Immunotherapy for cancer treatment has exploded in popularity in recent years, and its use has expanded from melanoma to other cancers, including urothelial bladder cancer. As presented during the 2015 Genitourinary Cancers Symposium, checkpoint inhibitors have transformed cancer immunotherapy, this topic is relevant not only to urologists but also to medical oncologists (e.g., GU cancers). The 2015 Genitourinary Cancers Symposium Daily News Abstract 297 are being studied and are showing activity in patients with advanced urothelial carcinoma. Some would say this is not surprising and is an extension of the fact that immunotherapy for bladder cancer—using intravesical bacillus Calmette-Guérin (BCG) in the early stages of the disease—has been highly successful in reducing recurrence progression rates and decreasing rates of metastatic disease and death.

These findings have also raised awareness of the need for precision in the administration (dose, scheduling, and duration of therapy) of immunologic agents. Unfortunately, just when the urologic oncology world renewed enthusiasm for the in-depth study of BCG therapy, a worldwide shortage of this valuable biological (e.g., GU Cancer Symposium Abstract S293) has been championing), this option remains available only to patients willing to travel to other countries, such as the Netherlands, India, and Japan. 

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(Complete reference list can be found in the online version of this article at gucasyrn.org/dn.)