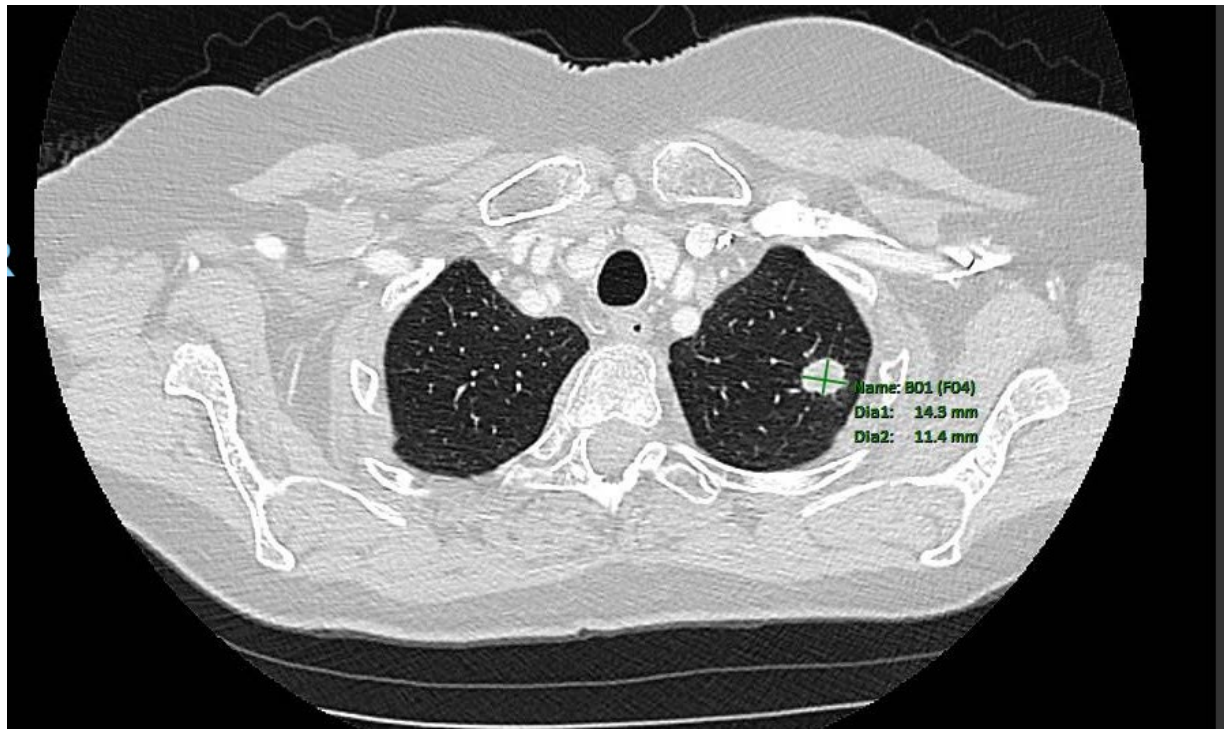
RCC 1

- 68 year old presents woman presents with hematuria, right renal mass found
- Metastatic evaluation NED
- Right radical nephrectomy, Furhman grade 3 clear cell RCC PT3aN0M0
- Six months post op, surveillance imaging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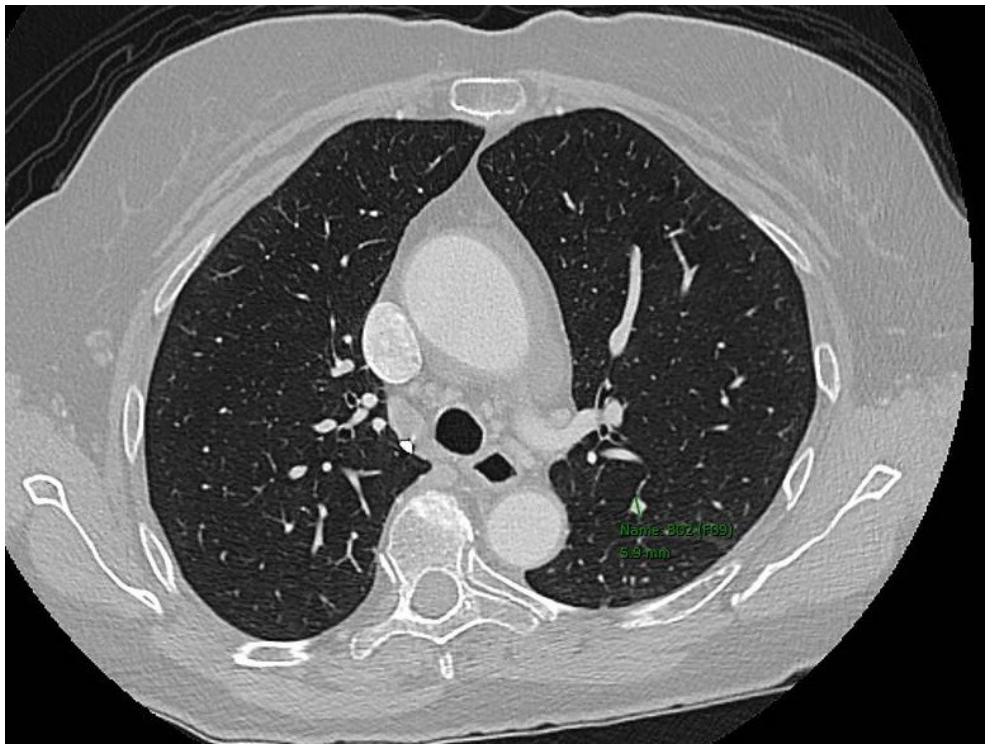
Dia1: 14.3 mm
Dia2: 11.4 mm

