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GUARD **INTERNATIONAL** **SYMPOSIUM**

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PRESENCIAL RETRANSMITIDO EN DIRECTO
FACE-TO-FACE AND LIVE STREAMING



16-18 SEPTIEMBRE 2026

Espacio Maldonado, Madrid

Secuenciación de terapias para el carcinoma renal avanzado - Sequencing therapies for advanced RCC

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DISCLOSURES

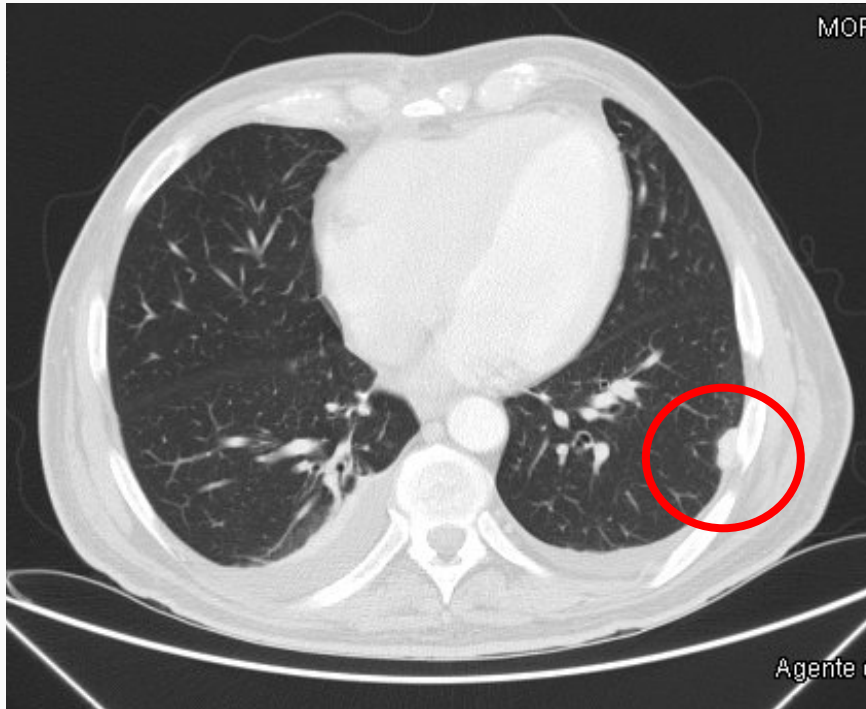
Personal conflicts of interest: Scientific Consultancy Role (speaker and advisory role) and travel grant: *IPSEN, Pfizer, Roche, Bayer, Sanofi, Janssen, Astellas, Eisai, Adacap, Lilly, Novartis, BMS, MSD, Adium, Asofarma, Recordati Rare Diseases, Exelisis, Astra Zeneca*

Participation in Clinical trials: *Roche, BMS, MSD, Pfizer, Novartis, IPSEN, Exelixis, Astrazeneca-Medimmune, Janssen, Lilly, Eisai, Astellas.*

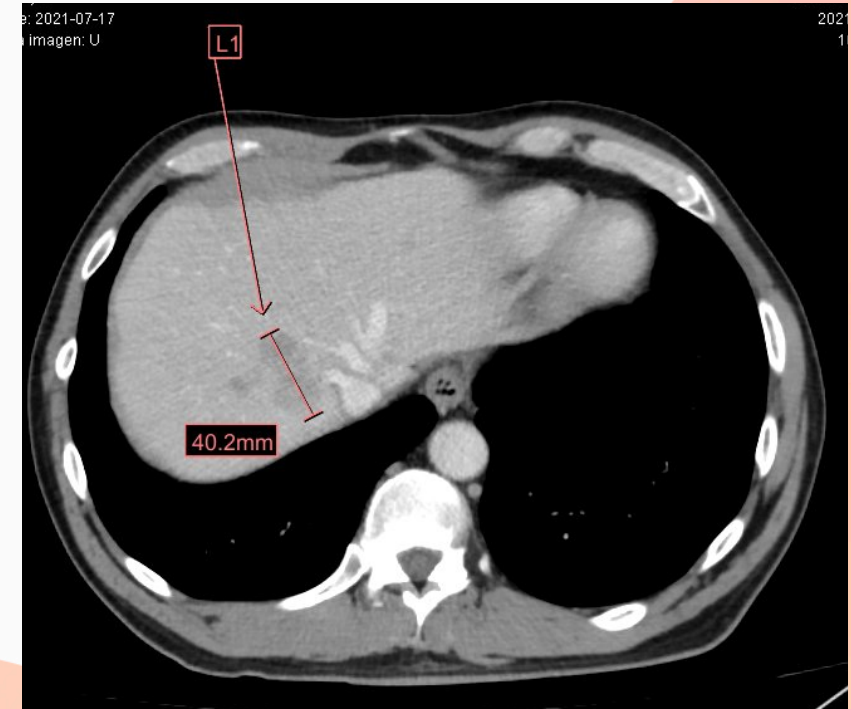
Research support: *Roche, Pfizer, IPSEN, Janssen, Exelixis, MSD*

SEQUENCIATION AFTER ADJUVANT TREATMENT

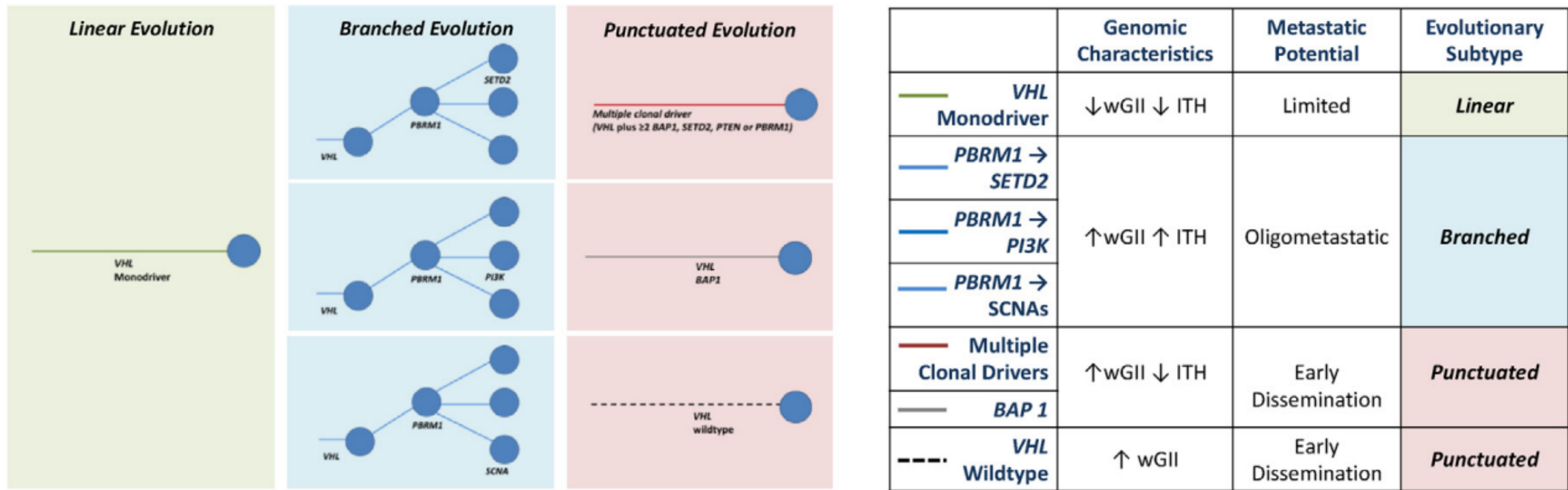
2 months and 29 days after IO adjuvant



1 year and 3 months after IO adjuvant



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Contents lists available at [ScienceDirect](#)

