCC who were treated with MET inhibitors. The study results showed that MET-driven patients had a significantly higher response rate and longer median overall survival compared to non-MET-driven patients.

KEY POINTS
MET-driven papillary RCC is associated with a higher rate of metastasis and a shorter median overall survival compared to non-MET-driven papillary RCC. MET inhibitors have shown promising results in the treatment of MET-driven papillary RCC, with a higher response rate and longer median overall survival compared to non-MET-driven patients.

CONCLUSIONS
MET-driven papillary RCC is a distinct subtype of papillary RCC with a higher rate of metastasis and a shorter median overall survival compared to non-MET-driven papillary RCC. MET inhibitors have shown promising results in the treatment of MET-driven papillary RCC, with a higher response rate and longer median overall survival compared to non-MET-driven patients.



EPICS

Key Insights

**Current and Future Management of Non-clear
Cell RCC**

Experts Discussed Evolving Treatment Paradigms for Papillary mRCC

CURRENT TREATMENT OPTIONS

Cabozantinib is the preferred first-line option, on the basis of results of the PAPMET trial

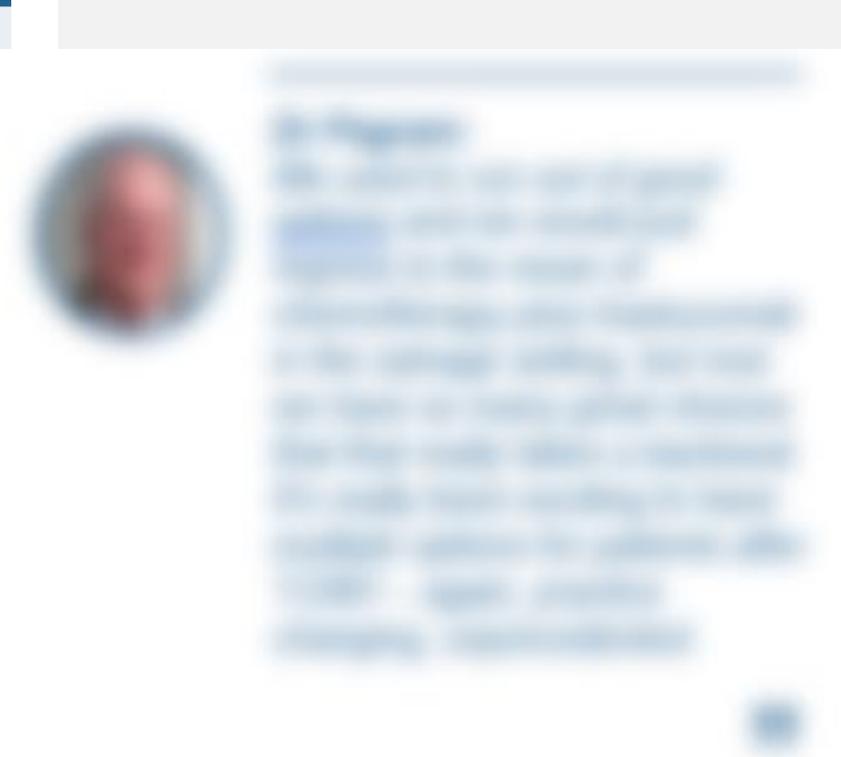
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Experts Considered Therapeutic Options for Other Rare Subtypes of RCC

CHROMOPHOBE RCC

There is no clear standard treatment, and this is an area of clear unmet need



EPICS

Diagnosing and Managing Localized/Locally Advanced Prostate Cancer



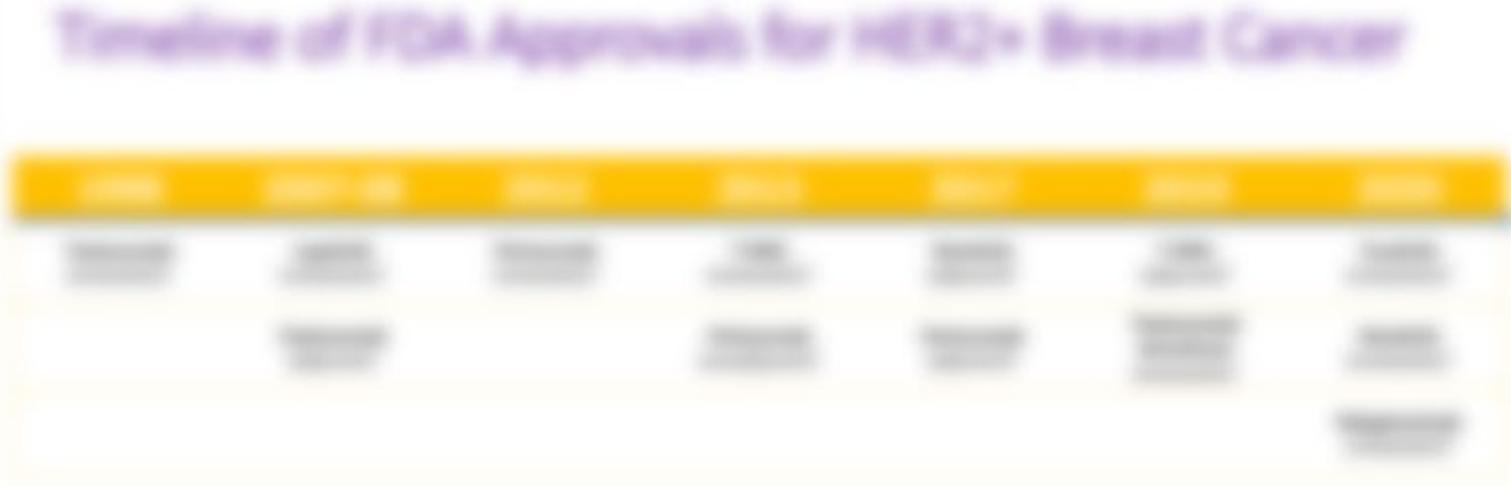
Diagnosing and Managing Localized/Locally Advanced Prostate Cancer (1/3)

