Tumori del rene e della vescica

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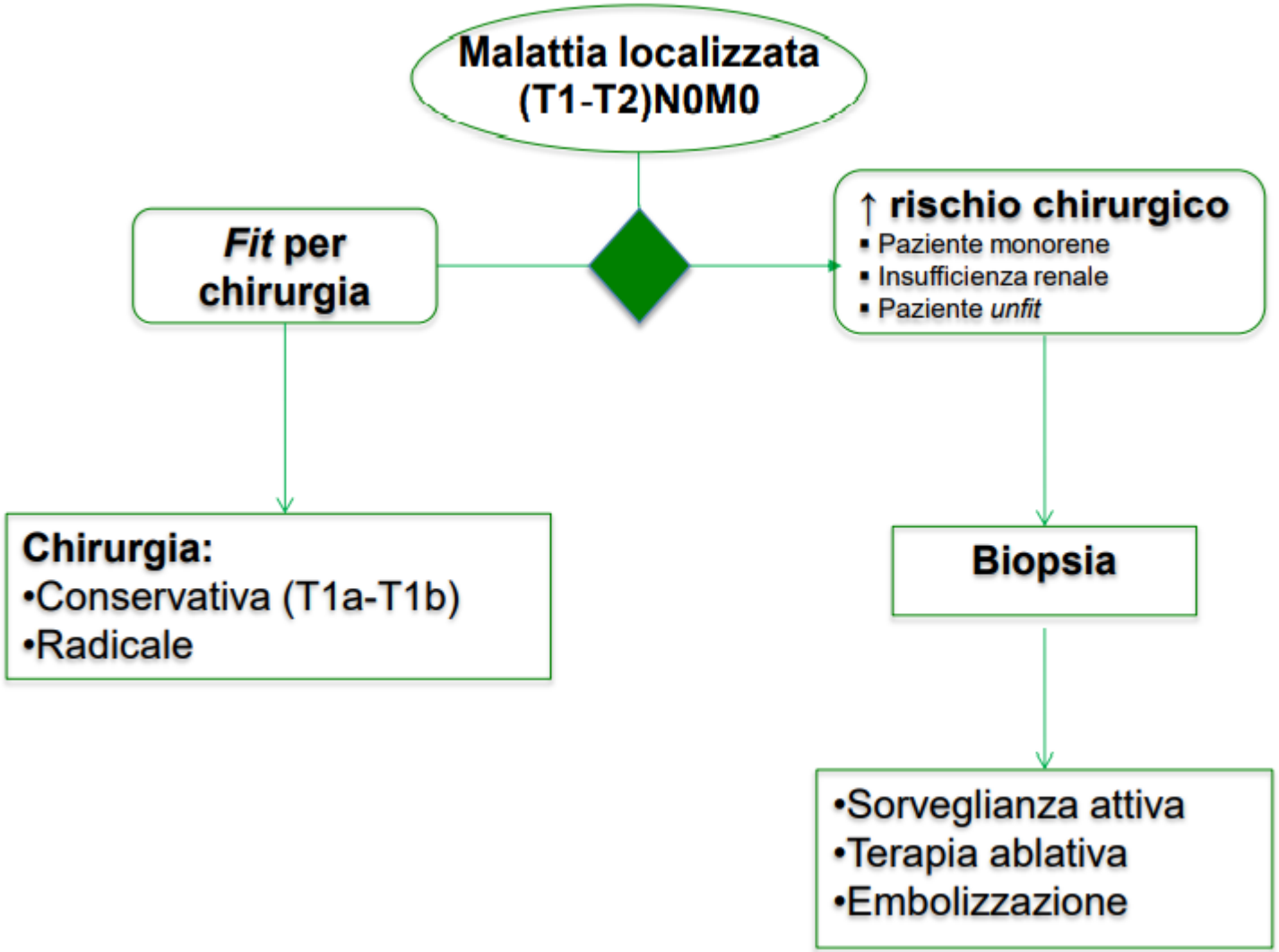
Sede	Maschi	Femmine	Totale
	N. (%)	N. (%)	N. (%)
Vie Aero Digestive Superiori -VADS*	7.276 (3,7)	2.580 (1,4)	9.856 (2,6)
Esofago	1.710 (0,9)	684 (0,4)	2.394 (0,6)
Stomaco	8.458 (4,3)	6.098 (3,4)	14.556 (3,9)
Colon-Retto	23.420 (12,0)	20.282 (11,2)	43.702 (11,6)
Fegato	8.978 (4,6)	4.034 (2,2)	13.012 (3,5)
Pancreas	6.847 (3,5)	7.416 (4,1)	14.263 (3,8)
Colecisti e vie biliari	2400 (1,2)	3.000 (1,7)	5.400 (1,4)
Polmone	27.554 (14,1)	13.328 (7,3)	40.882 (10,9)
Melanomi	8.147 (4,2)	6.716 (3,7)	14.863 (4,0)
Mesotelioma	1.523 (0,8)	463 (0,3)	1.986 (0,5)
Mammella		54.976 (30,3)	54.976 (14,6)
Ovaio		5.179 (2,8)	5.179 (1,4)
Utero (cervice)		2.365 (1,3)	2.365 (0,6)
Utero (corpo)		8.335 (4,6)	8.335 (2,2)
Prostata	36.074 (18,5)		36.074 (9,6)
Testicolo	2.289 (1,2)		2.289 (0,6)
Rene, vie urinarie**	9.049 (4,6)	4.472 (2,5)	13.521 (3,6)
Vescica***	20.477 (10,5)	5.015 (2,8)	25.492 (6,8)
Sistema Nervoso Centrale	3.533 (1,8)	2.589 (1,4)	6.122 (1,6)
Tiroide	3.333 (1,7)	9.850 (5,4)	13.183 (3,5)
Linfomi di Hodgkin	1.222 (0,6)	929 (0,5)	2.151 (0,6)
Linfomi non Hodgkin	7.011 (3,6)	6.171 (3,4)	13.182 (3,5)
Mieloma multiplo	3.019 (1,6)	2.740 (1,5)	5.759 (1,5)
Leucemie, tutte	4.738 (2,4)	3.229 (1,8)	7.967 (2,1)
Totale	**194.754 ******	**181.857**	**376.611**

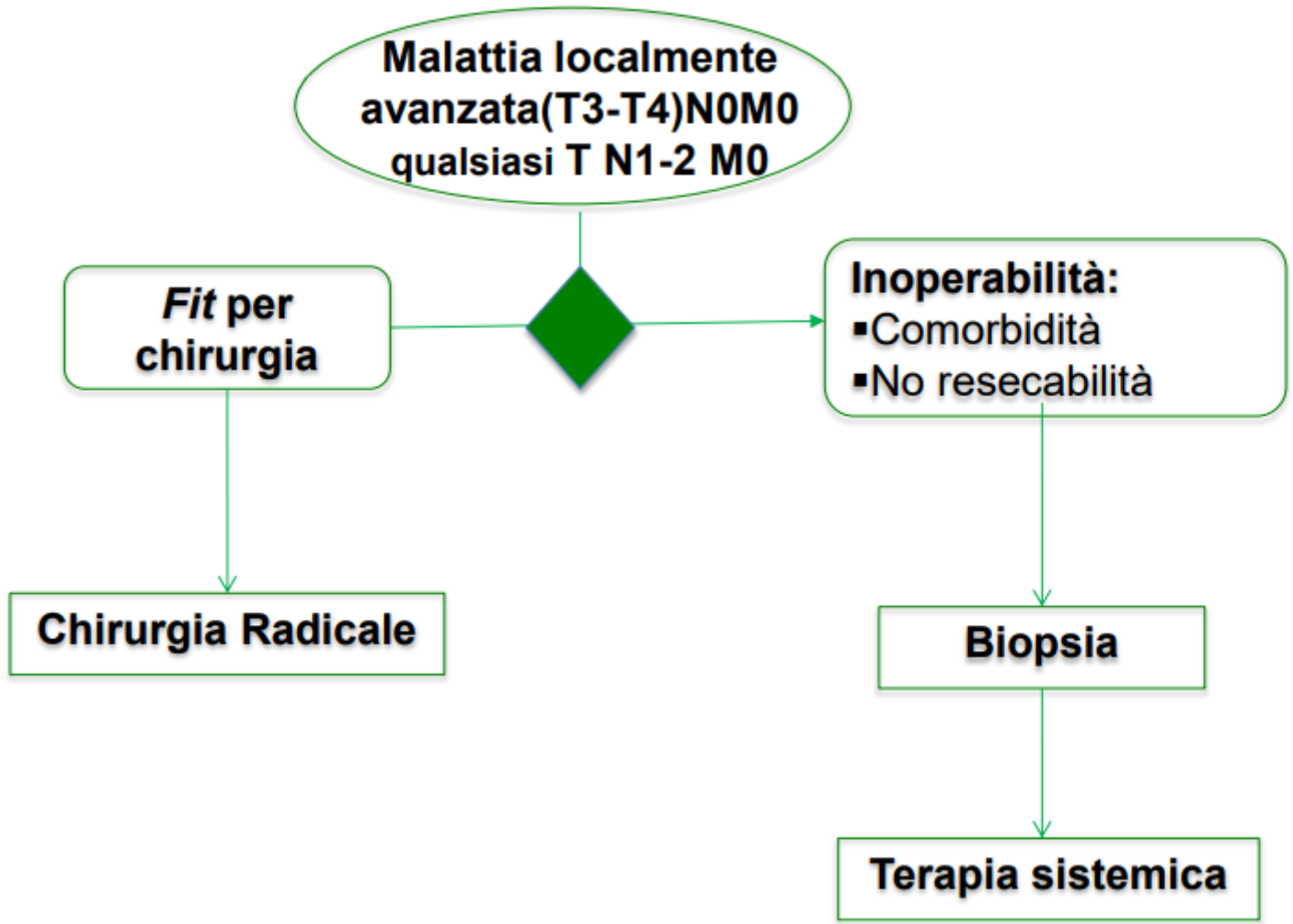
TABELLA 6. Numero di nuovi casi di tumore (e percentuali sul totale) stimati per il 2020 in base al sesso e per le sedi più frequenti[8]. Sono esclusi i carcinomi della cute non melanomi

Tumori del rene

Trattamento chirurgico della malattia localizzata



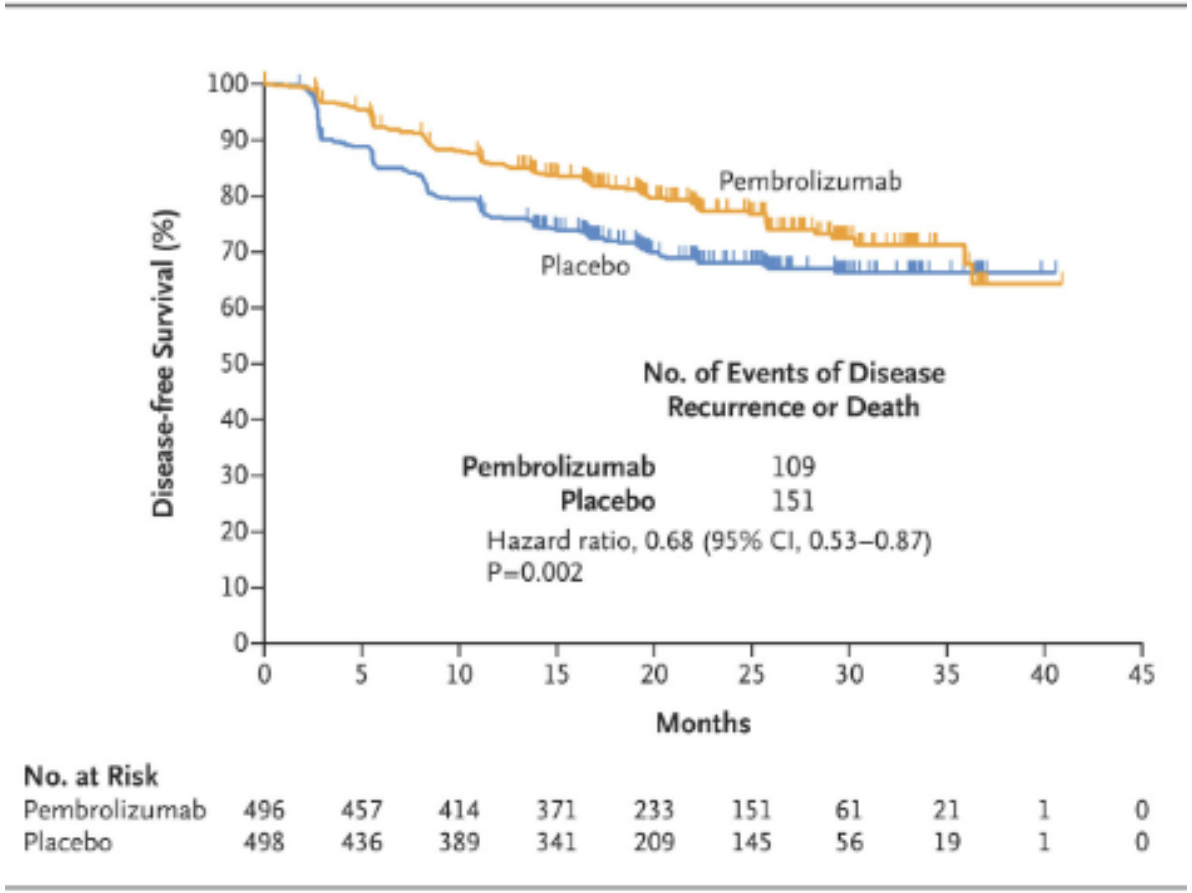
Trattamento chirurgico della malattia localizzata



