



**Recommendation to the Cancer Systemic Therapy Policy Committee (CSTPC)
from Capital District Health Authority/Cancer Care Nova Scotia**

**Guidelines for the Role of Temsirolimus in Advanced or Metastatic Renal Cell
Carcinoma (RCC)**

Approved Use:

Temsirolimus: As a **single agent first line** treatment in patients with documented evidence of histologically confirmed advanced or metastatic RCC, considered to be poor prognosis (based on a minimum of at least 3 of 6 poor risk features which include: LDH > 1.5 x upper limit of normal; hemoglobin < lower limit of normal; corrected calcium > 2.5 mmol / L; time from diagnosis to first treatment < 1 year; Karnofsky performance status (PS) 60-70; and multiple organ sites of metastasis), have PS of 60 or more and have received no previous systemic therapy. In any one patient, all of the following conditions must be met:

1. Temsirolimus may be a first line option regardless of histology.
 2. Temsirolimus may not be used after another tyrosine kinase inhibitor (i.e. sorafenib or sunitinib) or interferon as sequential therapy.
 3. In the event of severe toxicity (or intolerance) within the first 8 weeks of therapy (for clear cell histology only), a switch to another tyrosine kinase inhibitor (i.e. sorafenib or sunitinib) may be allowed.
- This policy recommendation represents a **new guideline document** and a restriction of temsirolimus to include advanced or metastatic RCC patients as a first line therapy option for poor prognosis patients.