Truqap® capivasertib
160 mg • 200 mg tablets

IMFINZI® durvalumab
Injection for Intravenous Use 50 mg/mL

Focused Review: TRUQAP + Abiraterone/Prednisone: The First and Only Targeted Combination Therapy to Treat PTEN-Deficient mAPMN/S Prostate Cancer

Addressing the Unmet Needs and Expanding Treatment Options in BCG-Naïve High-Risk Non–Muscle-Invasive Bladder Cancer

PRESENTED BY:

Chandler Park, M.D., F.A.C.P.

NORTON CANCER INSTITUTE DOWNTOWN

12/8/2026
6:30 PM Eastern Standard Time

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IMPORTANT PRODUCT INFORMATION

Select Safety Information About TRUQAP® (capivasertib) tablets

TRUQAP is contraindicated in patients with severe hypersensitivity to TRUQAP or any of its components.

Serious adverse reactions include hyperglycemia, including diabetic ketoacidosis and fatal outcomes; diarrhea; and cutaneous adverse reactions. Monitor fasting glucose and hemoglobin A1C levels regularly. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with TRUQAP and for 4 months after the last dose. Among the 503 patients who received TRUQAP in CAPItello-281, the most common (≥20%) adverse reactions including laboratory abnormalities were increased fasting glucose (70%), decreased hemoglobin (61%), decreased lymphocytes (58%), cutaneous adverse reactions (53%), diarrhea (53%), decreased potassium (51%), increased creatinine (49%), increased non-fasting glucose (49%), increased alanine aminotransferase (38%), increased triglycerides (37%), increased aspartate aminotransferase (36%), decreased sodium (30%), and fatigue (26%).

Indication and Usage

TRUQAP in combination with abiraterone and prednisone is indicated for the treatment of adult patients with metastatic androgen pathway modulation-naïve or -sensitive (mAPMN/S) prostate cancer that is PTEN-deficient as detected by an FDA-authorized test.

Please see accompanying full Prescribing Information, including Patient Information for TRUQAP.

IMPORTANT PRODUCT INFORMATION

IMFINZI in combination with Bacillus Calmette-Guérin (BCG) is indicated for the treatment of adult patients with BCG-naive, high-risk non-muscle-invasive bladder cancer (NMIBC).

IMFINZI in combination with gemcitabine and cisplatin as neoadjuvant treatment, followed by single agent IMFINZI as adjuvant treatment following radical cystectomy, is indicated for the treatment of adult patients with muscle-invasive bladder cancer (MIBC).

Immune-mediated adverse reactions, which may be severe or fatal, can occur in any organ system or tissue, including the following: immune-mediated pneumonitis, immune-mediated colitis, immune-mediated hepatitis, immune-mediated endocrinopathies, immune-mediated nephritis with renal dysfunction, immune-mediated dermatologic reactions, and solid organ transplant rejection. IMFINZI can cause severe or life-threatening infusion-related reactions. Fatal and other serious complications can occur in patients who receive allogeneic hematopoietic stem cell transplantation (HSCT) before or after being treated with a PD-1/PD-L1 blocking antibody.

Advise women not to become pregnant or breastfeed during treatment with IMFINZI and for 3 months after the last dose.

The most common (≥1%) serious adverse reactions reported in patients with BCG-naïve high-risk NMIBC treated with IMFINZI + BCG were urinary tract infection (4.5%), COVID (1.8%), hepatitis (1.5%), dysuria (1.2%), and prostate cancer (1.2%). The most frequent (≥1%) serious adverse reactions reported in patients with MIBC in the neoadjuvant phase of the NIAGARA trial receiving IMFINZI in combination with gemcitabine and cisplatin were pulmonary embolism (1.9%), febrile neutropenia (1.5%), acute kidney injury (1.3%), thrombocytopenia (1.3%), urinary tract infection (1.3%), and pneumonia (1.3%). The most frequent serious adverse reactions (occurring in ≥1% of patients) reported in patients with MIBC in the adjuvant phase of the NIAGARA trial receiving IMFINZI as a single agent were urinary tract infection (7%), acute kidney injury (3.7%), hydronephrosis (2.1%), pyelonephritis (2.1%), urosepsis (1.8%) and sepsis (1.6%).

The most common adverse reactions, including laboratory abnormalities (occurring in ≥20% of patients with BCG-naïve HR-NMIBC treated with IMFINZI + BCG), were increased glucose (43%), increased AST (43%), increased lipase (42%), increased ALT (42%), increased GGT (40%), urinary tract infection (40%), increased potassium (39%), dysuria (37%), decreased hemoglobin (35%), hematuria (33%), increased creatinine (30%), musculoskeletal pain (28%), decreased lymphocytes (27%), urinary frequency (26%), decreased sodium (23%), fatigue (21%), rash (20%), and pyrexia (20%). The most common adverse reactions, including laboratory abnormalities (occurring in ≥20% of patients with MIBC) were decreased hemoglobin, decreased neutrophils, increased blood creatinine, decreased sodium, nausea, increased ALT, decreased calcium, decreased platelets, fatigue, increased potassium, decreased lymphocytes, increased AST, constipation, decreased magnesium, decreased appetite, increased alkaline phosphatase, rash, pyrexia, diarrhea, vomiting and abdominal pain.

The safety and effectiveness of IMFINZI has not been established in pediatric patients.

Please see the full Prescribing Information, including Medication Guide, for IMFINZI.

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