



Das Lebenshaus

KIDNEY CANCER

PATIENT BOOKLET

I am a kidney cancer patient.

First/last name

Date of birth:

Blood type:

**Information about
the diagnosis, therapy and
in case of a medical emergency.**



DIAGNOSIS

Renal cell carcinomas are classified as urological tumours and originate in the functional tissue of the kidney.

First diagnosis (month/year):

Size of primary tumour at time of diagnosis:

- Left
- Right
- Both sides

Metastases in the:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Brain |
| <input type="checkbox"/> Bones | <input type="checkbox"/> Other kidney |
| <input type="checkbox"/> Lymph nodes | <input type="checkbox"/> Thyroid gland |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Pancreas |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

Determining the stage: TNM classification and histological grading

T **N** (**/**) **M** () **R** **G**

p = proven pathological

c = clinically proven; examination – proven through an imaging procedure

T = tumour; description of primary tumour, spreading and depth of infiltration

N = nodes; describes the condition of the lymph nodes

M = metastases = metastases (secondary tumours); describes the formation and spreading of metastases

R = residual tissue = remains of tumour in the body after an operation

G = grading (following Fuhrmann); histological differentiation of tumour tissue

Type of cell:

- Clear cell
- Papillary (chromophil)
- Chromophobe duct
- Bellini oncocytoma (oncocytic carcinoma)
- Sarcomatoid portion (in__ %)
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THERAPIES

Treatment of tumour/local recurrence:

Type:

Month/year:

Complete removal of kidneys

Kidney resection

Kidney resection

Kidney resection

Radiofrequency ablation

Cryoablation

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Rehabilitation:

Where:

Month/year:

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Operation for metastases:

Localisation (e.g. lungs):

Month/year:

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Radiation therapy for metastases:


Localisation and type of radiation:

Month/year:

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Medicinal therapies for kidney cancer:

I am currently taking the following drugs to treat my kidney cancer:

Drug (in alphabetical order)	Dosage	Time period
Axitinib Inlyta®	mg/day	Every __ days
Bevacizumab Avastin®	$x 10^6$ mg/kg	
Everolimus Afinitor®	mg/day	
Interferon-alpha	$x 10^6$ IE	__ x weekly
Interleukin-2	$x 10^6$ IE/day	For __ days
Pazopanib Votrient®	mg/day	
Sorafenib Nexavar®	mg/day	
Sunitinib Sutent®		For __ days for __ weeks / break Permanently
Temsirolimus Torisel®	mg/day	
		

Participation in studies:

Type / drug: Dosage: From – to:


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Medicinal therapies for bone metastases:

I currently receive the following drugs for my bone metastases:

Drug (in alphabetical order)	Dosage	Time period
Denosumab Xgeva®	Subcut 	Every __ weeks
Zoledronsäure Zometa®	Infusion	Every __ weeks
Everolimus Afinitor®	Infusion Oral Subkutan	

Prior to dental treatment, please inform your dentist of the medication you are taking as there could be complications when carrying out dental work.

Therapies – interactions with other drugs

Interactions arise if drugs are taken together with other substances (e.g. medicine, food stuffs, etc.), which influence them in their effect.

Interactions result in most cases when the substances ingested are metabolised in the body in a similar way. In the case of many drugs used to treat kidney cancer, this involves the enzyme found in the liver - cytochrome P450 3A4 (CYP 3A4).

Please note that many medicines frequently used and ingredients obtainable without a prescription, natural ingredients (e.g. St John's wort) or even some foods (e.g. grapefruit) may be metabolised similarly.

In this way, both the effect of the drug taken for kidney cancer as well as the effect of a medicine taken at the same time may be increased or reduced.

Never change your medication on your own and do not by any means terminate the therapy without medical supervision.



The following substances could **increase** the effective levels of concentration of some drugs used to treat kidney cancer. Grapefruit/grapefruit juice, some antibiotics (e.g. clarithromycin, erythromycin), some drugs used in reducing blood pressure (e.g. amiodarone, diltiazem, verapamil), some HIV drugs (e.g. indinavir, nelfinavir, ritonavir), some medicines to relieve heart burn (e.g. cimetidine), some drugs used against mycotic infections (e.g. itraconazole, ketoconazole, voriconazole), some medicines used to counteract nausea (e.g. aprepitant).

The following substances could **reduce** the effective levels of concentration of some drugs used to treat kidney cancer. St John's wort, some antibiotics (e.g. rifampicin, rifabutin, rifapentine), some cortisone drugs (e.g. dexamethasone), some medicines against convulsions (e.g. carbamazepine, phenytoin, phenobarbital), some sleeping pills (e.g. barbiturates).

There may be different interactions for each therapy used to treat kidney cancer. Therefore, make a list of all the medicine, homeopathic medicine and nutritional supplements that you take and note down the dosage.

Additional medicines taken on a regular basis and nutritional supplements:

Medicine:

Dosage / day:

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Other illnesses and allergies to take into account:

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Note:

When taking some types of drugs for kidney cancer, the immune system may be negatively affected - inoculations might therefore be less effective.

The use of live vaccines should be avoided such as intranasal flu vaccines, mumps, measles, German measles, etc.

Inactivated vaccines may however be used..

CONTACT DATA

**Doctor in charge with special knowledge
in the field of kidney cancer
(e.g. oncologist, urologist):**

Urologist Oncologist _____

Hospital:

Practice/surgery:

Division:

Title, first/last name:

Street:

Postal code/place:

Telephone:

Fax:

Mobile:

E-mail:



Supporting doctor(e.g. oncologist, urologist or general physician):

Urologist Oncologist _____

Hospital:

Practice/surgery:

Division:

Title, first/last name:

Street:

Postal code/place:

Telephone:

Fax:

Mobile:

E-mail:

Persons to notify in an emergency:

Relative(s)

Trusted person(s)

Relationship:

First name:

Last name:

Street:

Postal code/place:

Private phone:

Work phone:

Mobile:

E-mail:

I have deposited a living will (patient decree) / power of attorney for personal care at:

- The central registry of lasting powers of attorney, www.vorsorgeregister.de
- My relatives
- My lawyer/notary
- Others:

Zu erreichen unter:

First name:

Last name:

Street:

Postal code/place:

Private phone:

Work phone:

Mobile:

E-mail:

Within the scope of a medical emergency:

Please:

- **do not simply stop taking your medication and**
- **consider the interactions with other medication.**

If necessary, please contact my doctor.



Das Lebenshaus

KIDNEY CANCER

**Das Lebenshaus e.V. -
Seldom types of solid tumours:
GIST • Sarcomas • Kidney cancer**

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