Presented by E. David Crawford, MD

INITIAL MANAGEMENT OF LOCALIZED PROSTATE CANCER

> The goal of early detection should be to find

[Faded text area containing bullet points and details related to early detection goals.]





Diagnosing and Managing Localized/Locally Advanced Prostate Cancer (2/3)

Presented by E. David Crawford, MD

ACTIVE SURVEILLANCE

> For patients on active surveillance, there are variations in follow-

FOCAL THERAPY

> Interest in focal therapy for localized prostate cancer has





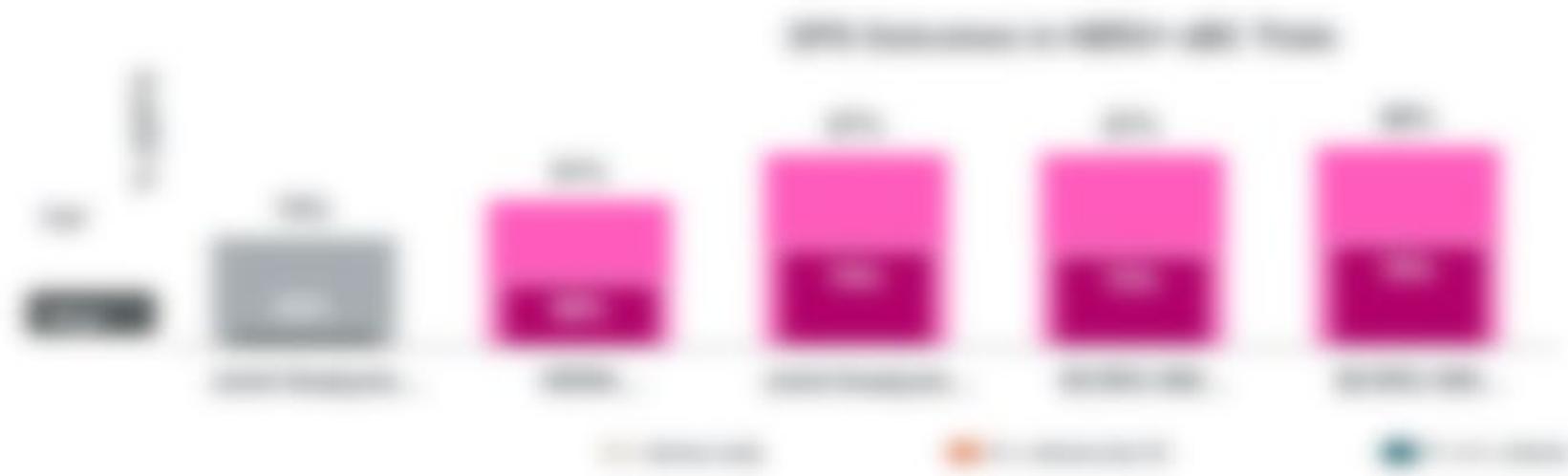
Diagnosing and Managing Localized/Locally Advanced Prostate Cancer (3/3)

