Medical Oncologist and Urologist Different Views on Cytoreductive Nephrectomy?

The Oncologist’s view

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The data is the data...


C.N. Sternberg et al. / European Journal of Cancer xxx (2013) xxx–xxx

Hazard ratio = 0.91
95% CI, 0.71 to 1.16
P = .224

Median OS
Pazopanib: 22.9 mo
Placebo: 20.5 mo
The patient is the patient...
69 yo male patient with ccRCC

- ECOG: 1
- Fatigue I°
- Anorexia I°
- Tumorpain I°
- Hypertension
- IDDM Typ II
- Reactive depression

- Hb 13.6 mg/dl (13.0-17.5)
- ANC 5.0 *10⁹/l (1.8-7.7)
- Platelets 349 *10⁹ (130-400)
- LDH 94 U/l (120-246)
- Ca 2.44 mmol/l (2.15-2.55)
- Albumin 41 g/l (35-52)
What is our next step?

1. Cytoreductive nephrectomy
2. Biopsy followed by TKI treatment
3. Biopsy followed by temsirolimus treatment
Bone metastases are unfavorable

Removed tumor burden is an important measure for CN

Barbasteño et al., BJU 106(9):1266-1269, 2010
Prognosis improves with treatment duration in mRCC

MTB decision

• High and symptomatic tumor load was not felt to be improved upon nephrectomy
• Start TKI treatment
• Reassess nephrectomy if response occurs
After 3 weeks of treatment

- Hematuria I°
- Dysphonia I°
- Anal mucositis I°
- Hypertension II°
- Hand-Foot-Syndrome I°
- Fatigue I°
Minor response after 3 mo. of TKI treatment
Early tumor shrinkage is prognostic relevant

Krajewski et al. EUR Urol** Volume 59, Issue 5**, May 2011, Pages 856-862

Tumor shrinkage after 20 mo.

Patient is unsure about nephrectomy, because QoL is excellent with TKI
Remission after 20 mo. on therapy, what would you suggest to do next?

1. Continue TKI treatment without surgery
2. Cytoreductive nephrectomy & continue TKI postsurgery
3. Cytoreductive nephrectomy & discontinue TKI treatment
Follow-up

• Cytoreductive nephrectomy performed
• ypT3a, L0, V1, G3, ccRCC
• Patient resumed TKI therapy 3 wks. after CN
• Excellent tolerability
• Treatment 23+ mo. with ongoing remission
Conclusion

• Multidisciplinary teams are key for best patient’s outcome
• Cytoreductive nephrectomy is a shared decision making process between patient, urologist, and oncologist
There are two sides to every story.