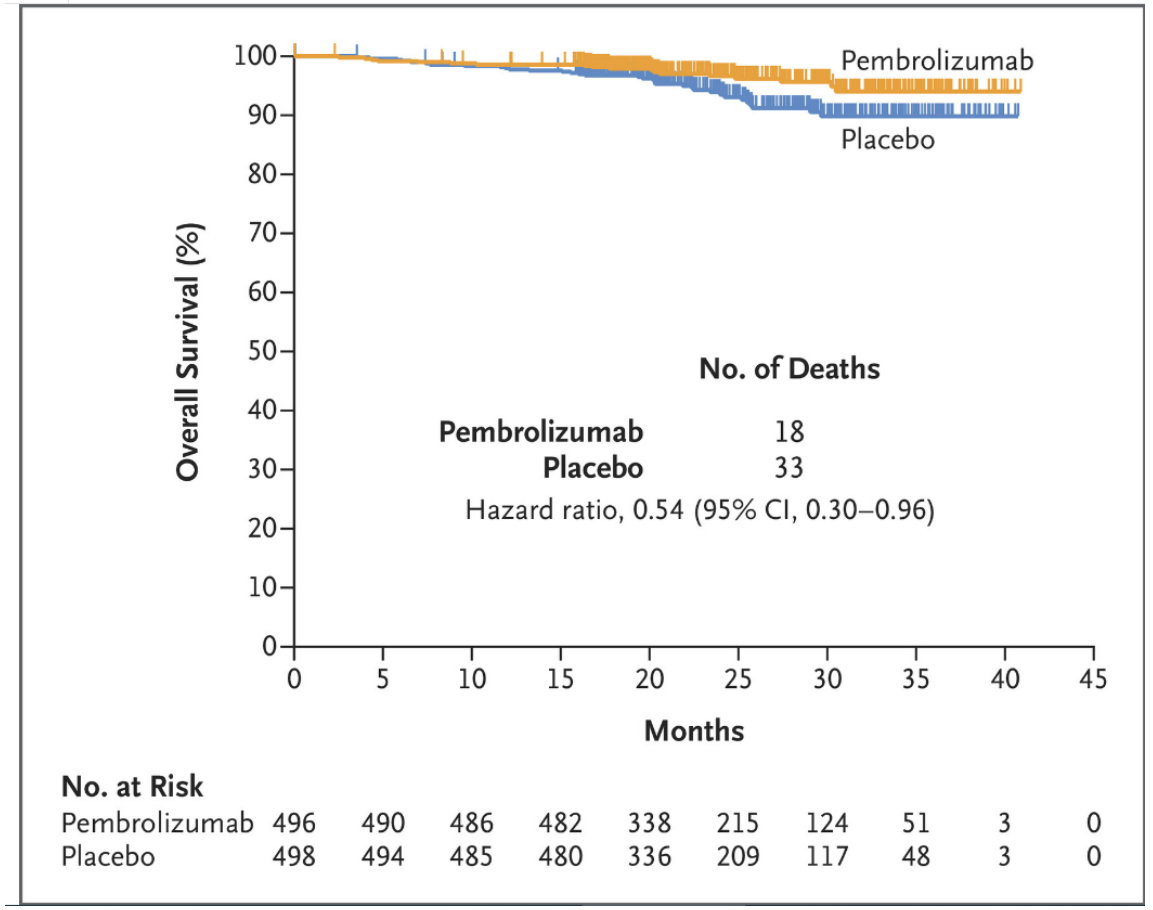
Adjuvant Pembrolizumab (Keynote 564) in high risk pts

stage II G4 or sarcomatoid differentiation, stage III or higher, N+, or stage M1 with NED

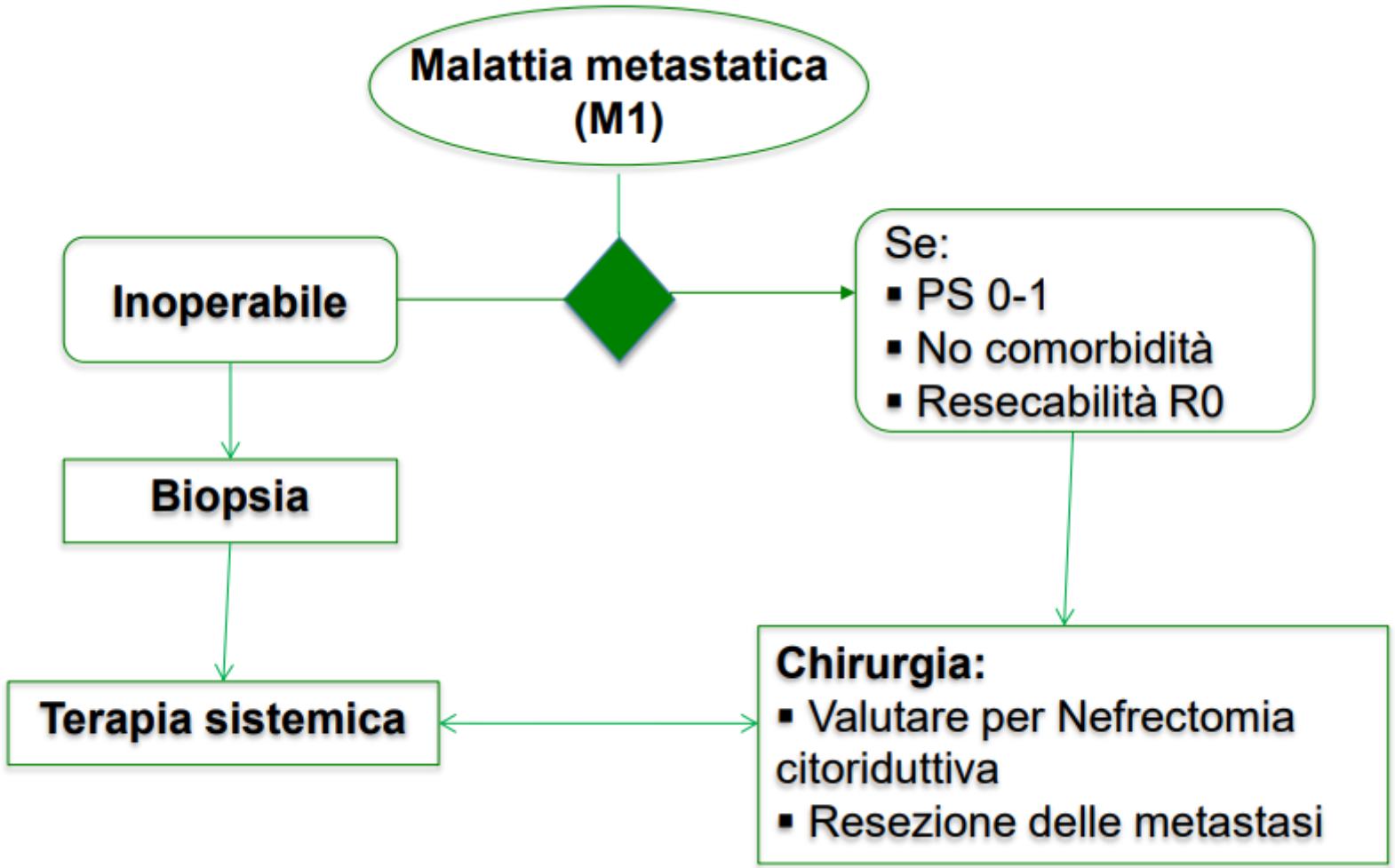
DFS



OS



Trattamento chirurgico della malattia metastatica



Systemic treatment options for advanced/metastatic clear cell RCC

Immunotherapies: cytokines[a]

IFN-α *(Roche)*[1]
IL-2 *(Prometheus)*[1]

Immunotherapies: checkpoint inhibitors

Nivolumab *(Bristol Myers Squibb)*[2,3]
Nivolumab plus ipilimumab *(Bristol Myers Squibb)*[4,5]
Pembrolizumab *(Merck)*[6,7b]

Antiangiogenic therapies: mTOR inhibitors

Temsirolimus *(Pfizer)*[1]
Everolimus *(Novartis)*[1]

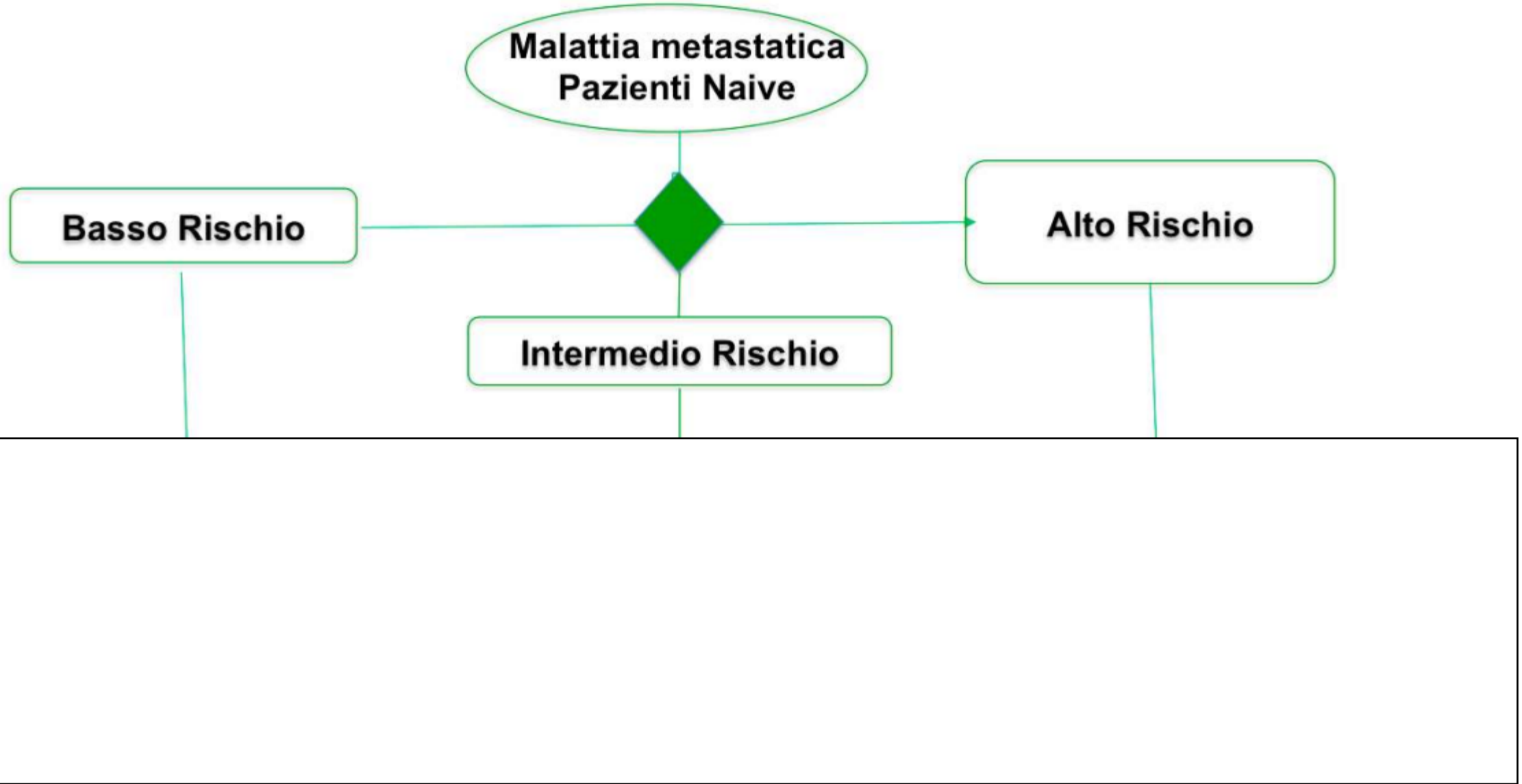
Antiangiogenic therapies: Anti-VEGF antibodies/VEGFR inhibitors

