Panel Discussion – GUYIR 2024, Marriot, Mumbai

Moderator -Srivatsa N

Panelists-

Dr Sanjai Addla

Dr Kishore T A

Dr Sanjoy Sureka

Dr Deep Vora

Dr Varun Shukla

Dr Rachita Rungta

[^{89}Zr]Zr-girentuximab for PET–CT imaging of clear-cell renal cell carcinoma: a prospective, open-label, multicentre, phase 3 trial

Brian Shuch, Allan J Pantuck, Jean-Christophe Bernhard, Michael A Morris, Viraj Master, Andrew M Scott, Charles van Praet, Clement Bailly, Bülent Önal, Tamer Aksoy, Robin Merkx, David M Schuster, Sze Ting Lee, Neeta Pandit-Taskar, Alice C Fan, Phillip Allman, Karl Schmidt, Libuse Tauchmanova, Michael Wheatcroft, Christian Behrenbruch, Colin R W Hayward, Peter Mulders

Q1. Dr Rachita Rungta

- The trial primarily aimed to evaluate [^{89}Zr]Zr-girentuximab PET-CT imaging for the accurate, non-invasive detection and characterization of clear-cell renal cell carcinoma (ccRCC) using central histology as the standard of truth

- Are you convinced that this was necessary & why?
- The study did not include Metastatic Evaluation. Is this a handicap?

Q2. Dr Varun Shukla

- What is the significance of using a 5-day uptake period before imaging?
- Do you think there could be patient variability due to different elimination kinetics?
- Does it impact predictive values?

Q3. Dr Rachita Rungta

- How does CA-IX express in non-ccRCC?

  Some types of non-ccRCC, such as papillary renal cell carcinoma, may show CAIX expression in up to 20% of cases.

Q4. Dr Varun Shukla

- What Specific Clinical Indications may require us to do this PET CT Scan?
  - Indeterminate Small Renal Masses
  - Ambiguous Extra-renal disease of concern for Metastases

SYSTEMATIC REVIEW Open Access

Comparative efficacy of cryoablation versus robot-assisted partial nephrectomy in the treatment of cT1 renal tumors: a systematic review and meta-analysis

HuiYu Gao[1†], Lin Zhou[1†], JiaBin Zhang[1†], Qiang Wang[1†], ZiYuan Luo[3], Qian Xu[1], Ying Tan[1], Hui Shuai[1], JunJie Zhou[1], Xiang Cai[1], YongBo Zheng[1], Wang Shan[4], Xi Duan[2*] and Tao Wu[1*]

- Systematic review and Meta-Analysis, ultimately including 10 studies with a total of 2,011 patients

Outcome Category	Cryoablation (CA) Outcome	RAPN Outcome	Explanation
Perioperative Outcomes	• Shorter hospital stay • Less blood loss • Fewer overall complications	• Longer hospital stay • More blood loss • Higher rate of overall complications	CA shows benefits in terms of quicker recovery and less blood loss. This means patients might leave the hospital earlier with fewer complications.
Operative Time	• Comparable to RAPN	• Comparable to CA	There is no significant difference in the duration of surgery between the two methods, meaning they take about the same time.
Renal Function (12 months post)	• Changes in kidney function similar to RAPN	• No significant difference compared to CA	Both treatment methods have a similar ability to preserve kidney function one year after the procedure, suggesting both are effective in preserving renal performance.
Oncological Outcomes	• Higher tumor recurrence rate	• Lower tumor recurrence rate	Although CA is less invasive, it has a significantly higher rate of tumor recurrence, which could be a concern regarding long-term cancer control.
Survival Outcomes	• Recurrence-free survival (RFS) and overall survival (OS)	• Recurrence-Free Survival (RFS) and Overall Survival (OS) do not show significant	The overall survival and time without cancer recurrence are similar for both treatments, indicating that both

Q5. Dr Sanjoy Sureka

- What are your concerns when you offer Ablative Therapy to your patients?

  - **Incomplete Tumor Ablation and Residual Tumor Tissue**
  - **Technical Limitations and Variability in Procedure**
  - **Tumor Characteristics and Size Considerations**
  - **Operator Experience and Institutional Variability**

Q6. Dr Sanjoy Sureka

- Any Size Criteria for selecting patients into Ablative Therapy?

- Any Preferences over Cryo over Microwave and RFA?

Feature	Cryotherapy	Microwave Ablation (MWA)	Radiofrequency Ablation (RFA)
Mechanism	Freezing causes cellular destruction	Electromagnetic waves generate heat	Alternating current produces heat
Temperature Achieved	−40°C to −140°C	60–150°C	60–100°C
Ablation Zone Control	Good visual control (ice ball)	Larger, faster, less predictable	Smaller, slower, more controlled
Treatment Time	Longer (15–45 min)	Shorter (5–15 min)	Intermediate (10–30 min)
Tumor Size Suitability	≤3–4 cm	≤5 cm	≤3–4 cm
Imaging Guidance	CT, MRI, US	CT, US	CT, US
Repeatability	Good	Moderate	Good
Risk of Collateral Damage	Lower (ice acts as insulation)	Higher (due to high temps)	Moderate
Postoperative Pain	Mild	Moderate	Mild–Moderate
Complication Rate	Low–Moderate	Moderate	Low–Moderate
Oncologic Outcomes	Comparable to RFA, slightly less than surgery	Promising, limited long-term data	Well-established, comparable to cryo
Use in Posterior Tumors	Preferred	Acceptable	Acceptable
FDA Approval	Yes	Yes	Yes

Outcome Measure	Cryotherapy	Microwave Ablation (MWA)	Radiofrequency Ablation (RFA)
Cancer-Specific Survival (5-year	95–100%	90–98% (limited long-term data	95–100%
Local Recurrence Rate	5–10%	5–15%	5–10%
Overall Survival (5-year)	80–90%	75–85%	80–90%

Q7. Dr Kishore T A

- Any specific case which you feel is more suitable for Ablative Therapy?
  - Solitary Kidney
  - Complex Location in CKD patients
  - Early Recurrent Tumors
  - Elderly patients

Q8. Dr Sanjai Addla

- What are the Potential Challenges you expect in Follow up and during Surgical Intervention in a patient with recurrence post Ablative Therapy?

- Is Re-ablation a Valid & a Safe Option?

Challenges in Post-Ablation Follow-Up for SRMs

- **Distinguishing Residual Tumor vs. Post-Ablation Changes**
  Imaging may show enhancement or scar tissue that mimics recurrence.
- **Lack of Standardized Imaging Protocols**
  Variability in modality, timing, and interpretation of follow-up imaging.
- **Monitoring Long-Term Oncologic Outcomes**
  Requires prolonged surveillance due to potential late recurrences.
- **Limited Biomarkers for Recurrence**
  No reliable blood or urine tests for early detection of recurrence.
- **Patient Compliance with Follow-Up**
  Missed imaging or follow-ups can delay detection of recurrence or complications.

Re-ablation

• Feasibility & Safety Confirmed
Studies show re-ablation is technically feasible and associated with low morbidity (e.g., Wah et al., Eur Urol, 2014).

• Oncologic Control Comparable to Initial Ablation
Local control rates after re-ablation can approach those of initial treatment, especially for small recurrences (≤3 cm).

• Preserves Renal Function
Re-ablation spares nephrons, offering an advantage over salvage nephrectomy, particularly in comorbid patients.

• Higher Risk of Repeat Recurrence
Re-treated lesions may have slightly higher recurrence rates, necessitating close follow-up (Zargar et al., J Urol, 2015).

• Selective Use Recommended
Best outcomes observed in patients with isolated, small-volume recurrence and favorable tumor location.

