

Radiotherapy highlights from ASCO GU 2026

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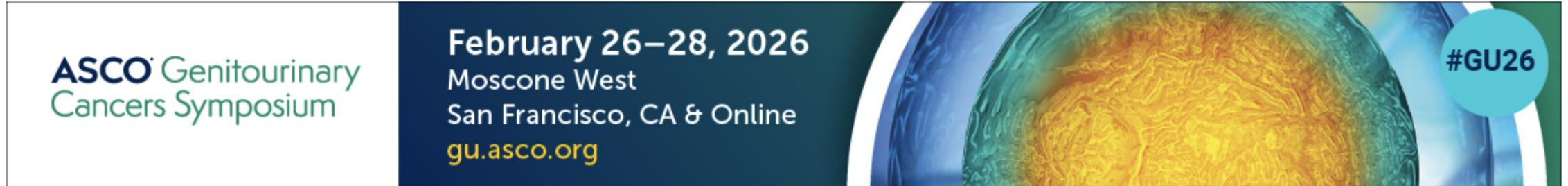


Conflicts of interest

- I have no potential conflict of interest to report

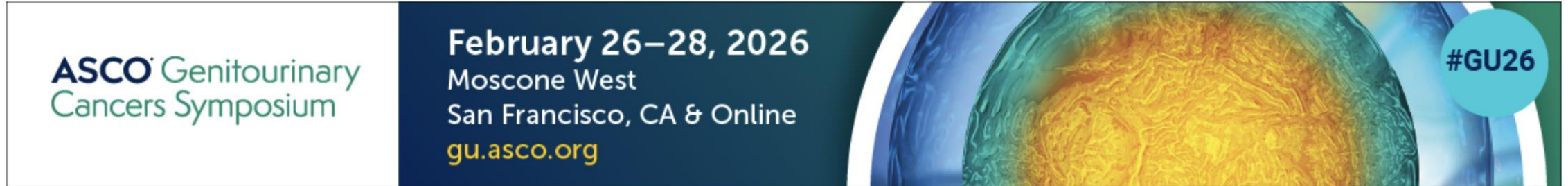


Overview



- Hormone therapy use and duration with post-op RT: **POSEIDON/NRG-GU006**
- Salvage RT + ADT vs ARPI (Apa): **SAVE**
- ARPI (Abi) +/- SBRT in oligoM CRPC: **ARTO**
- Ipi-Nivo +/- SBRT in stage IV kidney cancer: **CYTOSHRINK**
- Gem-iDRS + anti-PD1 vs CRT for MIBC: **SUNRISE-2**

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Hormone therapy use and duration with post-operative radiotherapy for recurrent prostate cancer: An individual patient data meta-analysis

Amar U. Kishan, Yilun Sun, Chris Parker, Matthew R. Sydes, Paul H. Sargos, Sylvie Chabaud, Meryem Brihoum, Pascal Pommier, Luca F. Valle, Soumyajit Roy, Michael L. Steinberg, Angela Y. Jia, Jason A. Efstathiou, James J. Dignam, Alan Pollack, Howard M. Sandler, Paul Nguyen, Daniel E. Spratt

Amar U. Kishan, MD

UCLA

Health



Included Trials

RTOG 9601: RT vs RT+LT-HT

GETUG-16: RT vs RT+ST-HT

RADICALS: RT vs. RT+ST-HT

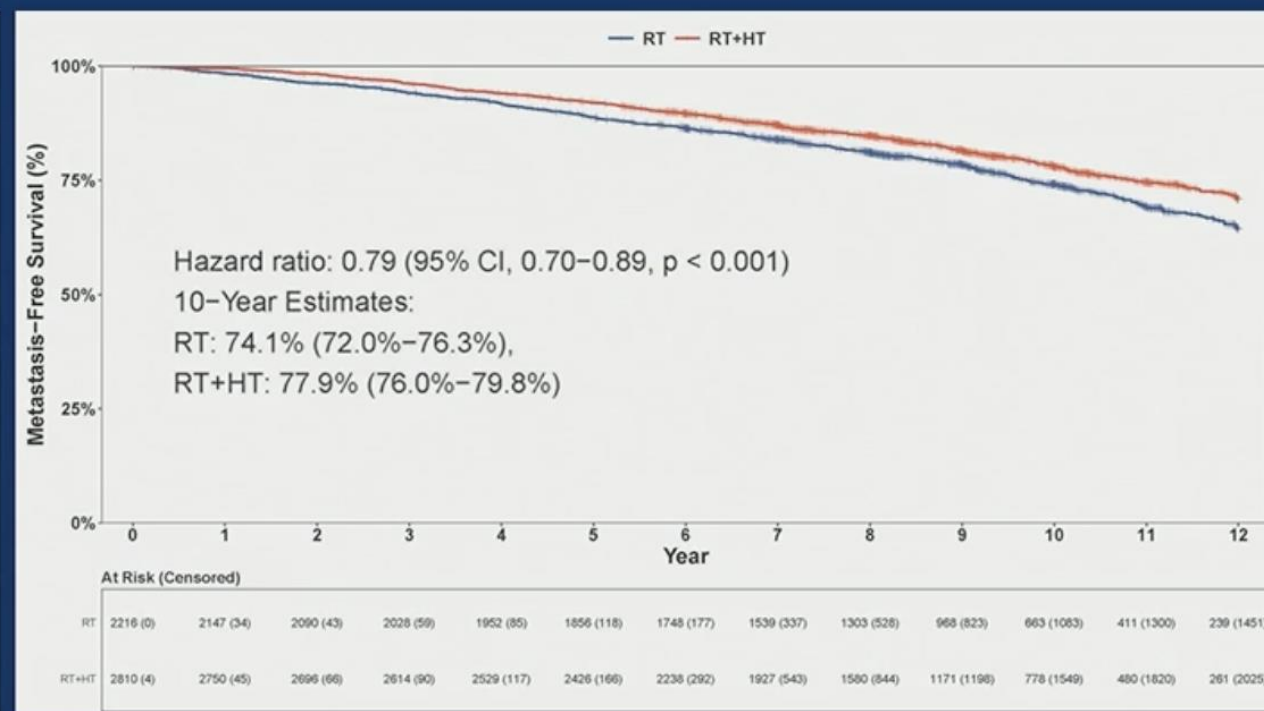
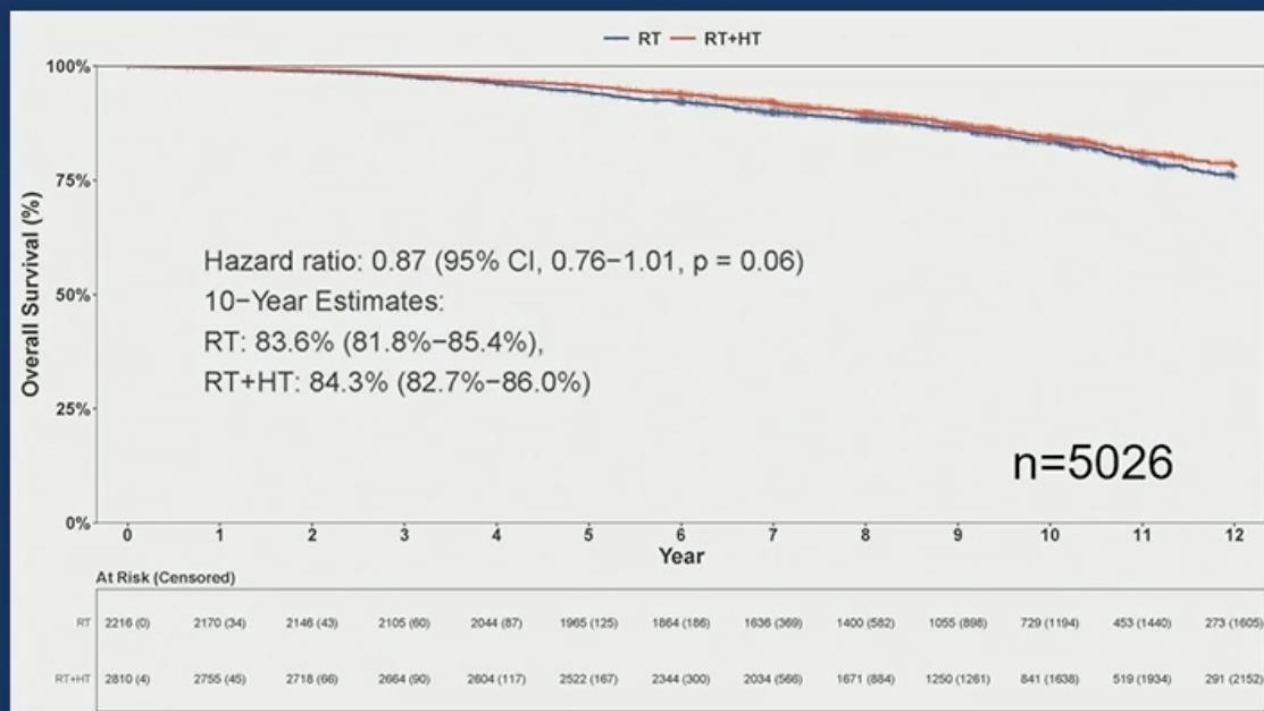
RADICALS: RT vs. RT+ST-HT vs.
RT+LT-HT

