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We encourage all attendees to share their EIKCS experience on social media. Make sure to add the hashtag #EIKCS2021 and tag @KidneyCancer in all your posts!

EARN. ENGAGE. WIN.

By participating in the EIKCS 2021, you are eligible to win fun prizes! Earn points throughout the virtual experience by visiting exhibit booths, participating in poster presentations, attending sessions, and chatting with attendees. You can see how you are tracking against fellow attendees on the Leaderboard of the Virtual Experience. The attendees with the highest number of points by 14:05 GMT +1 on Saturday, 24 April 2021 will be entered to win complimentary registration to EIKCS 2022.
Welcome Letter

We are thrilled to welcome you to EIKCS 2021: A Virtual Experience! The next two days promise an exciting program that showcases the best in kidney cancer research and discovery.

As a virtual experience, EIKCS 2021 is a fun and interactive opportunity for participants from across the globe to join together and exchange ideas that will direct the future of kidney cancer research and treatment in the ultimate pursuit of a cure. Both our EU and US attendees can earn CME credits for attendance.

This year, we are proud to feature David F. McDermott, MD, Chief, Division of Medical Oncology at Beth Israel Deaconess Medical Center, who will give the EIKCS 2021 keynote address.

Be sure to visit the exhibit hall, chat with fellow attendees in the Networking Lounge, and participate in the not-to-be-missed Wood-Fire session! As you share your thoughts and photos over social media, don’t forget to add the official hashtag: #EIKCS2021.

We would like to express our gratitude to those who worked diligently to make this virtual symposium a success including:

- Our presenters and panelists for sharing their expertise and insights;
- Our sponsors, exhibitors, and attendees, whose support made EIKCS 2021 possible;
- Our Scientific Program Planning Committee for their hours of hard work to craft a cutting-edge program – Frede Donskov, MD, DMSc (Co-chair), Samra Turajlic, PhD, MRCP (Co-Chair), Christian Beisland, MD, PhD, Guillermo de Velasco, MD, PhD, Lars Lund, MD, DMSci, Gabriel Malouf, MD, PhD, Thomas Powles, MD, MBBS, MRCP, and Michael Staehler, MD, PhD.

We are inspired by all you do in service of the kidney cancer community and we couldn’t be prouder to support you and help lead the way to a future cure for kidney cancer. Have a wonderful symposium!

Sincerely,

Gretchen E. Vaughan
President and CEO
Kidney Cancer Association

Christopher G. Wood, MD,
Chairman, Board of Directors
Kidney Cancer Association

Bradley C. Leibovich, MD, FACS
Chair, Medical Steering Committee
Kidney Cancer Association

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ABOUT THE KIDNEY CANCER ASSOCIATION

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 is to be the universal leader in finding the cure for kidney cancer.

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

One of the Association’s most important contributions is its support of the physicians and nurses who care for kidney cancer patients. 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

MAIL DONATIONS TO:

Kidney Cancer Association
9450 SW Gemini Drive #38269
Beaverton, OR 97008-7105
Tel: 847-332-1051
office@kidneycancer.org
See You in Austin for IKCS 2021

KEYNOTE SPEAKER
Dr. James P. "Jim" Allison
2018 Nobel Prize in Physiology or Medicine

SAVE THE DATE
November 5–6, 2021
Austin, Texas, USA and online

Learn more at KCAMEETINGS.ORG
The Kidney Cancer Association would like to thank our 2021 Board Members!

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- Laura Wood, RN, MSN, OCN
- Ruben Ybarra

**Need more CME credits?**

The Kidney Cancer Association is proud to offer free CME sessions to healthcare professionals interested in advancing their clinical knowledge in kidney cancer.

Learn more about our programs at [KidneyCancer.org/cme-programming/](http://KidneyCancer.org/cme-programming/)
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By putting lives first, we’ve created a legacy that lasts

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INLYTA (axitinib) in combination with pembrolizumab is indicated for the first-line treatment of patients with advanced RCC

IMPORTANT SAFETY INFORMATION

**Hypertension** including hypertensive crisis has been observed. Blood pressure should be well controlled prior to initiating INLYTA. Monitor for hypertension and treat as needed. For persistent hypertension despite use of antihypertensive medications, reduce the dose. Discontinue INLYTA if hypertension is severe and persistent despite use of antihypertensive therapy and dose reduction of INLYTA, and discontinuation should be considered if there is evidence of hypertensive crisis.