Presented by E. David Crawford, MD

ADT + RADIATION

> For patients with high-risk disease, ADT

Prognostic and *Predictive* Biomarkers Can Both Inform



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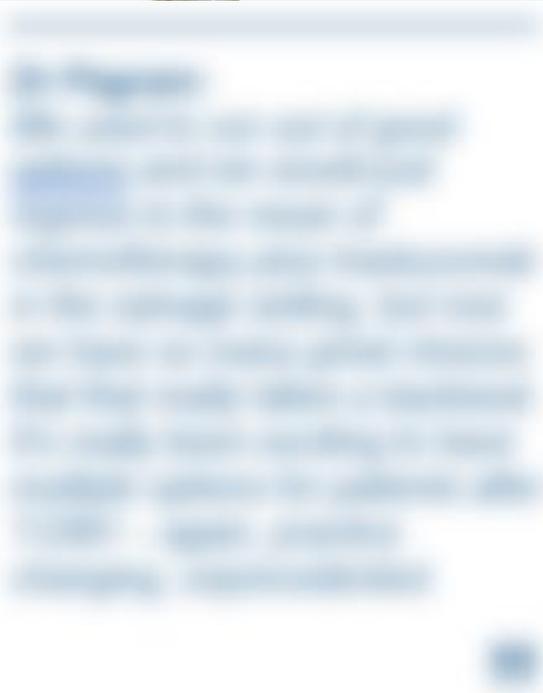
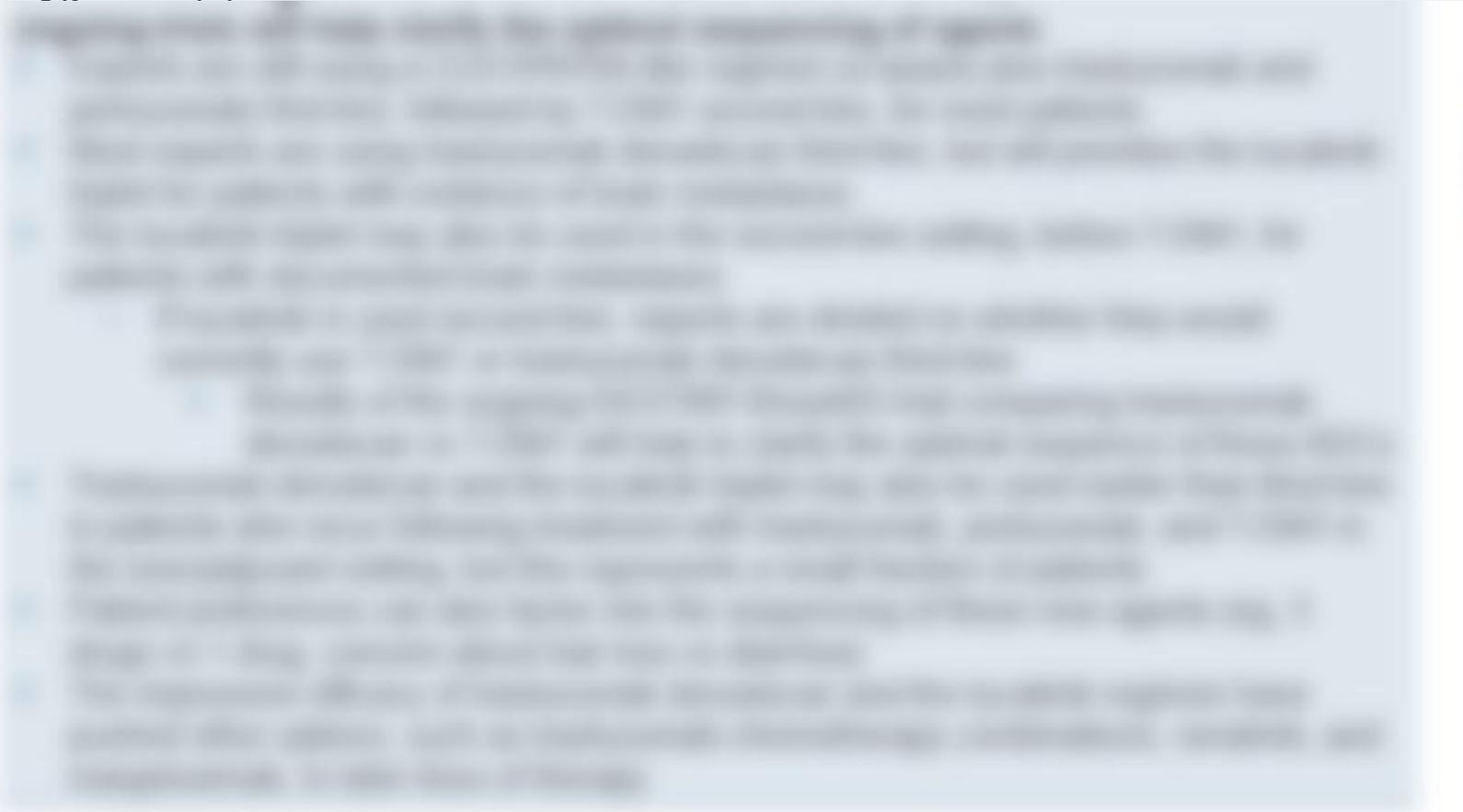
Key Insights

**Diagnosing and Managing Localized/Locally
Advanced Prostate Cancer**

Experts Discussed the Initial Diagnosis and Management of Men With Localized Prostate Cancer