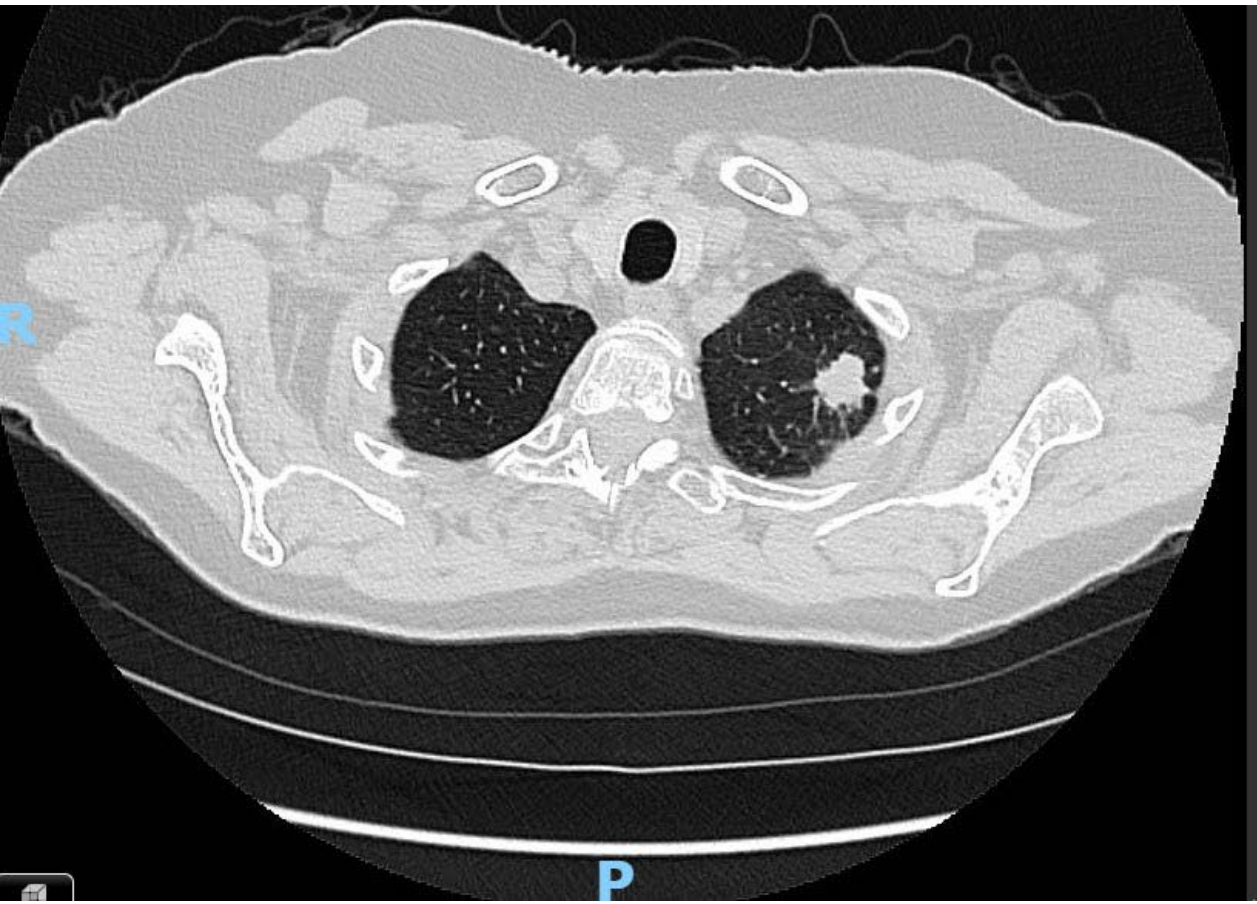


RCC 1

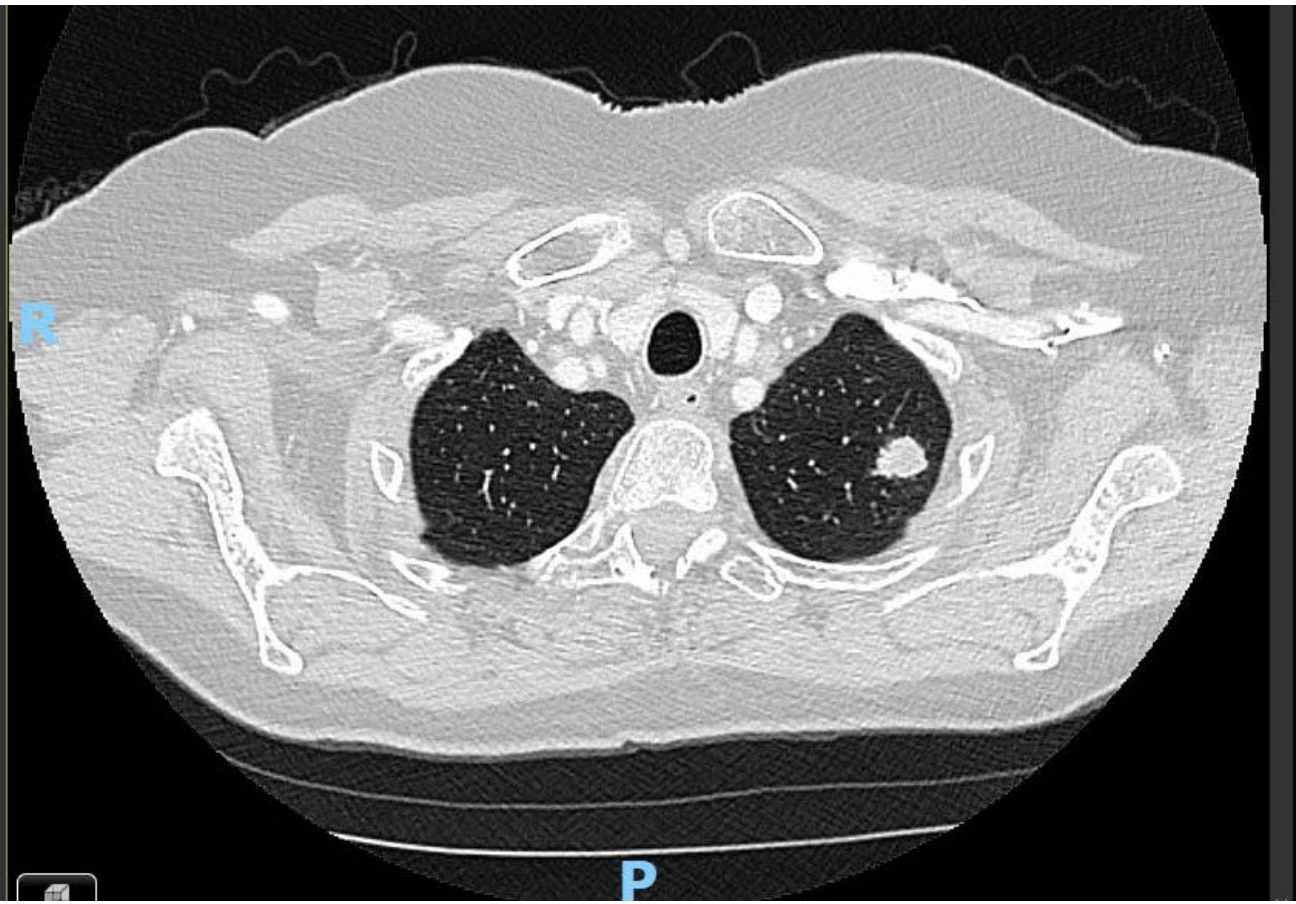
- Otherwise healthy, no disease related symptoms, active, ECOG PS 0
- Creatinine 1.3 (eGFR 45ml/min)
- CT abd/pelvis and MRI CNS NED
- Lung bx reveals metastatic clear cell RCC

RCC 1
You Recommend

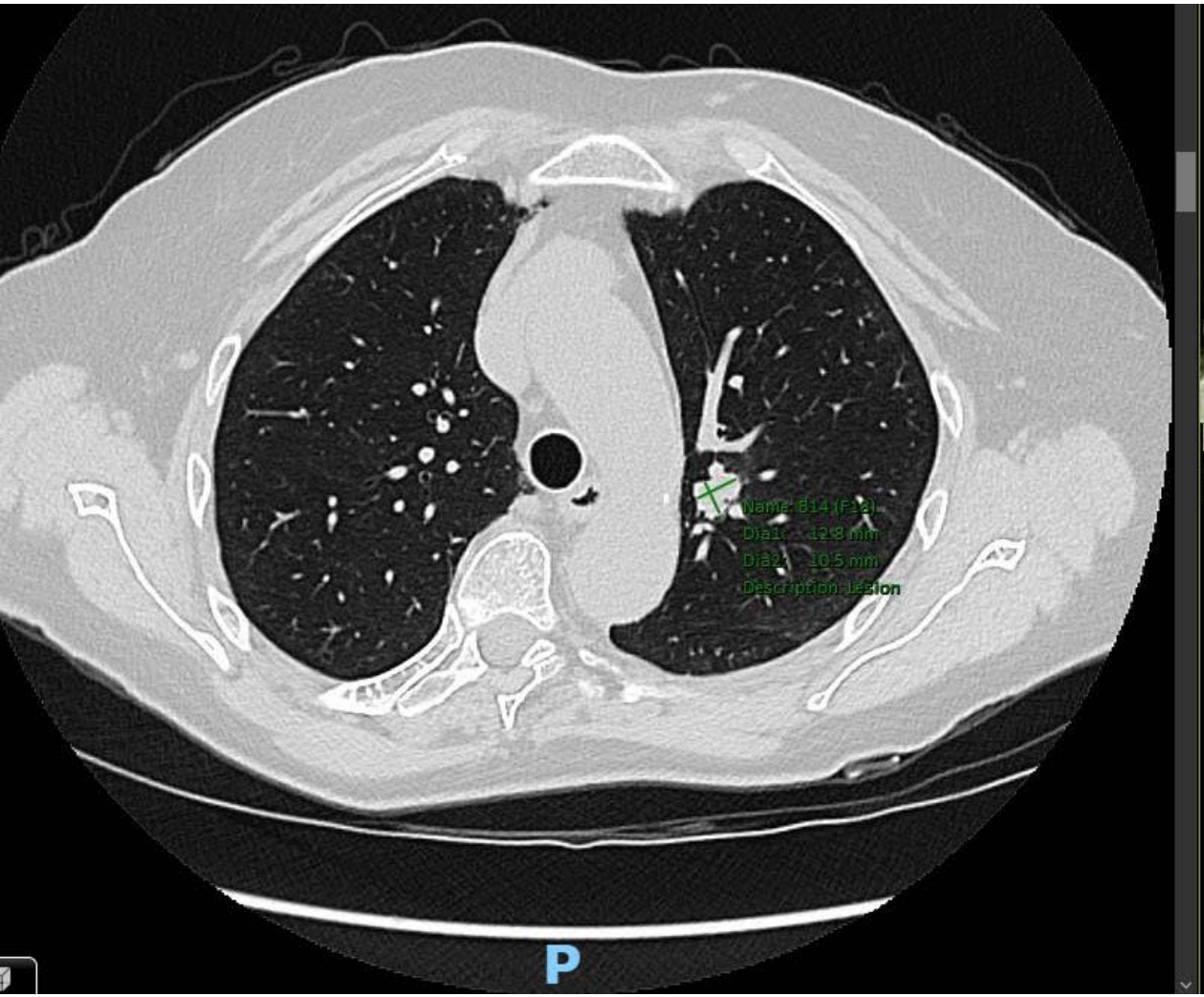
A. PET/CT
B. Resection of two lung nodules
C. Pazopanib
D. Ipi/nivo
E. Immune checkpoint/TKI of your choice
F. SRS to lung nodules
G. Repeat CT imaging in 3 months



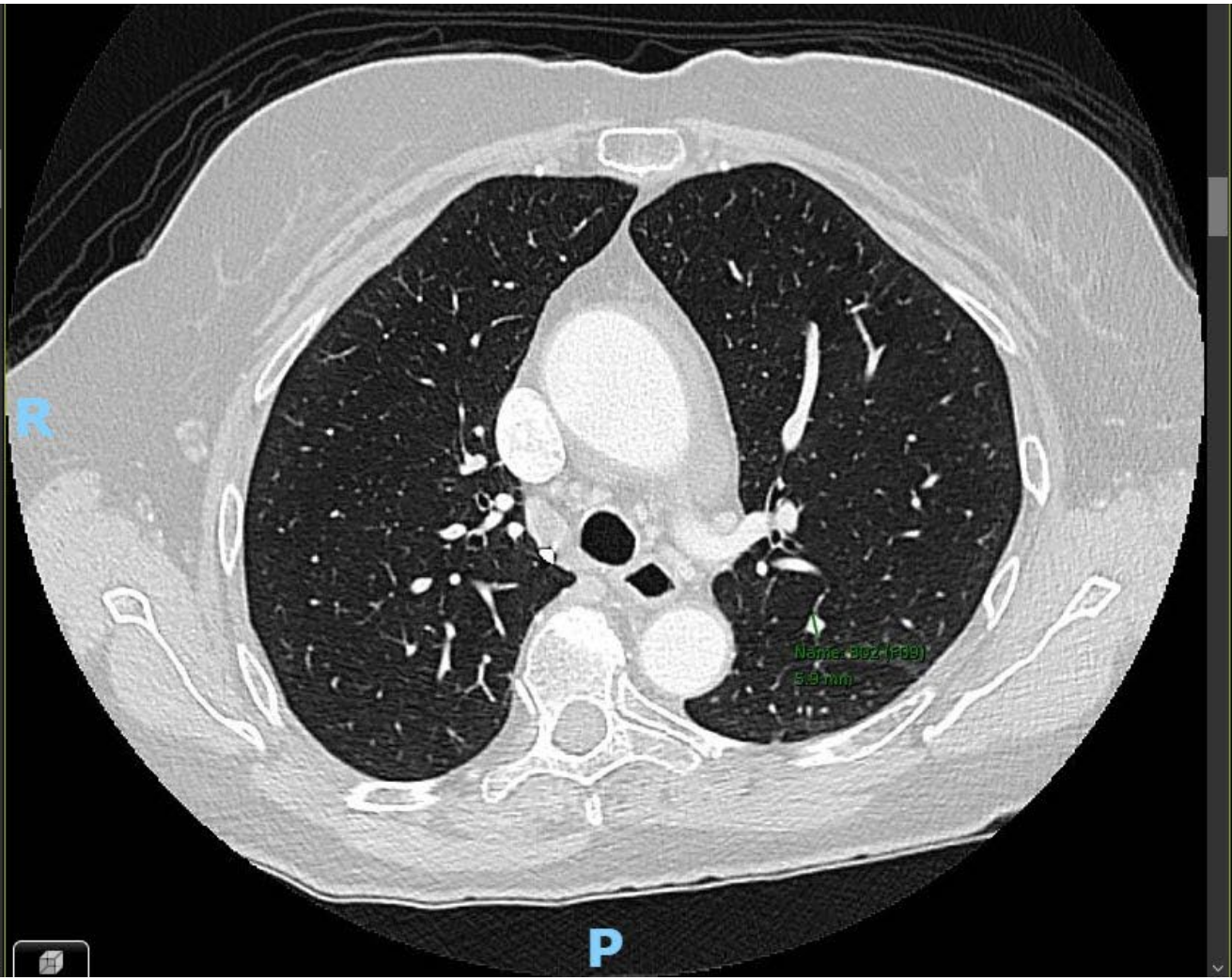
Baseline



1 year later



Baseline



1 year later

RCC 1
You Recommend

A. PET/CT
B. Resection of two lung nodules
C. Pazopanib
D. Ipi/nivo
E. Immune checkpoint/TKI of your choice
F. SRS to lung nodules
G. Repeat CT imaging in 3 months

