

Case 2: Success in mRCC

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69 year old male

November 2004

- Right radical nephrectomy and removal of caval tumour
- Histology: clear cell RCC, Fuhrman grade 2, tumour extends to renal vein (pT3b, N0)



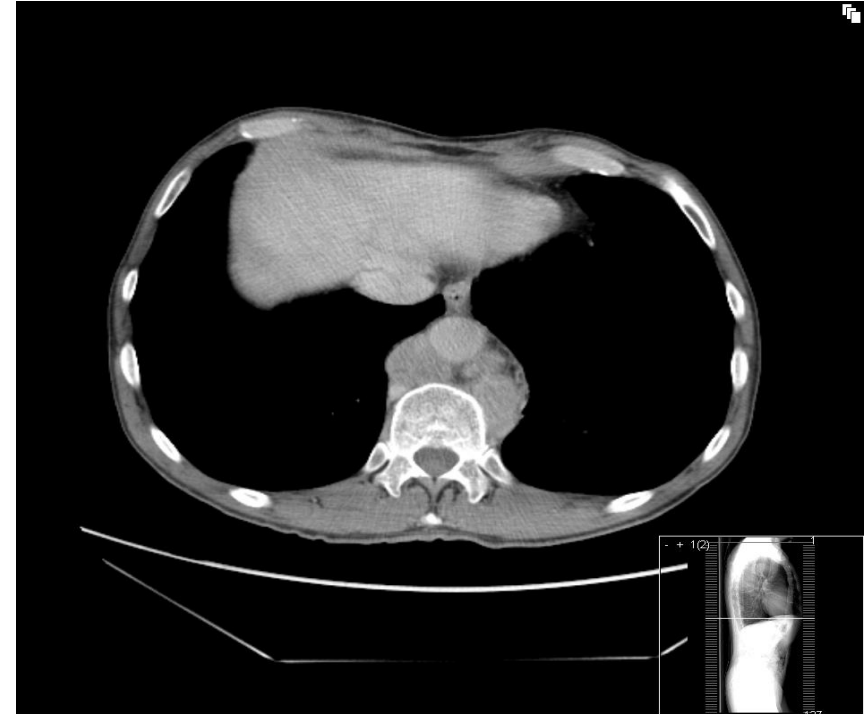
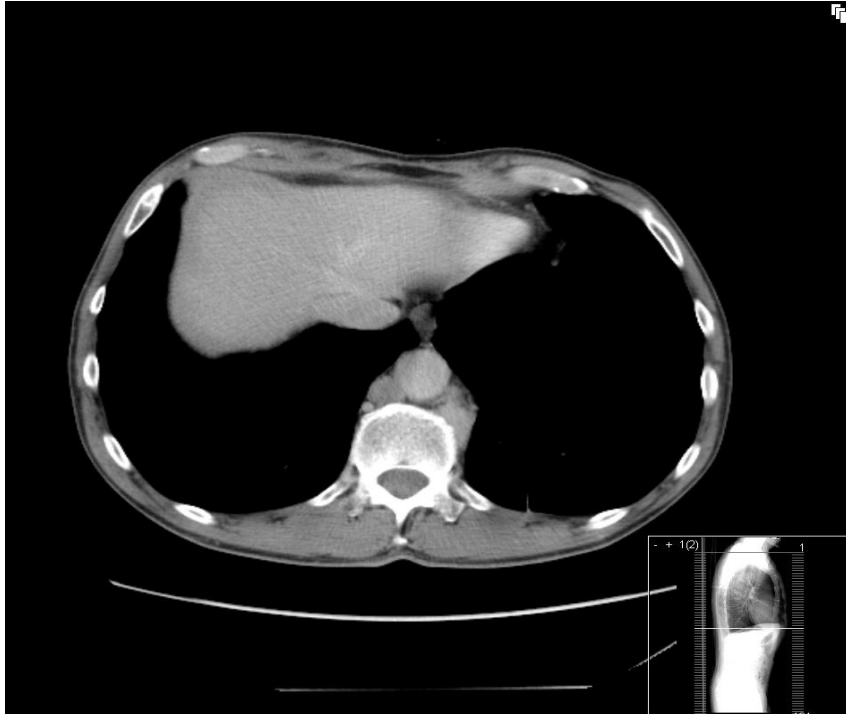
Relapse 18 months later

May 2006

- Retrocrural nodes on routine staging CT
- Asymptomatic
- Favourable risk
- Observed