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Overall Survival with Adjuvant Pembrolizumab in Renal-Cell Carcinoma

T.K. Choueiri, P. Tomczak, S.H. Park, B. Venugopal, T. Ferguson, S.N. Symeonides, J. Hajek, Y.-H. Chang, J.-L. Lee, N. Sarwar, N.B. Haas, H. Gurney, P. Sawrycki, M. Mahave, M. Gross-Goupil, T. Zhang, J.M. Burke, G. Doshi, B. Melichar, E. Kopyltsov, A. Alva, S. Oudard, D. Topart, H. Hammers, H. Kitamura, D.F. McDermott, A. Silva, E. Winquist, J. Cornell, A. Elfiky, J.E. Burgents, R.F. Perini, and T. Powles, for the KEYNOTE-564 Investigators*

Q9. Dr Sanjai Addla

- Are you convinced that ALL your high risk patients need adjuvant Immunotherapy?
- Which subset of patients benefit the most??

Patient Subset	Description	Benefit
M0 Stage Disease	Patients with no metastases (M0 stage).	Significant overall survival improvement; hazard ratio for death of 0.59. [1]
Intermediate-to-High Risk of Recurrence	Patients at increased risk of recurrence after nephrectomy.	Notable survival benefits observed, reinforcing therapy effectiveness. [1]
Favorable Prognostic Features	Patients with an ECOG performance status score of 0 (fully ambulatory).	Improved outcomes; better health correlates with positive response to treatment. [1]
Absence of Sarcomatoid Features	Patients whose tumors lack sarcomatoid characteristics.	Enhanced survival rates with pembrolizumab therapy. [1]
Long-Term Follow-Up	Sustained benefits observed over time, particularly at 48 months.	Significant overall survival rates across identified subsets. [1]

Q10. Dr Sanjai Addla

- Will you use PEMBRO in patients with high risk features on a case of Small Renal Mass undergoing Nephron Sparing Surgery?

Q11. Dr Deep Vora

- Are you convinced with the OS Benefit of Adjuvant Pembrolizumab?

- What is the incidence of Grade 34 SAEs in patients on Pembrolizumab? Does the Adverse effect Profile justify routine use considering Modest OS Benefits?

Q12. Dr Deep Vora

- Will you do PDL1 Assay before you consider Treatment?
- How does Adjuvant Therapy fare in patients with mutational RCCs like FH Deficient or with variants?

Q13. Dr Kishore T A

- What do you do in case of a PSM? What factors do you consider to decide further course of Treatment

Management of Positive Surgical Margin (PSM) – RCC

 Initial Step:
- Multidisciplinary team (MDT) discussion is crucial.
- Confirm true PSM vs. artifact (e.g., tangential section, pseudomargin).

Key Factors Guiding Further Treatment

 Pathologic Features:
- Tumor grade, histologic subtype, presence of necrosis, sarcomatoid features.

 Margin Details:
- Focal vs. extensive involvement; margin location.

 Stage of Disease:
- pT1a vs. pT3a has significantly different implications.

 Patient Factors:
- Age, comorbidities, renal function, life expectancy, preference.

 Surveillance Capability:
- Ability to adhere to close imaging and clinical follow-up.

Management Options

 Active Surveillance:
- Preferred for low-risk, incidentally detected PSM in T1 tumors.

 Completion Nephrectomy or Ablation:
- For younger patients, high-grade tumors, or extensive margins.

 Adjuvant Therapy:
- In select high-risk cases; ongoing trials may refine indications.

Q14. Dr Sanjoy Sureka

- Do you change your follow up protocol or imaging in patients with PSM during their follow up?
- Any role of CA-IX Scan in this case (Dr Varun/Dr Rachita?

Q15. Dr Deepak Vora

- Role of Adjuvant Pembro in a case of PSM?
- Do we have robust data for feasibility and Survival benefits with subsequent therapies

1701P

NEOTAX: A phase II trial of neoadjuvant toripalimab plus axitinib for clear cell renal cell carcinoma with inferior vena cava tumor thrombus

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Department of Urology, Chinese PLA General Hospital (301 Military Hospital), Beijing, China

Q16. Dr Sanjai Addla

- How often do you use Neoadjuvant Therapy in patients with Resectable RCCs?
- Who are those Cases?

Q17. Dr Kishore T A

- What Surgical Challenges have you encountered in patients post Neo-adjuvant Therapy?
- Any Specific Pre-operative or intra-operative Readyness?

Q18. Dr Sanjoy Sureka

- Salvage options in case the tumor is unresectable after neo-adjuvant immunotherapy?