

CASE REPORT

PRaG regimens for rechallenge in a patient with acquired resistance to PD-1 inhibitor in advanced refractory renal pelvis carcinoma: A case report

Supplementary Files

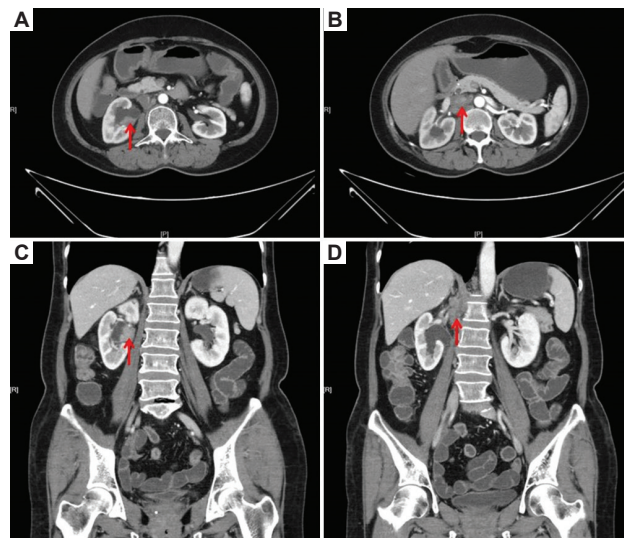


Figure S1. Contrast-enhanced computed tomography images of the patient's abdominal area upon admission. The images show a soft-tissue nodule (20 mm × 25 mm) in the right renal pelvis (indicated by red arrows in [A] and [B]), as well as a mass (40 mm × 25 mm) in the right retroperitoneal region and multiple enlarged lymph nodes in enterocoelia (indicated by red arrows in C and D).

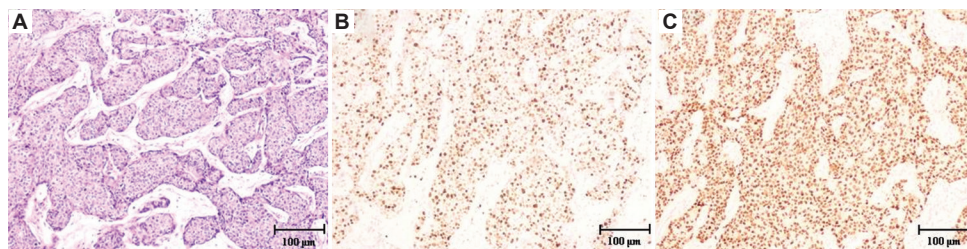


Figure S2. The immunohistochemical results of the lesion in the renal pelvis. The results indicate invasions in the nerve vascular and renal pericapsular adipose tissue. Metastasis was present in renal hilar lymph nodes, and the Ki-67 expression was 70%. In addition, the PD-L1 expression was negative. In addition, the PD-L1 expression was negative. The figure displays the immunohistochemical staining for hematoxylin and eosin (A), P53 (B), and KI-67 (C). Microscope magnifications ×100 used for viewing all the panels.