Cancer Treatment Reviews

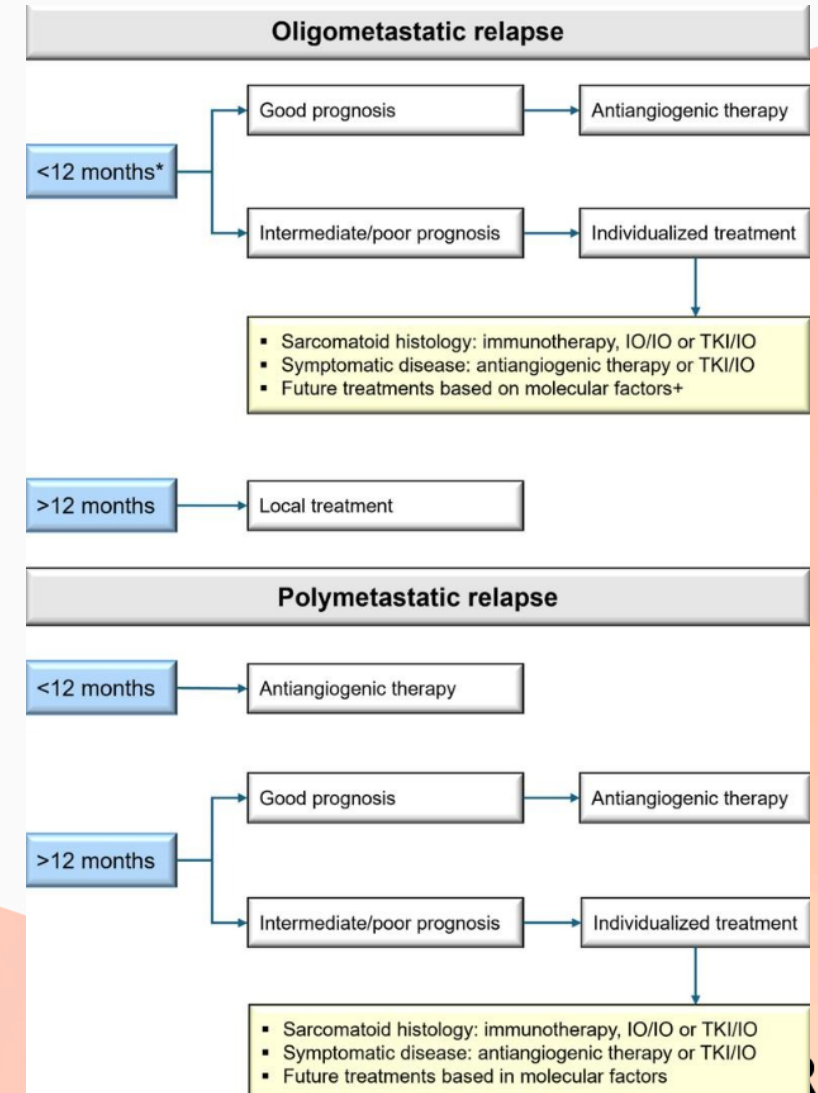
journal homepage: www.elsevier.com/locate/ctrv

ELSEVIER

Expert consensus on patterns of progression in kidney cancer after adjuvant immunotherapy and subsequent treatment strategies

Teresa Alonso-Gordoa^{a,*}, Georgia Anguera^b, Mario Domínguez-Esteban^c, Òscar Reig^d, Hilario Martínez-Barros^e, Javier Molina-Cerrillo^a, Patricia Cruz^f, Pablo Maroto^{g,**}

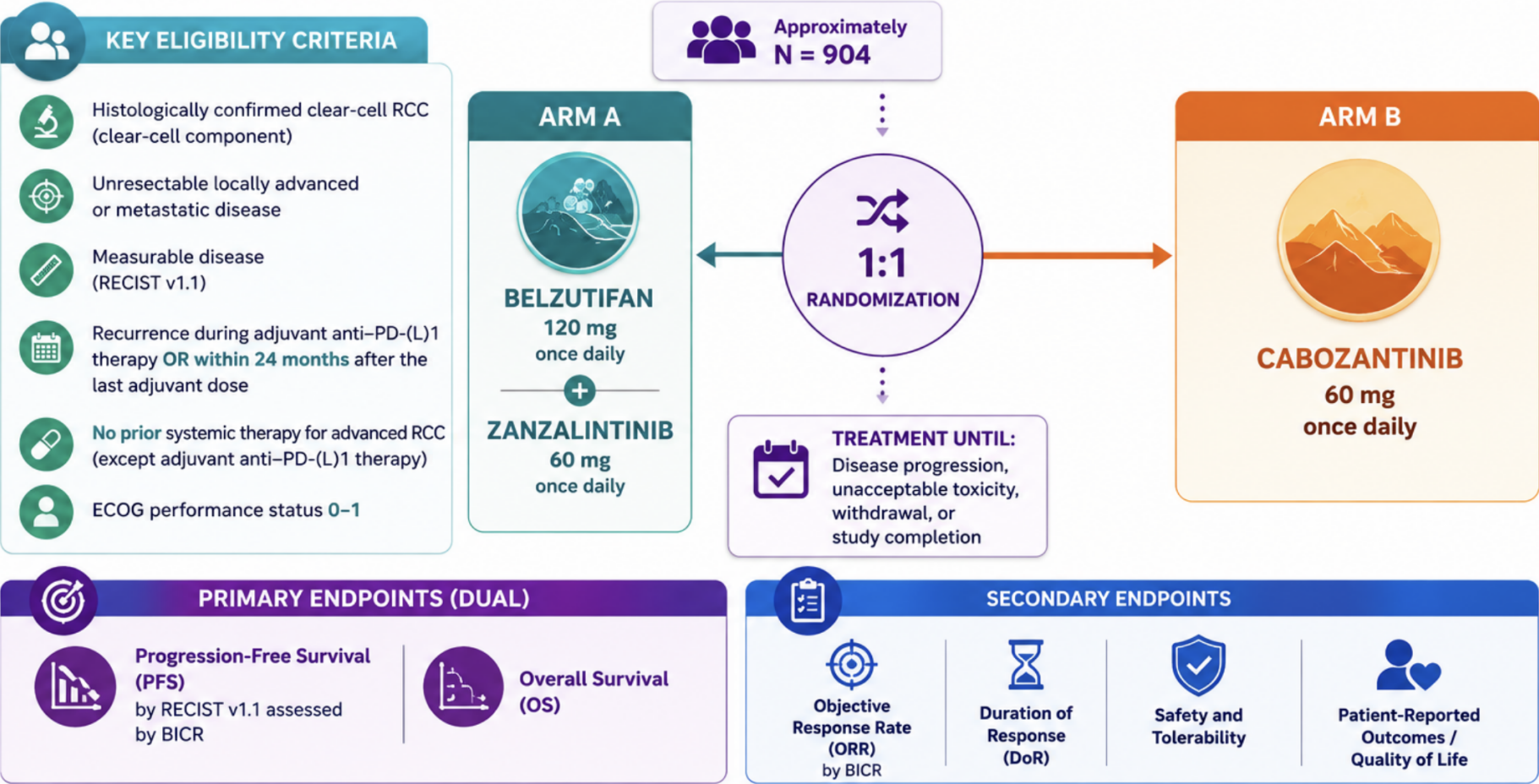




LITESPARK-033 (MK-6482-033)

