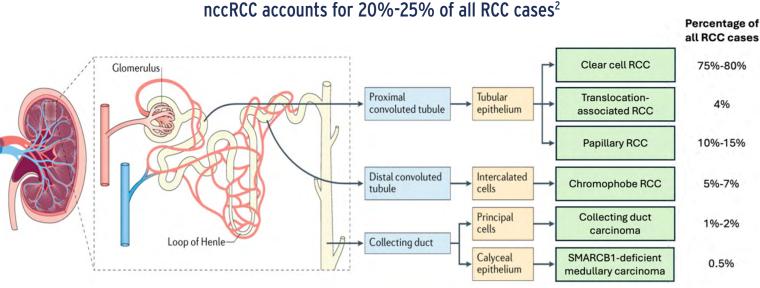


Learning Objectives

- Recall the importance of accurate diagnosis and classification of non-clear cell renal cell carcinoma (nccRCC)
- Demonstrate increased knowledge of nccRCC subtypes, molecular mechanisms, and prevalence

Renal cell carcinoma (RCC) can be classified by histologic or molecular subtype¹⁻³



Dizman N, et al. Nat Rev Nephrol. 2020;16(8):435-451.





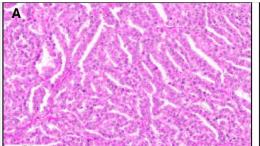


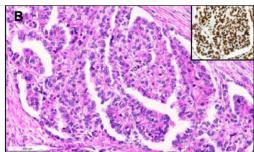
Papillary tumors represent the largest nccRCC subtype, have heterogeneous morphology, and may coalesce with some new molecular subgroups^{4, 5}

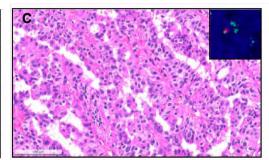
Classical papillary RCC

TFE3-rearranged RCC

TFEB-amplified RCC











The WHO 2022 classification of urogenital tumors introduced subgroups of molecular-driven, morphologically heterogeneous RCC³

RCC Subtype	Genetic Alteration	Comments
Eosinophilic solid and cystic RCC	TSC mutation Activation of mTOR pathway	Typically clinically indolent Appears responsive to mTOR inhibitors
ALK-rearranged RCC	ALK rearrangements	Typically morphologically heterogeneous Appears responsive to ALK inhibitors
SMARCB1-deficient medullary carcinoma	SMARCB1 loss	Highly aggressive Generally occurs in young patients with sickle cell trait
TFEB-altered RCC	TFEB translocation TFEB amplification	TFEB-translocated: typically clinically indolent TFEB-amplified: typically highly aggressive, tends to occur in older patients Formerly categorized as MIT family RCC
TFE3-rearranged RCC	TFE3 translocation	Formerly categorized as MIT family RCC
FH-deficient RCC	FH loss or mutation	Formerly termed HLRCC

ALK, anaplastic lymphoma kinase; FH, fumarate hydratase; HLRCC, hereditary leiomyomatosis and renal cell carcinoma; MIT, microphthalmia; mTOR, mammalian target of rapamycin; SMARCB1, SWI/SNF-related matrix-associated actin-dependent regulator of chromatin subfamily B member 1; TFE3, transcription factor binding to IGHM enhancer 3; TFEB, transcription factor EB; TSC, tuberous sclerosis complex.







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