

## Kidney Cancer Consensus Statement

### **INTRODUCTION & BACKGROUND:**

Kidney cancer represents approximately 2-3% of all malignancies worldwide, with renal cell carcinoma (RCC) being the most common form. Worldwide incidence of RCC is reported to be increasing at an approximate annual rate of 2%. In particular, the incidence of early-stage kidney cancer is increasing, in part to improvements and access to diagnostic imaging.

Globally, as well as within Asia, incidence rates vary more than 10-fold, with higher rates in the West. Within Asia, rates are reported to be higher in Japan versus the rest of Asia.

### **METHODS:**

A group of Asian kidney cancer experts was gathered to review relevant evidence, focusing on evidence from Asia when available, to reach a consensus on addressing kidney cancer in Asia.

### **RESULTS:**

Surgery is the primary treatment for localized RCC, however approximately 20-30% of patients experience relapse.

As metastatic RCC (mRCC) is resistant to chemotherapy and radiotherapy, immunotherapy, including interferon- $\alpha$  (IFN- $\alpha$ ) and interleukin-2 (IL-2), has been the standard treatment. However, the response rate of immunotherapy is low and the prognosis of patients with mRCC has been by no means satisfactory.

Recent advances in the understanding of the biology of RCC have led to the development of therapies targeting vascular endothelial growth factor (VEGF) and mammalian target of rapamycin (mTOR). Sunitinib, temsirolimus, bevacizumab (with IFN- $\alpha$ ), sorafenib, temsirolimus, and everolimus are currently recommended in various guidelines for mRCC from NCCN, EAU, and JUA. These targeted agents have produced patient benefits, in terms of improvements in progression free and overall survival, as well as quality of life. However, since none of these new agents are curative, more research is necessary to clarify the mechanisms of resistance to these agents. Furthermore, since both response and adverse event profiles of these agents are different between Asians and Westerners, we have to establish the optimal treatment strategies for Asian patients. More investigations to clarify the reasons of such ethnic difference, and the significance of neoadjuvant or adjuvant therapy, debulking nephrectomy and cytokines in the era of molecular targeted therapy, are necessary.

### **CONCLUSION:**

The APCC Consensus Kidney Cancer Working Group is developing a consensus on how to optimize efforts against kidney cancer and improve the conditions of Asian patients.