

# Advancing Care in Non-Clear Cell RCC: Optimizing ICI and TKIs

## Translating Data Into Practice for Optimal Management of nccRCC

### Learning Objectives

- Improved ability to compare and contrast clinical trial data on current and emerging uses of ICIs, TKIs, and combination ICI/TKI therapy for nccRCC
- Increased knowledge and skills in understanding the clinical profiles of ICI- and TKI-based therapies for nccRCC

### Treatment Recommendations Vary Across International Guidelines and nccRCC Subtype

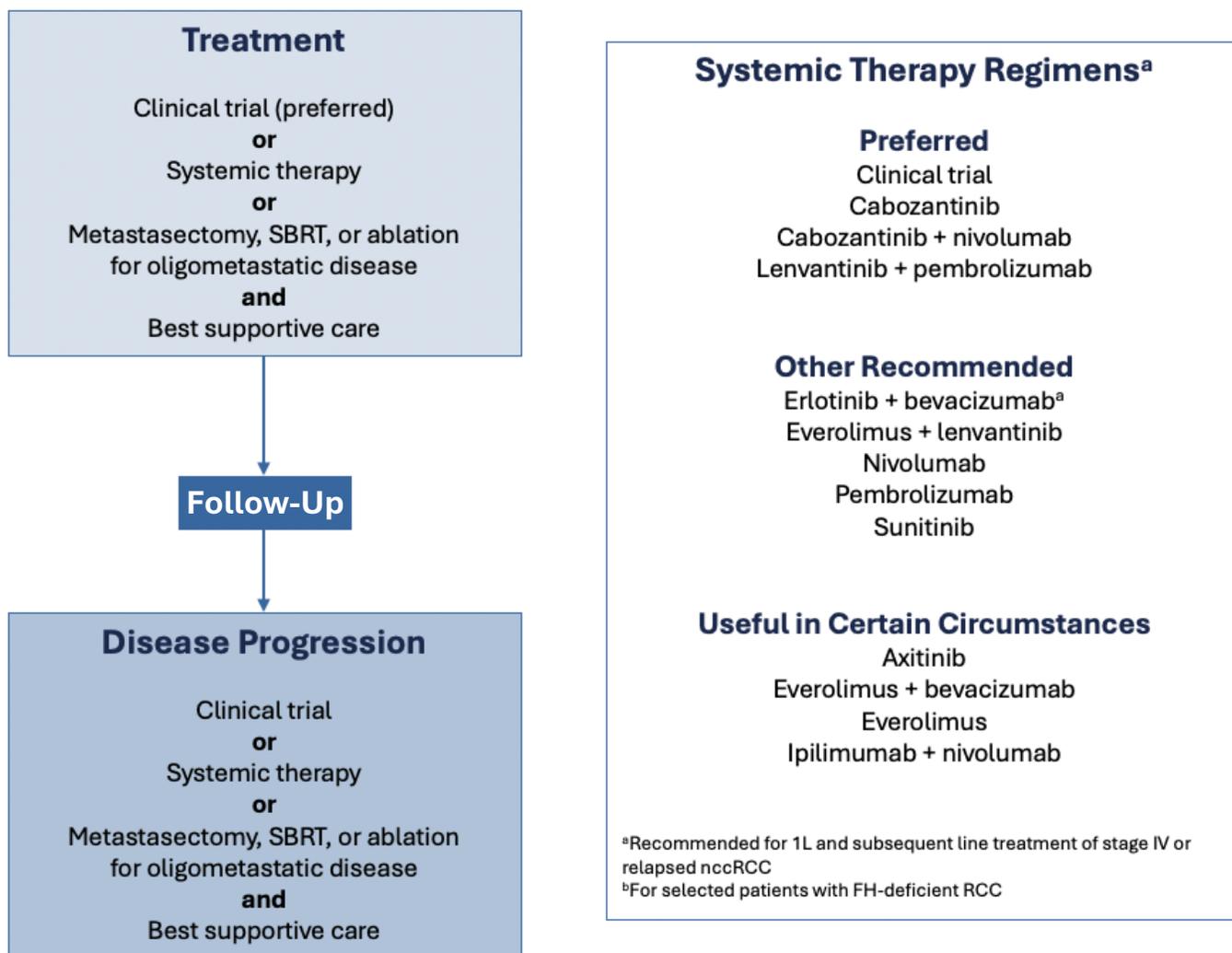
Guidelines	Metastatic papillary RCC <sup>a</sup>	Other nccRCC subtypes
ESMO <sup>1</sup>	<b>Preferred:</b> Cabozantinib	Recommendations vary
EAU <sup>2</sup>	<b>Alternatives include:</b>	
NCCN <sup>3</sup>	Lenvatinib + pembrolizumab Cabozantinib + nivolumab	

<sup>a</sup>In NCCN guidelines, all regimens listed here are preferred generally for nccRCC (see next page)

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### NCCN Treatment Guidelines: Stage IV or Relapsed nccRCC



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### Treatment Efficacy Varies Across nccRCC Subtypes

#### Chromophobe RCC<sup>4-12</sup>

ORR  
≤ 44%

Highest ORRs with...  
mTOR inhibitor + TKI  
mTOR inhibitor + VEGF inhibitor

#### Translocation-associated RCC<sup>4, 5, 7, 9-11, 13-15</sup>

ORR  
≤ 78%

Highest ORRs with...  
ICI + VEGF inhibitor

#### SMARCB1-deficient medullary carcinoma<sup>12, 16, 17</sup>

ORR  
≤ 20%

Highest ORRs with...  
TKI + VEGF inhibitor  
Chemotherapy

#### Collecting duct carcinoma<sup>11, 18, 19</sup>

ORR  
≤ 35%

Highest ORRs with...  
TKI

### Key Takeaways

- Treatment recommendations vary across international guidelines and across nccRCC subtype
- nccRCC subtypes respond differently to different treatment regimens
  - For most subtypes, TKIs (monotherapy or combination therapy) have a key role in treatment

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