RCC 1

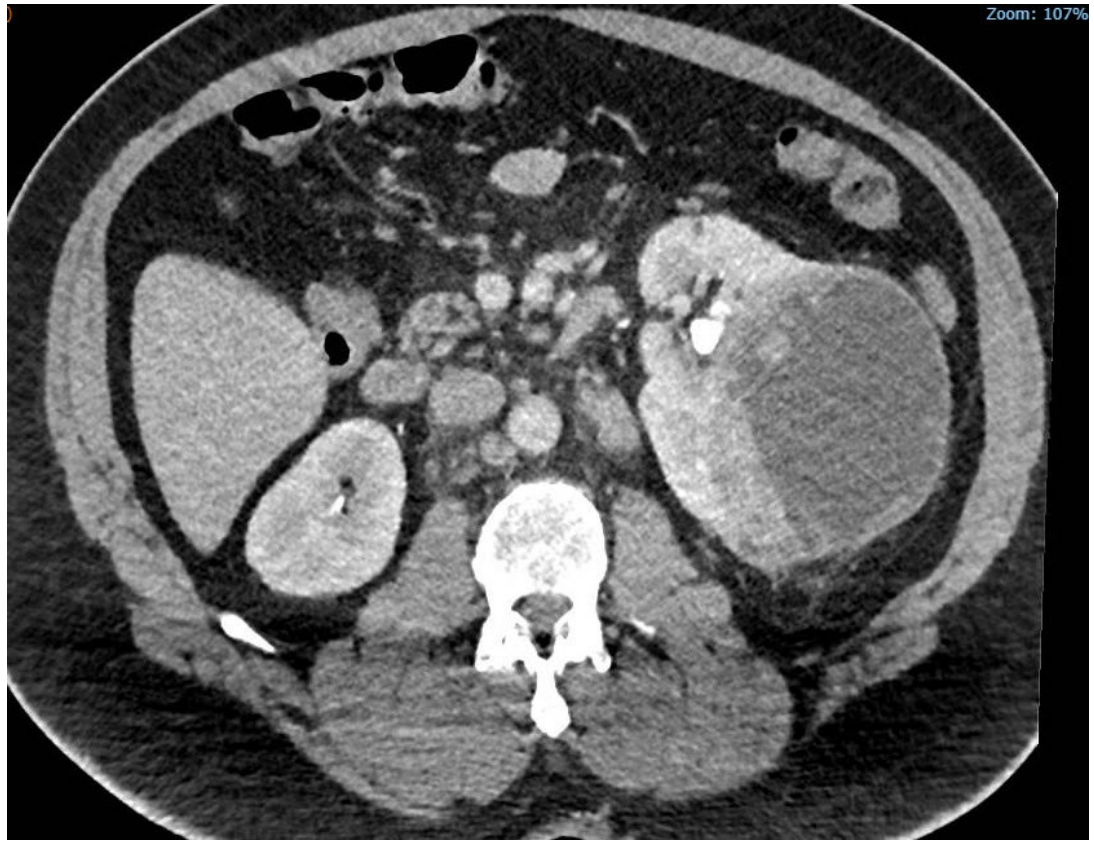
- Now 20 months following lung bx
- Patient remains asymptomatic, ECOG PS 1
- Presents with worsening headache
- MRI brain solitary 1.8 cm lesion
- Resected, metastatic renal cancer
- Metastatic evaluation reveals stable lung findings

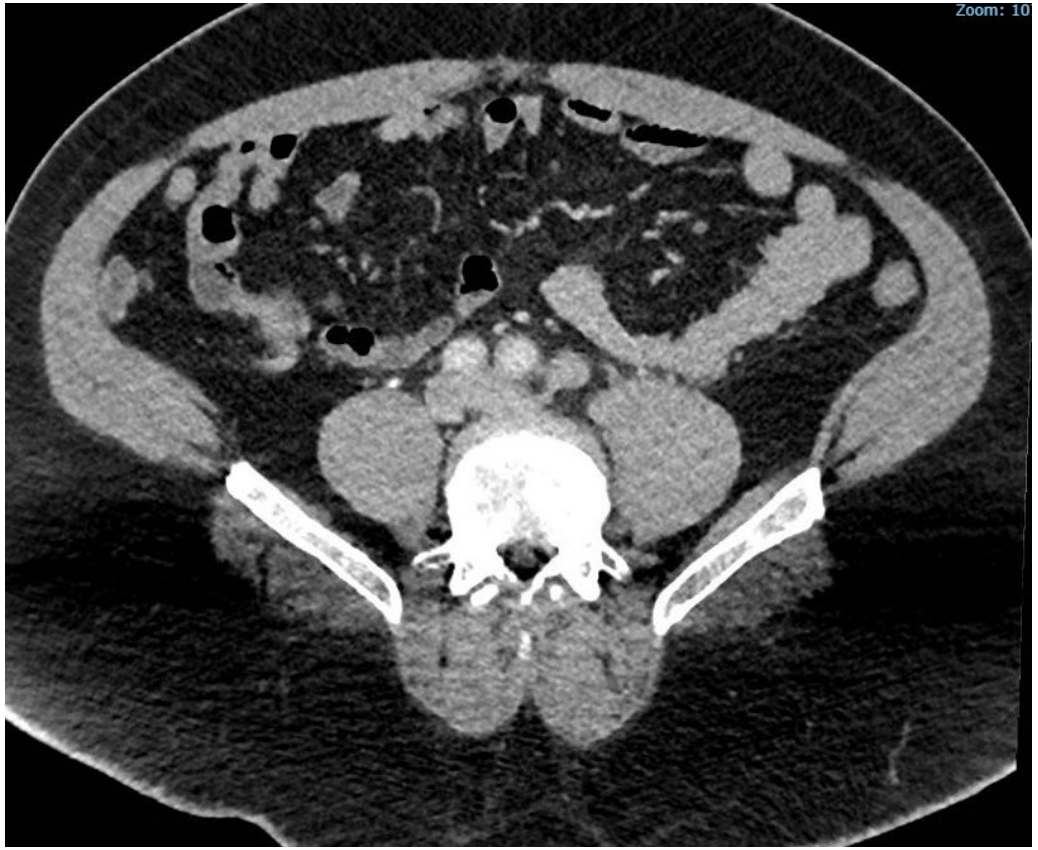
RCC 1
You Recommend

A. PET/CT
B. Resection of two lung nodules
C. Pazopanib
D. Ipi/nivo
E. Immune checkpoint/TKI of your choice
F. SRS to lung nodules
G. Repeat CT imaging in 3 months

RCC 2

- 55 year old healthy gentleman, presents to ED with facial droop, left sided weakness
- CVA ruled out, TIA suspected, severe previously unmanaged hypertension suspected, no neurologic sequelae
- As part of his ED evaluation CT imaging obtained
- Chest and CNS imaging NED
- ECOG PS 0
- Hgb 11.1 normal wbc/plt, creatinine 1.3 (eGFR 66 ml/min)


Zoom: 107%


Zoom: 10

RCC 2

- FNA RP Node
- LYMPH NODE, RETROPERITONEAL, CORE BIOPSY

  POORLY DIFFERENTIATED CARCINOMA
- The provided H&E-stained core biopsy slides show a poorly differentiated malignancy with rare possible gland formation. On the provided stains, the tumor shows expression of CK AE1/AE3, PAX8, and CK20 (variable)
- The provided CD10 stain shows focal positivity, and the provided Ber-Ep4 and CK7 stains highlight a rare cell. The tumor is negative for RCC, CD117, melan-A, and HMB45 on the provided stains. Overall, the microscopic findings support a diagnosis of poorly differentiated carcinoma
- The above immunoprofile is not specific but could be compatible with metastatic renal cellcarcinoma

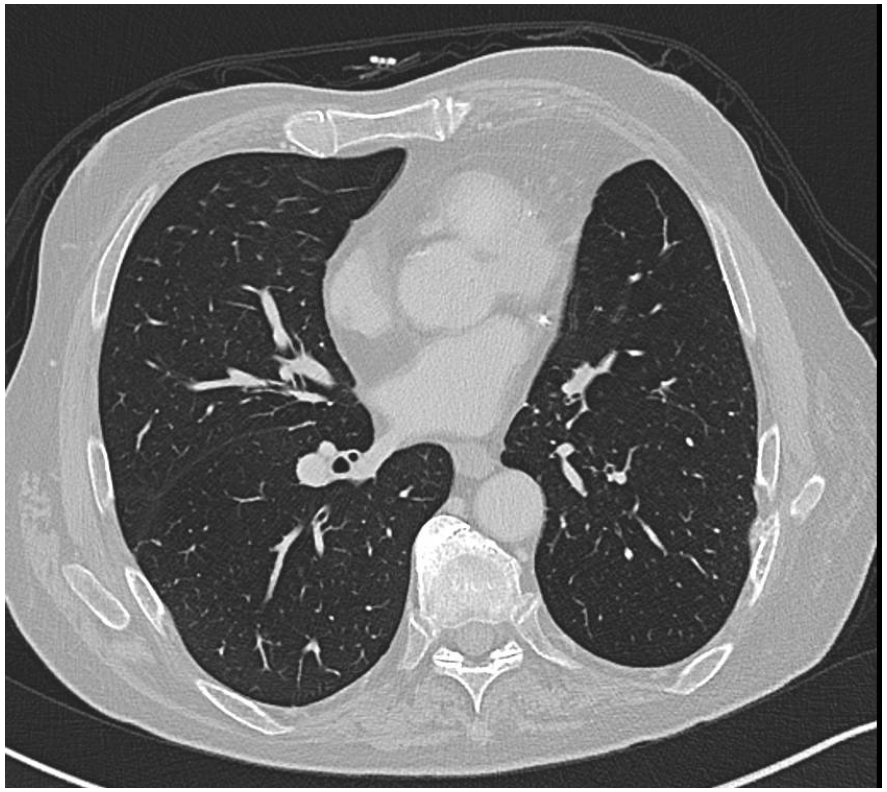
RCC 2
You Recommend

A. Cytoreductive nephrectomy
B. Nivolumab monotherapy
C. Ipilimumab/nivolumab
D. Immune checkpoint/TKI
E. Repeat imaging in 3 months
F. Pazopanib
G. Something entirely different

