

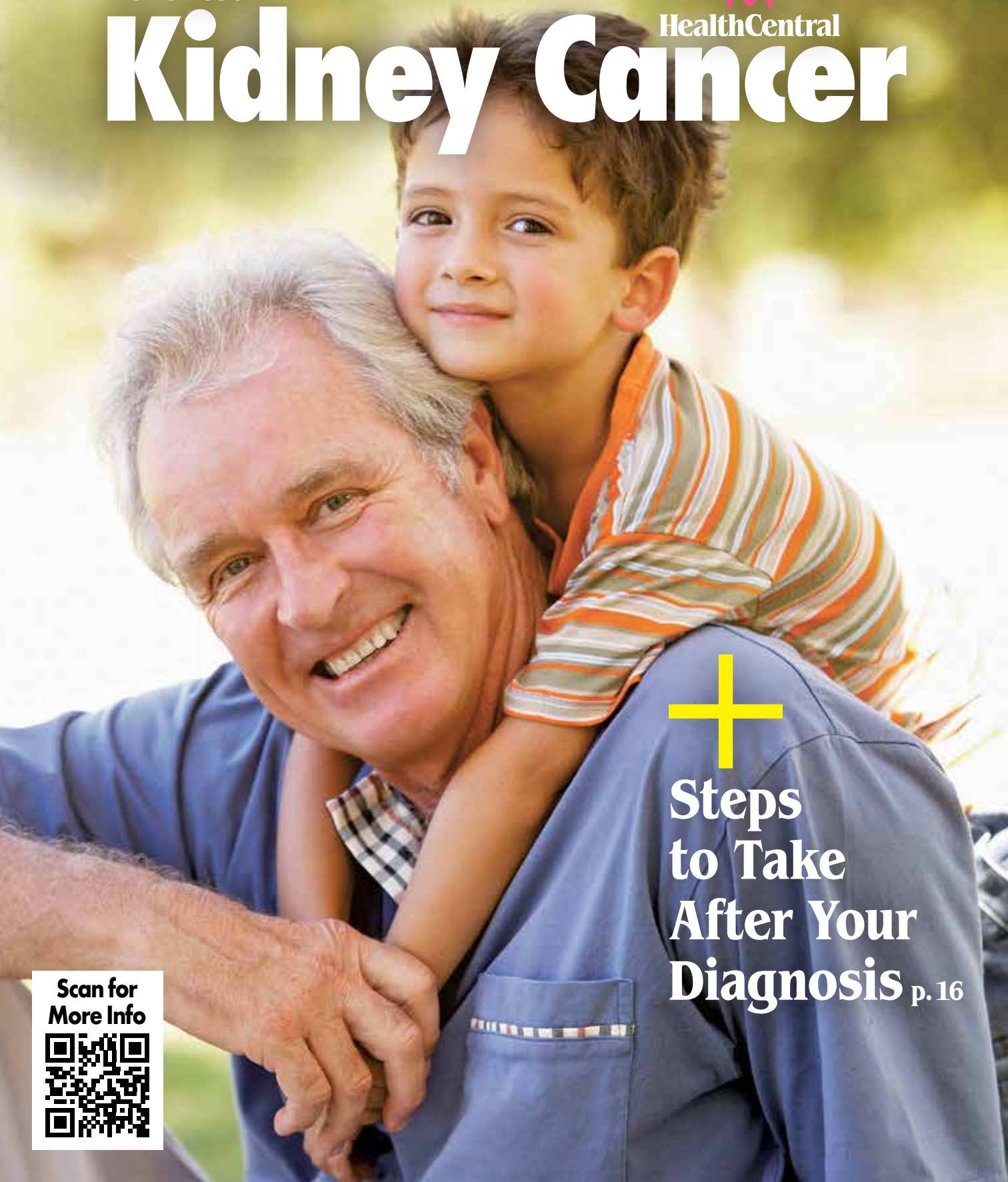
A Survivor Shares His Story p. 12

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Advanced

 HealthCentral

Kidney Cancer



**Steps
to Take
After Your
Diagnosis p. 16**

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WELCOME to HealthCentral's guide to **Advanced Kidney Cancer**. On these pages, you'll learn about current research, what to do after your diagnosis, the latest treatments, and more.

For additional tips and info, go to [HealthCentral.com/KidneyCancerGuide](https://www.healthcentral.com/kidneycancerguide).



A TREATMENT 'REVOLUTION'

SOMETIMES IT TAKES a team: Combinations of medications, including a class of cutting-edge drugs called checkpoint inhibitors, are giving people with advanced kidney cancer hope for longer lives.