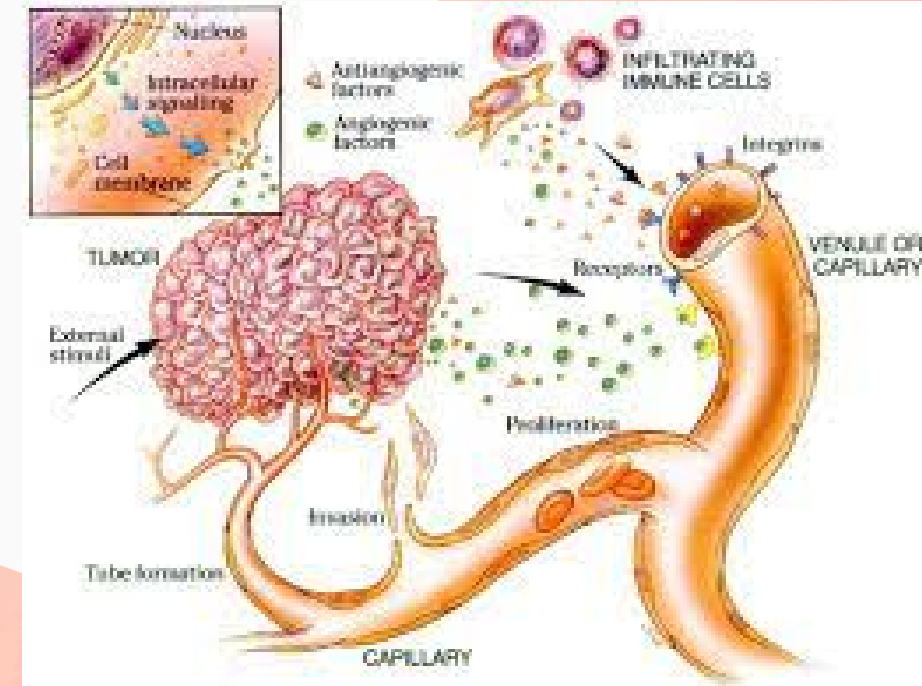
Phase 3 Randomized Study in Advanced ccRCC Recurring During or After Adjuvant Anti-PD-(L)1 Therapy

Can dual targeting of HIF-2α (belzutifan) and VEGF/MET/AXL pathways (zanzalintinib) improve outcomes compared with cabozantinib in patients who relapse after adjuvant immunotherapy?



Different 2L clinical scenarios according to 1L

LET'S START WITH 2L AFTER VEGFR-TKI IN 1L



SEQUENCIATION AFTER FIRST LINE

AFTER TKI MONOTHERAPY

	Study design	Treat line	Control arm	DCR (CR + PR + SD)	PD	PFS	OS
Everolimus ¹	Phase III	2 nd – 5 th	Placebo	0 + 1 + 63%	19%	4,9 vs 1,8 m (HR 0,33)	14,7 vs 14,3 (HR 0,87)
Axitinib ²	Phase III	2 nd	Sorafenib	0 + 19 + 50%	22%	6,7 vs 4,7 m (HR 0,66)	20,1 vs 19,2 (HR0,97)
Nivolumab ³	Phase III	2 nd – 3 rd	Everolimus	1 + 24 + 34%	35%	4,6 vs 4,3m (HR0,88)	25 vs 19 m (HR0,73)
Cabozantinib ⁴	Phase III	2 nd – 3 rd	Everolimus	0 + 17 + 65%	12%	7,4 vs 3,8m (HR0,66)	21,4 vs 16,5m (HR0,66)
Lenvatinib + Everolimus ⁵	Phase II	2 nd	Lenvatinib vs Everolimus	2 + 33 + 47%	4%	14,6 vs 7,4 vs 5,5 m (HR 0,66 and HR0,40)	25,5 vs 18,4 vs 17,5m (HR0,55 and HR0,74)
Tivozanib ⁶	Phase III	3 rd -4 th	Sorafenib	0 + 18 + 55%	21%	5,6 vs 3,9 m (HR 0,73)	16,4 vs 19,7 m (HR 0,99)

SEQUENCIATION AFTER FIRST LINE

Different 2L clinical scenarios according to 1L

**LET'S CONTINUE WITH ≥ 2 L AFTER PREVIOUS IO-BASED COMBINATIONS.
FROM RETROSPECTIVE TO PROSPECTIVE TRIALS.**



Activity from MKI

If any PD1 monotherapy 1L, CTLA-4i rescue?

Any role in keeping PD1/PDL1 axis blockade?

Novel strategies?

SEQUENCIATION AFTER FIRST LINE

CTLA-4 inhibitor

PD-1 inhibitor

VEGFR - TKI

Checkmate 214: Nivolumab + Ipilimumab (vs Sunitinib)

Keynote 426: Pembrolizumab + Axitinib (vs Sunitinib)

CLEAR: Pembrolizumab + Lenvatinib (vs Sunitinib)

Checkmate 9ER: Nivolumab + Cabozantinib (vs Sunitinib)

COSMIC 313: Nivolumab + Ipilimumab + Cabozantinib (vs Nivolumab + Ipilimumab + Placebo)



Merck and Eisai Provide Update on Phase 3 LITESPARK-012 Trial Evaluating First-Line Combination Treatments for Certain Patients With Advanced Renal Cell Carcinoma (RCC)

At a pre-specified interim analysis, the combination regimens did not meet the dual primary endpoints of progression-free survival (PFS) and overall survival (OS) for the first-line treatment of patients with RCC compared to KEYTRUDA plus LENVIMA. The safety profiles of the combination regimens were consistent with those observed in previously reported studies evaluating the individual medicines and the KEYTRUDA plus LENVIMA combination. A full evaluation of the data from this study is ongoing, and Merck and Eisai will work with investigators to share the results with the scientific community.

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- RENTORCH: Toripalimab + Axitinib (vs Sunitinib). Asian population.
- ETTER 100: Benmelstobart + Anlotinib (vs Sunitinib). Asian population.



