



INTERNATIONAL KIDNEY CANCER
SYMPOSIUM: NORTH AMERICA

Symposium Guide

THURSDAY–SATURDAY, NOV 9–11, 2023



The International Kidney Cancer Symposium

The Kidney Cancer Association (KCA) presents the International Kidney Cancer Symposium: North America, an opportunity for physicians, researchers, academics, and industry professionals from across the region to join and exchange ideas that will direct the future of kidney cancer research and treatment in the ultimate pursuit of a cure.

IKCS meetings are a front-row seat to emerging research, noteworthy breakthroughs, current challenges, and promising treatments in kidney cancer. The community feel promotes learning, networking, and unparalleled opportunities for mentorship and collaboration.

Table of Contents

About the Kidney Cancer Association	3
Welcome Letter	4
Continuing Medical Education Information	9
Program Agenda	13
Poster Listings	25
Sponsors and Exhibitors	35
Omni Hotel Map	36

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About the KCA

The Kidney Cancer Association was founded in 1990 by Eugene P. Schonfeld and a small group of patients and doctors in Chicago, Illinois, and has grown into an international non-profit organization. The KCA promotes scientific advances through two annual research symposiums and a robust grant program, participates in legislative advocacy, and seeks to be a source of education and resources for patients, caregivers, and anyone impacted by kidney cancer.

OUR VISION

To be the universal leader in finding the cure for kidney cancer.

OUR MISSION

To be a global community dedicated to serving and empowering patients and caregivers, and leading change through advocacy, research, and education.

Mail Donations To

Please send donations to our secure lock-box:

ADDRESS Kidney Cancer Association
PO Box 676226
Dallas, TX 75267-6226

PHONE USA: (800) 850-9132
INT'L: +1 847 332 1051

EMAIL office@kidneycancer.org

"One of the Association's most important contributions is its support of the physicians, nurses, and cancer care team members who care for patients with kidney cancer. Through our educational activities, we help ensure that the latest medical advances and best practices are shared. Our global medical conferences bring together the world's leading technology and treatment options."

Gretchen E. Vaughan

President and CEO, Kidney Cancer Association



Not actual patients

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Welcome From KCA's President & CEO

Welcome to Nashville – Music City! – for the 2023 IKCS: North America. We have an exciting program that showcases the best in kidney cancer research and discovery. This is a special time to gather and exchange ideas that will direct the future of kidney cancer research.

We are honored to have Dr. Peter Embí, Professor and Chair of the Department of Biomedical Informatics and Senior Vice President for Research and Innovation at Vanderbilt University here in Nashville, as our Keynote Speaker to talk about the promise of AI-driven learning systems. Don't miss our usual WoodFire®, always an exciting “tumor board” discussion! Both the Oral Abstracts session featuring abstract Merit Awardees and the Practice-Changing Papers session will be among the research highlights to take in.

We are pleased to highlight three special career awardees this year. Dr. Alexander Kutikov will receive the Andrew C. Novick Award for outstanding work in urology. Dr. Pavlos Msaouel will receive the Christopher G. Wood Rising Star Award for his talent and commitment to rare kidney cancer research. Our long-serving Medical Steering Committee member, dedicated KCA champion, and my friend Dr. Nizar Tannir will receive the Nicholas J. Vogelzang Humanitarian Award for his service, leadership, advocacy, and compassion towards his patients, their families, the KCA, and the kidney cancer community. Join me in congratulating them, and don't miss their lectures!

Make sure to spend time in the exhibit hall, attend industry symposia, network with friends, and collect your CME credits after the meeting is over.

Our thanks to those who worked diligently to help us host this event. This includes our IKCS faculty, sponsors, exhibitors, and attendees, and the Scientific Planning Committee: Phil Pierorazio, MD (Chair); Tian Zhang, MD, MHS (Chair); Stephanie Berg, DO; Maria Carlo, MD; Dan Geynisman, MD; Jodi Maranchie, MD; Sarah Psutka, MD, MS; Kiran Virdee, RN CCRN-K; and Yousef Zacharia, MD.

Your work and service to patients and families are an inspiration. We at the KCA are proud to support you and help forge new paths to unlocking the cure for kidney cancer!

Sincerely,



Gretchen E. Vaughan

President and CEO, Kidney Cancer Association

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You are cordially invited to attend an educational presentation at the International Kidney Cancer Association (IKCS) titled:

CABOMETYX® + OPDIVO®: A Combination Treatment for 1L Patients With Advanced Renal Cell Carcinoma

OBJECTIVES

CheckMate 9ER
Trial Overview

Efficacy of CABOMETYX
plus nivolumab

Safety and Tolerability,
QoL, Dosing



PRESENTED BY:

Nancy Dawson, MD

Director of the Genitourinary Oncology Program
Georgetown University Hospital
Washington, DC



DATE & TIME:

Saturday, November 11, 2023
12:20 PM - 1:20 PM Central



LOCATION:

Omni Nashville Hotel
250 Fifth Avenue South
Nashville, TN 37203
Room: Music Row 5

TO RSVP:

Register Online at: <http://sphase.info/exe00719>

Due to changes in the Pharmaceutical Research and Manufacturers of America (PhRMA) Code, beginning 1/1/2022 Alcoholic Beverages will no longer be provided by Exelixis, Inc.

INDICATIONS

CABOMETYX (cabozantinib), in combination with nivolumab, is indicated for the first-line treatment of patients with advanced renal cell carcinoma (RCC). CABOMETYX is indicated for the treatment of patients with advanced RCC.

IMPORTANT SAFETY INFORMATION WARNINGS AND PRECAUTIONS

Hemorrhage: Severe and fatal hemorrhages occurred with CABOMETYX. The incidence of Grade 3 to 5 hemorrhagic events was 5% in CABOMETYX patients in RCC, HCC, and DTC studies. Discontinue CABOMETYX for Grade 3 or 4 hemorrhage and prior to surgery as recommended. Do not administer CABOMETYX to patients who have a recent history of hemorrhage, including hemoptysis, hematemesis, or melena.

Please see Important Safety Information on the following page and full Prescribing Information provided or at <https://www.cabometyx.com/downloads/CABOMETYXUSPI.pdf>.

Please note: Your e-mail address is required for registration. The information you provide will only be used to facilitate your attendance at this program.

Program is intended for healthcare professionals including: Oncologists, NPs, PAs, RNs, and Pharmacists.
Program is not intended for non-healthcare professionals, including guests or spouses.

Acceptance of a meal provided by Exelixis is an in-kind benefit and requires participants to be present for the entirety of this educational program. Participants attending virtual programs are encouraged to be on their webcam for the entirety of the program* to ensure attendance and participation.

*Does not apply to product theater programs

IMPORTANT SAFETY INFORMATION (CONT'D)

IMPORTANT SAFETY INFORMATION WARNINGS AND PRECAUTIONS

Perforations and Fistulas: Fistulas, including fatal cases, occurred in 1% of CABOMETYX patients. Gastrointestinal (GI) perforations, including fatal cases, occurred in 1% of CABOMETYX patients. Monitor patients for signs and symptoms of fistulas and perforations, including abscess and sepsis. Discontinue CABOMETYX in patients who experience a Grade 4 fistula or a GI perforation.

