

**International
8th Symposium on**

URO ONCO LOGY

12. - 13. DEC. 2025

Maritim Hotel Cologne



PROGRAM



in cooperation with the scientific partners:



**UNIKLINIK
KÖLN**



Center for Integrated Oncology
Aachen Bonn Cologne Duesseldorf

Dear Colleagues and Friends,

it is our pleasure to welcome you to the 8th International Symposium Uro-Oncology from December 12-13, 2025 in Cologne, Germany.

It is the purpose of our scientific meeting to providing you with information on the latest developments in uro-oncology of 2025 with regard to diagnosis, conservative and surgical treatment of genitourinary malignancies. As in recent years, interdisciplinary case discussions, Pro- and Con debates, state-of-the-art lectures and semi-live videos will be presented by well-known national and international speakers.

We have selected all those innovations around uro-oncological surgery, radiation therapy and system treatment, which most probably will have the most pronounced effects on the management of our patients and which should be introduced in daily clinical routine immediately.

The symposium is organized as a hybrid meeting with simultaneous translation so that no information will get lost and so that all of you can participate in the interactive discussions. Later on you might follow the presentations on demand.

We are looking forward to short but very intensive informative lectures, fruitful discussions in the surrounding and stimulating atmosphere of Cologne at Christmas time

We remain with warmest regards, Sincerely yours,

**Prof. Dr. med. Dr. h.c
Axel Heidenreich**

*Director of the Department of Urology,
Uro-Oncology, and Special Urological
and Robot-Assisted Surgery,
University Hospital Cologne, Germany*

**Prof. Dr. med.
Martin Schostak**

*Medical Director,
LOGICURO, Berlin, Germany*



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Prostate Cancer:
 active surveillance, innovative treatment options in organ confined and locally advanced prostate cancer, radionuclid and targeted treatment options

Urothelial Cancer:
 immuno-oncological treatment concepts, role of radical cystectomy in the management of muscle invasive disease, SEMI LIVE surgery on urinary diversions, management of upper urinary tract cancer

Renal Cancer:
 organ preserving surgical and non-surgical treatment options, cytoreductive nephrectomy, retroperitoneal lymph node dissection

Testis Cancer/Penile Cancer:
 state-of-the Art guidelines recommended treatment options

GENERAL INFORMATION

ORGANIZER

Intercom Dresden GmbH | Zellescher Weg 3 | 01069 Dresden
in cooperation with the scientific direction of

Prof. Dr. med. Dr. h.c. Axel Heidenreich Director of the Department of Urology, Uro-Oncology, and Special Urological and Robot-Assisted Surgery, University Hospital Cologne

Prof. Dr. med. Martin Schostak Medical Director, Logiuro Berlin, Germany

EVENT LOCATION

Maritim Hotel Cologne | Heumarkt 20 | 50667 Cologne

PARTICIPATION FEE

Attendance at the event*

Specialist physician	285,00 €
Junior physician	160,00 €
Student	Free of charge (with verification)
University hospital employee (Urology) Cologne	Free of charge (with verification)

Virtual*

Specialist physician	175,00 €
Junior physician	105,00€
Student	Free of charge (with verification)
University hospital employee (Urology) Cologne	Free of charge (with verification)

EVENT TIMES

Friday	12.12.2025	08:45 – 18:45
Saturday	13.12.2025	08:30 – 13:45

REGISTRATION

www.isuo.eu/2025/registration

CERTIFICATION:

The symposium has been awarded with 12 training points category A by the North Rhine Medical Association.

ORGANISATION INDUSTRIAL EXHIBITION

Intercom Dresden GmbH | Christian Nitzsche, Katharina Henze
Zellescher Weg 3, 01069 Dresden | **Phone:** +49 351 320173 -30/-70 |
E-Mail: isuo@intercom-kongresse.de

* Intercom Dresden GmbH is the organiser. All registration fees are per person, including 19% VAT, collected in the name and for the account of Intercom Dresden GmbH, Zellescher Weg 3, 01069 Dresden, Germany, UST-ID Nr.: DE 186530195 | This event is supported by industry sponsorship. This sponsorship will be used exclusively for the financing of the following conference services: Participant administration, organisational costs, speaker's fee, printed material, rental costs for event rooms, rental costs for presentation technology as well as for appropriate refreshments during breaks.



