

2nd line options in renal Cell cancer

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Agents active in renal cancer.

- Angiogenesis inhibitors.
- Checkpoint inhibitors
- M-tor inhibitors
- Interleukins
- Hypoxia inducible factor inhibitors
- Combination of above agents

How to choose the right second line agent?

- Agent used in 1st line
- Nature of progression
- Co-morbidities
- IMDC risk
- Specific site progression: Brain, bone
- Symptoms at relapse

Challenges

- Increased use of active agents upfront
- Even in adjuvant setting
- No randomised data to guide
- Area of active Research

Prior TKI alone

- Immunotherapy: Nivolumab, Nivolumab + IPI
- Alternative TKI : cabozantinib , axitinib
- Lenvatinib and everolimus

Prior checkpoint inhibitor only

- Angiogenesis inhibitors
- Adding ipililumab [Titan:RCC trial]
- Continuing on Nivolumab: asymptomatic progression

Prior immunotherapy + TKI

- Difficult to treat population
- Already exposed to most active agents
- Alternative targeted agents:
- PEM + AXI / PEM + LEN : Cabozantinib
- NIV + CAB : LEN + EVE

- NIVOLUMAB + IPI

Special scenarios

- Oligoprogression: local ablative therapies
- Asymptomatic progression: pseudoprogression
- Slow biology
- Metastasectomy

Newer avenues:clinical trials

- Belzutifan: ORR : 25%, DCR : 80%
- Belzutifan and everolimus
- Nivolumab+tivozanib
- Batiraxcept
- SRF388 : IL-27 antibody
- Girentuximab: lutetium based against carbonic anhydrase
- OXA 40 antibody

Conclusion

- Alternative agents
- Treatment beyond progression
- Local ablative procedures
- Clinical trials
- Belzutifan

Thank you