



**NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines)**

# **Kidney Cancer**

Version 1.2017 — September 26, 2016

**NCCN.org**

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## NCCN Guidelines Version 1.2017 Updates Kidney Cancer

Updates in Version 1.2017 of the NCCN Guidelines for Kidney Cancer from Version 3.2016 include:

### KID-1

- Initial workup
  - ▶ 4th bullet was revised by adding "±" to "Abdominal ± pelvic CT"
  - ▶ 5th bullet, chest imaging was clarified as "chest x-ray" and "Chest CT" was added to the "If clinically indicated" bullet.
  - ▶ Footnote "a" was added, "Imaging with contrast when clinically indicated." Also added to all KID-B pages.
- Primary treatment
  - ▶ For Stage I (pT1a), the option for ablative techniques was revised: "Ablative techniques *in selected patients for non-surgical candidates*"
  - ▶ For Stage II, III, "Partial nephrectomy, if clinically indicated" was added.

### KID-2

- Stage IV
  - ▶ Primary treatment for potentially surgically resectable primary with multiple metastatic sites was revised: "Cytoreductive nephrectomy in select patients ~~prior to systemic therapy.~~"
  - ▶ For surgically unresectable, "tissue sampling" was added before first-line therapy.

### KID-3

- Predominant clear cell histology
  - ▶ First-line therapy
    - ◇ The first-line therapy options were reorganized and "alphabetical by category and preference" was added to the heading.
    - ◇ "Preferred" was added to both sunitinib and pazopanib.
  - ▶ Subsequent therapy
    - ◇ The subsequent therapy options were reorganized by removing the "After antiangiogenic therapy" and "after cytokine therapy" categories and adding "Alphabetical by category and preference" to the heading.
    - ◇ "Preferred" was added to cabozantinib (category 1) and nivolumab (category 1)

### KID-3 (continued)

- ▶ Subsequent Therapy
  - ◇ The category designation for the following options:
    - Lenvatinib + everolimus was changed from category 1 designation.
    - Everolimus was category 1 after antiangiogenic cytokine therapy and is now a category 2A.
    - Pazopanib was category 2A after antiangiogenic category 1 after cytokine therapy and is now category 1
    - Sorafenib was category 2A after antiangiogenic category 1 after cytokine therapy and is now category 1
    - Sunitinib was category 2A after antiangiogenic category 1 after cytokine therapy and is now category 1
- ▶ The following footnotes were removed from this section:
  - ◇ "Category 1 recommendations are listed in order of preference"
  - ◇ "Currently available tyrosine kinase inhibitors for subsequent therapy include: axitinib, pazopanib, sorafenib"

### KID-4

- Non-clear cell histology
  - ◇ The systemic therapy options were reorganized by "category and preference" was added to the heading
  - ◇ "Preferred" was added to sunitinib
  - ◇ Cabozantinib was added with a category 2A designation
  - ◇ Lenvatinib + everolimus was added with a category 2A designation
  - ◇ Nivolumab was added with a category 2A designation

### KID-A

- Principles of surgery
  - ▶ 1st bullet, 1st sub-bullet was revised from "Small (Patients with T1a and selected T1b and T2a tumors) Stage I-III tumors where technically feasible."
  - ▶ 6th bullet, 1st sub-bullet was revised, "Can be considered in *selected patients with clinical stage T1 renal lesions who are surgical candidates.*"