SEQUENCIATION AFTER FIRST LINE

AFTER IO + IO OR IO + VEGFR-TKI COMBOS (antiangiogenics)

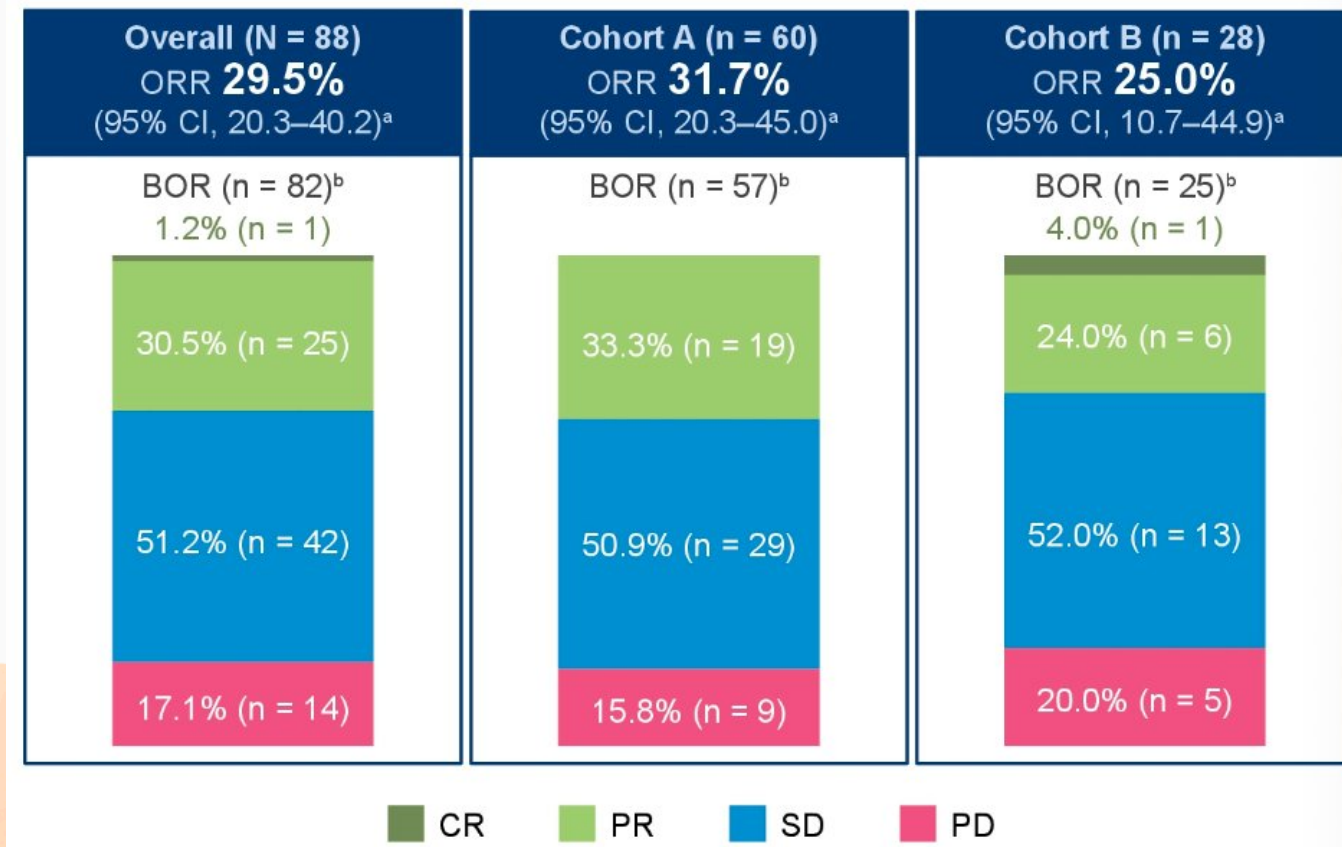
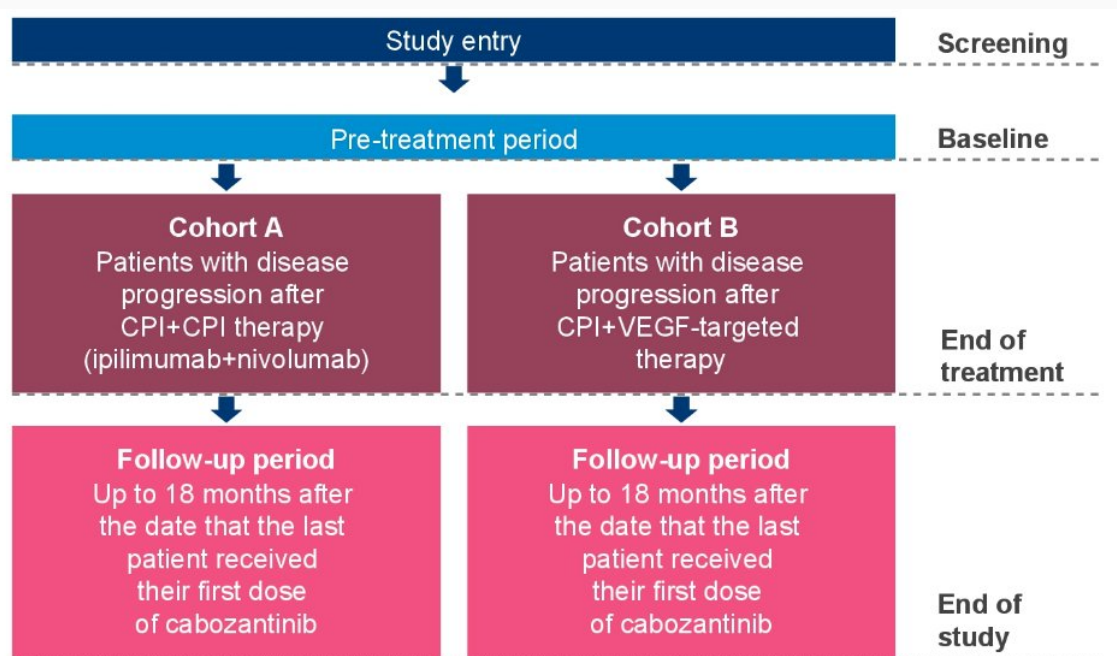
Phase II, single arm studies	N	Primary endpoint	Previous VEGFR-TKI	Previous treatment lines	ORR	PFS	OS
CABOPOINT Cabozantinib	88 (60 + 28)	ORR Cohort A BICR	31.8%	≥ 1L	29.5% (1.2% CR)	10.9 m (95% CI 5.5 – 19.4)	NR
BREAKPOINT Cabozantinib	30	SLP	26%	1L	37.9% (0% CR)	8.3 m (95%CI 3.9 - 17.4)	13.8 m (95%CI 7.7 - 29.0)
AXITINIB	40	SLP	70%	≥ 3L	45% (3%CR)	8.8 m (95% CI 5.7–16.6)	NR
INMUNOSUN Sunitinib	21	ORR RECIST 1.1 by investigator	47.7%	1L	19% (0% CR)	5.6 m (95% CI 3.1 - 8.0)	23.5 m (95% CI 6.3 - 40.7)
IO-PAZ Pazopanib	62	SLP	43.5%	1-2 L	14.5% (3.2% CR)	6.5 m (95% CI, 3.7-9.2)	21.3 m (95% CI, 14.9 - NE)
LITESPARK 003, COHORT 2 Belzutifan + Cabozantinib	52	ORR RECIST 1.1 by investigator	46%	1-2 L	31% (4% CR)	13.8 m (95% IC 9.2-19.4)	26.7 m (95%IC 20.0-41.1)

