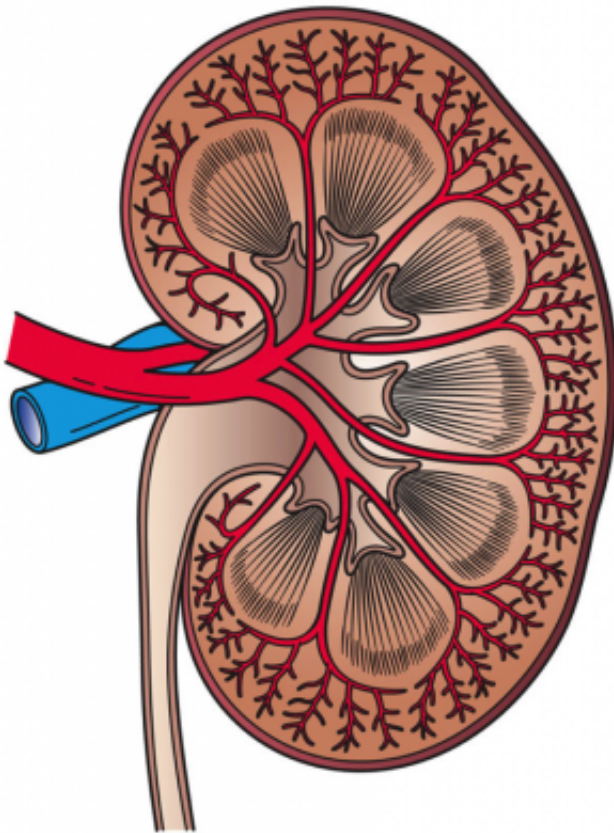


# Research review underscores progress in treating kidney cancer, importance of close patient monitoring

November 28 2018, by Annie Deck-Miller

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This image shows a cross section of a kidney. Credit: Holly Fischer/Wikipedia

With the swift introduction of approved immunotherapy approaches into the treatment landscape for many cancers, medical professionals across

many care-delivery settings and specialties are tasked with the need to follow and understand a set of treatment standards that are changing rapidly. The treatment of renal cell carcinoma (RCC), or kidney cancer, has been one of the fields most dramatically affected by what the authors of a new research review article call a period of "remarkable progress," with FDA approval of the first immunotherapy combination regimen for the treatment of patients newly diagnosed with kidney cancer coming just a few months ago, in April 2018.

In an effort to compile and summarize the latest knowledge about these immunotherapy combinations and their implications, a group of [kidney cancer](#) immunotherapy experts led by Saby George, MD, of Roswell Park Comprehensive Cancer Center have written a new research review article assessing current approaches to treating patients newly diagnosed with kidney cancer and also looking ahead to some of the most pressing questions still to be answered related to these emerging therapies. Published online Nov. 21 by the journal *JAMA Oncology*, the review article highlights the path to approval for the new standard of care for these patients—ipilimumab, also known as Yervoy, together with nivolumab, also known as Opdivo.

"Remarkable progress has been made recently in the clinical application of newer immunotherapies, of which the most notable are [immune checkpoint inhibitors](#) (ICIs) that increase antitumor immunity by blocking native immune regulators such as cytotoxic T lymphocyte antigen 4 (CTLA-4) and programmed cell death 1 (PD-1)," the authors write. "However, current evidence indicates that not all patients may find single-agent immunotherapy advantageous, underscoring the unmet need for combination treatment strategies that can improve efficacy in a broader patient population without exacerbating [toxic effects](#)."

"Our goal in crafting this review was not only to summarize the path to approval for these breakthrough immunotherapies, but also to present

that information in context with other emerging immuno-oncology therapy combinations that are still being studied," notes Dr. George, first author on the new publication. "Critically, given what we are learning about the effects of checkpoint inhibitors given in combination, we also highlight the importance of identifying and appropriately managing immune-related toxicities."

Treating physicians who prescribe checkpoint inhibitors for [patients](#) with advanced kidney [cancer](#)—whether alone or in combination with other therapies — "must adopt a multidisciplinary management approach, enlisting the assistance of specialists such as endocrinologists, pulmonologists, nephrologists, gastroenterologists, dermatologists, and neurologists," the authors conclude.

**More information:** Saby George et al. Emerging Role of Combination Immunotherapy in the First-line Treatment of Advanced Renal Cell Carcinoma, *JAMA Oncology* (2018). [DOI: 10.1001/jamaoncol.2018.4604](#)

Provided by Roswell Park Cancer Institute

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