RADICALS: RT+ST-T vs. RT+LT-HT

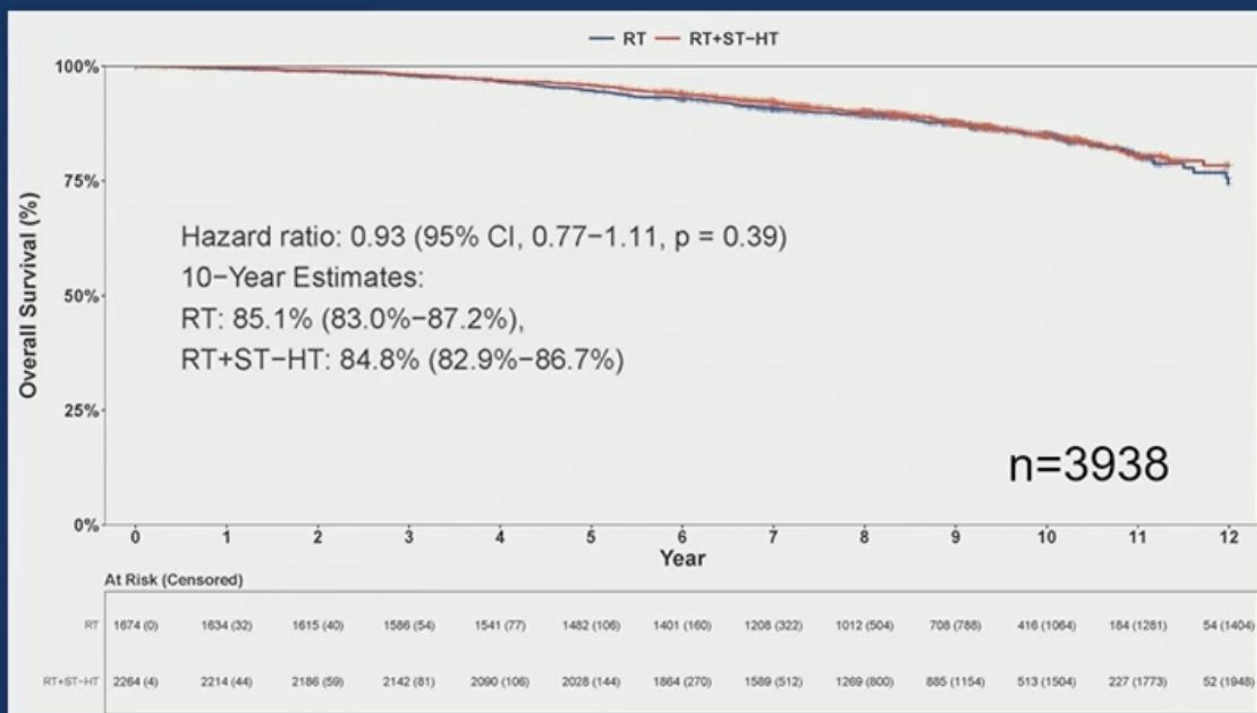
RTOG 0534: RT vs. RT+ST-HT*

	HT Use		Short-Term HT Use (ST-HT)		Long-Term HT Use (LT-HT)	
	RT alone	RT+HT	RT alone	RT+ST-HT	RT alone	RT+LT-HT
n	2,216	2,810	1,674	2,264	542	546
Follow-up (median, IQR), years	9.10 (7.30-10.97)		8.80 (7.13-10.10)		12.34 (9.37-13.86)	
Age						
<65	1030 (46.5%)	1278 (45.5%)	760 (45.1%)	1032 (45.6%)	270 (49.8%)	246 (45.1%)
65-69	638 (28.8%)	858 (30.5%)	494 (29.5%)	691 (30.5%)	144 (26.6%)	167 (30.6%)
≥70	548 (24.7%)	674 (24.0%)	420 (25.1%)	541 (23.9%)	128 (23.6%)	133 (24.4%)
PSA (median, IQR) ng/mL	0.3 (0.2, 0.6)	0.3 (0.2, 0.6)	0.3 (0.2, 0.5)	0.3 (0.2, 0.5)	0.5 (0.3, 0.9)	0.5 (0.3, 0.9)
Pathologic Gleason Score						
6	390 (17.6%)	510 (18.1%)	270 (16.1%)	384 (17.0%)	120 (22.7%)	126 (23.7%)
7	1,507 (68.0%)	1,882 (67.0%)	1,188 (71.0%)	1,562 (69.0%)	319 (60.4%)	320 (60.2%)
8-10	305 (13.8%)	404 (14.4%)	216 (12.9%)	318 (14.0%)	89 (16.9%)	86 (16.2%)
Positive Margins	1,328 (60.2%)	1,619 (57.8%)	938 (56.4%)	1,225 (54.3%)	390 (72.0%)	394 (72.2%)
Seminal Vesicle Invasion	380 (17.3%)	483 (15.9%)	250 (15.1%)	341 (15.3%)	130 (24.3%)	97 (18.2%)
Extracapsular Extension	931 (43.3%)	1078 (37.0%)	697 (43.0%)	837 (37.6%)	234 (44.1%)	241 (44.7%)

