**RENNAL CELL CANCER**

**BEVACIZUMAB**

Bevacizumab    15 mg/kg  IV
*  Day 1, Week 1

Followed 1 week later by

Bevacizumab    10 mg/kg  IV**  Every 2 weeks starting Week 2†

†Repeat cycle every 2 weeks.
*Administer over 2 hours; **Infusion time progressively shortened as tolerated to a minimum infusion time of 30 minutes.


**BEVACIZUMAB – ERLOTINIB**

Bevacizumab    10 mg/kg  IV  Day 1, every 2 weeks
Erlotinib    150 mg/day  PO  Daily starting Day 1

Continue until tumor progression or intolerance.


**GEMCITABINE – 5–FLUOROURACIL**

Gemcitabine  600 mg/m²  IV  Days 1, 8 and 15
5–Fluorouracil  150 mg/m²/day  CIVI  Days 1 – 21

*Administer over 30 minutes.

Repeat cycle every 28 days.


**INTERLEUKIN-2 (ALDESLEUKIN) HIGH DOSE**

Aldesleukin (IL-2)ǂ  600,000–720,000 IU/kg  IV bolus over 15 minutes every 8 hours for 14 consecutive doses as tolerated. Repeat after a 5 – 9 day rest period.

ǂRoutine premedication administered; *Administered in an ICU setting with maximum support including pressors.

May repeat cycle in 6 – 12 weeks in responding patients for 1 – 2 more cycles (maximum of 28 doses per cycle).

INTERLEUKIN-2 (ALDESLEUKIN) LOW DOSE

Aldesleukin (IL-2)‡ \(18 \times 10^6\) units/m²/day CIVI’ Days 1–5

‡Routine premedication administered; ’Protocol stipulates central venous access, hemodynamic monitoring, and prophylactic antibiotics.

NOTE: Treatment consists of 2 induction cycles and 4 maintenance cycles, with a 3–week rest period between cycles. Each induction cycle consists of two five-day courses of IL-2 infusion separated by a 6-day break. Each maintenance cycle consists of a 5–day infusion followed by 3 weeks of no therapy.


INTERLEUKIN-2 (ALDESLEUKIN) LOW DOSE (SUBCUTANEOUSLY)

INDUCTION PHASE

WEEK 1 AND 6

Aldesleukin (IL-2)‡ \(9 \times 10^6\) units BID SQ Days 1 – 5

WEEKS 2, 3, 4, 7, 8 AND 9

Aldesleukin (IL-2)‡ \(9 \times 10^6\) units BID SQ Days 1 and 2

Followed by

Aldesleukin (IL-2)‡ \(9 \times 10^6\) units QD SQ Days 3 – 5

WEEK 5

Rest period

Maintenance phase begins after 2–week rest period.

MAINTENANCE PHASE

WEEK 1

Aldesleukin (IL-2)‡ \(9 \times 10^6\) units BID SQ Days 1 – 5

WEEKS 2 – 4

Aldesleukin (IL-2)‡ \(9 \times 10^6\) units BID SQ Days 1 and 2

Followed by

Aldesleukin (IL-2)‡ \(9 \times 10^6\) units QD SQ Days 3 – 5

Maintenance cycles are repeated every 7 weeks for a maximum of 7 cycles.

‡Routine premedication administered.

**INTERFERON ALFA**

Interferonα₂a

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 x 10⁶ units</td>
<td>SQ</td>
<td>Daily *</td>
</tr>
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</table>

*Dose escalated by 3 x 10⁶ unit increments every 7 days, as tolerated to a maximum dose of 9 x 10⁶ units subcutaneously daily.

*Premedication should be considered.


**INTERLEUKIN-2 (ALDESLEUKIN) – INTERFERON ALFA**

Interleukin (IL-2):

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>18 x 10⁶ units/m²/day</td>
<td>CIVI</td>
<td>Days 1 – 5</td>
</tr>
</tbody>
</table>

*Premedication administered; Administered during each of the two induction cycles and during each interleukin-2 maintenance cycle.

NOTE: Treatment consists of 2 induction cycles and 4 maintenance cycles, with a 3-week rest period between cycles. Each induction cycle consists of two five-day courses of aldesleukin (IL-2) infusion separated by a 6-day break. Each maintenance cycle consists of a 5-day infusion followed by 3 weeks of no therapy. Protocol stipulates central venous access, hemodynamic monitoring and prophylactic antibiotics.


**SORAFENIB**

Sorafenib

<table>
<thead>
<tr>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>400 mg BID</td>
<td>PO</td>
<td>Continuously</td>
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NOTE: Administer the dose 1 hour prior to or 2 hours following a meal. Sorafenib available as 200 mg tablets.


**SUNITINIB**

Sunitinib

<table>
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<tr>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>50 mg/day</td>
<td>PO</td>
<td>Days 1 – 28</td>
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</table>

Repeat cycle every 42 days until disease progression, unacceptable toxicity or withdrawal of consent.

DOSE MODIFICATION: dose reduction for toxicity to 37.5 mg PO QD then to 25 mg PO QD.

NOTE: Administer the dose in the morning with water and without regard to meals. Sunitinib is available as 12.5 mg, 25 mg, and 50 mg capsules.

TEMsirolimus
Temsirolimus*  25 mg  IV*  Weekly

*Routine premedication administered; *Administer over 30 minutes.

Treatment continued until disease progression or unacceptable toxicity.

MONITORING PARAMETERS:  blood glucose, CBC, serum cholesterol, CMP, serum triglycerides.


NOTES: