

[Home](#) > [Research and Advocacy](#) > [Research Summaries](#) > [Common Drug Helps Patients with Kidney Cancer and High Blood Pressure Live Longer](#)

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Common Drug Helps Patients with Kidney Cancer and High Blood Pressure Live Longer [1]

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In a recent review of a clinical trials database, patients with metastatic kidney cancer who were taking a class of drug called an angiotensin system inhibitor (ASI) to manage high blood pressure lived about nine months longer than patients who were not taking an ASI. There are two types of ASI drugs ? angiotensin converting enzyme (ACE) inhibitors, such as lisinopril (Prinivil, Zestril) or captopril (Capoten), and angiotensin receptor blockers (ARBs), such as losartan (Cozaar). Both types lower blood pressure by affecting a hormone called angiotensin II, which is responsible for increasing blood pressure. Previous research has suggested that angiotensin II also plays a role in the development of cancer, particularly in the process of angiogenesis (the formation of blood vessels, which a cancer needs to grow and spread).

For this study, researchers reviewed a database of 4,736 patients with metastatic renal cell carcinoma (a type of kidney cancer) who received their cancer treatment on clinical trials sponsored by Pfizer, Inc. As part of their participation in these clinical trials, each patient received cancer treatments that are currently being used or researched for renal cell carcinoma, such as sunitinib (Sutent), sorafenib (Nexavar), axitinib (Inlyta), bevacizumab (Avastin), temsirolimus (Torisel), and interferon. For the research review discussed here, patients were considered ASI users if they were taking an ASI or started one within the first 30 days of beginning cancer treatment on a clinical trial.

Overall, patients taking ASIs lived about 27 months, compared with 17 months for those who were not taking an ASI. In addition, patients taking ASIs were more likely to have the cancer shrink. Researchers also compared ASIs to other types of medications for high blood pressure, finding that patients taking other types of medications for high blood pressure lived about 18 months. Researchers also found that patients taking a type of cancer treatment known as VEGF therapy had a greater benefit when ASIs were combined with cancer treatment. VEGF therapy, such as sunitinib, sorafenib, axitinib, and bevacizumab also affects the process of angiogenesis, which may mean that an ASI works along with the VEGF therapy to better block the formation of blood vessels that feed cancer growth.

What this means for patients

Though more research is needed, based on the results of this study, an ASI should be considered for patients with metastatic renal cell carcinoma who need medication to lower blood pressure and do not have any other conditions preventing their use, especially in patients receiving VEGF targeted treatments, said lead author Rana McKay, MD, a clinical oncology fellow at Dana Farber Cancer Institute in Boston. However, it is too early to determine if ASIs should be used for patients with metastatic renal cell carcinoma who do not also have high blood pressure or another medical condition to warrant ASI treatment.

ASIs are commonly used to control high blood pressure, and generally cause few side effects. However, they may cause fatigue, low blood pressure, dizziness, increased potassium levels, cough, and allergic reactions. If you have kidney cancer and high blood pressure, talk with your doctor about your treatment options for each condition, including how these treatments interact.

Questions to Ask Your Doctor

- What type of kidney cancer do I have? What does this mean?
- What cancer treatments am I currently receiving?
- If I have high blood pressure, would an ASI be considered as a treatment option?

For More Information

[Guide to Kidney Cancer](#) [2]

[Chronic Conditions: When Cancer Is Not Your Only Health Concern](#) [3]

[Angiogenesis and Angiogenesis Inhibitors to Treat Cancer](#) [4]

[Making Decisions About Cancer Treatment](#) [5]

Links:

[1] <http://www.cancer.net/common-drug-helps-patients-kidney-cancer-and-high-blood-pressure-live-longer>

[2] <http://www.cancer.net/cancer-types/kidney-cancer>

[3] <http://www.cancer.net/all-about-cancer/cancernet-feature-articles/side-effects/chronic-conditions-when-cancer-not-your-only-health-concern>

[4] <http://www.cancer.net/all-about-cancer/cancernet-feature-articles/treatments-tests-and-procedures/angiogenesis-and-angiogenesis-inhibitors-treat-cancer>

[5] <http://www.cancer.net/all-about-cancer/cancernet-feature-articles/cancer-basics/making-decisions-about-cancer-treatment>