



Global Kidney Cancer Summit

14th – 16th April 2024
Incheon, South Korea

The International Kidney Cancer Coalition (IKCC) Global Kidney Cancer Summit took place in Incheon, South Korea from 14-16 April 2024. This marks the inaugural IKCC Global Summit in Korea, a premier event in both Asia and Korea.

This year's summit encompassed various programmes, including educational sessions on kidney cancer disease and treatment perspectives, disseminating information about kidney cancer, and nurturing patient support through dialogue among participants.

This year's event attracted more than 70 participants from kidney cancer patient groups worldwide, including Africa, Australia, Europe, India, North America, and across Asia. The event was hosted by Jin-Young Paik, president of the Korea Kidney Cancer Association (KKCA).

Before the summit officially opened there were two courses in kidney cancer. The basic course was presented by Professor Seok-Soo Byun from Seoul National University Bundang Hospital's Urology Department. This course focused on the causes and symptoms of kidney cancer, diagnosis, and surgery. The advanced course was presented by Professor Inkeun Park from Seoul Asan Medical Center's Oncology Department about the treatment of metastatic kidney cancer.

Day one of the summit (14 April) was opened by Professor Michael Jewett, Chair of the IKCC, who outlined the main objectives of the summit, highlighting the importance of the patient voice.

The keynote presentation from Professor Eun-Seung Yu from Korea Cyber University's Counselling Psychology Department on 'Peer Support Programmes for Cancer Patients' concluded that these programmes are important for the provision of psychological support to cancer patients. Social systems need to be established for cancer patient peer support, including professional training, expert management and supervision, and delivery systems.

There followed featured case studies and discussion sessions centred around the theme of 'Enhancing Communication between Patients and Healthcare Professionals.' This included panel discussions on systemic therapy decision guides, enhancing empathetic communication between healthcare professionals and patients, improving physician-patient communication,

lessons for clinicians and patient navigators, and the impact of the IKCC clinical leadership workshop.

The breakfast session on day two (15 April) addressed capacity building for patient organisations, with examples from [Instituto Oncoguia](#), Brazil, and [Cancer Warriors Foundation](#), Philippines, who discussed the best practices and pivotal moments that have helped facilitate their growth and development.

On day two, there were two panel discussions focused on 'Advocacy Hot Topics,' such as organisational funding, social media presence, patient support programmes, online patient support systems, evidence-based patient advocacy in Asia, building advocacy skills and local advocacy (data from the IKCC Global Patient Survey).

The Cecile and Ken Youner IKCC scholarship for 2024 was awarded to Dr Wen Kong, a fellow in the Department of Urology, Renji Hospital, Shanghai Jiao Tong University School of Medicine for his work on novel treatment and imaging approaches for fumarate hydratase deficient renal cell carcinoma (FHd-RCC).

Following the scholarship award, a second panel discussion focused on 'Kidney Cancer Clinical Hot Topics'. This included genetic testing and genomic profiling by Dr Eric Jonasch. Genetic testing diagnoses the subtype of kidney cancer, such as papillary RCC, while genomic profiling determines the presence of hereditary kidney cancers, such as von Hippel-Lindau (VHL). This information can be used to choose the best treatment for these rarer types of kidney cancer.

A presentation on immunotherapy by Dr Ravindran Kanesvaran, Singapore, concluded that although there are numerous treatment options for metastatic kidney cancer, currently, there are no biomarkers to predict response to treatment. Pembrolizumab is the only adjuvant treatment to show overall survival benefit and side effects from immunotherapies are well known and manageable.

Professor Axel Bex (UK/The Netherlands) spoke about medical treatment and radiotherapy before (neoadjuvant) and after (adjuvant) surgery in patients where the disease has not yet spread to make tumours easier to remove and to improve survival. Professor Bex spoke about priming the immune system with neoadjuvant treatment to improve outcomes and personalising adjuvant treatment according to response (complete, partial and no response).

Dr Kong (China) concluded this session with a presentation on stereotactic ablative body radiotherapy (SABR). SABR uses a high dose of radiation targeted at the tumour with high precision. It can be used to treat localised kidney cancer, brain and spinal cord metastases and small numbers of metastases in other parts of the body to delay the start of anti-cancer medication. SABR is very safe and can be used to control the growth of the tumour, extend the use of anti-cancer medication, and improve response to treatment with good quality of life.

Day 2 finished with roundtable discussions about next steps for patient organisations, self-care to prevent mental fatigue, caregiver support and engaging the kidney cancer patient community in South Korea.

The breakfast session on day three (16 April) continued with the topic of capacity building. Roundtable discussions addressed strategies for strengthening patient organisations, internal challenges, collaboration, and support.

The first panel discussion of day three focused on 'Improving Quality of Life through Palliative Care'. Professor So-Hi Kwon, Kyungpook National University, College of Nursing (South Korea) defined palliative care and suggested that clinicians should encourage open conversations about death and dying to understand the needs, wishes and preferences of terminally ill patients and their families. Patients should have choice in palliative care, and end of life care should meet the cultural, psychological, and spiritual needs of the patient.

Fatima Lorenzo from the National Hospice and Palliative Care Council of the Philippines spoke about the development of palliative and hospice care in the Philippines, including the creation of the Manual of Operations (2020), clinical practice guidelines on palliative and end of life care for people with cancer (2023) and a multidisciplinary training programme (2024). These included the patient voice and emphasised communication, cultural and spiritual sensitivity.

The conference concluded with a panel discussion addressing 'Building Support: Communication with Family and Friends.' This included presentations about relationships with loved ones, communicating with family and friends (let's eat together), photography in palliative care, and building support: Empowering communication with family and friends.