

# Clear cell renal carcinoma brain metastases treatment

- Evaluation of primary venous thromboembolism prophylaxis in hospitalized patients with primary brain tumors or secondary brain metastases
  - Peptide Hydrogels for Renal Carcinoma Therapy via Synergistic Inhibition of Glycolysis and Mitochondrial Metabolism Reprogramming
  - Current status of adjuvant immunotherapy and relapse management in renal cell carcinoma: Insights from a European delphi study
  - Unilateral Pheochromocytoma in Von Hippel-Lindau Syndrome Revealed by a Hemangioblastoma
  - Predictive Factors for Multiple Metastases of Clear-cell Renal Cell Carcinoma
  - Severe hypercalcemia as the initial presentation of renal cell carcinoma: a diagnostic case report
  - A phase I, open-label, multicentre, first-in-human study to evaluate safety, pharmacokinetics and efficacy of AMG 404, a PD-1 inhibitor, in patients with advanced solid tumours
  - Insights into the impact of chromosome 3p mutations in advanced renal cell carcinoma treated with immune-based combinations or targeted therapy: A single-center experience
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The [brain metastases treatment](#) from [clear cell renal carcinoma](#) (ccRCC) typically involves a [multidisciplinary](#) approach, which may include the following options:

Surgery: see [Brain metastases surgery](#)

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Radiation Therapy: see [Brain metastases radiotherapy](#)

Whole Brain Radiation Therapy (WBRT): This is often used for multiple brain metastases. It can help reduce tumor size and prevent further growth. Stereotactic Radiosurgery (SRS): This is a more precise form of radiation therapy that targets specific tumors while minimizing damage to surrounding healthy tissue. It is often used for patients with one to three brain metastases.

Systemic Therapy: Agents like tyrosine kinase inhibitors (TKIs) such as sunitinib and pazopanib are commonly used for ccRCC and may be effective in treating metastatic disease. Immunotherapy: Agents like nivolumab (an anti-PD-1 antibody) and ipilimumab (an anti-CTLA-4 antibody) are used in advanced RCC and can be considered for patients with brain metastases. Corticosteroids: These may be prescribed to reduce edema and alleviate symptoms associated with brain metastases.

Corticosteroids: Participation in clinical trials may provide access to new therapies that are being investigated for efficacy in treating brain metastases from ccRCC.

The choice of treatment depends on various factors, including the number and size of brain metastases, the patient's overall health, and the presence of other metastases or comorbidities. A consultation with a medical oncologist, neurosurgeon, and radiation oncologist is essential to develop an individualized treatment plan.

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