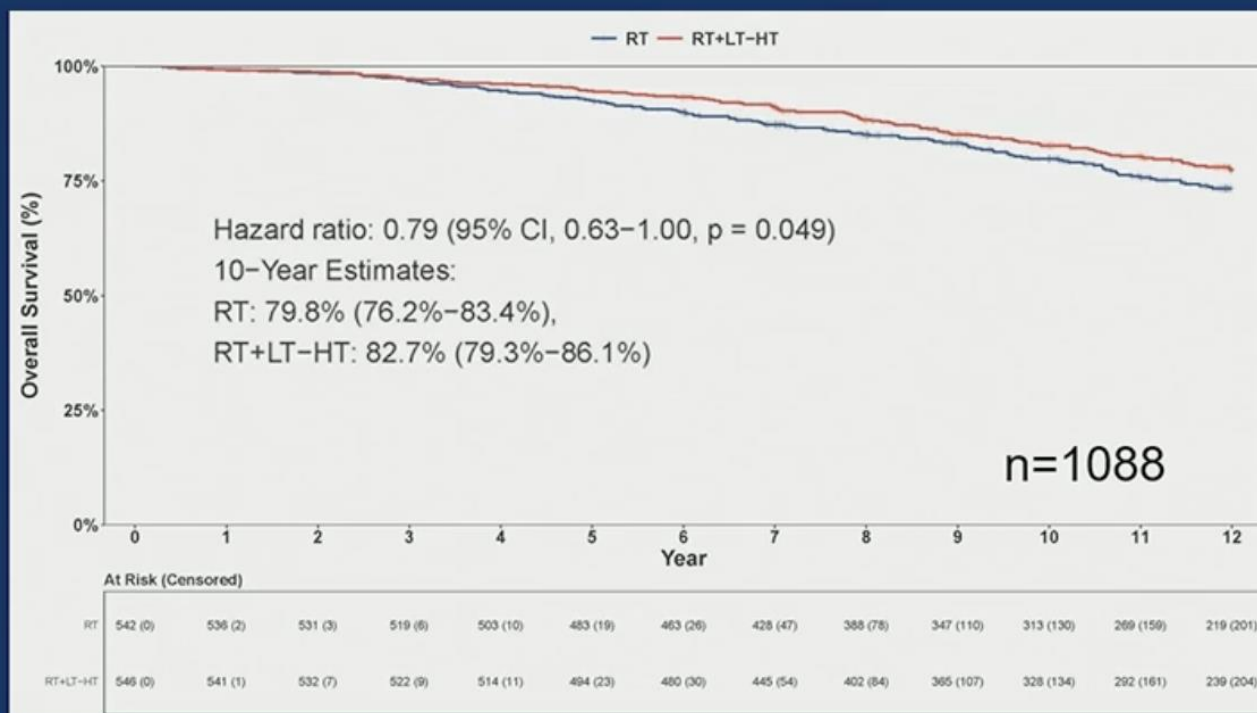
Survival Results



Survival Results: HT-Duration

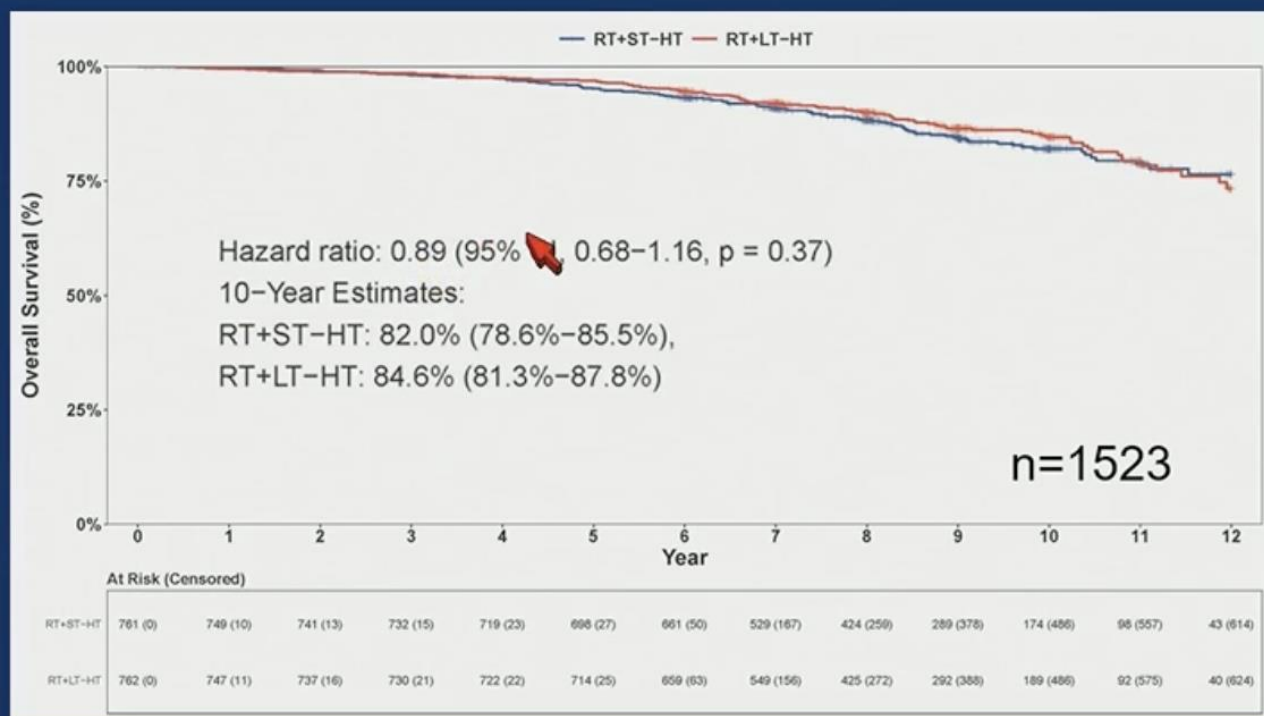


median PSA 0.3



median PSA 0.5

Exploratory Analysis: HT-Prolongation



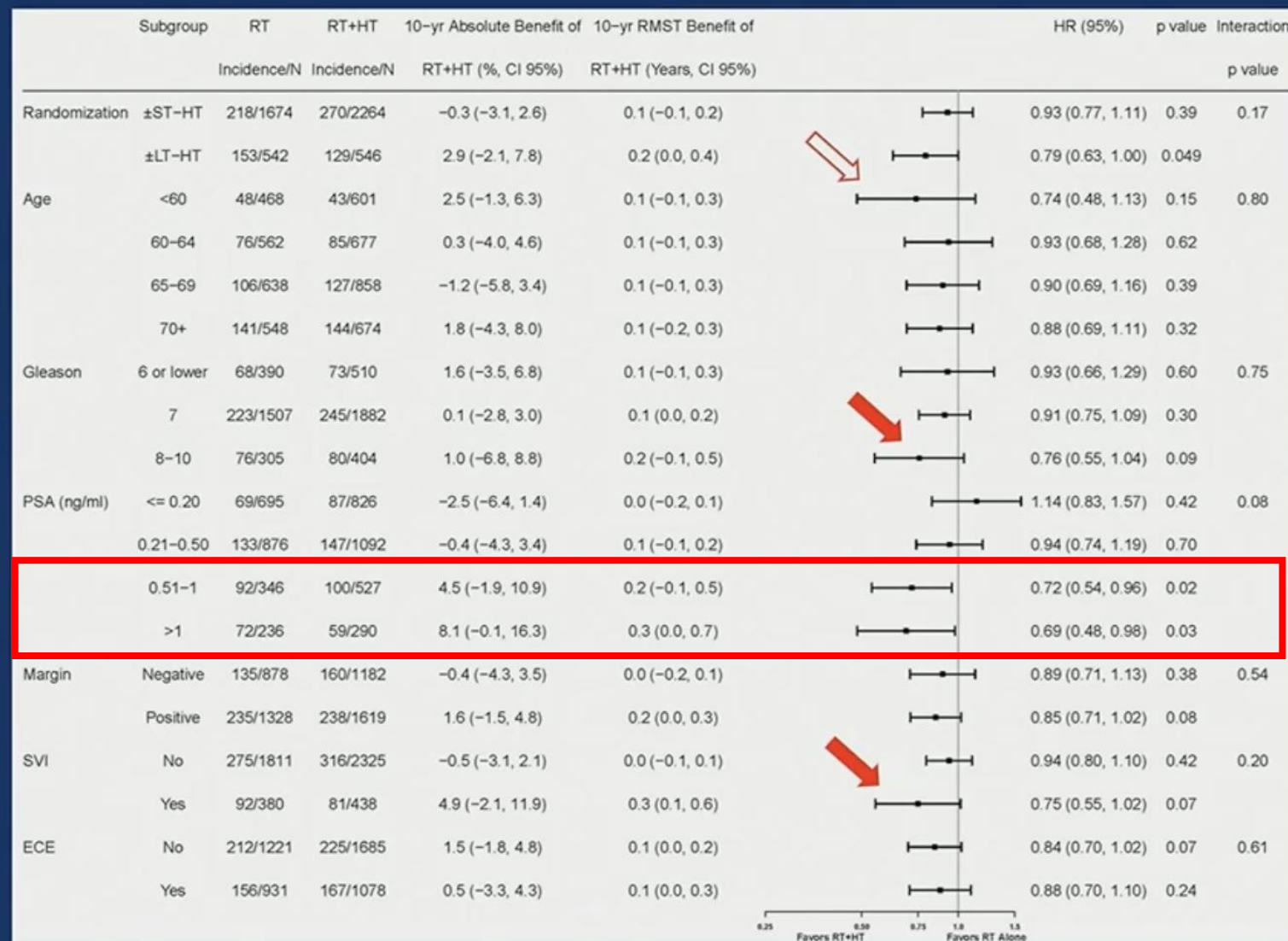
PSA Stratum	NNT
≤0.2	125 (-16, 13)
0.21-0.5	19 (-24, 7)
0.51-1.0	-149 (-7, 8)
>1.0	25 (-11, 6)

Endpoint	Age	RT+ST-HT Incidence/N	RT+LT-HT Incidence/N	10-yr Absolute Benefit of RT+LT-HT (%; CI 95%)	10-yr RMST Benefit of RT+LT-HT (Years; CI 95%)	HR (95%)	p value	Interaction p value
PSA (ng/ml)	≤ 0.20	43/350	38/341	0.8 (-6.2, 7.9)	0.1 (-0.2, 0.3)	0.93 (0.60, 1.44)	0.74	0.92
	0.21-0.50	36/207	28/211	5.3 (-4.1, 14.7)	0.2 (-0.1, 0.5)	0.75 (0.46, 1.23)	0.24	
	0.51-1	10/82	11/89	-0.7 (-13.4, 12.1)	0.1 (-0.4, 0.5)	0.97 (0.41, 2.28)	1.00	
	>1	18/86	18/86	4.0 (-9.4, 17.5)	0.2 (-0.4, 0.8)	0.79 (0.40, 1.54)	0.63	

POSEIDON – patient level meta-analysis of PORT

Overall Survival

- Pre-RT PSAs <0.51 did not benefit from concurrent ADT
- High risk features:
 - GG4-5 & SVI (near signif)
 - Very young age (NS)



Kishan ASCO GU 2026 Abstr#305

The Key UnAnswered Questions

- **Who needs HT with PORT? Only patients with pre-PORT PSA >0.5 ng/ml**
 - Significant interaction between HT effect and pre-PORT PSA
 - Spline analyses overall showed no significant effect
- **How long does HT with PORT need to be? For most patients, ST-HT is sufficient**
 - No significant interaction between HT effect and HT duration
 - Exploratory analyses suggests minimal benefit to HT prolongation

Which patient does benefit the most of adding ADT to post-op RT?

- pN1
- Locoregional recurrence on PSMA-PET/MRI
- Persistent PSA (GETUG-AFU 22, Latorzeff et al, Lancet Oncol 2022)
- Rising PSA: DADSPORT meta-analysis, pooled data from 5 RCT's, 4400 patients, 8y FU)
 - 2% benefit OS (stronger in high-risk groups: **pre-RT PSA > 0.6ng/mL, pT3b, Gleason 8 or higher, doubling time < 12 months**)
 - 4% benefit MFS
 - 4% benefit PCS
 - Short-course ADT is a reasonable standard to minimize long term toxicity considering no 'clear' superiority for 24 months



Advancing Research. Improving Lives.

A Double-Blinded Placebo-Controlled Biomarker Stratified Randomized Trial of Apalutamide (APA) and Radiotherapy for Recurrent Prostate Cancer (NRG GU006, BALANCE)

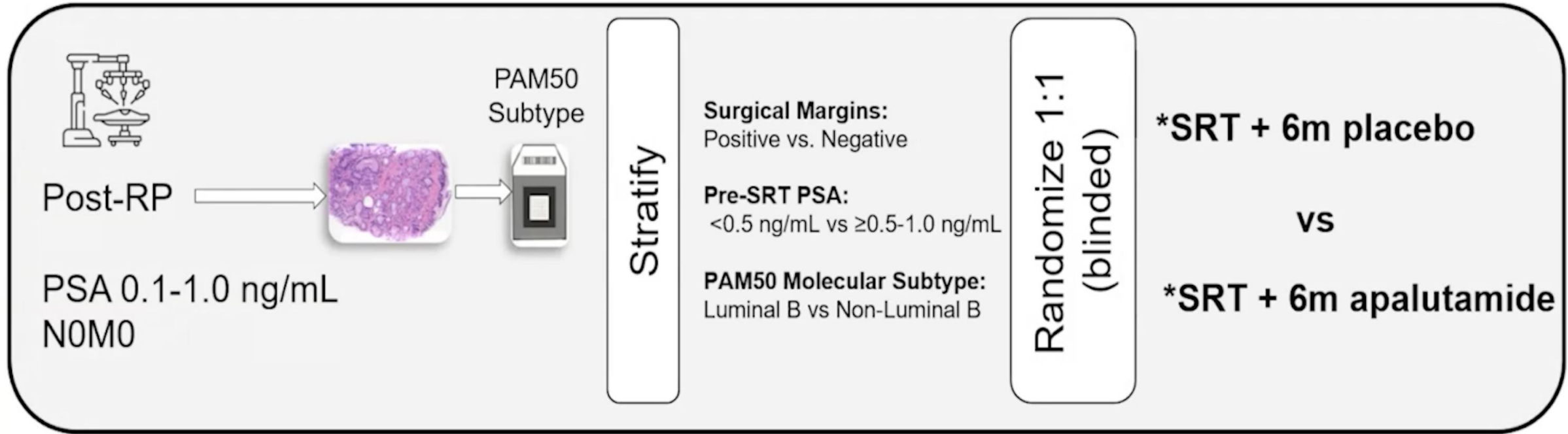
Daniel E Spratt, MD, Theodore Karrison, PhD, Howard M Sandler, MD, Edwin M Posadas, MD, Ronald Chen, MD, MPH, Robert E Wallace, PhD, James I Monroe, PhD, Leonard Gomella, MD, Robert T Dess, MD, Andrew Vassil, MD, Annie Ebacher, MD, Tyler Gunter, MD, R Jeffrey Lee MD, Jessie DiNome, MD, Scott E Delacroix, Jr, MD, Jeff Michalski, MD, Xinglei Shen, MD, Trevor Johnson, MS, Paul Nguyen, MD, Felix Feng, MD