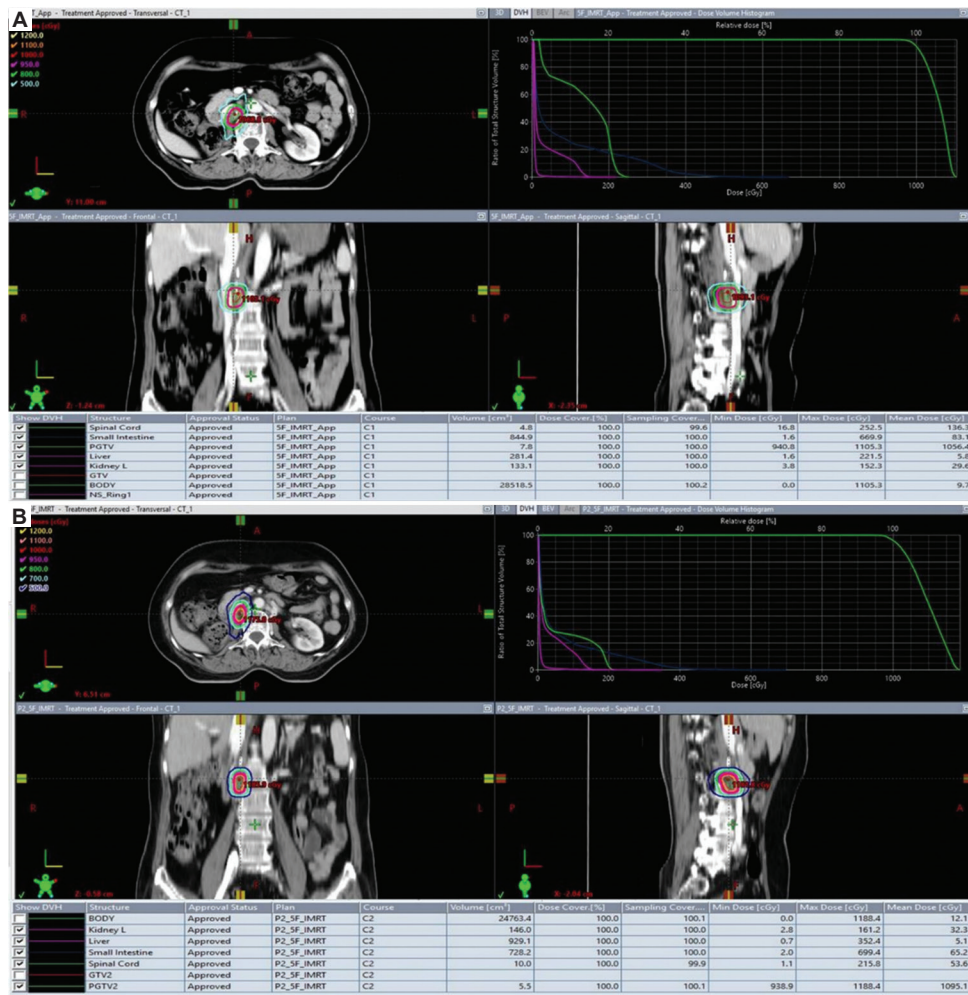


Figure S3. (A) The first radiotherapy plan image of the lesion located in the posterior peritoneum and a dose-volume histogram of organs at risk. (B) The second radiotherapy plan image of the lesion located in the posterior peritoneum and dose-volume histogram of organs at risk.

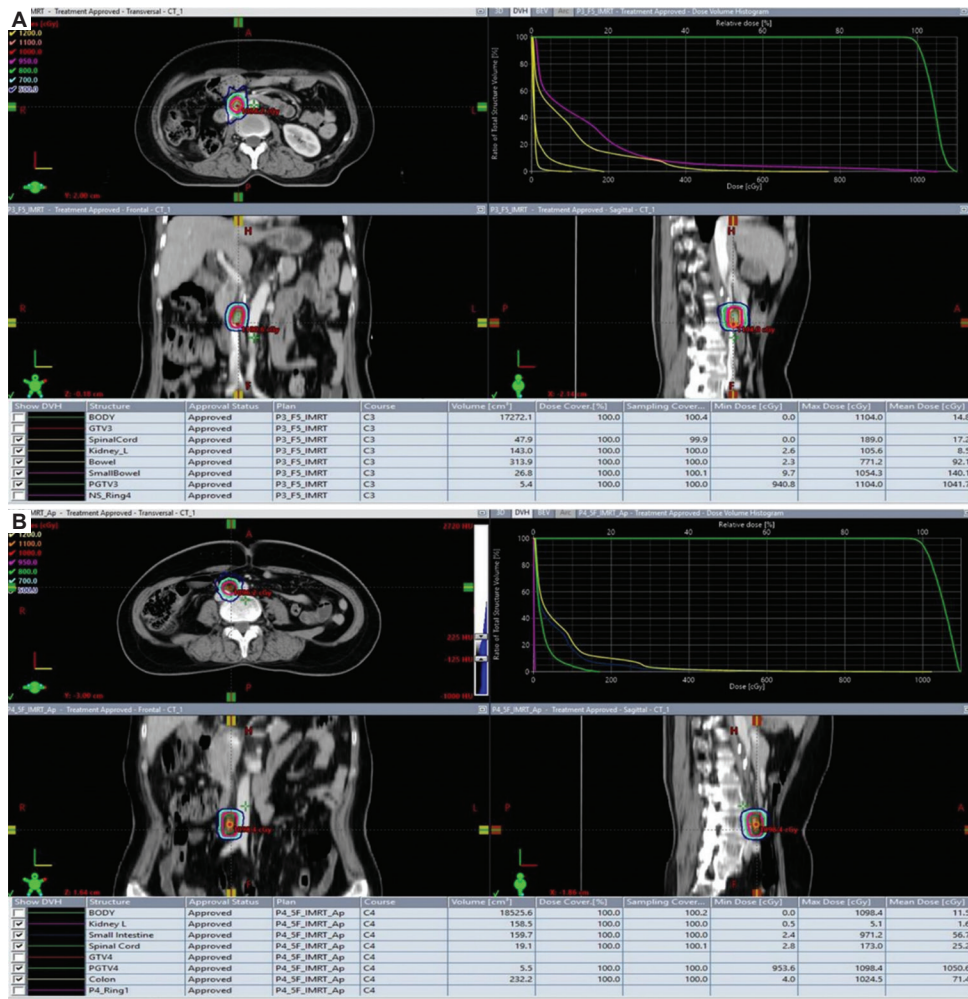


Figure S4. (A) The first radiotherapy plan image of the lymph nodes located beside the inferior vena cava and dose-volume histogram of organs at risk. (B) The second radiotherapy plan image of the lymph nodes located beside the inferior vena cava and dose-volume histogram of organs at risk.