Blitzschnell (be)handeln mit XTANDI im mHSPC

Frühzeitig Überleben verlängern

~ 7 von 10* mHSPC-Patienten leben noch nach 5 Jahren¹

- Starke Wirksamkeit im mHSPC auch bei high-volume-Patienten¹
- 61 % Risikoreduktion beim rPFS** im mHSPC²

*66 % der Patienten sind mit XTANDI + ADT nach 5 Jahren noch am Leben vs. 53 % mit Placebo + ADT
**vs. ADT. Data cut off nach 14,4 Monaten. HR 0,39 (95% KI 0,30-0,50), p < 0,001

Quellen:
¹: Armstrong AJ et al. Presented at: American Society of Clinical Oncology, 2025.
²: Armstrong AJ et al. J Clin Oncol 2019;37(32):2974-86.

XTANDI™ 40 mg / 80 mg Filmtabletten.
Wirkstoff: Enzalutamid. **Zusammensetzung:** Jede Filmtablette enthält: Wirkstoff: 40/80 mg Enzalutamid. Sonstige Bestandteile: Tablettkern: Hypromelloseacetatsuccinat, Mikrokristalline Cellulose, Hochdisperses Siliciumdioxid, Croscarmellose-Natrium, Magnesiumstearat; Tablettüberzug: Hypromellose, Talkum, Macrogol (8000), Titandioxid (E 171), Eisen(III)-hydroxid-oxid x H₂O (E 172). **Anwendungsgebiete:** Xtandi ist angezeigt: als Monotherapie oder in Kombination mit einer Androgenentzugstherapie zur Behandlung erwachsener Männer mit nicht metastasiertem hormonsensitivem Prostatakarzinom (*non-metastatic hormone-sensitive prostate cancer*, nmHSPC), die ein biochemisches Rezidiv (biochemical recurrence, BCR) mit hohem Risiko aufweisen und für eine Salvagestrahlentherapie ungeeignet sind (siehe Abschnitt 5.1 „Pharmakodynamische Eigenschaften“ in der Fachinformation); in Kombination mit einer Androgenentzugstherapie zur Behandlung erwachsener Männer mit metastasiertem hormonsensitivem Prostatakarzinom (*metastatic hormone-sensitive prostate cancer*, mHSPC) (siehe Abschnitt 5.1 „Pharmakodynamische Eigenschaften“ in der Fachinformation); zur Behandlung erwachsener Männer mit nicht metastasiertem kastrationresistentem Hochrisiko-Prostatakarzinom (*castration-resistant prostate cancer*, CRPC) (siehe Abschnitt 5.1 „Pharmakodynamische Eigenschaften“ in der Fachinformation); zur Behandlung erwachsener Männer mit metastasiertem CRPC mit asymptomatischem oder mild symptomatischem Verlauf nach Versagen der Androgenentzugstherapie, bei denen eine Chemotherapie klinisch noch nicht indiziert ist (siehe Abschnitt 5.1 „Pharmakodynamische Eigenschaften“ in der Fachinformation); zur Behandlung erwachsener Männer mit metastasiertem CRPC, deren Erkrankung während oder nach einer Chemotherapie mit Docetaxel fortschreitet. **Gegenanzeigen:** Überempfindlichkeit gegen den Wirkstoff oder einen der sonstigen Bestandteile. Frauen, die schwanger sind oder schwanger werden können (siehe Abschnitte 4.6 „Fertilität, Schwangerschaft und Stillzeit“ und 6.6 „Besondere Vorsichtsmaßnahmen für die Beseitigung und sonstige Hinweise zur Handhabung“ in der Fachinformation). **Nebenwirkungen:** *Sehr häufig* (≥ 1/10): Hitzeempfindlichkeit, Hypertonie; Frakturen; Asthenie, Fatigue; Stürze. *Häufig* (≥ 1/100, < 1/10): Angst; Kopfschmerzen, Gedächtnisstörung; Amnesie, Aufmerksamkeitsstörung, Dysgeusie, Restless-Legs-Syndrom, kognitive Störung; ischämische Herzerkrankung; trockene Haut, Juckreiz; Gynäkomastie, Brustwarzenschmerz, Brustschmerzempfindlichkeit. *Gelegentlich* (≥ 1/1.000, < 1/100): Leukopenie, Neutropenie; visuelle Halluzinationen; Krampfanfall; erhöhte Leberenzyme. *Nicht bekannt* (Häufigkeit auf Grundlage der verfügbaren Daten nicht abschätzbar): Thrombozytopenie; Gesichtsschwellung, Zungenödem, Lippenödem, Pharynxödem; vermindertes Appetit; posteriores reversibles Enzephalopathie-Syndrom; QT-Verlängerung; Dysphagie, Übelkeit, Erbrechen, Diarrhö; Erythema multiforme, Stevens-Johnson-Syndrom, Hautausschlag; Myalgie, Muskelkrämpfe, muskuläre Schwäche, Rückenschmerzen. **Warnhinweise:** Für Kinder unzugänglich aufbewahren. **Verschreibungspflichtig.** Weitere Einzelheiten enthalten die Fach- und Gebrauchsinformation. **Pharmazeutischer Unternehmer:** Astellas Pharma Europe B.V., Sylviusweg 62, 2333 BE Leiden, Niederlande; Deutsche Vertretung des Pharmazeutischen Unternehmers: Astellas Pharma GmbH, Ridlerstraße 57, 80339 München. **Stand:** Juni 2025.

