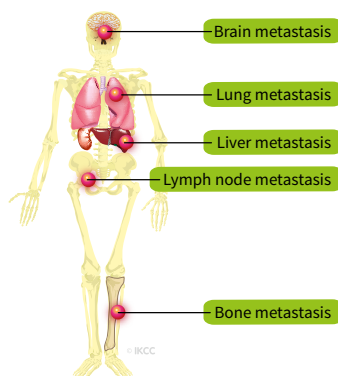


Advanced Kidney Cancer



This fact sheet talks about kidney cancer that has spread outside the kidney to other parts of the body. When cancer has spread from the kidney to other organs and tissues in the body, it forms small tumours called metastases in these organs and tissues. This is called metastatic or advanced kidney cancer or stage 4 kidney cancer.

Stage 4 kidney cancer is usually not curable. The goal of treatment is to make life as long and as normal as possible. Combinations of different treatments may be recommended by different doctors, including urologists, medical oncologists, and radiation oncologists. This team of specialists will work with you and your family doctor to help you control your symptoms and side effects and live as normal a life as possible, and for as long as possible.

My cancer has spread outside the kidney: What treatments could I have?

Active Surveillance



If you have slow-growing kidney cancer and you don't have any symptoms, you may be watched carefully by your hospital team. This is called active surveillance. You might also have active surveillance if you have other health problems, or only one kidney. Active surveillance involves frequent scanning of the kidney to monitor for any growth or until you have symptoms.

If the cancer starts to grow quickly, spread to different parts of the body or cause symptoms then treatment will be recommended. By delaying the start of treatment, you may be able to delay potential treatment side effects or other problems and have a better quality of life.

Surgery



Surgery is often the first treatment for kidney cancer. Surgery to remove a kidney is called nephrectomy. It is performed by a specialist surgeon called a urologist. Radical or total nephrectomy

is removal of the whole kidney. Partial or nephron-sparing nephrectomy is removal of part of your kidney. You will be given a general anaesthetic for both radical and partial nephrectomy.

Surgery can be done as open surgery or using keyhole surgery (laparoscopic nephrectomy). Keyhole surgery has a quicker recovery and needs a shorter hospital stay. Robot-assisted laparoscopic surgery uses robotic arms, which the surgeon controls from a workstation. The surgeon has a better view of the tumour, and the advanced tools give the surgeon more accuracy and control.

Surgery to remove metastases

If the cancer has spread to only one or two places in the body, it might be possible to remove the metastases using surgery. This is called a metastasectomy. Some patients can live a long time when metastases are removed.

Ablation



It may be possible to treat metastases using ablation. Ablation is the destruction of body tissue. Extreme heat or cold can be used to destroy metastases, especially those that are difficult to remove with surgery.

- Radiofrequency ablation and microwave ablation use an electric current to produce extreme heat to destroy the tumour.
- Cryoablation or cryotherapy uses liquid nitrogen, carbon dioxide or argon gas to freeze and destroy the tumour.

Radiotherapy



Stereotactic radiotherapy is a specialised form of radiotherapy used to treat metastases. A high dose of radiation is targeted at the metastasis. This aims to kill all the cancer cells in that area while limiting damage to healthy surrounding tissue.

There are two types of stereotactic radiotherapy:

- Stereotactic body radiotherapy (SBRT) – Used to treat metastases in the body, e.g., bone, lungs, or liver.

Advanced Kidney Cancer



- Stereotactic radiosurgery (SRS) – Used to treat small metastases in the brain. Also known as Gamma Knife® or CyberKnife®.

Follow-up after treatment

You should be followed-up after treatment to make sure your cancer has not returned and to check for spread of the cancer to other parts of your body. This usually involves routine scanning and blood tests.

You will usually see a member of your hospital team every 3-4 months during the first year after treatment, and once or twice a year after that. At these visits, your doctor will ask you about side effects from treatment and you will have scans to check that your cancer has not returned (recurred) or spread (metastasised) to another part of your body.



Good to know!

Ablation

The destruction of body tissue. Extreme heat or cold can be used to destroy kidney tumours.

Cytoreductive nephrectomy

Removal of the kidney and tumour when the cancer has spread to other parts of the body.

MRI

Magnetic Resonance Imaging is a scan used for the diagnosis of cancer.

Medical oncologist

A doctor qualified to diagnose and treat cancer with cancer medications.

Metastasis

A tumour formed by cells that have spread from the original (primary) tumour to other parts of the body. The plural of metastasis is metastases.

Metastasis

To spread from one part of the body to another.

Nephrectomy

The surgical removal of all or part of the kidney.

Radical or total nephrectomy:

The surgical removal of the whole kidney and the surrounding fat.

Partial or nephron-sparing nephrectomy:

The surgical removal of part of the kidney containing the tumour along with a small amount of normal (cancer-free) kidney surrounding the tumour.

Pathologist

A doctor who identifies disease by studying cells and tissues under the microscope.

Radiation oncologist

A doctor who uses radiotherapy to treat the cancer.

Stereotactic radiotherapy

A specialised form of targeted radiotherapy used to treat the primary tumour and/or metastases.

Urologist

A surgeon who specialises in treating diseases of the genitourinary system.

For more information about the treatment options for kidney cancer, read [My Treatment My Choice metastatic kidney cancer](#) on the IKCC website.

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