

# How to Talk with Your Patients About Treating Renal Cell Carcinoma (RCC)

As you know, kidney cancer is a hard diagnosis to give to your patients. You play an important role in helping them to learn about their diagnosis and feel more confident about their next steps. Treating kidney cancer depends on many things, and advances in this area are happening rapidly.

As a urologist, you are in a unique position to work with patients throughout their care. You can be there from the point of diagnosis, through treatments and onto follow-up care. You can partner with oncologists or other specialists as the point-person for coordinated care. To help you with referrals, use the Urology Care Foundation's "find a urologist" tool on our website: [www.UrologyHealth.org](http://www.UrologyHealth.org)

Below is another tool you can use to field some of your patients' most commonly asked questions:

## WHAT ARE MY TREATMENT OPTIONS?

### General Treatment Options for Stages I-III Include:

- **Active Surveillance**, with regularly scheduled CT scans or sonograms. If the cancer is slow-growing and not yet harmful, this is a fine option. If the cancer continues to grow and spread, we can discuss more active treatment.
- **Surgery** is a common first step based on your health and the location of the tumor. It is done laparoscopically or with robotics. For about 90% of people with small masses, surgery can be very successful. The type of surgery done will depend on where the tumor is located and how aggressive the cancer is. Surgery may remove only the tumor (partial nephrectomy) or the entire kidney and nearby tissue (removing the entire kidney). There are always risks to surgery and we can talk about these. Most of the time, side effects are managed and your body can function well with only one kidney.
- **Cryotherapy, radiofrequency ablation or arterial embolization** may help if surgery is not possible. These are ways to freeze or heat the cancer cells to destroy them and stop growth. They can be successful for a period of time and have few side effects. Still, they may not stop the cancer for long.
- **Adjuvant therapy** is additional therapy given after surgery. It may help slow cancer growth. New options are available. One recent trial has shown a benefit of adjuvant therapy in about 25% of patients, while other clinical trials have not shown benefit.  
Side effects include: fatigue, rash, diarrhea, increased blood pressure, redness, pain, swelling and blisters. We'll weigh the pros and cons of adjuvant therapy before choosing this option.
- **Chemotherapy** is not very effective for treating earlier stages of this cancer.

### General Treatment Options for Stage IV Include:

- **Surgery** to remove the kidney and nearby metastases is the first choice. It can be done if you are fairly healthy and the tumor isn't hard to reach. If surgery is possible, it can be very helpful. As with all surgery, there are risks. With recovery, the kidney that remains could do the work of two.
- **A targeted therapy, immunotherapy or cytokine therapy** can be used if surgery is not possible. Targeted drugs that are used to block the growth of blood vessels feeding cancer cells are: cabozantinib (CaboMetix), axitinib (Inlyta), bevacizumab (Avastin), pazopanib (Votrient), sorafenib (Nexavar), lenvatinib (Lenvima), and sunitinib (Sutent). Temsirolimus (Torisel) and everolimus (Afinitor) are targeted drugs that aim to block growth signals to cancer cells. Immunotherapies are often lab-made versions of chemicals that help your immune system fight cancer. Drugs in the immunotherapy category include interferon, interleukin, aldesleukin (Proleukin), nivolumab (Opdivo). They all work in different ways. If one doesn't work, another can be tried. Still, all of these options have side effects to consider. They may only delay cancer growth. If we get to this point, let's talk more about the pros and cons of each option.
- **Adjuvant therapy** is additional treatment given to slow cancer growth. These drugs may slow the cancer. One recent trial has shown a benefit of adjuvant therapy in about 25% of patients, while other clinical trials have not shown benefit. It's important

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to balance the pros and cons of this treatment. Side effects include: fatigue, rash, diarrhea, increased blood pressure and skin changes like redness, pain, swelling or blisters.

- **Clinical trials** of new combinations of targeted therapies, immunotherapy or adjuvant treatments are also options. There are some exciting new clinical trials that we can look into for you.
- **Palliative Care** is helpful to focus on comfort and manage your symptoms. Sometimes radiation therapy or embolization is used to relieve symptoms. Pain medications and other strategies are also available, based on your symptoms.

## COULD ADJUVANT THERAPY HELP?

Adjuvant therapy is used to help stop new cancer growth or to prevent cancer returning after initial treatment. For example, the FDA recently approved sunitinib (Sutent) as an adjuvant therapy. It is approved for RCC with a high risk of recurrence after surgery. In general, since success rates are unclear, it's important to understand the risks. We'll have to consider your specific diagnosis and how the side effects would affect you.

## WHAT IS THE CHANCE MY CANCER WILL RETURN?

Several things affect how likely it is for RCC to return after treatment. This includes the stage and grade of the tumor. The good news is that most people who have this type of kidney cancer are cured with surgery.

## ARE THERE CLINICAL TRIALS I SHOULD CONSIDER?

A clinical trial may be worth considering. If you have hard-to-treat RCC or if your cancer returns, there are exciting clinical trials that may be available to you. To learn if you're eligible for one near you, we can search the National Cancer Institute (NCI) <https://www.cancer.gov/about-cancer/treatment/clinical-trials/kidney-cancer> or the "Clinical Trials Resource Center" on the Urology Care Foundation's website ([www.urologyhealth.org](http://www.urologyhealth.org)).

## CAN YOU TELL ME ABOUT SUPPORT SERVICES THAT MAY HELP ME AFTER TREATMENT?

The speed of your recovery depends on your treatment and overall health. After treatment, you will need checkups to watch for a re-growth of cancer. We'll perform many of the same tests used to diagnose the cancer. Yearly visits should continue throughout your life just to make sure you're doing well.

For help with symptoms or the stress that comes with cancer, the hospital nurses and social worker can be a great help. You can ask them about palliative care services and emotional support. Palliative care is used to manage any trouble or discomfort with cancer. Also, you can reach out to organizations like the Kidney Cancer Association.

## 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](http://UrologyHealth.org/UrologicConditions) or go to [UrologyHealth.org/FindAUrologist](http://UrologyHealth.org/FindAUrologist) to find a doctor near you.

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

Support provided by an independent educational grant from Pfizer, Inc.

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