ESMO Preceptorship Programme

Metastatic Bladder and Kidney Cancer – Singapore – 4th – 5th September 2019

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Metastatic Renal Cell Carcinoma
I have no financial disclosure or conflicts of interest with the presented material in this presentation.
41 year old, Male

Underlying
1. Colon carcinoma stage III C, dx in 1996
   - surgery followed by FOLFOX-4 in Dec 1995, 8 cycles
   - surveillance colonoscopy for 5 years then discharged surgical

P/W:
- On and off hematuria x 6/12
- Lump over right side of neck x 1/12
- Back pain x 1/12
- Lethargy x 6/12
- LOA & LOW x 6/12

Family Hx
- Father passed away due to colon cancer at 47 yo

Social Hx:
- Single
- Works as finance officer
- Ex smoker, stopped in Dec 2017
- Occasional alcohol intake
O/E ECOG 2

- P/A: mass left lumbar area extending to left iliac fossa, 13 x14cm
- Right parotid swelling 2x2cm

Went to Pantai Hospital Kuala Lumpur. Investigations:

1. CT TAP 26/10/16:
   - large 10 x 11x 11cm mass left renal consistent with renal cell carcinoma
   - paraortic lymph node metastasis
   - Five right and 3 left subcentimeter lung nodules consistent with lung metastasis
   - metastasis to left 6th and 7th rib with loss of tissue component, also involving left costovertebral junction with destruction of vertebral body and intraspinal extension

2. Right parotid mass biopsy 2/11/16
   HPE: metastatic clear renal cell carcinoma

3. Left rib biopsy: HPE - metastatic clear renal cell carcinoma
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<tr>
<th>Date</th>
<th>Details</th>
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| Nov – Dec 2016 | - started on Sunitinib 50mg OD 2 weeks on and 1 week off  
- Admitted for pleural effusion in early Dec 2016, tapping done and complicated with empyema.  
- completed IV antibiotics and pleurodesis of left pleura  
Discussion between patient and urologist - decided not for surgery at the moment in view of poor general and lung condition at that point of time. |
| Dec 2016    | CT TAP: stable  
- General condition improving - Less lethargic, increased appetite and gained weight. Neck swelling reducing in size.  
- Tolerated sunitinib well |
| Apr 2017    | CT TAP  
- left renal cell mass smaller to previous study  
- paraaortic LN metastases significantly reduced in size  
- no ascites  
- no bony mets  
Imp: significant improvement  
- Tolerated Sunitinib  
- Side effects : G1 HFS, G1 lethargy, no diarrhoea |
<table>
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<tr>
<th>April 2017</th>
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| • Complained of back ache  
• MRI Spine 18/4/17  
- Destruction of left transverse process, body and lamina of left side of T7 vertebral body with soft tissue component extending into spinal canal but no involvement of cord.  
• Referred case to spine team for stabilisation – not for op and advised for Zometa monthly. Backache well tolerated with Targin 10mg od. |

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<th>July 2017</th>
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| Left nephrectomy 10/7/17  
• HPE:  
  • Clear cell carcinoma  
  • Extension into proximal renal vein (pT3a). No perinephric tissue invasion seen.  
  • Adjacent renal parenchyma shows moderate chronic pyelonephritis secondary to tumor  
  • Ureter, renal vascular margin and adrenal gland free from tumor.  
  • Hilar LN 1/4  
Sunitinib resumed 2 weeks after operation. ECOG 0-1. |
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<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Nov 2017</td>
<td>CT TAP 23/11/17:</td>
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<tr>
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<td>• Disease progression: larger right kidney lesion, retroperitoneal and left supraclavicular nodes, and new liver lesion.</td>
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<td>• Loculated fluid in left renal bed.</td>
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<td>Dec 2017</td>
<td>• Started on T Everolimus 10mg od and monthly Zometa</td>
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<td>Jan - Jun 2018</td>
<td>• Received Zometa monthly for 6 cycles</td>
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<td>• Dose 4mg initially then reduced to 3.5mg due to reduced EGFR</td>
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<td>• Tolerated Everolimus.</td>
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<td>• June 18 : c/o lethargy, symptomatic anaemia and persistent bone pain over lumbar region</td>
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<td>- Multiple admission for symptomatic anaemia</td>
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<td>- Zometa withheld due to deranged renal profile</td>
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<td>Jul 2018</td>
<td>Non contrasted CT TAP 19/7/2018</td>
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<td>- 2.5cm lesion in right lobe of liver with enlarged paraaortic and paracaval lymph nodes that increased in number and size.</td>
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Aug 2018

- Urea 32, K 5.6 and creatinine 1063
- Recently discharged from private hospital with creatinine of 310. Fistula inserted for dialysis but not done yet.
- No uraemic symptoms. GCS full.
- Requested to go back to private hospital for dialysis stat.
- No more follow-up since then

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<tr>
<th>Aug 2018</th>
<th>Sept 17</th>
<th>Oct 17</th>
<th>Dec 17</th>
<th>May 18</th>
<th>July 18</th>
<th>Aug 18</th>
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<tbody>
<tr>
<td>K</td>
<td>4.5</td>
<td>4.7</td>
<td>4.6</td>
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<td>4.6</td>
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<tr>
<td>Urea</td>
<td>3.6</td>
<td>4.9</td>
<td>5.5</td>
<td>4.7</td>
<td>12.6</td>
<td>32.1</td>
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<tr>
<td>Creatinine</td>
<td>97</td>
<td>113</td>
<td>131</td>
<td>155</td>
<td>318</td>
<td>1029</td>
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<tr>
<td>EGFR</td>
<td>73</td>
<td>61</td>
<td>59.4</td>
<td>50</td>
<td>24.5</td>
<td>7</td>
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<tr>
<td>Sunitinib</td>
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<td>Everolimus and Zometa</td>
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