"In the past five years, we have witnessed a revolution with the approval of numerous checkpoint inhibitors," says Alexandra Drakaki, M.D., Ph.D., assistant clinical professor of urology and hematology-oncology at UCLA Health in Los Angeles. "These new agents demonstrate significant survival benefits."

Checkpoint inhibitors are a form of immunotherapy that work by disabling a defense mechanism in cancer cells, thereby helping immune cells (specifically, T cells) to attack tumors. Pairing checkpoint inhibitors with each other or combining them with another class of drugs known as targeted therapies has led to an important leap forward in the treatment of advanced renal cell carcinoma (RCC).

Targeted therapies for RCC work by preventing cancer cells from growing and dividing. A targeted therapy called sunitinib (Sutent) had been the standard of care for advanced RCC since the 2000s. Now many other agents have been approved as first-line treatments.

In 2018, the U.S. Food and Drug Administration (FDA) approved the combination treatment of nivolumab (Opdivo) and ipilimumab (Yervoy)—two different immune checkpoint inhibitors—for certain patients with advanced RCC. A year later, two different treatments that each combine a checkpoint inhibitor and a targeted therapy—avelumab (Bavencio) plus axitinib (Inlyta), and pembrolizumab (Keytruda) plus axitinib—gained approval, too. All three combinations are

first-line treatment options. More recently, two new combinations of a checkpoint inhibitor and a targeted therapy were approved for advanced RCC; these are first-line options for treatment as well:

- In January 2021, the FDA approved nivolumab and cabozantinib (Cabometyx) as first-line treatment for advanced RCC. The approval was based on the results of a study involving 651 patients who were randomly selected to receive nivolumab and cabozantinib, or sunitinib alone. Progression-free survival was twice as long (16.6 months) among patients who got combination therapy compared with those given sunitinib (8.3 months).

- Later in 2021, the FDA approved pembrolizumab plus lenvatinib (Lenvima), based on a trial involving more than 700 patients. One group of patients received pembrolizumab and lenvatinib, another received sunitinib. Progression-free survival was 23.9 months in the pembrolizumab plus lenvatinib group compared with 9.2 months in patients treated with sunitinib.

Dr. Drakaki and several colleagues reviewed the current field of new kidney cancer therapies for the journal *Life* in December 2021. She cautions that while combination therapy appears to have a bigger impact on survival, "this improvement in outcomes is accompanied by increased side effects," which can include diarrhea, swelling, and high blood pressure.

Q&A

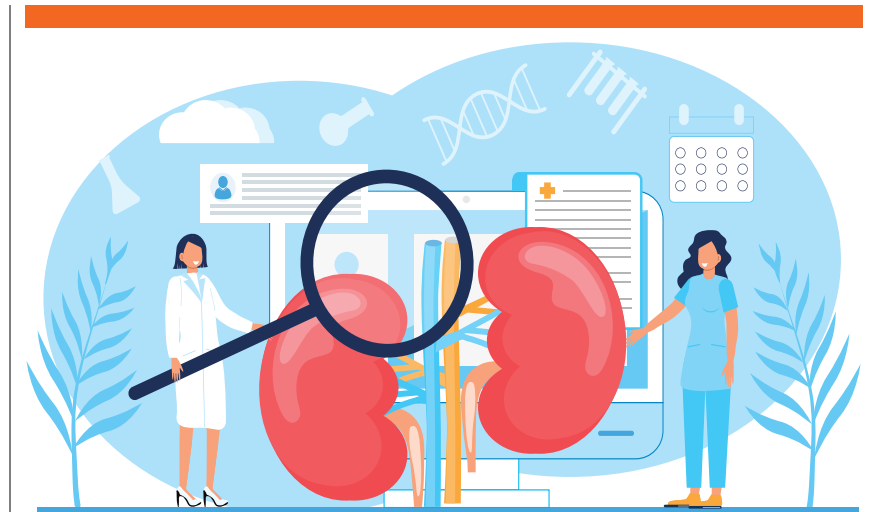
I have been diagnosed with stage IV kidney cancer. Why isn't surgery recommended for me?

Dr. Msaouel: Simply removing the tumor in the kidney may not address the real problem, which is the cancer that has spread in other areas. In these situations, therapies that go all over your body are needed to attack the cancer cells. These therapies are usually given as pills or as IV [intravenous] infusions. In some situations where the stage IV cancer has not spread to too many areas, we may consider surgery, along with other treatments such as radiation therapy.