**Arterial and venous thrombotic events** have been observed and can be fatal. Use with caution in patients who are at increased risk for, or who have a history of, these events.

**Hemorrhagic events**, including fatal events, have been reported. INLYTA has not been studied in patients with evidence of untreated brain metastasis or recent active gastrointestinal bleeding and should not be used in those patients. If any bleeding requires medical intervention, temporarily interrupt the INLYTA dose.

**Cardiac failure** has been observed and can be fatal. Monitor for signs or symptoms of cardiac failure throughout treatment with INLYTA. Management of cardiac failure may require permanent discontinuation of INLYTA.

**Gastrointestinal perforation and fistula**, including death, have occurred. Use with caution in patients at risk for gastrointestinal perforation or fistula. Monitor for symptoms of gastrointestinal perforation or fistula periodically throughout treatment.

**Hypothyroidism** requiring thyroid hormone replacement has been reported. Monitor thyroid function before initiation of, and periodically throughout, treatment.

INLYTA has the potential to adversely affect wound healing. Withhold INLYTA for at least 2 days prior to elective surgery. Do not administer INLYTA for at least 2 weeks following major surgery and until adequate wound healing. The safety of resuming INLYTA after resolution of wound healing complications has not been established.

**Reversible Posterior Leukoencephalopathy Syndrome (RPLS)** has been observed. If signs or symptoms occur, permanently discontinue treatment.

Monitor for **proteinuria** before initiation of, and periodically throughout, treatment. For moderate to severe proteinuria, reduce the dose or temporarily interrupt treatment with INLYTA.

INLYTA in combination with pembrolizumab can cause **hepatotoxicity** with higher than expected frequencies of Grades 3 and 4 alanine aminotransferase (ALT) and aspartate aminotransferase (AST) elevation. Monitor ALT, AST, and bilirubin before initiation of, and periodically throughout, treatment. Consider more frequent monitoring of liver enzymes as compared to when the drugs are used for monotherapy. Consider withholding INLYTA and/or pembrolizumab, instituting corticosteroid therapy, and/or permanently discontinuing the combination for severe or life-threatening hepatotoxicity.

For patients with moderate hepatic impairment, the starting dose of INLYTA should be decreased. INLYTA has not been studied in patients with severe hepatic impairment.

INLYTA can cause **fetal harm**. Advise patients of the potential risk to the fetus and to use effective contraception. When INLYTA is used in combination with pembrolizumab, refer to the Full Prescribing Information of pembrolizumab for pregnancy and contraception information.

Avoid strong CYP3A4/5 inhibitors. If unavoidable, reduce the dose of INLYTA. Grapefruit or grapefruit juice may also increase INLYTA plasma concentrations and should be avoided.

Avoid strong CYP3A4/5 inducers and, if possible, avoid moderate CYP3A4/5 inducers.

**Fetal adverse reactions (ARs)** occurred in 3.3% of patients receiving INLYTA in combination with pembrolizumab as first-line treatment for advanced RCC. These included 3 cases of cardiac arrest, 2 cases of pulmonary embolism, and 1 case each of cardiac failure, death due to unknown cause, myasthenia gravis, myocarditis, Fanconi’s gangrene, plasma cell myeloma, pleural effusion, pneumonitis, and respiratory failure.

The most common (≥20%) **ARs** occurring in patients receiving INLYTA in combination with pembrolizumab as first-line treatment for advanced RCC were diarrhea (56% vs 45%), fatigue/asthenia (52% vs 51%), hypertension (48% vs 48%), hepatotoxicity (39% vs 25%), nausea (28% vs 32%), constipation (21% vs 15%), hypothyroidism (35% vs 32%), decreased appetite (30% vs 29%), palmar-plantar erythrodysesthesia (28% vs 40%), stomatitis/mucosal inflammation (27% vs 41%), rash (25% vs 21%), dysphonia (25% vs 3.3%), and cough (21% vs 14%).

The most common (≥20%) **Grade 3/4 ARs** occurring in patients receiving INLYTA in combination with pembrolizumab as first-line treatment for advanced RCC were hypertension (24% vs 20%) and hepatotoxicity (20% vs 4.9%).

