

Success in mRCC with an unusual strategy

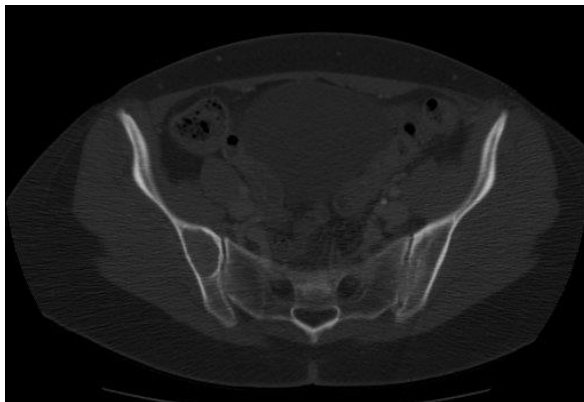
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Case 1

- 1994:
 - Woman, Cat. Sou...41 years old
 - Right kidney tumour
 - Nephrectomy
 - Clear cell grade 2: 5cm PT1 N0 M0
- 2003:
 - Persistent back pain
 - Tumour in 11th dorsal vertebral
 - Surgery: partial tumorectomy and radiation therapy
 - RCC metastasis
 - 6 months later: one lung nodule, watch and wait





- December 2006:
 - Hip pain
 - CT scan:
 - Still solitary lung nodule x2 in size
 - Tumour on right illiac bone
 - Abdominal lymph node (size 32x26 mm) near left renal pelvis
- ➔ Treatment with sunitinib 50 mg/d 4w/2w



- February 2007:
 - CT scan: regression of lung nodule and retroperitoneal lymph node
- May 2007:
 - Disappearance of lung nodule
 - Decrease of lymph node
 - Bone lesion stable but:
 - Hematological toxicity
 - Hypothyroidia
 - HFS
 - ➔ Decrease of sunitinib to 37,5 mg/d 4w/2w



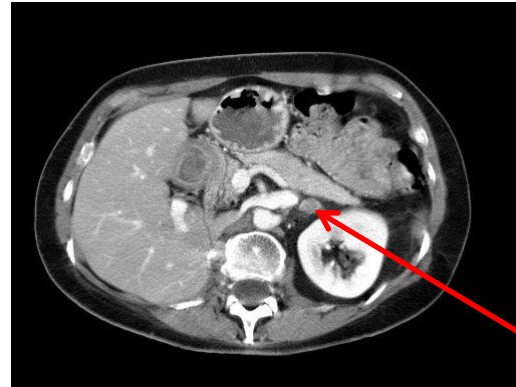
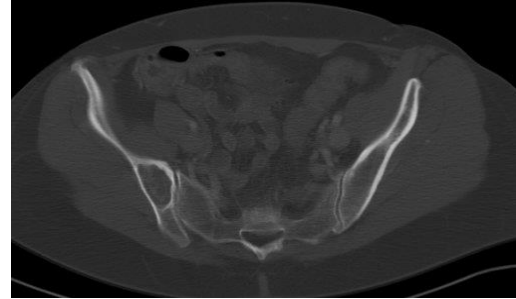
- **September 2009** (32 months after sunitinib start):
 - CT scan : no visceral lesion, but progression on vertebra and progression of iliac tumour
 - ➔ Partial surgery on D11 vertebra
 - ➔ Radiation on iliac tumour



After 3 years of sunitinib



November 2006



September 2009



- January 2010:
 - Everolimus 10 mg/day
- February 2010:
- Acute pain due to cord compression
 - ➔ Surgery on 10th and 11th vertebrae

⇒ **Failure of afinitor**



- April 2010:

After recovery from vertebral surgery

⇒ Rechallenge with sunitinib with a reduced dose (25 mg/d)

⇒ Adjunction of bevacizumab

⇒ Improvement of all symptoms due to cord compression

⇒ **Treatment with the combination of sunitinib and bevacizumab maintained for 2 years without any sign of progression**



- **January 2012:**
 - Proteinuria 2,8g/24 hours
 - No sign of progression
 - Decrease Bevacizumab to ½ dose
- **June 2012:**
 - Nephretic syndrom:
 - proteinuria 5g/24h
 - Hypoprotidemia
 - Oedema
 - ➔ Bevacizumab interruption
 - ➔ Sunitinib 37,5 mg/d



- **September 2012:**
 - Painful HFS with sunitinib
 - Re progression on dorsal vertebra tumour without symptom
 - ➔ Targeted radiation with cyberknife
- **January 2013:**
 - Sunitinib interruption
 - Bevacizumab re-introduction
- **March 2013:**
 - Stable disease
 - Maintenance of bevacizumab with good tolerance



Conclusion

- Long time control obtained with anti-angiogenic treatments including an unusual strategy with adjonction of bevacizumab to reduced doses of sunitinib and several rechallenges.
- Very good control on visceral metastatic sites but progression of bone metastases.
- The control of bone mets in mRCC still appears as an unmet need.