@DrSpratticus
@RadoncUH



Methods



*SRT: EBRT to 64.8-70.2 Gy in 33-39 fractions

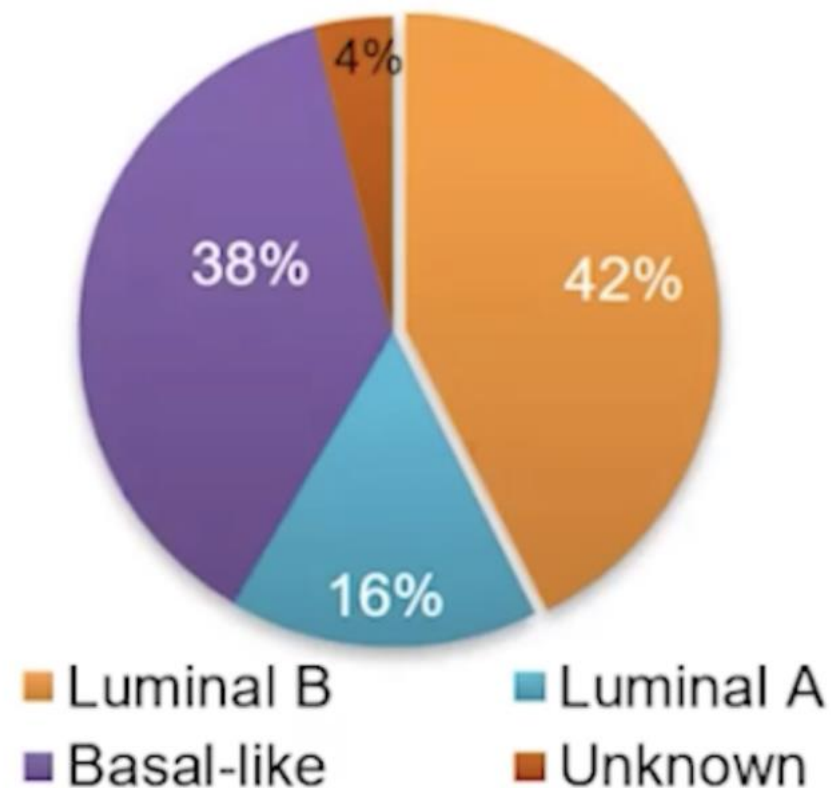
Results

	RT + Apalutamide	RT + Placebo	Total
Patients	(n=141)	(n=154)	(n=295)
Age (Median (IQR)) (years)	65 (59-71)	66 (60-70)	65 (59-71)
Pre-SRT PSA (ng/mL)			
< 0.5	125 (89%)	130 (84%)	255 (86%)
0.5 - 1.0	16 (11%)	24 (16%)	40 (14%)
Combined Gleason Score			
6	1 (0.7%)	1 (0.6%)	2 (0.7%)
7	116 (82%)	120 (78%)	236 (80%)
8	9 (6%)	14 (9%)	23 (8%)
9-10	15 (11%)	19 (12%)	34 (12%)
Positive Surgical Margins	67 (48%)	80 (52%)	147 (50%)
Pathologic T3 Stage	77 (55%)	74 (48%)	151 (51%)
Pathologic N-Stage			
NX	22 (16%)	22 (14%)	44 (15%)
N0	119 (84%)	132 (86%)	251 (85%)

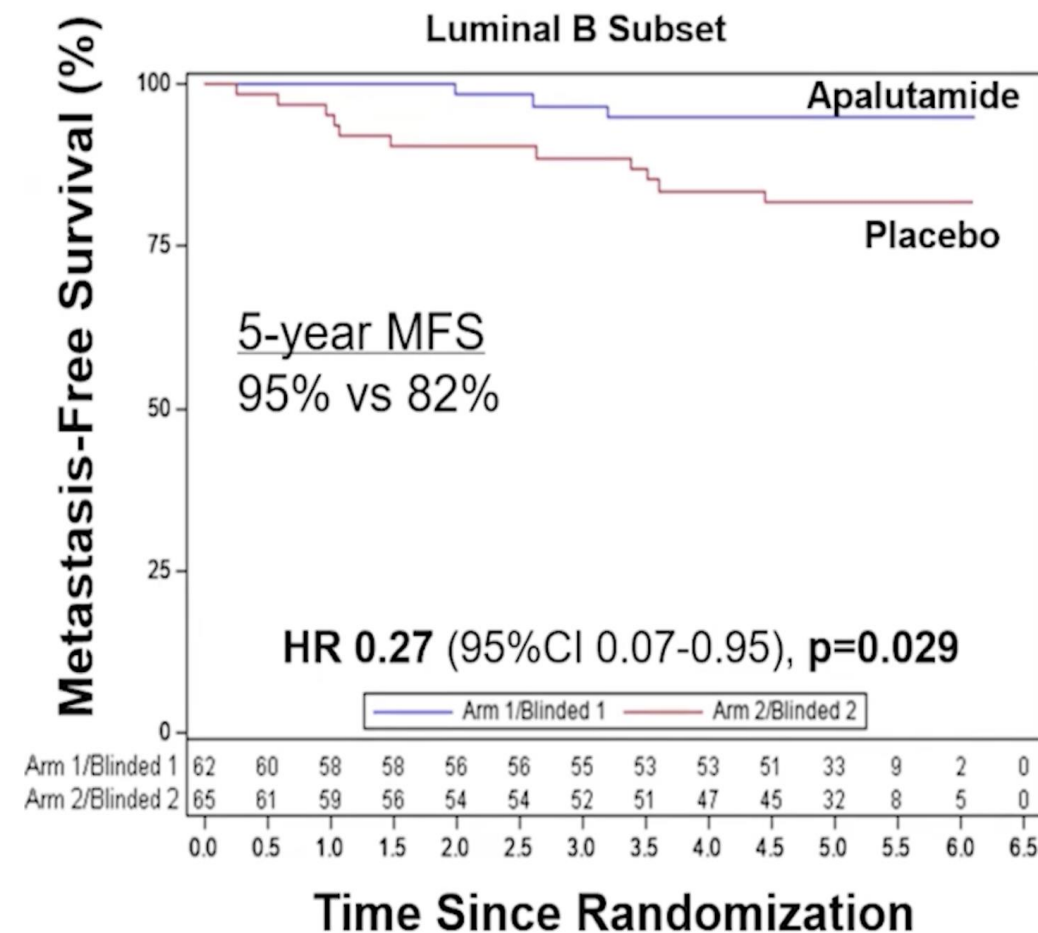
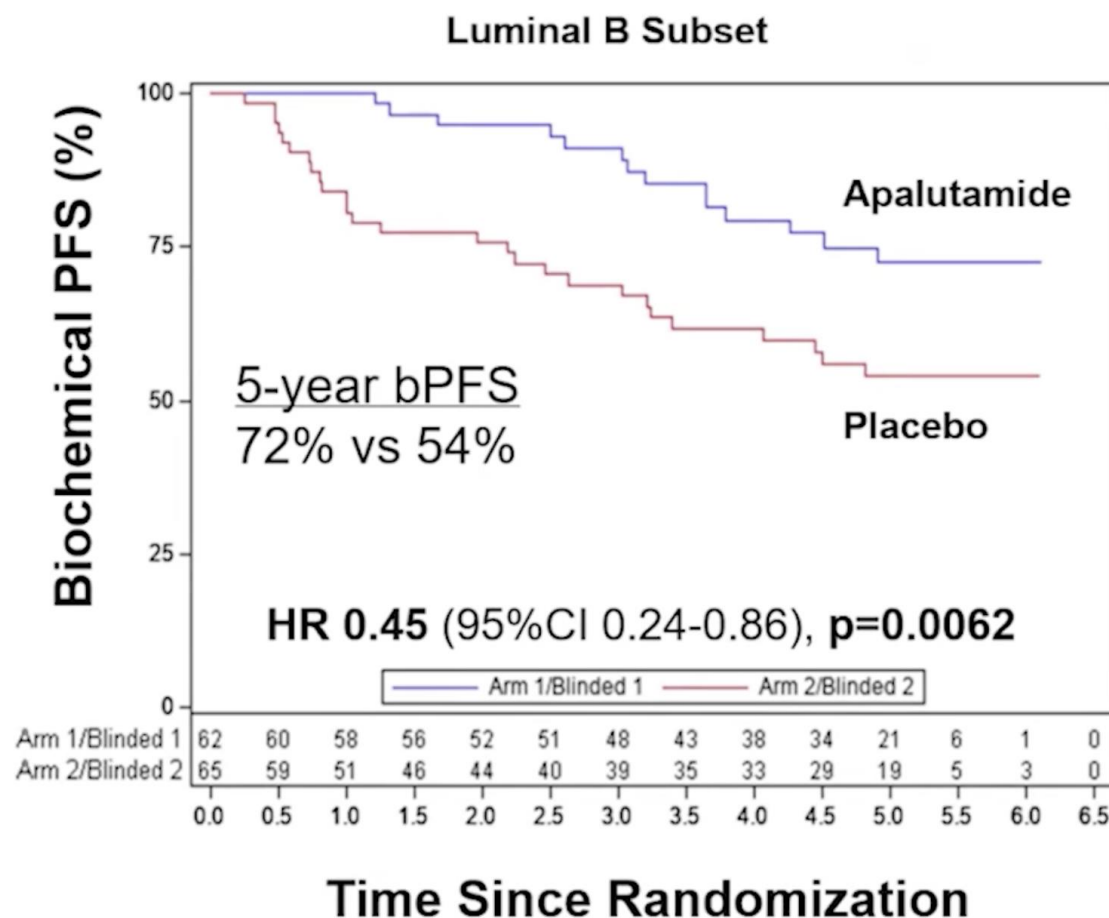
Median (IQR) RT dose: 70.2 Gy (68.4-70.2 Gy)

Median Follow-up 5.0 Years

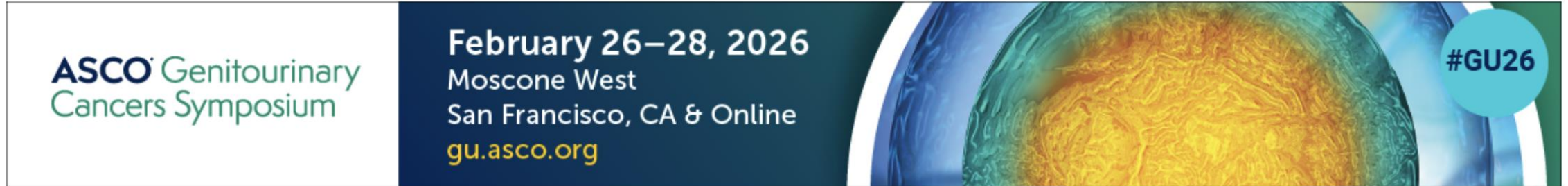
Molecular Subtype



Primary Endpoint Results



Overview



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- **Salvage RT + ADT vs ARPI (Apa): SAVE**
- ARPI (Abi) +/- SBRT in oligoM CRPC: **ARTO**
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SAVE: A multicenter randomized phase 2 trial of salvage radiotherapy (SRT) with androgen-deprivation therapy (ADT) versus apalutamide (Apa) for biochemical progression after radical prostatectomy (RP)

Piet Dirix¹; Peter Schatteman²; Christophe Ghysel³; Valérie Fonteyne⁴; Nick Liefhooghe⁵; Thierry Roumeguère⁶; Yannic Raskin⁷; Laura Van den Bergh⁸; Filip Poelaert⁹; Bart De Troyer¹⁰; Marc Claessens¹¹; Karen Fransis¹²; Tibaut Debacker⁹; Simon Van Wambeke¹³; Michiel Strijbos¹³; Tom Van den Mooter¹³; Dries Reynders¹⁴; Piet Ost¹; Luc Dirix¹³

Background & objective

- Adding androgen-deprivation therapy (ADT) to salvage radiotherapy (SRT) can negatively impact health-related quality of life (HRQoL).
- SAVE evaluated whether **apalutamide can preserve HRQoL** compared to ADT.

