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 suentent

- 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 sunitinib
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 trails
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