

1ST INTERNATIONAL CONSENSUS CONFERENCE

Management of the
Kidney Transplant
Patient with Cancer
Rome, 30 – 31 January 2020

Treating transplant patients with cancer is one of the most difficult tasks, don't lose the opportunity to increase your knowledge

COME TO ROME AND STAY UP TO DATE!



Organising Committee: Jacopo Romagnoli, Giovanni Scambia, Giampaolo Tortora, Vincenzo Valentini

AULA BRASCA – UNIVERSITÀ CATTOLICA DEL SACRO CUORE
FONDAZIONE POLICLINICO UNIVERSITARIO A. GEMELLI IRCCS

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The Consensus Conference has been accredited by
the National Commission for Continuing Medical Education (E.C.M.)*



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Discussants and Chairs

Luigi Biancone (*Turin*)

Vincenzo Cantaluppi (*Novara*)

Franco Citterio (*Rome*)

Valeriana Colombo (*Milan*)

Laura Cosmai (*Milan*)

Alessandro Di Stefani (*Rome*)

Paola Donato (*Verona*)

Lucrezia Furian (*Padua*)

Maria A. Gambacorta (*Rome*)

Giuseppe Grandaliano (*Rome*)

Rosario F. Grasso (*Rome*)

Barbara Jereczek Fossa (*Milan*)

György Kovács (*Lübeck*)

Mario Luppi (*Modena*)

Umberto Maggiore (*Parma*)

Nizam Mamode (*London*)

Riccardo Manfredi (*Rome*)

Alessandra Palmisano (*Parma*)

Ketty Peris (*Rome*)

Camillo Porta (*Pavia*)

Daniele Santini (*Rome*)

Søren S. Sorensen (*Copenhagen*)

Giovanni Stallone (*Foggia*)

Giampaolo Tortora (*Rome*)

Vincenzo Valentini (*Rome*)

Andrea Veltri (*Turin*)

Fabio Vistoli (*Pisa*)

Bruno Watschinger (*Vienna*)

Questions

- Does the switch from calcineurin inhibitors to mTOR-inhibitors improve patient or graft survival of kidney transplant recipients with metastatic non-skin cancer undergoing chemotherapy?
- Does maintaining as opposed to withdrawing calcineurin inhibitors in kidney transplant recipients with PTLD, undergoing first-line chemotherapy worsen patient or graft survival?
- Does maintaining as opposed to withdrawing or reducing calcineurin inhibitors in kidney transplant recipients with non-metastatic, non-skin cancer undergoing chemotherapy worsen patient or graft survival?
- Does the use of checkpoint inhibitors in kidney transplant recipients with metastatic skin and non-skin cancer have a negative impact on patient or graft survival?
- Does withdrawing antimetabolites and/or CNI inhibitors and/or mTOR-inhibitors as opposed to continuing maintenance immunosuppression improve patient survival in kidney transplant recipients with cancer undergoing radiotherapy?
- Can anti-angiogenic drugs be safely used in kidney transplant recipients with cancer?
- Can hormone therapy be safely used in kidney transplant recipients with cancer?
- Can platinum salts be safely used in kidney transplant recipients with cancer?
- Should a kidney transplant patient with cancer avoid standard radiotherapy technique (EBRT, BT, SBRT, protons), dose and volume in order to preserve the transplanted kidney?
- In case of cancer of the transplanted kidney, is focal treatment (thermoablation, radiofrequency, brachytherapy, electrochemotherapy, cryoablation, stereobody radiotherapy, protons) indicated as the standard treatment as opposed to graft nephrectomy?
- In case of focal treatment, is percutaneous approach (thermoablation, radiofrequency, brachytherapy, electrochemotherapy, cryoablation) indicated as the standard treatment as opposed to external beam radiotherapy (stereobody radiotherapy, protons)?
- Should immunosuppression be stopped or modified before oncological surgery in the kidney transplant recipient?