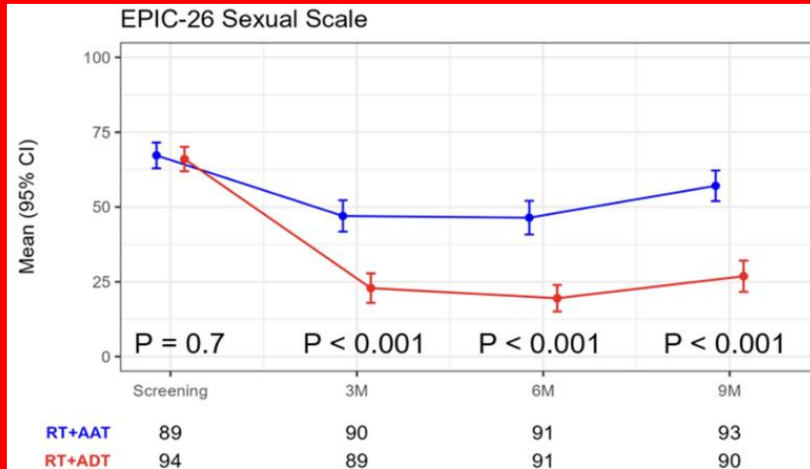
Methods

- SAVE was a **multi-center, open label, randomized phase 2 trial**.
- Patients had rising prostate-specific antigen (PSA) following radical prostatectomy and were referred for SRT.
- Patients were randomized between **6 months** of ADT versus apalutamide.
- Primary endpoint was the **EPIC-26 sexual domain (SD)** score at 9 months after treatment initiation compared through the Wilcoxon rank sum test.
- The study was powered to detect a 15-points difference between both arms with 90% power and one-sided type I error of 0.05.
- Secondary endpoints included **general HRQoL**, assessed using EPIC-26, FACT-P, EORTC QLQ C30 and PR25, **toxicity**, and **PSA response** rates.

Results: patients

- Between April 2019 and October 2024, **201 patients** were randomized, of which 193 patients could be analyzed, 97 in the standard and 96 in the experimental arm.
- Of those, 189 patients initiated treatment and were included in the safety analysis.
- Patient characteristics were **well balanced** between treatment groups, both at initial surgery as well as at trial baseline.

Results: primary endpoint



Conclusions

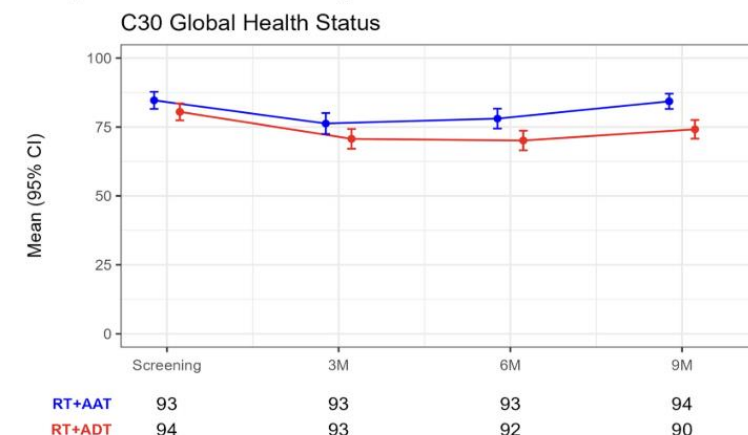
Apalutamide monotherapy **significantly preserves HRQoL** - including sexual functioning and overall well-being - compared to ADT during SRT, **without compromising PSA response**.

The trial was recently amended to also start collecting long-term oncological outcomes such as **metastasis-free survival**.

¹Department of Radiation Oncology, Iridium Network, Antwerp; ²Department of Urology, AZORG, Aalst; ³Department of Urology, AZ Sint-Jan, Bruges; ⁴Department of Radiation Oncology, UZ Gent, Ghent; ⁵Department of Radiation Oncology, AZ Groeninge, Kortrijk; ⁶Department of Urology, Hôpital Universitaire de Bruxelles (HUB), Brussels; ⁷Department of Urology, Ziekenhuis Oost-Limburg (ZOL), Genk; ⁸Department of Radiation Oncology, Limburgs Oncologisch Centrum (LOC), Hasselt; ⁹Department of Urology, Ziekenhuis aan de Stroom (ZAS), Antwerp; ¹⁰Department of Urology, VITAZ, Sint-Niklaas; ¹¹Department of Urology, AZ KLINA, Brasschaat; ¹²Department of Urology, Universitair Ziekenhuis Antwerpen (UZA), Antwerp; ¹³Department of Medical Oncology, Ziekenhuis aan de Stroom (ZAS), Antwerp; ¹⁴Department of Mathematics, Computer Science and Statistics, Ghent University, Ghent, Belgium

Results: secondary endpoints

- General **HRQoL was preserved with apalutamide**: FACT-P total score, FACT-G score and EORTC QLQ-C30 global health status were significantly better with apalutamide at all time points after treatment initiation.

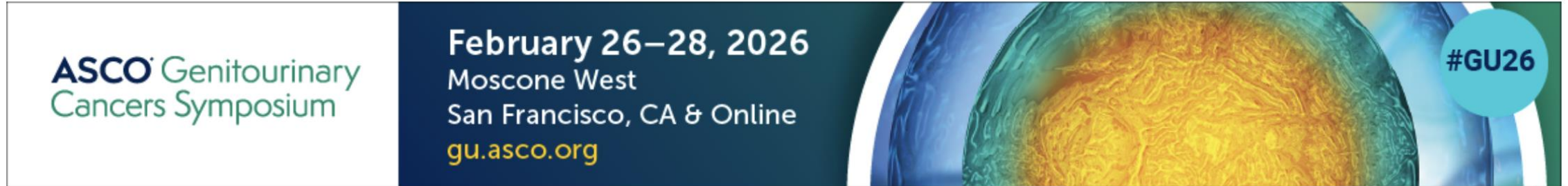


- No differences in PSA response were observed.

	3 months (n = 193)			6 months (n = 193)			9 months (n = 193)		
	AAT	ADT	p	AAT	ADT	p	AAT	ADT	p
PSA response	77 (82%)	69 (75%)	0.3	78 (84%)	66 (73%)	0.12	71 (76%)	67 (74%)	0.9
PSA complete response	56 (49%)	39 (42%)	0.5	46 (49%)	42 (47%)	0.8	40 (43%)	39 (43%)	0.9

- Overall toxicity was similar** between the two arms, but grade 3 or higher adverse events occurred more frequently in the ADT arm. **Cardiac events were more frequent in the ADT arm**, whereas gynecomastia and rash were more common in the apalutamide arm.

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Abstract 151 (521056): ARTO trial (NCT03449719): Long-term overall survival analysis from a randomized phase II trial testing the benefit of stereotactic body radiotherapy addition to abiraterone acetate in oligometastatic castrate resistant prostate cancer patients.

Giulio Francolini, Saverio Caini, Vanessa Di Cataldo, Pietro Garlatti, Michele Aquilano, Niccolò Bertini, Alessio Bruni, Gianluca Ingrosso, Rolando Maria D'Angelillo, Luca Tagliaferri, Matteo Augugliaro, Luca Triggiani, Silvana Parisi, Lorenzo Masieri, Riccardo Campi, Gabriele Simontacchi, Richard K. Valicenti, Chad Tang, Lorenzo Livi

Background

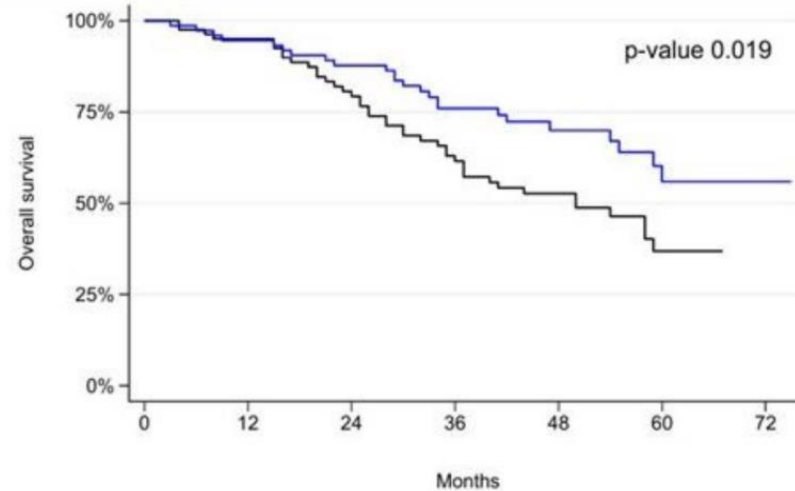
ARTO (NCT03449719) is a randomized phase II trial testing the benefit of SBRT addition on top of abiraterone acetate in first line Oligometastatic CRPC (omCRPC). Trial was positive for biochemical and radiological PFS. Here we present an updated analysis comprehensive of OS and prostate cancer specific survival (pCSS) results

Methods

157 patients affected by omCRPC were randomized 1:1 to receive abiraterone +/-SBRT on all sites of disease. No previous treatment for mCRPC was allowed. Cox regression analysis was performed to compare bPFS, rPFS, OS and pCSS in the two arms of treatment.

