Northern European Multidisciplinary RCC Meeting
Copenhagen June 17th and 18th 2016

Subject to modification

The Northern European Multidisciplinary RCC meeting will take place at Hotel Phoenix in Copenhagen on June 17th and 18th 2016. http://www.phoenixcopenhagen.dk/. The hotel is located in the center of Copenhagen and is easily accessible from the airport and metro. The meeting is sponsored and hosted by Pfizer Oncology.

Scientific Organizing Committee:

Frede Donskov (DK) Chairman,
Bjarne Kromann (DK),
Petri Bono (FI),
Ulrika Harmenberg (SE),
Christoph Müller (NO),
Börje Ljungberg (SE)
Benoit Beuselinck (BE)

A 2-day program including 3 invited Keynote Speakers and presentation of 7 selected abstracts has been arranged by the scientific organizing committee.

Bringing together oncologists, urologists, pathologists, radiologists, and scientists involved in clinical and research aspects of renal cell carcinoma, the inaugural Northern European Multidisciplinary RCC meeting will provide a multidisciplinary forum for the exchange of ideas and information for research and treatment of RCC.

To stimulate interest in RCC from "next-generation" doctors and researchers, the organizing committee encourages the attendance of younger doctors and researchers in the meeting. All attendees are encouraged to submit an abstract based on a real-life clinical case report, and the best abstracts will be selected for oral presentations.

Abstract deadline is May 13th 2016. Abstract guidelines and examples of abstracts for your inspiration are attached.
Abstracts should be submitted to AbstractsNoRCC@gmail.com
Make sure you receive a confirmatory email for receipt of your abstract.

Having both junior and senior doctors out of the hospital at the same time, the meeting must take place outside of normal working hour. We therefore welcome you to Copenhagen for a Friday-night-Saturday-morning meeting in the middle of Copenhagen for an informative and informal meeting.

Please sign up before April 1st 2016 by returning registration form in pre-paid envelope or by e-mail to Hans-Henrik Kristensen, Medical Advisor, Pfizer Oncology (Hans-henrik.kristensen@pfizer.com)

Pfizer Oncology

Draft Program Friday 17

17.00 – 17.05	Welcome remarks *Frede Donskov, Denmark*
17.05 – 17.30	Renal cell carcinoma recurrences and metastases in primary non-metastatic patients. *Börje Ljungberg, Sweden*
17.30 – 18.00	Tips and tricks for the surgical management of patients with advanced renal cell cancer not suitable for a minimally invasive approach. *Axel Bex, The Netherlands*
18.00 – 18.30	How to detect oligometastatic renal cell cancer with FDG PET/CT? *Helle Hendel and Bjarne Kromann, Denmark*
18.30 – 18.50	The role of metastasectomy in skeletal metastatic renal cancer. *Michael Mørk Petersen, Denmark*
18.50 – 19.00	Discussion
19.00	Dinner
20.00 – 20.30	Oral abstract presentations (3 x 10 min)
20.30	Poster display and networking

Saturday 18

7.00	Breakfast
8.00 – 8.45	Improved prognostication in mRCC *Daniel Heng, Canada*
8.45 – 9.15	Improved care in mRCC patients with bone metastases *Benoit Beuselinck, Belgium*
9.15 – 9.25	Oral abstracts (1 x 10 min)
9.25 – 9.55	Break
9.55 – 10.25	Biomarkers in mRCC *Frede Donskov, Denmark*
10.25 – 10.45	Radiotherapy in RCC *Christoph Müller, Norway*

10.45 – 11.05	Imaging Biomarkers in mRCC *Jill Mains, Denmark*
11.05 – 11.50	Evolution in mRCC treatment through molecular research *Laurence Albiges, France*
11.50 – 13.00	Lunch
13.00 – 13.30	Oral abstracts (3 x 10 min)
13.30 – 14.00	Cancer characteristics of patients with Renal Cell Carcinoma in Sweden - the National Swedish Cancer Register *Ulrika Harmenberg, Sweden*
14.00	Closing remarks *Frede Donskov, Denmark*

Abstracts

All attendees are encouraged to submit an abstract based on a real-life clinical case report within urology, oncology, pathology, or radiology. Also regular research abstracts are welcome. The scientific committee will assess submitted abstracts and 7 abstracts will be selected for oral presentations. All submitted abstracts will be presented in an abstract book and displayed as poster presentations during the meeting.

Abstract deadline is May 13th 2016. Abstracts should be submitted to AbstractsNoRCC@gmail.com
Make sure you receive a confirmatory mail for receipt of your abstract. Decision regarding oral presentation or poster presentation will be provided by June 1st.