RCC 3

- 78 y/o M w/mccRCC to lung, s/p R nephrectomy with new lung lesions seen on CT chest 2 months post-nephrectomy
- Received 4 cycles of ipi/nivo, transitioned to nivolumab maintenance and tolerating well
- Staging imaging showed some minimal increase in 2 sub-centimeter pulmonary nodules but otherwise stable
- After 1 year of nivolumab maintenance, restaging imaging showed:

CT chest/abdomen/pelvis



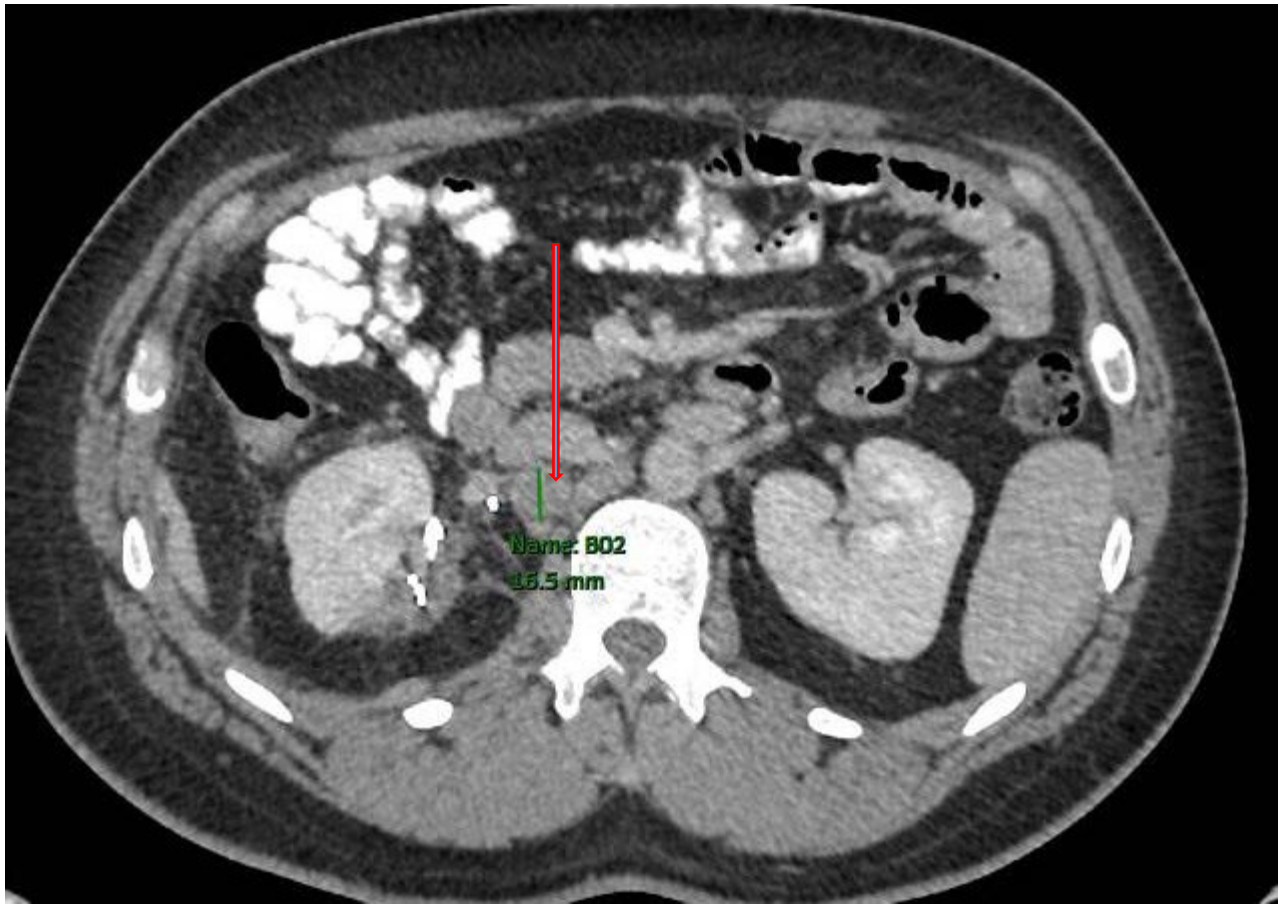
- Increase in size of solid lobulated peribronchovascular pulmonary nodule in anteromedial basal segment of left lower lobe measuring 1.3 cm x 0.6 cm
- Otherwise stable pulmonary nodules
- No evidence of locoregional recurrence or metastatic disease in the abdomen or pelvis

RCC 3
You recommend

A. Continue nivolumab maintenance
B. Continue nivolumab maintenance + RadOnc referral for SBRT to LLL lesion
C. Switch therapy to cabozantinib
D. Switch therapy to lenvatinib + everolimus
E. Something else

RCC 4

- Presents at age 32 with hematuria found to have left renal mass
- Left open partial nephrectomy
  - Pathology clear cell Grade 2, PT1bNx
  - Surveilled
- Now 6 months post op
  - Chest CT NED