Significant OS and PCSS benefit were detected in patients undergoing concomitant SBRT+Abiraterone. These results warrant for confirmation in phase III trials.

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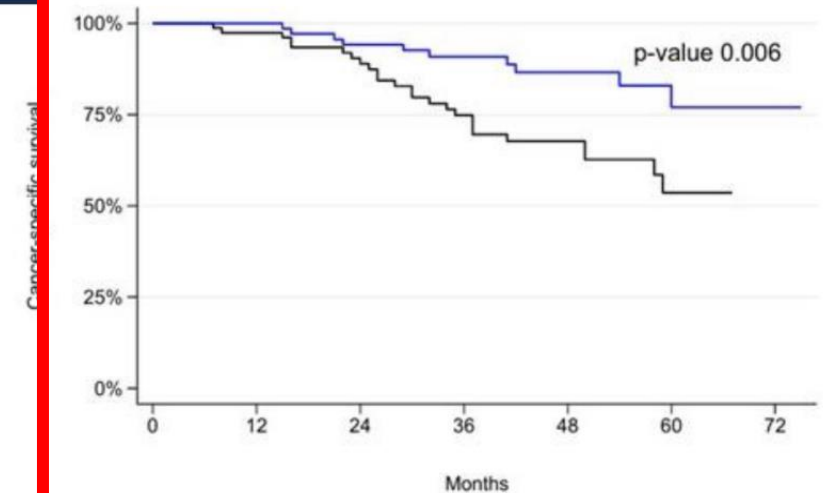


Number at risk											
StudyArm = Control	82	74	60	44	32	9	0				
StudyArm = Intervention	75	70	63	47	28	14	3				

— Control — Intervention

Results

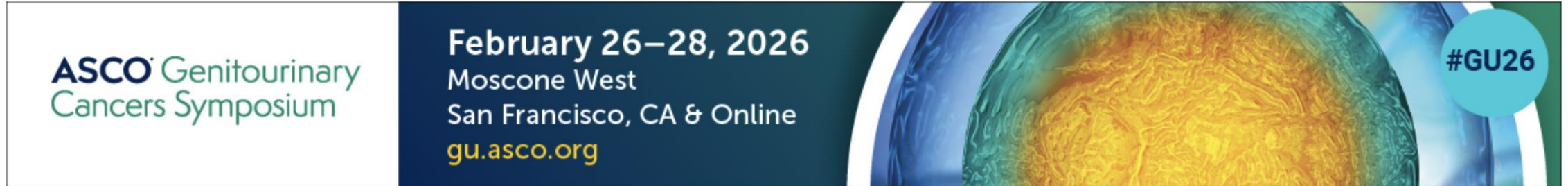
After a median follow up of 53 months (IQR 43-60), bPFS and rPFS results in favour of the experimental arm were confirmed (HR 0.49, 95% CI 0.33-0.73, $p < 0.001$ and HR 0.48, 95% CI 0.32-0.72, $p < 0.001$). In terms of OS and PCSS, significant benefit was detected in favour of the experimental arm (HR 0.55, 95%CI 0.33-0.92, and HR 0.37, 95% CI 0.18-0.78).



Number at risk											
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StudyArm = Intervention	75	70	63	47	28	14	3				

— Control — Intervention

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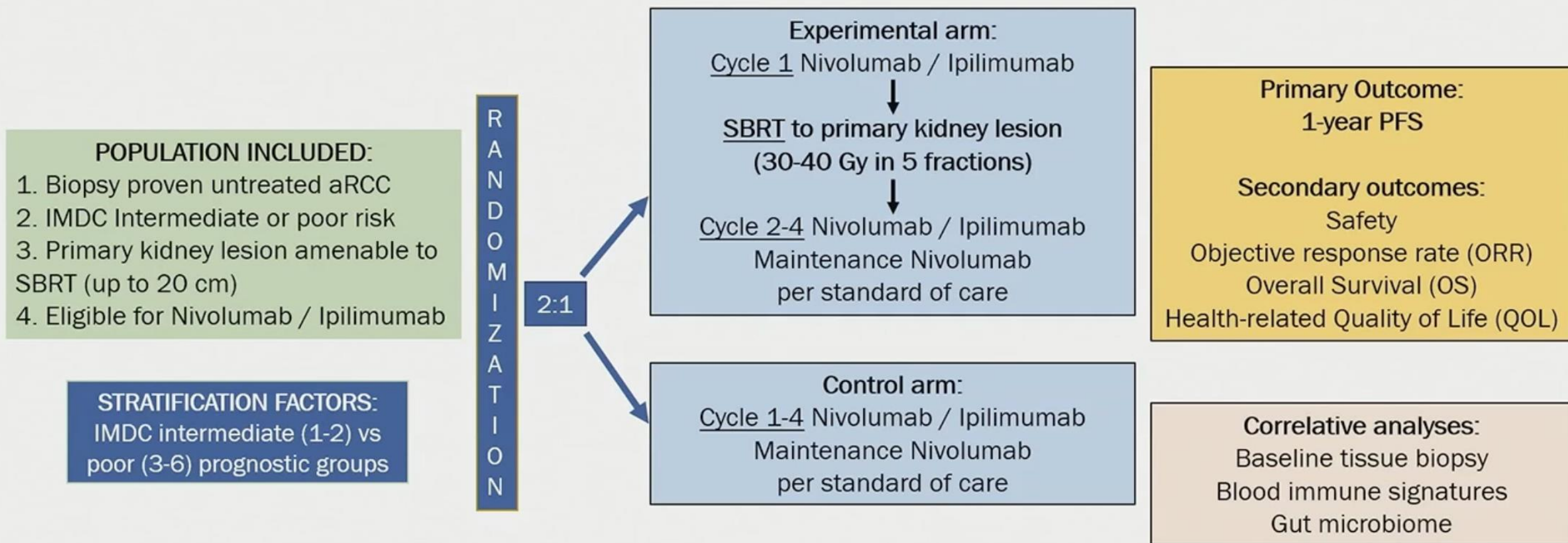
CYTOSHRINK: A Randomized Phase II trial of Cyto-reductive Stereotactic Hypofractionated Radiotherapy with Ipilimumab/Nivolumab for Metastatic Kidney Cancer

Aly-Khan A. Lalani¹, Gregory R. Pond², Shankar Siva³, William Chu⁴, Darin Gopaul⁵, Scott Morgan⁶, Naveen S. Basappa⁷, Eric Winquist⁸, Michael Bonert⁹, Jonathan Bramson¹⁰, Michael Surette¹¹, Arun Azad³, Lavinia Spain³, Georg Bjarnason¹², Dominick Bossé⁶, Mark Levine², Jim Wright², Sebastien J. Hotte¹, Anand Swaminath¹

¹Juravinski Cancer Centre, McMaster University, Hamilton ON; ²Ontario Clinical Oncology Group, McMaster University, Hamilton ON; ³Peter MacCallum Cancer Centre, Melbourne AUS; ⁴Durham Regional Cancer Centre, Oshawa ON; ⁵Grand River Hospital, Kitchener ON; ⁶The Ottawa Hospital Cancer Centre, Ottawa ON; ⁷Cross Cancer Institute, Edmonton AB; ⁸Verspeeten Family Cancer Centre, London ON; ⁹St. Joseph's Healthcare, Hamilton ON; ¹⁰McMaster Immunology Research Center, Hamilton ON; ¹¹Farncombe Family Digestive Health Research Institute, Hamilton ON; ¹²Odette Cancer Centre, Toronto ON

Abstract #416

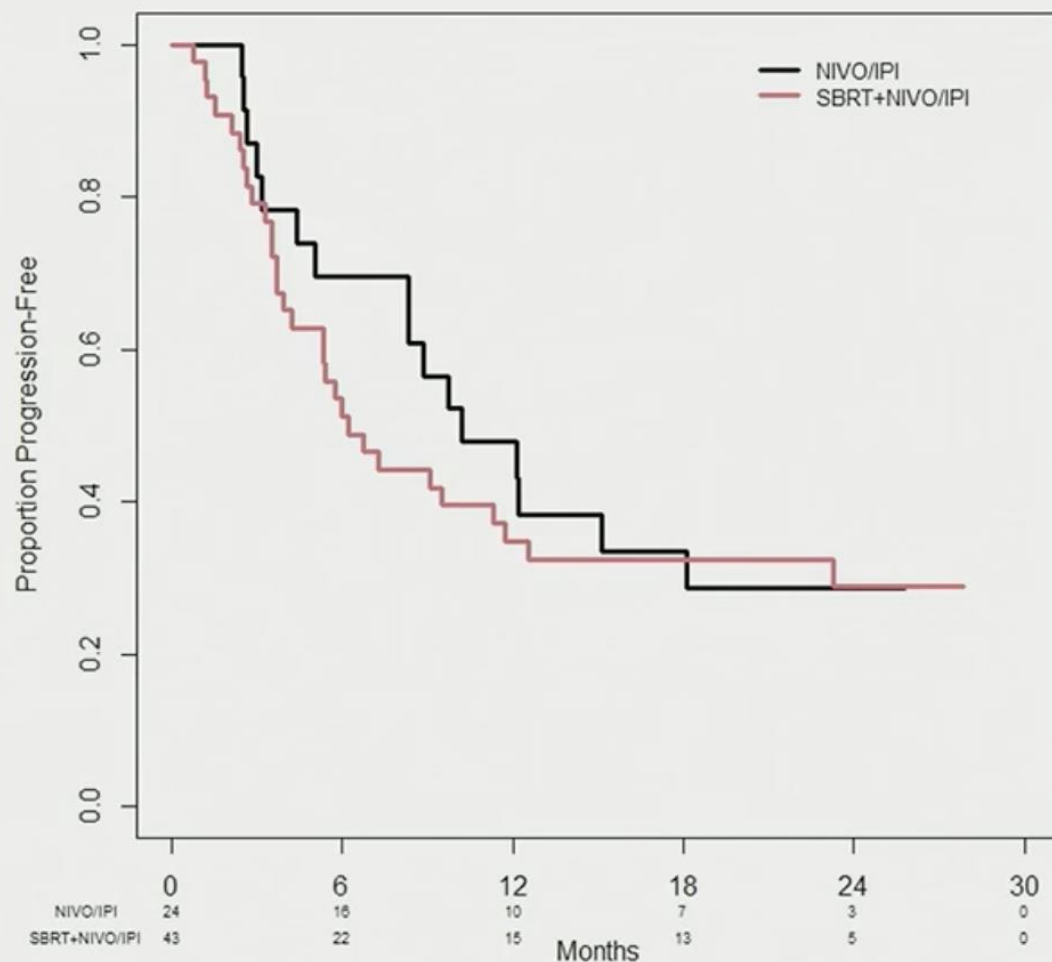
Phase II CYTOSHRINK study design (NCT04090710)



