DSL032

SAFETY OF SUNITINIB IN RENAL CELL CARCINOMA

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Objetives: Renal cell carcinoma (RCC) represents only 2-3% of all cancers. Sunitinib is the standard initial therapy in advanced and metastatic renal cell carcinoma. A retrospective review was performed to evaluate sunitinib safety in RCC.

Methods: RCC patients undergoing sunitinib treatment and follow-up for at least one month. Data: sex, age, nephrectomy status, histology, risk group, metastatic sites, sunitinib starting dose, % adverse events (AE) from Common Terminology Criteria for Adverse Events (CTCAE version 4.0), % grade 3-4 AE, % starting dose reduction, % extra week rest period and % colony stimulating factors (CSF) used for toxicity management. Statistical analysis by SPSS® 18.0.

Results: 19 patients were analysed. Median sunitinib cycles received were 4.3. Toxicity management consisted in dose reduction 38.4%, extra week rest period 57.6%, none patient required CSF as filgrastim or epoetina.

Table 1. Baseline characteristics

Baseline characteristics (n=19)	Results
Male	73.7%
Median age (years)	62
Nephrectomized	94.7%
Histology CCRC	79.0%
Median metastasic sites	3
Lung	68.4%
Liver	47.4%
Soft tissues	26.3%
Bone	21.1%
Pleura	21.1%
Brain	10.5%
Skin	10.5%
Heart	10.5%
Risk Group Classification	57.9%
Favourable	15.8%
Intermediate	26.3%
Unfavourable	15.8%

Figure 1. Sunitinib starting dose

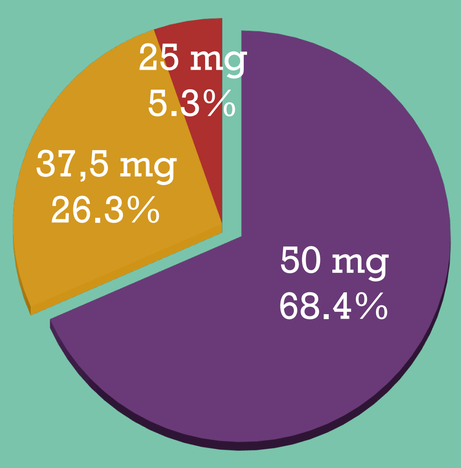
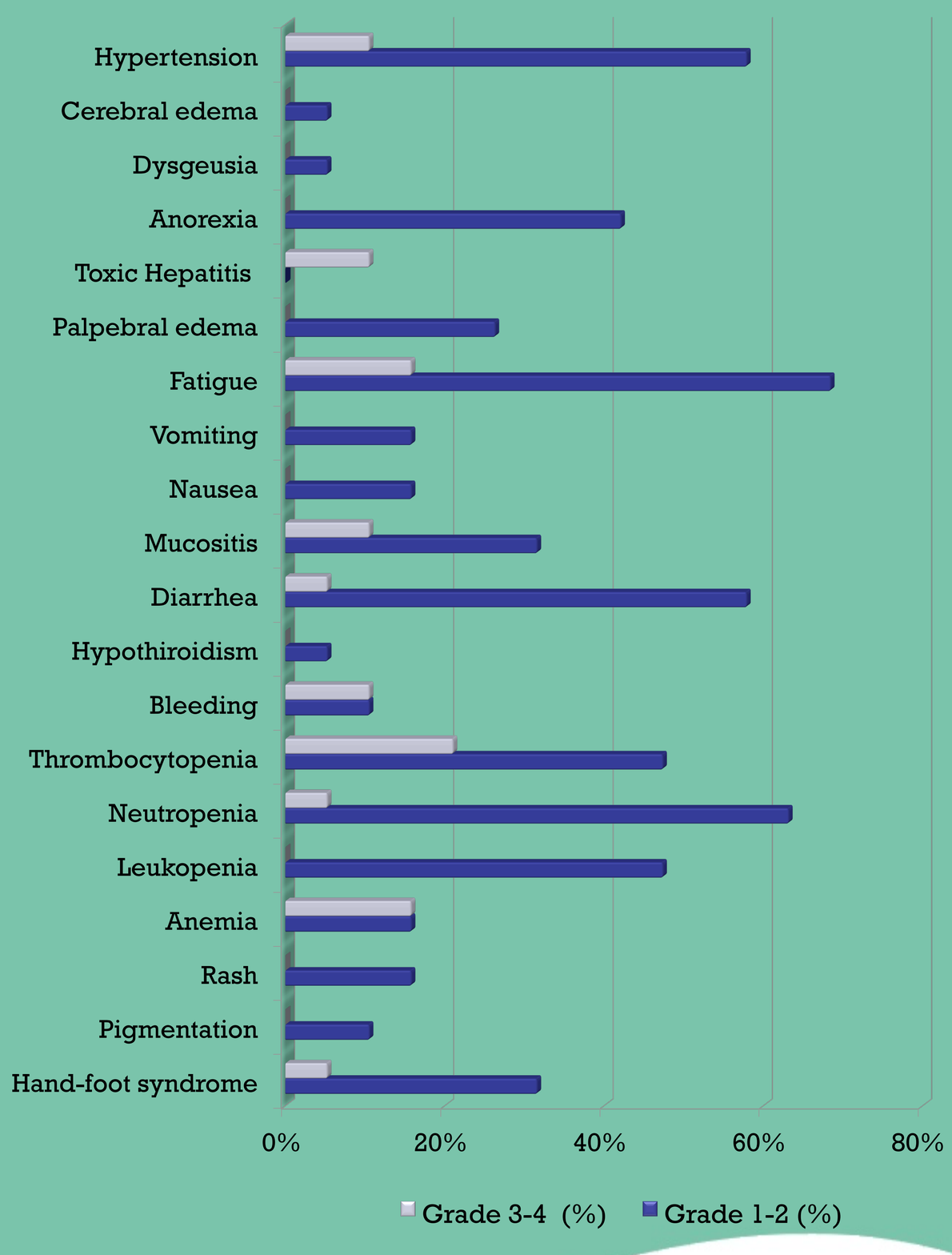


Figure 2. Adverse events



Conclusions:

- Sunitinib adverse events as hematologic toxicity, asthenia, hypertension and gastrointestinal events were common.
- Toxicity management included dose reduction or additional rest period.

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Acknolegments: Nothing to disclose