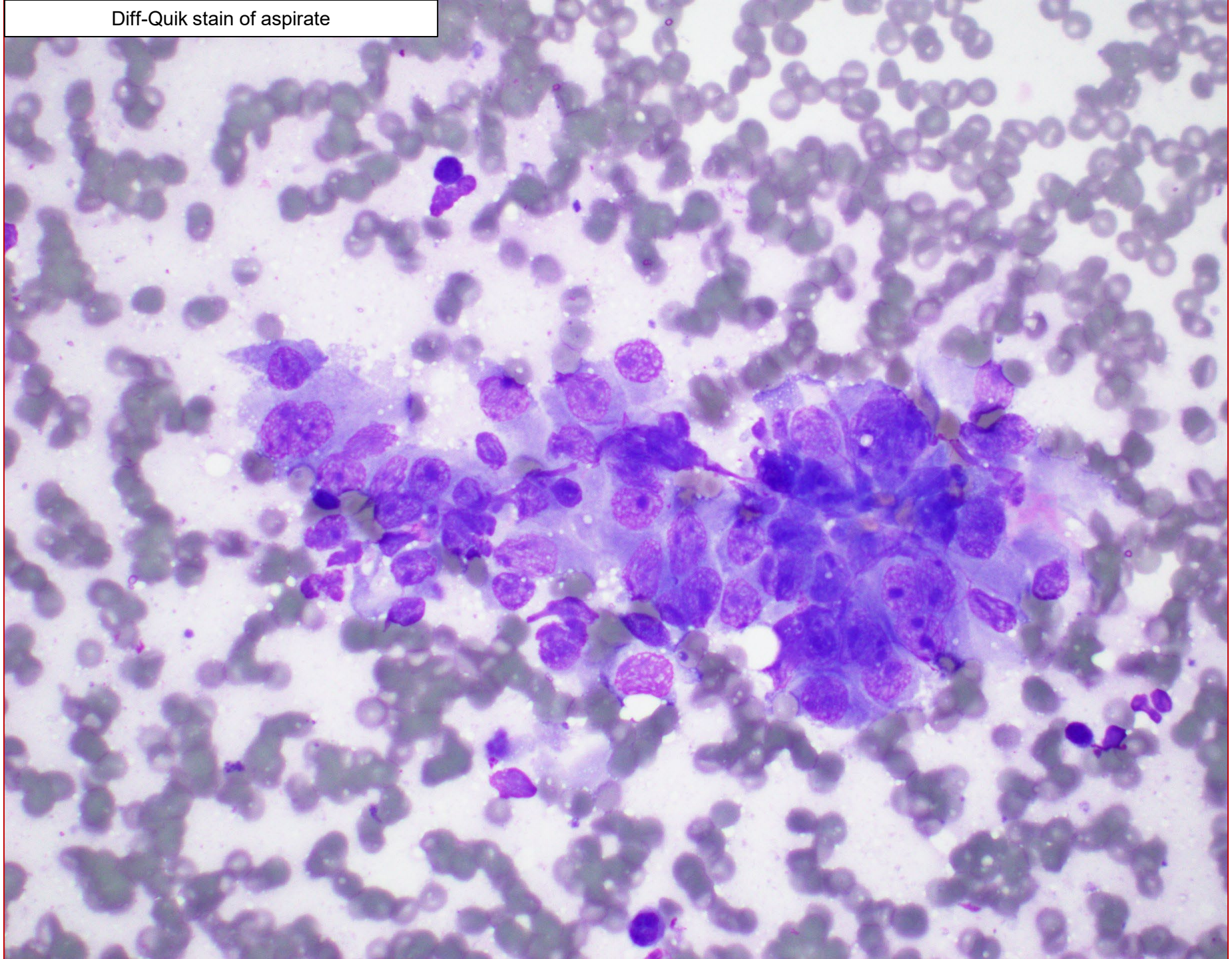

Name: BO2
16.5 mm

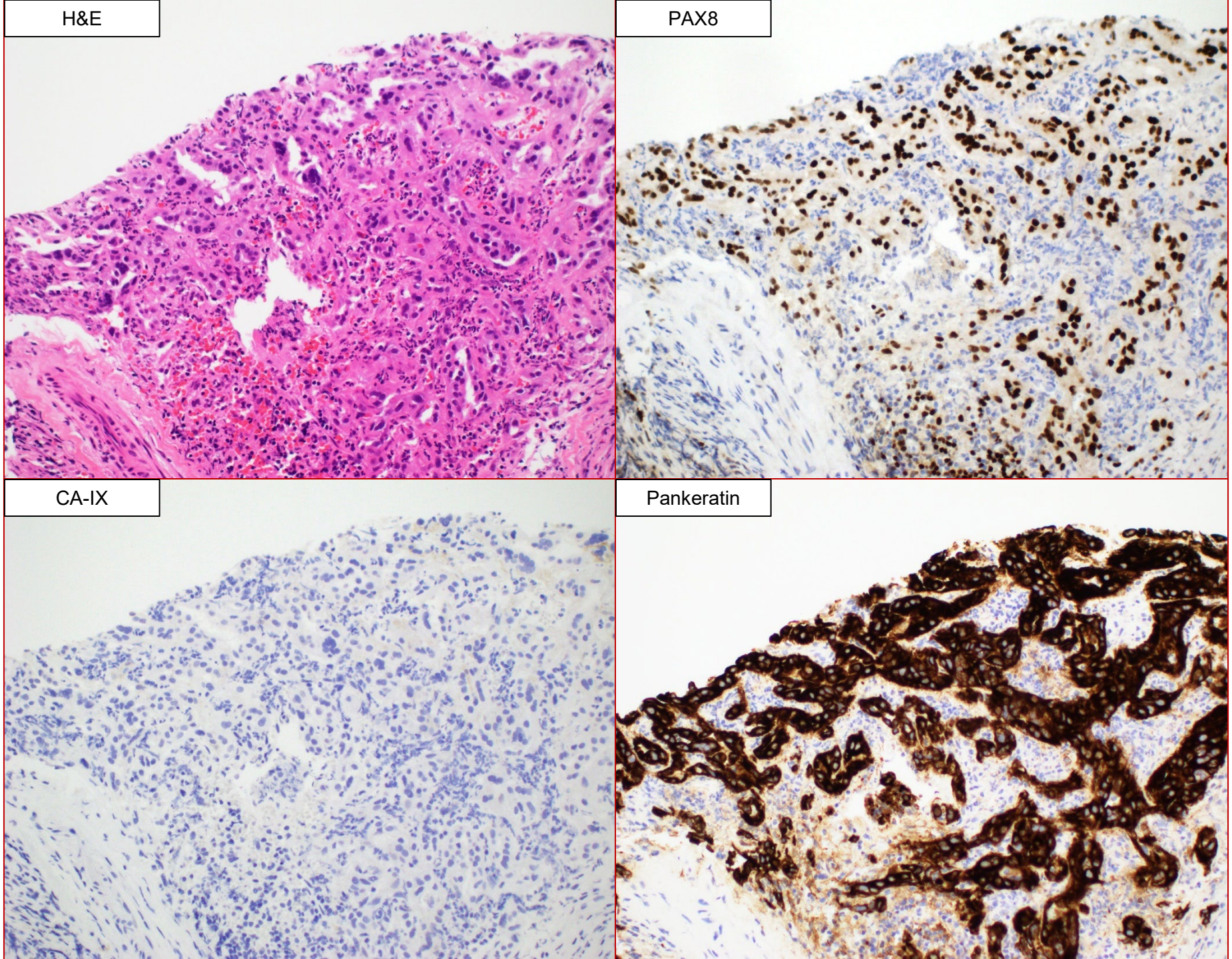
RCC 4

- CBC and chemistries wnl
- ECOG PS 0

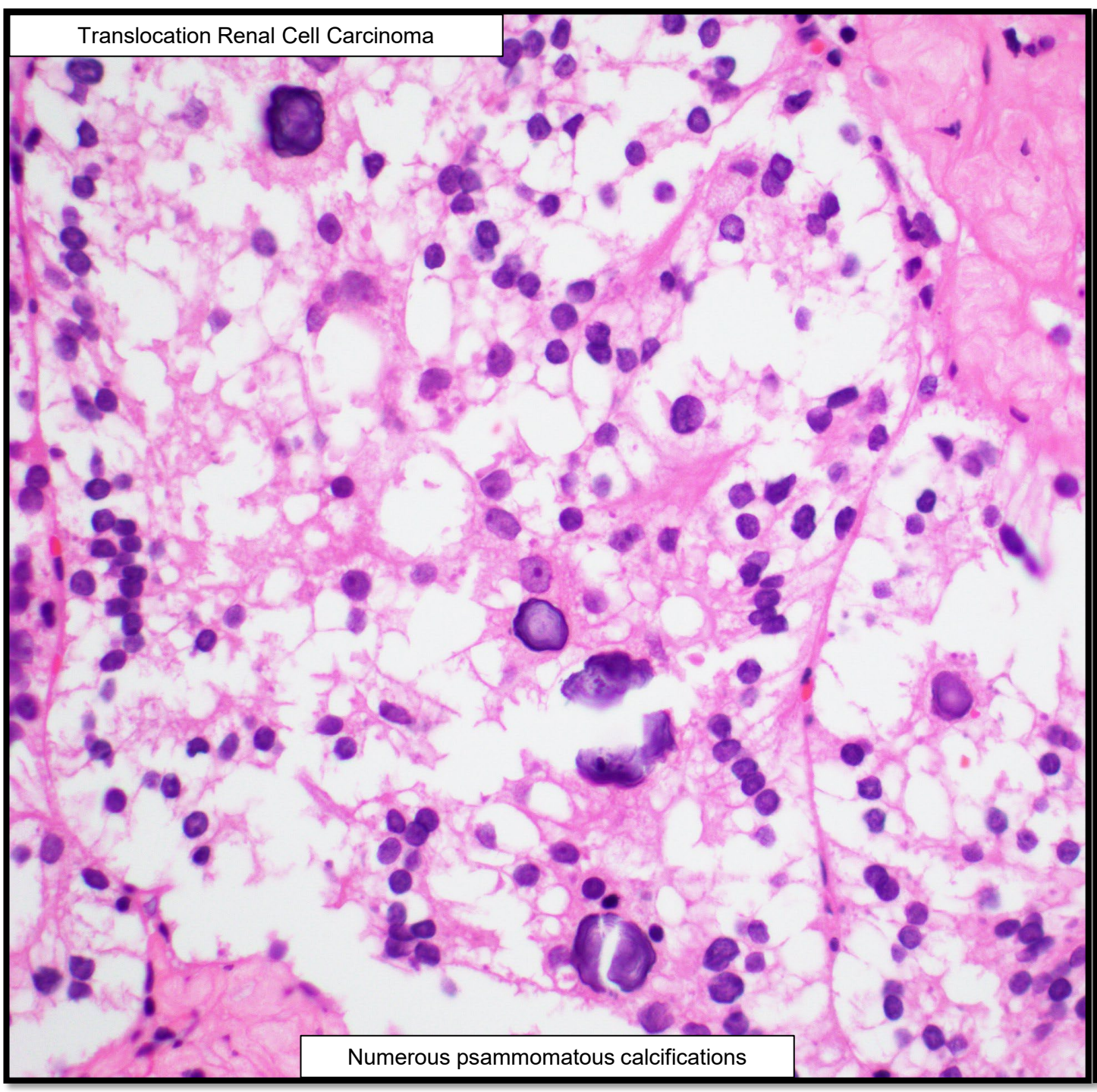
RCC 4
You recommend

A. Node biopsy
B. Repeat CT imaging 3 months
C. Initiate systemic therapy with IO based regimen
D. Initiate systemc therapy with a TKI
E. Surgical resection
F. Something else