The most common (≥20%) **lab abnormalities** occurring in patients receiving INLYTA in combination with pembrolizumab as first-line treatment for advanced RCC included hyperglycemia (62% vs 54%), increased ALT (60% vs 44%), increased AST (57% vs 56%), increased creatinine (43% vs 40%), hyponatremia (35% vs 29%), hyperkalemia (34% vs 22%), hyperaldosteronism (32% vs 34%), hypercalcemia (27% vs 15%), hypophosphatemia (26% vs 69%), increased alkaline phosphatase (26% vs 30%), hypocalcemia (22% vs 29%), increased blood bilirubin (22% vs 21%), prolonged activated partial thromboplastin time (22% vs 14%), lymphopenia (33% vs 46%), anemia (29% vs 65%), and thrombocytopenia (27% vs 78%).

See full Prescribing Information for INLYTA here or at INLYTAhcp.com.
EIKCS 2021 Virtual Environment

VIRTUAL LOBBY

Click here to visit exhibitor booths, chat with exhibitors, and learn about their newest products and services.

Click here for the educational sessions. Audience questions can be submitted while watching the sessions.

Click here to chat with attendees, faculty, KOLs, exhibitors, and sponsors.

Click here to submit your feedback on EIKCS!

Click here to view the Symposium Guide, Agenda, Instructions for Navigating the Virtual Experience, or to get Technical Support.

Click here for the virtual posters, to watch oral abstract presentations, and ask questions of the presenters.

Click here to chat with attendees, faculty, KOLs, exhibitors, and sponsors.

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COMMITTED TO A GREATER UNDERSTANDING

Together, Merck KGaA, Darmstadt, Germany and Pfizer are dedicated to exploring innovative approaches to help improve treatment options for patients with cancer.

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EIKCS 2021 Virtual Environment

Networking Lounge

Auditorium

Poster Hall

Exhibit Hall

Help Desk
2021 KCA Grants

- Young Investigator Award (YIA)
- Advanced Discovery Award (ADA)
- Psychosocial Focus Award (PFA)

**APR 29, 2021** Final day to submit LOI

**MAY 27, 2021** Final day that meritorious LOI proposals notified to proceed with full proposal

**JUL 15, 2021** Final day to submit full proposals for academic review

**SEP 21, 2021** Winning research teams notified

Learn more at KIDNEYCANCER.ORG
Maximizing Your Symposium Experience

Here are some tips to make EIKCS 2021 an enjoyable and educational experience. Registration is required to access presentations, sessions and ask questions of faculty.

GETTING THE MOST OUT OF THE SYMPOSIUM

1. Find a comfortable and quiet space to focus.
2. Plan to enter the conference 15 minutes before the first session to get familiar with navigating the virtual platform.
3. Plan ahead and choose the sessions you want to join in advance.
4. Have a notebook and pen handy to capture notes from each session. You can also take notes directly on each PowerPoint slide as it is presented. Notes and copies of the slide will be emailed directly to you a few days following the conference.
5. You will join the conference using the link information provided to you via email a few days before the conference.
6. All presentations will take place in the British Summer Time (BST) or Greenwich Mean Time (GMT+1).
7. Visit the help desk if you need technical support.
8. Visit the networking lounge to chat with faculty, exhibitors, and fellow presenters.

ENSURE A SMOOTH CONNECTION TO THE SYMPOSIUM

If using a desktop or laptop computer, connect your device to a hard-wired internet connection (not Wi-Fi) and running at high-speed. Ensure all applications or any programs with notifications, pop-ups or reminders are closed (e.g., Outlook, chat, calendar applications). Google Chrome and Mozilla Firefox are the preferred internet browsers.

ACCESS TO PRESENTATIONS AND VIDEOS

All presentations will be available to view on the virtual platform until 31 May 2021 for registered attendees. Then they will be available on the KCAmeetings.org website.

EXHIBIT HALL HOURS

The exhibit hall is accessible at any time during the symposium. Visit the exhibit hall during scheduled break times or at your leisure to learn more about the latest and greatest products and services, while networking with industry leaders.

Exhibitors are available to chat with you to answer any questions you may have about their products and services. Many booths have downloadable resources and videos demonstrating their product lines.

