Role of Cytoreductive Nephrectomy (CN) in Metastatic Renal Cell Cancer (mRCC)

CCNS GU CST Statement
Approved February 2012

Introduction:

- The only phase III data for CN in mRCC is with the use of Interferon as systemic therapy:
  - SWOG study (n=221) showed a median overall survival of 11.1 mos. vs. 8.1 mos (p=0.012) in favor of CN.
  - EORTC study (n=85) showed a median overall survival of 17 mos vs. 7 mos (p=0.02) in favor of CN.

- There is no phase III data for CN in mRCC in the era of targeted therapy. Therefore recommendations are based on extrapolation, data from retrospective series and other association guidelines where available.
  - International RCC Consortium (n=314, 201 with CN) showed a median overall survival of 19.8 vs. 9.4 mos. (p<0.01) in favor of CN

Recommendations:

- Patients should be discussed at the GU Cancer Site Team multidisciplinary rounds. Cases are referred using the Cancer Site Team Case Consult form found at [www.cdha.nshealth.ca/physicians/documents](http://www.cdha.nshealth.ca/physicians/documents)
- Always consider patients for ongoing clinical trials
- Pending results from phase III trials currently ongoing, CN prior to targeted therapy should be considered in the following patients with mRCC:
  - ECOG 0-1 or Karnofsky ≥ 70
  - Primary is resectable
  - Adequate hepatic and renal function
- **Absolute** contraindications where CN should **NOT** be performed:
  - If a biopsy is available* and sarcomatoid histology is found
  - *biopsy is not required prior to CN
  - Patient has evidence of CNS metastases
- Relative contraindications where the role of CN should be discussed at a multidisciplinary GU CST conference or referral to Medical Oncology is made for an individualized recommendation:
  - Liver and/or extensive bone metastases (in particular to the spine)
• It is recommended that at the time of CN, if at all possible, ALL intra-abdominal disease be resected.

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i Flanigan, R.C. et al. Nephrectomy followed by interferon alfa-2b compared with interferon alfa-2b alone for metastatic renal-cell cancer. NEJM, 2001, 345(23); 1655-59
