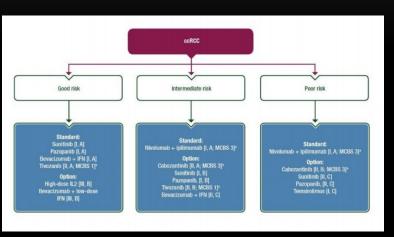
# A CLINICAL CASE OF RENAL CELL CARCINOMA

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#### DIAGNOSIS

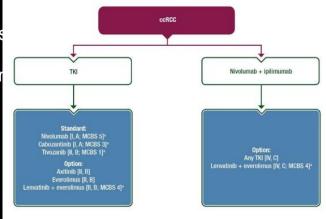
- Man, 46 years old
- No significant comorbidities
- May 2016: Man complained on the low back pain on the right side.
- 11.05.2016: ultrasound examination was carried out. Tumor of the right kidney was diagnosed.
- 15.05.2016: a right renal tumor (7cm) with metastatic lesion to T10 were presented in CT scan of the abdomen cavity, renal lymph node were increased to 3 cm.
- A diagnosis was established: Renal cell carcinoma T2N1M1, mts to the T10 vertebrae, st. IV, low risk, cl.gr. 2.

#### TREATMENT:



- 20.05.2016 Cytoreductive nephrectomy with retroperitoneal lymphadenectomy were performed.
- Histological conclusion: renal clear-cell carcinoma, lymph node metastases, T2N1
- Diagnosis: Renal cell carcinoma pT2pN1M1, mts to the T10 vertebrae, stage IV, low risk, 20.05.2016 Cytoreductive nephrectomy with retroperitoneal lymphadenectomy, cl.gr. 2
- June 2016: Radiation therapy to T10 was started.
- Jule 2016: patient treated by pazopanib 800 mg
- Control CT scan in November 2017: Stabilization of the process was diagnosed.
- The first follow up scan showed a decrease in size of the adrenal lymph node
- The patient complained on the light diarrhea and mild fatigue.
  Patient underwent therapy of antidiarrheal medication
- Dose was reducted to 600 mg decrease side effects

- 11.03.2017: CT was performed. Metastases to the L2 vertebrae was diagnosed.
- Radiation therapy to L2 vertebrae was started.
- Patient started second-line therapy by everolimus 10 mg per day.
- June 2017: The patient had not complaints. Platelet count was 80×10<sup>9</sup>/π. Thrombocytopenia 1 degree was diagnosed. Control CT scan: Stabilization of the process was diagnosed.
- September 2017: The patient complained on nosebleeds. Platelet count was 60×10<sup>9</sup>/π. Thrombocytopenia 2 degree was diagnosed. Therapy was temporarily stopped. CT scan didn`t show any information about progression of the disease.
- Platelet count was 100×10<sup>9</sup>/л after 2 weeks and patient began therapy by everolimus.
- December 2017, March 2018, June 2018: CT scan didn't show any information about progression of the disease
- September 2018: CT was perfored. Metastases to the L5 vertebrae.
- Radiation therapy to L5 vertebrae was started.
- Patient started third-line therapy by



### A diagnosis was established:

- Renal cell carcinoma T2N2M1, mts to the T10 vertebrae, 18.06.2017 Cytoreductive nephrectomy with retroperitoneal lymphadenectomy, radiation therapy to T10, dose 50Gr, target therapy by pazopanib, stage 4, stabilization of process, cl.gr. 2
- Complications: Anemia 3 st.

## • THANK YOU!