Check out the EIKCS 2021 exhibitors during the following break times:

**Friday, 23 April**

- 11:35 - 12:00 GMT +1
- 13:30 - 13:40 GMT +1

**Saturday, 24 April**

- 11:05 - 11:30 GMT +1

POSTER HALL

The poster hall is accessible at any time during EIKCS 2021 and includes PDFs of the posters and video presentations by each poster presenter. Stop by Friday from 15:00 to 15:30 for the Poster Walk where you can chat with poster presenters within the platform, and join Gabriel Malouf, MD, PhD and Guillermo de Velasco, MD, PhD for a discussion around the poster abstracts. The poster discussion will take place via the Zoom link found in the Poster Hall.
TARGET AUDIENCE
This educational activity is intended for medical oncologists and urologists who treat patients with kidney cancer. Fellows, trainees, nurses, nurse practitioners, physician assistants, and 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

EACCME CREDITS (ECMEC®s)
The EIKCS 2021: A Virtual Experience, Old Lyme, United States, 23/04/2021-24/04/2021 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 6 European CME credits (ECMEC®s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

Through an agreement between the Union Européenne des Médecins Spécialistes and the American Medical Association, physicians may convert EACCME® credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME® credit to AMA credit can be found at www.ama-assn.org/education/earn-credit-participation-international-activities.

Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME® for ECMEC®s are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.
CONTINUING MEDICAL EDUCATION INFORMATION

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The France Foundation and The Kidney Cancer Association. The France Foundation is accredited by the ACCME to provide continuing medical education for physicians.

ACCME CREDIT DESIGNATION

Physicians:
The France Foundation designates this live activity for a maximum of 8.0 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. Complete the CME/CE 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.
4. If you are requesting educational credits or a certificate of participation, your certificate will be available for download.

DISCLOSURE POLICY

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 KCA resolve all conflicts of interest to ensure independence, objectivity, balance, and scientific rigor in all their educational programs. Furthermore, TFF and KCA seek 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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The planners, reviewers, editors, staff, CME committee, or other members at The Kidney Cancer Association who control content have no relevant financial relationships to disclose.
The following faculty report that they have relevant financial relationships to disclose:

- **Laurence Albiges** has received grants/research support from Bristol-Myers Squibb and honoraria or consultation fees from Bristol-Myers Squibb, MSD, Pfizer, and Novartis.

- **Christian Beisland** has received honoraria or consultation fees from Pfizer.

- **Karim Bensalah** has received grants/research support from Pfizer and has received honoraria or consultation fees from Ipsen, Bristol-Myers Squibb, MSD, and Intuitive.

- **Alex Bex** has received grants/research support from Pfizer and Bristol-Myers Squibb.

- **Toni K. Choueiri** has received grants/research support from Exelixis and GSK. He has received honoraria or consulting fees from AstraZeneca, Bristol Myers-Squibb, Eisai, Eli Lilly, EMD Serono, Exelixis, Merck, Novartis, and Pfizer.

- **Saeed Dabestani** has received honoraria from Pfizer and served as a medical advisor for Elypta AB.

- **Guillermo de Velasco** has received grants/research support from Ipsen, Pfizer, and Roche. He has received honoraria or consultation fees from Pfizer, Roche, MSD, Astellas, Bayer, Ipsen, Merck, EUSA Pharma, and Bristol-Myers Squibb.

- **Frede Donskov** has received grants/research support from Pfizer, Ipsen, and MSD.

- **John B. A. G. Haanen** has received grants/research support from Amgen, Bristol-Myers Squibb, BioNTech, and Neogene Therapeutics. He has received honoraria or consultation fees from Achilles Therapeutics, Bristol-Myers Squibb, and BioNTech. He is a stock shareholder of Neogene Therapeutics.

- **Hans Hammers** has received honoraria from Bristol-Myers Squibb. He has served as a consultant for ARMO BioSciences, Bayer, Corvus Pharmaceuticals, Exelixis, Lilly, Merck, Novartis, Pfizer, and Surface Oncology. He has received research funding from Bristol-Myers Squibb and Merck.

- **Gabriel Malouf** has received honoraria or consultation fees from Ipsen and Bristol-Myers Squibb.

- **David F. McDermott** has received research support from Bristol-Myers Squibb, Merck, Genentech, Pfizer, Exelixis, X4 Pharma, Alkermes, Inc., and Checkmate Pharmaceuticals. He has received honoraria and consultation fees from Bristol-Myers Squibb, Pfizer, Merck, Alkermes, Inc., EMD Serono, Eli Lilly and Company, Iovance, Eisai Inc., Werewolf Therapeutics, and Calithera Biosciences.

