ESMO Clinical Practice Guidelines
Renal cancer: sequence of therapies, immunotherapy
Clinical Case Presentation

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DISCLOSURES

Nothing to declare
CASE REPORT

- 50 years-old male
- HTA (amlodipine + losartan), tobacco 25 pack year

- October 2013:
  - Patient felt constantly tired and had difficulty performing daily activities, ECOG PS: 1
- Diagnosis:
  - CT scan showed a 9 cm mass on the left kidney with no distant metastases
- Treatment:
  - Radical nephrectomy (no lymphadenectomy)
  - Pathology review: Clear cell, pT2a, Furhman grade 4

CT, computed tomography; ECOG, Eastern Cooperative Oncology Group; HTA, arterial hypertension; PS, performance status
Q1. Would you offer adjuvant treatment to this patient?

1. Yes
2. No

(one answer)
We suggested follow-up and we planned a CT scan every 3 months during 1st year.

CT, computed tomography
OCT 27, 2014 (1 YEAR LATER)

- ECOG PS: 0
- Time from diagnosis: 1 year
- Blood chemistry: normal ranges

ECOG, Eastern Cooperative Oncology Group; PS, performance status
Q2. What do you do for this patient?

1. Medical treatment
2. Watchful waiting
3. Discuss thoracic surgery

(one answer)
We suggested a period of observation and we planned a CT scan 3 months later.
Q3. What do you do for this patient?

1. Medical treatment
2. Continue watchful waiting
3. Discuss thoracic surgery

(one answer)
CT CHANGES

Oct 27, 2014
Feb 11, 2015
Mar 30, 2015

CT, computed tomography
Q4. When do you decide to start medical treatment?

1. When symptoms appear?
2. When metastases exceed 1 cm?
3. When patient ask for?
4. Other?

(one answer)
Q5. What would you choose as your first-line treatment for the patient?

1. Sunitinib
2. Pazopanib
3. Bevacizumab + IFN-α
4. High dose IL-2
5. Cabozantinib
6. Axitinib
7. Clinical trial
(one answer)
Patient enrolled into Checkmate 214 trial:

- Randomised to Sunitinib
- Apr 8, 2015 – started sunitinib 50 mg 4/2 schedule
- Jul 4, 2015 – stable disease (-0%)
- After 9 months of sunitinib, progressive disease
JAN 25, 2016 (AFTER 9 MONTHS ON SUNITINIB)
Q6. What would you choose as your second-line treatment for the patient?

1. Cabozantinib
2. Nivolumab
3. Axitinib
4. Lenvatinib + Everolimus
5. Everolimus

(one answer)
• First Nivolumab infusion Feb 22, 2016
• 3 mg/kg every 2 weeks
• No side effect
• ECOG PS=0
• After 4 infusions: PD (+41%)
POST 4 INFUSION OF NIVOLUMAB: PD (+41%)

BEFORE

AFTER

PD, progressive disease
POST 4 INFUSION OF NIVOLUMAB: PD (+41%)

PD, progressive disease
Q7. Should this patient be considered for continued treatment beyond RECIST-defined progression?

1. Yes
2. No

(one answer)
• First Nivolumab infusion Feb 22, 2016
• 3mg/kg every 2 weeks
• No side effect
• After 4 infusions (Apr, 2016): PD (+41%)

• Nivolumab – Jun 10, 2016:
• Stable disease with slight decrease (-7%)
CT COMPARISON

Apr 15, 2016

Jun 10, 2016

CT, computed tomography
• First Nivolumab infusion Feb 22, 2016
• 3 mg/kg every 2 weeks
• No side effect
• After 4 infusions: PD (+41%)

• Nivolumab – Jun 10, 2016:
• Stable disease with slight decrease (-7%)
• Nivolumab was stopped on Jul 12, 2016 for AST, ALT and GGT increase (5X the limit)

ALT, alanine transaminase; AST, aspartate transaminase; GGT, gamma-glutamyl transferase; PD, progressive disease
2 MONTHS LATER: SEP 9, 2016
Q8. What would you choose as your third-line treatment for the patient?

1. Nivolumab (rechallenge)
2. Cabozantinib
3. Axitinib
4. Lenvatinib + Everolimus
5. Everolimus

(one answer)
• After 9 months of sunitinib (SD)
• Nivolumab for 5 months (stopped for toxicity)
• Then progressive disease……

• Axitinib 5 mg x2 (Sep 9, 2016)
• After 3 months: PR
• Axitinib is continuing (Sep 4, 2017)

PR, partial response