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Renal Cell Carcinoma: Raising Awareness through Experience a Survivor's Autobiography Case Study

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***Abstract*: This study is being conducted to establish awareness of Renal Cell Carcinoma (RCC), Renal Cancer. For the purpose of this study the researcher used a Qualitative Autobiography Case Study approach to educate, advocate, provide resources and support based on a lived-experience; the researchers' own experience. Presently, because of the prevalence of Sonography, Computed Tomography (CTs), and Magnetic Resonance Imaging (MRIs); RCC usually can be detected in the early stages (Kuang-Shun, Hsin-Chih, & Ching-Chia, 2013). The researcher's intent is to educate individuals, by affording them with a description of what RCC is; the lived experience of the subject, kidney staging and grading information, symptoms and causes, and support resources.**

***Keywords*: Renal Cell Carcinoma; Kidney Cancer; Kidney Staging and Grading; Support Resources.**

1. DEDICATION

I dedicate this case study to all the women, men, and children that have been and may be diagnosed with RCC. You are not alone, there is hope!

2. INTRODUCTION

Subject: A healthy 47-year-old female, with no symptoms, was diagnosed with a right kidney mass in January 2018, after tests were conducted for a separate medical concern. Upon further examination by two Urological Specialists; tests confirmed that the patient had a 3.2 mass indicative of Renal Cell Carcinoma (RCC), and the best plan of action was Robotic dissection. This case study will reveal the complete case as it emerged from diagnosis, surgical intervention, recovery, and future prognoses.

3. PURPOSE STATEMENT

Education and experience afford newly diagnosed individuals with synergy. Through these insights the researcher hopes to reach out to those affected by RCC, and afford a positive result status within a delicate and very serious situation through a personal and unique perspective. Through this case study the researchers' intention was to get involved and make a difference, not only in her life, but in the lives of others. By getting involved, one can do something that makes a tremendous difference in providing hope, assistance, and support to those living with RCC (Castillo, 2018).

4. METHODOLOGICAL APPROACH AND RESEARCH DESIGN

This study was conducted by utilizing an autobiography case study approach. Although the induction of case studies is not clearly stated in research, the approach has existed for quite some time. Case studies are used in various disciplines; for example, psychology, education, social sciences, and medical science to name a few. Case studies are also known as case histories, which are considered a methodology that uses individual interviews and recollection with record analysis, and observation (Cooper & Schindler, 2011). This case study uses an individual approach.

Case studies are often used to understand events and their effects and processes by emphasizing on contextual analysis of the event(s) or condition(s), and their interrelations when there is a need to obtain a comprehensive appreciation of a concern of interest in its natural every day setting (Crowe, Cresswell, Robertson, Huby, Avery, and Sheikh, 2011). Because the approach used in case studies is to examine situations as they occur; case studies are typically socially constructed and structured between the researcher, and the respondent (participant) to provide a deep understanding of a complex situation. In this case the researcher is also the sole participant.

5. SOURCES OF INFORMATION AND LITERATURE REVIEW

The literature review consisted of both seminal work and present medical work. All of which is focused on renal cancer. The seminal works reviewed for the purpose of this study encompass the core foundations and theories relevant to renal cancer. These methodological approaches have greatly influenced subsequent research and theory in the field of oncology which is a branch of medicine that deals with the prevention, diagnosis, and treatment of cancer. Subsequently, when understanding the phenomena in RCC research, the researcher identifies the "essence" of her experiences. Understanding the "lived experiences" marks autobiographic case study as a philosophy as well as a method, and the procedure involved studying one subject through extensive and prolonged engagement to develop patterns and relationships of meaning (Moustakas, 1994). In this process, the researcher "brackets" her experiences study (Nieswiadomy, 1993), to afford her audience with a better understanding of RCC.

6. DATA COLLECTION PLAN

In autobiographic case study research, the ability to collect data from an individual is set forth to provide a detailed analysis of a person, especially as a model of medical, psychiatric, psychological, or social phenomena. Additionally, as the purpose of the study was to gain a better understanding of a lived experience, a concrete description was the most appropriate for descriptive purposes (Langdridge, 2007).