Thrombotic Events: CABOMETYX increased the risk of thrombotic events. Venous thromboembolism occurred in 7% (including 4% pulmonary embolism) and arterial thromboembolism in 2% of CABOMETYX patients. Fatal thrombotic events occurred in CABOMETYX patients. Discontinue CABOMETYX in patients who develop an acute myocardial infarction or serious arterial or venous thromboembolic events that require medical intervention.

Hypertension and Hypertensive Crisis: CABOMETYX can cause hypertension, including hypertensive crisis. Hypertension was reported in 37% (16% Grade 3 and <1% Grade 4) of CABOMETYX patients. Do not initiate CABOMETYX in patients with uncontrolled hypertension. Monitor blood pressure regularly during CABOMETYX treatment. Withhold CABOMETYX for hypertension that is not adequately controlled with medical management; when controlled, resume at a reduced dose. Permanently discontinue CABOMETYX for severe hypertension that cannot be controlled with anti-hypertensive therapy or for hypertensive crisis.

Diarrhea: Diarrhea occurred in 62% of CABOMETYX patients. Grade 3 diarrhea occurred in 10% of CABOMETYX patients. Monitor and manage patients using antidiarrheals as indicated. Withhold CABOMETYX until improvement to \leq Grade 1, resume at a reduced dose.

Palmar-Plantar Erythrodysesthesia (PPE): PPE occurred in 45% of CABOMETYX patients. Grade 3 PPE occurred in 13% of CABOMETYX patients. Withhold CABOMETYX until improvement to Grade 1 and resume at a reduced dose for intolerable Grade 2 PPE or Grade 3 PPE.

Hepatotoxicity: CABOMETYX in combination with nivolumab can cause hepatic toxicity with higher frequencies of Grades 3 and 4 ALT and AST elevations compared to CABOMETYX alone.

Monitor liver enzymes before initiation of and periodically throughout treatment. Consider more frequent monitoring of liver enzymes than when the drugs are administered as single agents. For elevated liver enzymes, interrupt CABOMETYX and nivolumab and consider administering corticosteroids.

With the combination of CABOMETYX and nivolumab, Grades 3 and 4 increased ALT or AST were seen in 11% of patients. ALT or AST >3 times ULN (Grade ≥ 2) was reported in 83 patients, of whom 23 (28%) received systemic corticosteroids; ALT or AST resolved to Grades 0-1 in 74 (89%). Among the 44 patients with Grade ≥ 2 increased ALT or AST who were rechallenged with either CABOMETYX (n=9) or nivolumab (n=11) as a single agent or with both (n=24), recurrence of Grade ≥ 2 increased ALT or AST was observed in 2 patients receiving CABOMETYX, 2 patients receiving nivolumab, and 7 patients receiving both CABOMETYX and nivolumab. Withhold and resume at a reduced dose based on severity.

Adrenal Insufficiency: CABOMETYX in combination with nivolumab can cause primary or secondary adrenal insufficiency. For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment, including hormone replacement as clinically indicated. Withhold CABOMETYX and/or nivolumab and resume CABOMETYX at a reduced dose depending on severity.

Adrenal insufficiency occurred in 4.7% (15/320) of patients with RCC who received CABOMETYX with nivolumab, including Grade 3 (2.2%), and Grade 2 (1.9%) adverse reactions. Adrenal insufficiency led to permanent discontinuation of CABOMETYX and nivolumab in 0.9% and withholding of CABOMETYX and nivolumab in 2.8% of patients with RCC.

Approximately 80% (12/15) of patients with adrenal insufficiency received hormone replacement therapy, including systemic corticosteroids. Adrenal insufficiency resolved in 27% (n=4) of the 15 patients. Of the 9 patients in whom CABOMETYX with nivolumab was withheld for adrenal insufficiency, 6 reinstated treatment after symptom improvement; of these, all (n=6) received hormone replacement therapy and 2 had recurrence of adrenal insufficiency.

Proteinuria: Proteinuria was observed in 8% of CABOMETYX patients. Monitor urine protein regularly during CABOMETYX treatment. For Grade 2 or 3 proteinuria, withhold CABOMETYX until improvement to \leq Grade 1 proteinuria, resume CABOMETYX at a reduced dose. Discontinue CABOMETYX in patients who develop nephrotic syndrome.

Osteonecrosis of the Jaw (ONJ): ONJ occurred in <1% of CABOMETYX patients. ONJ can manifest as jaw pain, osteomyelitis, osteitis, bone erosion, tooth or periodontal infection, toothache, gingival ulceration or erosion, persistent jaw pain, or slow healing of the mouth or jaw after dental surgery. Perform an oral examination prior to CABOMETYX initiation and periodically during treatment. Advise patients regarding good oral hygiene practices. Withhold CABOMETYX for at least 3 weeks prior to scheduled dental surgery or invasive dental procedures, if possible. Withhold CABOMETYX for development of ONJ until complete resolution, resume at a reduced dose.

Impaired Wound Healing: Wound complications occurred with CABOMETYX. Withhold CABOMETYX for at least 3 weeks prior to elective surgery. Do not administer CABOMETYX for at least 2 weeks after major surgery and until adequate wound healing. The safety of resumption of CABOMETYX after resolution of wound healing complications has not been established.

Reversible Posterior Leukoencephalopathy Syndrome (RPLS): RPLS, a syndrome of subcortical vasogenic edema diagnosed by characteristic findings on MRI, can occur with CABOMETYX. Evaluate for RPLS in patients presenting with seizures, headache, visual disturbances, confusion, or altered mental function. Discontinue CABOMETYX in patients who develop RPLS.

Thyroid Dysfunction: Thyroid dysfunction, primarily hypothyroidism, has been observed with CABOMETYX. Based on the safety population, thyroid dysfunction occurred in 19% of patients treated with CABOMETYX, including Grade 3 in 0.4% of patients.

Patients should be assessed for signs of thyroid dysfunction prior to the initiation of CABOMETYX and monitored for signs and symptoms of thyroid dysfunction during CABOMETYX treatment. Thyroid function testing and management of dysfunction should be performed as clinically indicated.

Hypocalcemia: CABOMETYX can cause hypocalcemia. Based on the safety population, hypocalcemia occurred in 13% of patients treated with CABOMETYX, including Grade 3 in 2% and Grade 4 in 1% of patients. Laboratory abnormality data were not collected in CABOSUN.

In COSMIC-311, hypocalcemia occurred in 36% of patients treated with CABOMETYX, including Grade 3 in 6% and Grade 4 in 3% of patients.

Monitor blood calcium levels and replace calcium as necessary during treatment. Withhold and resume at reduced dose upon recovery or permanently discontinue CABOMETYX depending on severity.

Embryo-Fetal Toxicity: CABOMETYX can cause fetal harm. Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Verify the pregnancy status of females of reproductive potential prior to initiating CABOMETYX and advise them to use effective contraception during treatment and for 4 months after the last dose.

ADVERSE REACTIONS

The most common ($\geq 20\%$) adverse reactions are:

CABOMETYX as a single agent: diarrhea, fatigue, PPE, decreased appetite, hypertension, nausea, vomiting, weight decreased, constipation.

CABOMETYX in combination with nivolumab: diarrhea, fatigue, hepatotoxicity, PPE, stomatitis, rash, hypertension, hypothyroidism, musculoskeletal pain, decreased appetite, nausea, dysgeusia, abdominal pain, cough, and upper respiratory tract infection.