Dr. Mohammed: Sometimes surgery is recommended for advanced kidney cancer, but if the cancer is too advanced and surgery is too risky, it may be off the table. If this is the case, your cancer may be treated with medication, or you may be a candidate for radiation treatment.

One form of radiation that is being used more often is called stereotactic body radiation therapy (SBRT). It can be used in patients with a limited number of tumors, typically five or less, that have spread outside the kidney. Research shows that this treatment can be very effective when used in cases where the cancer has not spread too much. It is a much more targeted treatment compared to traditional radiation, and a reasonable and effective option for some forms of advanced kidney cancer.

- **It is difficult for me to tolerate my cancer medications. Is traditional radiation therapy an option for treating my advanced kidney cancer?**



Dr. Mohammed: The idea of radiation therapy being an option for advanced kidney cancer is relatively new. It used to be thought that advanced kidney cancer was resistant to radiation. But recent studies have shown that radiation has been successful at killing kidney cancer cells.

Dr. Msaouel: In recent years, radiation therapy has become more effective and safer. In a research study in *Lancet Oncology* in 2021, we did biopsies before and after radiation and found that radiation therapy can indeed kill kidney cancer cells that have spread to other areas. When used in the right situation, radiation therapy is a new arrow in our quiver in the battle against kidney cancer. It can also be more tolerable than other treatment forms.

- **I have read that taking probiotics, like those found in yogurt, will improve my gut health, which can help my treatment work better. Is this true?**

Dr. Msaouel: While probiotics may be helpful in some situations, like reducing the diarrhea caused by some kidney cancer therapies, a recent study reported in the journal *Science* found evidence that at least some probiotics may *reduce* the benefits of immunotherapy. This is why there really is no blanket recommendation at this time about using probiotics

during treatment. If you are interested, discuss the possibility of using probiotics with your doctor.

- **What is the best way for me to join a clinical trial?**

Dr. Mohammed: The best place to start is at a respected institution that has access to clinical trials. Discuss with your oncologist what might be appropriate. **ClinicalTrials.gov** is a daunting website and can be hard to decode. But it is worthwhile for patients to be aware of this resource.

Dr. Msaouel: It is recommended that you explore the possibility of entering a clinical trial with your oncologist, so start there if you want to be part of a clinical trial. We run clinical trials for the most common kidney cancers as well as some of the more rare kidney cancers. ■



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Kidney Cancer: The Basics

More effective treatments are boosting survival rates for some metastatic kidney cancer patients.

Kidney cancer is among the 10 most common cancers in the United States. While there are several types, renal cell carcinoma (RCC) is the most common, accounting for up to 90% of kidney cancers, according to the Urology Care Foundation. Subtypes include clear cell (70% to 80% of all RCC), papillary, chromophobe, and collecting duct.

Another type of kidney cancer, accounting for 5% to 10% of cases, is urothelial carcinoma, or transitional cell carcinoma. Still other kidney

cancer types include sarcoma (rare), Wilms tumor (mostly diagnosed in children), and lymphoma.

RCC begins in the lining of tiny tubes in the kidney. In its early stages, it's confined to the kidney and surrounding tissues. When the cancer spreads, or metastasizes, beyond the kidney and nearby tissue, it is considered to be advanced, or stage IV; about 25% of people with kidney cancer are diagnosed at this stage. Common sites for it to spread to are the lungs, bones, and lymph nodes. But even after kidney cancer

has metastasized, there is much that doctors can do in order to control symptoms and slow further spread of the disease.

Exams, Labs, and Images

It used to be that abdominal pain or swelling, blood in the urine, or unexplained weight loss were the symptoms that brought people to the doctor when advanced kidney cancer was ultimately diagnosed. More recently, this cancer is often diagnosed when you're having imaging tests for other reasons—say, a scan

for a gastrointestinal problem. This is a good thing, says Mollie deShazo, M.D., a medical oncologist at Urology Centers of Alabama in Homewood. “The prognosis is better if the cancer is found incidentally, before symptoms are obvious,” she says.

No matter what your reason for making an appointment, if your doctor suspects you have kidney cancer, they will examine you, do a variety of tests, and take a detailed personal and family health history. They will feel for any masses (possible tumors), and you'll be asked to give blood and urine samples. A urine analysis may show if there are small amounts of blood in your urine that you were unable to see, while a blood count may reveal if you are anemic, among other possible indicators of kidney cancer.

