HIGHLIGTHS IN ADVANCED RENAL CELL CARCINOMA MANAGEMENT

Director: Camillo Porta

February 24, 2012

8.30 Registration

8.45 - 11.00

Introduction

C. Porta, Pavia

1 Pathology and genetics **SERIE DI RELAZIONI SU TEMA PREORDINATO**

Prof. Guido Martignoni

2 Prognostic factors and predictive models in RCC **SERIE DI RELAZIONI SU TEMA PREORDINATO**

Prof. Vincenzo Ficarra

3 Advances in imaging **SERIE DI RELAZIONI SU TEMA PREORDINATO**

Dr. Alessandro Vercelli (Pavia)

4 Surgical management of RCC **SERIE DI RELAZIONI SU TEMA PREORDINATO**

Giario Conti

11.00-11.30

Coffee Break

11.30-13.00

5 Neoadjuvant /adjuvant treatment of advanced RCC **SERIE DI RELAZIONI SU TEMA PREORDINATO**

Dr. Giuseppe Procopio

6 Therapy options in first line treatment **SERIE DI RELAZIONI SU TEMA PREORDINATO**

Dr. Roberto Sabbatini

7 Therapy options in second line treatment **SERIE DI RELAZIONI SU TEMA PREORDINATO**

Dr. Chiara Paglino

13.00 - 14.00

Lunch

14.00-16.30

8 Management of toxicities of targeted therapy in mRCC **SERIE DI RELAZIONI SU TEMA PREORDINATO**

Giacomo Cartenì

9 New Agents for mRCC **SERIE DI RELAZIONI SU TEMA PREORDINATO**

Cora Sternberg

10 Systemic treatment for non clear cell histology **SERIE DI RELAZIONI SU TEMA PREORDINATO**

Dr.ssa Alessandra Mosca

11 Evidence-Based Medicine and guidelines **SERIE DI RELAZIONI SU TEMA PREORDINATO**

Giovanni Pappagallo

12 Clinical cases discussion **SERIE DI RELAZIONI SU TEMA PREORDINATO/verifica questionario**

Dr.ssa Cristina Masini

16.30- 17.00

Discussion & Conclusions

Abstract significativi

Dottor Procopio

The management of metastatic renal cell carcinoma (mRCC) has been revolutionized with targeted therapies (TTs), superseding cytokine therapy (interferon-α [IFN-α] and interleukin-2 [IL-2]). Indeed, because of the number of therapies now available, the identification of prognostic factors plays an important role in the clinical management of the advanced disease

Prognostic factors allow stratification of patients based on risk of death related to cancer and they are important indicators of the evolution or progression of the disease. Moreover, these allow a homogeneous stratification of patients in clinical trials, avoiding the identification of any group in which a TT has the greatest activity, which would constitute a selection In contrast to an organ-confined tumor, the pathologic characteristics of metastatic disease are not sufficient to define the prognosis, and some elements, other than possible changes in biochemical parameters, such as the spread of disease and the patient's general performance status (PS), need to be evaluated In the cytokine era, the most commonly used prognostic criteria have been those developed by Motzer, assessing 670 patients enrolled in clinical trials of immunotherapy and chemotherapy at the Memorial Sloan Kettering Cancer Centre The multivariate analysis has revealed that hemoglobin, serum lactate dehydrogenase, corrected serum calcium level, nephrectomy, and Karnofsky PS were independent risk factors for prediction of survival.