

Case 3: mRCC poor-risk long-term survivor

Dr Rosalie Fisher

Royal Marsden Hospital



59 year old man

January 2001

- Right radical nephrectomy
- Histology: clear cell RCC with sarcomatoid features, Fuhrman grade 3, invasion of renal vein
- Declined adjuvant trial of biochemotherapy



Five years later: abdominal pain

July 2006

- Bulky mass uncinate process pancreas
- Complex cyst left kidney
- Indeterminate lung nodules



Work-up for metastatic disease

- Normal CA 19-9
- Open biopsy of pancreas: histology appearances ‘worrying’ but not diagnostic of malignancy
- Repeat CT: progression of pancreatic and left kidney masses



Prognostic score

MSKCC

- LDH elevated (313)
- Hb low (11)
- Performance status 2

POOR RISK

Heng

- Hb low
- Performance status 2

INTERMEDIATE RISK



First line treatment: clinical trial

March 2007 – August 2008

- Cediranib (AZD2171) in phase II trial
- Laboratory values normalised
- Partial response in pancreas



Symptomatic PD pancreas August 2008

- Elevated LDH (204)
- Anaemia (Hb 11.4)
- Thrombocythaemia (platelets 467)



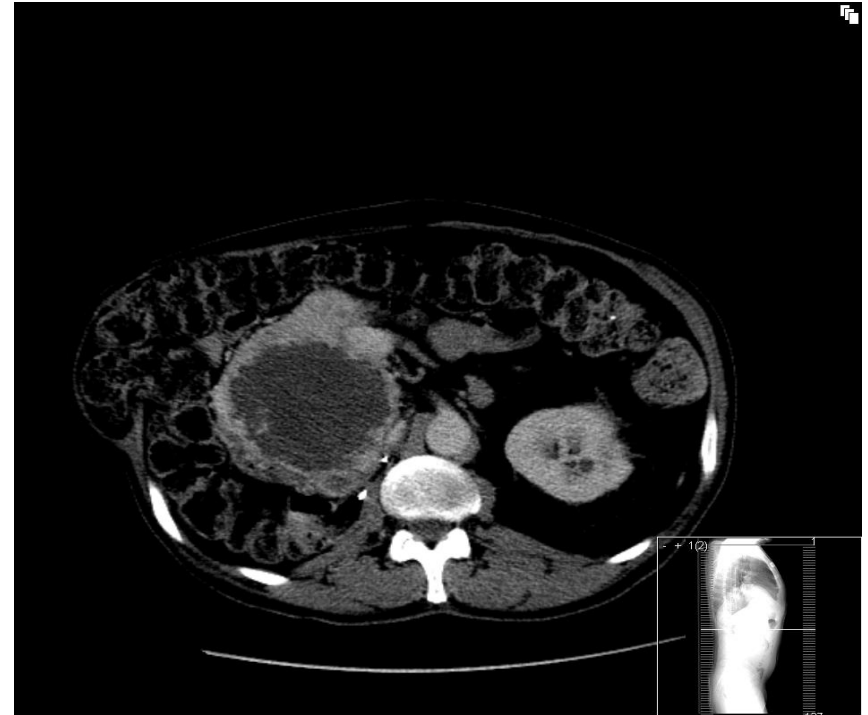
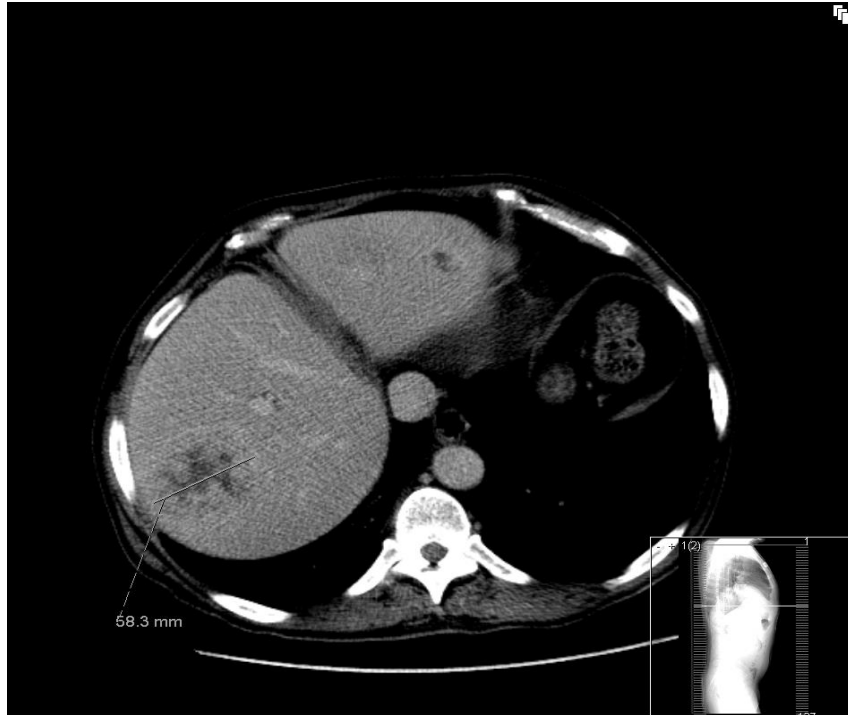
Second line treatment: temsirolimus

October 2008 – October 2012

- Well-tolerated; rash, stomatitis, recurrent anaemia
- Best response stable disease by RECIST
- Development of small liver metastases July 2012



October 2012



**Eighth European International
Kidney Cancer Symposium**
Budapest – 03-04 May 2013



Third line treatment: sunitinib/pazopanib

October 2012 – present

- Sunitinib very poorly tolerated, stopped after two weeks
- Pazopanib commenced at 400 mg daily
- Low grade stomatitis and PPE
- Evidence of response on current CT scan



Summary

- Survival of nearly 7 years from diagnosis of metastatic disease
 - MSKCC poor risk – mOS 5 months
 - Heng intermediate risk – mOS 27 months
- Prolonged disease stabilisation on mTOR inhibitor
- Evidence of response to third line pazopanib



Was this patient poor risk?

FOR

- Sarcomatoid features of primary
- Laboratory abnormalities
- Performance status
- Disease in multiple viscera

AGAINST

- Long disease free interval after nephrectomy
- Sites of disease?



Choice of first line systemic treatment for poor-risk mRCC

- Temsirolimus improved PFS and OS in poor-risk patients in a phase III randomised trial
 - Is there a biological basis for relative efficacy of mTOR inhibitors?
- Sunitinib expanded access trial included 375 (9%) poor-risk patients
 - Median PFS 4.1 months; median OS 5.3 months
 - Similar safety profile



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