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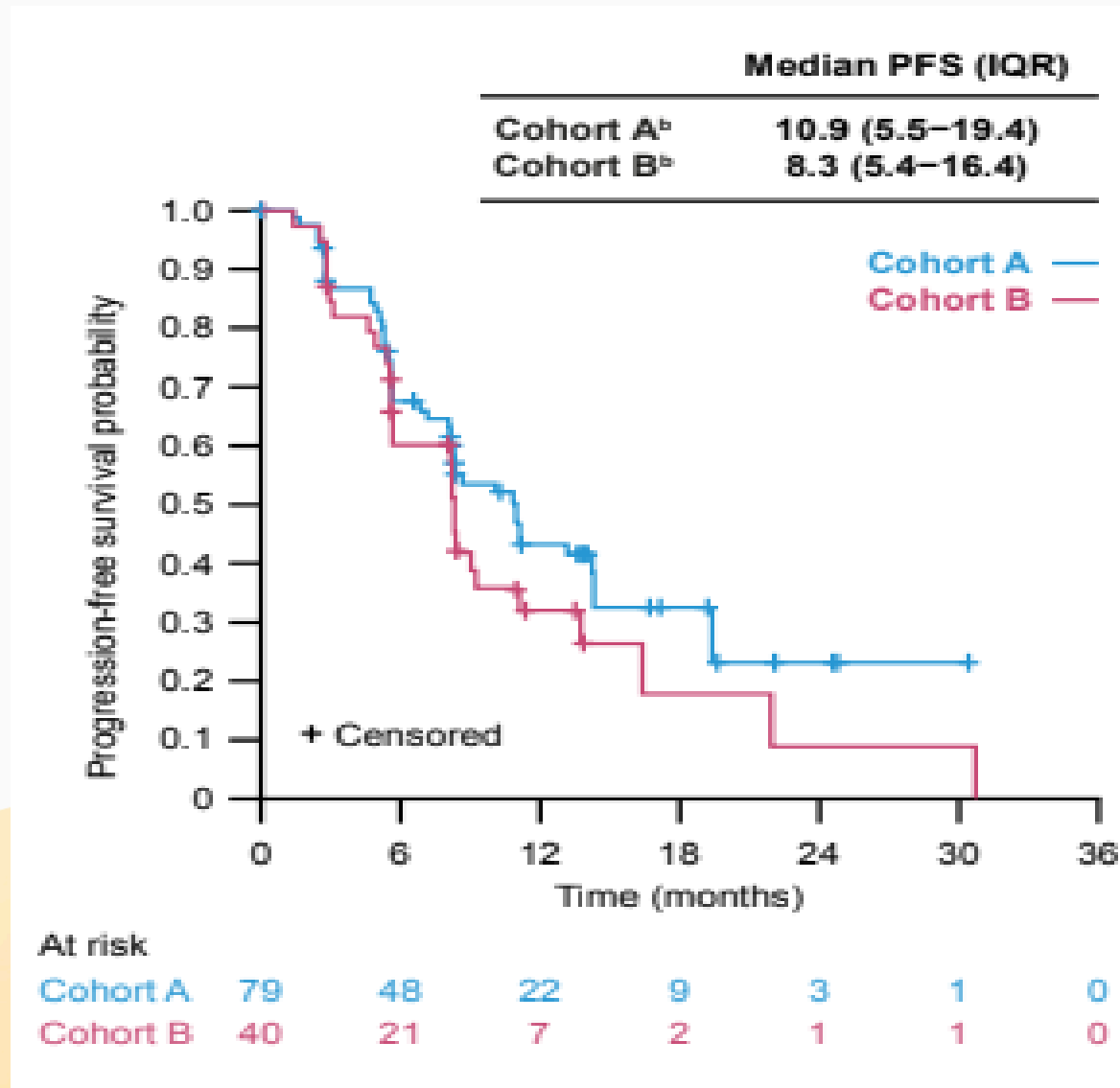
ROLE OF VEGFR TKI – CABOPOINT TRIAL



Baseline was defined as the date of cabozantinib initiation. Cabozantinib was initiated in the 15 days after the screening visit. Figure adapted from Albiges *et al.* 2022.⁶ CPI, checkpoint inhibitor; VEGF, vascular endothelial growth factor.

SEQUENCIATION AFTER FIRST LINE

ROLE OF VEGFR TKI – CABOPOINT TRIAL



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Albiges L, et al. Presented at ESMO 2024

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LITESPARK-005 PHASE III CLINICAL TRIAL

Welireg is a cancer medicine used to treat:

- adults with advanced clear cell renal cell carcinoma (a type of kidney cancer) that has worsened despite two or more previous treatments, including a PD-(L)1 inhibitor and at least two types of VEGF-targeted medicines. 'Advanced' means that the cancer has started to spread;
- adults with von Hippel-Lindau (VHL) disease who need treatment for associated, localised (confined to one area of the body) renal cell carcinoma, central nervous system haemangioblastomas (a type of brain cancer) or pancreatic neuroendocrine tumours (a type of pancreatic cancer), and who cannot have surgery or other local treatments. VHL disease is a genetic condition that causes tumours and cysts to grow in certain parts of the body.

Welireg contains the active substance belzutifan.

- The study was considered positive if either of the dual primary endpoints was met

Other Secondary Endpoints Include:

- DOR per RECIST 1.1 by BICR
- Safety

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Rini B, et al. ESMO 2024
Choueiri T et al. NEJM 2024

