

mRCC intermediate risk long-term survivor: case 2

Pr Sylvie NEGRIER
Lyon I University
Centre Léon Bérard, Lyon



Case 2:

- Man, 62 years old – Mr M. Gre...
 - Caught, inflammation syndrom → right kidney tumour with local lymph nodes
 - CT scan: lung nodules (< 5mm)
 - Mediastinal lymph nodes



- September 2007:
 - Nephrectomy and lymphadectomy
 - Clear cell 8 cm, Fuhrmann grade 3
 - 2 involved lymph nodes



Prognosis score

- MSKCC score

– Karnofsky score	80%	+
– Time from diagnosis	<1 year	+
– Haemoglobin	normal	-
– Corrected calcium	normal	-
– LDH level	normal	-

⇒ **Intermediate group (1 or 2 risk factors)**



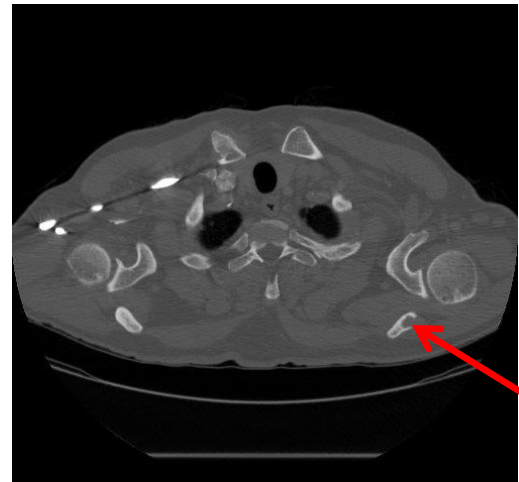
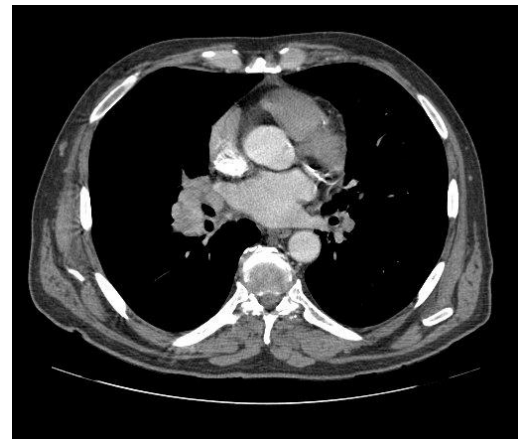
- November 2007:

- Confirmed lung nodules and mediastinal lymph nodes

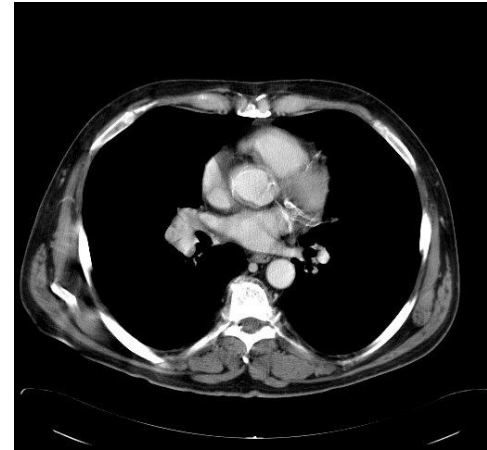
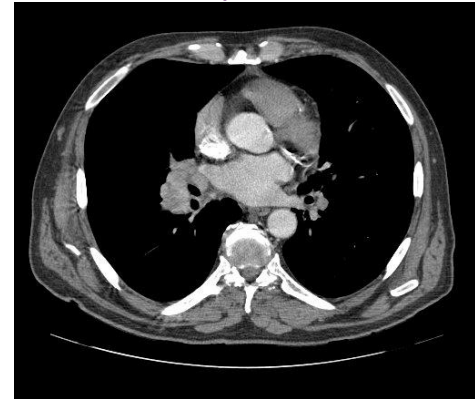
- + left scapula metastasis

- ➔ Sunitinib 50 mg/day 4w/2w

- ➔ 2nd cycle at 37,5 mg/d due to grade 3 haematologic toxicity



- February 2008:
 - PR on lung and lymph nodes
 - Stable disease on scapula metastasis that remains painful
- ➔ occurrence of a right thoracic pain

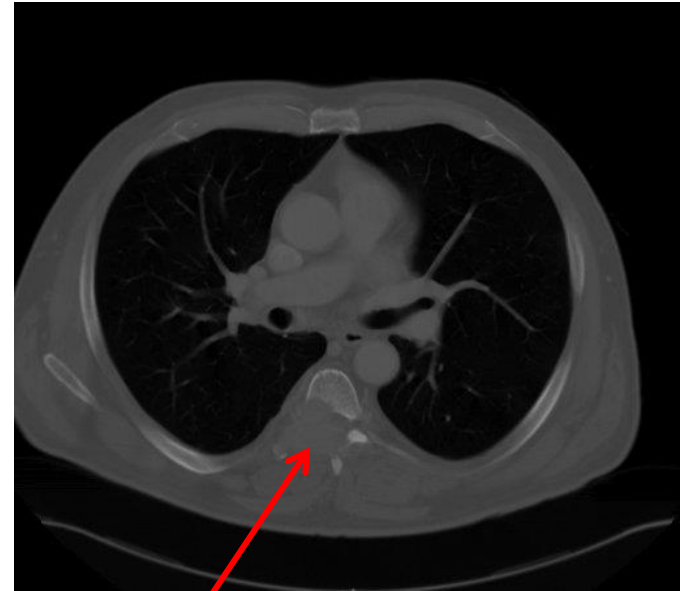


- ➔ Sunitinib interruption for radiation on scapula
- ➔ Analgesic treatment for hemithoracic pain

