

Renal cancer overview

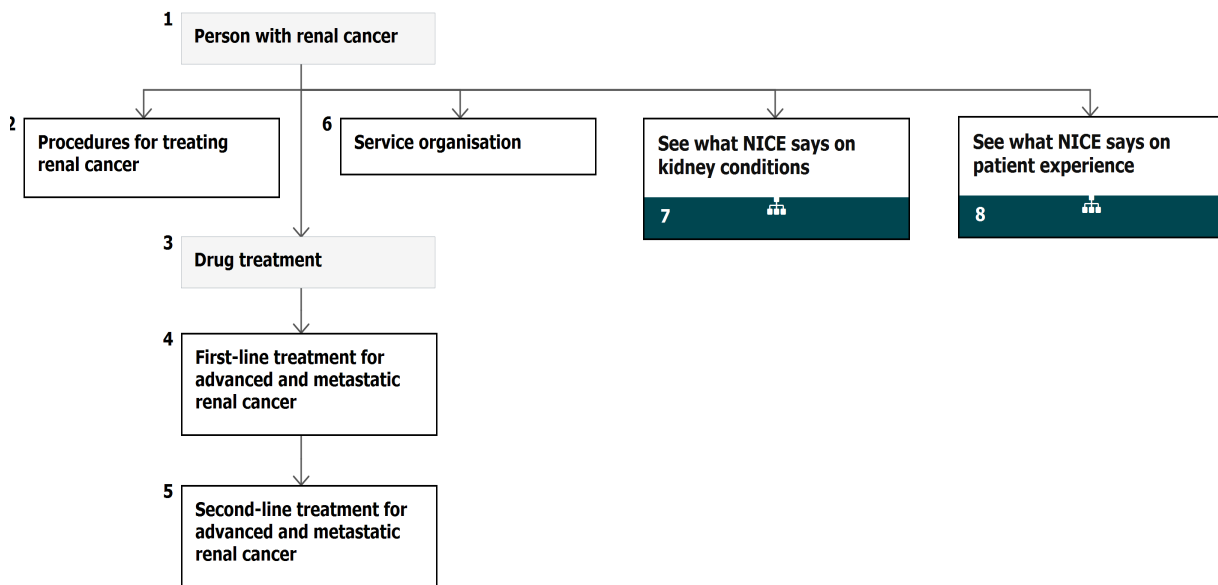
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NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

<http://pathways.nice.org.uk/pathways/renal-cancer>

Pathway last updated: 07 November 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Person with renal cancer

No additional information

2 Procedures for treating renal cancer

Interventional procedures

NICE has published guidance on the following with **normal arrangements** for clinical governance, consent and audit:

- [laparoscopic cryotherapy for renal cancer](#)
- [percutaneous cryotherapy for renal cancer](#)
- [percutaneous radiofrequency ablation for renal cancer](#)
- [laparoscopic partial nephrectomy](#)
- [laparoscopic nephrectomy \(including nephroureterectomy\)](#).

NICE has published guidance on [single-port laparoscopic nephrectomy](#) with **special arrangements** for clinical governance, consent and audit or research.

NICE has published guidance on [irreversible electroporation for treating renal cancer](#) which should be used **only in the context** of research.

3 Drug treatment

No additional information

4 First-line treatment for advanced and metastatic renal cancer

Pazopanib

The following recommendations are from NICE technology appraisal guidance on [pazopanib for the first-line treatment of advanced renal cell carcinoma](#).

Pazopanib is recommended as a first-line treatment option for people with advanced renal cell carcinoma who have not received prior cytokine therapy and have an ECOG performance

status of 0 or 1 and if the manufacturer provides pazopanib with a 12.5% discount on the list price as agreed in the patient access scheme.

When using ECOG performance status, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect ECOG performance status and make any adjustments they consider appropriate.

People who are currently being treated with pazopanib for advanced metastatic renal cell carcinoma but who do not meet the criteria above should have the option to continue their therapy until they and their clinicians consider it appropriate to stop.

NICE has written information for the public explaining its guidance on [pazopanib](#).

Sunitinib

The following recommendations are from NICE technology appraisal guidance on [sunitinib for the first-line treatment of advanced and/or metastatic renal cell carcinoma](#).

Sunitinib is recommended as a first-line treatment option for people with advanced and/or metastatic renal cell carcinoma who are suitable for immunotherapy and have an ECOG performance status of 0 or 1.

When using ECOG performance status score, clinicians should be mindful of the need to secure equality of access to treatments for people with disabilities. Clinicians should bear in mind that people with disabilities may have difficulties with activities of daily living that are unrelated to the prognosis of renal cell carcinoma. In such cases clinicians should make appropriate judgements of performance status taking these considerations into account.

People who are currently being treated with sunitinib for advanced and/or metastatic renal cell carcinoma but who do not meet the criteria above should have the option to continue their therapy until they and their clinicians consider it appropriate to stop.

NICE has written information for the public explaining its guidance on [sunitinib](#).

Bevacizumab, sorafenib and temsirolimus

The following recommendations are from NICE technology appraisal guidance on [bevacizumab \(first-line\), sorafenib \(first- and second-line\), sunitinib \(second-line\) and temsirolimus \(first-line\) for the treatment of advanced and/or metastatic renal cell carcinoma](#).