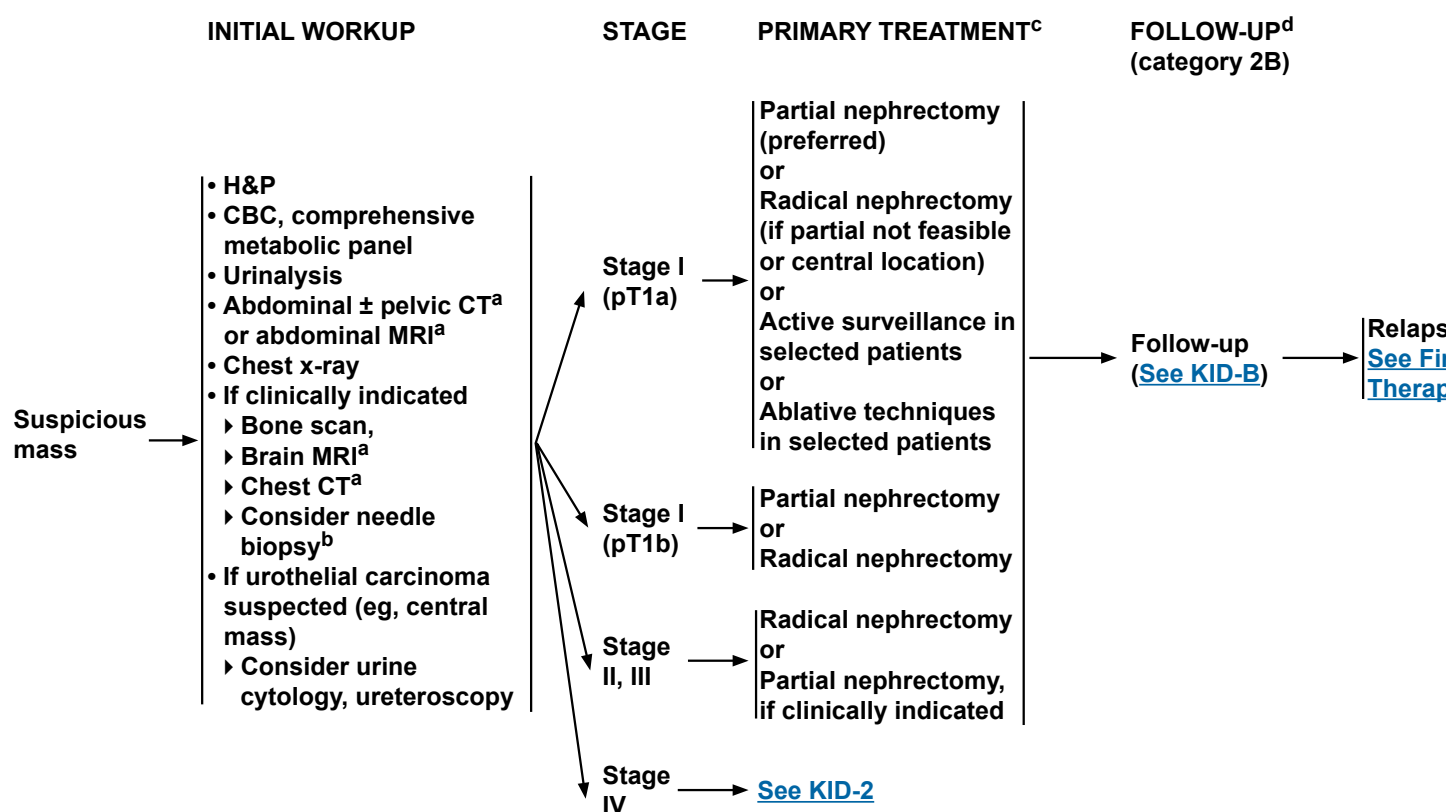
### KID-B 1 of 4

- Follow-up
  - ▶ Bullet regarding pelvic imaging was revised, "Pelvic *MRI*, as clinically indicated"



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<sup>a</sup>Imaging with contrast when clinically indicated.

<sup>b</sup>Biopsy of small lesions may be considered to obtain or confirm a diagnosis of malignancy and guide surveillance, cryosurgery, and radiofrequency ablation.

<sup>c</sup>See [Principles of Surgery \(KID-A\)](#).

<sup>d</sup>No single follow-up plan is appropriate for all patients. Follow-up should be individualized based on patient requirements.

**Note:** All recommendations are category 2A unless otherwise indicated.  
**Clinical Trials:** NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

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