

Editorial Mission

The purpose of *Kidney Cancer Journal* is to serve as a comprehensive resource of information for physicians regarding advances in the diagnosis and treatment of renal cell carcinoma. Content of the journal focuses on the impact of translational research in oncology and urology and also provides a forum for cancer patient advocacy. *Kidney Cancer Journal* is circulated to medical oncologists, hematologist-oncologists, and urologists.

Editor-in-Chief**Robert A. Figlin, MD, FACP**

Chair, Division of Hematology Oncology
Department of Medicine
Associate Director, Academic Programs
Samuel Oschin Comprehensive Cancer Institute
Cedars-Sinai Medical Center
Professor of Medicine and Urology, Emeritus
David Geffen School of Medicine
University of California, Los Angeles.

Medical Advisory Board**Michael B. Atkins, MD**

Deputy Chief, Division of Hematology-Oncology
Director, Cancer Clinical Trials Office
Beth Israel Deaconess Medical Center
Leader, Renal Cancer Program
Dana Farber Harvard Cancer Center
Boston, Massachusetts

Ronald M. Bukowski, MD

Emeritus Staff & Consultant
CCF Taussig Cancer Center
Professor of Medicine
CCF Lerner College of Medicine of CWRU
Cleveland, Ohio

Robert J. Motzer, MD

Attending Physician, Memorial Sloan-Kettering
Cancer Center
New York City
Professor of Medicine
Weill Medical College of Cornell University
Ithaca, New York

Walter M. Stadler, MD

Fred C. Buffett Professor
Departments of Medicine and Surgery
Sections of Hematology-Oncology and Urology
University of Chicago Medical Center
Chicago, Illinois

Christopher G. Wood, MD

Associate Professor, Departments of Urology
and Cancer Biology
University of Texas
M.D. Anderson Cancer Center
Houston, Texas

Nurse Advisory Board**Nancy Moldawer, RN, MSN**

Nursing Director
City of Hope Kidney Cancer Program
City of Hope Comprehensive Cancer Center
Duarte, California

Laura Wood, RN, MSN, OCN

Renal Cancer Research Coordinator
Cleveland Clinic Taussig Cancer Center
Cleveland, Ohio

Patient Advocate

William P. Bro
Chief Executive Officer
Kidney Cancer Association

Publishing Staff

Stu Chapman, *Executive Editor*
Jenny Chapman, *Advertising Sales*
Natalie Timoshin, *Associate Editor*
Gloria Catalano, *Production Director*
Michael McClain, *Design Director*

Editorial Offices

Genitourinary Publishing
332 E. 93rd St., Suite 1D, New York, NY 10128
Tel: (516) 356-5006

© Copyright 2010 Genitourinary Publishing. All rights reserved. None of the contents may be reproduced in any form without the permission of the publisher.

About the Cover

Photograph suggests increase in renal cell carcinoma among the elderly as diagnostic strategies have become more sophisticated. (Copyright, Photo Researchers)

36 Medical Intelligence**37 Journal Club****38 Treatment and Survival in Medicare Patients With RCC****51 Managing Adverse Effects Linked With Everolimus Therapy****60 ASCO 2010 Highlights****Looking Back at ASCO 2010 and Its Messages**

Robert A.
Figlin, MD

Anyone attending this year's meeting of the American Society of Clinical Oncology (ASCO) and expecting to see a dramatic shift in the treatment paradigm as a result of new data probably left the Scientific Sessions somewhat disappointed. In contrast to a few years ago when some sessions were packed with thousands of attendees viewing a significant revision of the treatment algorithm, this year's meeting focused on a wide range of questions still unanswered after those shifts in the paradigm.

The findings from this year's ASCO provide us with much to ponder as we look toward taking our knowledge to the next level. For example, since the temsirolimus and bevacizumab combination had proven feasible at full doses of each agent with promising early activity in phase 1, the question on the minds of many clinicians has been, "Are two drugs really better than one?" The preliminary answer offered by Bernad Escudier, MD and colleagues seems to be, no. At least for the moment.

Although the "targeted" agents have clearly improved progression-free survival in patients with metastatic disease, we still are awaiting further clinical trial data to know which agent is best for the individual patient. These trials include comparisons of sunitinib vs pazopanib as front line therapy, sunitinib vs everolimus as front line therapy, sorafenib vs temsirolimus and axitinib vs sorafenib as second line therapy, and many other studies of sequencing these agents, combining already approved agents, and evaluating these agents in specific populations such as non-clear cell RCC. The ultimate goal of targeted therapies is to accurately identify patient subsets that are most likely to benefit from a specific therapy. Do we have definitive guidelines in this regard? Not yet.

But this year's ASCO sessions took us further down the field with respect to some important related treatment issues. As Primo Lara, MD indicated during a session on evolving standards of care, the first step toward individualizing therapy in renal cell carcinoma is differentiating between prognostic and predictive markers: prognostic markers provide information about disease outcome independent of a received treatment, whereas a predictive marker provides information based on a specific treatment and only predictive markers can be used to indicate which patients should be treated with a particular agent.

Dr. Lara stressed that in the currently available RCC treatments, no baseline predictive markers have been definitively identified, let alone prospectively validated, but this year's sessions offered some tantalizing evidence that we are making headway toward the development of reliable predictive biomarkers as well as clarifying our strategies in a multitude of other settings for this complicated disease.

Robert A. Figlin, MD
Editor-in-Chief