Bevacizumab[c] *(Roche)*[1]
Sorafenib *(Bayer Pharma AG)*[1]
Sunitinib *(Pfizer)*[1]
Pazopanib *(Novartis)*[8,9]
Axitinib *(Pfizer)*[10,11]
Cabozantinib *(Exelixis/Ipsen)*[12-15]
Lenvatinib *(Eisai)*[16,17,d]
Tivozanib *(Aveo)*[18,19]

Combination immunotherapies plus antiangiogenic therapy

Avelumab plus axitinib *(EMD Serono, Inc; Pfizer)*[20,21]
Pembrolizumab plus axitinib *(Merck; Pfizer)*[22,23]
Nivolumab plus cabozantinib *(Bristol Myers Squibb; Exelixis)*[24,25]
Pembrolizumab plus lenvatinib *(Merck; Eisai)*[26,27]

Trattamento medico mRCC istotipo a cellule chiare

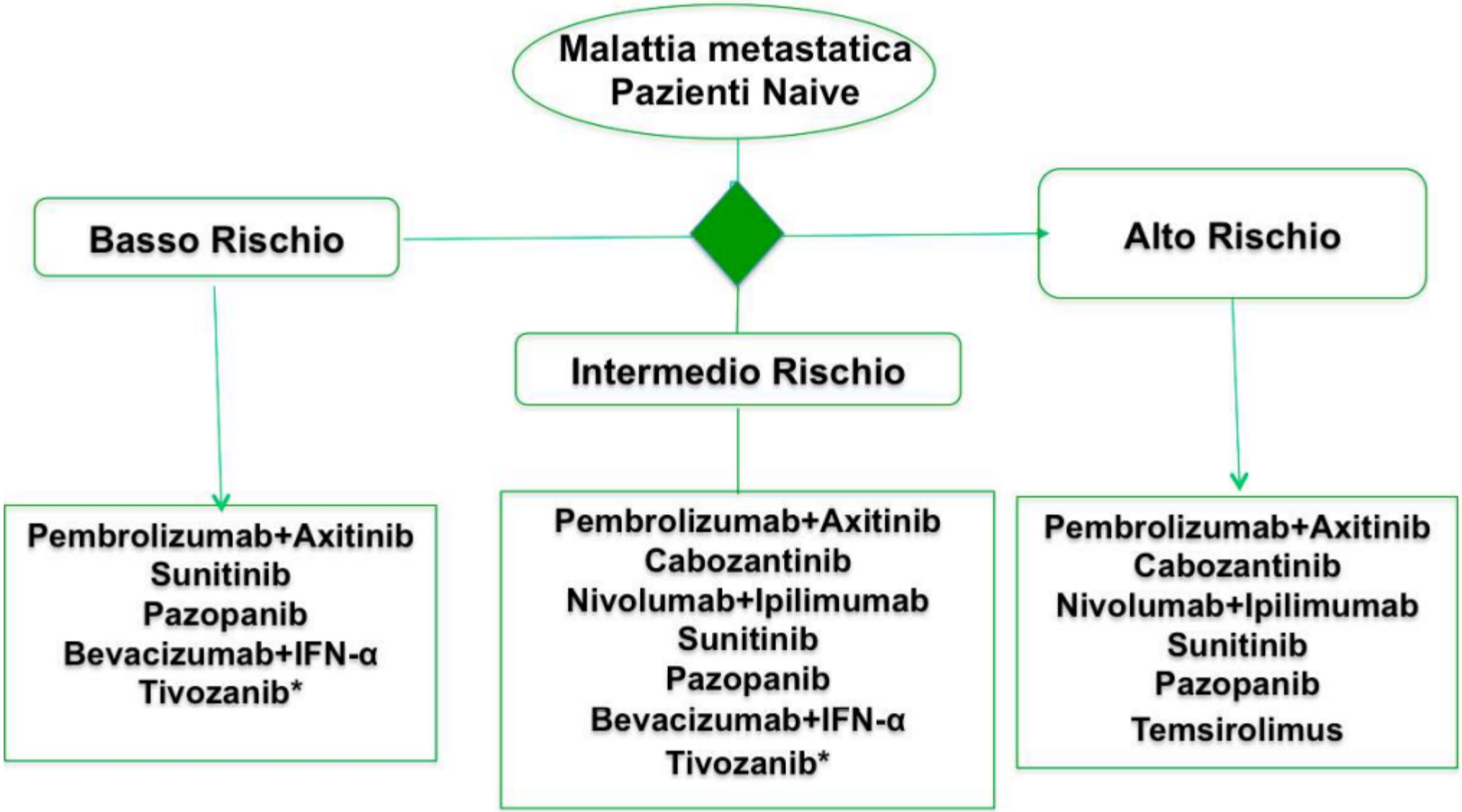


Criteri di Heng

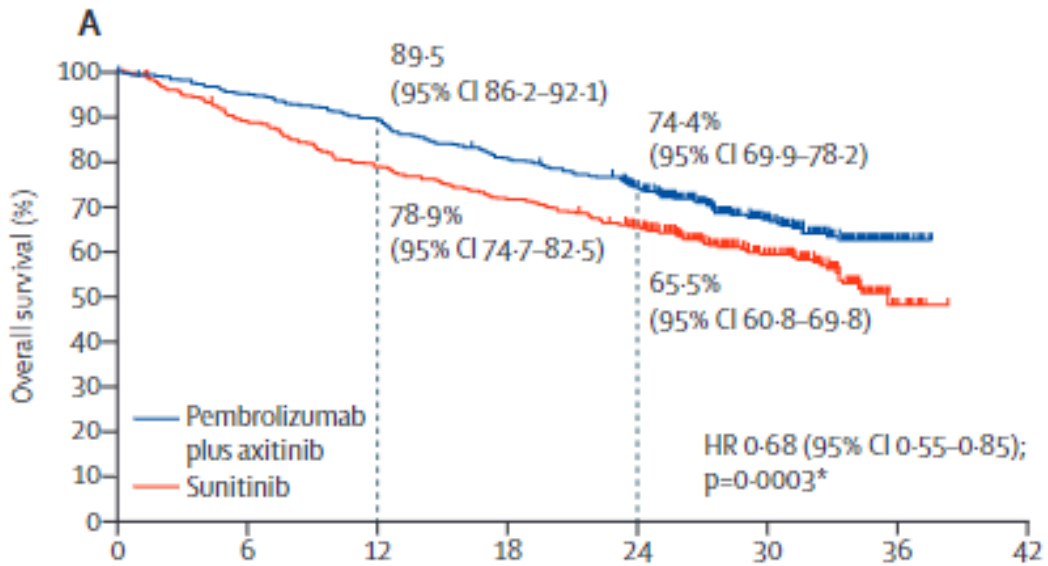
Karnofsky PS	< 80%
Tasso di emoglobinemia	< limite inferiore del *range* di normalità
Calcio corretto	> 10 mg/dl
Periodo dalla diagnosi al trattamento	< 1 anno
Conta assoluta dei neutrofili	> limite superiore del *range* di normalità
Conta piastrinica	> limite superiore del *range* di normalità

Prognosi	Numero di fattori	Sopravvivenza mediana	Sopravvivenza a 2 anni
Favorevole	0	NR	75%
Intermedia	1-2	27 mesi	53%
Sfavorevole	3-6	8.8 mesi	7%

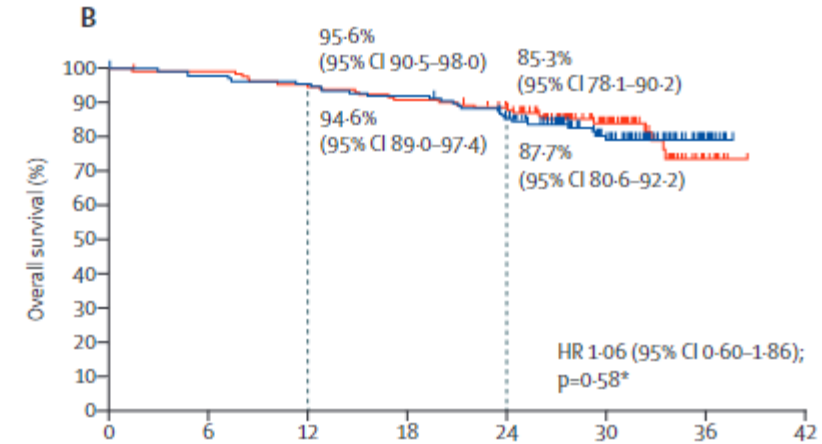
Trattamento medico mRCC istotipo a cellule chiare



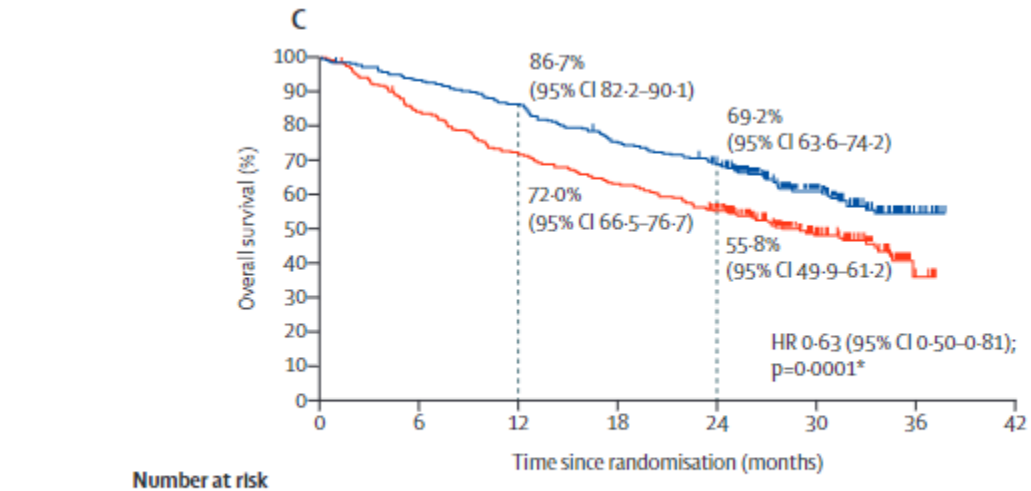
Keynote 426: Pembrolizumab + Axitinib vs Sunitinib



Number at risk (number censored)								
Pembrolizumab plus axitinib	432 (0)	408 (2)	385 (2)	346 (3)	305 (17)	163 (135)	23 (267)	0 (290)
Sunitinib	429 (0)	379 (3)	336 (3)	306 (3)	268 (14)	134 (129)	16 (235)	0 (251)



Number at risk (number censored)								
Pembrolizumab plus axitinib	138 (0)	134 (1)	131 (1)	126 (1)	110 (8)	63 (49)	12 (100)	0 (112)
Sunitinib	131 (0)	129 (1)	123 (1)	118 (1)	108 (7)	60 (51)	9 (98)	0 (107)



Number at risk (number censored)								
Pembrolizumab plus axitinib	294 (0)	274 (1)	254 (1)	220 (2)	195 (9)	100 (86)	11 (167)	0 (178)
Sunitinib	298 (0)	250 (2)	213 (2)	188 (2)	160 (7)	74 (78)	7 (137)	0 (144)

CheckMate 9ER

Phase 3, randomized, open-label trial of nivolumab combined with cabozantinib versus sunitinib in patients with previously untreated advanced or metastatic RCC[1-5]

OS, PFS, and DOR in the ITT population

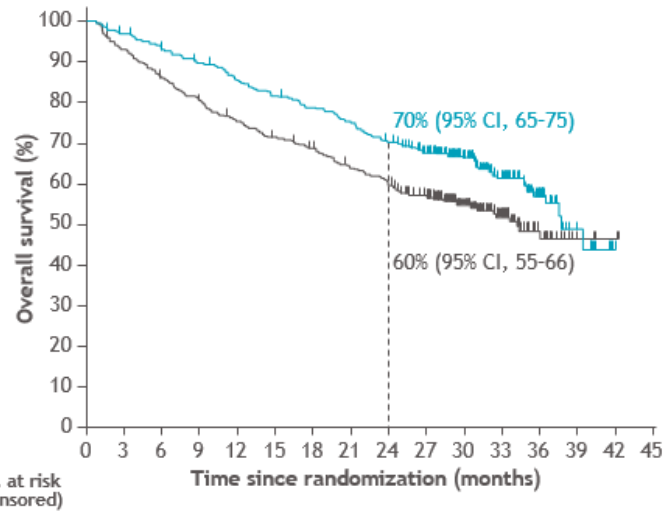
Median OS (95% CI), months[a,b]	
NIVO+CABO	SUN
37.7 (35.5-NE)	34.3 (29.0-NE)