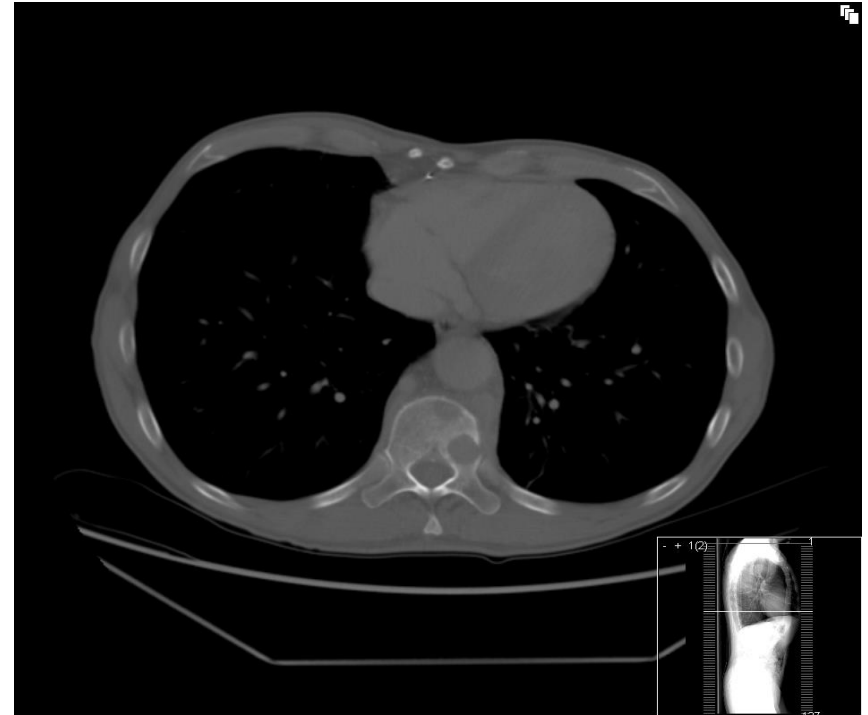
Slowly progressive disease May 2006-Aug 2007



Development of bone metastasis

August 2007

- Bone metastasis T11
- Asymptomatic
- Commenced bisphosphonate treatment
- Worked up for systemic therapy



First line treatment: sorafenib/infliximab

November 2007 – August 2009

- Grade 2 PPE June 2008 requiring dose reduction sorafenib to 400 mg daily
- Best response – stable disease
- Slow PD from June 2008; RECIST PD August 2009



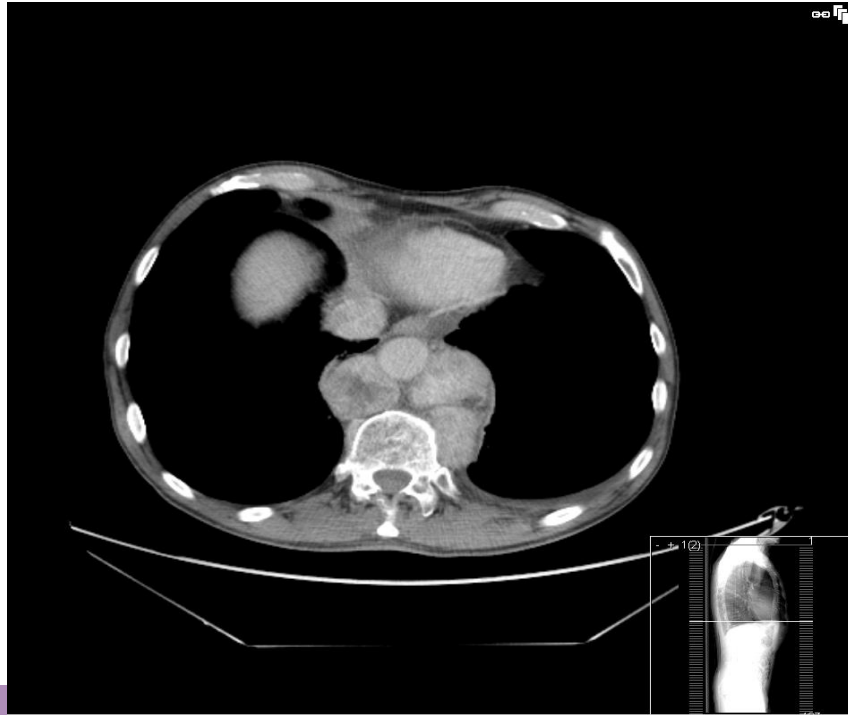
Second line treatment: everolimus

September 2009 – March 2012

- Complicated by pneumonitis Jan 2010 requiring dose reduction to 5 mg daily and maintenance steroids
- Best response stable disease
- Impending SCC May 2010 at T11 – treated with radiotherapy



