V GO NORTE INTERNATIONAL GU DEBATES

Clinical Vignette

Session 5 · High-risk localized renal cancer

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A 52-year-old man with abdominal discomfort

OCTOBER 2023

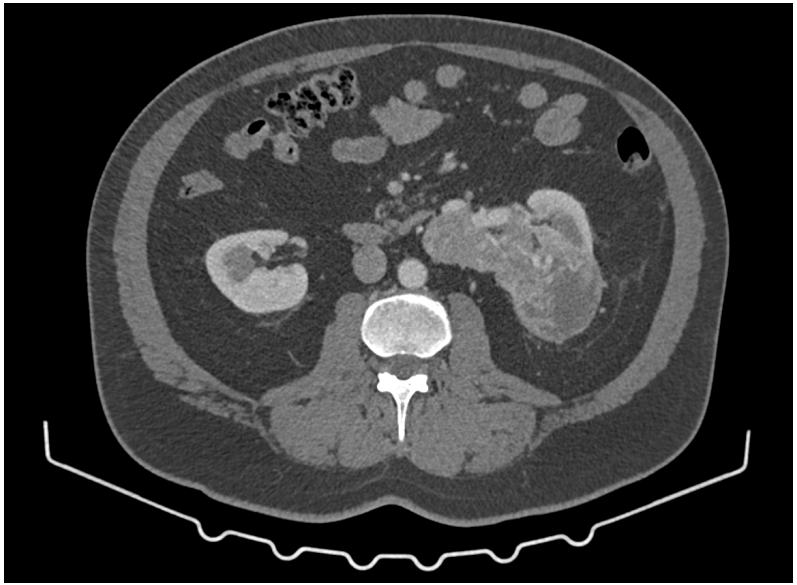
ECOG 0 · treated anxiety-depressive disorder · former mild alcohol use · BMI 31

Left renal mass, 80 × 50 mm, mid third

Tumour thrombus in the left renal vein, ending 22 mm before the vena cava

No nodal or distant disease on chest and abdominal CT

cT3a N0 M0



Baseline contrast-enhanced CT, axial

What would you do first?

VOTE 1 OF 3

Left renal mass, 8 cm, with renal vein thrombus: cT3a N0 M0. ECOG 0, 52 years old.

A Upfront radical nephrectomy with thrombectomy

B Biopsy, neoadjuvant systemic therapy, then surgery

C Neoadjuvant therapy only within a clinical trial

D Biopsy and re-discuss at the tumour board

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Upfront surgery: what the pathologist found

11 Dec 2023 · Robot-assisted radical left nephrectomy with renal vein thrombectomy

Histology **Clear cell RCC**	Size **90 mm**	Nucleolar grade **2**
Necrosis **10%**	Sarcomatoid features **Absent**	Lymphovascular invasion **Present**
Renal sinus fat **Invaded**	Renal vein and hilar vessels **Invaded**	Surgical margins **Negative**

PATHOLOGICAL STAGE

pT3a Nx

TNM 8th edition
No lymph node dissection
Post-operative eGFR ≈ 50

How would you label his risk of recurrence?

VOTE 2 OF 3

Clear cell RCC · pT3a Nx M0 · 90 mm · grade 2 · necrosis 10% · no sarcomatoid features · ECOG 0

A **Low**

B **Intermediate**

C **High**

D **It depends on the tool I use**

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One patient, four labels

Leibovich 2003	pT3a (4) + necrosis (1) = 5 points	**Intermediate**
UISS	T3 · grade 2 · ECOG 0 · N0 M0	**Intermediate**
GRANT	0 of 4 factors: age >60, pT3b–4, pN1, grade 3–4	**Favourable**
KEYNOTE-564 criteria	pT3, any grade, N0 M0	**Intermediate-high**

February 2024: what do you offer him?

VOTE 3 OF 3

Eight weeks after nephrectomy. Staging CT clear. ECOG 0, eGFR ≈ 50, motivated patient.

- **A** Surveillance
- **B** Adjuvant pembrolizumab for one year
- **C** A clinical trial of adjuvant therapy
- **D** I present the numbers and let him decide

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Pembrolizumab: eleven quiet months, then a surprise

Dec 2023

Nephrectomy

pT3a Nx clear cell RCC

Mar 2024

Pembrolizumab starts

200 mg every 3 weeks

No toxicity, CT clear

Nov 2024 – Jan 2025

–10 kg in 3 months

"I am on a diet"

Fasting glucose 102 mg/dL

Feb 2025

Thirst and polyuria

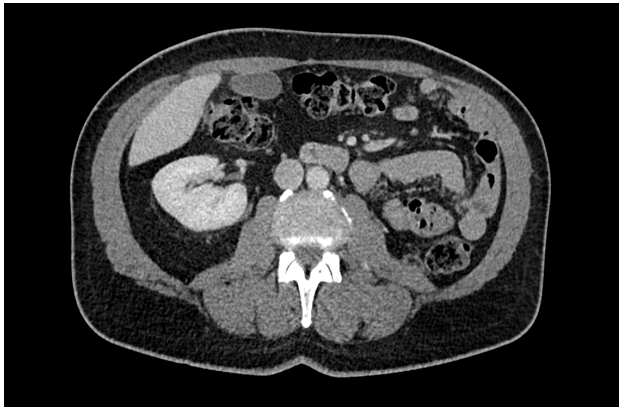
Glucose 367 mg/dL

HbA1c 9%

Immune-related diabetes mellitus

No ketoacidosis. Insulin started in primary care. Final cycle given on 20 Feb 2025: planned year completed.

October 2026: cured, at a price?



Follow-up CT: no local recurrence after left nephrectomy

THE CANCER

34 months

disease-free

Last CT clear (Apr 2026)

ECOG 0, physically active

CT every months

THE PRICE

Lifelong

insulin dependence

Time in range 25–60%

HbA1c 7.8–8.9%

+20 kg, hypoglycaemia on exercise

Single kidney, eGFR 50–65

Three questions for the next three talks

1

RISK

Intermediate, intermediate-high or high: which label should drive treatment? Was he cured by surgery alone?

Dr. Teresa Alonso

2

ADJUVANT THERAPY IN 2026

Would we offer him the same today, more, or less?

Dr. Dan Heng

3

SYSTEMIC TREATMENT FIRST

A 9 cm tumour with venous thrombus: should drugs have come before surgery?

Dr. Axel Bex