Bevacizumab, sorafenib and temsirolimus are **not recommended** as first-line treatment options for people with advanced and/or metastatic renal cell carcinoma.

People who are currently being treated with bevacizumab (first-line), sorafenib (first- and second-line), sunitinib (second-line) and temsirolimus (first-line) for advanced and/or metastatic renal cell carcinoma should have the option to continue their therapy until they and their clinicians consider it appropriate to stop.

NICE has written information for the public explaining its guidance on [bevacizumab, sorafenib and temsirolimus](#).

5 Second-line treatment for advanced and metastatic renal cancer

Cabozantinib

The following recommendations are from NICE technology appraisal guidance on [cabozantinib for previously treated advanced renal cell carcinoma](#).

Cabozantinib is recommended, within its marketing authorisation, as an option for treating advanced renal cell carcinoma in adults after vascular endothelial growth factor (VEGF)-targeted therapy, only if the company provides cabozantinib with the discount agreed in the patient access scheme.

NICE has written information for the public explaining its guidance on [cabozantinib](#).

Everolimus

The following recommendations are from NICE technology appraisal guidance on [everolimus for advanced renal cell carcinoma after previous treatment](#).

Everolimus is recommended within its marketing authorisation as an option for treating advanced renal cell carcinoma that has progressed during or after treatment with vascular endothelial growth factor targeted therapy, only if the company provides it with the discount agreed in the patient access scheme.

NICE has written information for the public explaining its guidance on [everolimus](#).

Nivolumab

The following recommendation is from NICE technology appraisal guidance on [nivolumab for previously treated advanced renal cell carcinoma](#).

Nivolumab is recommended, within its marketing authorisation, as an option for previously treated advanced renal cell carcinoma in adults, when the company provides nivolumab with the discount agreed in the patient access scheme.

NICE has written information for the public explaining its guidance on [nivolumab](#).

Axitinib

The following recommendations are from NICE technology appraisal guidance on [axitinib for treating advanced renal cell carcinoma after failure of prior systemic treatment](#).

Axitinib is recommended as an option for treating adults with advanced renal cell carcinoma after failure of treatment with a first-line tyrosine kinase inhibitor or a cytokine, only if the company provides axitinib with the discount agreed in the patient access scheme.

At the time of publication (February 2015), axitinib has a UK marketing authorisation only for use after failure with first-line sunitinib or a cytokine. If it is considered for use after any other first-line treatments, the prescriber should obtain and document informed consent and follow the relevant guidance published by the General Medical Council.¹

Because the remit referred to NICE by the Department of Health for this technology appraisal only includes adults who have been previously treated with sunitinib, the use of axitinib after treatment with other tyrosine kinase inhibitors is not subject to statutory funding.

NICE has written information for the public explaining its guidance on [axitinib](#).

Sorafenib and sunitinib

The following recommendations are from NICE technology appraisal guidance on [bevacizumab \(first-line\), sorafenib \(first- and second-line\), sunitinib \(second-line\) and temsirolimus \(first-line\) for the treatment of advanced and/or metastatic renal cell carcinoma](#).

Sorafenib and sunitinib are **not recommended** as second-line treatment options for people with advanced and/or metastatic renal cell carcinoma.

People who are currently being treated with bevacizumab (first-line), sorafenib (first- and second-line), sunitinib (second-line) and temsirolimus (first-line) for advanced and/or metastatic renal cell carcinoma should have the option to continue their therapy until they and their clinicians consider it appropriate to stop.

NICE has written information for the public explaining its guidance on [sorafenib and sunitinib](#).

6 Service organisation

NICE has published cancer service guidelines on:

- [improving outcomes in urological cancers](#)
- [improving supportive and palliative care for adults with cancer](#).

7 See what NICE says on kidney conditions

[See Kidney conditions](#)

8 See what NICE says on patient experience

[See Patient experience in adult NHS services](#)

¹ For further information see the General Medical Council's [Prescribing guidance: prescribing unlicensed medicines](#).

Glossary

ECOG

Eastern Cooperative Oncology Group

Sources

[Cabozantinib for previously treated advanced renal cell carcinoma \(2017\) NICE technology appraisal guidance 463](#)

[Everolimus for advanced renal cell carcinoma after previous treatment \(2017\) NICE technology appraisal guidance 432](#)

[Nivolumab for previously treated advanced renal cell carcinoma \(2016 updated 2017\) NICE technology appraisal guidance 417](#)

[Axitinib for treating advanced renal cell carcinoma after failure of prior systemic treatment \(2015\) NICE technology appraisal guidance 333](#)

[Pazopanib for the first-line treatment of advanced renal cell carcinoma \(2011 updated 2013\) NICE technology appraisal guidance 215](#)

[Bevacizumab \(first-line\), sorafenib \(first- and second-line\), sunitinib \(second-line\) and temsirolimus \(first-line\) for the treatment of advanced and/or metastatic renal cell carcinoma \(2009\) NICE technology appraisal guidance 178](#)

[Sunitinib for the first-line treatment of advanced and/or metastatic renal cell carcinoma \(2009\) NICE technology appraisal guidance 169](#)

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of

opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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