DRUG INTERACTIONS

Strong CYP3A4 Inhibitors: If coadministration with strong CYP3A4 inhibitors cannot be avoided, reduce the CABOMETYX dosage. Avoid grapefruit or grapefruit juice.

Strong CYP3A4 Inducers: If coadministration with strong CYP3A4 inducers cannot be avoided, increase the CABOMETYX dosage. Avoid St. John's wort.

USE IN SPECIFIC POPULATIONS

Lactation: Advise women not to breastfeed during CABOMETYX treatment and for 4 months after the final dose.

Hepatic Impairment: In patients with moderate hepatic impairment, reduce the CABOMETYX dosage. Avoid CABOMETYX in patients with severe hepatic impairment.

Please see full Prescribing Information provided or at <https://www.cabometyx.com/downloads/CABOMETYXUSPI.pdf>.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

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Continuing Medical Education Information



This activity is jointly provided by The France Foundation and the Kidney Cancer Association.

TARGET AUDIENCE

This educational activity is intended for medical oncologists and urologists who treat patients with kidney cancer. All other healthcare professionals involved in the management of kidney cancer are invited to participate.

STATEMENT OF NEED

Education and interaction surrounding the space of renal cell carcinoma are paramount to improving patient care. This program is targeted to physicians, advocates, and researchers to help promote learning and collaboration for advancement in the renal cancer space.

EDUCATIONAL ACTIVITY LEARNING OBJECTIVES

Upon completion of this course, the participants should be able to:

- Characterize the various therapies currently available for locally advanced and metastatic renal cell carcinoma
- Identify the novel approaches to non-clear RCC patient management
- Understand the role of the tumor microenvironment in kidney cancer
- Discuss how to design biomarker-driven clinical trials in kidney cancer

ACCREDITATION STATEMENT

In support of improving patient care, this activity has been planned and implemented by The France Foundation and the Kidney Cancer Association. The France Foundation is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



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CREDIT DESIGNATION

Physicians: The France Foundation designates this live activity for a maximum of **11.5 AMA PRA Category 1 Credit(s)™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

METHOD OF PARTICIPATION/ HOW TO RECEIVE CREDIT

1. Review the activity objectives and CME/CE information.
2. Participate in the CME/CE activity.

3. TO CLAIM CREDIT

Scan QR Code to visit the web portal. Complete the evaluation form, which provides each participant with the opportunity to comment on how participating in the activity will affect their professional practice; the quality of the instructional process; the perception of enhanced professional effectiveness; the perception of commercial bias; and his/her views on future educational needs.

CLAIM CREDIT

Scan QR Code to visit the web portal.



4. If you are requesting educational credits or a certificate of participation, your certificate will be available for download.

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In accordance with the ACCME Standards for Commercial Support, The France Foundation (TFF) and the Kidney Cancer Association (KCA) require that individuals in a position to control the content of an educational activity disclose all relevant financial relationships with any commercial interest. TFF and the KCA resolve all conflicts of interest to ensure independence, objectivity, balance, and scientific rigor in all their educational programs. Furthermore, TFF and KCA see to verify that all scientific research referred to, reported, or used in a CME/CE activity conforms to the generally accepted standards of experimental design, data collection, and analysis. TFF and KCA are committed to providing learners with high-quality CME/CE activities that promote improvements in health care and not those of a commercial interest.

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SOURCES OF FUNDING

Funding sources supporting this conference include the following:

- Participants' registration fees
- Exhibition booths during the event

INFORMATION

If you have questions about this CME/CE activity, please contact The France Foundation at **860-434-1650** or **asmeaton@francefoundation.com**

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Sponsored Symposia List

<p>Thursday, November 9 6:30pm–7:30pm</p> <p>PRESENTED BY PFIZER</p>	<p>NON-CME SESSION Therapy Management of Tyrosine Kinase Inhibitor (TKI) and Immuno-Oncology (IO) Combination Therapy for Advanced Renal Cell Carcinoma</p> <p>LEGENDS ABCD</p>	<p>Zita Lim, PA-C MD Anderson Cancer Center GU Medical Oncology Dept</p>
<p>Friday, November 10 1:15pm–2:15pm</p> <p>PRESENTED BY BOSTON SCIENTIFIC</p>	<p>NON-CME SESSION Optimizing the Treatment of Kidney Cancer: Importance of Partnerships, Evidence, and Guidelines</p> <p>MUSIC ROW 5</p>	<p>AJ Gunn, MD UAB Medicine</p> <p>Chas Peyton, MD UAB Medicine</p>
<p>Friday, November 10 6:45pm–8:15pm</p> <p>PRESENTED BY PEERVIEW</p>	<p>CME CREDIT SPONSORED INDUSTRY SYMPOSIUM Leveling Up Our RCC Care Strategy: Real-World Translation of Key Evidence Across Treatment Settings: CME/MOC/AAPA activity</p> <p>MUSIC ROW 5</p>	<p>Sumanta Pal, MD, FASCO City of Hope Comprehensive Cancer Center</p> <p>David McDermott, MD Beth Israel Deaconess Medical Center</p> <p>Laurence Albiges, MD, PhD Gustave Roussy Institute</p>
<p>Saturday, November 11 12:20pm–1:20pm</p> <p>PRESENTED BY EXELIXIS</p>	<p>NON-CME SESSION A Combination Treatment for Patients with Advanced Renal Cell Carcinoma</p> <p>MUSIC ROW 5</p>	<p>Nancy Dawson, MD Director of the Genitourinary Oncology Program, Georgetown University Hospital</p>



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For PC

1. Go to ikcsna23.eventscribe.net/index.asp?launcher=1
2. Log in with your email address and Access Key

Program Agenda

WELCOME • THURSDAY • NOVEMBER 9, 2023

1:00pm–6:30pm

Registration Open

2:00pm–5:00pm

Clinical Advisory Board Meeting

MUSIC ROW 5

2:00pm–5:00pm

Think Tank Meeting

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MUSIC ROW 3

5:15pm–6:15pm

SPECIALTY WORKSHOP 1

**Renal Cell Carcinoma in Review:
Where We Are Today & What We
Know! A Discussion for Non-Physician
Clinicians**

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MUSIC ROW 5

Moderator:

Laura S. Wood, RN, MSN, OCN

Panelists:

Zita Lim, PA-C

Virginia J. Seery,
MSN, RN, ANP-BC, AOCNP

SPECIALTY WORKSHOP 2

Young Investigators

SPONSORED BY PFIZER ONCOLOGY

MUSIC ROW 6

Moderator:

Tian Zhang, MD, MHS

Panelists:

Eric A. Singer, MD, MA, MS, FACS,
FASCO

Nizar M. Tannir, MD FACP

Brian Rini, MD

W. Kimryn Rathmell, MD, PhD

Lauren Meehan Machos, MPH

6:30pm–7:30pm

Dinner Buffet in Conjunction
with Symposium

PRESENTED BY
PFIZER ONCOLOGY

NON-CME SESSION

**Therapy Management of Tyrosine
Kinase Inhibitor (TKI) and Immuno-
Oncology (IO) Combination Therapy
for Advanced Renal Cell Carcinoma**

LEGENDS ABCD

Speaker:

Zita Lim, PA-C

7:30pm–11:30pm

(Meet in lobby at 7:45pm)

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Faculty Networking Event (Invite Only)