Guideline for abstracts

Abstract title: The title should objectively describe the case/study. Do not use proprietary drug names; use generic drug names instead.
Abstract body/table: The body of your abstract should describe the background, methods, results, and conclusions of your case/research. Do not exceed 2,000 characters (approximately 350 words). The character count does not include spaces or author names or institutions. One data table is permitted. Illustrations and figures are not permitted in the abstract.

Abstract example 1

Multidisciplinary and multimodality treatment of metastatic renal cell carcinoma in the elderly

Junior Doctor[1] and Senior Doctor[2]

Department of Oncology, Hospital Name, Northern European Country Name

Background

Data regarding treatment for metastatic renal cell carcinoma (mRCC) in the elderly is limited.

Method

Medical file review

Results

An 80 year old male was admitted to the hospital with a pathological left femur fracture with total separation of the two femoral bone fragments. Intramedullary nail fixation and biopsy was done 21 November 2013. Biopsy showed clear cell renal cell carcinoma. CT showed a 5.3 cm mass in left kidney, bilateral lung metastases and bone metastases in right hip and left femur. According to Memorial Sloan Kettering Cancer Center (MSKCC) and international mRCC database consortium (IMDC) prognostic index the patient had intermediate prognosis. Treatment with pazopanib 600 mg daily was initiated 12 December 2013 and radiotherapy (20 Gy/4 F) to the left femur was given 16 January 2014 to control pain. The patient was only able to walk with two crutches and had severe pain problems. After clear specialist dentist examination, zoledronic acid was initiated 4 February 2014 and was repeated every 6 weeks to coincide

with routine clinical visits. To control pain radiotherapy was repeated to he left femur 29 April 2014 and 18 February 2015 (8 Gy /1 F). At the clinical visit 28 May 2014 the dose of pazopanib was increased to 800 mg daily as the treatment was well tolerated without side effects except the development of hypertension, which was treated with losartan. The patient improved during 2015 and the patient initiated rehabilitation June 2015 with physical exercise and fitness two times weekly. Baseline the patient had anemia. Since April 2015 the patient have had normal haemoglobin, is taking no pain medication, and is able to walk with only one stick. CT January 2016 showed regression of the right kidney lesion to 4 cm and recalcification of metastatic bone lesions. According to RECIST 1.1 the patient obtained stable disease. Treatment is ongoing.

Conclusion

Multidisciplinary and multimodality treatment of mRCC in the elderly is feasible and beneficial, including surgery, radiotherapy, targeted therapy, zoledronic acid and rehabilitation.

Abstract example 2

Multiresistant metastatic renal cell carcinoma is a challenge

Senior Doctor

Department of Oncology, Hospital Name, Northern European Country Name

Background

Despite recent improvements in treatment of metastatic renal cell carcinoma (mRCC) resistance to therapy may still be a challenge

Method

Medical file review

Results

A 68 years old male with no co-morbidity was diagnosed with metastatic renal cell carcinoma. CT showed metastases to adrenal glands, lymph nodes and lungs and a primary kidney tumour *in situ* with cava thrombosis. Treatment was initiated with nephrectomy including resection of ipsilateral adrenal gland and cava thrombosis. Histopathology showed clear cell renal cell carcinoma, Fuhrman grade 4, and areas of necrosis and sarcomatoid differentiation. According to Memorial Sloan Kettering Cancer Center (MSKCC) prognostic index the patient had intermediate prognosis. Four weeks following surgery treatment was initiated with sunitinib 50 mg 4 weeks on/2 weeks off. Three months later CT assessment showed progressive disease. Sunitinib was discontinued and treatment with everolimus was commenced. Three months later CT assessment showed progressive disease. Everolimus was discontinued and pazopanib was initiated. The patient deteriorated due to progressive mRCC and died three weeks later.

Conclusion

Multiresistant metastatic renal cell carcinoma, with no benefit from surgery or oncology treatments, is a serious challenge. Further research in molecular understanding and development of new treatment options are encouraged.

Northern European Multidisciplinary RCC meeting in Copenhagen June 17th and 18th 2016

Registration form

This document should not be considered as a contractual engagement

- ❍ Yes - I would like to attend the meeting and need accommodation from 17th to 18th of June
- ❍ Yes - I would like to attend the meeting but do NOT need accommodation from 17th to 18th of June
- ❍ No - unfortunately, I cannot attend the meeting

Full name (as in passport): _____

HealthCare Professional LOCAL ID: _____

Hospital/department/address: _____

E-mail:_____

Misc. (e.g. dietary restrictions, disabilities):_____

Please email registration form to Hans-Henrik Kristensen, Medical Advisor, Pfizer Oncology
Hans-henrik.kristensen@pfizer.com