Special Issue

Beyond Immunotherapy in the Management of Genito-Urinary Malignancies

Message from the Guest Editors

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.

Guest Editors

Dr. Ricardo Fernandes

Department of Oncology, Schulich School of Medicine and Dentistry, Western University, London, ON N6A 5W9, Canada

Dr. Aly-Khan Lalani

Juravinski Cancer Centre, Department of Oncology, McMaster University, Hamilton, Ontario L8S 4L8, Canada

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Editorial Office
MDPI, Grosspeteranlage 5
4052 Basel, Switzerland
Tel: +41 61 683 77 34
currentoncology@mdpi.com

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I am honored and enthusiastic to serve as Editor-in-Chief of *Current Oncology*. Since its establishment in 1994, *Current Oncology* has been playing an important role in the advancement of cancer care by disseminating new knowledge in the cancer care continuum. *Current Oncology* is affiliated with several key cancer societies and provides a global platform to share scientific progress in oncology. We strive for high standards and work together to maintain a rigorous and unbiased peer review process to publish high-quality articles. We have an outstanding editorial team which is committed to the success of *Current Oncology*.

Editor-in-Chief

Prof. Dr. Shahid Ahmed
1. College of Medicine, University of Saskatchewan, Saskatoon, SK S7N5E5, Canada
2. Saskatchewan Cancer Agency, Saskatoon Cancer Center, Saskatoon, SK S7N5H5, Canada

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