DIAGNOSTIC TOOLS

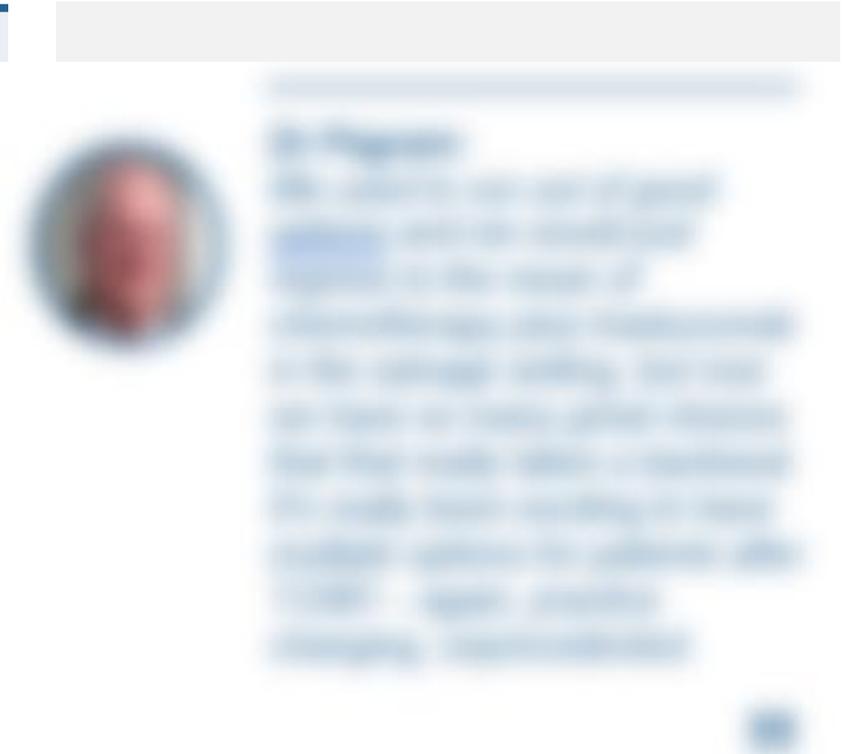
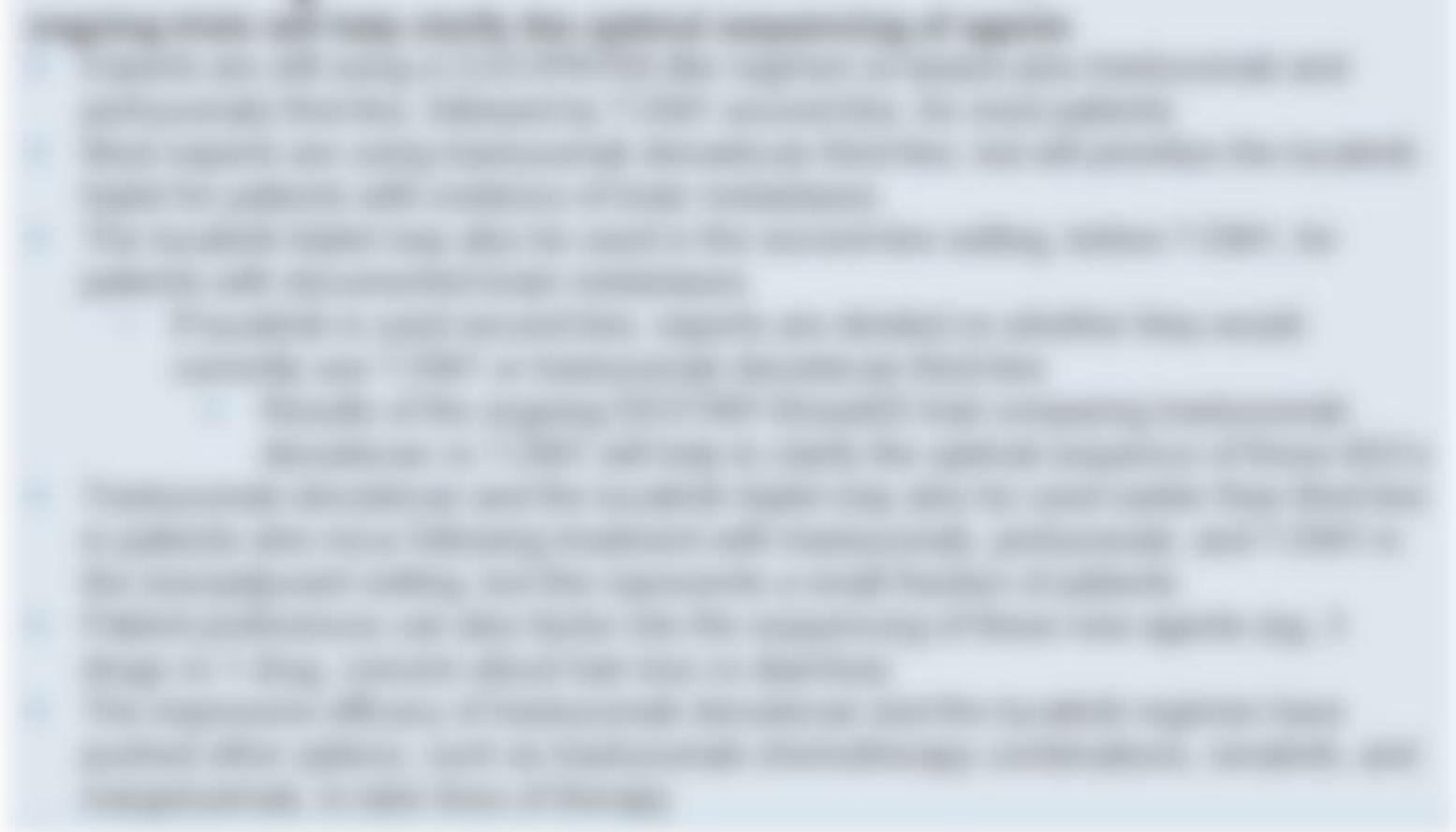
PSA is considered a good initial screening method, although it is influenced by the size



