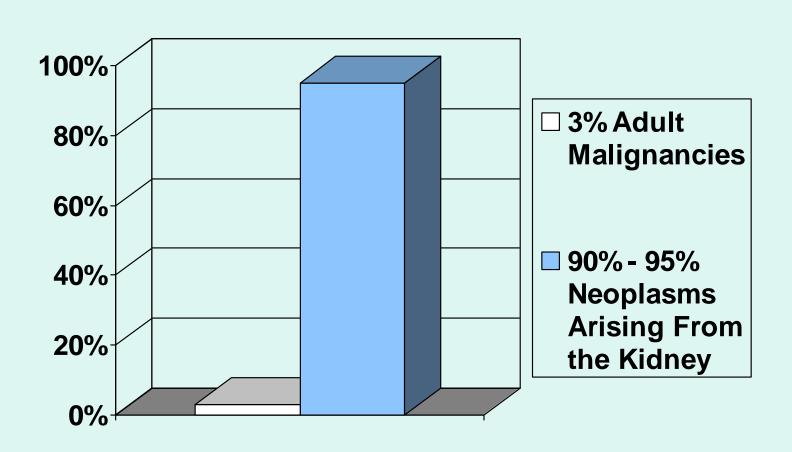
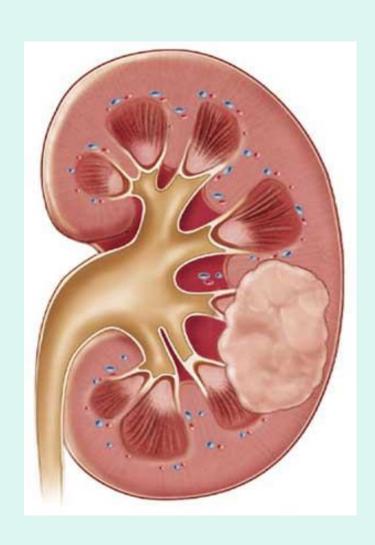
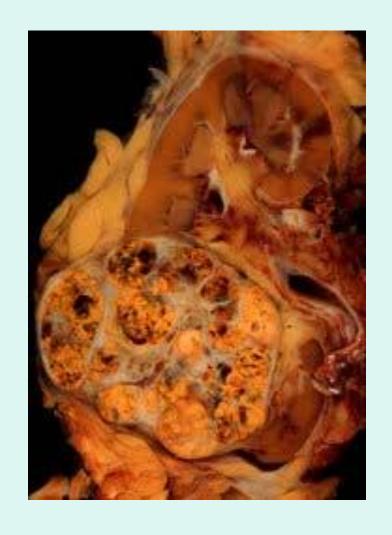
Renal Cell Carcinoma



Renal Cell Carcinoma





- Tenth leading cause of cancer deaths in males in the United States
- More common Northern European ancestry (Scandinavians) and North Americans
- Median age at Diagnosis 64 years of age
- Male-to-Female 6:1
- Reduced tobacco smoking in men has led to a decrease over the past decade

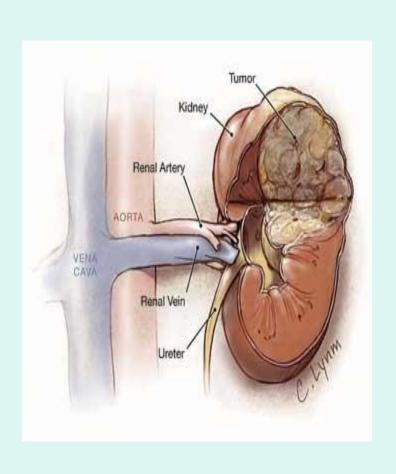
Pathophysiology

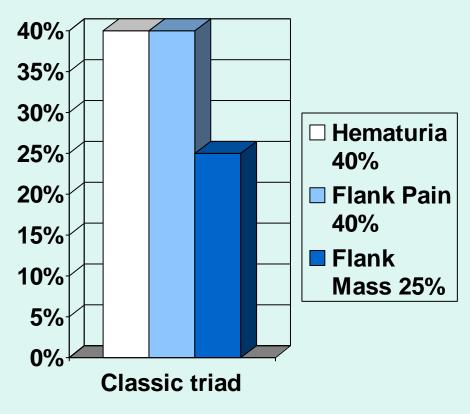
- Origin is the proximal renal tubular epithelium
- Associated with structural alterations of the short arm of chromosome 3 (3p)
- Mutations of Tumor suppressors (VHLvon Hippel-Lindau, TSC)
- Mutation of oncogenes (MET)
- 40% of patients with von Hippel-Lindau develop Renal cell carcinoma

RISK FACTORS

- Smoking
- Dialysis treatment
- Renal Transplantation
- High blood pressure
- Tuberous Sclerosis
- Von Hippel-Lindau disease
- Obesity

Most Common Presentations





Other signs and symptoms

- Weight loss (33%)
- Fever (20%)
- Hypertension (20%)
- Hypercalcemia (5%)
- Night sweats
- Malaise
- Varicocele, especially suspicious, usually left sided, due to obstruction of the testicular vein (2% of males)

DIAGNOSIS

PHYSICAL

IMAGING

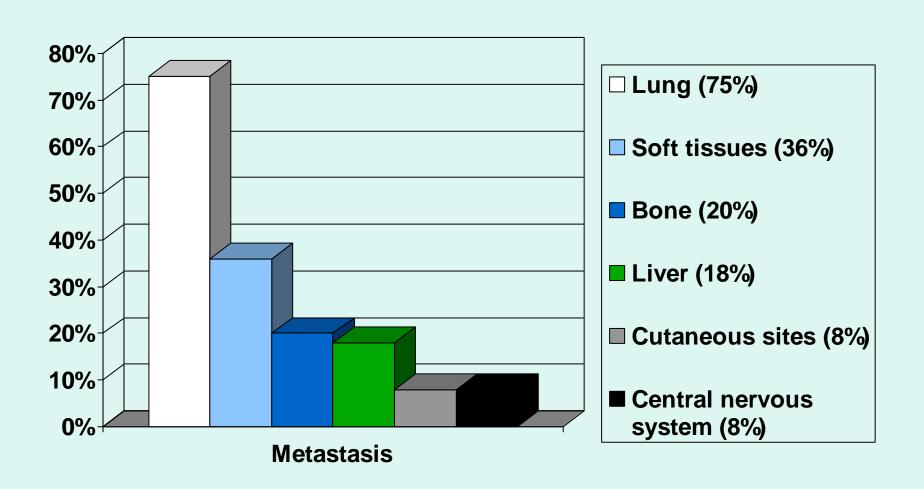
- Gross hematuria
- Hypertension
- Supraclavicular adenopathy
- Flank or abdominal mass with bruit

- CT Scan
- Ultrasonography
- Arteriography
- Venography
- MRI
- PET
- Excretory urography

Laboratory Studies

- Workup for paraneoplastic syndromes
 - Urine analysis
 - CBC with differential
 - Electrolytes
- Liver function tests (AST and ALT)
- Calcium
- Erythrocyte sedimentation rate
- PT, PTT

Metastasis



TREATMENT

- Radical Nephrectomy If Local, cure 90%
- Medications such as IL-2 (Proleukinandreg)
- Chemotherapy may be used for Metastasis, cure is unlikely

PROGNOSIS