8:45 Welcome

Moderation: A. Heidenreich, Cologne, GER

08:50 Prostate Cancer: early detection, screening and diagnosis

Moderation: A. Heidenreich, Cologne, GER | M. Schostak, Berlin, GER

08:50 Individualized early detection: PROBASE

R. Al-Manajjed, Düsseldorf, GER

09:03 Prostate cancer screening with PSA, kallikrein panel and MRI: the ProScreen trial

A. Auvinen, Tampere, FIN

09:16 Hot Topic: Optimum

M. Schostak, Berlin, GER

09:42 Urothelial carcinoma 1: non-muscle invasive deintensification of follow-up and active treatment

F. Roghmann, Herne, GER | F. Schmid, Cologne, GER

09:42 Case Presentation: pT_a, low grade

L. Bohn, Cologne, GER

09:44 TUR-B remains standard management

R. Schiavina, Bologna, IT

09:54 Active Surveillance ± outpatient fulguration

M. Babjuk, Prague, CZ

10:04 Role of urinary markers

T. Ecke, Bad Saarow, GER

10:14 Discussion**10:24 Treatment strategies for BCG-refractory TCC: Pro and Contra****10:24 Case presentation**

O. Steenbook, Cologne, GER

10:26 Radical cystectomy remains as best option

S. Roghmann, Herne, GER

10:36 Intravesical salvage is an an good option

M. Babjuk, Prag, CZ

10:46 Discussion**10:50 Coffee Break****11:25 PCA – intermediate risk favourable: what to do?**

Moderation: A. Blana, Fürth, GER | A. Auvinen, Tampere, FIN

11:25 Case Presentation

R. Weiten, Cologne, GER

11:27 Active Surveillance

M. Schostak, Berlin, GER

11:37 nsRLAP

J. Karnes, Rochester, USA

11:47 Extreme hypofractionation: the gold standard in modern radiotherapy?