- **Arnaud Mejean** has received honoraria or consultation fees from Pfizer, Novartis, GSK, and Bristol-Myers Squibb.

- **Sylvie Négrier** has received grants/research support from Pfizer and Ipsen, and received honoraria or consultation fees from Pfizer, Bristol-Myers Squibb, Ipsen, Novartis, and MSD.

- **Lisa Pickering** has received grants/research support from NIHR and Rosetrees Trust, and has received honoraria or consultation fees from Bristol-Myers Squibb, Eisai, MSD, Novartis, and Pfizer.

- **Camillo Porta** has received honoraria or consultation fees from MSD, Bristol-Myers Squibb, AstraZeneca, Merck, EUSA, Eisai, Ipsen, and Angelini. He has participated in company sponsored speaker bureaus for MSD, Bristol-Myers Squibb, AstraZeneca, EUSA, Ipsen, and General Electric.

- **Thomas Powles** has received grants/research support from AstraZeneca, Roche, and Bristol-Myers Squibb. He has received honoraria or consultation fees from AstraZeneca, Roche, and Incyte.
FACULTY DISCLOSURES

- Brian I. Rini is employed by an institution that has received grants/research support from Pfizer, Hoffman-LaRoche, Incyte, AstraZeneca, Taris, Seattle Genetics, Arrowhead Pharmaceuticals, Immunomedics, Bristol-Myers Squibb, Mirati Therapeutics, Merck, Surface Oncology, Dragonfly Therapeutics, Aravive, and Exelixis. He has received consulting fees from Bristol-Myers Squibb, Pfizer, Genentech/Roche, Aveo, Synthorx, Compugen, Merck, Corvus, Surface Oncology, 3D Medicines, Aravive, Alkermes, Arrowhead, GSK, Shionogi, and Eisai. He owns stock in PTC Therapeutics.

- Manuela Schmidinger has received honoraria or consultation fees from Pfizer, Roche, Ipsen, Exelixis, Bristol-Myers Squibb, MSD, Merck, EUSA, Eisai and Alkermes.

- Barbara Seliger has received grants/research support from Bristol-Myers Squibb, and has received honoraria or consultation fees from Pfizer and Merck.

- Michael Staehler has received grants/research support from Pfizer, GlaxoSmithKline, Aveo, Bristol-Myers Squibb, Novartis, Bayer, Roche/Genentech, Immatics, Wilex, Ipsen, Exelixis, and Eisai. He has received honoraria or consultation fees from Pfizer, GlaxoSmithKline, Aveo, Novartis, Bayer, EUSA Pharmaceuticals, Astellas, Ipsen, Exelixis, Pelloton, Eisai, Bristol-Myers Squibb, MSD, and Apogepha. He has participated in company sponsored speaker bureaus for Pfizer, GlaxoSmithKline, Novartis, Bayer, EUSA Pharmaceuticals, Ipsen, Exelixis, Pelloton, Eisai, Bristol-Myers Squibb, MSD, and Apogepha.

- Nizar Tannir has received grants/research support and honoraria or consultation fees from Bristol-Myers Squibb and Pfizer.

- Samra Turajlic has received grants/research support from CRUK, NIHR, Royal Marsden, and has received honoraria or consultation fees from AstraZeneca, Novartis, and Roche.

- Yann-Alexandre Vano has received honoraria or consultation fees from Bristol-Myers Squibb, Ipsen, MSD, and Novartis.

- Tom Waddell has received grants/research support from Bristol-Myers Squibb, Eisai, Ipsen, MSD, Novartis, Pfizer and Roche. He has received honoraria or consultation fees from Bristol-Myers Squibb, Eisai, EUSA Pharmaceuticals, Ipsen, MSD, Pfizer and Roche.

- Christopher G. Wood has received grants/research support from Mirait and Colmune. He has received honoraria or consultation fees from Merck and Pfizer, and has participated in a company sponsored speakers bureau with Merck and Pfizer.

