

# Meet The Professors

A case-based discussion on the management  
of renal cell cancer in the metastatic setting



## MODERATOR

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## FACULTY

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From the publishers of:

**Renal Cell Cancer™**  
UPDATE



# Meet The Professors: A case-based discussion on the management of renal cell cancer in the metastatic setting

## OVERVIEW OF ACTIVITY

An increased understanding of the biology of renal cell cancer (RCC), coupled with emerging clinical trial data, has resulted in the availability of several new therapeutic options for patients. *Meet The Professors* features relevant case-based discussions between community oncologists and clinical investigators to assist medical oncologists, hematologists and hematology-oncology fellows with the formulation of up-to-date management strategies for use in clinical practice.

## LEARNING OBJECTIVES

- Apply an understanding of the biology of clear cell RCC, including inactivation of the von Hippel-Lindau (VHL) tumor suppressor gene and the pathway leading to VEGF overexpression, to therapeutic decision-making.
- Develop a therapeutic algorithm that addresses the duration of treatment and sequential delivery of targeted biologic therapies and/or cytokines for patients with advanced RCC.
- Communicate the role of cytoreductive nephrectomy to patients with RCC and known metastases.
- Appraise emerging data on the safety and efficacy of combined targeted therapy for patients with RCC, and discern how these findings may impact current and future treatment algorithms.
- Recognize the unique toxicities associated with novel systemic therapies for RCC, and recommend supportive measures to patients that may improve long-term tolerability.
- Counsel appropriately selected patients with RCC about participation in ongoing clinical trials in the metastatic setting.

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## Guide to Audio Program

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**Compact Disc 1:** Tracks 1-5 — case from Dr Dresdner; Tracks 6-12 — case from Dr Moriarty; Tracks 13-14 — case from Dr Leighton; Tracks 15-16 — case from Dr Joshua; Tracks 17-19 — case from Dr Taub

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**COMMUNITY PANEL** — **Drs Dresdner, Moriarty and Taub** had no real or apparent conflicts of interest to disclose. **Dr Joshua** — **Stock Ownership:** Amgen Inc, Genentech BioOncology. **Dr Leighton** — **Paid Research:** Amgen Inc, Bristol-Myers Squibb Company, Novartis Pharmaceuticals Corporation; **Speakers Bureau:** Sanofi-Aventis.

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### Medical Oncologist Community Panel

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**David M Dresdner, MD**  
Saint Anthony's Hospital  
St Petersburg, Florida

**Gracy Joshua, MD**  
Board Certified in Oncology  
Private Practice  
Lake Worth, Florida  
Chief of Oncology  
JFK Medical Center  
Atlantis, Florida

**John C Leighton Jr, MD**  
Associate Director, Albert  
Einstein Cancer Center  
Philadelphia, Pennsylvania

**Daniel J Moriarty, MD**  
Medical Director, Oncology  
Center at Overlook Hospital  
Summit, New Jersey

**Matthew A Taub, MD, PA**  
Pembroke Pines, Florida

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## Case Studies

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**Case 1 from the practice of David M Dresdner, MD:** An otherwise healthy 70-year-old man presented with back and rib pain and was found to have a 6-cm renal mass with some enlarged nodes, multiple pulmonary nodules and multiple rib and spine lesions. He underwent right nephrectomy, revealing a moderately differentiated clear cell renal cell carcinoma (RCC). His postoperative creatinine was 2.1 mg/dL, and he was started on sunitinib and zoledronic acid. After three months of therapy, his pain improved and scans demonstrated stable disease in the bone and lungs. His condition remained stable for 12 months, at which time he began experiencing headaches. An MRI of the brain revealed a solitary frontal metastasis, which was surgically removed and confirmed to be clear cell carcinoma. He received whole brain irradiation, and he was started on sorafenib. His condition is now clinically stable after 14 months.

**Case 2 from the practice of Daniel J Moriarty, MD:** A 72-year-old man underwent resection of the left kidney for a T3, clear cell RCC with papillary features three years ago. Two years postresection, he developed left supraclavicular adenopathy, and biopsy results were histologically consistent with the original RCC. Multiple pulmonary nodules were present on CT scan. He received interferon but elected to discontinue treatment after two and a half months due to side effects. He experienced a dramatic response to his first dose of bevacizumab, with a reduction in the size of the supraclavicular nodes and stabilization of the pulmonary nodules. He has been receiving bevacizumab for 16 months, and his condition remains stable.

**Case 3 from the practice of John C Leighton Jr, MD:** A 72-year-old woman with a history of osteoporosis, controlled hypertension and myocardial infarction presented with vaginal bleeding and left upper quadrant pain. She was found to have a 10-cm clear cell RCC with metastasis to the vaginal wall. Her PS was 2, and her baseline creatinine was 2 mg/dL. She was treated with sunitinib at 37.5 milligrams per day, and the vaginal bleeding ceased and her pain improved. As a result of significant fatigue, the daily dose of sunitinib was decreased to 25 milligrams. After three weeks, the vaginal bleeding returned. The sunitinib was discontinued, and she received palliative radiation therapy, which helped control the vaginal bleeding. The RCC was recently restaged, and the patient was found to have extensive hepatic metastases. Treatment was changed to temsirolimus.