Imaging tests also help diagnose kidney cancer. Computed tomography (CT) scans not only identify tumors in the kidney, but also can provide details about the size, shape, and precise location of the tumors. Ultrasound is also useful in locating kidney tumors. Magnetic resonance imaging (MRI) is ordered if your doctor suspects your cancer has grown into your abdominal blood vessels. You may have a scan to see if the cancer has spread to your bones, and a chest X-ray to see if it appears in your lungs. An MRI or a CT scan could reveal whether the cancer has metastasized to your brain.

These tests help your doctor determine how advanced your cancer is—a process called “staging” (see the sidebar on page 11). Staging helps your team determine the best treatment. It can also predict how you may respond to certain treatments. The higher and more complex the stage, the more aggressive your treatment is likely to be. Sometimes staging can also be used to predict how long you may live. But survival predictions are imperfect, because each person is unique and new treatments are quickly changing outcomes—for the better.

What happens next depends on the stage of your cancer. If you are diagnosed with advanced kidney cancer, your doctor will need more information to determine the best treatment for you. A complete blood count (CBC) will show your hemoglobin and neutrophil levels and your platelet count, which could indicate anemia or risk of infection or bleeding. Your doctor will also check for calcium in your blood, another possible indicator of cancer. And you'll be asked how active you are, which activities you're able to do, and which ones are difficult for you.

“Based on this information,” says Dr. deShazo, “we'll assign a prognostic score.” This is essentially a prediction that helps your doctor determine which treatment might be best for you. “Even with advanced kidney cancer, a small percentage of patients won't need any treatment right away,” she says. “We just watch very carefully. This is called active observance. However, most people will get treated up front.”

Treatment Approaches

Until about a decade ago, there were few effective treatments for metastatic kidney cancer. Since 2005, advances in immunotherapy and targeted therapies have changed the face of kidney cancer treatment. Today, several newer therapies are being used to effectively treat advanced, or stage IV, kidney cancer.

“When the cancer has spread, we use systemic therapy. We call it this because we don't use traditional chemotherapy very often in kidney cancer. Chemo has not been effective in this type of cancer. Instead, we use targeted therapy or immunotherapy,” says John L. Gore, M.D., a urologic oncologist and professor of urology at the University of Washington School of Medicine in Seattle. Targeted therapy basically starves the cancer. “Targeted therapy interferes with the cancer's ability to grow new blood vessels,” explains Dr. Gore. Targeted

(Continued on page 10)



KNOW YOUR SCANS

- **CT (computed tomography):** Uses X-rays to create a detailed cross-sectional image of the body.
- **MRI (magnetic resonance imaging):** Uses a powerful magnetic field and rapid bursts of radio waves to scan the body.
- **BONE SCAN:** Uses a small amount of radioactive material to highlight abnormal areas in the skeleton.
- **ULTRASOUND:** Uses sound waves to create an image of an area of the body.

(Continued from page 5)

therapies for advanced kidney cancer include:

- **Axitinib (Inlyta)**
- **Bevacizumab (Avastin)**
- **Cabozantinib (Cabometyx)**
- **Everolimus (Afinitor)**
- **Lenvatinib (Lenvima)**
- **Pazopanib (Votrient)**
- **Sorafenib (Nexavar)**
- **Sunitinib (Sutent)**
- **Temsirolimus (Torisel)**
- **Tivozanib (Fotivda)**

Immunotherapy drugs stimulate your immune system to attack cancer cells. “Until about 15 years ago,

immunotherapies were nonspecific,” explains Dr. Gore. “The newer drugs are more specific. The latest treatments are immune checkpoint inhibitors.”

What does that mean? In order for the immune system to fight cancer, certain immune cells (T cells) must be switched on. But one of the ways many cancers spread is by overexpressing proteins that help tumor cells hide from the immune system. The cancer basically tricks your immune system into ignoring it. Immune checkpoint inhibitors help activate T cells so that you can fight the cancer. The drug itself doesn’t attack the cancer; it just makes it possible for your immune system to do the work.

Immunotherapies used for kidney cancer include:

- **Avelumab (Bavencio)**
- **Ipilimumab (Yervoy)**
- **Nivolumab (Opdivo)**
- **Pembrolizumab (Keytruda)**

Additionally, in November 2021, the FDA approved the immunotherapy drug pembrolizumab to be given to patients who have had their cancerous kidney removed but are at higher risk of the cancer recurring.

Cytokines, which boost the immune system generally, are sometimes still used, though not often. They include high-dose interleukin-2 (IL-2) and interferon-alfa.