Baseline Characteristics

Characteristic, N (%)		Nivo / Ipi (N=24)	SBRT + Nivo / Ipi (N=43)
Study Centre	Canada	19 (79)	35 (81)
	Australia	5 (21)	8 (19)
IMDC Criteria	Intermediate 1-2	14 (58)	25 (58)
	Poor 3-6	10 (42)	18 (42)
Sex	N (%) Male	18 (75)	31 (72)
Age	Mean (sd)	66 (7.9)	62 (9.3)
Body-Mass Index	Median (range)	28 (18.3, 42.2)	28 (19.5, 51.6)
KPS	≥80	13 (75)	39 (91)
	<80	6 (25)	4 (9)
Histology	Clear Cell	21 (88)	39 (91)
T Stage	T1-T2	13 (54)	13 (30)
	T3-T4	11 (46)	30 (70)
Number of Measurable Lesions at Baseline	1	11 (46)	5 (12)
	2	4 (17)	14 (33)
	3	5 (21)	9 (21)
	≥4	4 (16)	15 (35)
Size of Largest Lesion mm	Median (range)	87.5 (36, 158)	97 (36, 178)
Cumulative Size of Lesions, mm	Median (range)	116.5 (36, 385)	141 (36, 410)
Target Lesions	Left Kidney	13 (54)	25 (58)
	Right Kidney	14 (58)	19 (44)
	Lung/pulmonary	10 (42)	30 (70)
	Bone/Skeletal	0 (0)	4 (9)
	Liver	2 (8)	10 (23)
	LN – short axis	7 (29)	14 (33)
	Muscle/connective tissue	0 (0)	1 (2)
	Pancreas	1 (4)	2 (5)
	Other	5 (21)	22 (51)

PFS in the ITT population

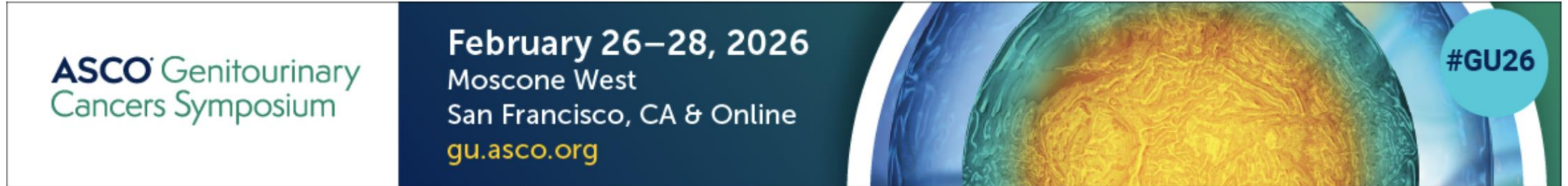


	Nivo / Ipi N=24	SBRT + Nivo / Ipi N=43
Events, n (%)	16 (66.7)	30 (69.8)
Median, mo (95% CI)	10.2 (5.1-18.1)	6.3 (3.9-11.7)
1-year PFS, % (95% CI)	47.8 (26.8-66.1)	34.9 (21.2-48.9)
HR 1.20 (95% CI 0.65-2.21), p-value=0.56		

Summary and next steps

- CYTOSHRINK is the first randomized trial testing the addition of early cytoreductive SBRT to first-line Nivo/Ipi for *de novo* aRCC patients
- 12-month PFS was not improved compared to Nivo/Ipi alone, though there were notable baseline imbalances
- The addition of SBRT to Nivo/Ipi was safe with no new safety signals noted
- Further follow up of OS, QOL, as well as correlative biomarker analyses (baseline tissue, serial blood and gut microbiome samples) are ongoing

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Gemcitabine Intravesical System (Gem-iDRS) in Combination With Cetrelimab Versus Chemoradiotherapy in Muscle-Invasive Bladder Cancer: SunRISe-2 Final Results

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SunRISe-2 Study: Randomized, Controlled Superiority Design

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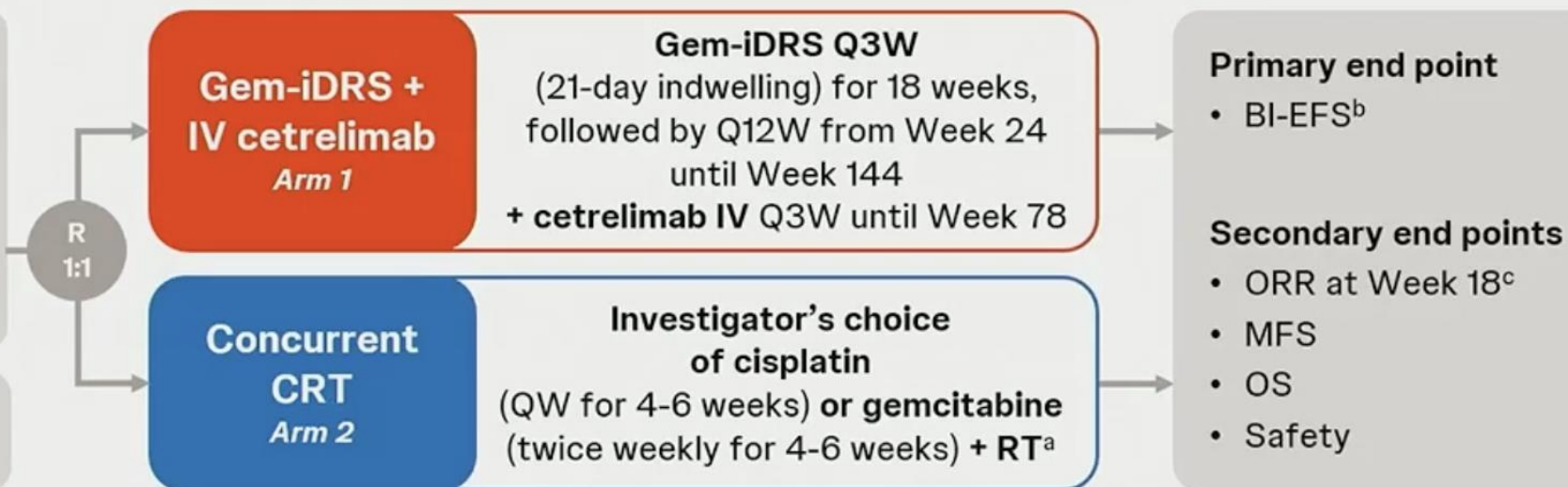
Population:

- Aged ≥ 18 years
- Histologically confirmed cT2-T4a, N0, M0 MIBC
- ECOG PS of 0-2
- Declined/ineligible for RC
- Adequate organ function

- Screening re-TURBT: tumor ≤ 3 cm; no diffuse CIS

Stratification:

- Screening re-TURBT: visibly complete vs incomplete
- Tumor stage at screening re-TURBT: T0 vs Ta/T1/Tis vs T2-T4a



- Median follow-up: 11.3 (range, 0.03-43.2) months
- The study was designed assuming a 12% absolute improvement in the 2-year BI-EFS rate, providing 90% power to detect an HR of 0.65 between treatment vs control arms using a 2-sided alpha of 0.05^d

^aRT was either conventional (64 Gy, bladder only) for up to 6.5 weeks or hypofractionated (55 Gy, bladder only) for up to 4 weeks. ^bDefined as any of the following: histologically proven presence of MIBC, clinical evidence of nodal or metastatic disease, RC, or death due to any cause. ^cA futility analysis based on ORR was conducted after 300 patients completed the Week 18 disease assessment. ^dAssumes a 34-month accrual, 24 months of additional follow-up, and a 5% annual dropout rate.

BI-EFS, bladder-intact event-free survival; ECOG PS, Eastern Cooperative Oncology Group performance status; HR, hazard ratio; MFS, metastasis-free survival; ORR, overall response rate; OS, overall survival; QW, every week; Q3W, every 3 weeks; Q12W, every 12 weeks; R, randomization; RT, radiation therapy; TURBT, transurethral resection of bladder tumor.



