Adjuvant therapy for renal cell carcinoma: 2023 Canadian Kidney Cancer Forum consensus statement

Aly-Khan A. Lalani[1], Anil Kapoor[2], Naveen S. Basappa[3], Bimal Bhindi[4], Georg A. Bjarnason[5], Dominick Bosse[6], Rodney H. Breau[7], Christina M. Canil[6], Luisa M. Cardenas[1], Vincent Castonguay[8], Claudia Chavez-Munoz[9], William Chu[5], Shaan Dudani[10], Jeffrey Graham[11], Daniel Y.C. Heng[12], Christian Kollmannsberger[13], Jean-Baptiste Lattouf[14], Scott Morgan[15], M. Neil Reaume[6], Patrick O. Richard[16], Anand Swaminath[17], Simon Tanguay[18], Lori A. Wood,[19] Luke T. Lavallée[20]

[1]Department of Medical Oncology, Juravinski Cancer Centre, McMaster, Hamilton, ON, Canada; [2]St Joseph's Healthcare Hamilton, McMaster University, Hamilton, ON, Canada; [3]Department of Oncology, Cross Cancer Institute, University of Alberta, Edmonton, AB, Canada; [4]Southern Alberta Institute of Urology, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada; [5]Odette Cancer Centre, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, ON, Canada; [6]Division of Medical Oncology, University of Ottawa, Ottawa, ON, Canada; [7]Department of Surgery, University of Ottawa, Ottawa, ON, Canada; [8]Centre de recherche du Centre Hospitalier Universitaire de Québec – Université Laval (CRCHUQc-UL), Centre de recherche sur le cancer (CRC) de l'Université Laval, Québec, QC, Canada; [9]Vancouver Prostate Centre, University of British Columbia, Vancouver, BC, Canada; [10]Department of Oncology, William Osler Health System, Brampton, ON, Canada; [11]University of Manitoba, Winnipeg, MB, Canada; [12]Department of Medical Oncology, Tom Baker Cancer Center, Calgary, AB, Canada; [13]BC Cancer - Vancouver Centre, Vancouver, BC, Canada; [14]Department of Surgery, University of Montreal, Montreal, QC, Canada; [15]Department of Radiation Oncology, Ottawa Hospital Research Institute, University of Ottawa, Ottawa, ON, Canada; [16]Department of Urology, Centre Hospitalier Universitaire de Sherbrooke and Centre de Recherche du CHUS, Sherbrooke, QC, Canada; [17]Department of Radiation Oncology, Juravinski Cancer Centre, McMaster University, Hamilton, ON, Canada [18]Division of Urology, Department of Surgery, McGill University, Montreal, QC, Canada; [19]Division of Medical Oncology, Dalhousie University, Halifax, NS, Canada; [20]Division of Urology and Ottawa Hospital Research Institute, University of Ottawa, Ottawa, ON, Canada

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ABSTRACT

INTRODUCTION: Several recent randomized trials evaluated the impact of adjuvant immune checkpoint inhibitor (ICI)-based therapy on post-surgical outcomes in renal cell carcinoma (RCC), with disparate results. The objective of this consensus statement is to provide data-driven guidance regarding the use of ICIs after complete resection of clear-cell RCC in a Canadian context.

METHODS: An expert panel of genitourinary medical oncologists, urologic oncologists, and radiation oncologists with expertise in RCC management was convened in a dedicated session during the 2022 Canadian Kidney Cancer Forum in Toronto, Canada. Topic statements on the management of patients after surgery for RCC, including counselling, risk stratification, indications for medical oncology referral, appropriate followup, eligibility and management for adjuvant ICIs, as well as treatment options for patients with recurrence who received adjuvant immunotherapy, were discussed. Participants were asked to vote if they agreed or disagreed with each statement. *Consensus* was achieved if greater than 75% of participants agreed with the topic statement.

RESULTS: A total of 22 RCC experts voted on 14 statements. Consensus was achieved on all topic statements. The panel felt patients with clear-cell RCC at increased risk of recurrence after surgery, as per the Keynote-564 group definitions, should be counselled about recurrence risk by a urologist, should be informed about the potential role of adjuvant ICI systemic therapy, and be offered referral to discuss risks and benefits with a medical oncologist. The panel felt that one year of pembrolizumab is currently the only regimen that should be considered if adjuvant therapy is selected. Panelists emphasized current opinions are based on disease-free survival given the available results. Significant uncertainty regarding the benefit and harms of adjuvant therapy remains, primarily due to a lack of consistent benefit observed across similar trials of adjuvant ICI-based therapies and immature overall survival (OS) data.

CONCLUSIONS: This consensus document provides guidance from Canadian RCC experts regarding the potential role of ICI-based adjuvant systemic therapy after surgery. This rapidly evolving field requires frequent evidence-based re-evaluation.

INTRODUCTION

Renal cell carcinoma (RCC) is the most common renal malignancy. At the time of diagnosis, approximately 65% of patients have non-metastatic disease, while the remainder are metastatic.[1] The standard of care for patients with non-metastatic tumors is surgical resection with radical or partial nephrectomy. Some patients with small tumors may also be eligible for ablative therapies, radiotherapy, or active surveillance.[2] Currently, patients who undergo surgery for clinically localized tumors are monitored using history, physical