**Case 4 from the practice of Gracy Joshua, MD:** A 65-year-old man with a history of a nephrectomy for renal cell cancer five years earlier presented with a pathologic fracture of the humerus. A rod was inserted, and pathology revealed clear cell cancer. The patient had well-controlled hypertension and diabetes, a PS of 0 and no other metastatic lesions. He was treated with radiation therapy and sorafenib. He has been receiving sorafenib for two and a half years without any evidence of disease progression.

**Case 5 from the practice of Matthew A Taub, MD, PA:** A 54-year-old obese man presented with a large renal mass, liver and numerous bilateral pulmonary metastases and nonspecific findings on a bone scan. He underwent a nephrectomy and a liver biopsy, which revealed an RCC with high-grade sarcomatoid features (Fuhrman Stage IV), positive renal margins, prominent lymphatic invasion and three negative nodes. After surgery, his creatinine was 2.1 mg/dL, his PS was 1 and his Memorial Sloan-Kettering Cancer Center risk status was poor. After eight months of temsirolimus, scans showed no evidence of disease in the liver. Subsequently, he developed liver and brain metastases and underwent gamma knife surgery for a lesion in the brain.

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**PART ONE — Please tell us about your experience with this educational activity**

**BEFORE completion of this activity, how would you characterize your level of knowledge on the following topics?**

4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

Clinical trial results for first-line bevacizumab/interferon . . . . .	4	3	2	1
Tolerability with continuous versus intermittent dosing of sunitinib . . . . .	4	3	2	1
Toxicities secondary to mTOR inhibitors . . . . .	4	3	2	1
Rational sequencing of targeted biologic therapies . . . . .	4	3	2	1

**AFTER completion of this activity, how would you characterize your level of knowledge on the following topics?**

4 = Very good 3 = Above average 2 = Adequate 1 = Suboptimal

Clinical trial results for first-line bevacizumab/interferon . . . . .	4	3	2	1
Tolerability with continuous versus intermittent dosing of sunitinib . . . . .	4	3	2	1
Toxicities secondary to mTOR inhibitors . . . . .	4	3	2	1
Rational sequencing of targeted biologic therapies . . . . .	4	3	2	1

**Was the activity evidence based, fair, balanced and free from commercial bias?**

Yes  No

If no, please explain: .....

**Will this activity help you improve patient care?**

Yes  No  Not applicable

If no, please explain: .....

**Did the activity meet your educational needs and expectations?**

Yes  No

If no, please explain: .....

**Please respond to the following LEARNER statements by circling the appropriate selection:**

4 = Yes 3 = Will consider 2 = No 1 = Already doing N/M = Learning objective not met N/A = Not applicable

**As a result of this activity, I will be able to:**

- Apply an understanding of the biology of clear cell RCC, including inactivation of the von Hippel-Lindau (VHL) tumor suppressor gene and the pathway leading to VEGF overexpression, to therapeutic decision-making. . . . . 4 3 2 1 N/M N/A
- Develop a therapeutic algorithm that addresses the duration of treatment and sequential delivery of targeted biologic therapies and/or cytokines for patients with advanced RCC. . . . . 4 3 2 1 N/M N/A
- Communicate the role of cytoreductive nephrectomy to patients with RCC and known metastases. . . . . 4 3 2 1 N/M N/A
- Appraise emerging data on the safety and efficacy of combined targeted therapy for patients with RCC, and discern how these findings may impact current and future treatment algorithms. . . . . 4 3 2 1 N/M N/A
- Recognize the unique toxicities associated with novel systemic therapies for RCC, and recommend supportive measures to patients that may improve long-term tolerability. . . . . 4 3 2 1 N/M N/A
- Counsel appropriately selected patients with RCC about participation in ongoing clinical trials in the metastatic setting. . . . . 4 3 2 1 N/M N/A

**What other practice changes will you make or consider making as a result of this activity?**

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**EDUCATIONAL ASSESSMENT AND CREDIT FORM (continued)**

**What additional information or training do you need on the activity topics or other oncology-related topics?**

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 .....  
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**Additional comments about this activity:**

**As part of our ongoing, continuous quality-improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey.**

- Yes, I am willing to participate in a follow-up survey.
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**PART TWO — Please tell us about the moderator and faculty for this educational activity**

	4 = Very good	3 = Above average	2 = Adequate	1 = Suboptimal	
<b>Faculty</b>	<b>Knowledge of subject matter</b>				<b>Effectiveness as an educator</b>
Nicholas J Vogelzang, MD	4	3	2	1	4 3 2 1
Robert J Motzer, MD	4	3	2	1	4 3 2 1
<b>Moderator</b>	<b>Knowledge of subject matter</b>				<b>Effectiveness as an educator</b>
Neil Love, MD	4	3	2	1	4 3 2 1

**Please recommend additional faculty for future activities:**

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 .....

**Other comments about the moderator and faculty for this activity:**

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 .....

**REQUEST FOR CREDIT — Please print clearly**

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# Meet The Professors

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