SEQUENCIATION AFTER FIRST LINE

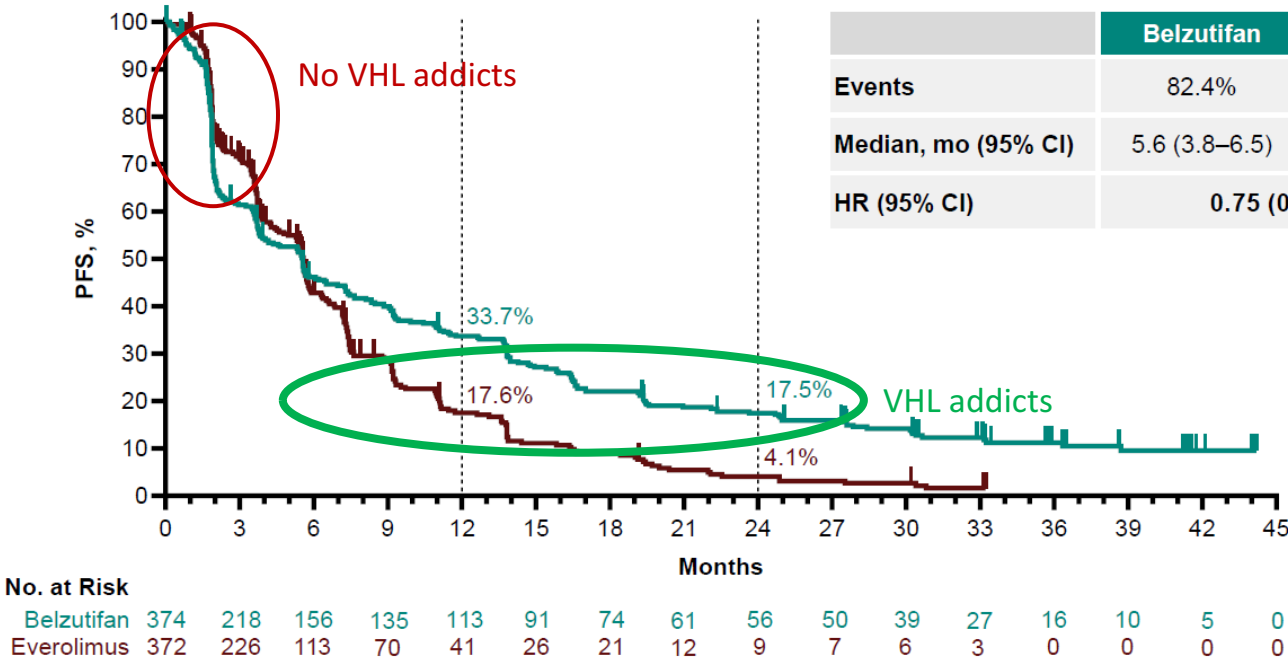
LITESPARK-005 PHASE III CLINICAL TRIAL

Characteristic	ITT		Ongoing Treatment
	Belzutifan (N = 374)	Everolimus (N = 372)	Belzutifan (n = 54)
Age, median (range), yrs	62 (22–90)	63 (33–87)	64 (44–79)
Male, %	79.4	76.3	81.5
KPS score ^a , %			
90/100	63.6	64.5	81.5
70/80	36.1	35.2	18.5
IMDC risk categories, %			
Favorable	21.7	22.6	31.5
Intermediate	66.3	65.1	59.3
Poor	12.0	12.4	9.3
Sarcomatoid features present, %	11.2	8.3	11.1
Prior nephrectomy, %	69.8	69.6	83.3
No. prior VEGFR-TKIs, %			
1	49.7	51.1	46.3
2-3	50.3	48.9	53.7
No. prior lines of therapy ^b , %			
1	12.0	14.0	16.7
2	42.2	44.6	44.4
3	45.2	40.3	38.9

SEQUENCIATION AFTER FIRST LINE

LITESPARK-005 PHASE III CLINICAL TRIAL

Primary Endpoint: PFS per RECIST 1.1 by BICR

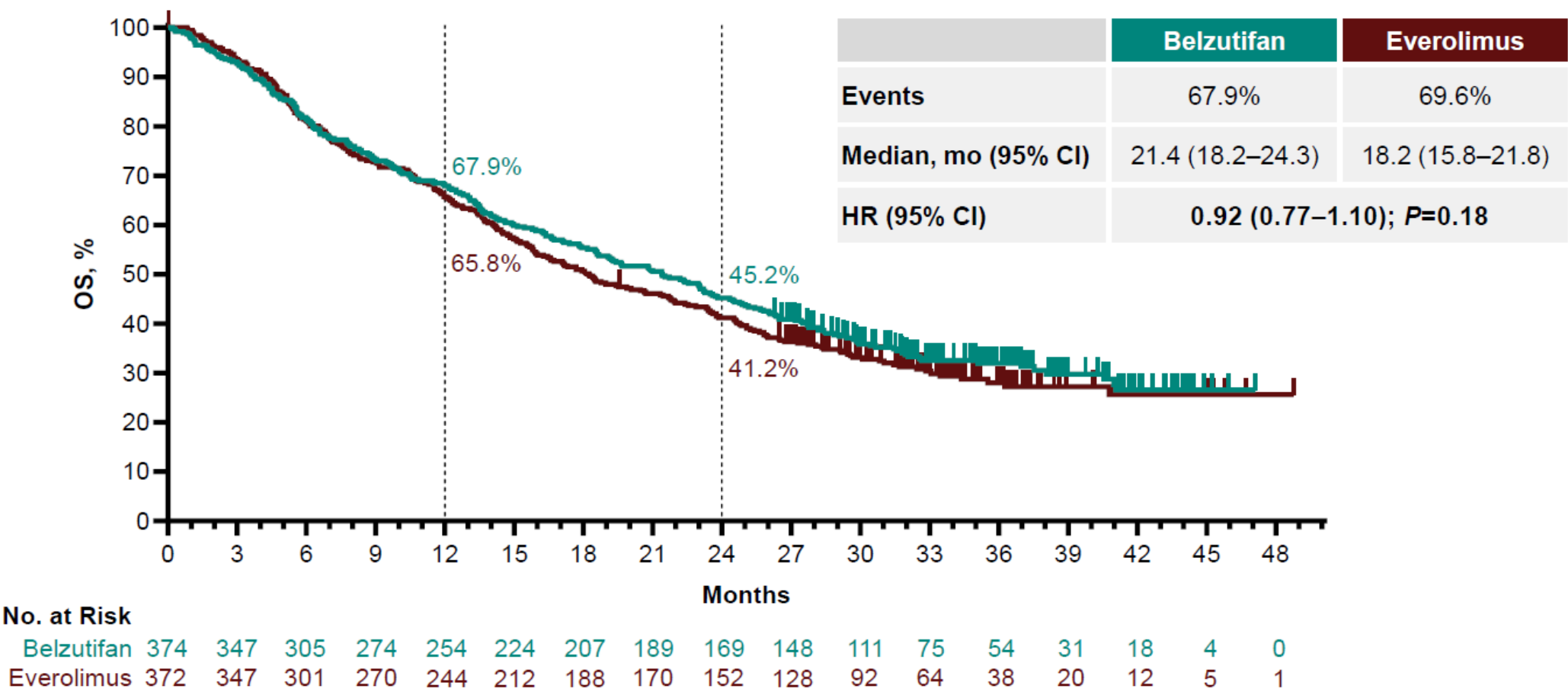


	Belzutifan (N = 374)	Everolimus (N = 372)
ORR, % (95% CI)	22.7% (18.6–27.3)	3.5% (1.9–5.9)
Estimated difference in % (95% CI)	19.2 (14.8–24.1)	
Confirmed best objective response, %		
CR	3.5%	0
PR	19.3%	3.5%
SD	38.2%	65.9%
PD	34.0%	21.5%
Not evaluable ^a	1.3%	2.4%
No assessment ^b	3.7%	6.7%

