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Exploring Select Clinical Presentations of Patients With Advanced Renal Cell Carcinoma

Welcome to ReachMD. This medical industry feature, titled Exploring Clinical Presentations of Patients With Advanced Renal Cell Carcinoma (RCC) is brought to you by Merck.

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Today we will review clinical presentations of hypothetical patients with advanced renal cell carcinoma, often referred to as RCC.

In this video we will discuss 3 hypothetical patients with advanced RCC.

How might a patient present with advanced RCC?

Advanced RCC can have heterogeneous presentations in patients.

Let's take a look at a hypothetical patient, Samuel, a 61-year-old African American male.

Samuel has a body mass index or BMI of 36 kilograms per meter squared, which characterizes him as obese.

He is an active smoker, with a smoking history of at least 30 pack-years.

Samuel has hypertension and hypercholesterolemia. Both conditions are being controlled with medications.

Samuel has been experiencing muscle weakness, fatigue, and flank and back pain. He presented to the emergency room suffering from sharp flank pain.

The emergency room doctor identified tenderness to palpation in the abdomen and ordered an ultrasound, which identified an abnormal mass in the kidney.

The computed tomography or CT scan identified an 8-centimeter mass in the left kidney and multiple lung metastases. A biopsy of the kidney confirmed clear cell RCC.

The Karnofsky Performance Status or KPS was 70 percent at the time of evaluation. The complete blood count and blood tests identified an elevated neutrophil level and platelet count.

Samuel was diagnosed with stage 4, T2a, N0, M1, clear cell RCC.[1]

Another patient who may present with RCC is Mateo, a 56-year-old Hispanic male.

Mateo is obese, with a BMI of 33 kilograms per meter squared. He has a family history of RCC.

Mateo has hypertension, which is being controlled with chronic use of a diuretic.

Mateo has been experiencing more back pain and fatigue than usual. He called for an appointment with his physician after he noticed blood in his urine.

A CT scan identified a greater than 11-centimeter lesion in his right kidney beyond Gerota's fascia and several nodules in the surrounding lymph nodes and the liver.

A biopsy of the kidney confirmed clear cell RCC.

The KPS was 80 percent at the time of evaluation. The complete blood count and blood tests identified an elevated neutrophil level.

Mateo was diagnosed with stage 4, T4, N1, M1, clear cell RCC.[1]

Our last hypothetical patient is Ruth, a 58-year-old White female.

Ruth had a partial nephrectomy to treat renal cell carcinoma about 2 years ago.

She is an active smoker with at least a 20 pack-year smoking history, and a social drinker, having approximately 1 to 4 drinks per week.

Ruth has hypertension that is currently being controlled with medication.

Ruth has been experiencing sudden weight loss without dieting as well as shortness of breath when walking.

At her 2-year, post-nephrectomy follow-up, she discussed her symptoms with her urologist.

The CT scan identified 4 bilateral nodules in the lungs, each approximately 2.5 centimeters in diameter.

The biopsies of the lung lesions confirmed RCC with clear cell histology.

The KPS was 90 percent at the time of evaluation, and no abnormalities were identified in the complete blood count or blood tests.

Ruth was diagnosed with stage 4, T0 N0, M1, clear cell RCC.[1]

What are the International Metastatic Renal Cell Carcinoma Database Consortium or IMDC risk criteria and how are they determined in patients with RCC?

The IMDC risk criteria are a prognostic model in clinical practice for patient counseling and risk stratification in clinical trials.

According to the IMDC risk model, patient risk is evaluated based on 6 factors[1,2]:

- Less than 1 year from diagnosis to systemic therapy
- KPS less than 80 percent
- Low hemoglobin count
- Neutrophilia
- Thrombocytosis, and
- Hypercalcemia

The IMDC risk model stratifies patients into 3 risk categories[1,2]:

- Poor is defined as a patient having 3 or more of the risk factors defined in the IMDC risk model;
- Intermediate is defined as a patient having 1 or 2 factors; and
- Favorable is defined as a patient having none of the risk factors.[2]

Let's revisit our 3 hypothetical patients—Samuel, Mateo, and Ruth.

What are the IMDC risk groups for these patients?

Samuel has 4 prognostic risk factors: A diagnosis of metastatic disease, a KPS of 70 percent, neutrophilia, and thrombocytosis. As a result, he is classified as poor risk.[1,2]

Mateo has neutrophilia and was diagnosed with metastatic disease and is therefore classified as intermediate risk.[1,2]

Ruth does not have any of the IMDC risk factors and as a result, she is classified as favorable risk.[1,2]

As we have seen, clinical presentations in patients with advanced RCC can vary. The IMDC risk criteria may be used as one of tools in clinical practice for patient counseling and risk stratification in clinical trials.[1,2]

Thank you for watching.

Click on the link to learn more about a first-line treatment option for patients with advanced RCC.

This program was brought to you by Merck and is intended for health care professionals in the United States, its territories, and Puerto Rico. If you missed any part of this discussion, visit ReachMD.com/industryfeature. This is ReachMD. Be part of the knowledge.

References:

1. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Kidney Cancer V.2.2021. © National Comprehensive Cancer Network, Inc. 2021. Accessed February 3, 2021. To view the most recent and complete version of the guideline, go online to NCCN.org.
2. Heng DY et al. *Lancet Oncol.* 2013;14(2):141–148.