

NCCN Kidney Cancer V.1.2011 – Update Meeting – August 6, 2010

Guideline Page and Request	Panel Discussion	References	Vote		
			YES	NO	ABSTAIN
KID-4 Internal request: Add erlotinib hydrochloride as a single agent for first-line therapy for patients with relapsed or medically unresectable stage IV disease with non-clear cell histology.	Based on data from the referenced study, the Panel added erlotinib as a first-line therapy for patients with relapsed or medically unresectable stage IV disease with non-clear cell histology.	Gordon MS, Hussey M, Nagle RB, et al. Phase II study of erlotinib in patients with locally advanced or metastatic papillary histology renal cell cancer: SWOG S0317. J Clin Oncol 2009;27:5788-5793.	18	0	0
KID-4 Internal request: Re-evaluate the chemotherapy options (gemcitabine or capecitabine or floxuridine or 5-FU or doxorubicin [in sarcomatoid only]) in the context of current practice.	The chemotherapy options listed for first-line therapy for patients with relapsed or medically unresectable stage IV disease with non-clear cell histology were reviewed. Based on data from the referenced studies, the Panel added the combination of gemcitabine and doxorubicin as a therapeutic option for these patients. Due to the lack of data to support the use of single-agent capecitabine, floxuridine, fluorouracil, and doxorubicin, these options were removed from the Guidelines.	<ol style="list-style-type: none"> 1. Nanus DM, Garino A, Milowsky MI et al. Active chemotherapy for sarcomatoid and rapidly progressing renal cell carcinoma. Cancer 2004;101:1545-1551. 2. Dutcher JP, Nanus D. Long-term survival of patients with sarcomatoid renal cell cancer treated with chemotherapy. Med Oncol. Published Online Aug 18 2010. 3. Haas N, Manola J, Pins M, et al. ECOG 8802: Phase II trial of doxorubicin (Dox) and gemcitabine (Gem) in metastatic renal cell carcinoma (RCC) with sarcomatoid features. ASCO Meeting Abstracts. 2009;27:5038. 	18	0	0