SEQUENCIATION AFTER FIRST LINE

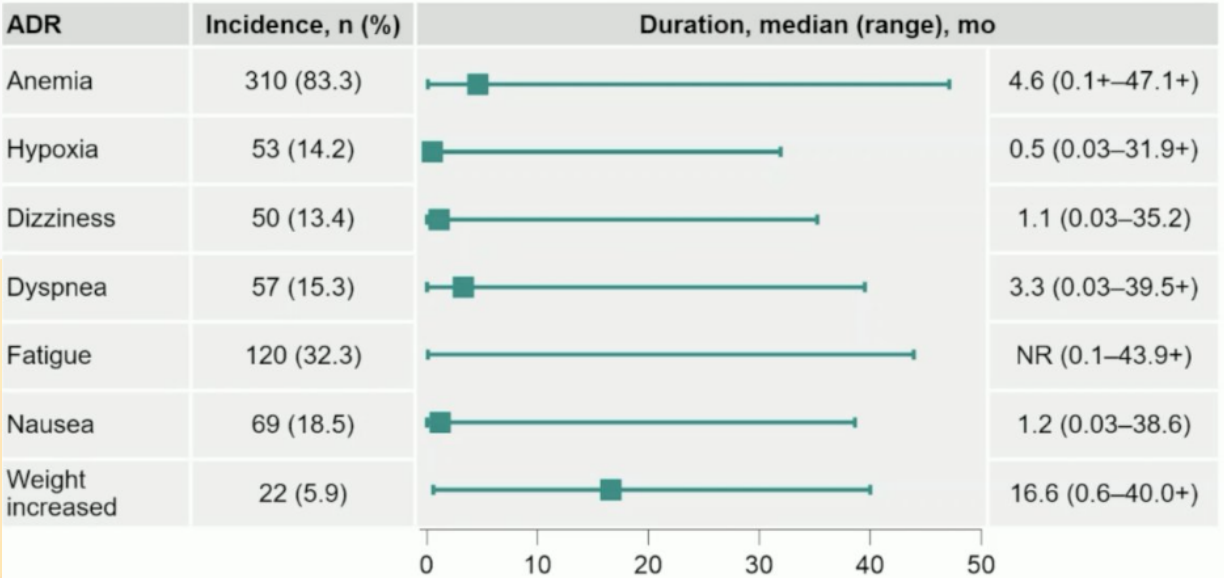
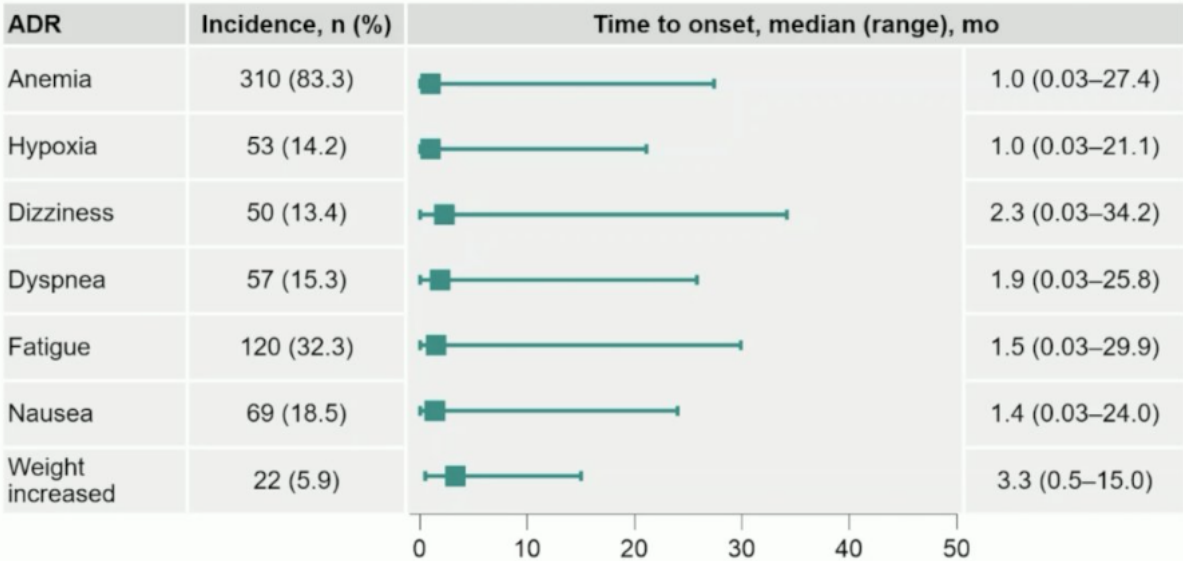
LITESPARK-005 PHASE III CLINICAL TRIAL

Primary Endpoint: OS



SEQUENCIATION AFTER FIRST LINE

LITESPARK-005 PHASE III CLINICAL TRIAL



SEQUENCIATION AFTER FIRST LINE

Phase II Belzutifan + Cabozantinib LITESPARK-003 (NCT03634540)

Key Eligibility Criteria

- Advanced or metastatic ccRCC
- Either treatment naive or has received prior PD-1/L1 immunotherapy and ≤ 2 regimens for locally advanced or metastatic RCC
- ECOG PS 0 or 1

Cohort 1:
Treatment-naive
belzutifan 120 mg/day +
cabozantinib 60 mg/day
N $\approx$ 50

Cohort 2:
Prior immunotherapy treatment
belzutifan 120 mg/day +
cabozantinib 60 mg/day
N $\approx$ 50

Safety and tolerability were evaluated in the first 6 participants enrolled, irrespective of cohort

- If tolerability was established, enrollment continued
- If tolerability was not established, dose was reviewed

Assessments

- Q8W after week 9 for 12 months and then Q12W thereafter

Posttreatment

- 28-day safety follow-up
- Follow-up visits every 6 months

End Points

- Primary: ORR
- Secondary: PFS, TTR, DOR, OS, safety/ tolerability, PK/PD

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Phase II Belzutifan + Cabozantinib LITESPARK-003 (NCT03634540)

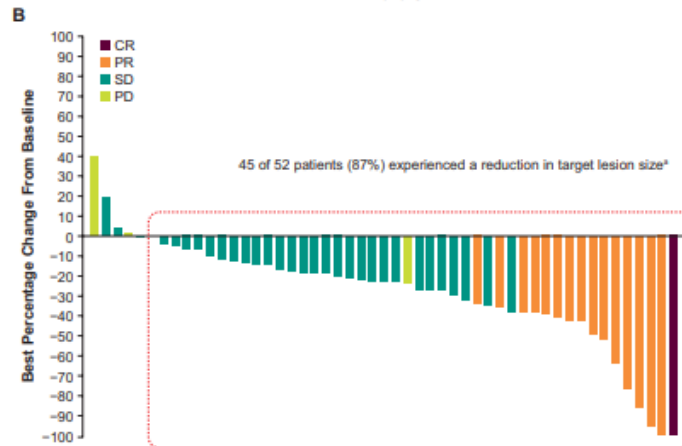
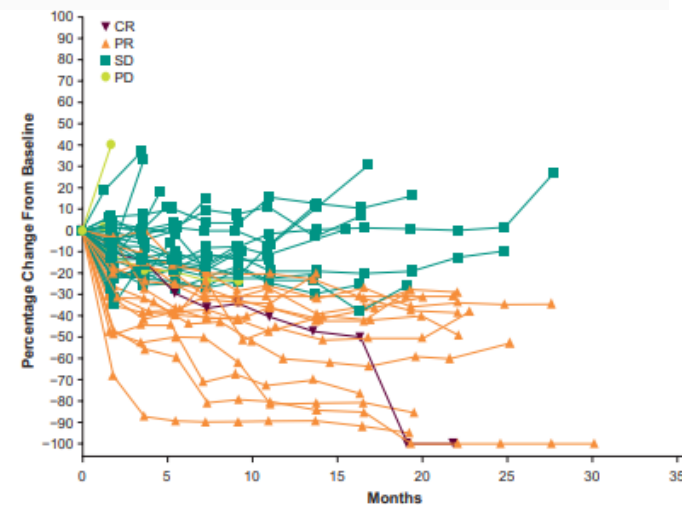
Table 3. ORR by prior anticancer therapy

