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# بسم الله الرحمن الرحيم

مركز الشبكات وتكنولوجيا المعلومات قسم التوثيق الإلكتروني





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# جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها على هذه الأقراص المدمجة قد أعدت دون أية تغيرات







### Clinicopathological and Prognostic Value of PD-L1 in Renal Cell Carcinoma

#### Thesis

Submitted for Partial Fulfillment of MD Degree in Clinical Oncology and Nuclear Medicine

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# Tist of Abbreviations

Abb.	Full term
$\Delta JCC$	American Joint Committee on Cancer
	Antigen presenting cell
	Antigen presenting cett Age-standardized rate
	Body mass index
	Clear cell renal carcinoma
	Collecting duct carcinoma
	Chromophobe RCC
	C-reactive protein
	Cytotoxic T-lymphocyte-associated protein 4
	Disease free survival
	Epidermal growth factor receptor
	Food and Drug Administration
FDG-PET	Fluorodeoxyglucose positron emission
ECED4	tomography
	Fibroblast growth factor receptor-1
	Fumarate hydratase
	Gastrointestinal stromal tumors
HLRCC	Hereditary leiomyomatosis and renal cell
	carcinoma
<i>IFNa</i>	
	Immun ohist och emistry
<i>IL-2</i>	Interleukin 2
<i>IMDC</i>	International Metastatic Renal Cell
	Carcinoma Database Consortium
<i>LDH</i>	Lactate dehydrogenase
<i>MHC1</i>	Major histocompatibility complex 1
<i>MiT</i>	Microphthalmia-associated transcription
	Magnetic resonance imaging
	Memorial Sloan Kettering Cancer Center
	Microvascular invasion
	Non-clear cell RCC
NK	

# Tist of Abbreviations cont...

Abb.	Full term
MLD.	N
	.Neutrophil-to-lymphocyte ratio
<i>OS</i>	
	.Programmed cell death 1
	.Programmed cell death ligand 1
	.Programmed cell death ligand 2
	.Progression free survival
	.Partial nephrectomy
	.Papillary renal cell carcinoma
<i>PS</i>	.Performance status
<i>RCC</i>	.Renal cell carcinoma
<i>RR</i>	.Relative risk
<i>SDH</i>	.Succinate dehydrogenase
SEER	.Surveillance, epidemiology, and end results
<i>srRCC</i>	.Sarcomatoid RCC
<i>TCR</i>	.T cell receptor
TILs	.Tumor infiltrating lymphocytes
	.Tumor-infiltrating mononuclear immune
	cells
<i>TMB</i>	.Tumor mutational burden
<i>TNM</i>	.Tumor, node and metastasis
tRCCs	.Translocation RCCs
<i>UICC</i>	.Union for International Cancer Control
	.University of California Integrated Staging
	System
<i>VHL</i>	v
	.World Health Organization
χ2	

#### on

#### Introduction

Renal cell carcinoma (RCC) accounts for about 2% of cancer diagnoses and deaths globally. 1

It is considered the seventh most common form of neoplasm in the developed world. In the US, The surveillance, epidemiology, and end results (SEER) statistics report that RCC accounts for 4.2% of all cancer diagnoses (almost double the global average). <sup>2</sup>

Renal cell tumors represent a group of histologically and molecularly heterogeneous diseases. The histologic classification of renal cell carcinoma (RCC) has significantly changed in the last few decades, many new entities were added based on either characteristic pathologic features or distinctive molecular alterations.<sup>3</sup>

The major subtypes are clear cell RCC (CCRCC) representing 65–70% of all RCC, papillary RCC (PRCC) 15–20%, and chromophobe RCC (ChRCC)5–7%.<sup>3</sup>

RCC is considered an immunogenic cancer, with pathologic specimens harboring a high number of tumor-infiltrating lymphocytes (TILs) which are considered manifestations of host immune reactions against cancers. <sup>4,5</sup>

PD-1 is a cell surface glycoprotein within the B7 family of T cell costimulatory molecules; it was first described by



Ishida et al in 1992. 6 PDL1, when bound to PD1 protein, leads to downregulation of activated T cells. <sup>7</sup>

It was suggested that approximately 30% of malignant tumor cells, including RCC among other tumors, express PD-L1 and closely associate with the prognosis of the patients. 8–10

PD-1 protein is mainly expressed on TILs, whereas PD-L1 is expressed on both immune cells and tumor cells. 11

The expression of PDL-1 is currently being investigated as an important prognostic and predictive biomarker; however, it is still not validated alone determining which patients should be offered PD-1/L1 blockade therapy. 12,13

### **AIM OF THE WORK**

#### Primary end point:

Orrelation of PD-L1 expression both in tumor cells and tumor infiltrating lymphocytes (TILs) with disease free survival (DFS) and Overall survival (OS) for patients with non-metastatic RCC and with Progression free survival (PFS) and Overall survival (OS) for metastatic patients.

#### **Secondary end point:**

Correlation of PD-L1 expression in tumor cells and TILs with clinical and pathological features.