

THE PROSCA MEETING 2025 in a nutshell: “Translating new data into clinical practice”

Lisbon – Portugal

December 6-7, 2025

Day1

Treatment Strategies for Elderly Patients

Dr. Tombal’s presentation delved into the treatment strategies specifically designed for elderly patients diagnosed with locally advanced prostate cancer. He thoroughly explored recent approaches and essential considerations for managing this demographic, with a keen focus on their distinct clinical needs and the challenges they face. By addressing these unique aspects, the presentation provided invaluable insights into optimizing care for elderly patients and ensuring their well-being throughout the treatment process.

Day 2

Key considerations for implementing advanced clinical decision tools include their difficulty in analysing rare cases not represented in training data, limited ability to account for multiple comorbidities or incorporate patient preferences, and the need for clinician training and acceptance. Successful adoption also requires seamless integration into clinical workflows, meeting regulatory standards, addressing cost concerns, preventing model drift over time, and ensuring robust validation across diverse patient subpopulations.

Prostate cancer management in 2026 : Discussing the View of the Pathologist

Genetic testing has become a routine part of clinical practice, with biomarkers playing an increasingly important role as our understanding of underlying disease mechanisms grows. While testing is expected to expand further, selecting the right test—whether broad panels or more tailored approaches—must align with the specific clinical question. Despite these advances, surgical pathology remains central, with traditional tools such as the Gleason score continuing to anchor risk assessment and inform nomograms, underscoring the enduring value of established pathology alongside emerging molecular innovations.

The future of radiotherapy for [#ProstateCancer](#) is moving beyond a “one-size-fits-all” approach toward more personalized, effective, and patient-centered care. Advancements such as focal dose escalation delivered in five or fewer fractions, combined with tailored systemic therapies, aim to improve disease control, while cutting-edge image guidance and better protection of organs at risk reduce treatment toxicity. Together, these innovations are designed to minimize side effects, preserve function, and ultimately enhance patients’ quality of life.

Prostate cancer management in 2026 : The View of the Oncologist.

In considering whether 2026 will mark a vintage year in advanced [#ProstateCancer](#), experts highlight that the metastatic hormone-sensitive setting (mHSPC) continues to offer the greatest opportunity for transformative progress. Emerging evidence suggests that “more may be better,” not only through intensification of drug combinations but also through improvements in diagnostics, treatment delivery, and patient stratification. At the same

time, there is a renewed appreciation for the foundational role of androgen-deprivation therapy (ADT), with potential expansions in how it is used and which agents may optimize its benefits. Ultimately, any breakthrough year will depend not only on scientific advances but also on ensuring global access to today's standards of care, making equitable implementation as critical as innovation itself.

Presents Update lecture: The future of radioligands in Prostate PSMA PET/CT is rapidly becoming the new gold standard for imaging prostate cancer, offering superior detection and staging capabilities; the key challenge moving forward is figuring out how best to integrate these advanced imaging results into everyday clinical practice, ongoing trials, and future treatment strategies.

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Treatment options for Arthur

Case 2

Artur, 71 years old

- Symptomatic progression on ADT + Enzalutamide
- Somatic ATM alteration

1. **Immunotherapy Options: No biological rationale that supports the use of immunotherapy**
2. **PARP Inhibitor Options: The current body of evidence suggests minimal antitumour activity of PARP inhibition in case of ATM alteration**
3. **Practical Recommendation: Docetaxel or Radioligand-Therapy are the best options in this situation**

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ARPI + PARPi Combination Therapies

	PROpel N=796 Abiraterone/P ± Olaparib 300mg BID	TALAPRO-2 N=1035 Enzalutamide ± Talazoparib 0.5mg OD	MAGNITUDE Biomarker positive cohort: N=433 Abiraterone/P ± Niraparib 200mg OD
Population	1st-line mCRPC 22% Docetaxel for mHSPC	1st-line mCRPC cohort 1 (N=805) 6% Abirateron for mHSPC 22% Docetaxel for mHSPC 1st-line mCRPC cohort 2 (N=230) 8% Abirateron for mHSPC 29% Docetaxel for mHSPC	1st-line mCRPC 20% Docetaxel for mHSPC 3% ARPI mHSPC or nmCRPC 23% Abiraterone mCRPC (max. 4m)
Testing	Retrospective: FoundationOne Liquid and/or FoundationOne: ATM, BRCA1/2, BARD1, PRIP1, CDK12, CHEK1, CHEK2, FANCL, PALB2, RAD51B, RAD51C, RAD51D, RAD54L	Prospective: FoundationOne Liquid and/or FoundationOne: ATM BRCA1/2, PALB2, ATR, CHEK2, FANCA, RAD51C, NBN, MLH1, MRE11A, CDK12	Prospective: FoundationOne and/or Resolution Bioscience liquid: ATM, BRCA1/2, PRIP1, CDK12, CHEK2, FANCA, HDAC2, PALB2
BRCA1/2	10.7%	Cohort 1: 7% Cohort 2: 39%	53%

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