The faculty listed below report that they have no relevant financial relationships to disclose:

- Mark W. Ball
- Bernard Escudier
- Catherine Sautès-Fridman
- Lars Lund
- Holger Moch
- Tim O’Brien
- Maxine Tran
- Alessandro Volpe
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## Agenda

### Day 1 — 23 April 2021

<table>
<thead>
<tr>
<th>TIME (GMT +1)</th>
<th>SESSION TITLE</th>
<th>FACULTY NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 - 10:05</td>
<td>Welcome and Demographic Questions</td>
<td>Samra Turajlic, MD, PhD, MRCP</td>
</tr>
<tr>
<td>10:05 - 11:35</td>
<td>Surgical Session Panel Discussion</td>
<td>Chairs: Lars Lund, MD, DMSci; and Michael Staehler, MD, PhD Panelists: Karim Bensalah, MD, PhD; Tim O’Brien, DM, MA, FRCS (Urology); Saeed Dabestani, MD, PhD; Arnaud MeJean, MD, PhD; Maxine Tran, MD, PhD, FRCS (UROL); and Alessandro Volpe, MD</td>
</tr>
<tr>
<td>11:35 - 12:00</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>12:00 - 13:00</td>
<td>Systemic Therapy Session</td>
<td>Chairs: Thomas Powles, MD, MBBS, MRCP; and Manuela Schmidinger, MD</td>
</tr>
<tr>
<td>12:00 - 12:10</td>
<td>Treating with VEGF + IO or Ipi/Nivo: Which Approach?</td>
<td>Brian I. Rini, MD, FASCO</td>
</tr>
<tr>
<td>12:10 - 12:20</td>
<td>Modern Therapeutic Approaches in Second-Line and Later Therapies</td>
<td>Camillo Porta, MD</td>
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<tr>
<td>12:20 - 12:30</td>
<td>Discussion and Q&amp;A</td>
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<tr>
<td>12:30 - 12:40</td>
<td>Tissue-Based Biomarkers for Potential Clinical Adoption in Renal Cancer</td>
<td>Thomas Powles, MD, MBBS, MRCP</td>
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<tr>
<td>12:40 - 12:50</td>
<td>Circulating Biomarkers for Potential Clinical Adoption in Renal Cancer</td>
<td>Toni K. Choueiri, MD</td>
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<tr>
<td>12:50 - 13:00</td>
<td>Discussion and Q&amp;A</td>
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<tr>
<td>13:00 - 13:30</td>
<td>Non-Clear Cell Panel Discussion</td>
<td>Chairs: Lars Lund, MD, DMSci; and Gabriel Malouf, MD, PhD Panelists: Laurence Albiges, MD, PhD; Mark Ball, MD; Axel Bex, MD, PhD; Holger Moch, MD; Manuela Schmidinger, MD; and Nizar M. Tannir, MD, FACP</td>
</tr>
<tr>
<td>13:30 - 14:15</td>
<td>Break</td>
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<tr>
<td>14:15 - 15:00</td>
<td>Keynote Lecture: Kidney Cancer as a Model for a Curable Neoplasm</td>
<td>David F. McDermott, MD</td>
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<td>15:00</td>
<td>Closing Remarks and Adjournment</td>
<td>Frede Donskov, MD, DMSc</td>
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<tr>
<td>15:00 - 15:30</td>
<td>Poster Walk in the Poster Hall</td>
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<tr>
<td>15:30 - 16:00</td>
<td>Networking Discussion in the Networking Lounge</td>
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## Agenda