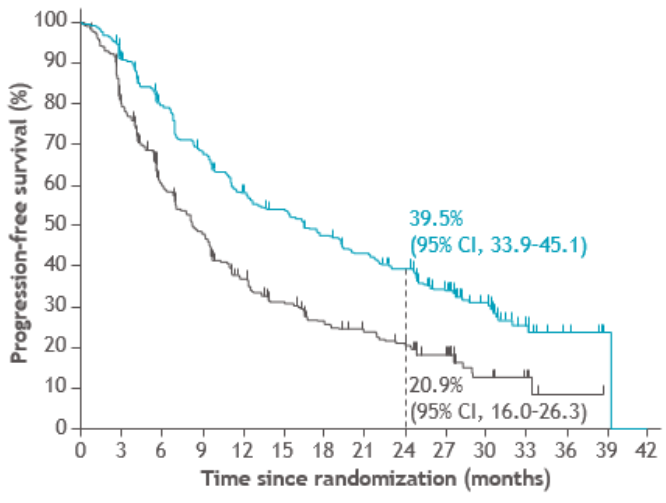
HR (95% CI), 0.70 (0.55-0.90); *P* = 0.0043[d]

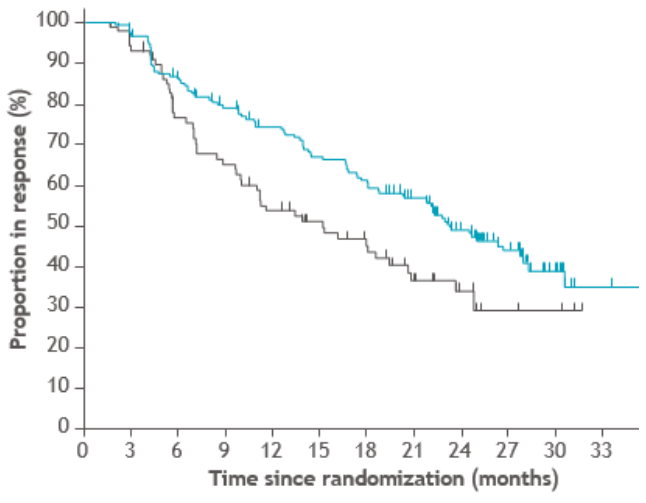
Median PFS (95% CI), months[c]	
NIVO+CABO	SUN
16.6 (12.8-19.8)	8.3 (7.0-9.7)

HR (95% CI), 0.56 (0.46-0.68); *P* < 0.0001[d]

Median DOR (95% CI), months	
NIVO+CABO	SUN
23.1 (20.2-27.9)	15.1 (9.9-20.5)







No. at risk (No. censored)

NIVO+CABO	323 (0)	310 (3)	297 (4)	284 (6)	270 (7)	258 (7)	247 (9)	235 (9)	219 (10)	199 (22)	138 (80)	80 (130)	42 (164)	11 (192)	1 (201)	0 (202)
SUN	328 (0)	299 (7)	275 (8)	257 (8)	239 (10)	226 (11)	215 (13)	198 (15)	187 (15)	166 (26)	109 (77)	59 (123)	23 (156)	6 (172)	2 (176)	0 (178)

NIVO+CABO	323 (0)	281 (14)	238 (22)	203 (23)	170 (26)	155 (29)	136 (30)	121 (32)	108 (35)	77 (53)	47 (77)	19 (99)	6 (111)	1 (116)	0 (116)	
SUN	328 (0)	233 (36)	161 (51)	125 (55)	91 (61)	72 (66)	57 (70)	48 (74)	41 (75)	28 (83)	10 (96)	5 (101)	1 (104)	0 (105)	0 (105)	

NIVO+CABO	180 (0)	169 (5)	148 (7)	133 (11)	120 (16)	108 (16)	96 (16)	83 (25)	59 (38)	35 (57)	14 (75)	4 (84)	(			
SUN	93 (0)	81 (6)	61 (12)	52 (12)	42 (13)	35 (18)	29 (20)	18 (26)	9 (34)	4 (38)	3 (39)	0 (42)	(			

- Median follow-up for survival (IQR) was 32.9 (30.4-35.9) months; minimum 25.4 months

Vertical lines denote censored patients.

[a]Preplanned final analysis of OS according to the protocol set to occur after 254 events. [b]271 events occurred (121 events with NIVO+CABO and 150 events with SUN). [c]207 (64%) of 323 patients had an event with NIVO+CABO; 223 (68%) of 328 patients had an event with SUN. [d]*P* values are descriptive.

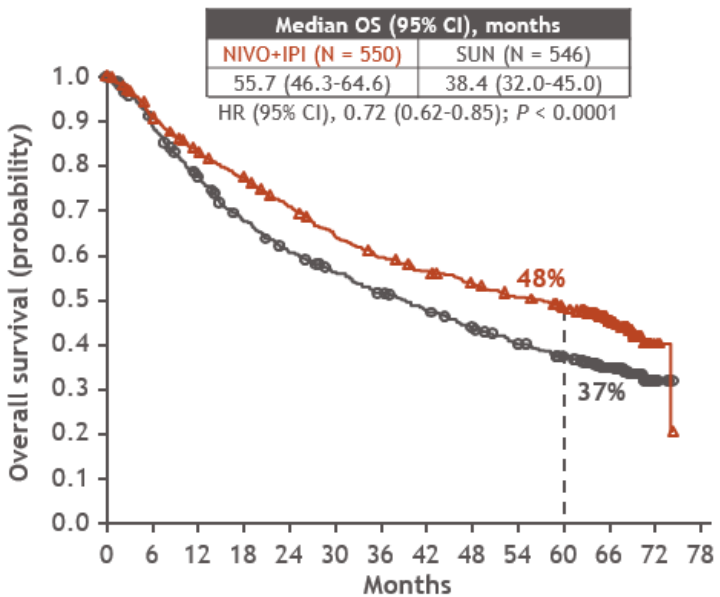
Motzer RJ et al. *Lancet Oncol* 2022;23:888-898.

CheckMate 214 study design

Phase 3, randomized, open-label trial of nivolumab combined with ipilimumab vs sunitinib monotherapy in treatment-naïve patients with advanced or metastatic clear cell RCC[1]

OS, PFS, and DOR in ITT patients

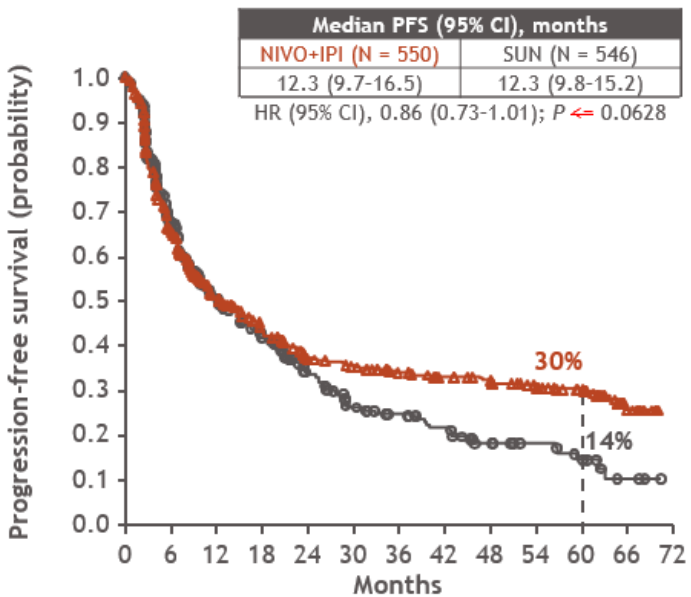
Overall survival



No. at risk

NIVO+IPI	550	493	444	411	372	337	309	291	274	256	236	138	5	0
SUN	546	472	405	347	310	281	257	234	213	192	171	108	6	0

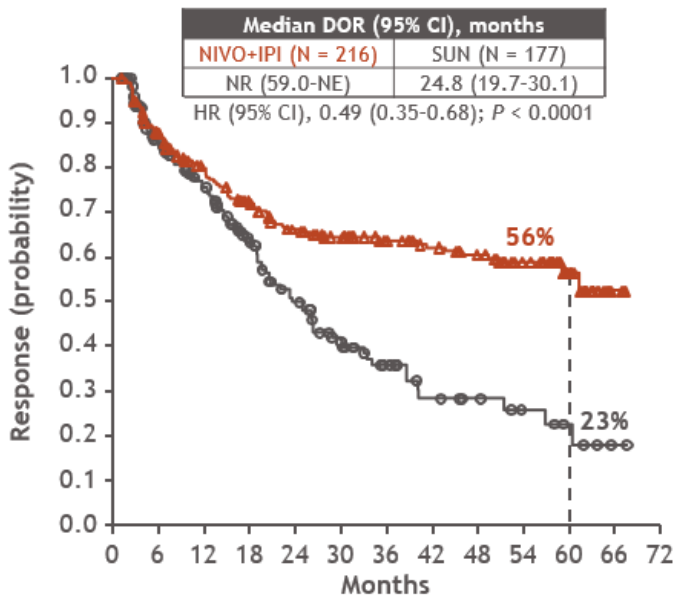
Progression-free survival



No. at risk

NIVO+IPI	550	315	217	171	132	121	103	92	86	75	62	14	0	
SUN	546	285	178	130	87	59	42	33	21	15	10	3	0	

Duration of response



No. at risk

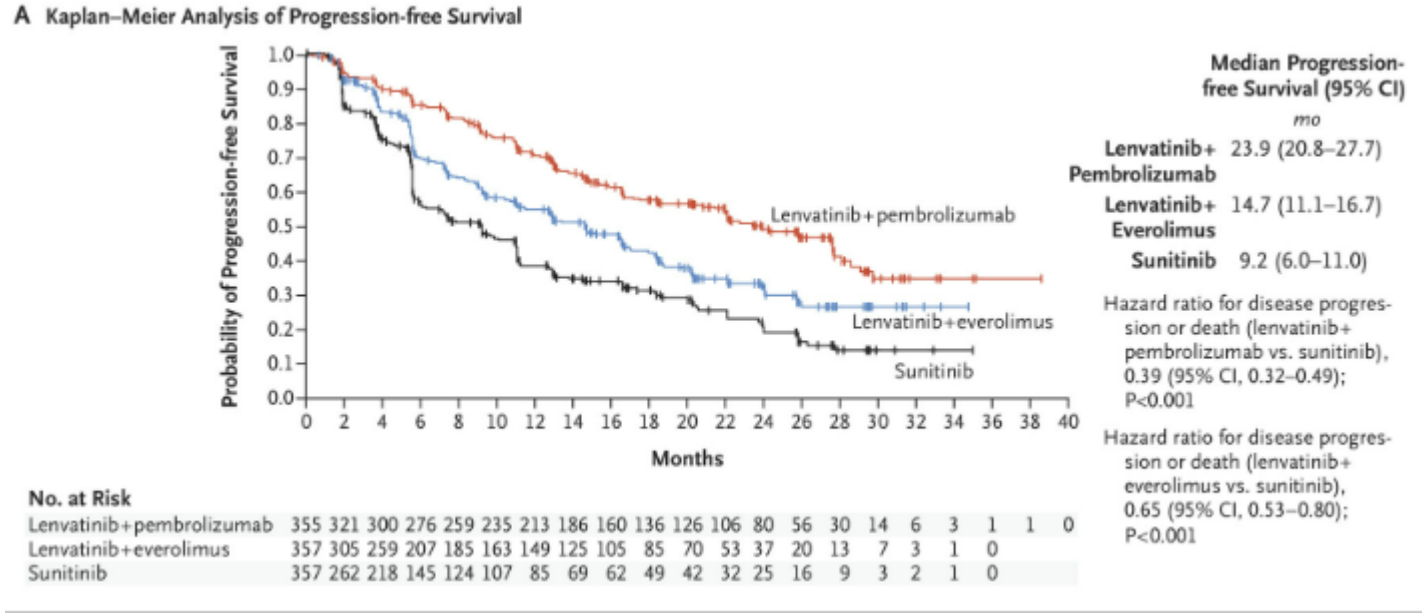
NIVO+IPI	216	177	151	130	110	99	88	80	74	61	33	4	0	
SUN	177	128	104	76	54	39	24	15	12	8	5	1	0	

Included from Motzer RJ et al. *Cancer* 2022;128:2085-2097.