E. Fokas, Cologne, GER

11:57 HIFU

A. Blana, Fürth, GER

12:07 Discussion**12:15 Satellite Symposium 1: Johnson & Johnson**

Personalized, Precise, Pioneering: Innovations and Data Shaping the Future of Prostate and Bladder Cancer Therapy

A. Heidenreich, Cologne, GER | S. Zschäbitz, Heidelberg, GER

13:00 Lunch Break**13:55 Urothelial carcinoma 2: locally advanced/metastasised**

F. Roghmann, Herne, GER | A. Heidenreich, Cologne, GER

13:55 Case Presentation: Urothelial carcinoma of the bladder cT3cN1cM1a, 6 cycles ddMVAC => ycT2cN0cM0

C. Rieger, Cologne, GER

13:57 It is still a palliative treatment

L. Caruscelli, Munich, GER

14:07 Cytoablative radical cystectomy + pLAD + RPLA

S. Lerner, Houston, USA

14:17 Cytoablative radiation therapy is the best alternative

U. Ganswindt, Innsbruck, AT

14:27 Discussion**14:35 Satellite Symposium 2: AstraZeneca GmbH**

Opportunities for perioperative therapy in MIBC

S. Machtens, Bergisch-Gladbach, GER | D. Pfister, Cologne, Germany

08:30 Welcome*Moderation: A. Heidenreich, Cologne, GER***08:30 Renal Cancer: management of small renal masses***Moderation: A. Heidenreich, Cologne, GER | P.Paffenholz, Cologne GER.***08:30 Case Presentation***D. Klußmann, Cologne, GER***08:32 Active surveillance only with a biopsy***A. Volpe, Novara, IT***08:42 Organsparing surgery is the safest approach***N. Harke, Hannover, GER***08:52 Molecular imaging enables individualized treatment***J. Bedke, Stuttgart, GER***09:02 Discussion****09:10 Satellite Symposium 3: Ipsen Pharma GmbH****The Art of Evidence: Advanced RCC between Statistics and Reality***C. Ohlmann, Bonn, GER / P. Paffenholz, Cologne, GER***09:55 Coffee Break****10:25 Hot topics: testis cancer***Moderation: P. Paffenholz, Cologne, GER | S. Zschäbitz, Heidelberg, GER***10:25 New prognostic markers for clinical stage***A. Heidenreich, Cologne, GER***10:35 Seminoma, good risk, LDH↑: 3 or 4 x PEB***A. Patrikidou, Paris, FRA***10:45 Long-term toxicity of chemo and radiation therapy***T. Tandstad, Trondheim, NOR***10:55 Discussion****11:05 Urothelial carcinoma 4: upper urinary tract – Pro und Contra***Moderation: M. Schostak, Berlin, GER | D. Pfister, Cologne, GER.***11:05 Case Presentation: UTUC renal pelvis cT2cN1HG***S. Semko, Cologne, GER***11:07 Adjuvant therapy***A. Birtle, Preston, UK***11:17 UTUC of the mid urter: pT1HGcNO ,eGFR < 40 ml/min***S. Semko, Cologne, GER***11:27 Radical nephroureterectomy***H. Kübler, Würzburg, GER***11:37 Organ preservation***D. Pfister, Cologne, GER***11:47 Panel discussion****12:00 Lunch Break****12:45 Prostate Cancer 2: mCRPC Progression following Triple Therapy – what to do?***Moderation: A. Heidenreich, Cologne, GER | M. Schostak, Berlin, GER***12:45 Case Presentation***E. Nohl, Cologne, GER***12:47 Cabazitaxel is the next step***S. Oudard, Paris, FRA***12:57 177Lu-PSMA is treatment of choice***A. Drzezga, Cologne, GER***13:07 Talazoparib + Enzalutamid***S. Zschäbitz, Heidelberg, GER***13:17 Discussion****13:30 Adjourn***M. Schostak, Berlin, GER***13:45 End of Day 2**

Dr Rouvier Al-Monajjed, MD

Senior Physician, University Hospital Düsseldorf, Clinic for Urology, Düsseldorf, Germany