### Day 2 — 24 April 2021

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<th>TIME (GMT +1)</th>
<th>SESSION TITLE</th>
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<tr>
<td>10:00 - 10:05</td>
<td>Welcome</td>
<td>Samra Turajlic, MD, PhD, MRCP</td>
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<tr>
<td>10:05 - 11:05</td>
<td>New Directions/Management of Systemic Therapies</td>
<td>Chairs: Lars Lund, MD, DMSci; and Samra Turajlic, MD, PhD, MRCP</td>
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<tr>
<td>10:05 - 10:20</td>
<td>Future Therapeutic Approaches in RCC</td>
<td>Hans Hammers, MD, PhD</td>
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<tr>
<td>10:20 - 10:35</td>
<td>Designing Biomarker-Driven Trials: Opportunities and Challenges</td>
<td>Yann-Alexandre Vano, MD, PhD</td>
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<tr>
<td>10:35 - 10:50</td>
<td>Impact and Manipulation of Microbiomes</td>
<td>Lisa Derosa, MD, PhD</td>
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<tr>
<td>10:50 - 11:05</td>
<td>Discussion and Q&amp;A</td>
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<tr>
<td>11:05 - 11:30</td>
<td>Break</td>
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<tr>
<td>11:30 - 12:30</td>
<td>Basic Science Session</td>
<td>Chairs: Bernard J. Escudier, MD; and John B. Haanen, MD, PhD</td>
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<tr>
<td>11:30 - 11:45</td>
<td>Role of the Tumor Microenvironment in Renal Cancer</td>
<td>Barbara Seliger, PhD</td>
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<tr>
<td>11:45 - 12:00</td>
<td>Targeting the Tumor Microenvironment in Renal Cancer: The Role of T and B Cells</td>
<td>Catherine Sautès-Fridman, MD</td>
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<tr>
<td>12:00 - 12:15</td>
<td>What Is the Source of Immune Infiltration in RCC?</td>
<td>Samra Turajlic, MD, PhD, MRCP</td>
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<tr>
<td>12:15 - 12:30</td>
<td>Discussion and Q&amp;A</td>
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<tr>
<td>12:30 - 14:00</td>
<td>WoodFire Session</td>
<td>Moderator: Christopher G. Wood, MD, FACS Panelists: Laurence Albiges, MD, PhD; Christian Beisland, MD, PhD; Hans Hammers, MD, PhD; Lars Lund, MD, DMSci; Sylvie Negrier, MD, PhD; Lisa Pickering, PhD, FRCP; and Tom Waddell, MBChB, MRCP, MD (Res)</td>
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<tr>
<td>14:00 - 14:05</td>
<td>Closing Remarks and Adjournment</td>
<td>Frede Donskov, MD, DMSc</td>
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<th>Poster Number</th>
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<th>Lead Author Name</th>
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<td>1</td>
<td>Clinicopathological criteria of renal cell carcinoma in the past 6 years: a single-center experience</td>
<td>Mohamed Ashour Abouagour</td>
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<td>2</td>
<td>Soluble PD-L1 and CD163 have prognostic value in renal cell carcinoma</td>
<td>Sabina Davidsson</td>
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<td>3</td>
<td>Assessment of angiogenesis by Dynamic Contrast-Enhanced Computed Tomography Parameters Blood Volume and Blood Flow compared with Core Biopsy Identified Microvessel Density in Patients with Metastatic Renal Cell Carcinoma</td>
<td>Aska Drljevic-Nielsen</td>
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<td>Feasibility of cell-free circulating tumor DNA (ctDNA) in metastatic renal cell carcinoma (mRCC) and impact of temporal heterogeneity on agreement with tissue-based molecular testing using a multi-institutional cohort</td>
<td>Jasnoor Malhotra</td>
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<td>5</td>
<td>A comparison of whole exome sequencing and targeted sequencing platforms in patients with metastatic renal cell carcinoma (mRCC)</td>
<td>Ameish Govindarajan</td>
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<td>6</td>
<td>The modified Glasgow Prognostic Score predicts survival in metastatic renal cell carcinoma</td>
<td>Qiu Ginj Kong</td>
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<td>7</td>
<td>Axitinib and Avelumab (AA) for metastatic renal cell carcinoma (mRCC) – A real-world UK review</td>
<td>Jennifer Allison</td>
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<td>8</td>
<td>Biomarkers of systemic inflammation in patients on active surveillance for metastatic renal cell carcinoma</td>
<td>Vishwani Chauhan</td>
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<td>Ipilimumab and Nivolumab (I+N) for metastatic renal cell carcinoma (mRCC) – A real-world UK review</td>
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<td>10</td>
<td>TIVO-3: Tivozanib Benefits Multiple Subgroups for Progression-Free Survival Compared to Sorafenib in Subjects with Refractory Advanced Renal Cell Carcinoma (RCC).</td>
<td>Camillo Porta</td>
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<td>11</td>
<td>Plasma cytokine concentrations are associated with gut microbial composition in metastatic renal cell carcinoma (mRCC)</td>
<td>Sabrina Salgia</td>
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<td>12</td>
<td>Stereotactic Body Radiation Therapy (SBRT) For Prolongation of Systemic Therapy in Oligoprogressive Metastatic Renal Cell Carcinoma (mRCC)</td>
<td>Nicholas Salgia</td>
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- in treatment-naïve adults with intermediate or poor risk per IMDC criteria
- in adults following prior vascular endothelial growth factor (VEGF)-targeted therapy.

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