While single systemic therapies are often effective, sometimes a combination of medications is the most effective way to treat advanced kidney cancer. The targeted therapy denies the tumor the nutrients it needs to thrive, while the immunotherapy helps the immune system tackle the cancer cells.

There are many factors that determine which treatment is best for a patient. For example, it is important for the oncologist to know if you have liver disease or other medical

problems such as heart disease. Combination therapy is often the place to start. These combinations, of which there are several (including pembrolizumab with axitinib, pembrolizumab with lenvatinib, avelumab and axitinib, or nivolumab and cabozantinib), work well in most patients, with manageable side effects (see page 2 for more details).

Surgery: Not So Much

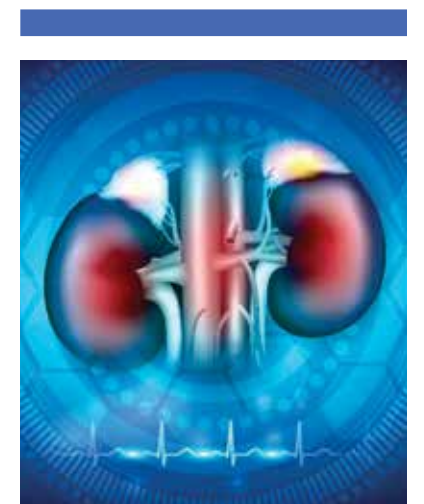
In most cases, doctors no longer remove tumors in people with advanced kidney cancer.

“If a patient has metastatic cancer, it’s best to concentrate on the cancer cells throughout the body and leave the original tumor in place,” says Dr. Gore. “It used to be that if we took out the main kidney tumor, patients would do better. But that was in the setting of less effective systemic therapies. As systemic treatments improve, there isn’t as much benefit to removing the kidney. Some patients will do better, but for most, it’s no longer a good idea to do the surgery as the first treatment. We prioritize starting systemic therapy, then consider surgery down the road.”

Once your treatment is done, your doctor will continue to follow your progress. How often you’ll have appointments will depend on your cancer stage and treatment. Thanks to treatment advances, your odds of longer survival are much greater now than they would have been just a few years ago.

“Not long ago, survival time with stage IV kidney cancer was about one year. Now, with targeted therapy, the mean survival rate is two-plus years,” says Dr. deShazo. And it might be even better with immunotherapy. “People [who have had this treatment] are still alive, and we don’t yet know how long they’ll live.”

Today’s therapies give people with advanced kidney cancer much reason for optimism. ■



STAGING & GRADING KIDNEY CANCER

■ **STAGE I:** The tumor is small, no greater than 7 centimeters (cm) across—about the size of a small peach—and is confined to the kidney.

■ **STAGE II:** The tumor has grown to be larger than 7 cm across, but is still confined to the kidney.