OFFSITE

DAY 1 • FRIDAY • NOVEMBER 10, 2023

6:30am–7:30am

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ONCOLOGY, AN LG CHEM
COMPANY

Rise and Shine Yoga

MUSIC ROW 3

Instructor:

Dharam Kaushik, MD

7:00am–8:00am

KCA Medical Steering Committee

MUSIC ROW 6

7:30am–5:00pm

Exhibit and Poster Hall Open

LEGENDS EFG

7:30am–5:30pm

Registration Open

Hungry? You gotta be kidney me!
Breakfast items available from
7:30am–8:30 am

LEGENDS PRE-FUNCTION

8:00am–9:45am

SESSION 1

Debates in Locally Advanced Kidney
Cancer

LEGENDS ABCD

Moderator:

Phillip M. Pierorazio, MD

Patient-Specific Testimony

Kevin Kiernan

Case Presentation: IVC Thrombus

Phillip M. Pierorazio, MD

IVC Thrombus Debate:
The Case for Surgery

Andres F. Correa, MD

IVC Thrombus Debate:
The Case for Systemic Therapy

Sandy Srinivas, MD

IVC Thrombus Debate:
The Case for Radiation

Shivani Sud, MD

	Case Presentation: Large Tumor in Solitary Kidney	Phillip M. Pierorazio, MD
	Large Tumor in a Solitary Kidney Debate: The Case for Surgery Upfront	Andres F. Correa, MD
	Large Tumor in a Solitary Kidney Debate: The Case for Radiation	Shivani Sud, MD
	Large Tumor in a Solitary Kidney Debate: The Case for Systemic Therapy	Sandy Srinivas, MD
	Session 1: Q&A	Moderator: Phillip M. Pierorazio, MD
9:45am–10:40am	SESSION 2 Insights into Variant Pathology LEGENDS ABCD	Moderator: Kiran Virdee, RN BSN
	KCA Affiliate: Joey's Wings	Kathy Liu
	Translocation RCC	Yasser Ged, MBBS
	Understanding the Unclassified	Sara E. Wobker, MD, MPH
	Molecular Tumor Debate: Pros of Molecular Testing?	Mohammed Alghamdi, MD
	Molecular Tumor Debate: Cons of Molecular Testing?	Sounak Gupta, MBBS, PhD
	Session 2: Q&A	Moderator: Kiran Virdee, RN BSN

10:40am–10:50am

Break

Urine for a treat! Snacks
and drinks available from
10:30am–11:00 am

LEGENDS PRE-FUNCTION

10:50am–11:45am	SESSION 3 Keynote Address: The AI Frontier LEGENDS ABCD	Moderator: Tian Zhang, MD, MHS
	Patient Perspective	Wayne Smith
	KEYNOTE ADDRESS: Creating AI-Driven Learning Health Systems: Now, it's Personal(ized)!	Peter Embí, MD, MS, FACP, FACMI, FAMIA, FIAHSI
	Session 3: Q&A	Moderator: Tian Zhang, MD, MHS
11:45am–12:00pm	Kidney Cancer Association Updates LEGENDS ABCD	Presenter: Salvatore La Rosa, PhD
12:00pm–12:50pm	SESSION 4 The Story of Belzutifan: Understanding the Drug Development Pathway LEGENDS ABCD	Moderator: Jodi Maranchie, MD
	The Pre-Clinical Story of Belzutifan: From Basic Research Insight to Clinical Candidate	Bruce A. Posner, PhD
	IND Package and Early Clinical Development	Eric Jonasch, MD, MS
	FDA Evaluation of Data and Approval for Belzutifan	Jaleh Fallah, MD
	Reflections on Drug Development Pathway (No CME Credit)	Naseem Zojwalla, MD Rodolpho Perini, MD
12:50pm–1:00pm	Nicholas J. Vogelzang Humanitarian Award LEGENDS ABCD	Introduction: Gretchen Vaughan, President and CEO, KCA Acceptance: Nizar Tannir, MD, FACP

1:00pm–2:25pm

Lunch

Go with the flow, and head to lunch! Lunch buffet available from 1:00pm–2:15pm

LEGENDS PRE-FUNCTION

1:15pm–2:15pm

PRESENTED BY
BOSTON SCIENTIFIC

NON-CME SESSION

Optimizing the Treatment of Kidney Cancer: Importance of Partnerships, Evidence, and Guidelines

AJ Gunn, MD

UAB Medicine

Chas Peyton

UAB Medicine

MUSIC ROW 5

2:25pm–3:10pm

SESSION 5

Oral Abstracts

Moderator:

Daniel Geynisman, MD

LEGENDS ABCD

KCA Affiliate: Chris “CJ” Johnson
Foundation

Ritchie Johnson

Announcement of Award Winners:
Best Oral Abstract, Top Rate Poster,
Best Poster Presentation

Presenter:

Daniel Geynisman, MD

Zanzalintinib (XL092) in Clear Cell
Renal Cell Carcinoma (ccRCC):
Results from STELLAR-001

Sumanta Pal, MD

Models of Neurofibromatosis 2 (NF2)
Loss in Kidney Cancer of Hereditary
Leiomyomatosis and Renal Cell
Carcinoma (HLRCC)

Shinji Ohtake, MD

Germline Susceptibility to Renal Cell
Carcinoma and Implications for Genetic
Screening

Kate Glennon, BSc

LITESPARK-013: Randomized Phase
2 Study of Two Doses of Belzutifan
in Patients With Advanced Clear Cell
Renal Cell Carcinoma (ccRCC)

Pooja Ghatalia, MD

	Session 5: Q&A	Moderator: Daniel Geynisman, MD
3:20pm–4:25pm	SESSION 6 Oligometastatic Tumor Board LEGENDS ABCD	Moderator: Sarah Psutka, MD
	KCA Affiliate: Chromophobe and Oncocytic Tumor Alliance (COA)	Katie Coleman
	Tumor Board Panel	Panelists: Vitaly Margulis, MD, Simon Lo, MB, ChB, FACR, FASTRO Naomi Balzer Haas, MD Mohammed Alghamdi, MD
4:25pm–4:40pm	Break	
	<div> <p>Don't kidney-around, grab a snack! Snacks and drinks available from 4:15pm–4:30pm</p> </div>	
	LEGENDS PRE-FUNCTION	
4:40pm–5:00pm	SESSION 7 Christopher G. Wood Rising Star Award LEGENDS ABCD	Introduction: Bradley Leibovich, MD Lecture: Pavlos Msaouel, MD
5:00pm–5:50pm	SESSION 8 NON-CME SESSION Professional Development LEGENDS ABCD	Moderator: Phillip M. Pierorazio, MD
	Institutional Wellness	
	Session 8: Q&A	Moderator: Phillip M. Pierorazio, MD