SunRISe-2: Demographics and Baseline Characteristics Were Balanced Across Treatment Arms

Characteristic, n (%) unless stated	Gem-IDS + CET (N=262)	CRT (N=256)
Median age (range), years	71.0 (46-91)	72.0 (36-90)
Male	205 (78.2)	196 (76.6)
Race		
White	153 (58.4)	154 (60.2)
Asian	86 (32.8)	80 (31.3)
Other	10 (3.8)	10 (3.9)
Not reported/unknown	13 (5.0)	12 (4.7)
Region		
North and South America	92 (35.1)	89 (34.8)
Europe	84 (32.1)	89 (34.8)
Asia	86 (32.8)	78 (30.5)
Nicotine use history		
Current	49 (18.7)	43 (16.8)
Former	123 (46.9)	117 (45.7)
Never	90 (34.4)	96 (37.5)
Visibly complete re-TURBT ^b	225 (85.9)	223 (87.1)

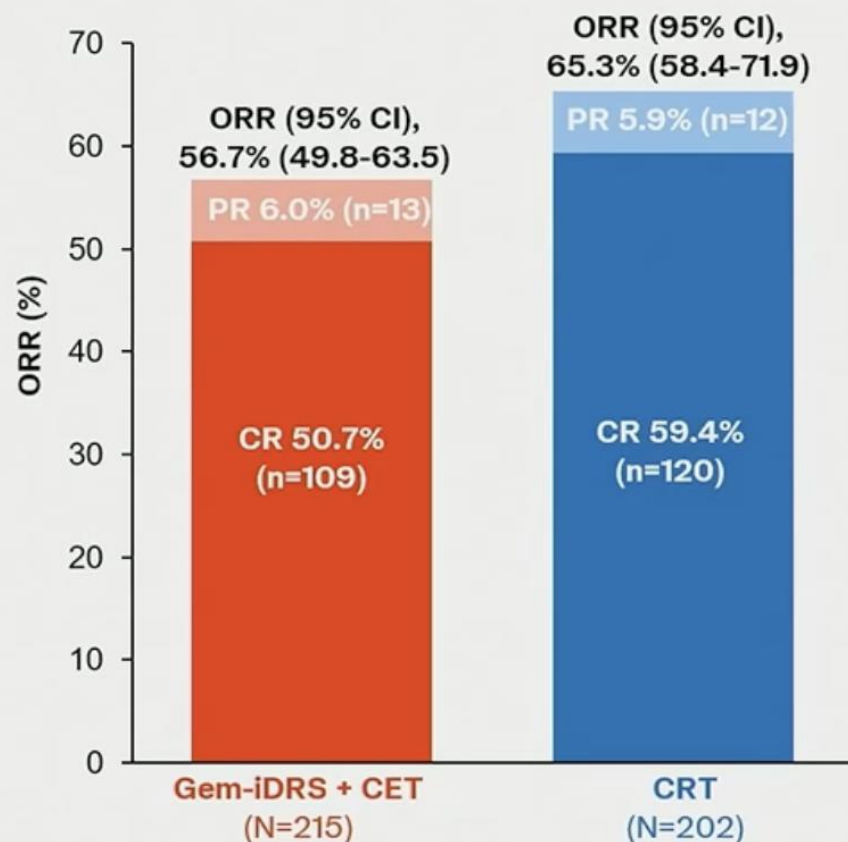
Characteristic, n (%) unless stated	Gem-IDS + CET (N=262)	CRT (N=256)
ECOG performance status		
0	184 (70.2)	180 (70.3)
1-2	78 (29.8)	76 (29.7)
Reason for not receiving RC		
Refused	223 (85.1)	218 (85.2)
Ineligible	39 (14.9)	38 (14.8)
Tumor stage at screening re-TURBT ^{a,b}		
T0	107 (44.4)	91 (38.6)
Ta/T1/Tis	64 (26.6)	75 (31.8)
≥T2	70 (29.0)	70 (29.7)
Variant histology ^c	8 (3.1)	17 (7.1)
Type of radiation therapy received ^e		
Conventional (64 Gy)	N/A	156 (64.7)
Hypofractionated (55 Gy)		85 (35.3)

Clinical cutoff date July 7, 2025. ^aTURBT was conducted at prescreening and screening. The screening TURBT was used for stratification. ^bN=241 for gem-IDS + CET and N=236 for CRT. ^cN=254 for gem-IDS + CET and N=240 for CRT. ^dN=241 for CRT-treated patients. CET, cetrelmab.

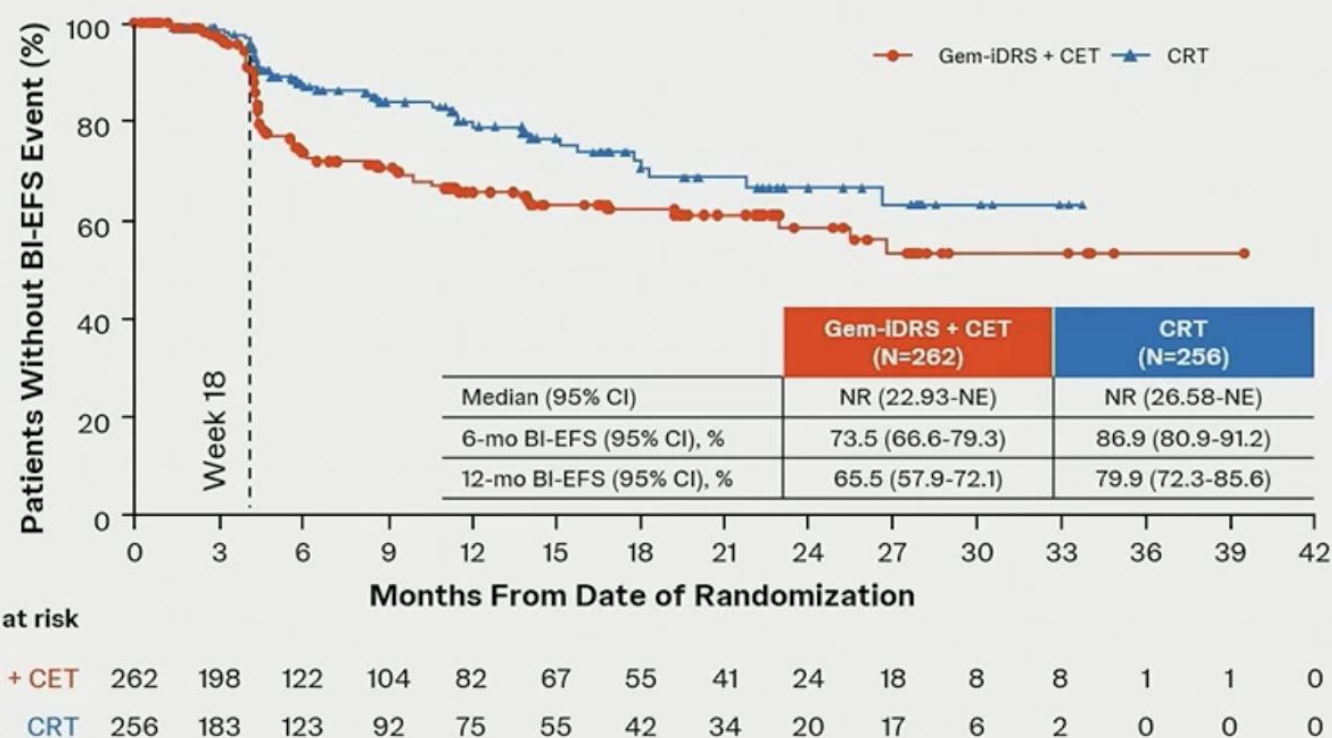


Majority of Patients in Both Arms Achieved CR at Week 18; Gem-iDRS + Cetrelimab Did Not Show Superior BI-EFS

ORR at Week 18^a



BI-EFS



Clinical cutoff date July 7, 2025. ^aORR was for the evaluable analysis set that consisted of all patients who had at least 1 Week 18 efficacy assessment, had disease progression prior to or in Week 18, or discontinued the study without the Week 18 assessment. Nonresponse was reported in 93 (43.3%) patients in the gem-iDRS + CET arm and 70 (34.7%) patients in the CRT arm. NE, not estimable; NR, not reached; PR, partial response; RECIST, Response Evaluation Criteria In Solid Tumors.

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Summary of Treatment-Related Adverse Events

Patients with events, n (%)	Gem-iDRS + CET (N=254)		CRT (N=241)	
	Any grade	Grade ≥3	Any grade	Grade ≥3
≥1 TRAE	203 (79.9)	68 (26.8)	212 (88.0)	77 (32.0)
Most frequent TRAEs (reported in ≥10% of patients)				
Dysuria	66 (26.0)	1 (0.4)	47 (19.5)	1 (0.4)
Urinary tract infection	63 (24.8)	16 (6.3)	18 (7.5)	4 (1.7)
Pollakiuria	53 (20.9)	0	28 (11.6)	1 (0.4)
Hematuria	32 (12.6)	1 (0.4)	18 (7.5)	2 (0.8)
Hypothyroidism	27 (10.6)	1 (0.4)	0	0
Anemia	12 (4.7)	1 (0.4)	54 (22.4)	9 (3.7)
Fatigue	11 (4.3)	2 (0.8)	27 (11.2)	1 (0.4)
Diarrhea	11 (4.3)	1 (0.4)	69 (28.6)	5 (2.1)
Constipation	6 (2.4)	0	28 (11.6)	1 (0.4)
Asthenia	6 (2.4)	1 (0.4)	22 (9.1)	2 (0.8)
Nausea	5 (2.0)	0	49 (20.3)	0
Lymphopenia	5 (2.0)	0	21 (8.7)	19 (7.9)
Thrombocytopenia	4 (1.6)	0	67 (27.8)	7 (2.9)
Neutropenia	4 (1.6)	1 (0.4)	41 (17.0)	21 (8.7)
Decreased appetite	4 (1.6)	1 (0.4)	28 (11.6)	0
Leukopenia	0	0	41 (17.0)	15 (6.2)

- Median (range) duration of exposure was 18.2 (1-151) weeks for gem-iDRS, 22.7 (0-82) weeks for CET, and 6.4 (0-15) weeks for CRT
- TRAEs leading to treatment discontinuation were observed in:
 - 15.0% with gem-iDRS + CET^a
 - 9.5% with CRT^a
- There were no treatment-related deaths with gem-iDRS + CET; 1 treatment-related death was reported in the CRT arm

Clinical cutoff date July 7, 2025.

^aThe most frequent TRAEs leading to treatment discontinuation were dysuria and adrenal insufficiency (1.2% each) with gem-iDRS + CET and thrombocytopenia (1.7%) with CRT.

AE, adverse event; TRAE, treatment-related adverse event.



Conclusions

- The SunRISe-2 trial was stopped early for futility based on Week 18 ORR assessment, and the totality of efficacy data including BI-EFS, MFS, and OS
- However, SunRISe-2 showed CR rates >50% in both the gem-iDRS + CET and CRT arms
 - The CR rate achieved in the gem-iDRS + CET arm is notable given the lack of a systemic cytotoxic agent utilized in that arm
 - BI-EFS rates in participants with Week 18 CRs were comparable between the 2 arms (>80% at 12 months in both arms)
- There were no unexpected safety findings