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The effects of pazopanib versus sunitinib on renal outcome in metastatic renal cell carcinoma

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Background: Pazopanib and sunitinib are used as the first-line treatment of metastatic renal cell carcinoma (RCC). Several studies have reported similar efficacy with a favorable safety profile of pazopanib. The aim of this study was to examine the renal outcome after pazopanib versus sunitinib treatment in patients with metastatic RCC **Methods:** We reviewed medical records of 304 patients with metastatic renal cell carcinoma who received pazopanib (n = 103) or sunitinib (n = 201) therapy from 2007 to 2016. The primary outcome was incidence of chronic kidney disease (CKD) progression, defined as a drop in glomerular filtration rate (GFR) category accompanied by a 25% or greater drop in GFR from baseline, during treatment. Secondary outcome was disease progression-free survival. **Results:** Overall, 47% of subjects had CKD stage 3 or 4 at baseline. Distributions of CKD stage were similar between two treatment groups. Treatment durations were 363 (129 ~ 504) days in pazopanib group and 360 (91 ~ 510) days in sunitinib group. Incidence of CKD progression was 19% in pazopanib group 17% in sunitinib group at 1 year after treatment ($p = 0.38$). Lower serum albumin levels and older age were independent risk factors of CKD progression. Progression-free survival was higher in pazopanib group than in sunitinib group ($p = 0.04$ by log rank test, 53% vs 42% at 1 year after treatment). In sunitinib group, dose reduction was conducted more often than in pazopanib group during treatment (68% vs 40%, $p = 0.032$) Discussions: The effects of pazopanib versus sunitinib treatment on CKD progression were similar in real-world practice. However, higher percentage of pazopanib group continued the full dosage of drugs and more favorable cancer outcome was observed in pazopanib group.

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A case of huge renal cell carcinoma mimicking nonfunctioning adrenal tumor

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Renal cell carcinoma (RCC) is the most type of kidney cancer in adults. Although effective imaging of the RCC can be achieved by CT or MRI, it is difficult to differentiate from nonfunctional adrenal carcinoma. We present a case of a huge poor enhancing retroperitoneal mass, Discrimination of its origin was difficult preoperatively. A 40-year-old woman presented with anemia, palpable mass in LUQ. In hematological examination, Hgb was 3.5g/dl. In serum biochemistry, renal function test, electrolytes, and bilirubin were all within normal limits. Serum and urinary catecholamines and serum levels of cortisol and aldosterone were normal. In CT scan, a large suspicious of adrenal carcinoma, capsulated poor enhancing heterogenous retroperitoneal mass with metastasis in lymph nodes and retrocural area was noted. The mass was located in the lodge of upper pole of the left kidney. Its total size was 18x14x13cm and it weighted 1645grams. The final histopathological examination of the mass revealed, RCC, unclassified type, Fuhrman nuclear grading 4 with lymph node metastasis in 1 out of 4 regional lymph nodes. The patient was well after operation with sorafenib for paraaortic and retrocrural lymph nodes metastasis. We reported a rare case of a patient who was presented with a huge poor enhancing capsulated structures, located below the adrenal gland. It is difficult to differentiate from nonfunctional adrenal carcinoma preoperatively. Therefore, histopathological examination would help in the differentiation between large masses of adrenal and renal tumors.