5:00pm–5:50pm	WORKSHOP Complications and Death: Impact on Cancer Providers MUSIC ROW 3	Moderator: Phillip M. Pierorazio, MD
5:00pm–5:50pm	WORKSHOP Starting a Career, Early Career LEGENDS ABCD	Moderator: Brian Rini, MD Tian Zhang, MD, MHS
5:00pm–5:50pm	WORKSHOP Mid-Career Itch, When is it Time to Transition Job? New Role? New Location? LEGENDS ABCD	Moderator: W. Kimryn Rathmell, MD, PhD Dan George, MD Brad Leibovich, MD
5:00pm–5:50pm	WORKSHOP Industry Discussion About Career Paths in Industry LEGENDS EFG PRE-FUNCTION	Moderator: Jose Perez, MD
6:00pm–7:00pm	IKCS Networking Reception SPONSORED BY AVEO ONCOLOGY, AN LG CHEM COMPANY Poster Walk PRESENTED BY BRISTOL MYERS SQUIBB LEGENDS EFG	Poster Walk Coordinators: Yousef Zakharia, MD Brandon Manley, MD
6:45pm–8:15pm PRESENTED BY PEERVIEW	CME CREDIT SPONSORED INDUSTRY SYMPOSIUM Leveling Up Our RCC Care Strategy: Real-World Translation of Key Evidence Across Treatment Settings: CME/MOC/AAPA Activity MUSIC ROW 5	Chair: Sumanta Kumar Pal, FASCO Presenters: Laurence Albiges, MD, PhD David McDermott, MD
6:45pm–8:15pm Dinner Buffet in Conjunction with Symposium and AdBoard	Aveo AdBoard (Invite only) MUSIC ROW 6	

DAY 2 • SATURDAY • NOVEMBER 11, 2023

6:30am–7:30am

SPONSORED BY EXELIXIS
AND PFIZER ONCOLOGY

Women & Allies in RCC Breakfast

LEGENDS ABCD

Tian Zhang, MD, MHS
Ulka Vaishampayan, MD
Hannah Bowles Riley

7:30am–1:00pm

Exhibit and Poster Hall Open

LEGENDS EFG

7:30am–12:15pm

Registration Open

Let's get REnAL. Breakfast items
available from 7:30am–8:30am

LEGENDS PRE-FUNCTION

8:00am–8:40am

SESSION 9

Academy of Kidney Cancer
Investigators: Highlighting DOD
Grant Recipients

LEGENDS ABCD

Moderator:

Brian Rini, MD

Targeting Stem-Like CD8 T Cells in
Immunotherapy Against Kidney Cancer

Chen Yao, PhD

Elucidating the Roles of Sema5B
in RCC

Anirban Kundu, PhD

The Effect of Clonal Hematopoiesis on
Cardiovascular-Related Outcomes in
Patients Diagnosed with Kidney Cancer

Maxine Sun

8:40am–9:25am

SESSION 10

Molecular Diagnostics & Biomarkers

LEGENDS ABCD

Moderator:

Yousef Zakharia, MD

Imaging: CA-IX Imaging with
Geruntuximab

Brian Shuch, MD

	Circulating Tumor DNA: Utility for RCC in 2023	Alan Tan, MD
	Localized Disease from Cyst to Malignancy: Using AI for Localized Disease	Ivan Pedrosa, MD, PhD
	Session 10: Q&A	Moderator: Yousef Zakharia, MD
9:25am–10:15am	SESSION 11 Cellular Therapies: Novel Immunotherapeutics LEGENDS ABCD	Moderator: Phillip M. Pierorazio, MD
	Patient Perspective	Sally Dale
	Preclinical Development of Novel Immunotherapy Targets and Cellular Therapy	Qing Zhang, PhD
	CART Landscape	Mike Hurwitz, MD, PhD
	Novel Immunotherapy in Early Phase Clinical Development for RCC	Vivek Narayan, MD, MSCE
	Session 11: Q&A	Moderator: Phillip M. Pierorazio, MD

10:15am–10:25pm

Break

We've got the pee-rfect break
available from 7:30am–8:30am

LEGENDS PRE-FUNCTION

10:25am–11:05am	SESSION 12 WoodFire®	Moderator: Jose Karam, MD, FACS Panelists: Mehmet Asim Bilen, MD Mamta Parikh, MD, MS Rahul Sheth, MD Pavlos Msaouel, MD Sarah Psutka, MD Eric Singer, MD, MA, MS, FACS, FASCO
11:05am–12:05pm	SESSION 13 Papillary RCC: What's New? LEGENDS ABCD	Moderator: Marie Carlo, MD
	KCA Affiliate: HLRCC Foundation	Dean Elhag
	Basic Science Updates in Papillary RCC	Randy Sweis, MD
	Clinical Updates with New Trials–PAPMET2 Trial: Atezo with Cabo	Ben Maughan, MD
	Lessons Learned from CAN-I Trial with IPI/Nivo/Cabo	Bradley McGregor, MD
	Session 13: Q&A	Moderator: Marie Carlo, MD
12:00pm–1:25pm	Lunch Legends <div> Hungry minds, it's time to feed your 'kidney-curious' appetites! Lunch available from 12:00pm–1:25pm </div> LEGENDS PRE-FUNCTION	
12:20pm–1:20pm PRESENTED BY EXELIXIS	NON-CME SESSION A Combination Treatment for Patients with Advanced Renal Cell Carcinoma MUSIC ROW 5	Nancy Dawson, MD

1:25pm–1:45pm	SESSION 14 The Andrew C. Novick Award LEGENDS ABCD	Introduction: Phillip M. Pierorazio, MD Lecture: Alexander Kutikov, MD, FACS
1:45pm–2:20pm	SESSION 15 Clinical Challenges and Research Across Academic Institutions and Community Practices LEGENDS ABCD	Moderator: Katy Beckermann, MD, PhD
	How Do Community Oncologists Conduct Trials?	Manojkumar Bupathi, MD, MS Benjamin Garmez, MD
	Pragmatic Trials, ODYSSEY, How Clinical Trials are Changing (FDA Interpretation)	Daniel George, MD
	Session 15: Q&A	Moderator: Katy Beckermann, MD, PhD
2:20pm–2:50pm	SESSION 16 Practice Changing Papers 2023 LEGENDS ABCD	Moderator: Stephanie Berg, DO Presenters: Arpita Desai, MD Daniel Shapiro, MD Hong Truong, MD Discussants: Dena Battle, Laurance Albiges, MD, PhD
2:50pm–3:00pm	IKCSNA23 Closing <i>Continue the flow of progress, until we see you next year!</i> LEGENDS ABCD	Phillip M. Pierorazio, MD Tian Zhang, MD, MHS
3:00pm–6:00pm	KCA Board of Directors Meeting MUSIC ROW 4	
3:30pm–6:30pm	Eisai Advisory Board (Invite Only) MUSIC ROW 6	

Upcoming Symposiums: Save the Dates



2024 IKCS: Europe

Sitges, Spain

18-20 APRIL 2024



2024 IKCS: North America

Louisville, Kentucky

NOV 7-9, 2024

Contact Information

To discuss IKCS sponsorship opportunities, please contact **Maggie Valdes**, Manager of Corporate Partnerships, at the KCA at mvaldes@kidneycancer.org.

To learn more about IKCS 2024, visit our website at kidneycancer.org/ikcs.