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PD Dr. med. Stefanie Zschäbnitz

Senior Physician (Department of Medical Oncology), Translational Uro-Oncology Section, Heidelberg University Hospital, Germany

SATELLITE SYMPOSIUM 1

Johnson & Johnson

Date: 12.12.2025 | Time: 12:15 – 13:00

Personalized, Precise, Pioneering: Innovations and Data Shaping the Future of Prostate and Bladder Cancer Therapy

The symposium highlights recent advances in personalized oncology and presents innovative therapeutic approaches for prostate and bladder cancer. Two high-profile lectures provide insights into the latest scientific findings and their clinical relevance:

1. "Personalized Medicine in Focus: New Data and Tailored Therapies for Hormone-Sensitive Prostate Cancer"

This presentation addresses current study data and individualized treatment strategies for patients with hormone-sensitive prostate cancer. The focus is on biomarker-guided therapy decisions and novel drug combinations.

2. "Innovative Approaches for Bladder Cancer: Advanced Data and Personalized Treatment Options"

This talk presents new developments in bladder cancer therapy – ranging from immunoncology concepts to targeted therapies. The emphasis is on integrating molecular diagnostics into clinical practice.

Prof. Dr. med. Dr. h. c. Axel Heidenreich, University Hospital Cologne, Germany
Priv. Doz. Dr. med. Stefanie Zschäbitz, University Hospital Heidelberg, Germany

Organized by Johnson & Johnson, Neuss




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SATELLITE SYMPOSIUM 2

AstraZeneca GmbH

Date: 12.12.2025 | Time: 14:35 – 15:20

Opportunities for perioperative therapy in MIBC

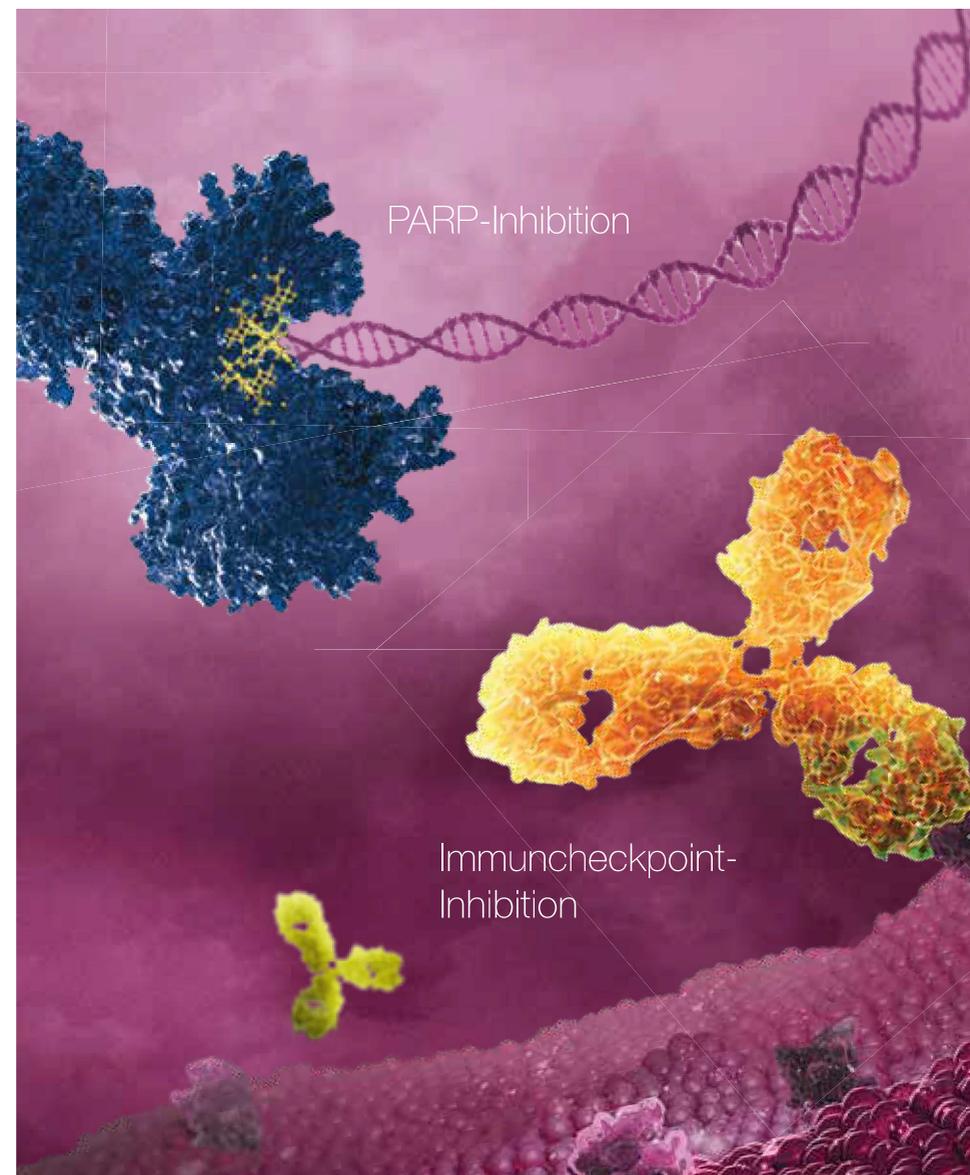
The symposium will present current developments in muscle-invasive urothelial carcinoma of the bladder (MIBC). The focus will be on advances in therapy, such as multimodal approaches and new immunotherapies. Innovative study designs, such as the NIAGARA study, which combines standard therapies with modern immune checkpoint inhibitors, will be highlighted in particular.

