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Landmark study finds aggresive, personalized treatment increases kidney cancer patient survival

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A study of nearly 1,500 patients treated for kidney cancer at UCLA in the last 15 years shows that an aggressive, tailored treatment approach results in better survival rates and uncovered subsets of kidney cancer that behave differently and need to be treated accordingly.

The one-size-fits-all approach traditionally used in kidney cancer treatment should be changed based on the results of the study, the longest to date to analyze kidney cancer patients and their outcomes, said Dr. Arie Belldegrun, senior author of the study, a professor of urology and a researcher at UCLA's Jonsson Comprehensive Cancer Center.

"This is the most important work that we've done out of the kidney cancer program at UCLA," Belldegrun said. "We outline the foundation for personalized kidney cancer therapy. We have shown that not all kidney cancer patients are the same, not all localized kidney cancers are the same and not all metastatic kidney cancers are the same."

The study appears in the Nov. 1, 2008 issue of *Cancer*, the peer-reviewed journal of the American Cancer Society.

The study found that patients with localized kidney cancer, cancer that has not spread to other organs, could have either low, intermediate or high risk cancers based on the chance for recurrence. Patients with cancers that have already spread also fell into similarly different subsets.

Some have better outcomes while others may have very aggressive cancers that may not warrant treatment.

"We showed for the first time, using an integrated staging system developed at UCLA, that we can identify which patients with localized disease fall into the low, intermediate and high risk subsets and which patients with metastasized cancers are either low, intermediate or high risk patients," Belldegrun said. "Now we can make treatment decisions based on that."

If a patient with localized cancer is identified as low risk, his five-year survival rate is expected to be 97 percent, while his 10-year survival rate is 92 percent. An intermediate risk patient with localized disease would have a five-year survival rate of 81 percent and a 10-year survival rate of 61 percent. A high risk patient has a five-year survival rate of 62 percent, with a 10-year survival of 41 percent.

"All of these patients with cancers that have not spread present to their doctors with presumably localized disease and in the past they may have been treated the same way," Belldegrun said. "They need to be treated individually according to their risk levels."

The study showed that a patient with low-risk, localized kidney cancer could be treated only with surgery and expect an excellent outcome. Such a move would spare the patient from having to undergo radiation or immunotherapy, which result in harsh side effects. However, for a patient with high-risk, localized kidney cancer, surgery would not be enough. Additional therapy such as targeted treatments or immunotherapy should be considered in order to give the patient the best possible outcome.

In metastatic patients, someone with low-risk cancer should get very aggressive treatment, Belldegrun said, because there's a good chance the

therapy will help the patient. Those with high-risk, metastatic disease won't get much, if any, benefit from treatment and may want to forego surgery and the toxic therapies.

"Our paper identifies, very precisely, which patients should get which therapies," Belldegrun said.

The study represents 15 years of experience in UCLA's leading-edge kidney cancer program, an interdisciplinary approach to treating cancer that brings together medical oncologists, urologists, surgeons, clinical trials experts and scientists under one roof, a concept that was first conceptualized at UCLA. The study analyzed the first 1,492 patients treated in the program and "demonstrated that outstanding results can be achieved using this approach," Belldegrun said.

About 25 percent of the patients with metastatic kidney cancer achieved long-term responses – five to 15 year survivals – from their therapy, Belldegrun said. Less than 5 percent of metastatic kidney cancer patient typically achieve long term survivals or a cure when treated with conventional treatments.

"This is by far the best survival data in such a difficult group of patients," Belldegrun said. "This can be achieved today only in kidney cancer centers of excellence like we are operating at UCLA, where we have all the expertise at hand, the best scientists, clinicians and surgeons working together."

The results of the study come as new targeted therapies are being introduced specifically for kidney cancer. The U.S. Food & Drug Administration has recently approved three such drugs. Belldegrun said the survival rates detailed in their paper should be used as a benchmark to which these new therapies should be compared.

"While the field of kidney cancer is undergoing dramatic changes it is as yet still unclear how these changes are affecting patient outcome," the study states. "A critical assessment of the potential improvement in the new treatment era necessitates a comparison to a known benchmark. We present long-term, single institution data to provide a thorough understanding of the results that have been achieved until now using a consistent, aggressive approach for localized and metastatic disease. For future patient care, it will be important to select patients that will do best using existing therapies, and those who should be treated using the newly approved treatments."

Source: University of California - Los Angeles

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