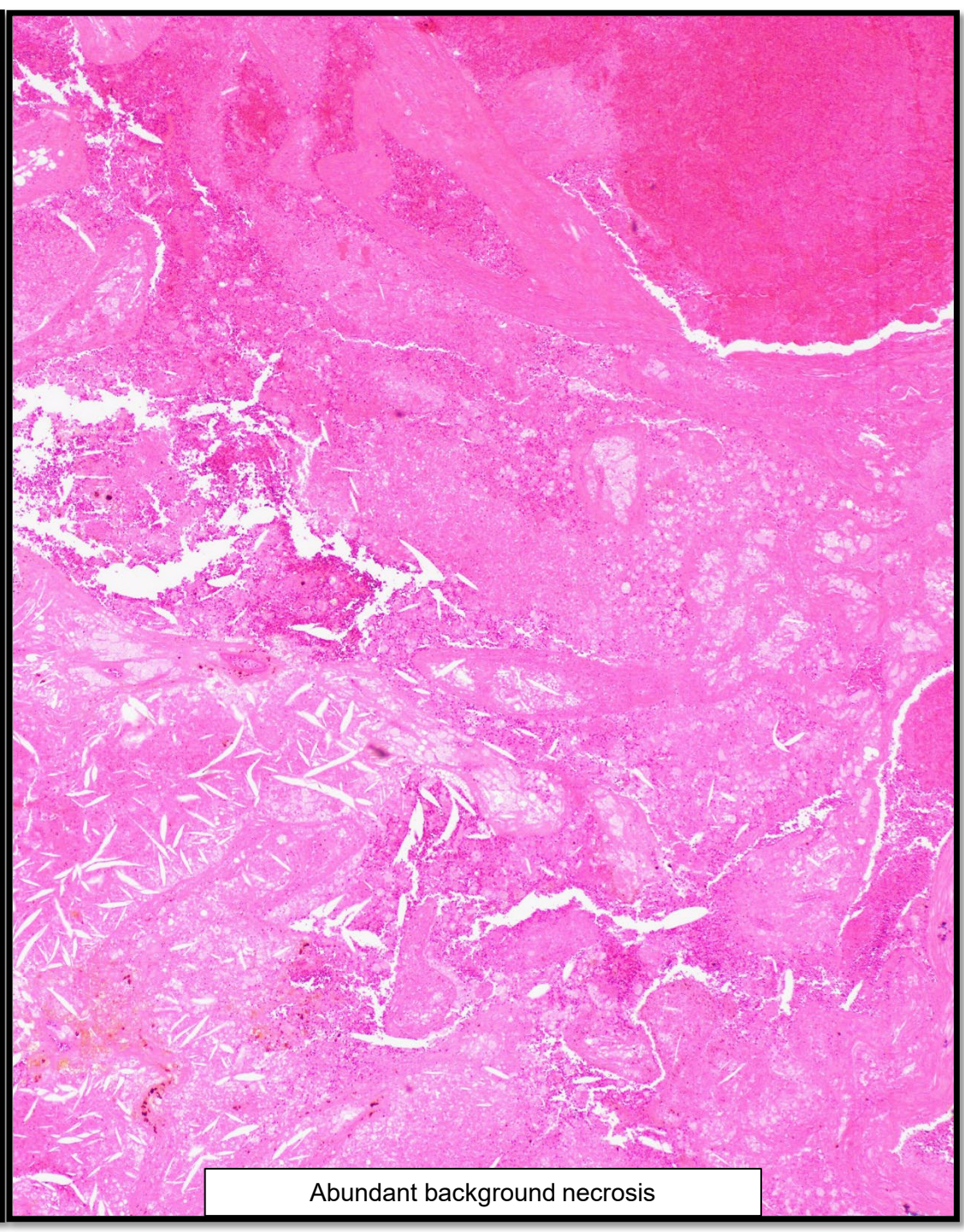

Diff-Quik stain of aspirate


H&E
PAX8
CA-IX
Pankeratin

Translocation Renal Cell Carcinoma



Numerous psammomatous calcifications



Abundant background necrosis

RCC 4

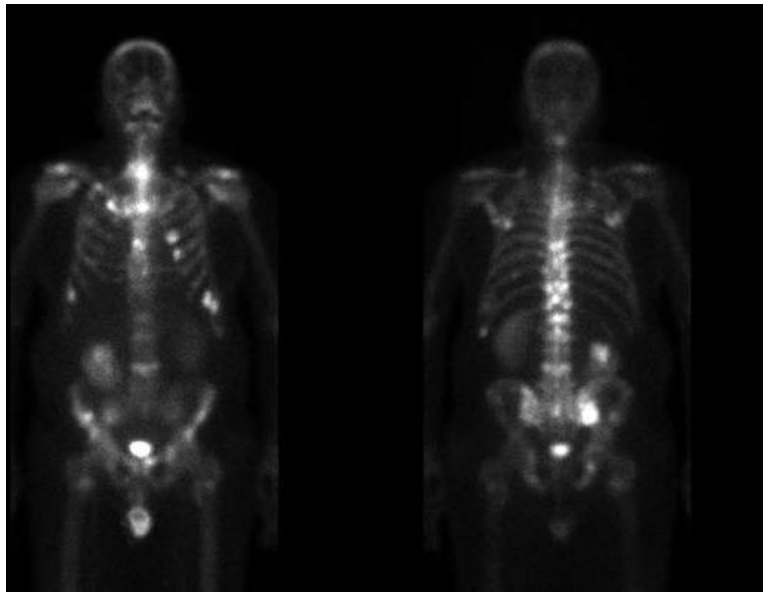
- Repeat CT imaging new nodes in the RP neg chest/CNS

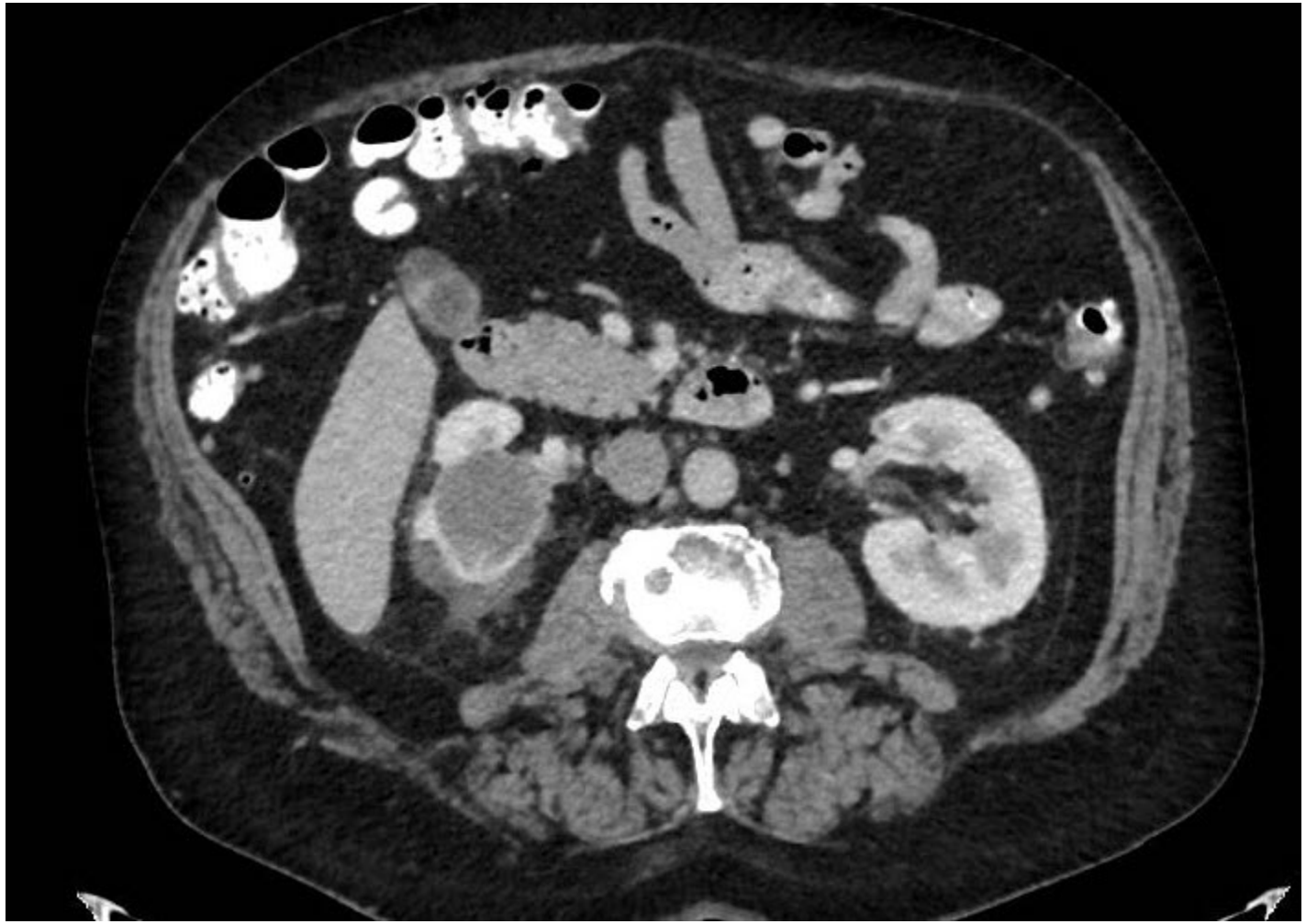
RCC 4
You recommend

A. Repeat CT imaging 3 months
B. Ipilimumab/nivolumab
C. IO/TKI of your choice
D. Something else

RCC 5

- 67 year old gentleman with several months of worsening hip and leg pain
- CT abd/pelvis 7.7 cm right renal mass, nodal involvement, extensive bone metastases
- ECOG PS 1, chemistries unremarkable
- Hgb 9.1
- IMDC Intermediate risk





RCC 5
You Recommend

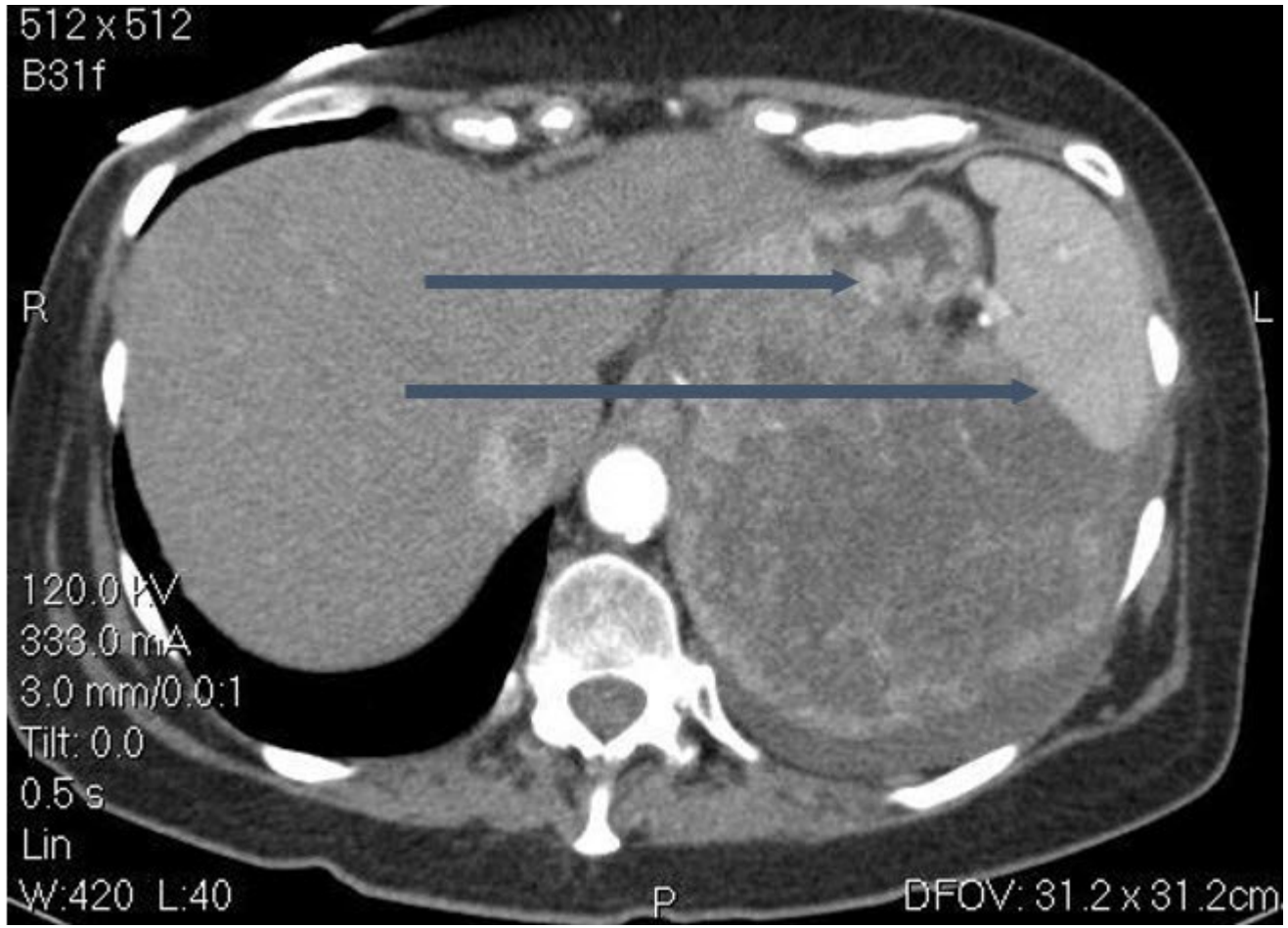
A. Sunitinib
B. Ipilimumab/nivolumab
C. Axitinib/pembrolizumab
D. Lenvatinib/pembrolizumab
E. Cabozantinib/nivolumab
F. Something else