Experts Debated Treatments Options and Related Considerations for Localized Prostate Cancer

HORMONAL THERAPY

Some experts have added a next-gen AR inhibitor to ADT-RT for patients with nodal



EPICS

Treatment Paradigms for Advanced Prostate Cancer



Treatment Paradigms for Advanced Prostate Cancer (1/3)

Presented by Oliver Sartor, MD

mHSPC

- > For patients with overt metastases that remain castration sensitive, treatment options include ADT + docetaxel or

ARASENS OS (primary endpoint)

Smith MR, et al. *N Engl J Med*. 2022;386:1132-1142





Treatment Paradigms for Advanced Prostate Cancer (2/3)

Presented by Oliver Sartor, MD

OLIGOMETASTATIC PROSTATE CANCER

> There is interest in exploring de-intensified treatment options for patients with

Radiation/Surgery for PSMA PET-Detected Oligorecurrent Disease (N = 22) (with no ADT)





Treatment Paradigms for Advanced Prostate Cancer (3/3)

Presented by Oliver Sartor, MD

NONMETASTATIC CRPC

- > PSMA PET imaging is redefining this subset of disease
 - 98% of patients with nmCRPC will have PSMA

mCRPC

- > The major recent breakthrough for mCRPC was the introduction of 177Lu-PSMA-617, on the basis of the VISION trial demonstrating rPFS and OS

PROSTATE POPULATION

1. 1.5 million prostate cancer cases in 2020, 1.7 million in 2025, 1.9 million in 2030, 2.1 million in 2035, 2.3 million in 2040, 2.5 million in 2045, 2.7 million in 2050, 2.9 million in 2055, 3.1 million in 2060, 3.3 million in 2065, 3.5 million in 2070, 3.7 million in 2075, 3.9 million in 2080, 4.1 million in 2085, 4.3 million in 2090, 4.5 million in 2095, 4.7 million in 2100.

PSMA PET

2. 1.5 million prostate cancer cases in 2020, 1.7 million in 2025, 1.9 million in 2030, 2.1 million in 2035, 2.3 million in 2040, 2.5 million in 2045, 2.7 million in 2050, 2.9 million in 2055, 3.1 million in 2060, 3.3 million in 2065, 3.5 million in 2070, 3.7 million in 2075, 3.9 million in 2080, 4.1 million in 2085, 4.3 million in 2090, 4.5 million in 2095, 4.7 million in 2100.

PSMA PET CONCLUSIONS

3. 1.5 million prostate cancer cases in 2020, 1.7 million in 2025, 1.9 million in 2030, 2.1 million in 2035, 2.3 million in 2040, 2.5 million in 2045, 2.7 million in 2050, 2.9 million in 2055, 3.1 million in 2060, 3.3 million in 2065, 3.5 million in 2070, 3.7 million in 2075, 3.9 million in 2080, 4.1 million in 2085, 4.3 million in 2090, 4.5 million in 2095, 4.7 million in 2100.



