**Guideline Page and Request**

**Panel Discussion/References**

- Based on discussion regarding the first-line therapy options for patients with relapsed or stage IV and surgically unresectable predominantly clear cell renal cell carcinoma, the panel consensus was to list the options alphabetically by category and preference.
  - Pazopanib (category 1) and Sunitinib (category 1) are now noted as the "preferred" options therefore appear on top of the list of options.
- Based on discussion regarding the subsequent therapy options for patients with relapsed or stage IV and surgically unresectable predominantly clear cell renal cell carcinoma, the panel consensus was to reorganize the list. The choice based on prior therapy received "antiangiogenic therapy" and "cytokine therapy" was deleted. The options are listed alphabetically by category and preference.
  - Cabozantinib (category 1) and nivolumab (category 1) are noted as the "preferred" options.
  - In addition, the NCCN category of evidence and consensus were revised for the following therapy options:
    - Lenvatinib + everolimus regimen was changed from a category 2A to category 1.
    - Everolimus was category 1 after antiangiogenic therapy and after cytokine therapy and is now a category 2A.
    - Pazopanib was category 2A after antiangiogenic therapy and a category 1 after cytokine therapy and is now a category 2A.
    - Sorafenib was category 2A after antiangiogenic therapy and a category 1 after cytokine therapy and is now a category 2A.
    - Sunitinib was category 2A after antiangiogenic therapy and a category 1 after cytokine therapy and is now a category 2A.

**Institution Vote**

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**KID-3**  
**External request:** Submission from Exelixis, Inc. to recommend the revision of the evidence block for cabozantinib as a treatment for patients with advanced renal cell carcinoma after prior anti-angiogenic therapy, changing the Efficacy rating from 3 to 4, based on recent demonstration of significantly improved overall survival for patients treated with cabozantinib in the METEOR trial. We also recommended inclusion of reference 2 (Choueiri et al, 2016) in the references section of the guidelines.

Based on the changes to the subsequent therapy options, the panel completed a new survey to determine the evidence block related to cabozantinib and other subsequent therapy options. The results of the survey for the NCCN Guidelines with NCCN Evidence Blocks for Kidney Cancer can be seen here: [www.nccn.org](http://www.nccn.org).

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**KID-4**  
**Internal request:** Panel comment to reassess the order and category designation for the systemic therapy regimens for relapsed or stage IV and surgically unresectable with nonclear cell histology.

- Based on the discussion regarding systemic therapy options for relapsed or stage IV and surgically unresectable with nonclear cell histology, the panel consensus was to list the options alphabetically by category and preference.
  - Sunitinib is now listed as the “preferred” option.
  - In addition, the following systemic therapy options were added:
    - Cabozantinib (category 2A)
    - Lenvatinib + everolimus (category 2A)
    - Nivolumab (category 2A)

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