7. SIGNIFICANCE AND POTENTIAL CONTRIBUTIONS

Research regarding RCC has a significant impact on health, emotional wellness, stress, fear, and morale. Understanding the significance of this medical condition was imperative for building a well-developed understanding of RCC. However, most studies are statistical in nature and do not examine a patients' perception and experience. Hence, the significance of such case study is crucial, as it will provide a direct look at the diagnosis, surgical intervention, and future prognoses of the patient. The potential contributions are knowledge, awareness, and life preservation.

8. ETHICAL CONSIDERATIONS

According to Castillo (2018), it was crucial for the researcher to anticipate any ethical issues that may arise during the course of the study. This research focused on the sensitive issue related to renal cancer. In this study, the researcher was aware of the possibility of demonstrating an uncomfortable and personal experience.

9. EXPECTED OUTCOME

This study was intended to educate individuals, by affording them with a description of what RCC is, its symptoms (if any) and causes, staging and grading of kidney cancer information, and support resources.

10. SETTING, POPULATION, SAMPLE

The theoretical and conceptual setting of the study illustrated the positive and negative characteristics of RCC. Accordingly, the population for this study consisted of one individual whom was diagnosed with Stage 1; T3, N0, M0 RCC. The intent of the study was to examine RCC through the eyes of the cancer survivor. There was no recruitment, as the study completely revolves around one subject.

11. WHAT IS RENAL CELL CARCINOMA (RCC)

Current literature discusses and defines RCC as a disease involving the abnormal and uncontrolled growth of cells in the kidneys, a pair of organs that removes waste products from the bloodstream and excretes them as urine. About 90 percent of kidney cancers are RCC, which originate in the tubules that transport waste materials from the blood to the urine (City

of Hope, 2018). Additionally, according to the City of Hope (2018), researchers state that kidney cancer can develop in adults and children, representing 3.8 percent of all new cancer cases in the United States. Kidney cancer is more common in men than women and among African Americans and American Indian and Alaska Native populations.

12. SUBJECTS' EXPERIENCE

The subject (patient) had been admitted to the hospital on January 09, 2018 for stomach surgery, upon discharge a couple of days later the subject began to experience severe pain in her left shoulder and arm. Patient contacted her surgeon, immediately a CT was conducted. Results from the CT, dated January 16, 2018, indicated no issues with the stomach surgery; however, a partially exophytic 3 x 2.8 x 2.5 cm mass on the upper right kidney; heterogeneous in density was detected. An appointment with a Urologist was made; additional laboratory work was conducted, as well as a subsequent CT. On March 03, 2018, this CT indicated that the right kidney demonstrated an exophytic upper pole 2.9 x 2.5 cm intensely enhancing mass. This extends to the upper pole calyx. The diagnosis was Renal Cell Carcinoma (RCC).

The urologist made recommendations to save partial kidney, by having the mass extricated via robotic surgery and a referral to an urologist specializing in robotic surgery was made. Upon consulting with the second urologist and robotic surgeon; he concurred with the first specialists' recommendation and advised the patient that the mass could be removed via a partial nephrectomy. According to John Hopkins Medicine (2018), "a partial nephrectomy is also referred to as "nephron-sparing surgery" or "kidney-sparing surgery." During a partial nephrectomy the surgeon removes the tumor and saves the kidney. This is a delicate procedure that is highly experience dependent." (para. 1).

The surgery took place on Tuesday, May 15, 2018; the patient was discharged from the hospital on Wednesday, May 16, 2018. No complications took place during surgery and the complete mass was extracted and sent to pathology (A. Dikranian, professional communication, May 16, 2018).

The post-surgery follow-up took place on Friday, June 01, 2018; the patient was advised that incisions from robotic surgery were healing well, patient experienced minimal discomfort. Patient's pathology report was reviewed. Pathology report revealed Clear Cell Renal Carcinoma, WHO/ISUP grade 3, measuring 3.2 cm, and tumor was limited to kidney; no lymph- vascular invasion identified and renal parenchymal margins were clear of tumor by at least 1 mm. It was explained that the cancer was very aggressive; however, it was removed in its entirety. Patient is cancer free.