EPICS

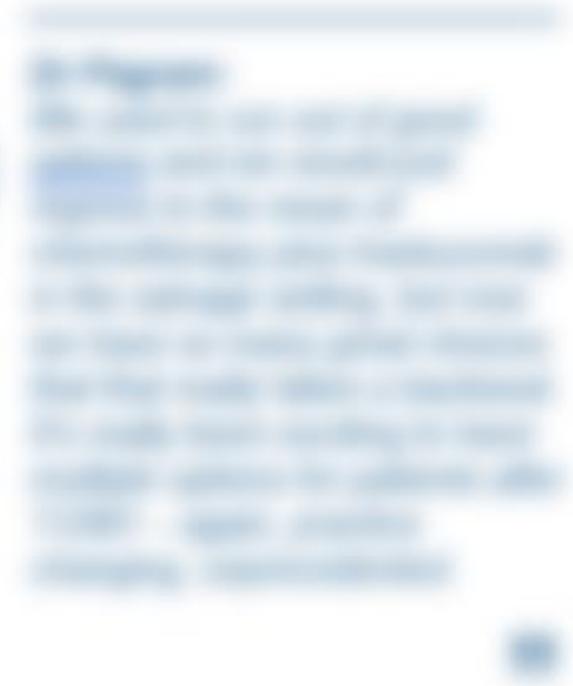
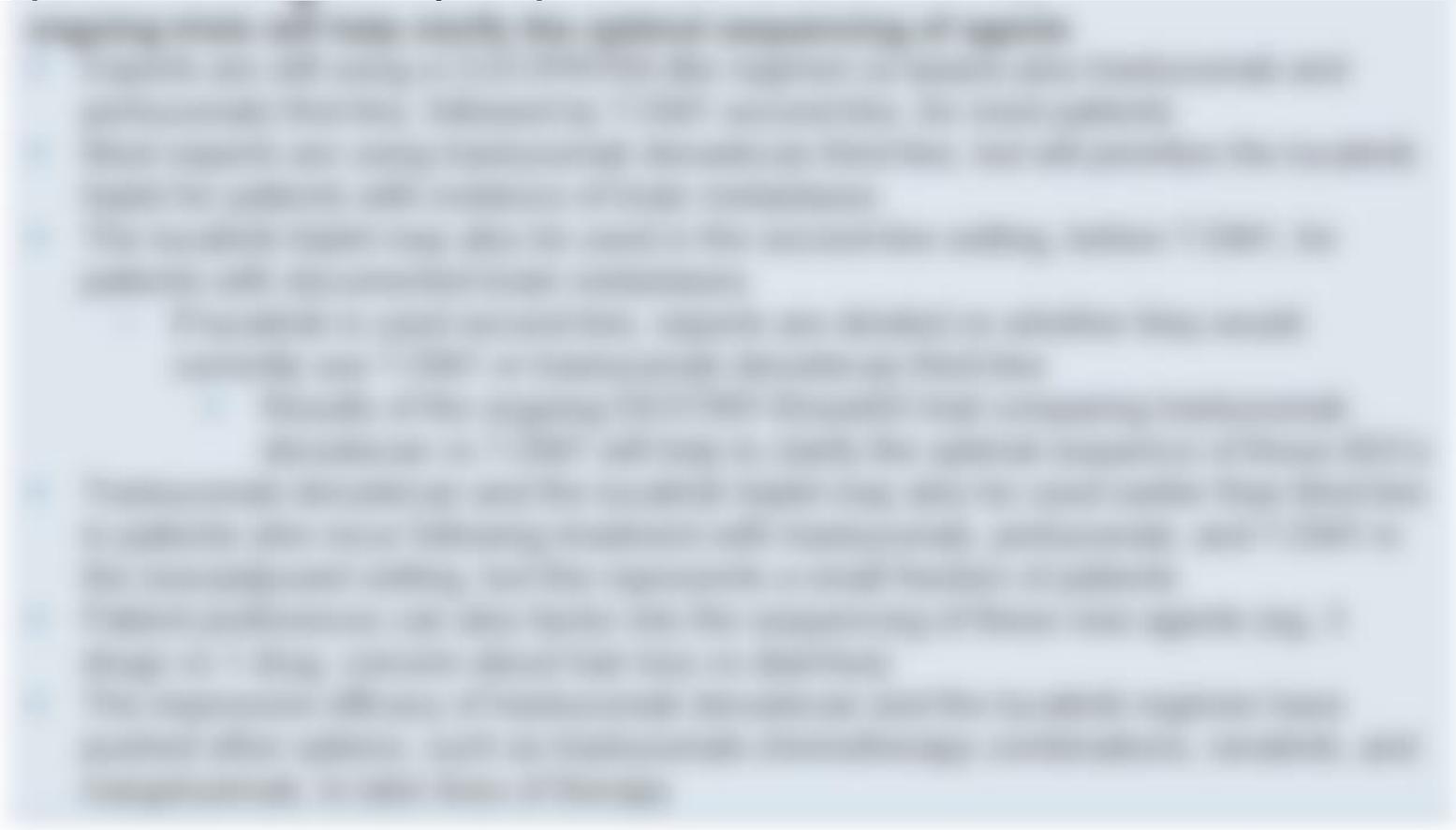
Key Insights

