

Mechanism of action of mTOR inhibitor:

- Block translation of HIF
- Inhibit VEGF
- Inhibit VEGF receptor
- Regulate VHL gene

Bevacizumab

- Is used in interferon alpha in poor risk patients
- Has better tolerance compared to interferon alpha alone
- Is used as single treatment in low risk patients
- Its main role is in patients who failed standard therapy

The usual recommended dose of sutent

- 50 mg 4 w on 2 w off
- 37,5 mg daily
- 50 mg 2 w on 4 w off
- 37,5 mg every other day

For treatment naïve mccRCC, in term of PFS improvement

- Pazopanib is better then sunitinib
- Axitinib is better to sorafenib
- Cabozantinib is equivalent to everolimus
- Nivolumab is equivalent to sunitininb

Which of the following is predictor of poor prognosis

- Karnofsky >80
- Serum Ca <8 mg/dl
- Time from diagnosis to progression < 12 months
- Hb > 16

What is the mechanism of action of PD-1

- Act as a second pathway
- Promote T cell activation
- Expressed on Antigen presenting cells
- Combine to the B7

IL-2 monotherapy may be effective:

- Poor performance status
- Lung metastasis
- Papillary RCC
- IL-2 is not at all recommended for mRCC

What is the recommended treatment for non clear cell RCC

- Sunitinib
- Everolimus
- Nuvolumab
- Enrolled in clinical trials

Neoadjuvant therapy in the setting of advanced RCC

can be helpful in all except:

- Converting a lesion from being treated by radical nephrectomy to partial
- Involution of IVC thrombus
- Converting a non resectable lesion to a resectable tumor
- Overall it is not yet a recommendation treatment in patient with resectable disease

Everolimus has poor toleration and is discontinued by many patients because of:

- Stomatitis
- Hematuria
- Fatigue
- Hypertension