No additional treatments and or chemotherapy would be required.

According to A. Dikranian (professional communication, June 01, 2018), the plan of action for continued medical follow-up care would be scheduled in three month intervals, to begin in August 2018, at which time a subsequent CT would be conducted. This type of monitoring would take place for one year, then the visits would be every six months, finalizing in yearly visits.

13. STAGING AND GRADING KIDNEY CANCER

The Macmillan Cancer Support (2018) website states that the stage of a cancer describes its size and whether it has spread. Once your doctors know the stage of the cancer, they can plan your treatment. The most commonly used staging system for kidney cancer is the Tumor, Nodes, and Metastases (TNM) system:

"T" refers to the tumor size. "N" refers to whether lymph nodes are affected. "M" refers to whether the cancer has spread to other parts of the body (metastases).

T - Stands for Tumor

T1 – The cancer is only in the kidney and is no larger than 7cm.

T1a – The cancer is no larger than 4cm.

T1b – The cancer is larger than 4cm but not larger than 7cm.

T2 – The cancer is larger than 7cm and is inside the kidney.

T3 – The cancer is growing into the fat around the kidney or into a major vein (the vena cava and renal vein) close to the kidney. But it is not growing beyond the outer covering of the kidney (capsule).

T4 – The cancer has spread outside the capsule that surrounds the kidney. It may have grown into the adrenal gland (Macmillan Cancer Support, 2018).

N - Stands for Nodes

N0 – There are no cancer cells in any lymph nodes.

N1 – There are cancer cells in one or more lymph nodes.

If the cancer cells have spread to the lymph nodes, the nodes are said to be positive (Macmillan Cancer Support, 2018).

M - Stands for Metastases

M0 – The cancer has not spread to other distant parts of the body.

M1 – The cancer has spread to distant parts of the body such as the bones, lungs, liver or brain. If the cancer has spread, it's called secondary or metastatic kidney cancer.

The T, N and M stages may be grouped together to give a number stage for the cancer. These range from stages 1– 4 (Macmillan Cancer Support, 2018).

Note: Grades are determined through the use of the Fuhrman system. The Fuhrman system is the most common grading system for kidney cancer. It ranges from 1–4; the higher the number, the more abnormal the cells look. A grade 1 cancer is usually slow growing. It is less likely to spread than a higher grade, such as a grade 4 cancer.

Number staging

Stage 1

- The cancer is 7cm or less and is inside the kidney. There is no spread to the lymph nodes or other organs. This is the same as T1 N0 M0 in the TNM system (Macmillan Cancer Support, 2018).

Stage 2

- The cancer is larger than 7cm and is inside the kidney. There is no spread to the lymph nodes or other organs. This is the same as T2 N0 M0 in the TNM system (Macmillan Cancer Support, 2018).

Stage 3

- The cancer is growing into the fat around the kidney or into one of the major veins close to the kidney (the renal vein or the vena cava) but has not grown outside the capsule that surrounds the kidney. It has not spread to the lymph nodes. This is the same as T3 N0 M0 in the TNM system (Macmillan Cancer Support, 2018).
- Or the cancer has spread to the lymph nodes but has not grown outside the capsule around the kidney. This is the same as T1–T3 N1 M0 in the TNM system (Macmillan Cancer Support, 2018).

Stage 4

- The cancer has grown through the capsule that surrounds the kidney and may have grown into the adrenal gland. It may have spread to the lymph nodes. It has not spread to parts of the body far from the kidney. This is the same as T4 Any N M0 in the TNM system (Macmillan Cancer Support, 2018).
- Or the cancer has spread to distant parts of the body. It can be any size and may have grown through the capsule surrounding the kidney and may have grown into the adrenal gland. It may have spread to the lymph nodes. This is the same as T1–T4 Any N M1 in the TNM system (Macmillan Cancer Support, 2018).