**Treatment Paradigms for Advanced Prostate
Cancer**

Experts Discussed Evolving Treatment Paradigms for Nonmetastatic CRPC

NEXT-GENERATION AR INHIBITORS

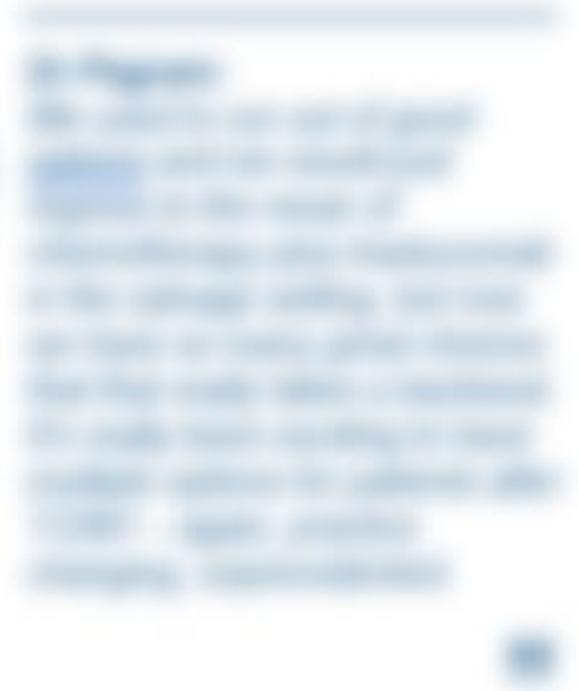
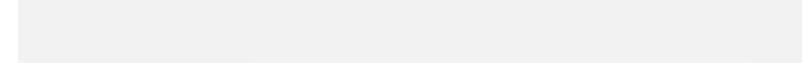
Darolutamide is perceived to be the best tolerated of the next-gen AR inhibitors, but



Experts Debated Dose-Intensification for Metastatic Hormone-Sensitive Prostate Cancer (mHSPC)

PEACE-1 AND ARASENS

PEACE-1 and ARASENS are clearly positive trials, showing benefit for adding a next-



Experts Discussed the Role of Radioisotopes for mCRPC

177-Lu-PSMA-617

> The current shortage of 177-Lu-PSMA-617 is a critical issue in the clinic

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Experts Considered Current Biomarkers for mCRPC

STANDARD BIOMARKER TESTING

Experts indicated they typically test for DNA repair gene mutations and MSI/TMB status

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EPICS

Investigational Therapies for Metastatic CRPC



Investigational Therapies for Metastatic CRPC (1/3)

Presented by Susan Slovin, MD, PhD

BiTEs

> Bispecific T-cell engagers (BiTEs) are molecules that bind to an immune effector cell (typically T cells) and

Response to Anti-PSMA BiTE Pasotuxizumab



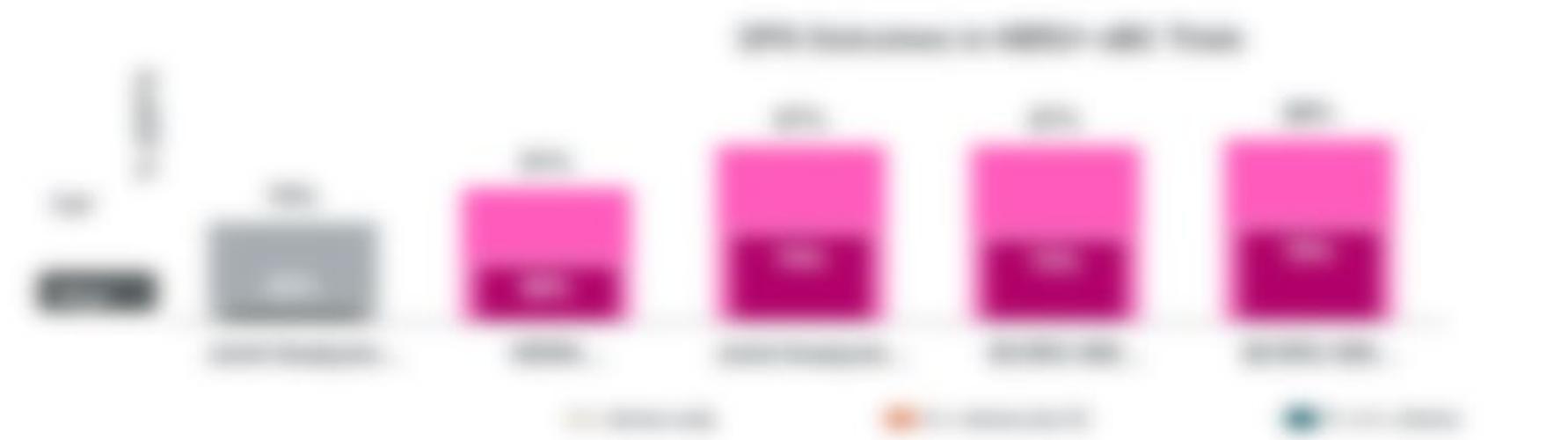
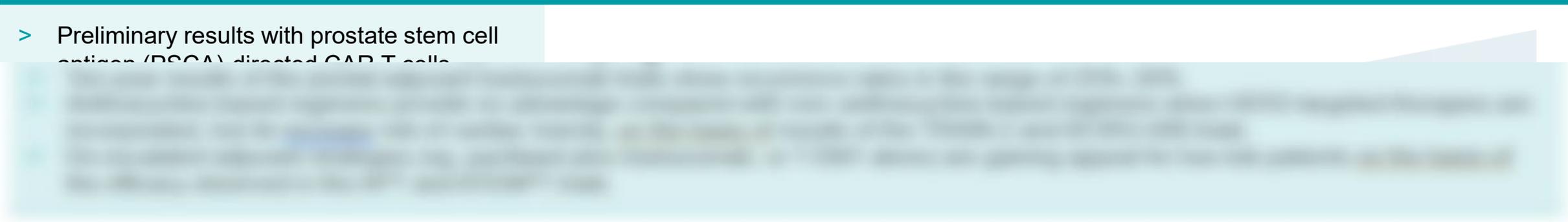