POSTER BY TRACK**POSTER #**

Merit award winner and oral abstract presenter	1–4
Top rated abstracts	45, 64
Therapeutics (Systemic) Radiation therapy, ablation, surgery, interventional radiology, urology, medical oncology	1, 45–57, 70, 72
Basic Science	2, 5–17,
Prevention and Screening	3
Therapeutics (Local) Primary and Metastasis	4, 58, 71
Disparities in Cancer, Care, and Access	18–22,
Diagnostics	23–27, 74
Imaging	28–29
Patient-reported Outcomes	30
Quality of Care and Quality Improvement	31
Real-World Evidence	32–41, 75
Treatment Toxicities and Symptom Management	42–44,
Tumor Biology, Biomarkers, and Pathology	59–66, 68–69, 73
Other	67

Poster Listings

POS #	ABS #	PRESENTATION TITLE	AUTHOR	TYPE OF ABSTRACT	TRACK	MERIT AWARD WINNER AND ORAL ABSTRACT PRESENTER
1	1	Zanzalitinib (XL092) in clear cell renal cell carcinoma (ccRCC): Results from STELLAR-001	Sumanta Pal	Late-breaking Data Submission Abstract	Therapeutics (Systemic)	
2	2	Development of models of neurofibromatosis 2 (NF2) loss in kidney cancer of hereditary leiomyomatosis and renal cell carcinoma (HLRCC)	Shinji Ohtake	Regular Abstract	Basic Science	
3	3	Germline susceptibility to renal cell carcinoma and implications for genetic screening	Kate Glennon	Regular Abstract	Prevention and Screening	
4	4	LITESPARK-013: Randomized phase 2 study of two doses of belzutifan in patients with advanced clear cell renal cell carcinoma (ccRCC)	Pooja Ghatalia	Regular Abstract	Therapeutics (Local)	
5	24	SETD2 loss promotes macrophage infiltration and metastasis in RCC	Emily Arner	Regular Abstract	Basic Science	
6	8	ACSS2 regulates HIF-2 α degradation through the E3-ubiquitin ligase MUL1 in clear cell renal cell carcinoma	Zachary Bacigalupa	Regular Abstract	Basic Science	
7	62	Targeting BCL-XL hyperdependency in kidney cancer	Abhishek Chakraborty	Regular Abstract	Basic Science	
8	9	Investigating the role of human endogenous retrovirus group E (HERV-E) in clear cell renal cell carcinoma (ccRCC) through hypoxia and interferon signaling pathway	Rayan El Hajjar	Regular Abstract	Basic Science	
9	63	The impact of diabetes mellitus on survival in patients surgically treated for renal cell carcinoma: A danish cohort study	Emma Heeno	Regular Abstract	Basic Science	
10	64	Dissecting tumor metabolism crosstalk in renal cell cancer	Erin Jennings	Regular Abstract	Basic Science	
11	67	Intravital multiphoton microscopy of bone metastatic renal cell carcinoma	Stefan Maksimovic	Regular Abstract	Basic Science	
12	27	Epithelial to mesenchymal transition (EMT) and PD-1/PD-L1 signaling provide reciprocal feedback in renal cell carcinoma progression with implications for immunotherapy response	Allison May	Regular Abstract	Basic Science	

POS #	ABS #	PRESENTATION TITLE	AUTHOR	TYPE OF ABSTRACT	TRACK
13	54	Spatially resolved single cell transcriptomic analysis of matched primary and metastatic lesions in sarcomatoid renal cell carcinoma reveals insights to tumor biology	Allison May	Regular Abstract	Basic Science
14	56	The antihistamine terfenadine inhibits TFE3 dimerization and tumor growth in translocation renal cell carcinoma models	Roberto Pili	Regular Abstract	Basic Science
15	68	Therapeutic targeting of mitochondrial metabolism by P2X4 receptor inhibition and amino acid restriction in renal carcinoma models	Roberto Pili	Regular Abstract	Basic Science
16	80	Mitochondrial fatty acid synthesis gene mecr regulates CD4+ and CD8+ T cell function	KayLee Steiner	Regular Abstract	Basic Science
17	22	VHL loss reprograms the immune landscape to promote an inflammatory myeloid microenvironment in renal tumorigenesis	Melissa Wolf	Regular Abstract	Basic Science
18	30	A novel mechanism of action in ccRCC diagnostics: Patient input to the global phase 3 ZIRCON study	Rachel Giles	Regular Abstract	Disparities in Cancer, Care, and Access
19	70	Differential kidney cancer incidence patterns among US Hispanic and non-hispanic white communities: Unraveling ethnicity and income dynamics	Sharon Hechter	Regular Abstract	Disparities in Cancer, Care, and Access
20	69	Trends in kidney cancer mortality by age group and race in the US: Implications for cancer care equity	Chinmay Jani	Regular Abstract	Disparities in Cancer, Care, and Access
21	13	Disparities in utilization of genetic evaluation in patients with kidney cancer who meet guidelines for genetic referral	Elizaveta Makarova	Regular Abstract	Disparities in Cancer, Care, and Access
22	43	The impact of insurance status on progression-free survival (PFS) and overall survival (OS) in patients with metastatic renal cell carcinoma (mRCC)	Teebro Paul	Regular Abstract	Disparities in Cancer, Care, and Access
23	55	Clinical and imaging findings in individuals with hereditary leiomyomatosis and renal cell cancer (HLRCC) and utility of FH/2SC staining in the identification of FH-deficient piloleiomyomas	Dean Elhag	Regular Abstract	Diagnostics

POS #	ABS #	PRESENTATION TITLE	AUTHOR	TYPE OF ABSTRACT	TRACK
24	71	Pretreatment renal tumor biopsy in a national cohort of T1a renal cell carcinoma	Sven Lundstam	Regular Abstract	Diagnostics
25	44	Comprehensive evaluation of response to immune checkpoint blockade in primary tumor: Radiographic and radiomic features predict pathologic response in primary tumor	Stephen Reese	Regular Abstract	Diagnostics
26	37	Artificial Intelligence (A.I.) – generated infiltrative renal mass and oncological relevance	Chalairat Suk-ouichai	Regular Abstract	Diagnostics
27	73	Setd2 loss uncouples Ki67 from cellular proliferation	Logan Vlach	Regular Abstract	Diagnostics
28	60	Chest CT is the ideal imaging modality for thoracic staging for RCC	Arighno Das	Regular Abstract	Imaging
29	52	Mayo adhesive probability score is associated with worse overall survival in patients undergoing surgery for clinical stage t1 renal cell carcinoma	Edouard Nicaise	Regular Abstract	Imaging
30	10	Patient-reported outcomes improve following cytoreductive nephrectomy	Marcelo Bigarella	Regular Abstract	Patient-reported Outcomes
31	40	ChatGPT use in patient and trainee education for renal masses and renal cell carcinoma	John Mershon	Regular Abstract	Quality of Care and Quality Improvement
32	38	Initial findings from the multi-institutional sarcomatoid renal cell carcinoma consortium (SaRCC)	Kyle Blum	Regular Abstract	Real-world Evidence
33	48	Real-world treatment patterns and outcomes of patients receiving first-line nivolumab plus ipilimumab for relapsed or metastatic renal cell carcinoma (mRCC)	Gurjyot Doshi	Regular Abstract	Real-world Evidence
34	34	Real-world performance of genomic, histologic, and radiographic features in predicting long-term outcomes in patients with clear cell renal cell carcinoma treated with first-line immunotherapy-based combination regimens.	Kelly Fitzgerald	Regular Abstract	Real-world Evidence
35	50	Real-world (RW) outcomes of nivolumab plus ipilimumab (N+I) versus pembrolizumab plus axitinib (P+A) for first-line (1L) treatment of advanced renal cell carcinoma (aRCC)	Daniel Geynisman	Regular Abstract	Real-world Evidence