Grading

According to the Macmillan Cancer Support (2018) website grading refers to the appearance of the cancer cells under the microscope. The grade gives an idea of how the cancer may behave.

The Fuhrman system is the most common grading system for kidney cancer. It ranges from 1–4; the higher the number, the more abnormal the cells look. A grade 1 cancer is usually slow growing. It is less likely to spread than a higher grade, such as a grade 4 cancer (Macmillan Cancer Support, 2018).

14. SYMPTOMS AND CAUSES

For educational purposes the researcher will provide a description of the symptoms and causes related to RCC; however, bear in mind that the subject did not experience any symptoms, the RCC was found accidently through a CT that was conducted for an entirely different medical aliment.

Symptoms

The Mayo Clinic (2018) states that kidney cancer rarely causes signs or symptoms in its early stages and presently there are no routine tests used to screen for kidney cancer in the absence of symptoms. In the later stages, kidney cancer signs and symptoms may include:

- Blood in your urine, which may appear pink, red or cola colored
- Pain in your back or side (flank pain) that doesn't go away
- Loss of appetite
- Unexplained weight loss
- Tiredness
- Fever, which usually comes and goes (intermittent)

Causes

Subsequently, the Mayo Clinic (2018) affirms that it is not clear what causes RCC; the most common form of kidney cancer, though there are several risk factors. Additionally, specialists know that kidney cancer begins when some kidney cells acquire mutations in their DNA. The mutations tell the cells to grow and divide rapidly. The accumulating abnormal cells form a tumor that can extend beyond the kidney. Some cells can break off and spread (metastasize) to distant parts of the body (Mayo Clinic, 2018).

15. EMOTIONAL DISTRESS

Carlson (2016) emphasizes on how cancer is an emotional roller coaster. On the negative side, there is fear, sadness, confusion but those are powerfully offset by love and hope. The ups and downs are a source of emotional stress that can be difficult to handle, whether or not you are surrounded by loved ones (Carlson, 2016).

One very important fact that cannot be reiterated enough; RCC does not discriminate, anyone can be susceptible to it. There are a lot of things that you will be going through that you never thought you would, but try to remember that thousands have come before you and most are doing just fine now. Cancer is different on all of us, but you can do it. Be patient and do not be afraid to ask if you need help (WhatNext, 2018).

There are many cancer stories, many you cannot hear; however, do know that you are not alone. One must admit that we can concur with the Cancer Treatment Centers of America (2018), life goes on for everyone. Despite the odd, “life-has-stopped” silence that fills our hearts when we hear the word "cancer,” life has a way of grabbing hold for most of us. It is easy to hide or limit activities and friendships, but try to grab life right back and do something that brings you joy. Embrace every moment with gratitude.

16. SUPPORT

Emotional support is important for most cancer patients during their illness and can be gained from different people and services (Slevin, Nichols, Downer, Wilson, Lister, Arnott, Cody, Maher, Souhami, Tobias, & Goldstone, 1996, p. 1275). According to the National Cancer Institute (2017)…

…“Just as cancer affects your physical health, it can bring up a wide range of feelings you are not used to dealing with. It can also make existing feelings seem more intense. They may change daily, hourly, or even minute to minute. This is true whether you are currently diagnosed, in treatment, done with treatment, or a friend or family member. These feelings are all normal.” (Feeling and Cancer)…

Hence, in order to deal with the emotional distress the subject sought the help of a Psychologist; a local Women’s Mental Health Group; Web-based Support Groups, and her family and friends which were pillars at various levels.

As Nielsen (2017) suggests, when one is vulnerable it is the support of caring and compassionate people that lifts you out of the darkness and allows hope to shine through. When one shares his or her burden, if even just a little, the weight gradually lifts from their shoulders.

