Kidney Cancer



Quick Read

<u>Kidney Cancer Case Reports Summary</u>

Case 1 - Male, 55 years

- Diagnosis: Advanced renal cell carcinoma (clear cell).
- Treatment: Initiated allogeneic CIK/DC cell immunotherapy in 2011, followed by long-term maintenance courses.
- Outcome:
 - Survived 12 years post-diagnosis with advanced disease.
 - o Cancer stabilized, controlled like a chronic condition.
 - o Demonstrates the value of periodic, sustained immunotherapy in prolonging survival.

Case 2 - Male, 56 years

- **Diagnosis:** Advanced bilateral renal cell carcinoma with widespread metastases (lymph nodes, liver, spine, retroperitoneum).
- Prior therapy: Sorafenib (Nexavar) initial response but failed within months.
- Allogeneic CIK Cell Therapy (2010):
 - Within 6 months:
 - Major shrinkage of liver, lymph node, and retroperitoneal metastases.
 - Primary kidney tumor reduced in size.
 - Pain resolved, energy restored, mobility regained.
 - Outcome: Significant regression of widespread metastases and full functional recovery after failing targeted therapy.

Key Benefits of Allogeneic Cell Therapy

- ✓ Alternative when clinical options are exhausted Provided hope when targeted therapy and other treatments failed.
- ✓ **Higher efficacy with allogeneic cells** Healthy donor-derived immune cells were more effective than the patient's compromised immune system.
- ✓ Non-invasive treatment Delivered through infusion, avoiding major surgery or toxic side effects.
- ✓ **Improved quality of life** Relief from severe pain, restored mobility, regained energy, and ability to live normally.

✓ Durable cancer control – Achieved long-term stabilization (12+ years) and significant regression of metastatic disease.

<u>Case Report ONE (1): 12-Year Disease Management in Advanced Renal Cell</u> <u>Carcinoma with allogeneic CIK Immunotherapy</u>

Patient Information

Gender: Male

Age: 55 years

• Diagnosis: Advanced Renal Cell Carcinoma (Clear Cell Carcinoma)

• Treatment Modality: Allogeneic CIK/DC Cell Immunotherapy

Clinical History & Treatment Timeline

- **2011:** Initial diagnosis of advanced renal cell carcinoma. Patient commenced allogeneic CIK immune cell therapy.
- **December 19, 2013:** Underwent the **8th course** of maintenance allogeneic CIK immune cell therapy
- March 2016: Underwent the 10th course of maintenance allogeneic CIK immune cell therapy.

Clinical Outcome & Status

- **Survival Duration:** The patient achieved an overall survival of **12 years** post-diagnosis with advanced disease.
- Treatment Strategy: Long-term, periodic maintenance immunotherapy was successfully employed for disease control.
- Implication: This case suggests that sustained immunotherapy may contribute to long-term survival in advanced renal cell carcinoma, potentially transforming it into a manageable chronic condition.

Conclusion

This case demonstrates the potential of long-term, maintenance cell-based immunotherapy in achieving prolonged survival and disease stabilization in advanced renal cell carcinoma. The strategy of periodic treatment over more than a decade suggests this approach may effectively control tumor progression and provide significant survival benefits for patients with this challenging malignancy.

Case Report TWO (2): Significant Regression of Advanced, Treatment-Resistant Renal Cell Carcinoma with CIK Cell Immunotherapy

Patient Information

Gender: MaleAge: 56 years

Diagnosis: Advanced bilateral renal cell carcinoma (RCC) with massive left renal tumor and contralateral smaller lesion, progressing to multisystem metastases.

Clinical History & Prior Treatment

- **February 2009:** Diagnosed with a massive left renal tumor (>10x10cm) and a smaller cancer in the right kidney.
- Initial Treatment: Treated with the targeted therapy Sorafenib (Nexavar).
- Initial Response: After 3 months, good initial response with tumor reduction to below 9.5cm.
- Disease Progression: Despite continued Sorafenib, the disease progressed by June 2009.
- November 2009 (Pre-CIK): Imaging showed:
 - Massive left renal tumor (9.5x8.4cm)
 - Widespread metastases to supraclavicular lymph nodes, liver, retroperitoneum, and thoracolumbar spine
 - Small pleural effusion
- Functional Status: The patient was in severe pain, bedridden, and had a generally poor functional status.

<u>Treatment Approach:</u>

<u>Cell-Based Immunotherapy and Outcomes</u>

- Initiation (January 2010): Commenced allogeneic CIK (Cytokine-Induced Killer) cell therapy.
- Response (July 2010 6 Months Post-CIK): Follow-up imaging and clinical assessment demonstrated remarkable improvement:
 - 1. **Supraclavicular Metastasis:** Near-complete resolution (reduced from 3x4cm to 0.3x0.4cm)
 - Liver Metastases: Number of lesions significantly reduced; size of remaining lesions markedly decreased
 - 3. Retroperitoneal Metastases: Significant reduction in the size of metastatic masses
 - 4. **Primary Renal Tumor:** Size reduced from 95x85mm to 86x75mm (~30% reduction in volume)
 - 5. **Symptomatic Improvement:** Complete resolution of pain, significantly improved energy levels, and restored mobility.

Conclusion

This patient with advanced, bilateral, and massively metastatic renal cell carcinoma, which had progressed on first-line targeted therapy (Sorafenib), achieved a significant multisystem

radiographic regression and complete symptomatic relief following treatment with CIK cell immunotherapy.

The dramatic reduction in metastatic burden across all sites (lymph nodes, liver, retroperitoneum) and the primary tumor, along with the restoration of functional capacity, demonstrates the potent anti-tumor activity of CIK therapy even in heavily pre-treated, advanced disease.

This case suggests that CIK cell therapy can reverse disease progression and provide substantial clinical benefit in patients with targeted therapy-resistant metastatic RCC.