Slow PD from May 2011; symptomatic March 2012



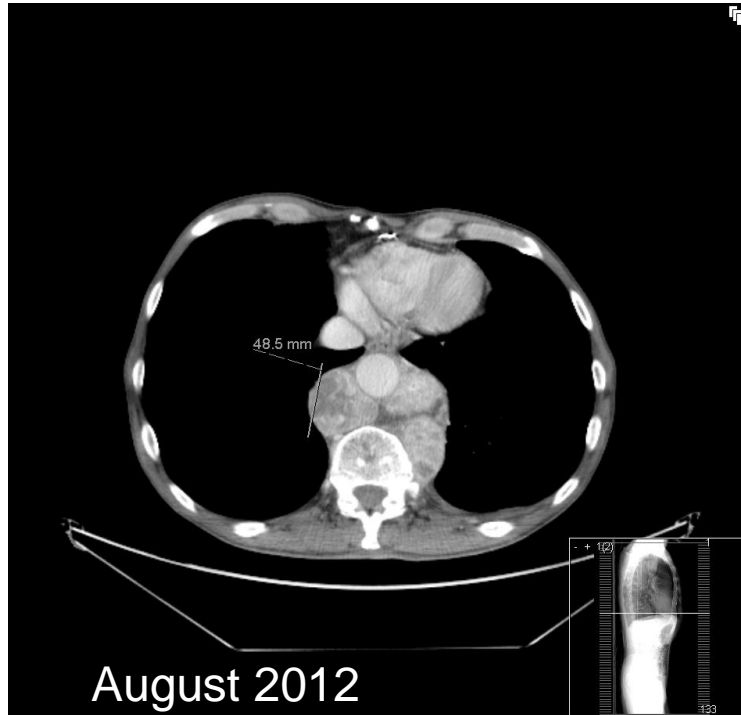
Third line treatment: axitinib

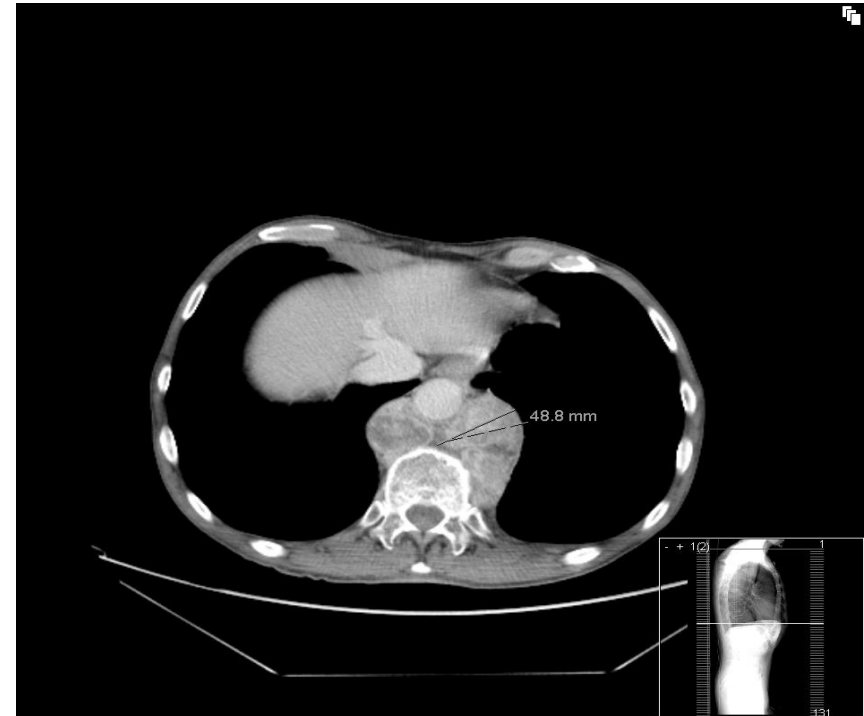
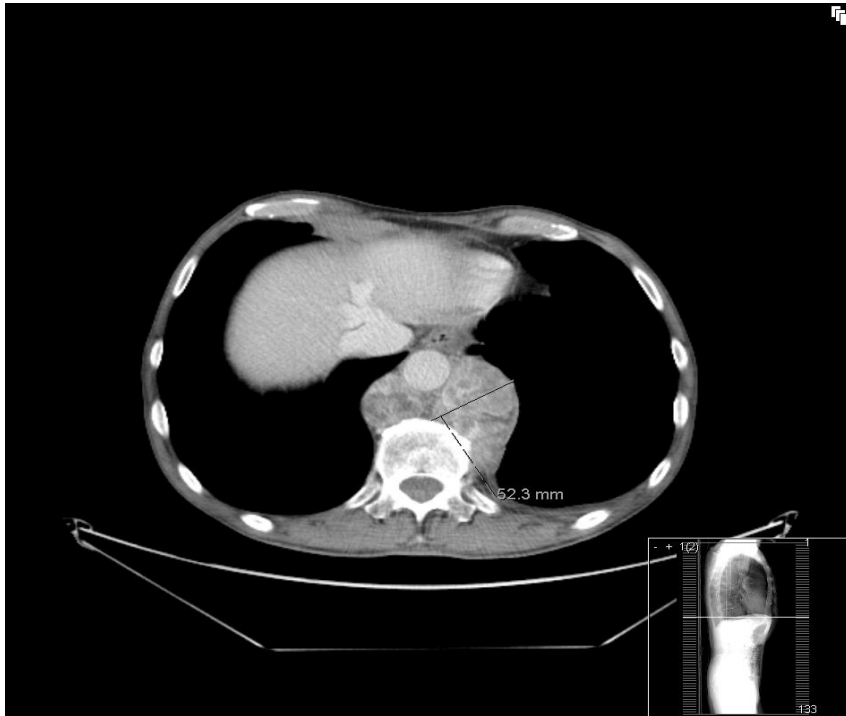
July 2012 – present

