DISCLOSURE OF INTEREST

- NIL
PATIENT : Mdm NCN

- 57 Chinese Female, Premorbidly ECOG 0
- Non smoker, No Family History of Malignancy, No Pmhx
- Presented with Metastatic Disease at Diagnosis
  - Presented first with gross hematuria in March 2018
  - CT thorax + IVP
    A large right renal mass is in keeping with renal cell carcinoma. There is no evidence of gross renal vein invasion but there are pulmonary metastases. The oval retrocaval lymph node is indeterminate for metastasis.
Large right renal mass

pulmonary metastases
PATIENT : Mdm NCN
– Cytoreductive Surgery

- Underwent Cytoreductive surgery on the 9/4/18
- Right kidney, nephrectomy:
  - Renal cell carcinoma, clear cell type (9.5 cm), WHO/ISUP grade 4, with rhabdoid differentiation, renal-confined, pT2a.
  - Ureteric, vascular and soft tissue resection margins uninvolved by carcinoma.
- Decision for repeated scan in May to evaluate pace of disease
PATIENT: Mdm NCN
Post-cytoreductive TKI

Post op Scan (31 May 2019):

- 1. Post right nephrectomy. No evidence of local recurrence.
- 2. Multiple bilateral pulmonary metastases. Some of the nodules are bigger whilst others remain stable, the dominant trend is towards interval progression. One nodule in the right lower lobe has resolved.
- 3. Borderline retrocaval nodes, suspicious for metastases.
PATIENT: Mdm NCN
Risk Stratification

- Motzer and Heng intermediate risk (1 pt) due to time from diagnosis to treatment of less than 1 year
- Offered Pazopanib (partial insurance coverage)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>No (0)</th>
<th>Yes (+1)</th>
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</thead>
<tbody>
<tr>
<td>&lt;1 year from time of diagnosis to systemic therapy</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Karnofsky Performance Status &lt;80%</td>
<td>✓</td>
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<tr>
<td>Hemoglobin &lt; lower limit of normal</td>
<td>✓</td>
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<tr>
<td>Corrected calcium &gt; upper limit of normal</td>
<td>✓</td>
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<tr>
<td>Neutrophils &gt; upper limit of normal</td>
<td>✓</td>
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<tr>
<td>Platelets &gt; upper limit of normal</td>
<td>✓</td>
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</tbody>
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PATIENT: Mdm NCN - TKI

- Started 600mg Pazopanib Jun 2018 – PR
- Dec 2018: (RECIST 1.1 PD some lesions bigger)
- Increased to 800mg Pazopanib Dec 2018 - April 2019 (PD)
- Offered 2L Nivolumab