- Metastasis on 7th dorsal vertebra with dural involvement
- Stereotaxic radiation on vertebra

May 2008:

- ➔ Sunitinib re-introduction
at 37,5 mg/d



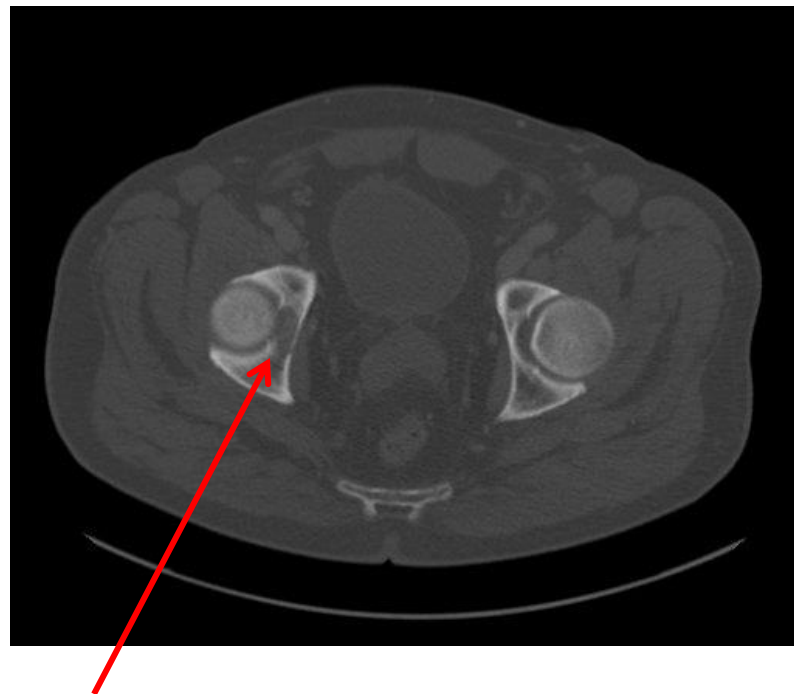
- July 2009:

- Stable disease for one year with almost normal CT scan except bones mets

- Right hip pain: bone tumour

- ➔ Radiation

- ➔ Sunitinib maintained



- September 2010:
 - Stable for 15 months
 - Cord compression due to D7 vertebra tumour progression
 - ➔ Decompressive spine surgery
- December 2010:
 - Everolimus 10 mg/d



- End of March 2011:

Everolimus poor tolerance

- Generalized oedema (+10/kg)
- Anemia (8,4 g/dl Hb)
- And major re-progression of bone mets (scapula and iliac tumour)
- ➔ Everolimus interruption and diuretics

- May 2011:

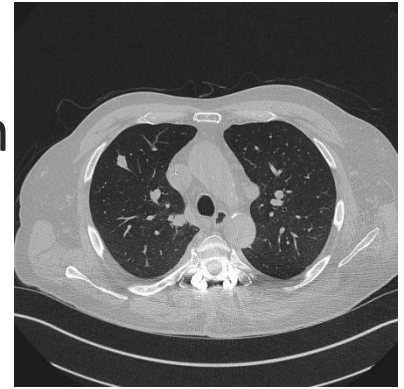
- Sunitinib rechallenge (37,5 mg/d)
- But stop after one cycle for oedema despite diuretics, increase creatinine
- Severe leucopenia and thrombopenia
- ➔ Long time for recovery



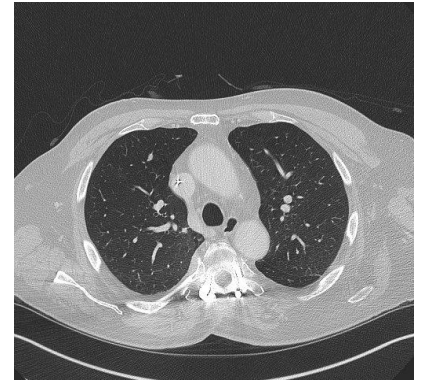
- **September 2011:**
 - Bevacizumab 10 mg/kg, every 2 weeks
 - Good tolerance
 - Stable disease until ...
- **April 2012:**
 - Progression lung nodules
 - Re-progression on vertebra
 - ➔ Bevacizumab interruption and surgery on dorsal vertebra



- August 2012:
 - After spine surgery and 3 months without systemic treatment, progression in different sites: bones and lungs
 - 2nd rechallenge with sunitinib
 - 37,5 mg for 3 w on / 2 w off



- October 2012:
 - PR on visceral site
 - Stable disease on bone mets



- November 2012:
 - Compressive haematoma of the leg (under anticoagulation on general practitioner indication)

- ➔ Septicemia and death in early december 2012



Conclusion

- MSKCC intermediate risk group:
- Estimated median survival time: 24 months
(Hang, Lancet Oncol, 2013)
- But longer survival are possible: in this case, 5 year survival under different anti-angiogenic treatments

(possible increased toxicity due to cumulative treatment lines)

