Chronic Kidney Disease is found in 12 to 25% of patients presenting with a solid tumor, and up to 40% in kidney cancer, Dr. Vincent Launay-Vacher, C-KIN President and ASCO member, said as an introduction to the first Annual Conference of the Cancer & the Kidney International Network on April 14th, 2015. CKD has also been significantly associated with reduced overall survival in cancer patients, and increased cancer-related mortality. An international board of experts in Oncology and Nephrology thus gathered in March 2014 and founded C-KIN in order to develop education, research, and practical tools with the aim of improving cancer patients care.

The first two plenary sessions gave up-to-date insights on what every oncologist should know on 1) how to evaluate the renal function in order to identify those CKD patients who are at a higher risk of death, 2) how to deal with platinum salts, and 3) recent data regarding the renal safety of chemotherapies and targeted therapies, with a focus on BRAF inhibitors and antiangiogenic agents.

The third plenary session was an official ASCO – C-KIN joint session, and raised important unmet needs in cancer patients’ care. Two internationally recognized ASCO members, renowned experts in Cancer Supportive Care, provided attendants with new issues that arose on anemia and chemotherapy-induced nausea and vomiting (CINV). Dr. Matti Aapro first detailed the complexity of anemia in cancer patients with CKD, from physiopathology to the clinic, emphasizing that the role of renal anemia in such patients is still unknown, and thus the question of its treatment: Are erythropoiesis stimulating agents indicated? Which ones? At what dosage? Dr. Florian Scotté, then pointed out the crucial importance of preventing CINV in patients receiving both emetogenic and nephrotoxic chemotherapy. Cisplatin-induced acute kidney injury typically occurs 2 to 4 days after administration. The prevention of CINV, especially in the last phase, is thus critical, since emesis may induce functional renal dysfunction, which in turn may precipitate cisplatin renal toxicity. Finally, Pr. Ismail Elalamy detailed why patients with both cancer and CKD present with a very high risk of venous thromboembolism (VTE), and the still-unanswered question on how to appropriately treat and prevent it. This ASCO – C-KIN joint session revealed three important unmet needs, which all require more in depth clinical research, in order to determine, as clearly as possible, what is the best clinical care of these frail patients. C-KIN has already launched a specific working group on VTE in cancer patients with CKD. Two other groups, on anemia in cancer patients and on the prevention of CINV as a mean of reducing nephrotoxicity, are planned to start in the coming months.

Since CKD is even more prevalent in the elderly, with 40% of elderly cancer patients presenting with associated renal dysfunction, Pr. Hans Wildiers, ASCO member and on the
board of the International Society of Geriatric Oncology (SIOG) and the Elderly Task Force of the European Organisation for the Research and Treatment of Cancer (EORTC), ran a specific session on how to appropriately handle curative treatments in this specific population of patients. In a parallel session on Mach 15th, Dr. Vincent Launay-Vacher presented the Food and Drug Administration (FDA) and the European Medicines Agency (EMA) guidances to the industry on how and when to conduct specific clinical trials in patients with renal impairment, pointing out the expected benefits, and the still-existing limitations of such guidelines for clinicians involved in cancer patients care.

This first C-KIN Annual Conference gathered around 80 oncologists and nephrologists from 17 countries around the world. Among the 60 abstracts accepted, 11 were presented as oral communications in two sessions, allowing clinicians and researchers to share the results of their clinical research, and discuss specific clinical case reports.

The next Cancer & the Kidney International Network Annual Conference will be organized in Brussels, Belgium, in Spring 2016. More information will be published at www.c-kin.org, where C-KIN members resources are already available, such as access to a website providing evidence-based recommendations on how to adjust drugs dosages in patients with CKD, a members library of scientific articles in the field, and practical tools for clinical practice (soon to be released).