Dr. Stefan Machtens, GFO Clinics Rhein-Berg Bergisch-Gladbach, Germany
Prof David Pfister, University Hospital Cologne, Germany

Organized by AstraZeneca GmbH, Hamburg



AstraZeneca engagiert sich in der Erforschung der Therapie von Urothel- und Prostatakarzinomen



SATELLITE SYMPOSIUM 3

Ipsen Pharma GmbH

Date: 13.12.2025 | Time: 09:10 – 09:55

The Art of Evidence: Advanced RCC between Statistics and Reality

The symposium "The Art of Evidence: Advanced RCC between Statistics and Reality" offers a critical exploration of current strategies in the management of advanced renal cell carcinoma (aRCC). Led by Prof. Dr. Paffenholz and Prof. Dr. Ohlmann, the session will examine the dynamic interface between statistical evidence from clinical trials and the reality in clinical practice. Through case-based discussions and data interpretation, the speakers will highlight how evidence can be contextualized to support individualized treatment decisions, addressing both the opportunities and limitations of current therapeutic paradigms.

Prof. Dr. Carsten Ohlmann, Clinic for Urology, Malteser Hospital Bonn/Rhein-Sieg, Germany
 Univ.-Prof. Dr. Pia Paffenholz, University Hospital Cologne, Germany

Organized by Ipsen Pharma GmbH, Munich



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*Medianes Gesamtüberleben in CheckMate-9ER-Studie, Monate (95% KI): CABOMETYX® + Nivolumab 46,5 (40,6–53,8) vs. Sunitinib 35,5 (29,2–42,8); HR: 0,79 (95% KI: 0,65–0,96).¹

1L: Erstlinie; aRCC: fortgeschrittenes Nierenzellkarzinom (advanced renal cell carcinoma).

1. Motzer RJ et al. Presented at ASCO GU 2025. J Clin Oncol. 2025;43(suppl 5; abstr 439). 2. Goebell PJ et al. Poster #P67. Presented at 35. Deutscher Krebskongress 2022, Berlin. 3. Goebell PJ et al. Clin Genitourin Cancer. 2018;16(6):e1101–e1115.



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