RCC 6

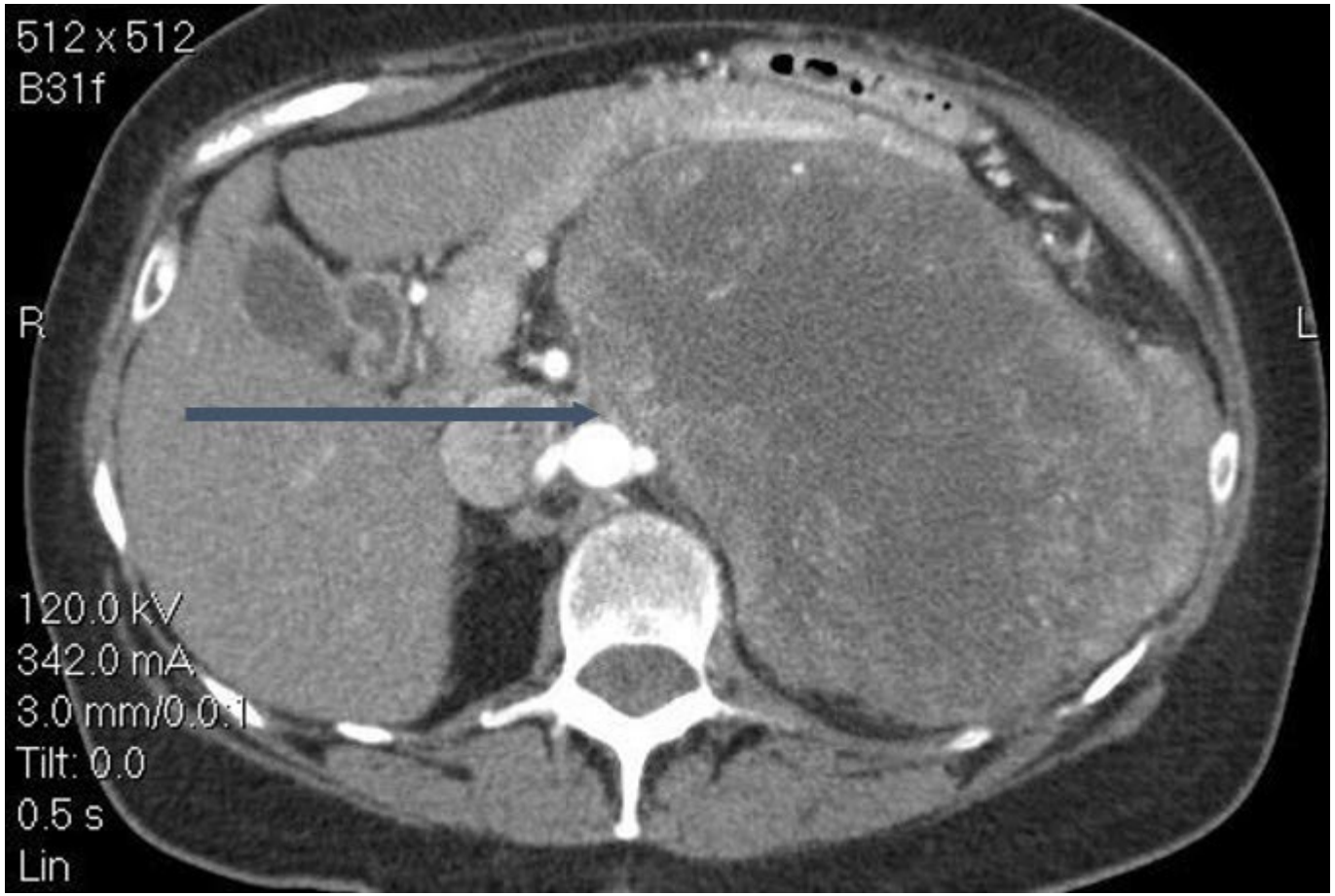
- 66 yr old woman presents with left flank pain, no hematuria, ECOG 0
- Mild hypertension, hypercholesterolemia; no cardiac history, 20 pack yr smoker
- Mild right flank pain
- Hgb 12, plt 344k, creatinine 1.2

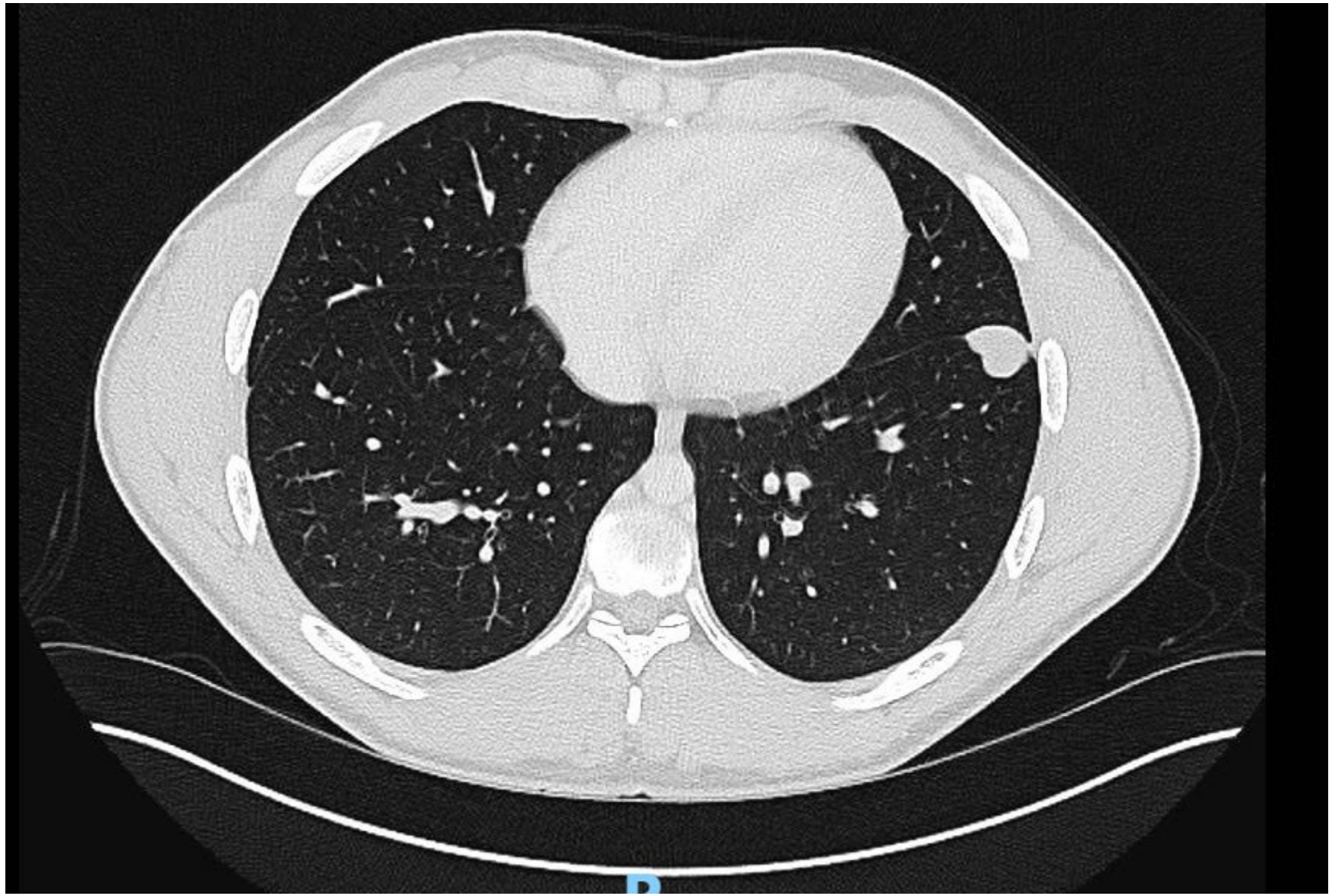
Question of invasion into:

