RENAL CELL CARCINOMA (RCC) FACT SHEET

About RCC	RCC is the most common type of kidney cancer and accounts for 90% of all cancerous kidney tumors ^{1,2} . There were an estimated 338,000 new cases of kidney cancer worldwide in 2012, which represents approximately 4% of all new cancer cases globally ^{2,3} . There are several types of RCC, but 75% of patients have a type called clear cell ⁴ . In RCC, cancer cells develop in the lining of the kidney's tubes and grow into a mass, commonly called a tumor ¹ .
Possible Signs & Symptoms of RCC ¹	 A lump on the side or lower back Low back pain on one side Weight loss for no known reason Fever Loss of appetite Fatigue Anemia (low red blood cell counts) Hematuria (blood in the urine)
Risks for Occurrence	The average age at diagnosis is 64 years, and the disease is twice as common in men as it is in women ¹ . Several factors can be attributed to an increased risk of RCC, including smoking, obesity, and high blood pressure and having a family history of certain conditions, such as von Hippel-Lindau disease, a rare genetic multi-system disorder characterized by abnormal blood vessel growth ¹ .
Management of Advanced RCC	 RCC is difficult to detect in its early stages, and >30% patients with RCC have metastatic, or advanced, cancer at the time of diagnosis, meaning the cancer cells have spread beyond the kidney to other parts of the body^{1,5}. Treatment approaches for advanced RCC include¹: Surgery Radiation Cytokine therapy Targeted therapy Chemotherapy Immunotherapy These treatment options may be used at different stages of the disease with the goal of temporarily stopping or slowing the growth of the tumor and/or boosting the body's immune response against cancer cells.
Staging of RCC⁺	 The stage of RCC is based on the size, location and spread of the tumor. Staging is based upon the degree of involvement of three elements¹: T: Indicates the size of the main (primary) tumor and whether it has grown into nearby areas¹ N: Indicates whether or not regional or nearby lymph nodes are involved and the degree of involvement¹ M: Indicates whether or not the tumor has spread or



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metastasized to distant organs, such as the lungs, bones, liver, brain and distant lymph nodes ¹
The following is an example of staging for stage III RCC ¹ • T3, N1, M1
 The main tumor is growing into a major vein or into tissue around the kidney (T3). It has spread to nearby lymph nodes (N1) and metastasized to distant lymph nodes and/or to other organs (M1).
 * Staging according to TNM 2002 staging system, as employed by the European Society for Medical Oncology (ESMO)

References

- 1. American Cancer Society. Kidney Cancer (Adult) Renal Cell Carcinoma. Available at
- http://www.cancer.org/acs/groups/cid/documents/webcontent/003107-pdf.pdf. Accessed March 2016.
- 2. Znaor A, et al. International Variations and Trends in Renal Cell Carcinoma. European Urology. 2015; 67:519-530.
- 3. World Health Organization. GLOBOCAN 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012. Available at http://globocan.iarc.fr/Pages/fact_sheets_population.aspx. Accessed March 2016.
- 4. Bellmunt J, et al. Recommendations from the Spanish Oncology Genitourinary Group for the treatment of metastatic renal cancer. *Cancer Chemother Pharmacol.* 2014; 73:1095-1107.
- 5. Protzel C, et al. Epidemiology, Aetiology, and Pathogenesis of Renal Cell Carcinoma. *European Urology Supplements*. 2012; 11:52-59.



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