

Plain English Summary

Treatments for advanced renal cell carcinoma

What does the guidance say?

Pazopanib is recommended for listing on the Standard Drug List (SDL), and cabozantinib, axitinib used alone or in combination with avelumab, and nivolumab used alone or in combination with ipilimumab are recommended for listing on the Medication Assistance Fund (MAF) for government funding for patients with advanced renal cell carcinoma who meet certain criteria.

Funding will be available for pazopanib from 4 January 2022, and from 1 September 2022 for the other treatments.

What is renal cell carcinoma?

Renal cell carcinoma is the most common type of kidney cancer. It occurs when cells grow uncontrollably and form a mass (tumour) in the cortex of the kidney. People with renal cell carcinoma may not have any symptoms initially. As the cancer worsens, symptoms can include blood in urine, unexplained weight loss, fatigue and pain around the kidneys.

If you have renal cell carcinoma, your doctor will assess its size and whether it has spread from where it first started. They will also consider whether you have any risk factors that may affect treatment outcomes. Patients with 1-2 risk factors are intermediate-risk while those with 3 or more risk factors are high-risk (or poor-risk) and may be less likely to benefit from certain treatments. All of these tests will help your doctor decide which treatment is best for your condition.

What are avelumab, ipilimumab and nivolumab?

Ipilimumab belongs to a group of medicines called anti-CTLA-4 monoclonal antibodies and avelumab and nivolumab belong to a group of medicines called PD-1/PD-L1 checkpoint inhibitors. All three drugs are a type of cancer treatment called immunotherapy that helps the immune system find and kill cancer cells. They are given as a drip into a vein (intravenously).

Doctors will usually prescribe avelumab in combination with axitinib, and nivolumab either on its own or in combination with ipilimumab for renal cell carcinoma.

Your doctor will tell you which treatment is most suitable for you, how much you need to have and how long you need to have it for.

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What are axitinib, cabozantinib and pazopanib?

Axitinib, cabozantinib and pazopanib belong to a group of medicines called tyrosine kinase inhibitors that help to slow or stop the growth of cancer cells. They are taken orally.

Who can have these treatments?

Pazopanib, or avelumab in combination with axitinib are given to patients who have not had any treatment before for renal cell carcinoma. Avelumab must be given in line with the recommended dosage.

Cabozantinib, or nivolumab in combination with ipilimumab are given to patients with intermediate- or poor-risk advanced renal cell carcinoma who have not had treatment before. Nivolumab (on its own) can be given after initial treatment with nivolumab in combination with ipilimumab. Nivolumab and/or ipilimumab must be given in line with the recommended dosages.

Axitinib (on its own) and cabozantinib can also be given to patients with renal cell carcinoma if their condition has worsened despite receiving other treatments.

Nivolumab (on its own) is given to patients if their cancer has come back or worsened after previous treatments. Patients must not have had treatment with a PD-1/PD-L1 inhibitor before for renal cell carcinoma.

Your doctor will tell you if any of these treatments are suitable for you, how much you need to have and how long you need to have it for.

Why were these treatments recommended for funding?

ACE evaluates how well a treatment works in relation to how much it costs compared to other treatments. Cabozantinib, pazopanib, axitinib used alone or in combination with avelumab, and nivolumab used alone or in combination with ipilimumab were recommended for funding because their benefit in improving survival for certain patients with advanced renal cell carcinoma justifies their costs.

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What does listing on SDL or MAF mean for me?

Pazopanib has been listed on the Standard Drug List (SDL). Drugs on SDL are subsidised at 50% for all Singaporean citizens who are treated in a public healthcare institution. Patients from lower to middle income households may receive up to 75% subsidy.

Cabozantinib, axitinib used alone or in combination with avelumab, and nivolumab used alone or in combination with ipilimumab have been listed on the Medication Assistance Fund (MAF) for treating advanced renal cell carcinoma. The MAF helps people pay for expensive treatments that are clinically effective and cost effective. If your doctor prescribes any of these treatments for you, and you meet the MAF criteria, your treatment cost will be subsidised by 40% to 75%.

Drugs listed on SDL or MAF are also included on the Cancer Drug List (CDL) and their costs are claimable under MediShield Life. The subsidy class and MediShield Life claim limits are available at [go.gov.sg/moh-cancer-drug-list](https://www.go.gov.sg/moh-cancer-drug-list).

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 Agency for Care Effectiveness - ACE  Agency for Care Effectiveness (ACE)

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This summary is not, and should not be regarded as, a substitute for professional or medical advice. Please seek the advice of a qualified healthcare professional about any medical condition.

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