Cytokine therapy

Prior to targeted therapies, systemic treatment options were limited to cytokine therapy, notably interleukin-2 following cytokine therapy and interferon-α-2A.

REGIMEN DOSing

First-Line Targeted Therapies (for predominantly clear cell carcinoma)

Sunitinib (Sutent)1,2
Sunitinib 50mg/day orally for 4 weeks on, and 2 weeks off.

Bevacizumab (Avastin) + interferon-α-2a (IFN-α-2a)1,4,6
Bevacizumab 10mg/kg IV every 2 weeks plus IFN-α-2a 9 million IU SQ three times per week.

Pazopanib (Votrient)1,4,7,8
Pazopanib 800mg orally once daily.

Temsirolimus (Torisel)1,9,10
Temsirolimus 25mg IV once weekly administered over 30–60 min.

Second-Line Targeted Therapy After Treatment Failure (for predominantly clear cell carcinoma)

Everolimus (Afinitor) following tyrosine kinase inhibitor1,11,12
Everolimus 10mg orally once daily.

Axitinib (Inlyta)1,13,14
Axitinib 5mg orally every 12 hrs; may increase to 7mg every 12 hrs after 2 weeks based on criteria; may increase to 10mg every 12 hrs after 2 weeks based on criteria.

Sorafenib ( Nexavar) following cytokine therapy1,15,16
Sorafenib 400mg orally twice daily.

Sunitinib following cytokine therapy1,2
Sunitinib 50mg/day orally for 4 weeks on, and 2 weeks off.

Pazopanib following cytokine therapy1,4,7,8
Pazopanib 800mg orally once daily.

Cytokine therapy

High-dose interleukin-2 (IL-2) as first-line therapy1,17,18
IL-2 720,000 IU/kg IV every 8 hrs (max 15 consecutive doses/cycle); treatments divided into 60-day courses, with each IV treatment course consisting of 2 cycles of therapy, separated by approximately 7–10 days of rest with no other therapy during the remainder of the 60 days.

Days 1–5 and Days 15–19: IL-2 600,000 IU/kg IV every 8 hrs (max 14 doses). Repeat cycle every 4 weeks for max 3 cycles.

References


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