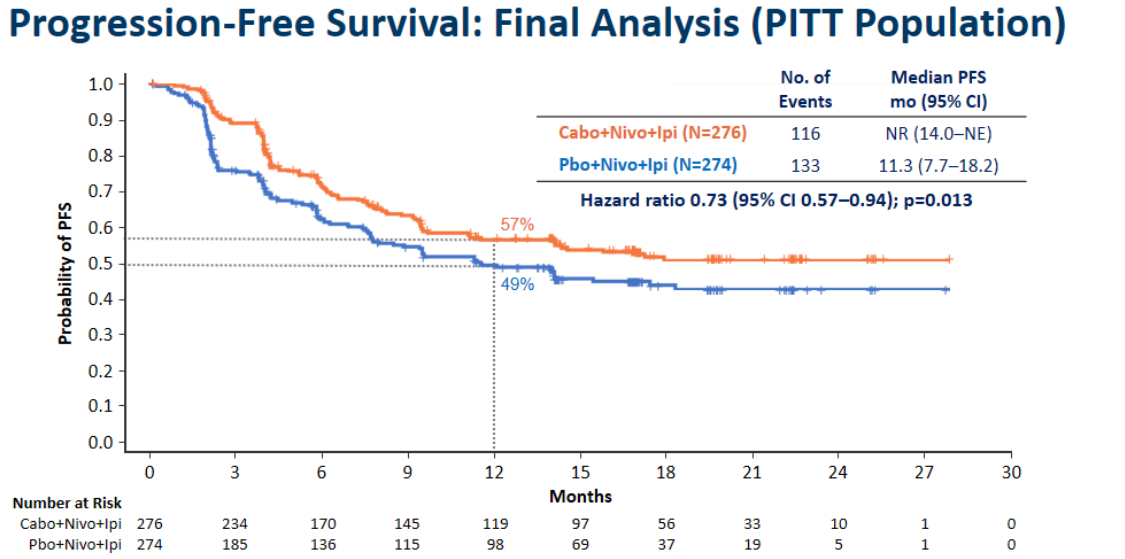
CheckMate 214: NIVO+IPI, 1L (minimum follow-up: 5 years)

- Avelumab + intermittent axitinib

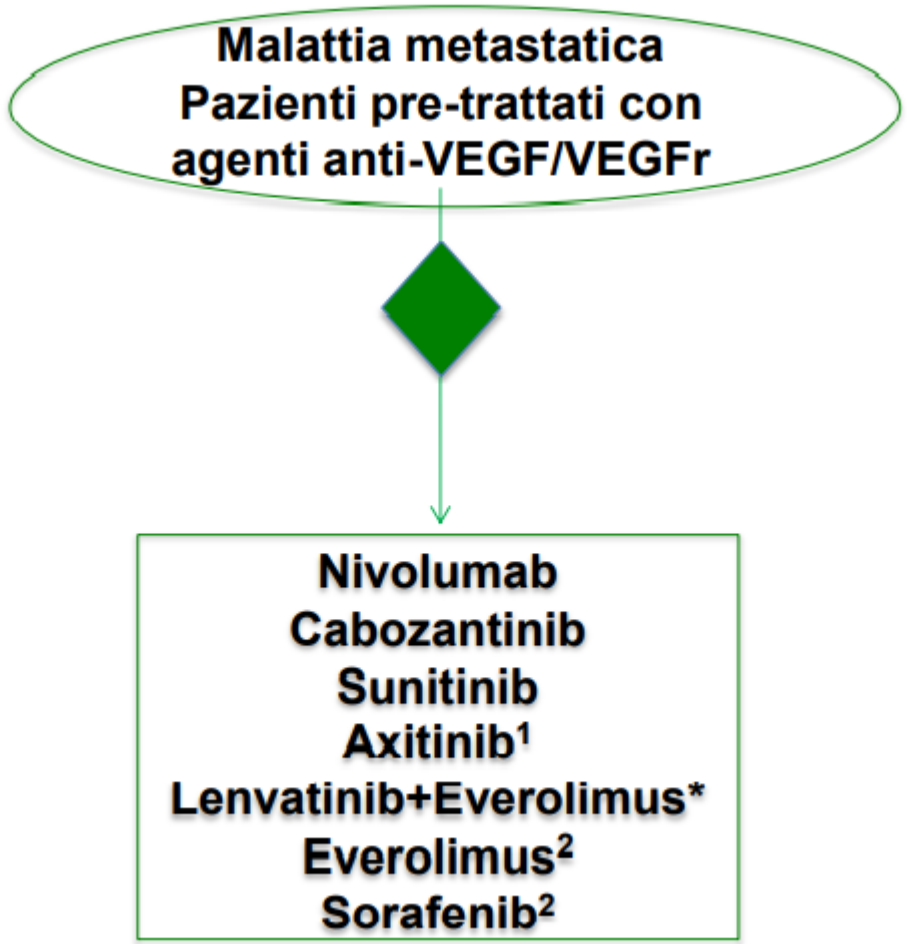
- Lenvatinib + pembrolizumab



- Ipilimumab + nivolumab + cabozatinib

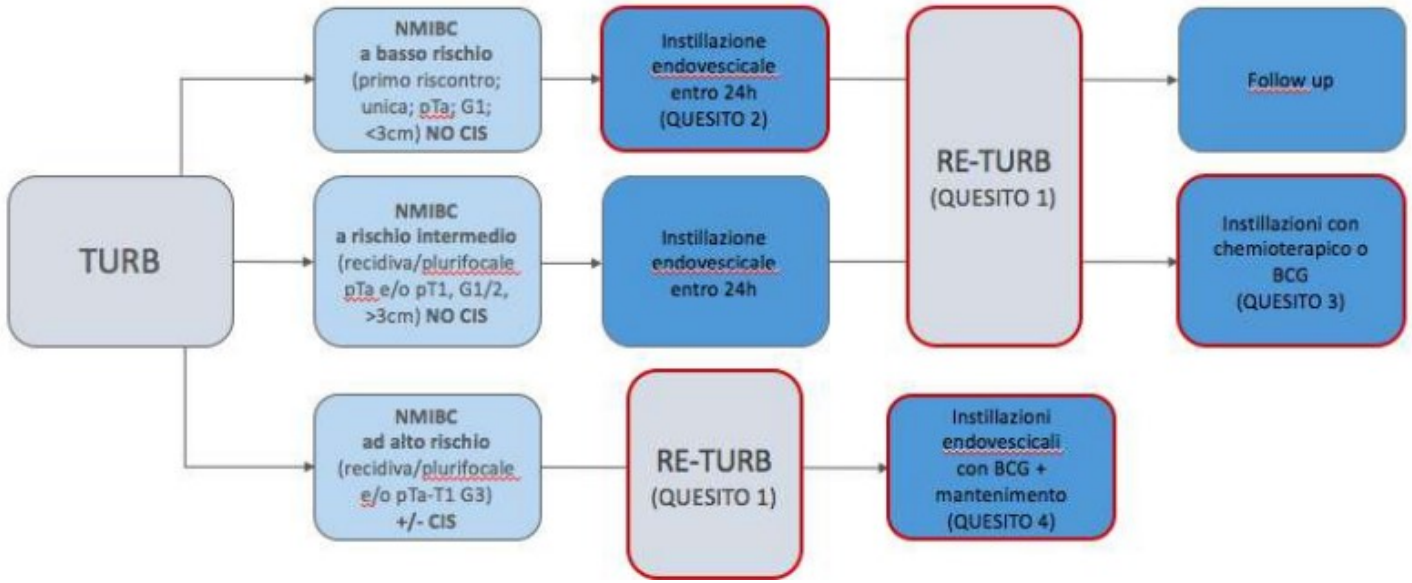


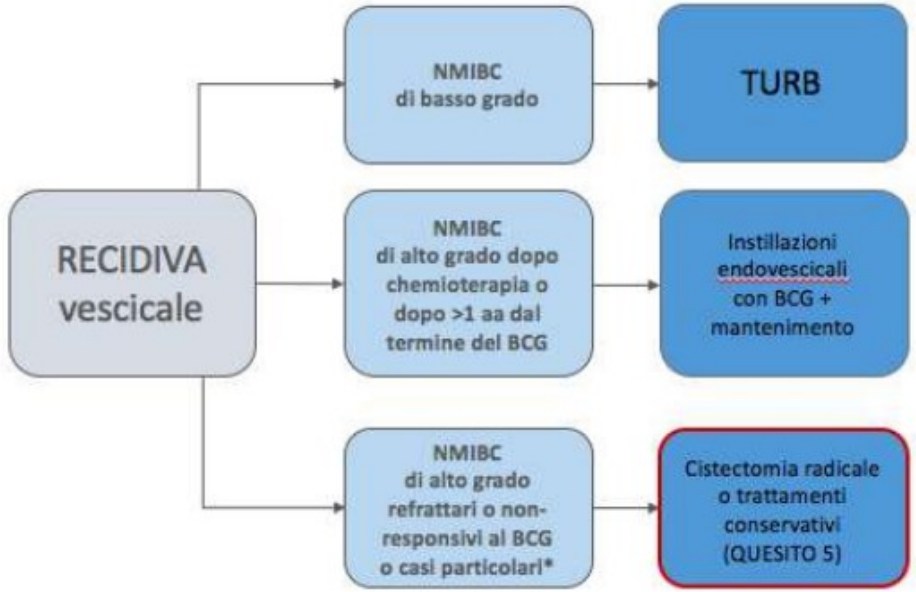
Trattamento medico mRCC istotipo a cellule chiare



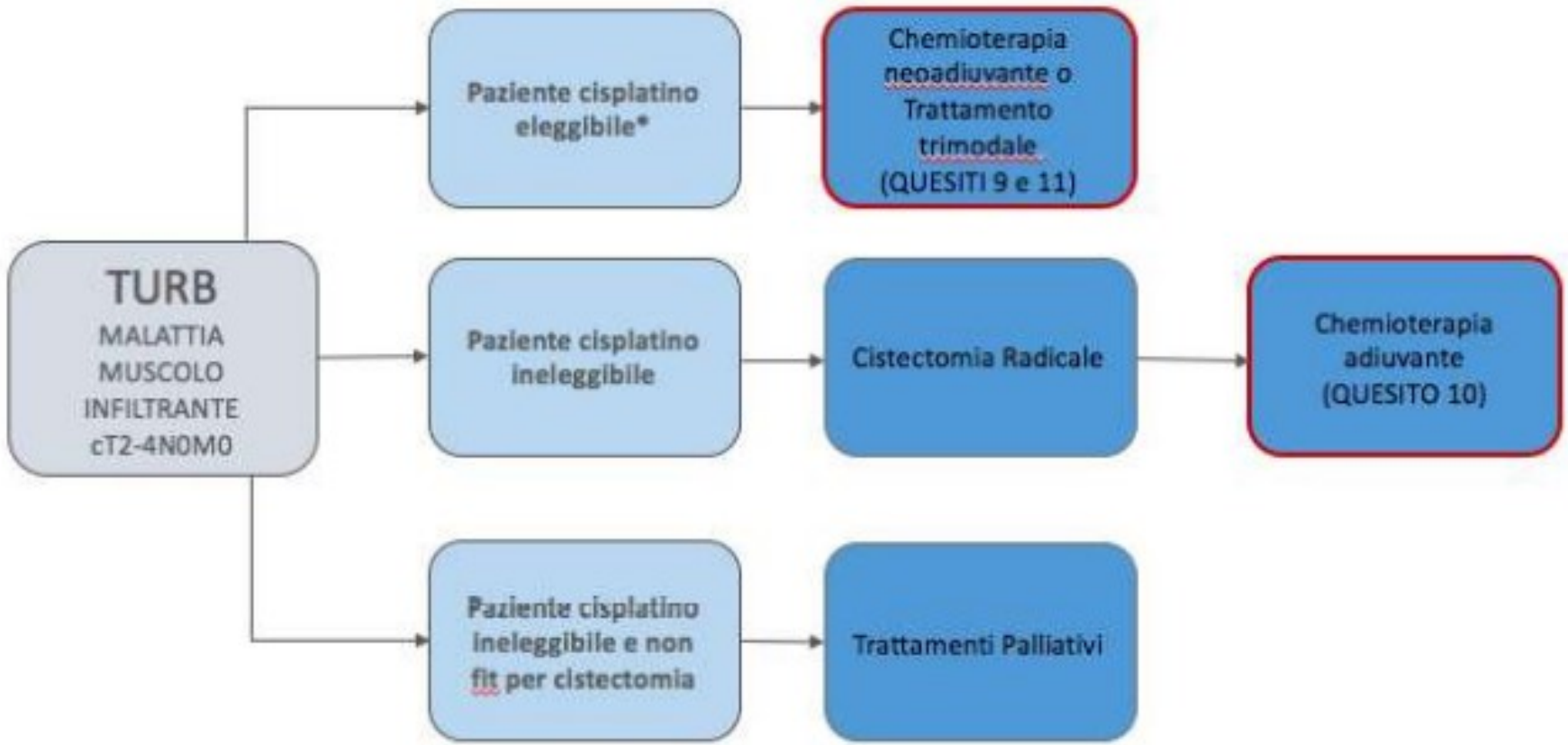
Tumori della vescica

Trattamento della Malattia Vescicale Non-Muscolo Infiltrante (NMIBC)



