

RENAL CELL CARCINOMA FACTS

- Renal cell carcinoma has an incidence rate in the U.S. of approximately 82k per year, with the median age of diagnosis around 64 years old.
- Diagnostic evaluation begins with clinical manifestations, then laboratory tests, imaging studies, and urology consultation. [\[Source, Source\]](#)

RENAL CELL CARCINOMA RESOURCES

- [Urology Care](#)
- [KidneyCAN](#)
- [Kidney Cancer Association](#)
- [PAN Foundation](#)
- [National Kidney Foundation](#)
- [CancerCare](#)
- [AAKP](#)
- [Treatment Support Group](#)
- [Triage Cancer](#)
- [RCC PDQ](#)
- [American Urological Association](#)

WHAT RENAL CELL CARCINOMA PATIENTS NEED TO KNOW

When diagnosed with renal cell carcinoma (RCC), it's crucial to understand the stage and grade of the cancer:

- **Stage I:** The cancer is small and limited to the kidney.
- **Stage II:** The cancer is slightly larger, but still limited to kidney.
- **Stage III:** The cancer is more advanced in the kidney and may have spread to local lymph nodes.
- **Stage IV:** The cancer has spread beyond the local/regional areas.

The grading system for RCC is based on the appearance and behavior of the cancer cells:

- **Grade 1:** Cells appear close to normal and indicate a slower-growing cancer.
 - **Grade 2:** Cells have more abnormalities than grade 1 but still indicate a relatively slow-growing cancer.
 - **Grade 3:** Cells look very abnormal and indicate a faster-growing, more aggressive cancer.
 - **Grade 4:** Cells are high-grade, abnormal cells with large prominent nucleoli. They indicate an aggressive cancer that is more likely to spread.
- Since RCC can often be asymptomatic in the early stages, many patients are diagnosed at stage III or IV. If the stage or grade is unclear, request a review by a pathologist, as this information is vital for prognosis and treatment planning.
 - Don't hesitate to get a second opinion, especially from an RCC specialist, for an accurate diagnosis and treatment advice.
 - Some patients may not require immediate treatment and may be placed under "active surveillance," which includes regular check-ups, lab tests, and scans. Collaborate with your healthcare team, including your pharmacist, nurse coordinator, and patient educator, to develop a treatment management plan.
 - Stay informed about RCC by asking your healthcare team for reliable information sources. Write down questions for your appointments and bring a support person to help remember discussions and to track important details. Lastly, inquire with your doctor if participating in a clinical trial is a suitable option for you. [\[Source | Source | Source\]](#)

RENAL CELL CARCINOMA EXPERT TIPS

TIP "When deciding on a combination treatment regimen for a patient with favorable-risk advanced clear cell RCC, several factors should be considered. This includes the patient's overall health, the stage and grade of the tumor, potential side effects of treatment, and the likelihood of curing the disease." - Dr. Moshe Ornstein

TIP "It's important to consider tumor burden, symptoms from the cancer, and location of metastatic disease. This helps in tailoring the treatment plan according to the patient's specific condition." - Dr. Moshe Ornstein

TIP "Immunotherapy can cause a variety of side effects. Although most patients do well with immunotherapy, it's important to inform your medical team of any new symptoms you experience while on immunotherapy."
- Dr. Moshe Ornstein

TIP "Any patient diagnosed with localized RCC should see a urologist and anyone with mRCC should see a medical oncologist. Be aware that some patients will need to see both!"
- Dr. Moshe Ornstein

TIP "As a general rule, all patients with metastatic disease who are going to undergo treatment should be treated with an immunotherapy-based combination." - Dr. Moshe Ornstein