Initial Workup – Kidney Cancer Clinical Pathway

Initial Workup

- CT abdomen/pelvis and chest x-ray
- CMP, CBC with differential, lactate dehydrogenase, and urinalysis

Clinical trial(s) always considered on pathway.

- **a** Consider genetic counseling evaluation for multiple or bilateral renal masses, family history, or young age
- **b** Consider renal biopsy if this would effect management
- **c** If Urothelial carcinoma suspected, consider urine cytology, ureteroscopy, or percutaneous biopsy
- **d** Treatment decisions dependent on patient comorbidities, surgical complexity, and shared decision making
- **e** If clinically indicated, consider bone scan, brain MRI, or chest CT
Stage I – Kidney Cancer Clinical Pathway

Clinical trial(s) always considered on pathway.

**a Additional options include** radical nephrectomy or ablative procedures including SBRT; renal biopsy; surveillance is preferred for small renal masses (≤3cm)

**b Active surveillance** appropriate in select patients (ex. not surgical candidates or medically frail)

**c Ablative procedures**, including SBRT, can be considered depending on case
Stage II – Kidney Cancer Clinical Pathway

Stage II
Partial or radical nephrectomy

Candidate for adjuvant pembrolizumab?

Yes
No

Active surveillance

Clinical trial(s) always considered on pathway.

*Nephrectomy type* dependent on location, comorbidities, and kidney function

*Pembrolizumab* consider if clear cell Stage II with nuclear grade 4 or sarcomatoid differentiation, tumor stage 3 or higher, regional lymph-node metastasis, or stage M1 with NED, one year duration
Stage III – Kidney Cancer Clinical Pathway

Clinical trial(s) always considered on pathway.

a Pembrolizumab consider if clear cell Stage II with nuclear grade 4 or sarcomatoid differentiation, tumor stage 3 or higher, regional lymph-node metastasis, or stage M1 with NED, one year duration.
**Stage IV or Relapsed Clear Cell – Kidney Cancer Clinical Pathway**

*Intervention includes* either cytoreductive nephrectomy or metastasis directed therapy

*Prognostic factors* include: less than one year from time of diagnosis to systemic therapy, performance status <80%, hemoglobin < lower limit of normal, calcium > upper limit of normal, neutrophil > upper limit of normal, and platelets > upper limit of normal

*Prognostic risk groups* defined as favorable (no prognostic factors), intermediate (1-2 prognostic factors), or poor (3-6 prognostic factors)

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Clinical trial(s) always considered on pathway.

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**Stage IV or Relapsed Clear Cell**

1. Multidisciplinary discussion
2. Candidate for cytoreductive nephrectomy or metastasis directed therapy?
   - Yes → Perform intervention *
     - Persisting disease?
       - Yes → Intermediate or poor risk group? b c
         - Yes → Ipilimumab and nivolumab
         - No → Pembrolizumab and axitinib
       - No → Active surveillance
         - Yes → Progression after first line therapy?
           - Yes → Cabozantinib
           - No → Pembrolizumab and axitinib
   - No → Intermediate or poor risk group? b c
     - Yes → Ipilimumab and nivolumab
     - No → Pembrolizumab

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*Intervention includes* either cytoreductive nephrectomy or metastasis directed therapy

*Prognostic factors* include: less than one year from time of diagnosis to systemic therapy, performance status <80%, hemoglobin < lower limit of normal, calcium > upper limit of normal, neutrophil > upper limit of normal, and platelets > upper limit of normal

*Prognostic risk groups* defined as favorable (no prognostic factors), intermediate (1-2 prognostic factors), or poor (3-6 prognostic factors)
Surveillance – Kidney Cancer Clinical Pathway

Surveillance
Stage I
- Year 1: H&P Annually, CMP Annually, Abdominal CT/MRI w/ contrast Within 6 months, Chest X-ray/CT As clinically indicated
- Year 2-5: H&P Every 3-6 months, CMP Every 3-6 months, Abdominal CT/MRI w/ contrast Every 3-6 months, Chest X-ray/CT Every 3-6 months

Surveillance
Stage II and Stage III with or without Adjuvant Therapy
- Year 1: H&P Annually, CMP Annually, Abdominal CT/MRI w/ contrast Every 3-6 months, Chest X-ray/CT Every 3-6 months
- Year 2-5: H&P Every 3-6 months, CMP Every 3-6 months, Abdominal CT/MRI w/ contrast Every 3-6 months, Chest X-ray/CT Every 3-6 months

Surveillance
Relapsed, Stage IV, or Surgically Unresectable
- Year 1: H&P Every 6-16 weeks if receiving systemic therapy, CMP Based on therapy used, Abdominal CT/MRI w/ contrast Baseline, then every 12 weeks, Chest X-ray/CT Baseline, then every 12 weeks
- Year 2-5: H&P Every 6-16 weeks if receiving systemic therapy, CMP Based on therapy used, Abdominal CT/MRI w/ contrast Baseline, then every 12 weeks, Chest X-ray/CT Baseline, then every 12 weeks

*More rigorous schedule if positive margins, sarcomatoid features, or high grade
Questions?

Contact VHAOncologyPathways@va.gov