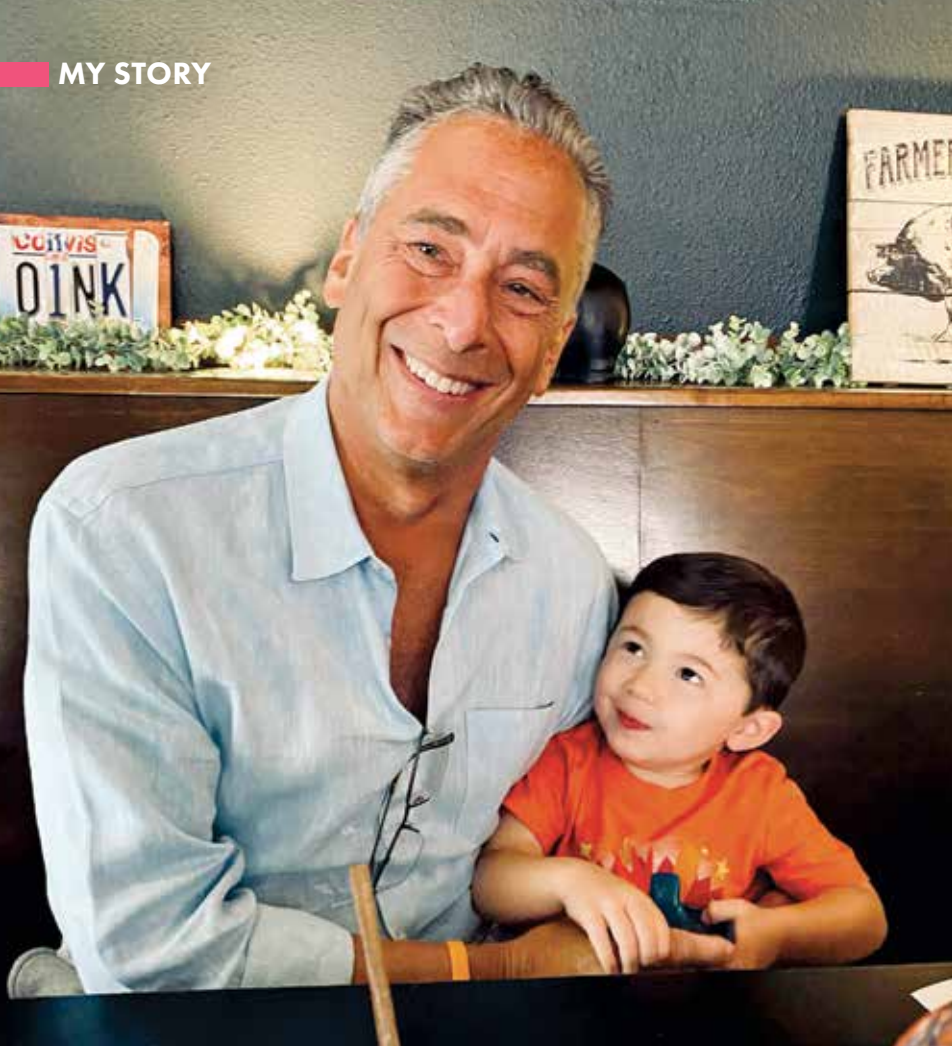
■ **STAGE III:** The tumor has moved beyond the kidney, but only to nearby tissues, lymph nodes, or a major vein. This is sometimes called locally advanced cancer.

■ **STAGE IV:** The tumor has spread to other organs outside the kidney, such as lymph nodes, bones, or lungs. This is called advanced, or metastatic, cancer.

Another part of staging is a system called TNM: T relates to a tumor’s size and spread. N categorizes the degree of spread to nearby lymph nodes. M indicates whether the cancer has metastasized. Within the TNM system are further numerical breakdowns, which you can see in detail on the American Cancer Society’s website ([cancer.org/cancer/kidney-cancer/detection-diagnosis-staging/staging](https://www.cancer.org/cancer/kidney-cancer/detection-diagnosis-staging/staging)). So a mass classified as T1 (7 cm or smaller), NO (not in lymph nodes), and MO (no metastasis) would be stage I.



For more info, go to [HealthCentral.com/KidneyCancerGuide](https://www.healthcentral.com/kidneycancerguide).



Stern, shown here with his grandson Aidan Joel.

A Survivor Speaks

An avid tennis player, Joel Stern has long coped with a bad back while still managing to play the sport he loves four to six hours a week. However, in September 2020, his back pain worsened to the point where he was barely making it through his beloved tennis matches. He began feeling crushing sciatica pain that started at his left hip and went down his entire leg. Then one day in November, he found it difficult to get out of the car

Meet Joel Stern, who shares lessons learned from his stage IV renal cell carcinoma diagnosis.

without help. That's when he knew he needed to find out what was wrong.

He made an appointment with an orthopedic surgeon right away. At the time, he thought he was dealing with a typical orthopedic issue that would require pain management. During that visit, the surgeon sent him for X-rays and MRI (magnetic resonance imaging) scans.

Stern was then 62 and a retired corporate attorney living in Kildeer, Illinois. He had worked most recently as CEO of the National Association of Minority and Women Owned Law Firms.

Thinking he would get the radiology results in a week and be prescribed a mix of steroids,

ALL PHOTOS COURTESY OF JOEL STERN



Stern and friend Nelson Bellido after a tennis match.

injections, and physical therapy, he was completely shocked when, two days later, the surgeon called and told him (without any empathy or emotion) that he had a large lesion on his iliac (hip) bone that was suspicious for metastatic cancer. He suggested Stern contact an oncologist.

“To get that phone call and be told you’re dying—because that’s the only thing I heard, that your life is going to end soon—had a horrifying effect on me,” he says. Still Stern, a married father of three daughters (and a grandfather of two), was determined to move as quickly as possible.

“That’s the way my mind is wired—I got the diagnosis, the X-rays, the scans, the biopsy of the bone, and the insurance approval [which was a challenge] within two weeks,” he says. “In some ways, that was my first lesson learned: You have to run the show. You have to be your own best advocate.”

