



THE THERAPY AREA GUIDE

Kidney Cancer

INTRODUCTION

This guide to kidney cancer presents an overview of the disease and outlines how GKA's unparalleled expertise can make a real difference to your project.

Medical market research fieldwork agency GKA has been working in the kidney cancer therapy area since 1992. During that time, it has completed hundreds of projects, ensuring that clients access only the best and leading key opinion leaders in the field.

As a result of this rich heritage, the team at GKA has both developed a deep understanding of the disease and built strong relationships with the wider kidney cancer community. This Guide presents an overview of the condition and shows why GKA can make a difference to your project.

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THE LOWDOWN

The kidneys are bean-shaped organs about the size of a fist located at the bottom of the rib cage at the back of the body. Healthy kidneys filter the blood, removing waste products and excess fluid, as well as helping to control blood pressure and produce hormones and chemicals that influence the production of red blood cells and maintain healthy bones¹.

Many different types of cancer can affect the kidneys but the most common type is renal cell carcinoma (RCC), where malignant (cancer) cells form in tubules of the kidney, or nephrons. Rarer types of kidney cancer include transitional cell cancer, which develops in the lining of the kidneys and usually affects men 50 years of age or over, and Wilms' tumour, which affects children².

Each year, over 9,000 people in the UK are diagnosed with kidney cancer. It affects more men than women and is more common in people over 60, rarely affecting people under 40. Usually only one kidney is affected³.

The outlook for patients is usually good if the condition is diagnosed in its early stages, when the cancer is still contained inside the kidney. Kidney cancer can often be completely cured by removing some or the entire kidney, because it is possible to live a healthy life with only one kidney. One in three cases of kidney cancer are diagnosed at an early stage; depending on how aggressive the cancer is, 65-90% of patients will live at least five years after receiving an early diagnosis of kidney cancer, with many people living much longer. The outlook for kidney cancer that's spread outside the kidney is less favourable².

THE LOWDOWN

Risk Factors

With most cancers there is no direct cause and kidney cancer is no exception. However, certain lifestyle factors can increase the risk of developing the disease.

The risk of developing kidney cancer is highest in people aged 45-75, and tails off in the late seventies.

- **An unhealthy diet and being overweight (obesity) increases the risk of developing kidney cancer.**
- **Smoking may double the risk of developing kidney cancer for some people. The longer a person smokes and the more cigarettes they smoke, the greater the risk.**
- **Some genetic factors put people at greater risk of developing the disease.**
- **Men are twice more likely to suffer from kidney cancer than women.**
- **People with a first degree relative (parent, sibling or child) with kidney cancer have about double the risk of developing kidney cancer themselves.**
- **Certain medical conditions, such as high blood pressure (hypertension) and chronic kidney disease, especially people on long-term kidney dialysis, have a link to kidney cancer.**
- **Previous thyroid cancer increases the risk of kidney cancer, possibly due to genetic changes that are common to both types of cancer.**
- **Previous radiotherapy for testicular or cervical cancer (cancer of the neck of the womb) may slightly increase the risk of developing kidney cancer.**
- **Long-term regular use of painkillers, such as ibuprofen, naproxen, phenacetin and celebrex is linked to kidney cancer⁴.**

THE LOWDOWN

Symptoms and Diagnosis

The most common symptom of kidney cancer is blood in the urine, or haematuria, which can come and go, and does not affect every sufferer. Most people with blood in their urine do not have kidney cancer; it is more commonly a sign of an infection, kidney stones, prostate problems or possibly bladder cancer.

Most kidney cancers are too small to feel but some patients can feel a lump or mass or experience persistent low-back pain or pain between their ribs and hipbone.

In the early stages there may be no obvious symptoms and many kidney cancers are found simply by chance during a scan for another reason. In fact, more than half of adult kidney tumours are detected during an ultrasound scan to investigate symptoms such as high blood pressure, muscle wasting and weight loss or fever⁵.