Schapira (2017) advises that…

…"Peer support, in person or through web-based platforms, lets a person vent their frustration, learn about new treatments or research protocols, and exchange information. Knowing that others have had similar experiences and that they can help may make all the difference in how someone lives through the challenge of cancer. Support groups bring people together and provide a safe forum for exchanging perspectives, sharing concerns, and gaining confidence to face the future." (Para. 3)…

17. SUPPORT RESOURCES

The subject contacted the following support and resource entities:

- Los Angeles Cancer Network Patient Support Website which lists support organizations for various cancers at www.lacancernetwork.com/patient-family-support
- The American Kidney Fund at www.kidneyfund.org
- The Kidney Cancer Association at www.kidneycancer.org
- The National Kidney Foundation at www.kidney.org

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May God continue to bless each of you with good health…

19. BIOGRAPHY

Dr. Giselle A. Castillo is a former AT&T service professional with 18 years' experience providing stellar telecommunication, customer service, leadership, financial analysis, and project and record management in diverse business settings. Dr. Castillo received a B.S. in Business Management and an M.B.A from the University of Phoenix (UOP), and was awarded a dual PhD in Organization and Management from Capella University for her studies in Emotional Intelligence (EI).

Professionally, Dr. Castillo is an Immigration Services Officer with the Department of Homeland Security (DHS), United States Immigration and Citizenship Services (USCIS), and a Course Reviewer with Southern New Hampshire University (SNHU), College of America (CFA).

Academically, Dr. Castillo has authored a book; *Emotional Intelligence and Non-Management Employee Reaction: A Qualitative Phenomenological Study*, and has published several Leadership works in journals such as: The International Journal of Economics, Business, and Management Research (IJEBMR), the International Journal of Creative Research Thoughts (IJCRT), and the International Journal of Novel Research in Education and Learning (IJNREL), for Higher Education purposes.

On her personal time, Dr. Castillo enjoys contributing and advocating higher education and professional growth through mentor and academic programs. Since 2008, Dr. Castillo has volunteered her time and knowledge, as an Academic Mentor for UOP. She is the former UOP Alumni Association, Los Angeles Chapter President (2013- 2016), and the founding President for the Southern California Alumni Chapter (2016- 2017). Additionally, Dr. Castillo is actively pursuing committee responsibilities with UOPs School of Advanced Studies (SAS) Special Interest Group, Center for Workplace Diversity and Inclusion Research, Women and Leadership Research Group, and presently pursuing Renal Cancer advocating opportunities with local cancer research organizations.

Dr. Castillo is dedicated and passionate about assisting individuals achieve their academic and personal objectives and is proud to be a life-long learner, educator, and researcher. One of her most prized possessions is a letter of academic excellence and recognition for having ascertained her doctoral degrees; this recognition was from The White House, President Barack Obama dated December of 2016. She believes that knowledge is essential and takes great pride in supporting such regardless the subject matter; hence, the case study that you have just reviewed. You can read more about Dr. Castillo and her endeavors in UOPs Research Hub, as she is a recognized figure in academia (https://research.phoenix.edu/news/alumni-spotlight-giselle-castillo and https://research.phoenix.edu/users/giselle-castillo).

REFERENCES

[1] Cancer Treatment Centers of America. (2018). Cancer Treatment Centers of America. Retrieved from https://www.cancercenter.com/kidney-cancer/stories/

[2] Carlson, M. (2016). Blaming the Cancer Patient. Retrieved from https://www.curetoday.com/community/martha-carlson/2016/07/blaming-the-cancer-patient

[3] Castillo, G.A. (2018, March- April). Qualitative Methodologies: Which is the best approach for your Dissertation topic?. *International Journal of Novel Research in Education and Learning*, *5*(2), 83-90. www.noveltyjournals.com.

[4] City of Hope. (2018). Kidney Cancer. Retrieved from https://www.cityofhope.org/clinical-program/kidney-cancer

[5] Cooper, C. R., & Schindler, P. S. (2011). *Business research methods* (11th ed.). Boston, MA: McGraw-Hill.

[6] Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The case study approach. *BMC Medical Research Methodology*, 11(1), 100–108.

