

BCCA Protocol Summary for Alpha-Interferon (a-IFN) for Advanced Renal Cell Carcinoma

Protocol Code

GUKIFN

Tumour Group

GU

Contact Physician

Dr. Heidi Martins

ELIGIBILITY

- Biopsy proven RCC (includes cytology from urine or FNA)
- Inoperable or metastatic disease unsuitable for XRT (or resection if solitary)
- Metastases to bone or brain should be controlled with XRT
- ECOG PS 0-2
- Measurable or evaluable disease

TESTS:

- Baseline: CBC and differentials, platelets, AST, bilirubin, serum creatinine
- At weeks 2, 4, 8 and 12: CBC and differentials, platelets; include AST, bilirubin and serum creatinine if abnormal at baseline

BASELINE GROWTH RATE:

- In asymptomatic appropriately informed patients, it is recommended that the disease be initially monitored off treatment. 3-10% will demonstrate remission which would otherwise be accredited to therapy; in the remainder, the information can be used to assess how long it would take to identify disease progression in the large majority of patients not responding to subsequent therapy. Typically, repeat measurements should be made after 1 month and then at 2 – 4 month intervals.

TREATMENT:

- Alpha-Interferon thrice weekly by s.c. route (e.g. Mon-Wed-Fri)
- Dose: 5 million units for first 2 doses, then 10 million units thereafter if well tolerated
- Discontinue at disease progression, or at 12 weeks in responders (whichever comes first)
- Patients with documented partial or complete remission continuing at least 3 months after therapy (from measurement at end of first course to measurement prior to disease progression) may be considered for retreatment via undesignated indication request.

DOSE MODIFICATIONS:

- Reduce dose according to tolerance for significant toxicity.

PRECAUTIONS:

- Usually well tolerated at this dose. Patients may notice flu-like symptoms. These can be minimised by giving at bedtime and acetaminophen 650 mg half-hour before each dose.
- Abnormal liver function tests occur frequently but do not require changes in treatment.
- Rare: arrhythmias, confusion, cytopenias, alopecia.
- Avoid anti-inflammatory drugs including corticosteroids.

BENEFITS:

In a large multicentre Phase 3 trial, alpha-interferon has shown a small survival gain compared to medroxyprogesterone (PROVERA®) (hazard ratio 0.72, $p=0.017$, 1-year survival 43% vs. 31%, response rate 14% vs. 7%).

Call Dr. Heidi Martins or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date activated: 1 June 1994

Date last revised: 1 Sep 2009 (MU replaced by million units)

References

MRC Renal Cancer Collaborators. Interferon-alpha and survival in metastatic renal carcinoma: early results of a randomised controlled trial. *Lancet* 1999; 353:14-17.