# Metastatic Renal Cell Carcinoma and Immunotherapy Experience in a Third-Level Hospital in Mexico City


## Background

Kidney cancer ranks 12th worldwide, with 5.7 cases per 100,000 inhabitants. In Mexico up to 30% of patients will debut metastatic and 30% who debut with localized disease will develop metastases during their evolution. For these patients one treatment option is immunotherapy, however limited access to these therapies in our country makes relevant to report the results obtained in our practice and compare them with those of clinical trials.

## Objective

To report the experience of patients with metastatic clear cell renal cancer in a third level hospital in Mexico City treated with immunotherapy.

## Methods

A review of the medical records of patients diagnosed with metastatic renal cancer treated with immunotherapy in a third-level hospital in Mexico City was carried out from August 2016 to August 2019. The progression free survival (PFS) was calculated by Kaplan-Meier and the survival distribution was compared using Log-rank test; for the association of variables, Chi Square or Student T was used according to the distribution.

## Results

In the study period, immunotherapy was administered to 14 patients. The median age at diagnosis was 55 years (34-79), male sex was the most frequent 71.4% (10 patients). Within the immunotherapy treatment, 10 patients (71.4%) received Nivolumab, 3 (21.4%) Pembrolizumab and 1 (7.1%) Nivolumab and Ipilimumab. Eight patients (57.1%) received immunotherapy in the first line, 3 (21.4%) in second, and 3 in the third (21.4%). Patients were stratified by Heng criteria, having 5 patients (35.7%) with favorable risk, intermediate 7 (50%) and poor 2 (14.3%). Nephrectomy was performed in 13 patients (92.9%). At the end of the study, 8 patients have progressed (51.6%), the median PFS reported in the whole group was 3 months (1-4), with no gender influence, nephrectomy, risk category or treatment line. The median overall survival is not yet reached. With respect to the PFS depending on drug, it was evidenced a median of 4.8 months with Nivolumab.

## Conclusion

In this study we report the experience with immunotherapy in metastatic renal cancer. According to the results of the CheckMate 025 study, the median PFS was 4.6 months, which correlates with what was found in our population, with 4.8 months. Because FDA authorization for the treatment of metastatic renal cancer with immunotherapy is relatively recent (2015), the population that received it is scarce and more evidence needs to be gathered to have more compelling results.

## Tables

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<thead>
<tr>
<th>TIME (MONTHS)</th>
<th>IMMUNOTHERAPY</th>
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**PROGRESSION FREE SURVIVAL**

- **IMMUNOTHERAPY**
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### References

1. GLOBOCAN 2018.