[7] John Hopkins Medicine. (2018). Partial Nephrectomy. Retrieved from https://www.hopkinsmedicine.org/healthlibrary/test_procedures/urology/_22,PartialNephrectomy

[8] Kuang-Shun, C., Hsin-Chih, Y., & Ching-Chia, L. (2013). A huge renal cell carcinoma: Case report and literature review. *Urological Science*, 24(2), 58-60. doi:https://doi.org/10.1016/j.urols.2013.05.001

[9] Langdridge, D. (2007). *Phenomenological psychology: Theory, research and method.*

[10] Macmillan Cancer Support. (2018). Staging And Grading Kidney Cancer. Retrieved from https://www.macmillan.org.uk/information-and-support/kidney-renal-cancer/treating/treatment-decisions/understanding-your-diagnosis/staging-and-grading.html#10427

[11] Mayo Clinic. (2018). Kidney Cancer. Retrieved from https://www.mayoclinic.org/diseases-conditions/kidney-cancer/symptoms-causes/syc-20352664

[12] Moustakas, C. E. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.

[13] National Cancer Institute. (2017). Coping with Cancer. Retrieved from https://www.cancer.gov/about-cancer/coping/feelings

[14] Nielson, L. (2017, May). The Importance of Friend and Family Support When You Have Cancer. *Choose Hope Blog*. Retrieved from https://www.choosehope.com/blog/importance-friend-family-support-cancer/

[15] Nieswiadomy, R.M. (1993). *Foundations of nursing research*. (2nd ed.) Norwalk, CT: Appleton & Lange. Thousand Oaks, CA: Sage Publications.

[16] Schapira, L. (2017). Why Peer Support Is Important for People Coping With Cancer. Retrieved from https://www.cancer.net/blog/2017-06/why-peer-support-important-people-coping-with-cancer

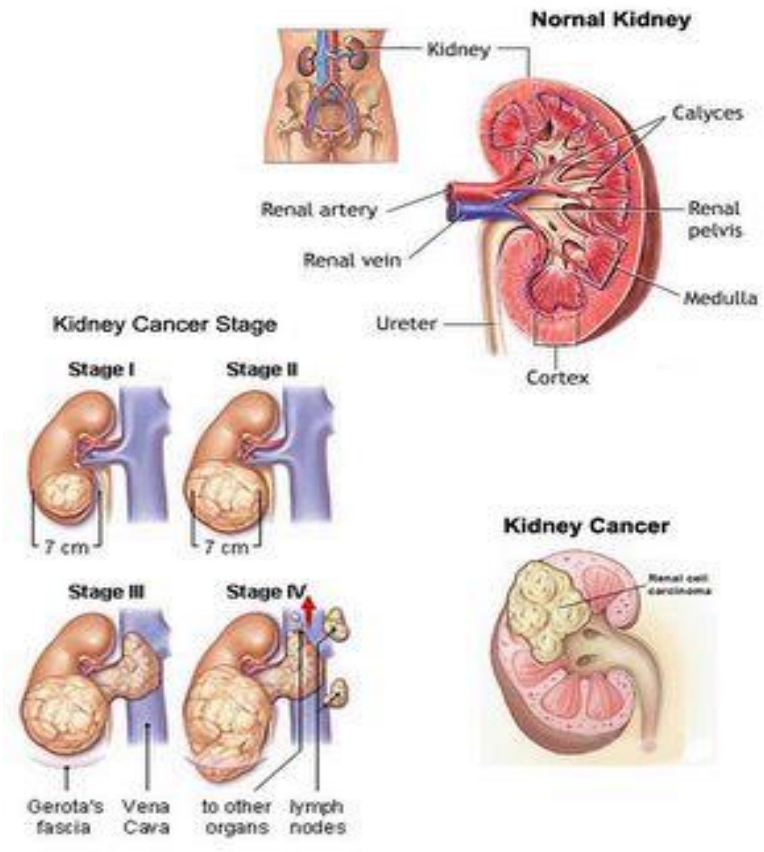
[17] Slevin, M. L., Nichols, S. E., Downer, S. M., Wilson, P., Lister, T. A., Arnott, S., Cody, M., Maher, J., Souhami, R.L., Tobias, J.S., & Goldstone, A.H. (1996). Emotional support for cancer patients: what do patients really want? *British Journal of Cancer*, *74*(8), 1275–1279.

