Kidney Cancer: Treating with Adjuvant Therapy

If you have been diagnosed with kidney cancer (also called renal cell carcinoma), you and your doctor will work together on a treatment plan. Sometimes, as part of this plan, your doctor may suggest an extra therapy after your primary treatment (most often surgery). This added treatment is known as adjuvant therapy. It is useful to learn more about your care plan. Having a level of comfort for how your kidney cancer will be treated is a top priority.

WHAT IS ADJUVANT THERAPY?

Adjuvant therapy for kidney cancer is the use of certain drugs after surgery. Adjuvant therapy is used to help lessen the chance of the cancer coming back. This form of care may involve chemotherapy, targeted therapy or immunotherapy. Each choice is different, so if one doesn’t work for you, another might.

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WHAT IS NEOADJUVANT THERAPY?

Neoadjuvant Therapy is the use of drugs before surgery. This is only being done in clinical trials for kidney cancer. The hope is to shrink the tumor before surgery so it’s easier to remove. It is also to lessen the spread of the cancer and improve cure rates. The goal is to help people maintain healthy kidney function, longer.

WHAT ARE TARGETED THERAPIES AND IMMUNOTHERAPIES USED FOR ADJUVANT THERAPY?

Many of the adjuvant therapies approved for use in treating kidney cancer are targeted- and immune-therapies. Some targeted treatments block signals that help blood vessels grow and feed cancer cells. Others block signals that allow cancer cells to grow. Immunotherapies are designed to boost the body’s own chance to find and fight cancer.

Research shows these drugs can stop cancer growth in some patients. But, all will have side-effects. These may involve fatigue, rash, diarrhea or raised blood pressure. It’s of great value to weigh the pros and cons of these drugs when talking to your doctor.

WHO MAY BENEFIT FROM ADJUVANT THERAPY?

Clinical studies show mixed results when trying to learn who benefits most from more treatment. One recent trial has shown a benefit of adjuvant therapy in about 25% of patients, while other clinical trials have not shown benefit. Whether to pursue adjuvant therapy following nephrectomy should be based on individual conversations between you and your physician regarding the possible survival benefit weighed against the side effects of the treatment. Those who do well may see a longer period of time without cancer growth.
Things that may improve success:

1. Timing of baseline imaging and the start of this therapy
2. Choosing only individuals who may benefit
3. Choosing people who can handle side effects. Those with high-risk kidney cancer that has not spread at the time of nephrectomy (surgery to remove the kidney cancer), may benefit most.

ABOUT THE UROLOGY CARE FOUNDATION

The Urology Care Foundation is the world’s leading urologic foundation – and the official foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make health changes. Our information is based on the American Urological Association resources and is reviewed by medical experts.

To learn more, visit the Urology Care Foundation’s website, UrologyHealth.org/UrologicConditions or go to UrologyHealth.org/FindAUrologist to find a doctor near you.

DISCLAIMER:

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologists or health care provider about your health concerns. Always talk to a health care provider before you start or stop any treatments, including medications.

For copies of printed materials about Kidney Cancer and other urologic conditions, visit UrologyHealth.org/Order or call 800-828-7866.

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