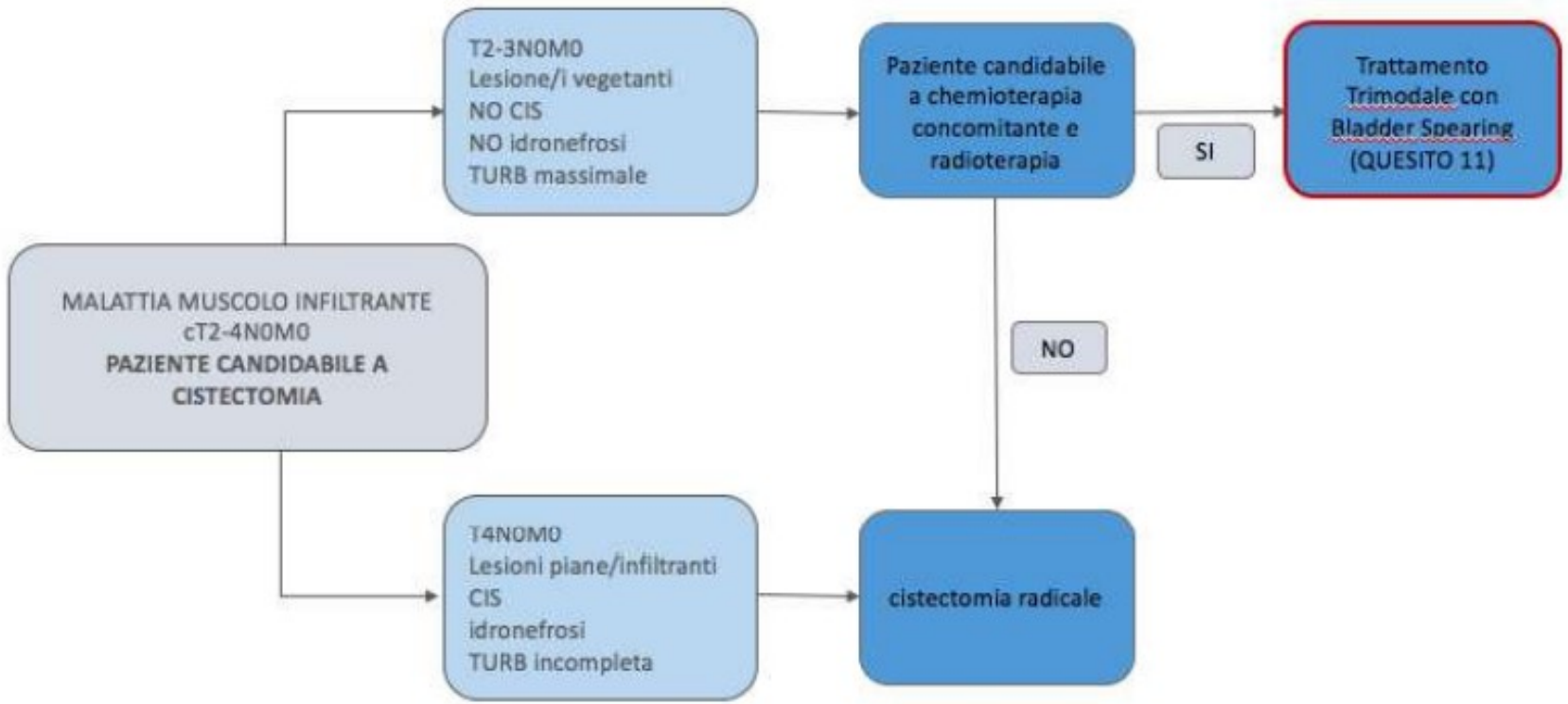


Trattamento della malattia vescicale muscolo infiltrante (MIBC, T2-4)

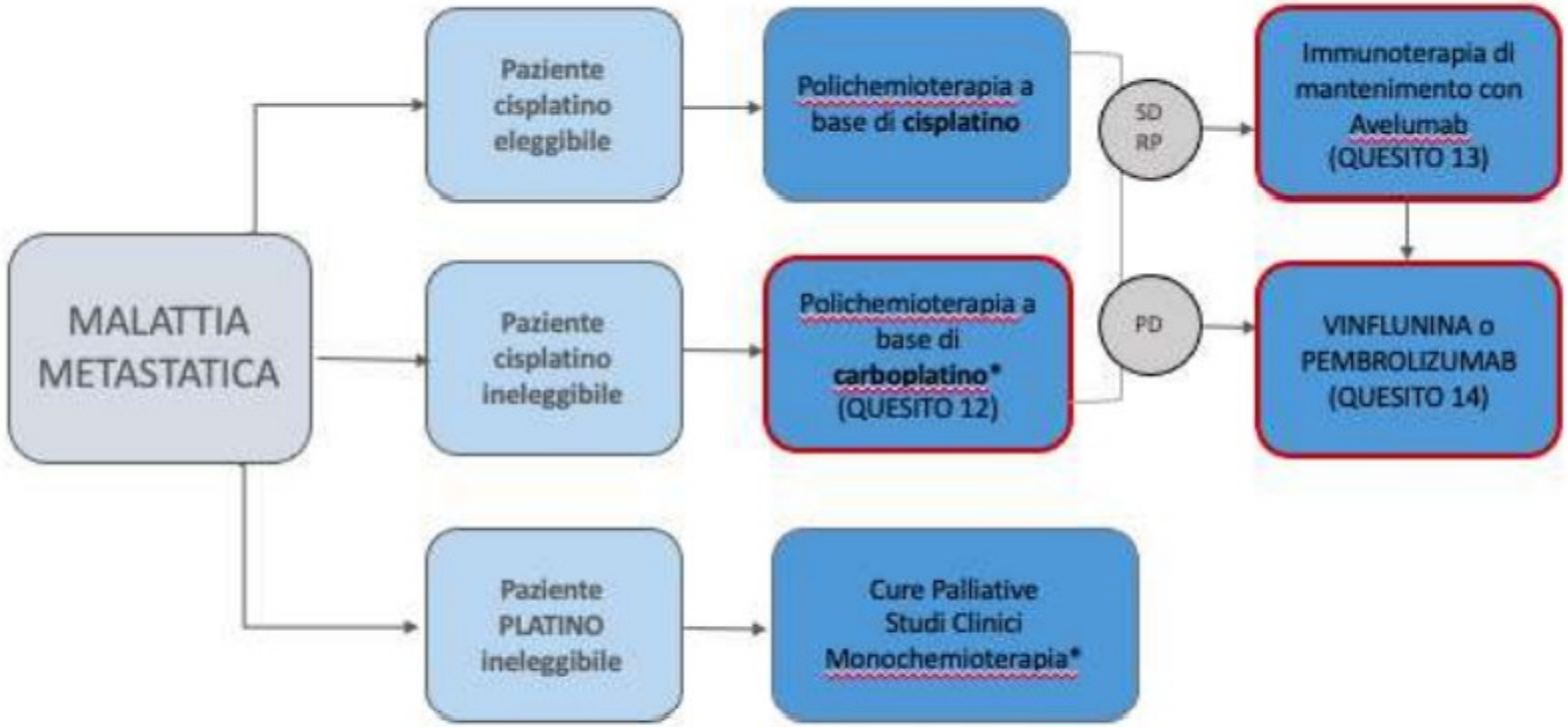


* Cisplatino eleggibilità: ECOG PS 0-1; clearance creatinina >60 ml/min; non alterazioni dell'udito; non neuropatia periferica

Trattamento integrato di Bladder-Sparing (“Trimodale”)



Terapia della Malattia Uroteliale Avanzata



* L'immunoterapia con PEMBROLIZUMAB è indicata per pazienti con malattia avanzata, cisplatino ineleggibili, PD-L1 positivi, ma non rimborsato da AIFA

Treatment of mUC: NCCN Guidelines®

1L systemic therapy

Cisplatin eligible

- Gemcitabine and cisplatin (category 1) followed by avelumab maintenance therapy (category 1)[a]
- ddMVAC with growth factor support (category 1) followed by avelumab maintenance therapy (category 1)[a]

Cisplatin ineligible

Platinum eligible:

- Gemcitabine and carboplatin followed by avelumab maintenance therapy (category 1)[a]
- Atezolizumab[a,b]

Platinum ineligible:

- Atezolizumab[a,b]
- Pembrolizumab[a]
- Gemcitabine
- Gemictabine and paclitaxel
- Ifosfamide, doxorubicin, and gemcitabine[c]

2L systemic therapy (post-platinum or other chemotherapy)

- Pembrolizumab (category 1 post-platinum)[a]
- Nivolumab[a]
- Avelumab[a]
- Erdafitinib[a,d]
- Enfortumab vedotin-ejfv[a,e]
- Paclitaxel or docetaxel
- Gemcitabine
- Ifosfamide, doxorubicin, and gemcitabine
- Gemcitabine and paclitaxel
- Gemcitabine and cisplatin
- ddMVAC with growth factor support

2L systemic therapy (post-checkpoint inhibitor)

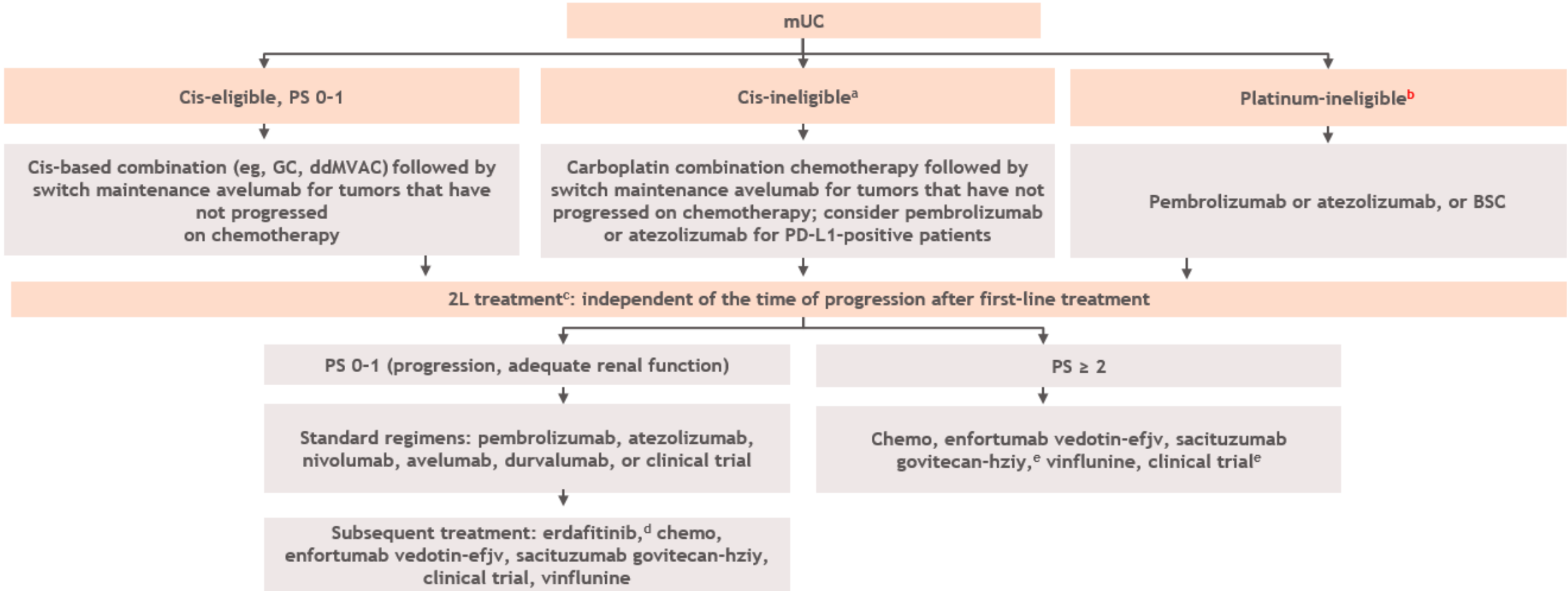
Cisplatin eligible

- Gemcitabine and cisplatin[a]
- ddMVAC with growth factor support[a]
- Erdafatinib[d,g]
- Paclitaxel or docetaxel[g]
- Gemcitabine[g]

