P08.21. THE ROLE OF TARGETED THERAPY IN COMPLEX TREATMENT OF PATIENTS WITH BRAIN METASTASES (BM) FROM RENAL CELL CANCER (RCC)

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BACKGROUND: About 2-11% of all patients (pts) with RCC develop BM, leading to a poor prognosis and a median survival of <6 months after whole brain radiotherapy. This study was designed to evaluate targeted therapy in RCC pts with BM. METHODS: Eligible pts had confirmed RCC and BM (≥1 lesion of ≥10mm diameter) aged ≥18 years with ECOG performance status (PS) of 0-2. From June 2009 to January 2014, 16 pts with RCC and BM were enrolled in this study. 14 pts (87.5%) had extracranial metastases. 9 pts received sunitinib, 6 pts received sorafenib and 1 patient received pazopanib until radiologically-verified progressive disease. The primary endpoints were objective response rate (ORR) in the brain and in the extracranial lesions, progressive-free survival (PFS) and overall survival. Previous treatment: nephrectomy - 14 pts (87.5%), cytokines - 9 pts (56.3%), targeted therapy (before BM) - 4 pts (37.5%). Local control of BM: previous neurosurgery - 3 pts (18.8%), radiosurgery - 6 pts (37.5%), previous neurosurgery + radiosurgery - 3 pts (18.8%). RESULTS: ORR in the brain was 31.3% (5 partial responses). All partial responses in the brain achieved in patients who received targeted therapy and radiosurgery. Stable disease in the brain was 50.0% (8 pts). 1 patient with stable in the brain received targeted therapy and radiosurgery, 7 pts received targeted therapy. ORR in the extracranial lesions was 25.0% (4 partial responses). Stable disease in the extracranial lesions was 50% (8 pts). The median of PFS was 6 months. The median of overall survival was 10 months. CONCLUSIONS: Surgery and radiotherapy, including radiosurgery, must be considered as optimal local treatment for pts with RCC and BM. Targeted drugs have demonstrated their ability to achieve a clinical and X-ray verified objective effect (as stabilization in most cases) in treating of pts with disseminated RCC and BM.