- Dysphonia and anorexia
- No hypertension
- Dose now titrated to 7 mg BD
- Stable disease by RECIST



Response to axitinib





August 2012

December 2012



Success in mRCC

- 7 years from diagnosis of metastatic disease
- Period of observation before systemic therapy
- Prolonged disease stabilisation on VEGFR-TKI and mTOR inhibitors
- Evidence of response to second VEGFR-TKI
- Patient is now 77 – enjoys frequent travel and cycles up to four hours regularly

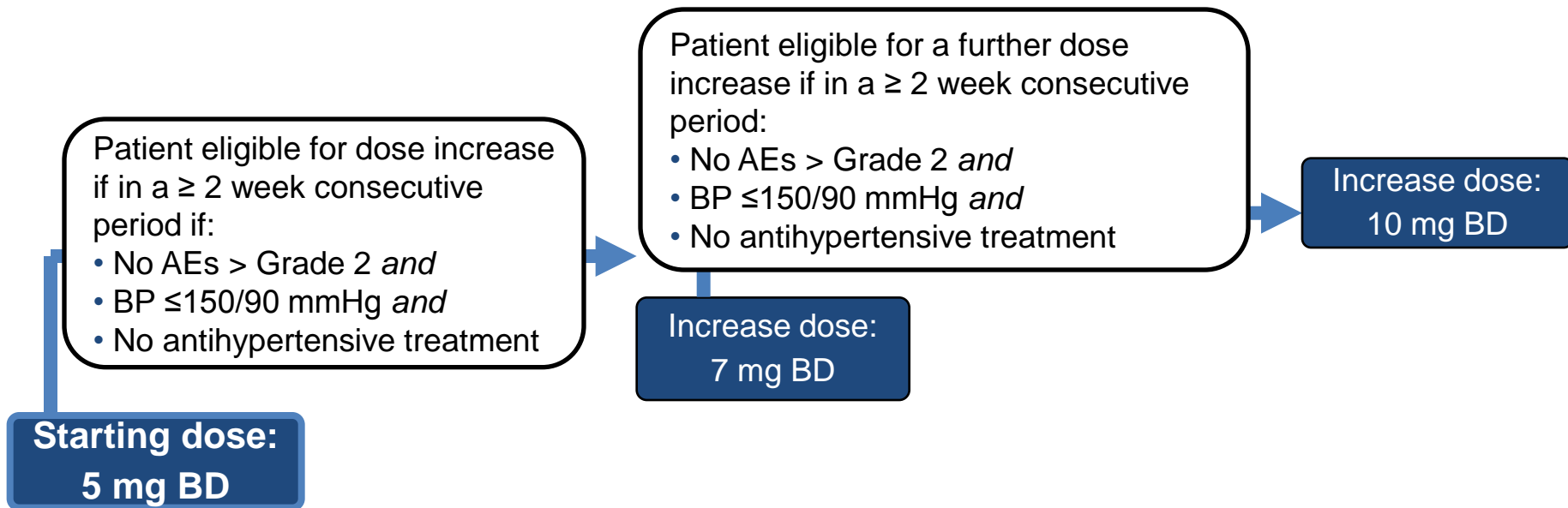


Discussion points

- VEGFR-TKI → mTORi → VEGFR-TKI sequence
 - does which drug matter?
- Did the addition of infliximab influence first line outcome?¹
- Prolonged clinical benefit despite sub-optimal doses and lack of RECIST response
- Axitinib dosing



Axitinib up-titration guidance



Axitinib dosing

- AXIS trial¹
 - Dose increased > 5 mg BD in 37% patients
 - What is the reality in the clinic?
- Efficacy of dose titration is being assessed in a prospective randomised trial²



Acknowledgements

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- Dr Lisa Pickering