[18] Wallace, M.A. (2006, August). Anatomy and Physiology of the Kidney. *Aorn Journal*. doi:https://doi.org/10.1016/S0001-2092(06)62377-6

[19] WhatNext. (2018). Dear Newly Diagnosed Cancer Patient - 12 Things I Wish I Had Known. Retrieved from https://www.whatnext.com/blog/posts/dear-newly-diagnosed-cancer-patient-12-things-i-wish-i-had-known

APPENDIX-A

FIGURE 1: ANATOMY OF A NORMAL KIDNEY AND KIDNEY CANCER STAGES (RCC)



(Wallace, 2006)

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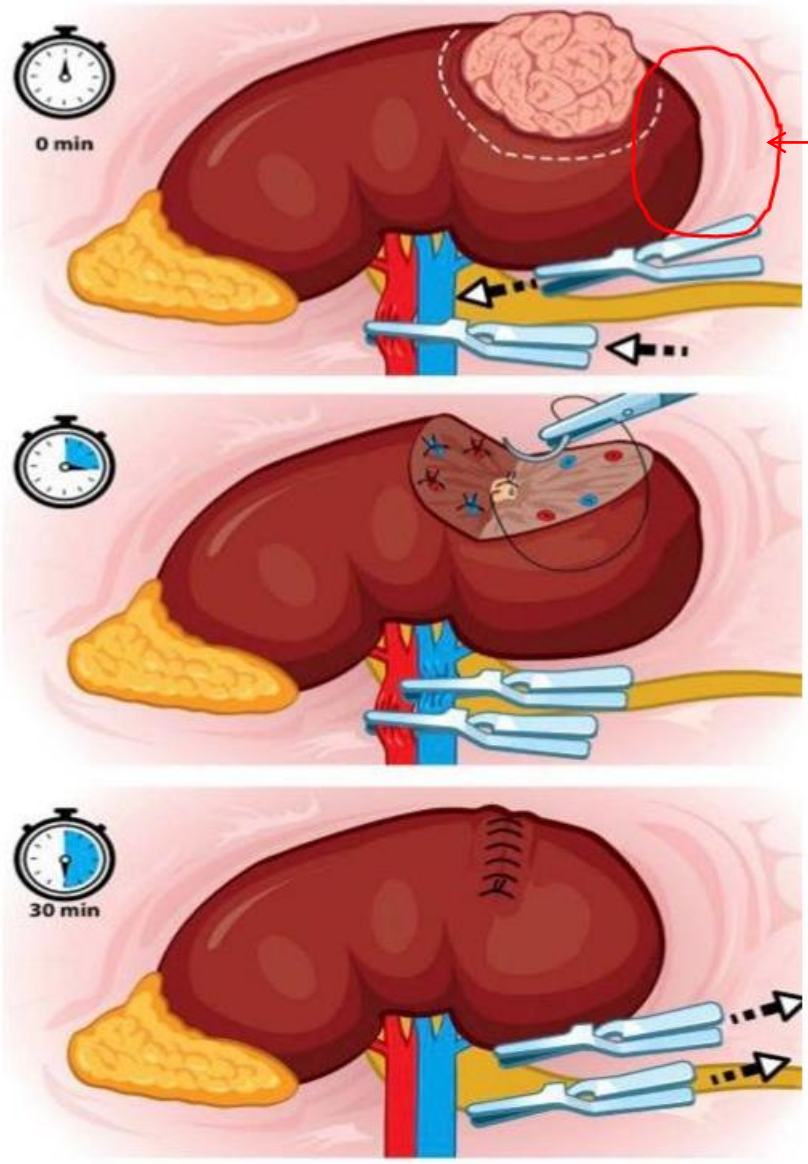
FIGURE 2: ILLISTRATION OF A PARTIAL NEPHRECOTOMY



Note: RCC in case study subject was located on the right upper pole.

(Wallace, 2006)