The Prognosis

Stern had additional blood tests and scans to find out where this cancer was originating. He’d had prostate cancer in 2007 and thought the two cancers might be connected.

Finally, his diagnosis was confirmed: A small tumor (4 centimeters) was found on his right kidney, and he was soon diagnosed with stage IV clear cell renal cell carcinoma—the kidney tumor had metastasized to his bone in several places on his spine, from his head to his lower back. There was even more unsettling news: Stern was told that it was unlikely his cancer would be completely cured.

It’s this experience that has led Stern to want to share his story. He is determined to help others cope with their diagnosis—and draw attention to all of the complexities of advanced kidney cancer as well. “I had never heard of anyone being diagnosed with cancer from back pain. I never had any pain or discomfort with this cancerous kidney, and all of my kidney functions and blood tests were normal,” he says.



Stern says that his family is his “rock” in helping him deal with his illness. Here, the family joins him at Disney World.

Stern has since learned way more about the intricacies of this disease. “I once thought advanced kidney cancer would be discovered when you experienced pain in the kidney, but I’ve since learned that stage IV kidney cancer is often diagnosed in other ways besides this. I want to make it my mission to build awareness about this and so much more.”

The Game Plan

With his diagnosis in hand, Stern began thinking about next steps, which he thought would begin with the removal of his kidney tumor. Much to his surprise, surgery wasn’t the best option for him.

“I learned that the doctors weren’t going to touch the tumor in my kidney and that my cancer would

be treated systemically via immunotherapy instead,” he says. But first he was sent for radiation for 15 days to shrink the tumor in his iliac bone, which lessened the pain he was experiencing.

In the time since his initial diagnosis, Stern has continued to get routine blood work every four weeks, scans every three months, and infusions of a combination of two immunotherapy drugs every four weeks, a relatively new treatment for advanced kidney cancer. “The goal is to either have the cancer go away, get smaller, or become stable,” he says.

The side effects can be very serious for Stern’s half-day-long immunotherapy infusions; so far, he’s mainly experienced fatigue and a temporary rash. But the immunotherapy also



Enjoying a night out at a concert are Stern and his wife, Donna.

affected his thyroid function, so he now takes levothyroxine (Synthroid) to compensate.

The Gift of Time

Treatment has improved Stern's quality of life since his diagnosis. He's finally able to walk on a treadmill 2 to 3 miles every other day. Best of all, he's once again playing tennis, which he does a few hours a month—with time for many breaks to catch his breath. He's tolerating treatments very well, and his most recent three-month scans have shown that his cancer has stabilized with no growth.

While Stern says he doesn't have the energy he once had—he takes naps most days and finds most exercise to be incredibly tiring—he's also come to a point of resolution. "I'm a lot more at peace than I've ever been," he says. "I'm calmer, I'm more serene, and I'm probably nicer."

He's also a lot less scared of death than ever before in his life. "I've had a fear of death since I was 4 years old. Now that I've had this disease, I understand that statistically my life may be shorter, so I'm enjoying every day," he says. "Healthy people have no idea how long they'll live, and I'm a sick person and I don't know how long I'm going to live. The best advice I want to share with the world is don't waste time. Don't wait until you have just weeks to live to do the things you want to do." ■

WORDS OF WISDOM

ASK STERN AND he'll tell you he's learned so much about himself, his family, and his prognosis since the early days of his diagnosis. Here's his advice for dealing with an incurable cancer.

■ **GET SUPPORT.** Stern has been married to his wife, Donna, since 1987 and counts on her to be his primary caregiver (though his grown daughters are always there for him to lean on, too). He urges others to find support—even if it's not family.

"I'm lucky to have a network, and I always say that my family is my rock," he remarks. "They have exceeded every request I've made, they kid with me when I make self-deprecating cancer jokes, and most of all, they're always there for me."

■ **ALWAYS SELF-ADVOCATE.** Ask questions, challenge your doctor, and seek second and third opinions if the decisions are hard, he says. "You have a right to demand high-quality services," he says. "You should never settle for a healthcare provider who is less than top-notch."

While you may meet with a doctor who's tops in the field, you want to be able to relate to that person, too, Stern says. "Find someone with a good bedside manner who will treat you like a patient and not a number," he says.

■ **CHOOSE A LEADER.** Stern urges patients to pick one doctor to quarterback their care. For Stern, it's his primary oncologist, who is "smart, calm, empathetic, honest, disarming, transparent, and reassuring." Your go-to specialist should be someone you trust the most with forthcoming decisions.