Investigational Therapies for Metastatic CRPC (2/3)

Presented by Susan Slovin, MD, PhD

CAR T CELLS

- > Preliminary results with prostate stem cell antigen (PSCA) directed CAR T cells





Investigational Therapies for Metastatic CRPC (3/3)

Presented by Susan Slovin, MD, PhD

PROTACs

> PROTACs (proteolysis targeting chimeras) are



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EPICS

Key Insights

Investigational Therapies for Metastatic CRPC

Experts Considered the Development of BiTEs and CAR T Cells in mCRPC

BiTEs

BiTEs can be short-lived, and the challenge is maintaining a sustained effect

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IMMUNE CHECKPOINT INHIBITORS

Immune checkpoint inhibitors (ICIs) in unselected patients with mCRPC are unlikely to

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EPICS

Advances in Imaging Technologies for Genitourinary Cancers



Advances in Imaging Technologies for GU Cancers (1/2)

Presented by Scott Tagawa, MD, FACP

PSMA-DIRECTED RADIOISOTOPE TRACERS FOR PROSTATE CANCER

> Currently there are 2 PSMA-targeted radioisotope

PSMA-DIRECTED RADIOISOTOPE TRACERS FOR PROSTATE CANCER



Advances in Imaging Technologies for GU Cancers (2/2)

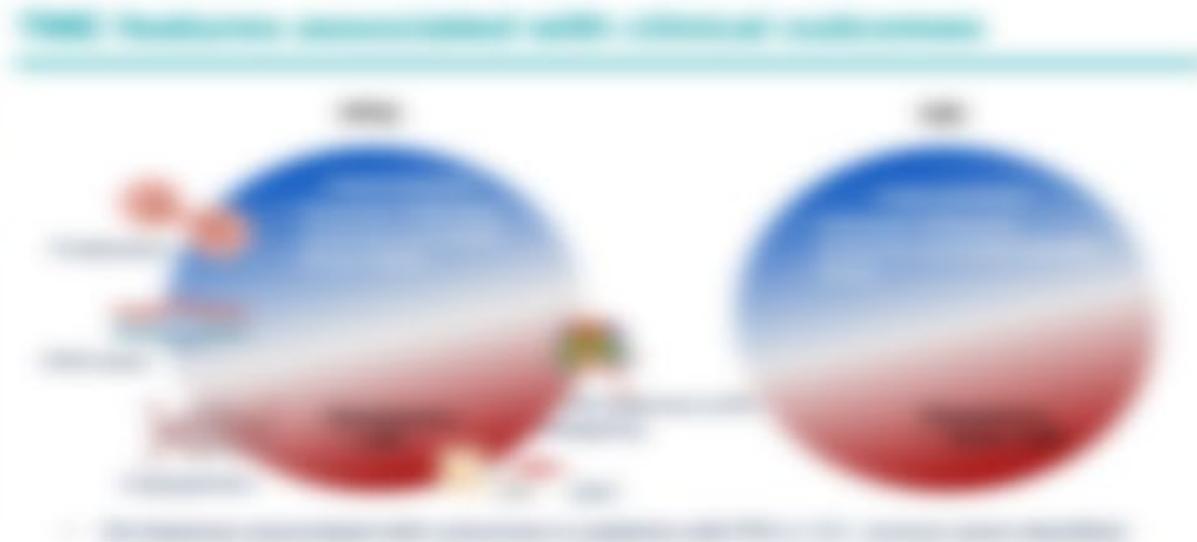
Presented by Scott Tagawa, MD, FACP

OTHER RADIOLABELED TRACERS IN DEVELOPMENT

> Another class of radioisotope tracers targets the CAIX

¹⁸F-FDG

TLX250-CDx



EPICS

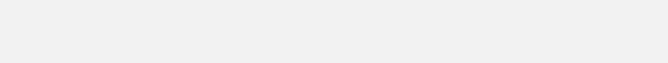
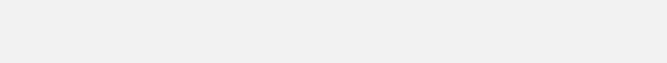
Key Insights

**Advances in Imaging Technologies for
Genitourinary Cancers**

Experts Discussed Practical Considerations Regarding PSMA PET Scans

PRACTICAL CONSIDERATIONS – PET SCANS

PSMA PET imaging is perceived to be superior to



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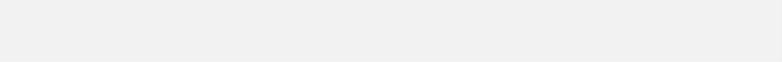
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Experts Debated the Implications of PSMA PET Scans for Managing Patients With Prostate Cancer

PATIENT MANAGEMENT CONSIDERATIONS WITH PSMA PET

The availability of highly sensitive PSMA PET imaging has complicated patient



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