Perspectives synthesized from ASCO 2026 presenter and discussant sessions and post-meeting expert commentary. Prepared for educational purposes by the Kidney Cancer Journal editorial team.

Toni K. Choueiri, MD, FASCO.
Dana-Farber Cancer Institute, Boston, MA. *Presenter — LITESPARK-022 and KEYNOTE-564* ctDNA Analysis

Dr. Choueiri framed LITESPARK-022 around a sobering baseline: approximately 40% of patients receiving adjuvant pembrolizumab alone still experience recurrence within five years. The 11 percentage-point absolute improvement in 2-year DFS achieved by adding belzutifan is, in his view, both statistically robust and biologically coherent — reflecting the complementary, non-overlapping mechanisms of HIF-2α inhibition and PD-1 blockade. On broader metabolic considerations, Dr. Choueiri raised the underappreciated challenge of lenvatinib-associated sarcopenia in post-nephrectomy patients already facing dietary protein restrictions. He offered an important counterpoint for belzutifan-based regimens: through HIF-2α-mediated effects in VHL-driven tumors, belzutifan may actually reverse sarcopenia and support muscle preservation — a biologically distinct and clinically meaningful advantage over TKI-based combinations as LITESPARK-011 moves into broader use.

Martin H. Voss, MD
Memorial Sloan Kettering Cancer Center, New York, NY.
Official Discussant — ASCO 2026 Oral Abstract Session

Dr. Voss approached his discussant role with measured optimism, asking whether the best in kidney cancer is still ahead. On the RADICAL trial, he declined to treat a technically negative primary endpoint as a scientific dead end. He noted that the overall survival curves diverged after one year and remained separated, suggesting a subgroup of bone-metastatic patients may derive meaningful benefit from a bone-targeted combination — and that overly broad enrollment likely diluted the signal. He called for more refined patient selection and modern radiopharmaceutical agents in a future phase 3 trial, emphasizing that RADICAL proved such studies are feasible in this population. On the KEYNOTE-564 ctDNA analysis, Dr. Voss highlighted the assay's high specificity and positive predictive value in placebo-treated patients, and drew a clear clinical line: ctDNA-positive patients following nephrectomy derive substantially greater benefit from adjuvant pembrolizumab than ctDNA-negative patients, in whom the 7% absolute reduction in 24-month recurrence rate raises legitimate questions about whether routine adjuvant therapy is justified.

Robert J. Motzer, MD
Memorial Sloan Kettering Cancer Center, New York, NY. *Presenter — LITESPARK-011 study.*

Dr. Robert Motzer presented LITESPARK-011 as a study whose significance extends beyond its efficacy numbers. He placed this in explicit historical context, noting that the RCC treatment paradigm has shifted dramatically over the years — from single-agent TKIs to immune checkpoint combinations in the first line — and that the post-IO setting has until now lacked a phase 3-validated standard built for the modern treatment sequence. On the scientific rationale, Dr. Motzer emphasized that belzutifan and lenvatinib target tumor blood vessel growth through distinct and complementary mechanisms. He argued that this mechanistic non-overlap — targeting the same angiogenic axis at two separate nodes — provides a stronger biological foundation for combination therapy than pairing two agents with overlapping mechanisms. On the key efficacy results, Dr. Motzer highlighted not only the PFS improvement but the near

doubling of median duration of response as the finding with greatest clinical relevance — reflecting deeper and more durable tumor control rather than simply a higher response rate. On practical implementation, Dr. Motzer was candid about the patient population boundaries the trial's eligibility criteria define. Patients with significant cardiac disease, pre-existing anemia, or prior pulmonary toxicity were excluded from enrollment — a meaningful caveat as the combination moves toward regulatory approval and broader clinical use.

Brian I. Rini, MD
Vanderbilt-Ingram Cancer Center, Nashville, TN.
Official Discussant — ASCO 2026

Perioperative GU Oncology Session Dr. Rini organized his discussant commentary around three central questions: how to integrate local and systemic therapies in the era of active immunotherapy regimens; whether treatment intensification genuinely improves individual patient outcomes; and how the field should measure success beyond conventional efficacy endpoints. On RAMPART, he cautioned against over-interpreting subgroup analyses given small patient numbers, limited events, and wide confidence intervals, and made the critically important point that adjuvant immunotherapy has no proven benefit in non-clear cell RCC — a boundary the field must respect as combination adjuvant strategies expand. His most pointed contribution was a call to elevate quality-of-life measurement as a co-equal endpoint alongside DFS and OS in perioperative trials. The RAMPART combination arm's clinically meaningful deterioration in role functioning, fatigue, and sleep at 16 weeks represents a real treatment burden in asymptomatic post-nephrectomy patients — one that must be part of the shared decision-making conversation and should factor into regulatory and guideline-development processes.

Rana R. McKay, MD
University of California San Diego, San Diego, CA.
Presenter — RADICAL Trial

Dr. McKay presented RADICAL with clinical transparency, acknowledging the negative primary endpoint while directing attention to findings that she argued merit prospective follow-up. The overall survival curves showed late divergence favoring the radium-223 plus cabozantinib combination, and the on-trial rate of symptomatic skeletal events was low in both arms — suggesting that cabozantinib alone provides meaningful baseline bone protection, and that the combination's benefit may be concentrated in a more precisely defined patient subgroup. She characterized RADICAL as the largest randomized radiopharmaceutical trial ever conducted outside of prostate cancer, and argued that its completion establishes the feasibility infrastructure for the next generation of bone-directed RCC studies. She expressed particular enthusiasm for expanding combination radiopharmaceutical approaches in this space, and framed RADICAL as a foundation rather than a conclusion.

Editorial Synthesis

Oncology expert perspectives from ASCO 2026 converge on three defining conclusions. The bone metastatic RCC space has been formally activated as a research priority — RADICAL was negative, but Voss, McKay, and Choueiri unanimously framed it as a beginning. Quality-of-life and body composition have arrived as clinical imperatives, not afterthoughts — Rini, Grünwald, and Bedke collectively signaled that the field will no longer accept efficacy data alone as sufficient justification for treatment intensification. And biology is increasingly driving strategy — through ctDNA, KIM-1, AI-derived pathological features, patterns of progression, and the differential metabolic profiles of emerging regimens. The experts gathered in Chicago were not simply reporting results. They were sketching the architecture of a precision-guided future for kidney cancer care.