Sample Online Second Opinion - Dr Vineet Govinda Gupta Oncology

Note: All patient and treatment details have been censored. This opinion represents a fictional patient and your own individual opinion will have a similar layout but will be different from this.

Hello

Please find your second opinion attached below. This may be shared and discussed with your local treating medical oncologist to decide appropriate treatment for the patient under your locally available medical oncologist.

Patient Name: ■■■■■■
Age: ■■ years
Gender: ■■■■

Brief description of case:
As per reports shared, the following details are known about the patient:
The patient was diagnosed with papillary renal cell carcinoma involving the right kidney, and underwent surgery for the same (right nephrectomy) in ■■■■2019. Subsequently the patient was diagnosed with recurrence involving multiple sites. As per CT report shared dated ■■■■■■, there is a large soft tissue mass measuring ■■■■infiltrating into multiple organs (■■■■■■■■■■■■■■■■■■■■■■■■■■). Few lung nodules are also seen with size less than 1 cm. Patient has moderate fluid in abdomen (ascites) and mild fluid in chest cavity (pleural effusion).
Fitness assessment: As per message sent by requester, patient is not requiring oxygen and sufficiently fit to perform activities of daily living or walk independently. Thus ECOG performance status is estimated to be at most ECOG performance status 2 based on history provided. As per blood tests reports shared, the patient's serum creatinine is ■■■■, serum albumin is ■■■■, serum uric acid is ■■■■■■, total bilirubin ■■■■, SGPT 94 ■■ ■■.
■■■■■■■■■■■■■■■ are within normal limits.

Summary of treatment recommendations

1. We suggest that the patient undergo **molecular testing** (FISH for MET amplification and any suitable commercially available next-generation sequencing multigene panel for targetable mutations including MET) on the tumor tissue which is available from the surgery done in ■■■■.
2. Patient should receive **symptomatic care** as needed, such as adequate pain relief with suitable medications, ascitic tap if ascites is symptomatic and bothersome, and any other symptomatic treatment if needed.

3. We suggest **anticancer therapy** to control the cancer as per one of the protocols below. Note that if molecular testing shows a superior target, treatment should be changed to target the new target available.

Suggested anticancer protocol:

Oral targeted therapy (**Tablet [redacted]**): [redacted] once daily 2 weeks on, 1 weeks off

Alternative anticancer protocols:

1. Dual Targeted therapy: **Tablet [redacted] ([redacted] targeted therapy) with [redacted] ([redacted] targeted therapy)** as per the protocol: [redacted]
2. Immunotherapy: [redacted]

Rationale for treatment suggestion:

Goals of therapy are: [redacted].

International guidelines such as [redacted] recommend oral targeted therapy with [redacted] as the first preference for patients with non-clear cell renal cell carcinoma. (Reference 1) This is based on clinical trials which showed superior disease control compared to competing option everolimus. (Reference 2, 3).

Two alternative options are also offered for patients who do not wish for [redacted], fail [redacted] or are unable to tolerate [redacted]. [redacted] and [redacted] was studied in a phase 2 clinical trial among patients with papillary RCC where it showed encouraging response rates which were maintained for fair durations. (Reference 4). [redacted] is an immunotherapy drug that has low toxicity, good tolerance and durable remissions in a subset of patients with non-clear cell RCC. (Reference 5) However, we recommend it is a third option for patients who are not suitable for [redacted] or for [redacted]+[redacted].

A subset of papillary RCC patients have special DNA abnormalities called [redacted] amplifications/mutations. Targeted therapy that specially targets these abnormalities is available and has shown good results in selected patients. (Reference 6) Thus we also recommend tumor tissue testing for [redacted] by [redacted]. However, treatment should not be withheld while waiting for these tests. It is recommended to start treatment and it may be modified later if needed.

References

1. [redacted]
2. [redacted]
3. [redacted]
4. [redacted]
5. [redacted]

6. [redacted]

Note: Your online second opinion includes clarification of any doubts or queries by E-mail, whatsapp or phone. Please reach out at vineetgovindagupta@gmail.com or +91-9013812875

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It is not possible to treat cancer without seeing the patient physically. The second opinion offered here is only an opinion based on reports and history shared and is not a prescription or medical advice. It is meant to provide a suggested/possible line of treatment or treatment options to be discussed by the patient with his locally present treating oncologist . The final treatment should be done after a careful discussion between the patient and his treating oncologist and the decision of the patient's treating oncologist will be final.