Patient is a 22yo female with no notable past medical history, diagnoses, or interventions.

**Initial workup, diagnostics & interventions**
- **April**
  - Pt presents with daily dull, right-sided flank pain. Denies SOB, weakness, neurological changes.
- **June**
  - Referred to Emory for continued symptoms. CT A/P identifies R renal mass, numerous lung nodules. MRI reveals 5cm renal mass in R upper pole
- **July**
  - Bone scan performed, negative. Pt undergoes R radical nephrectomy.
- **Aug.**
  - Histology reveals melanotic translocation-associated RCC with TFE3-SFPQ fusion
- **Oct.**
  - Care established with Emory. Recovering well s/p Nephrectomy.

**Long-term therapy and response monitoring**
- **Nov.**
  - C1D1 Ipilimumab/Nivolumab combination immunotherapy
    - Imaging: Multiple new, subcentimeter pulmonary nodules
    - Symptoms: Intermittent 7/10 abdominal pain
- **Feb.**
  - C5 Nivolumab monotherapy, d/c Ipilimumab
    - Imaging: Resolution of multiple pulmonary nodules, NED in A/P
    - Symptoms: Improvement of bilateral LE paresthesia
- **May**
  - C10 Nivolumab monotherapy
    - Imaging: Improvement of pulmonary disease, no new disease
    - Symptoms: Denies
- **Oct.**
  - C14 Nivolumab monotherapy
    - Imaging: Stable pulmonary disease, no new disease
    - Symptoms: Denies
- **Mar.**
  - C20 Nivolumab monotherapy
    - Imaging: Stable pulmonary disease, no new disease
    - Symptoms: Denies
- **May**
  - C22 Nivolumab monotherapy
    - Imaging: Improvement of pulmonary disease, no new disease
    - Symptoms: Denies
- **Sept.**
  - C28 Nivolumab monotherapy
    - Imaging: Stable pulmonary disease, no new disease
    - Symptoms: Denies