

Case Presentation Renal Cell Carcinoma

- Gigi Jameel, MSN, MPH, ARNP

78 year old male with history as follows:

4/10/18, right nephrectomy for T3aN0 clear cell type with sarcomatoid change (approximately 10%) PD-L1 is (+) from that specimen.

8/24/18 - 10/26/18, 4 cycles ipilimumab plus nivolumab for clinical metastatic RCC to the lung

11/15/18 – 11/2022- nivolumab single agent.

June 2021- left middle finger with metastasis resected on 6/2/21.

11/2021 Right middle toe tip amputation, pathology confirmed metastatic RCC, margins were clear.

7/2022- Chest wall biopsy consistent with metastasis.

8/2022- resection and skin graft of right middle toe recurrent metastatic disease.

11/2022- started cabozantinib for progression on Nivolumab

He had resection of metastatic disease to right toe in August 2022, did not start Cabozantinib until toe fully healed November 2022. Two weeks after starting had one episode of nausea, headache, and dizziness. Started on amlodipine and reduced cabozantinib to every other day. Restarted Cabo at 60mg daily.

Diagnosed with PE 11/2022 and stopped cabozantinib 60mg at that time.

January 2023 restarted cabozantinib 40mg every other day. Stable disease since that time, scans every 3 months.