Spleen
Stomach



Difficult Access To Hilum




R

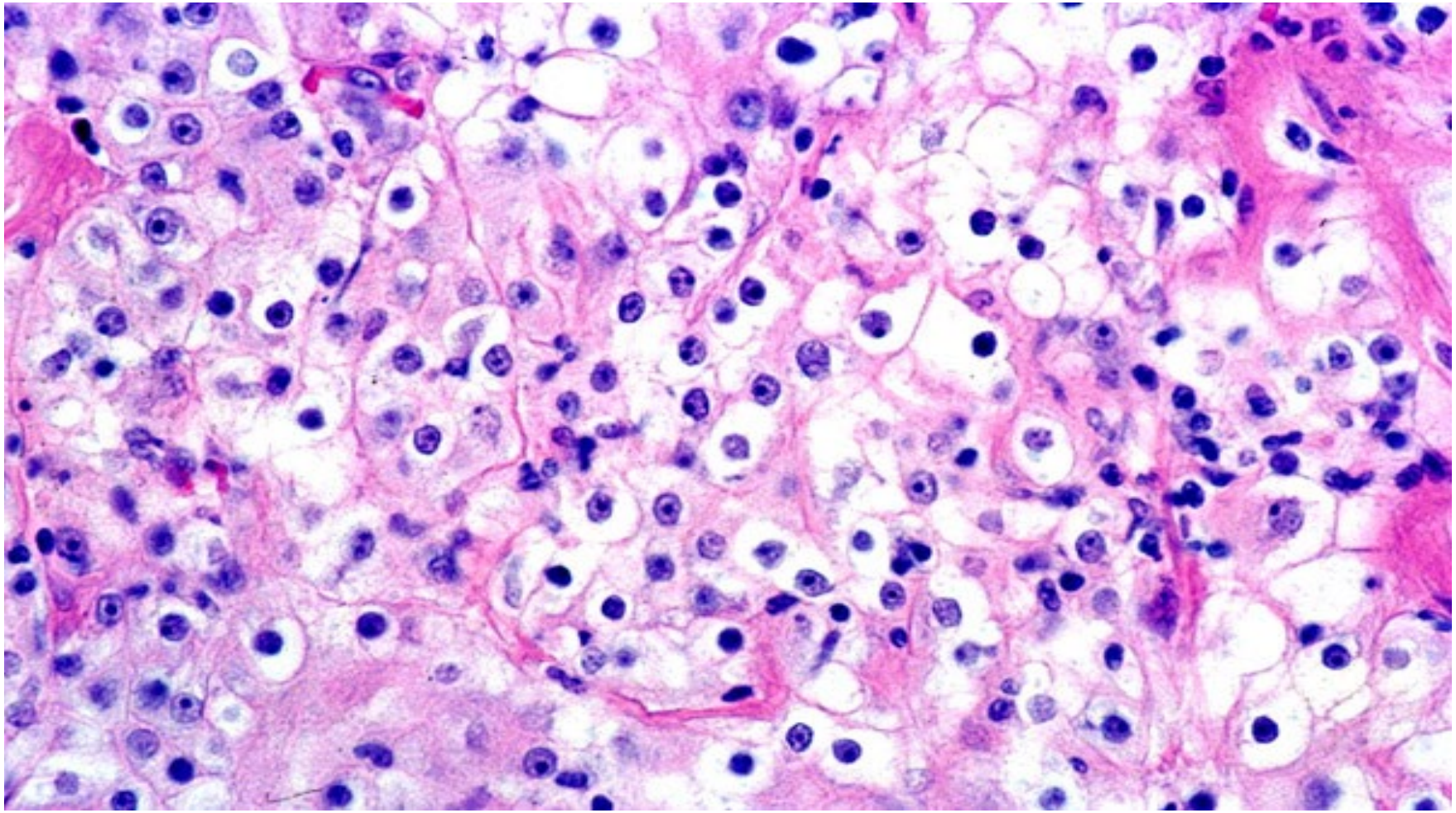
RCC 6

- **MRI brain negative**
- **ECOG PS 1**

RCC 6
You Recommend

A. “debulking nephrectomy”
B. Biopsy lung lesion
C. Biopsy both lung lesion and renal mass
D. Something else

Lung nodule biopsy: clear cell RCC

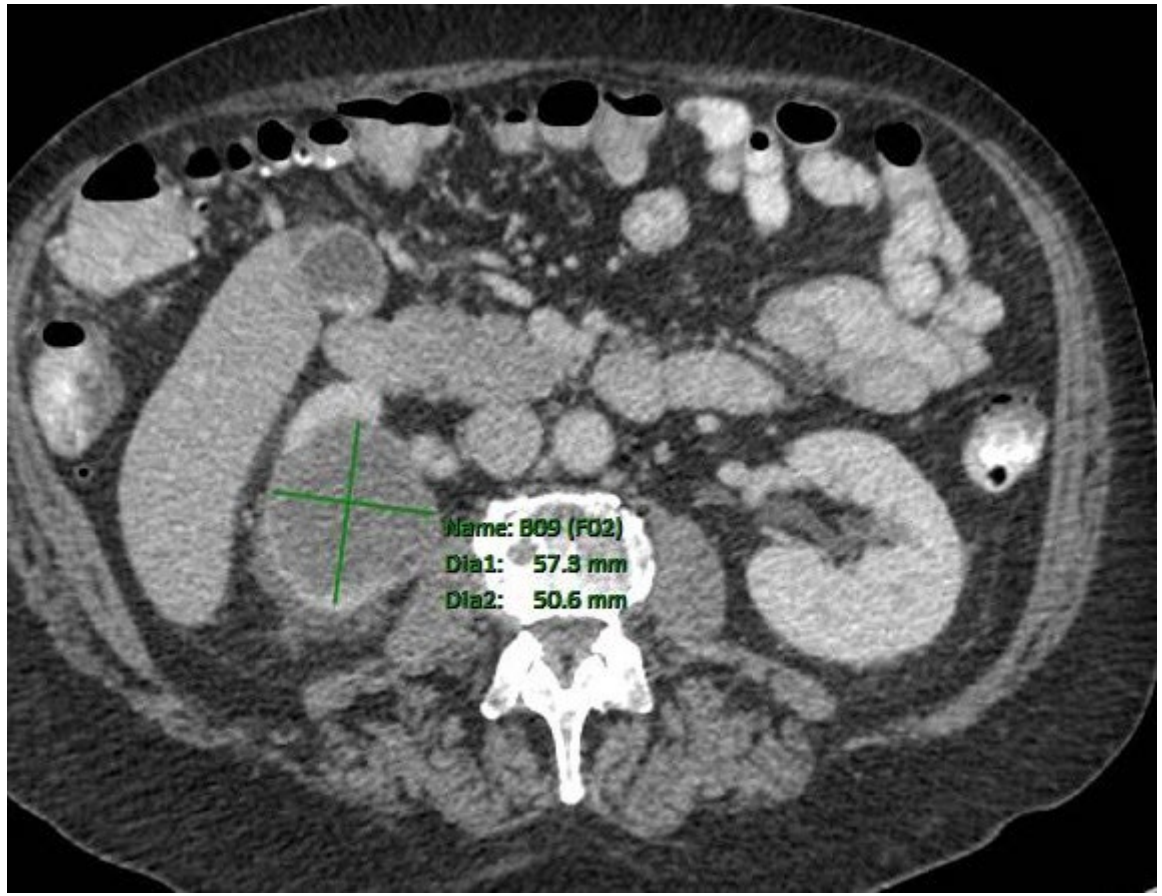


RCC 6
You Recommend

A. Cytoreductive nephrectomy, followed by systemic therapy with IO/TKI of your choice
B. Cytoreductive nephrectomy, followed by systemic therapy with Ipi/nivo
C. Cytoreductive nephrectomy, followed by systemic therapy with TKI of your choice
D. Systemic therapy IO/TKI of your choice
E. Systemic therapy with ipi/nivo
F. Something else

RCC 7

- 67 yr old man presents for a “5th” opinion
- Several months of progressive diffuse bone pain found to have leukocytosis, thrombocytosis and anemia
  - Bone marrow bx unrevealing
- Hgb 12, plt 344k, creatinine 0.9
- Palpable adenopathy axilla/supraclav
- Bx node consistent with clear cell RCC
- ECOG PS 1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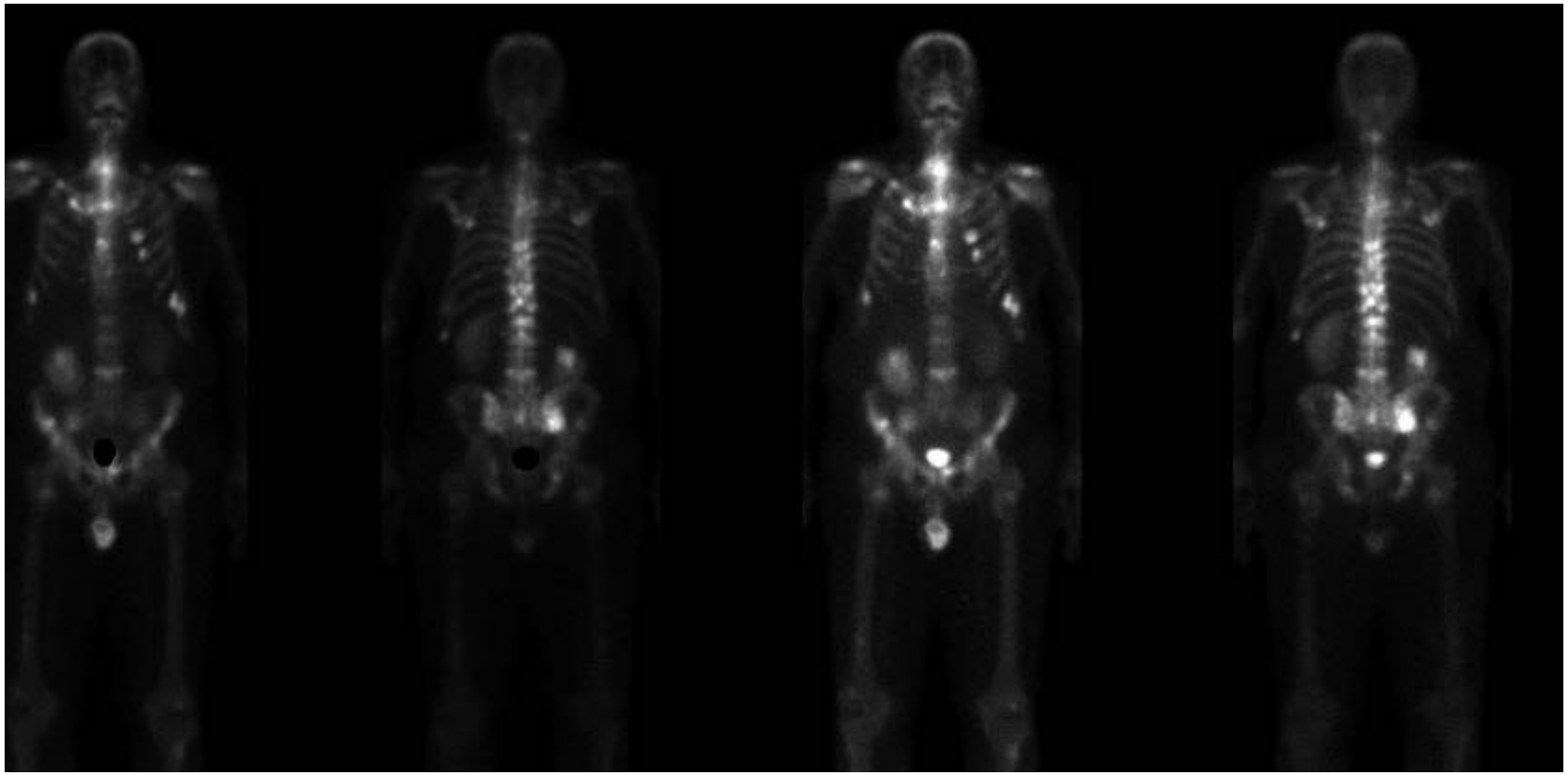
Dia1: 57.3 mm
Dia2: 50.6 mm



MRI T/Lspine

1. Diffuse osseous metastases throughout the thoracic lumbar spine sacrum, and ileum without pathologic fracture. There is a left T6 transverse process lesion measuring up to 3.8 cm with associated soft tissue component that causes moderate left T6-T7 neural foraminal stenosis and abuts the exiting T6 nerve root

MRI CNS NED

RCC 7
You Recommend

A. Cytoreductive nephrectomy, followed by systemic therapy with IO/TKI of your choice
B. Cytoreductive nephrectomy, followed by systemic therapy with Ipi/nivo
C. Cytoreductive nephrectomy, followed by systemic therapy with TKI of your choice
D. Systemic therapy IO/TKI of your choice
E. Systemic therapy with ipi/nivo
F. Something else

RCC 7

- Therapy with ipi/nivo, well tolerated
- Pain significantly improves by C3 of combo
- Completes 2 years of therapy
- Restaging imaging essentially unchanged from baseline
- Patient with minimal symptoms, ECOG 0

RCC 7
You Recommend

A. Surveillance imaging
B. Continue nivo until progression or death
C. Cytoreductive nephrectomy
D. Biopsy kidney
E. Something entirely different