



WORLD KIDNEY CANCER CONFERENCE 2022

17th June 2022

A Clinical Synopsis

This World Kidney Cancer Day

over 1000 HCPs gained insights on diagnosis, prognosis, and various managerial aspects of renal cancers from three leading experts.

Contents



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Systemic Therapy: Selecting First-line Therapy and Later-line Therapy.

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Dr. Saurabh Patil

Role of Cytoreductive Nephrectomy in Advanced Renal Cancers.

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Dr. Hemang Bakshi

Role of Robotics in Kidney Cancer Surgery.

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1000+ HCPs engaged with us from 10 countries!





Dr. Nikhil Haridas

Systemic Therapy: Selecting First-line Therapy and Later-line Therapy

- Surgical resection of renal cell carcinoma in the early stages (stages 1-3) can be highly beneficial. But there can be a tumor recurrence in around 1/3rd of the patients.
- Immune checkpoint inhibitors have emerged as a promising therapeutic option for renal cell carcinoma. Combination therapy has become the standard of care in this condition.
- Patients are stratified according to various factors such as biochemical test results, Karnofsky performance score, etc., into appropriate classes based on the IMDC risk model.
- Active surveillance should be preferred for favorable-risk patients with a low disease burden as it allows doctors to evaluate the progression of the disease and plan the treatment accordingly. These patients can be prescribed anti-angiogenic medications like sunitinib or pazopanib. Systemic therapy can be initiated if any sudden progression of the disease is observed.
- Second-line treatment depends on the time it takes for the disease to progress and the first-line option used. Pembrolizumab is preferred for patients with cardiac comorbidities. Patients with contraindications for immunotherapy can be treated with everolimus and lenvatinib.



Dr. Saurabh Patil

Role of Cytoreductive Nephrectomy in Advanced Renal Cancers" not Cytoreductive Nephrectomy in the Current Era

- Treatment of RCC has evolved over the years from cytokine-based treatment to targeted therapy to immune checkpoint-based treatments.
- Cytoreductive surgery: Removal of the primary tumor even after metastasis to significantly reduce the immune burden.
- Key trials—CARMENA and SURTIME
- CARMENA trial in 2021 found no clear benefit of CR surgery followed by sunitinib treatment vs. sunitinib alone in clear cell RCC patients. CR surgery can benefit patients classified under IMDC risk class 1.
- Cytoreductive surgery still plays an essential role in the modern era of immune checkpoint inhibitors-based treatment. No clear difference was observed if cytoreductive surgery is carried out upfront or if it is deferred with regards to the patients' outcome. The role and timing of CR surgery still depend on the individual patient. Patient selection is key.



Dr. Hemang Bakshi

Role of Robotics in Kidney Cancer

Diagnosis of RCC is based on the triad of flank pain, hematuria, and abdominal mass. There has been a recent shift in the trend of detection from symptomatic to asymptomatic renal masses. The staging of kidney cancer depends on the size of the tumor and the extent of invasion of mass. The 5-year survival rate is high in stages 1 and 2, with the survival rate falling sharply after that

RCC is resistant to radio and conventional chemo; hence, surgery is often required in all stages of the disease. Partial nephrectomy is the standard care in T1 tumors as it preserves renal function and has minimal side effects. Radical nephrectomy is indicated for stages 2 and 3 RCC. It is recommended to complete the entire excision and reconstruction procedure within 25 mins.

Robotic surgery offers many advantages such as shorter operative time, shorter warm ischemia time, precise excision of the tumor, precise reconstruction and lesser postoperative complications, lower incidence of chronic kidney disease, and lower incidence of acute kidney injury. This technique is beneficial in hilar tumors and endophytic tumors.

A new development in partial nephrectomy is the use of 3D augmented reality. This allows for the generation of 3D models of the organs from CT scan images and allows the visualization of any possible association of tumors with any blood vessels or for visualizing endophytic tumors.

There was no difference in perioperative outcomes, recurrence rates, or cancer-specific mortality between laparoscopic and robotics-based radical nephrectomy. Open surgery is preferred in cases of large tumors or tumors with IVC thrombus.

Deciding between partial vs. complex nephrectomy for complex tumors should be based on disease factors, the surgeon's experience, and the relevant infrastructure's availability.



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