Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
KID-4 Internal request Institutional review comment to reassess the inclusion of axitinib as a first-line therapy for relapsed or stage IV and surgically unresectable with clear cell histology.	Based on panel discussion, the consensus was for axitinib to remain as a first-line therapy for relapsed or stage IV and surgically unresectable with clear cell histology with a category 2B designation.	9	5	0	14
KID-4 Internal request Discussion comment to reassess the inclusion of sorafenib as a subsequent therapy for relapsed or stage IV and surgically unresectable with clear cell histology.	Based on panel discussion, the consensus was for sorafenib to remain as a subsequent therapy for relapsed or stage IV and surgically unresectable with clear cell histology with a category 2B designation.	8	5	0	15
External request: Submission request from Genentech, Inc to consider the results from the IMmotion151 study on the use of atezolizumab and bevacizumab in patients with metastatic renal cell carcinoma (mRCC) presented on February 10th at the 2018 American Society of Clinical Oncology Genitourinary Cancers Symposium. Submission request from Genentech, Inc to please consider the inclusion of atezolizumab and bevacizumab as a treatment option for first-line metastatic renal cell carcinoma (RCC) based on the results of both the Phase 2 IMmotion 150 trial and Phase 3 IMmotion 151 trial.	Based on the panel discussion, the consensus was not to include atezolizumab and bevacizumab as a treatment option for kidney cancer due to limited available data. See Submission for References.	0	13	0	15

KID-4 and KID-5 External request: Submission request from Bristol-Myers Squibb Company to request the inclusion of a footnote to KID-4 and KID-5, the following: nivolumab FDA approved dose is 240mg IV every 2 weeks or 480mg IV every 4 weeks administered over 30 minutes until disease progression or unacceptable toxicity.	Based on the panel discussion, the consensus was not to include the footnote with the nivolumab dosing to the algorithm page. This will be added to the Discussion when that is updated. . See Submission for References.	0	13	0	14
KID-4 External request Submission from Exelixis: • Request that the Guidelines Panel consider reclassification of cabozantinib from a Category 2A to a Category 1, preferred first-line option for intermediate- and poor-risk group RCC patients with predominant clear cell histology. • Request that the Guidelines Panel consider including cabozantinib as a first-line option for favorable-risk RCC patients with predominant clear cell histology.	Based on data and discussion, the panel consensus did not support the category designation change for cabozantinib from a category 2A to a category 1 for first-line favorable-risk RCC patients with predominant clear cell histology. Based on the data and discussion, the panel consensus supported the inclusion of cabozantinib as a first-line option for favorable-risk RCC patients with predominant clear cell histology. This is a category 2B recommendation. See Submission for References.	0 10	13 3	0 0	14 14
External request Submission request from Merck & Co., Inc., to consider adding pembrolizumab as a first-line treatment option for patients with advanced clear cell renal cell carcinoma.	Based on the panel discussion, the consensus was not to include pembrolizumab as a first-line treatment option for patients with advanced clear cell renal cell carcinoma due to limited available data.	0	13	0	14

External request Submission from Novartis as the Panel reviews the NCCN Guidelines with Evidence Blocks™ for Kidney Cancer and v.4.2018, we have enclosed data related to treatment with pazopanib for your consideration: Real-world evidence (RWE) in support of the first-line use of pazopanib in patients with advanced renal cell carcinoma (RCC).	The panel consensus was to consider the data during the Evidence Block process development.	13	0	0	14