









Patient selection for systemic therapy in mRCC

TAKE HOME MESSAGES

- Highest chance for CR: ipi/nivo**
 - Reimbursement criteria => "Once in a life-time opportunity" to receive the doublet ICIs in 1L
 - VEGFR-TKIs work well in 2L after ICIs
- Sarcomatoid dedifferentiation**
 - Should be treated ASAP with ICIs
- Age and antecedents**
 - Severe auto-immune diseases, liver diseases, ...
- Target cMET in papRCC**
 - Cabozantinib is first choice VEGFR-TKI in papRCC
 - But after ICIs in 1L
- Sensitivity to VEGFR-TKIs**
 - Indolent tumors, IMDC good risk, no inflammation (CRP), no sarcomatoid component
 - Important neoangiogenesis (evaluable on CT???)
- Sensitivity to ICIs**
 - Aggressive tumors, IMDC poor risk, inflammation (CRP), sarcomatoid component
 - Immune markers (PDL1 or experimental)
- Which VEGFR-TKI?**
 - c-MET-inhibitor beside VEGFR-TKI => cabozantinib is probably among the stronger VEGFR-TKIs
 - Consider specific toxicity profile