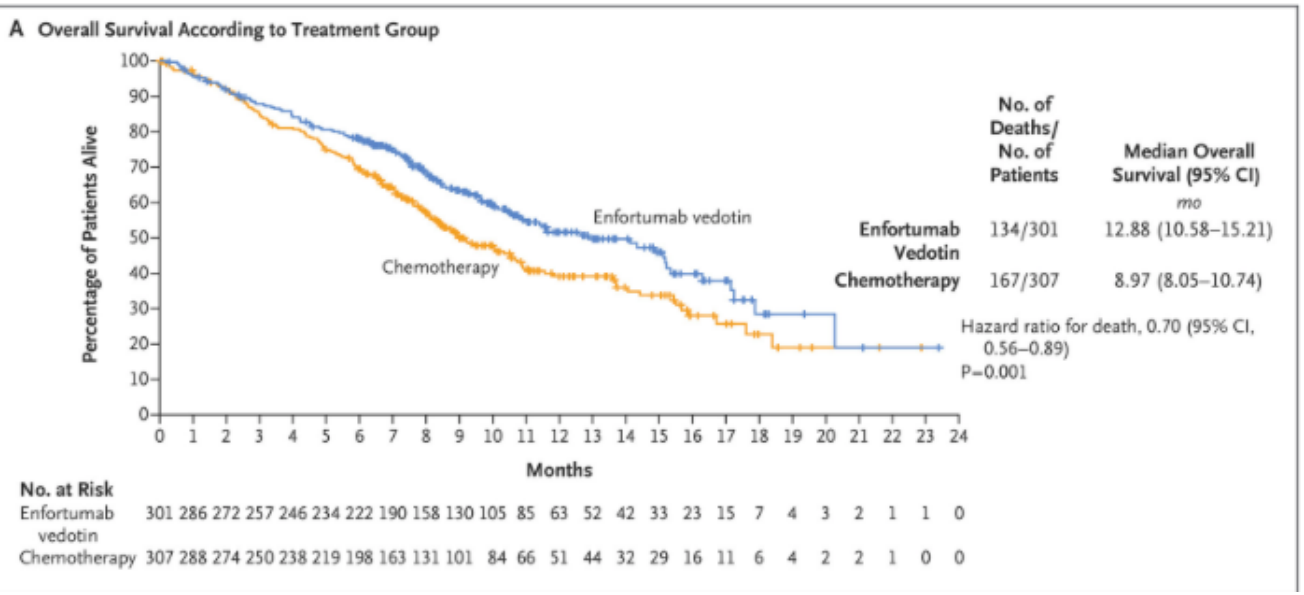
Cisplatin ineligible[f]

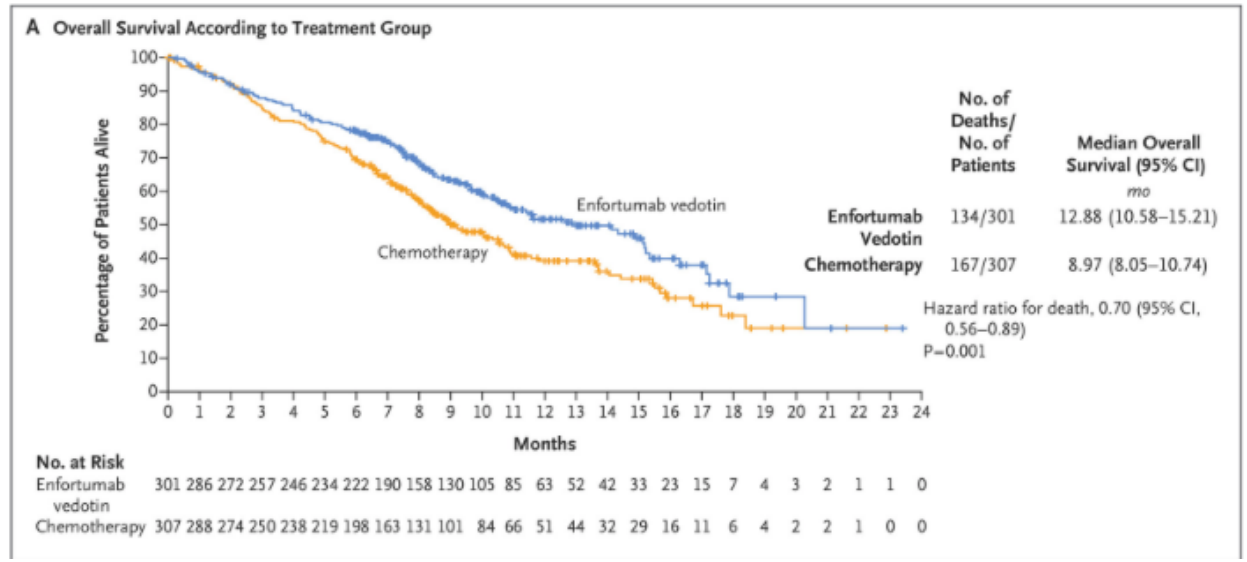
- Enfortumab vedotin-ejfv[a]
- Gemcitabine/carboplatin[a]
- Ifosfamide, doxorubicin, and gemcitabine[h]
- Gemcitabine and paclitaxel[h]

Treatment of metastatic urothelial carcinoma: EAU, ESMO guidelines[1,2]



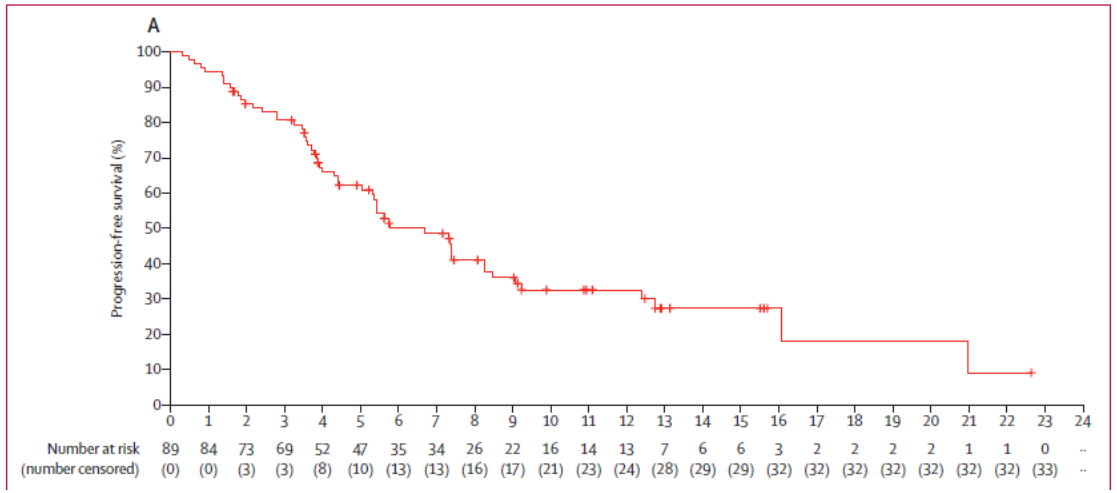
Enfortumab Vedotin in Previously Treated Advanced Urothelial Carcinoma

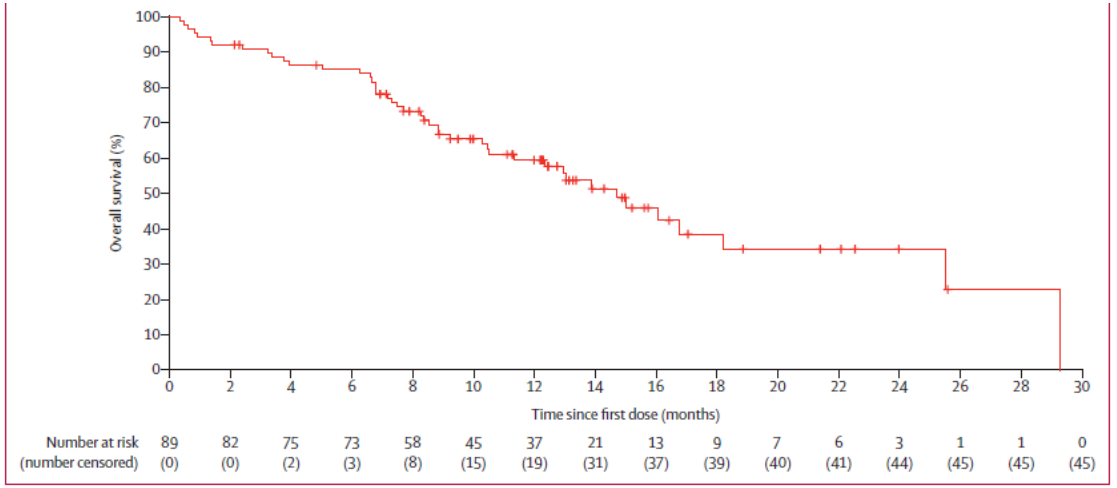




Enfortumab vedotin after PD-1 or PD-L1 inhibitors in cisplatin-ineligible patients with advanced urothelial carcinoma (EV-201): a multicentre, single-arm, phase 2 trial

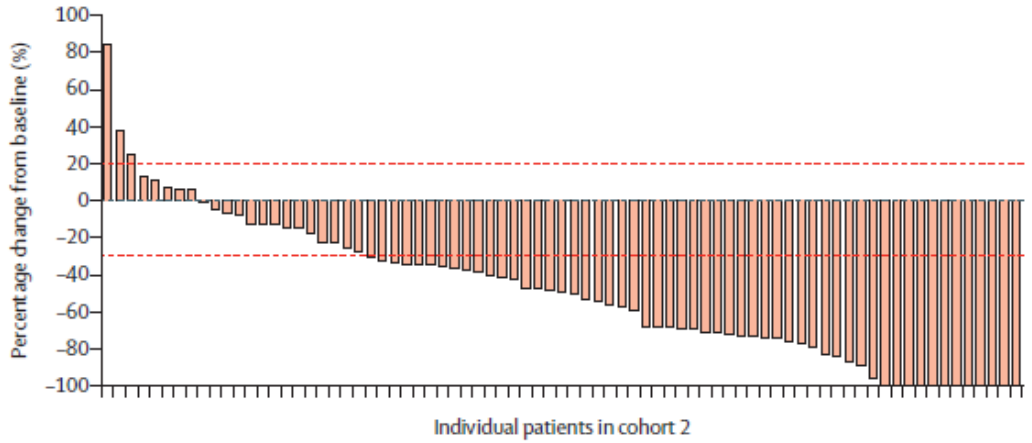
(median FUP: 13·4 months)





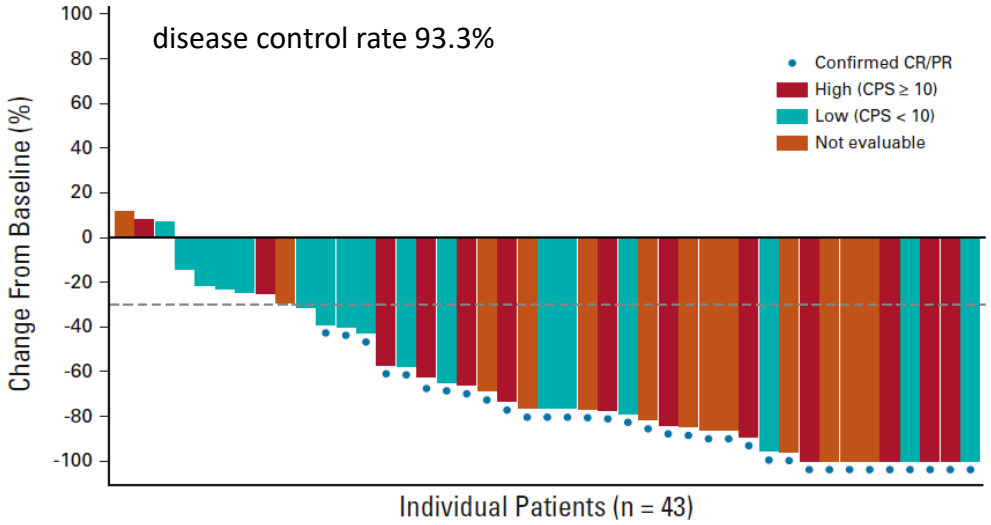
The median progression-free survival was 5·8 months (95% CI 5·03–8·28)

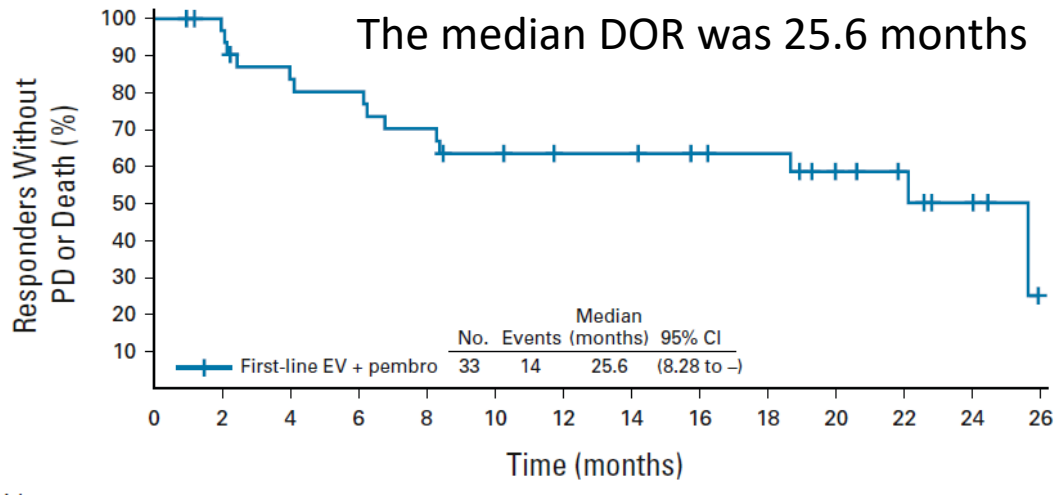
The median overall survival was 14·7 months (95% CI 10·51–18·20; figure 3B).