A specialist will use additional tests to determine whether a patient has kidney cancer. These include ultrasound or CT (computerised tomography) scans or an image-guided biopsy, a minor surgical procedure performed under local anaesthetic to remove a small tissue sample. The National Institute for Health and Care Excellence (NICE) has issued guidance to GPs about making referrals in cases of suspected cancer to specialist services⁶.

Treatment

The earlier kidney cancer is diagnosed, the easier it is to treat and treatment will depend on the size and spread of the cancer. Unlike most cancers, chemotherapy is not very effective at treating kidney cancer and surgery to remove the cancerous cells is usually the first course of action. However, there are also non-surgical treatments such as radiotherapy and targeted therapies, although these are more commonly used in the more advanced stages of the disease, when the cancer has spread beyond the kidney².

THE LOWDOWN

Surgery

Surgery to remove the affected kidney (nephrectomy) can cure the cancer if it is at an early stage. Even some more advanced cancers can be cured if all the cancer can be removed. Removing a kidney is a major operation so a patient will need to be fit enough to cope and recover afterwards. Surgery can also be used to remove metastases in some cases of advanced kidney cancer⁷.

Radiotherapy

Although it can't usually cure kidney cancer, radiotherapy can slow down its progress and help reduce pain. Patients usually require only a few minutes of radiotherapy every day over a number of days. Side effects tend to be mild and may include fatigue (tiredness), nausea and vomiting⁸.

Targeted drug therapies

A number of new medicines have been developed for the treatment of kidney cancer, often referred to as targeted therapies, because they're designed to target and interrupt the functions needed by cancer to grow and spread.

At present only three, sunitinib, pazopanib and axitinib have been recommended by NICE, for people who are still relatively healthy and have advanced kidney cancer, or kidney cancer that's spread to other parts of their body. Three more medicines – sorafenib, temsirolimus and everolimus – are not currently recommended⁸.

Immunotherapy

In addition, medicines exist that encourage the immune system to attack cancer cells, a type of treatment known as immunotherapy. This treatment is rarely used to treat advanced kidney cancer because targeted therapies tend to be more effective and immunotherapy can cause serious side effects. Two such drugs are bevacizumab, given intravenously and usually in combination with an immunotherapy treatment called interferon, and aldesleukin, usually given as a subcutaneous injection⁸.

Gaining access to treatments

When a clinician recommends a treatment that is not routinely available via the NHS, patients may still be able to access it. For residents in England, their doctor can make an application for funding to the Cancer Drugs Fund. In Northern Ireland, Scotland and Wales, clinicians must submit an Individual Funding Request⁹.

KEY FACTS AT A GLANCE

- About 90% of kidney cancers (9 out of 10) are renal cell cancers³
- More than half of adult kidney tumours are detected during an ultrasound scan to investigate symptoms such as high blood pressure⁵
- The most common symptom of kidney cancer is blood in the urine⁶
- Men are twice as likely than women to be diagnosed with kidney cancer⁴
- Increasing age, a poor diet, obesity and smoking are all risk factors for kidney cancer, as is family history⁴
- Unlike most cancers, chemotherapy is not very effective at treating kidney cancer and surgery to remove the cancerous cells is usually the first course of action²
- Each day, the kidneys process about 190 litres (335 pints) of blood through 145 miles (225km) of tiny tubes called nephrons¹

THE GKA DIFFERENCE

- GKA has conducted nearly 20 projects in recent years alone.
- In addition to studies focused on patients, we have carried out many studies with oncologists, hospital pharmacists and specialist nurses.
- GKA has over 800 oncologists and 150 oncology specialist nurses on its panel, a large number of whom see patients with kidney cancer regularly.
- Many of our patient studies focused on participants with metastatic renal cell carcinoma, so our team fully understands how to engage on sensitive topics and is up to date with the most recent drugs and treatments.
- We have a strong ongoing relationship with a national support group, which gives us access to thousands of patients and caregivers all over the country.

REFERENCES

- 1 - <http://www.kidney.org.uk/help-and-information/medical-information-from-the-nkf-/about-the-kidneys/>
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