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Beyond Immunotherapy in the Management of Genito-Urinary Malignancies

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Message from the Guest Editors

Dear Colleagues,

Immunotherapy with immune checkpoint inhibitors (ICIs) has changed oncology practice in the last decade. The members of this class of agents include: ipilimumab, a cytotoxic T lymphocyte-associated protein 4 (CTLA-4) inhibitor; nivolumab and pembrolizumab, antiprogrammed cell death 1 (PD-1) agents; atezolizumab, durvalumab, and avelumab, which are antiprogrammed cell death-ligand 1 (PD-L1) agents. ICIs have become the standard treatment in genito-urinary malignancies, including first-line and second-line treatments for renal cell carcinoma and urothelial carcinoma.

Despite the clinical efficacy of the checkpoint blockade, most cancer patients still do not derive durable benefits from these therapies. Moreover, ICIs can induce various immune-related adverse events (irAEs), limiting their use in many patients. ICIs may affect peripheral tolerance to autoantigens, resulting in autoantibody formation, which could be associated with irAEs in various organs.



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Message from the Editor-in-Chief

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