POS #	ABS #	PRESENTATION TITLE	AUTHOR	TYPE OF ABSTRACT	TRACK
36	66	Early experience with adjuvant pembrolizumab in high-risk RCC post nephrectomy	Allison Martin	Regular Abstract	Real-world Evidence
37	53	Clinical outcomes for mRCC patients ineligible for front-line clinical trials	Nathan Reynolds	Regular Abstract	Real-world Evidence
38	47	Real-world treatment patterns and clinical outcomes among patients with metastatic renal cell carcinoma (mRCC) post immune-oncology (IO) and tyrosine kinase inhibitors (TKIs)	Neil Shah	Regular Abstract	Real-world Evidence
39	36	Prospective noninterventional study of cabozantinib treatment following VEGF-targeted therapy in patients with advanced renal cell carcinoma: Post hoc analysis of patients with concomitant radiotherapy	Michael Staehler	Regular Abstract	Real-world Evidence
40	59	Surveillance is more common than kidney-sparing intervention for cT1 renal masses in patients with chronic kidney disease – analysis from the MUSIC-KIDNEY statewide collaborative	Neil Vaishampayan	Regular Abstract	Real-world Evidence
41	35	Real-world treatment outcomes of first-line axitinib plus pembrolizumab by IMDC risk score for patients with advanced renal cell carcinoma in the United States.	Yousef Zakharia	Regular Abstract	Real-world Evidence
42	72	Tumor lysis syndrome in genitourinary tumors: A retrospective cohort study using the national inpatient sample (2016-2019)	Akshit Chitkara	Regular Abstract	Treatment Toxicities and Symptom Management
43	65	A single institution review of the incidence of immunotherapy toxicities in older patients with kidney cancer	Brian Ramnaraign	Regular Abstract	Treatment Toxicities and Symptom Management
44	61	Germline investigations into treatment-related adverse events (TRAEs) from checkpoint inhibitors (CPI) in patients treated on CheckMate-214 (CM214) and CheckMate-025 (CM025).	Martin Voss	Regular Abstract	Treatment Toxicities and Symptom Management
45	5	Comparing the postoperative glomerular filtration rate prediction accuracy of a fully-automated AI-generated and a validated clinical model in patients with renal masses.	Nour Abdallah	Regular Abstract	Therapeutics (Systemic)

POS #	ABS #	PRESENTATION TITLE	AUTHOR	TYPE OF ABSTRACT	TRACK
46	21	Cross-trial propensity score weighted analysis of nivolumab plus ipilimumab versus nivolumab monotherapy for patients with untreated advanced renal cell carcinoma	Michael Atkins	Regular Abstract	Therapeutics (Systemic)
47	18	A phase 1b open-label study to evaluate the safety, tolerability, pharmacokinetics, and pharmacodynamics of PY314 In combination with pembrolizumab in subjects with advanced solid tumors, RCC cohort	Katy Beckermann	Regular Abstract	Therapeutics (Systemic)
48	17	Nivolumab plus cabozantinib (NIVO+CABO) versus sunitinib (SUN) for first-line treatment of advanced renal cell carcinoma (aRCC): 3-year follow-up from the phase 3 CheckMate 9ER trial	Mauricio Burotto	Regular Abstract	Therapeutics (Systemic)
49	25	Improved survival of stage 4 renal cancer after nephrectomy in immunotherapy era	Kevin Chua	Regular Abstract	Therapeutics (Systemic)
50	33	Comparing oncologic efficacy of percutaneous microwave ablation to surgery for clinical T1 renal cell carcinoma	Arighno Das	Regular Abstract	Therapeutics (Systemic)
51	23	Multi-site study of treatment outcomes of metastatic mit family translocation renal cell carcinoma (tRCC) patients treated with immune-checkpoint inhibitor combinations.	Yasser Ged	Regular Abstract	Therapeutics (Systemic)
52	7	"CABOSUN II: A Phase 2, open-label, multi-center randomized study of cabozantinib (CABO) vs. sunitinib (SUN) for non-clear cell renal cell carcinoma (NCCRCC)"	Andrew Johns	Regular Abstract	Therapeutics (Systemic)
53	46	Outcomes of patients with metastatic renal cell carcinoma (mRCC) treated with tivozanib (TIVO) in the contemporary treatment landscape: The MD Anderson Cancer Center (MDACC) experience	Andrew Johns	Regular Abstract	Therapeutics (Systemic)
54	51	Pembrolizumab plus lenvatinib vs. nivolumab plus ipilimumab in patients with clear cell renal cell carcinoma with IMDC risk intermediate or poor: A matching adjusted indirect comparison (MAIC)	Pratik Rane	Regular Abstract	Therapeutics (Systemic)
55	20	NEphron Sparing Treatment (NEST) for small renal masses: A feasibility cohort-embedded randomised controlled trial	Maxine Tran	Regular Abstract	Therapeutics (Systemic)

POS #	ABS #	PRESENTATION TITLE	AUTHOR	TYPE OF ABSTRACT	TRACK
56	19	Active surveillance versus microwave ablation: Comparing renal and oncologic outcomes for cT1a small renal masses	Theodore Vasiliadis	Regular Abstract	Therapeutics (Systemic)
57	57	Modeling longitudinal renal function of small renal mass patients on active surveillance	Wendy Qi	Regular Abstract	Therapeutics (Systemic)
58	42	Subgroup analyses of KEYNOTE-564: Adjuvant pembrolizumab for renal cell carcinoma (RCC) across UCLA Integrated Staging System (UISS) risk groups and disease stage	Tian Zhang	Regular Abstract	Therapeutics (Local)
59	28	Genomic characterization of recurrent uRCC tumors	Juan Sebastian Arroyave Villada	Regular Abstract	Tumor Biology, Biomarkers, and Pathology
60	32	Mismatch Repair (MMR), Microsatellite Instability (MSI), and Tumor Mutational Burden (TMB) as predictive biomarkers for Immune Checkpoint Inhibitors (ICI) in Renal Cell Carcinoma (RCC).	Mark Dawidek	Regular Abstract	Tumor Biology, Biomarkers, and Pathology
61	41	The impact of genetic ancestry on the molecular basis of clear cell renal cell carcinoma	Roy Elias	Regular Abstract	Tumor Biology, Biomarkers, and Pathology
62	45	Body composition radiodensities at diagnosis may be non-invasive proxies for tumor aggressiveness and poor prognosis in non-metastatic clear cell renal cell carcinoma (ccRCC): The resolve study	Helena Furberg-Barnes	Regular Abstract	Tumor Biology, Biomarkers, and Pathology
63	49	COL41A and ITGAV colocalization in immunotherapy resistant clear cell renal cell carcinoma	Mitch Hayes	Regular Abstract	Tumor Biology, Biomarkers, and Pathology
TOP RATED	64	Spatial analysis of the tumor immune cell microenvironment in papillary renal cell carcinoma	Mitch Hayes	Regular Abstract	Tumor Biology, Biomarkers, and Pathology
	65	Biomarkers associated with Inferior Vena Cava (IVC) Thrombus in Patients (pts) with metastatic Renal Cell Carcinoma (mRCC) undergoing cytoreductive nephrectomy and receiving Immune Checkpoint Inhibitors (ICI)-based regimen	Wadih Issa	Regular Abstract	Tumor Biology, Biomarkers, and Pathology
	66	The distribution and prognostic importance of mutations across tumor size in ccRCC	Steven Monda	Regular Abstract	Tumor Biology, Biomarkers, and Pathology