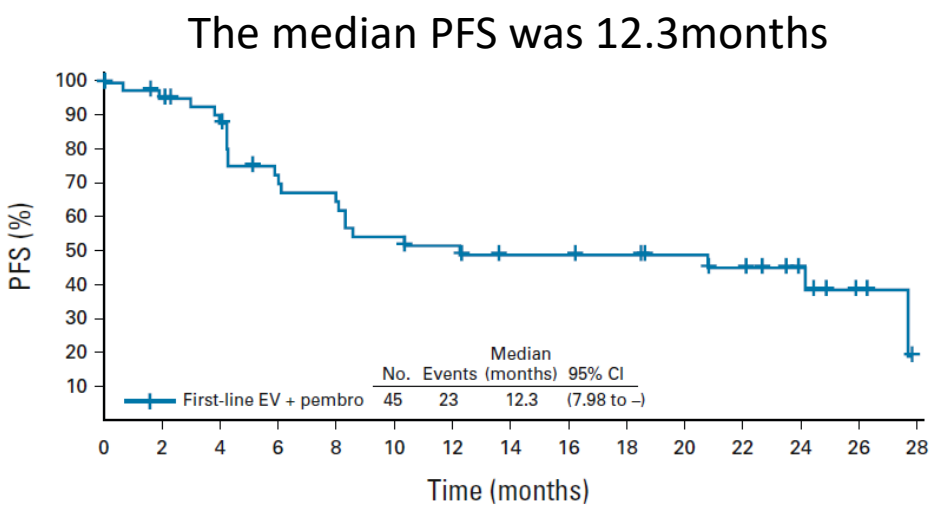


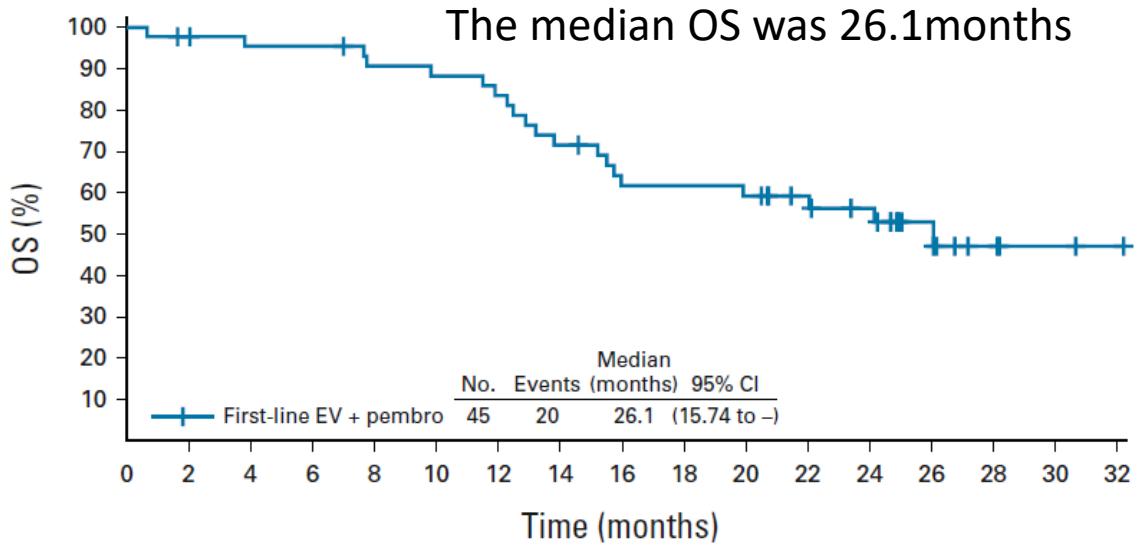
objective response rate: 52%

Enfortumab Vedotin Plus Pembrolizumab in Previously Untreated Advanced Urothelial Cancer

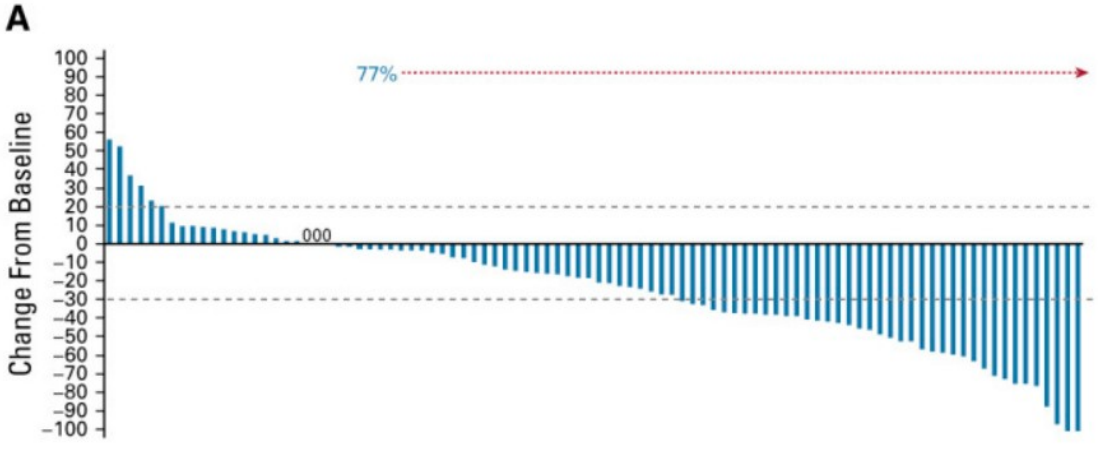




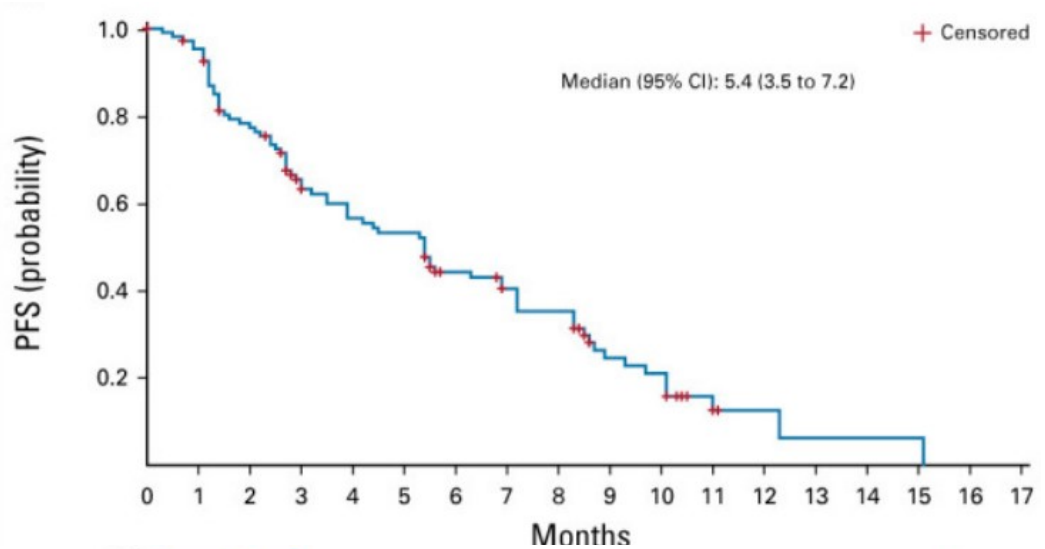


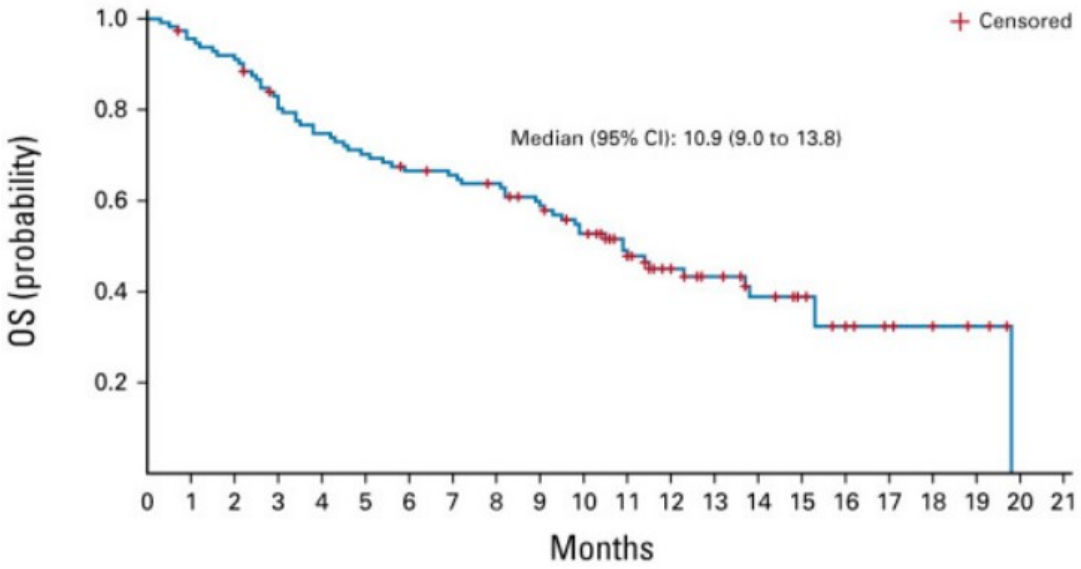


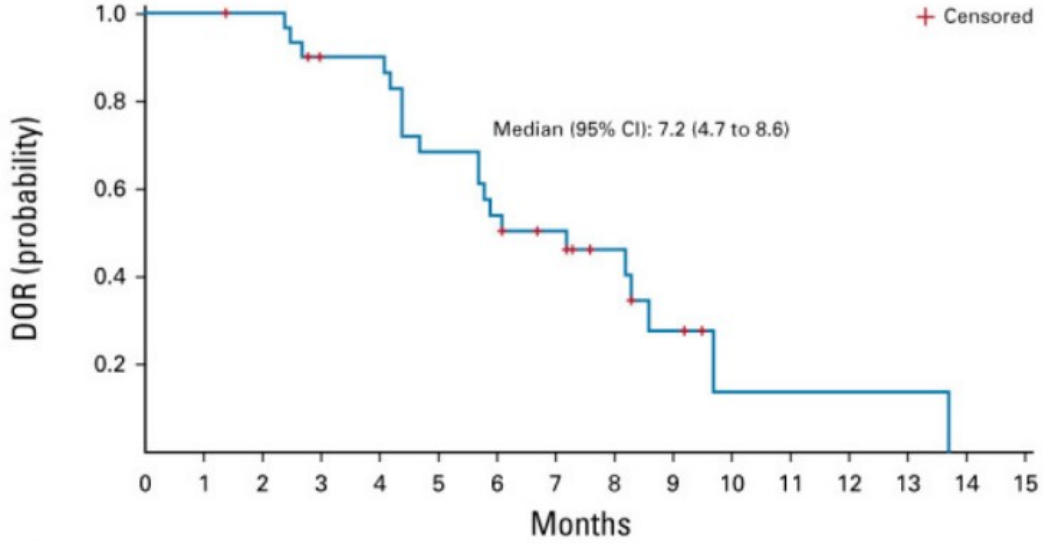
TROPHY-U-01: A Phase II Open-Label Study of Sacituzumab Govitecan in Patients With Metastatic Urothelial Carcinoma Progressing After Platinum-Based Chemotherapy and Checkpoint Inhibitors



median DOR:7.2 months







Gruppo multidisciplinare (incontro settimanale)

- Urologo
- Oncologo
- Radioterapista
- Anatomopatologo
- Radiologo

- Discussione dei nuovi casi di neoplasia
- Discussione dei casi che richiedano un cambio di terapia
- Revisione della letteratura