"I tell everyone who has a complex illness, where there will be differences of opinion on treatment, that it's important to make certain one doctor is the captain of your ship," he says. "In my case, my oncologist is the one who explains all the different perspectives and gives me the best opinion to reconcile those. I'm also a big believer in asking the doctor something very personal. I'll say, 'If I was your daughter, what would you recommend?' There is

absolutely no way a doctor can duck that question."

■ **SKIP THE DR. GOOGLE SEARCHES.** When you're first diagnosed with a disease like stage IV renal cell carcinoma, try to avoid getting on the internet and reading article after article, Stern advises. "There's more misinformation, inaccurate information, and false information on the internet that will scare you instead of getting you the information you really need to proceed with the decisions you need to make," he says. "The key, instead, is to get medical opinions, even second and third opinions if necessary, and get a holistic view of the disease, including what it is, what your prognosis is, and what your options truly are. Do your homework—not on the internet, but with the best advice from the experts in the field."

■ **USE SOCIAL MEDIA TO VENT—AND BRAINSTORM.** For Stern, being part of a Facebook group ([facebook.com/groups/325615684504018](https://www.facebook.com/groups/325615684504018)) for patients and caregivers has been crucially important in helping to exchange information with other patients, network about upcoming treatments and protocols, and find solace.

"I'm so addicted to my stage IV Facebook group," he says, calling the social media platform a "safe haven" and a "cathartic" place to share, vent, and rage. "We learn so much about the disease, treatments, and side effects. We also have a place to discuss the emotional things we're going through, whether it's our vulnerability or, even, our desire for sex."

■ **DO YOUR BEST TO STAY POSITIVE.** Having a sense of humor (in his case, the self-deprecating kind) has made a huge difference for Stern since his diagnosis. "I personally believe that the ability to smile and the ability to be kind to people is helping me deal with this disease," he says. "It doesn't mean that people with a 'woe is me' attitude can't survive this, but I believe being positive makes me happier each day—and that lets me enjoy each day that much more."

Know what to do after a diagnosis of advanced kidney cancer.

One Step at a Time



Accept your feelings. “Emotionally, this is very difficult news to receive,” says Nancy Moldawer, R.N., M.S.N., a research nurse in the genitourinary oncology program at the Samuel Oschin Comprehensive Cancer Institute at Cedars-Sinai in Los Angeles. “But there are a lot of reasons for patients to have hope,” she says. “The response rates for treatment of advanced kidney cancer, as well as survival rates, have improved tremendously over the years.”

It can take a while to process the information about your diagnosis and to figure out how it will impact your day-to-day life, says Elisabeth Heath, M.D., medical oncologist and leader of the genitourinary oncology multidisciplinary team at Karmanos Cancer Institute in Detroit, Michigan. “I try to give my patients a sense

of what their journey will look like,” she says. “There are many potential paths to take, and we didn’t have that 20 years ago.” Dr. Heath recommends the American Cancer Society as an excellent resource for people living with advanced kidney cancer.

Get a second opinion. A second opinion can be valuable, says Dr. Heath. “It provides peace of mind that the primary oncologist diagnosed you correctly and is on the right track with potential treatment options,” she says. “Also, there are many clinical trials out there. A second doctor may know about an option that the first one did not. My attitude is, the more brains engaged in your diagnosis and treatment, the better.” Above all, you want to have a healthcare team you can trust. “You need to feel secure that you are in

the right medical hands,” she says.

Lean on others. Your loved ones can be there to listen as well as drive you to appointments, cook meals, and offer a hug. But help can come from others outside your circle, too. “Getting support from friends and family is very important and should be a goal, but not every patient has that support system,” says Dr. Heath. In some cases, your care team might be made up of many different people. “It can be anyone who can help you through the journey, such as a community group; your church, mosque, or synagogue; or your neighbors,” she explains. “But the critical thing is to remember that you do need help.”

Consider a support group. Depending on where you are being treated, there may be support groups within the organization. You may also find a group in your community or online at the Kidney Cancer Association at kidneycancer.org/get-support. There, you can connect with patients and caregivers affected by kidney cancer. But whether you join or not is a matter of personal choice; being in a support group does take up time and energy. “Support groups can be helpful, but they aren’t for everyone,” notes Dr. Heath. “Your bandwidth is stretched with your condition, and if you are not interested in a support group, don’t feel like you have to do it. How you cope with your situation is very individual.” ■



For more info, go to HealthCentral.com/KidneyCancerGuide.

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