POS #	ABS #	PRESENTATION TITLE	AUTHOR	TYPE OF ABSTRACT	TRACK
67	39	Renal cell carcinoma with venous tumor thrombus has a metastatic tropism for the lungs	Reza Nabavizadeh	Regular Abstract	Other
68	26	Characterization of FOLH1 expression in renal cell carcinoma	Eric Ovruchesky	Regular Abstract	Tumor Biology, Biomarkers, and Pathology
69	58	Dissecting metabolic alterations of clear cell renal cell carcinomas one cell at a time	Lucas Salas	Regular Abstract	Tumor Biology, Biomarkers, and Pathology
70	74	Phase 2 Study of nivolumab plus ¹⁷⁷ lutetium-labeled anti-carbonic anhydrase IX monoclonal antibody girentuximab in patients with advanced clear cell renal cell carcinoma	Darren Feldman	Trials in Progress Abstract	Therapeutics (Systemic)
71	75	STELLAR-304: A phase 3 study of zanzalintinib (XL092) plus nivolumab versus sunitinib in non-clear cell Renal Cell Carcinoma (nccRCC)	Sumanta Pal	Trials in Progress Abstract	Therapeutics (Local)
72	76	SWOG S1931 (PROBE): Phase III randomized trial of Immune Checkpoint Inhibitor (ICI) combination regimen with or without Cytoreductive Nephrectomy (CN) in Advanced Renal Cancer [NCT04510597]	Ulka Vaishampayan	Trials in Progress Abstract	Therapeutics (Systemic)
73	77	Molecular Residual Disease (MRD) guided adjuvant therapy in Renal Cell Carcinoma (RCC) -MRD GATE RCC	Arnab Basu	Trials in Progress Abstract	Tumor Biology, Biomarkers, and Pathology
74	79	Undifferentiated malignant small blue round cell tumor in the kidney with the diagnosis of adult Wilms' tumor	Chieh Yang	Case Report	Diagnostics
75	78	Unveiling the enigmatic: An encounter of advanced renal cell carcinoma disguised as recurrent epistaxis	Kyle Blum	Case Report	Real-world Evidence

KCA AFFILIATES





Artist rendering; for illustration purposes only.

In RCC, all T3 tumors are characterized by their invasiveness.¹

These tumors extend into structures within or adjacent to the kidney system, including the perirenal fat, the renal vein, the vena cava, or the pelvicalyceal system.^{1,a}

Patients with more invasive tumors are at a higher risk of their cancer returning.²

Identify patients in your practice who have T3 tumors so you can take appropriate action following nephrectomy.

How will you manage your next patient with an invasive T3 tumor?



^aT3 tumors do not extend beyond Gerota's fascia or into the ipsilateral adrenal gland.¹
RCC = renal cell carcinoma.

References: 1. Edge SB, Greene FL, Byrd DR, et al, eds. Kidney. In: *AJCC Cancer Staging Manual*. 8th ed. Springer International Publishing; 2017:739–748. 2. Sundaram M, Song Y, Rogerio JW, et al. Clinical and economic burdens of recurrence following nephrectomy for intermediate high- or high-risk renal cell carcinoma: a retrospective analysis of Surveillance, Epidemiology, and End Results-Medicare data. *J Manag Care Spec Pharm*. 2022;28(10):1149–1160. doi:10.18553/jmcp.2022.22133

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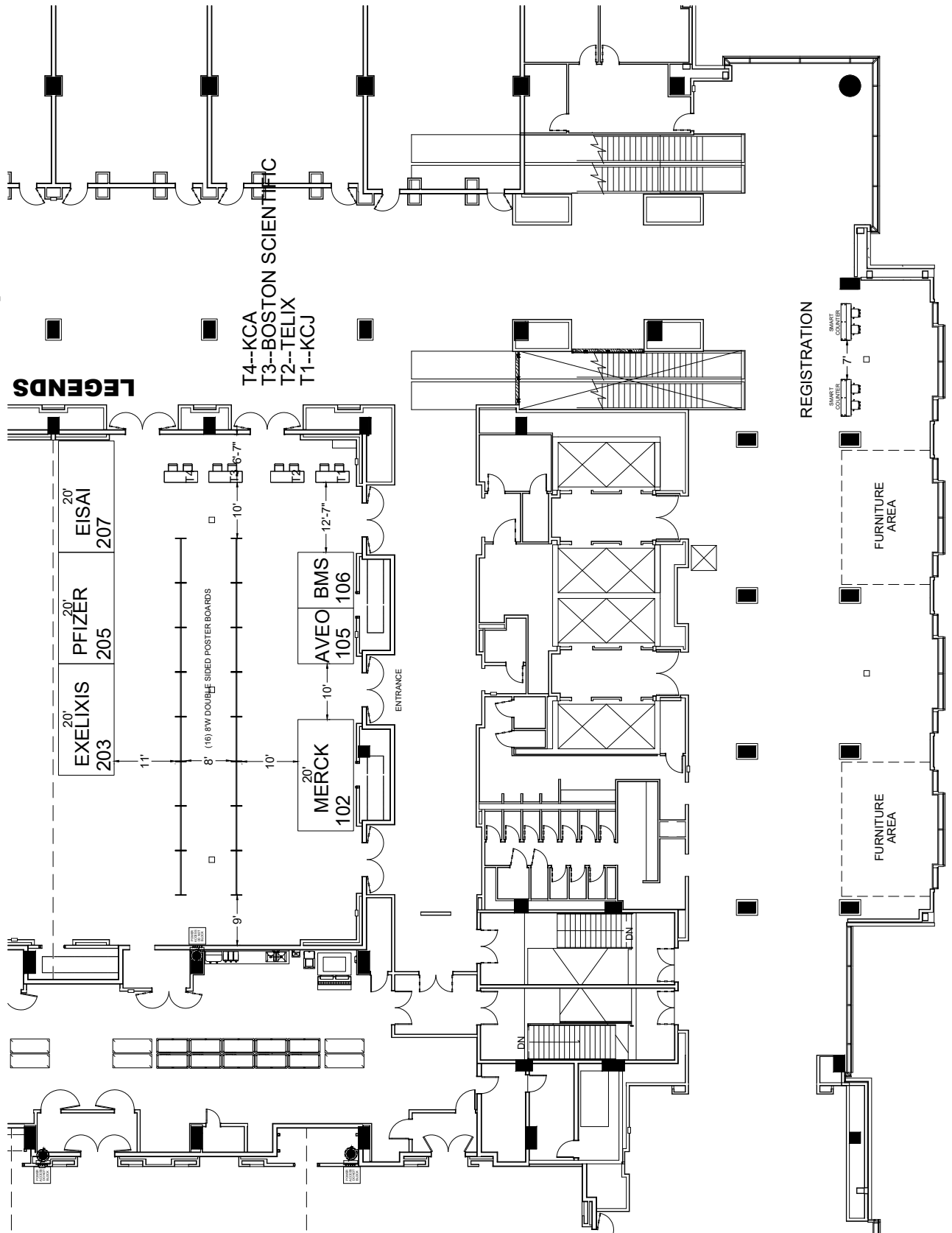
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