	All patients N = 52	Prior anticancer therapy		Line of prior anticancer therapy	
		Immunotherapy only ^a n = 28	Immunotherapy/ anti-VEGF therapy ^b n = 24	1 line of prior therapy n = 29	2 lines of prior therapy n = 23
ORR, % (95% CI)	31 (18.7-45.1)	32 (15.9-52.4)	29 (12.6-51.1)	31 (15.3-50.8)	30 (13.2-52.9)
Best overall response					
CR	1 (2)	1 (4)	0 (0)	1 (3)	0 (0)
PR	15 (29)	8 (29)	7 (29)	8 (28)	7 (30)
SD	32 (62)	17 (61)	15 (63)	18 (62)	14 (61)
PD	3 (6)	1 (4)	2 (8)	2 (7)	1 (4)
Not available	1 (2)	1 (4)	0 (0)	0 (0)	1 (4)

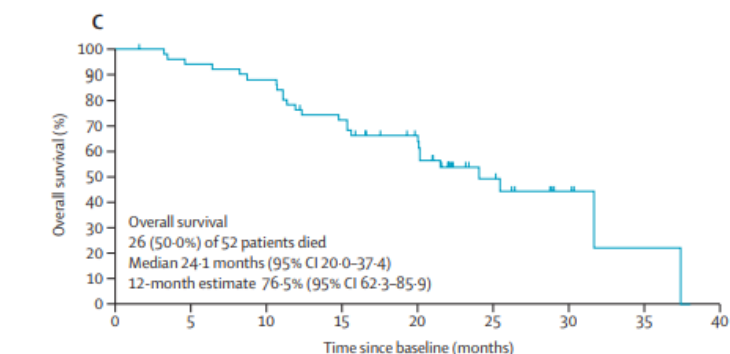
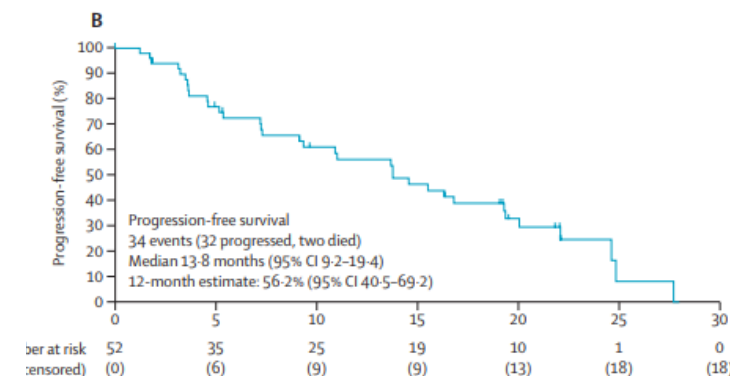
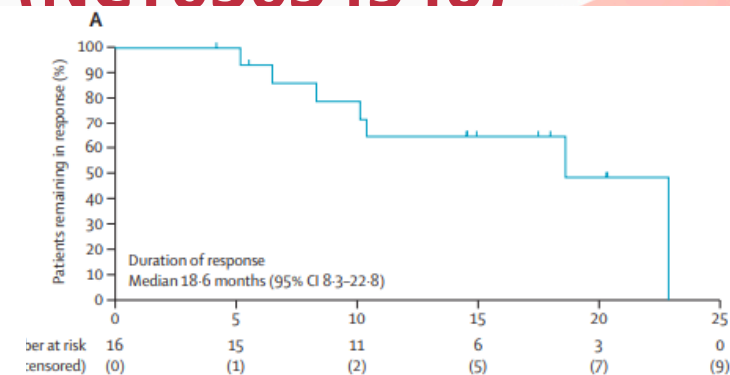
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McDermott, et al. ESMO 2022

Choueiri T et al. Lancet Oncol 2023

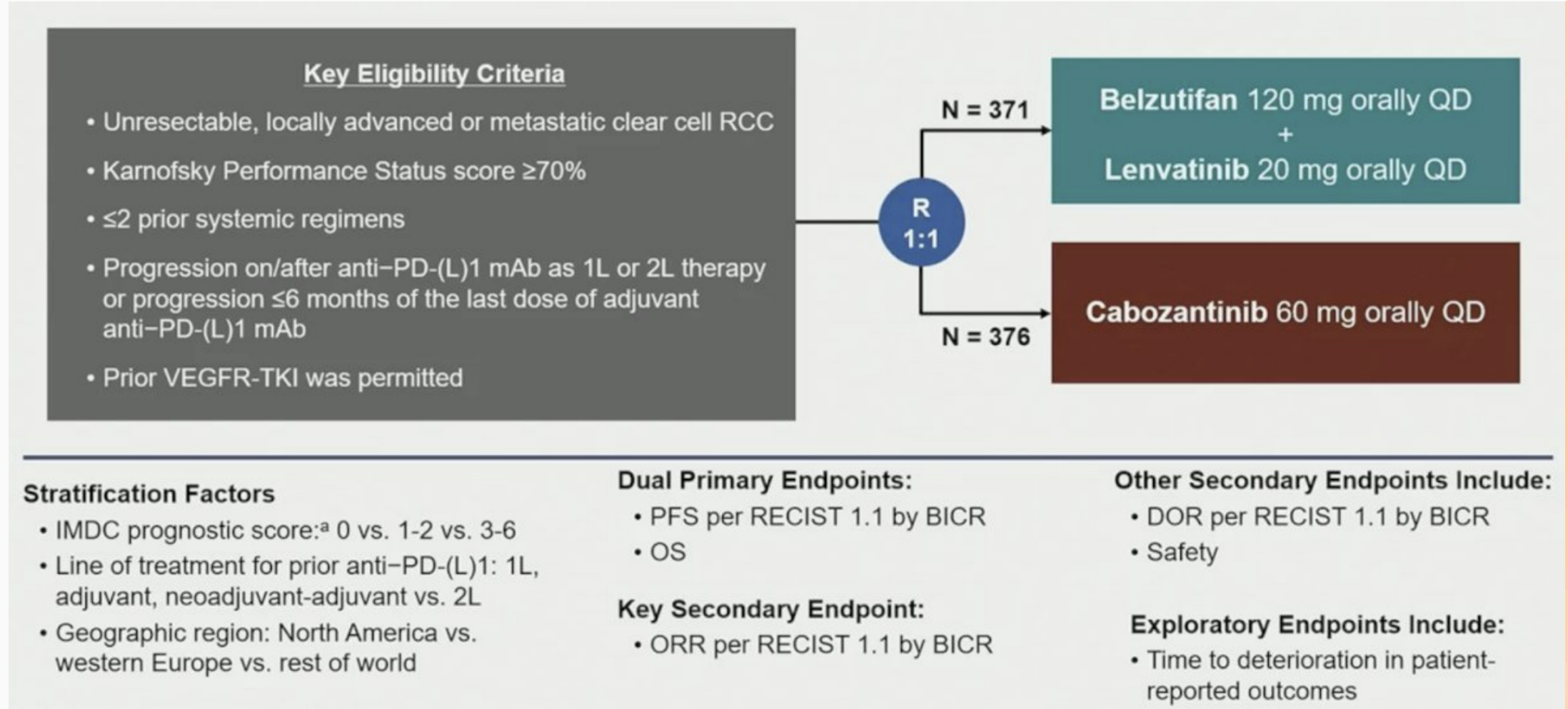


*1 patient with a best response of PD had SD as a target lesion response but PD as a nontarget lesion response and developed a new lesion at the first imaging assessment; 1 patient with a 100% reduction in tumor size had an initial PR, then continued treatment following PD, and then subsequently experienced a CR.



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LS 011



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Motzer R et al. ASCO GU 2026

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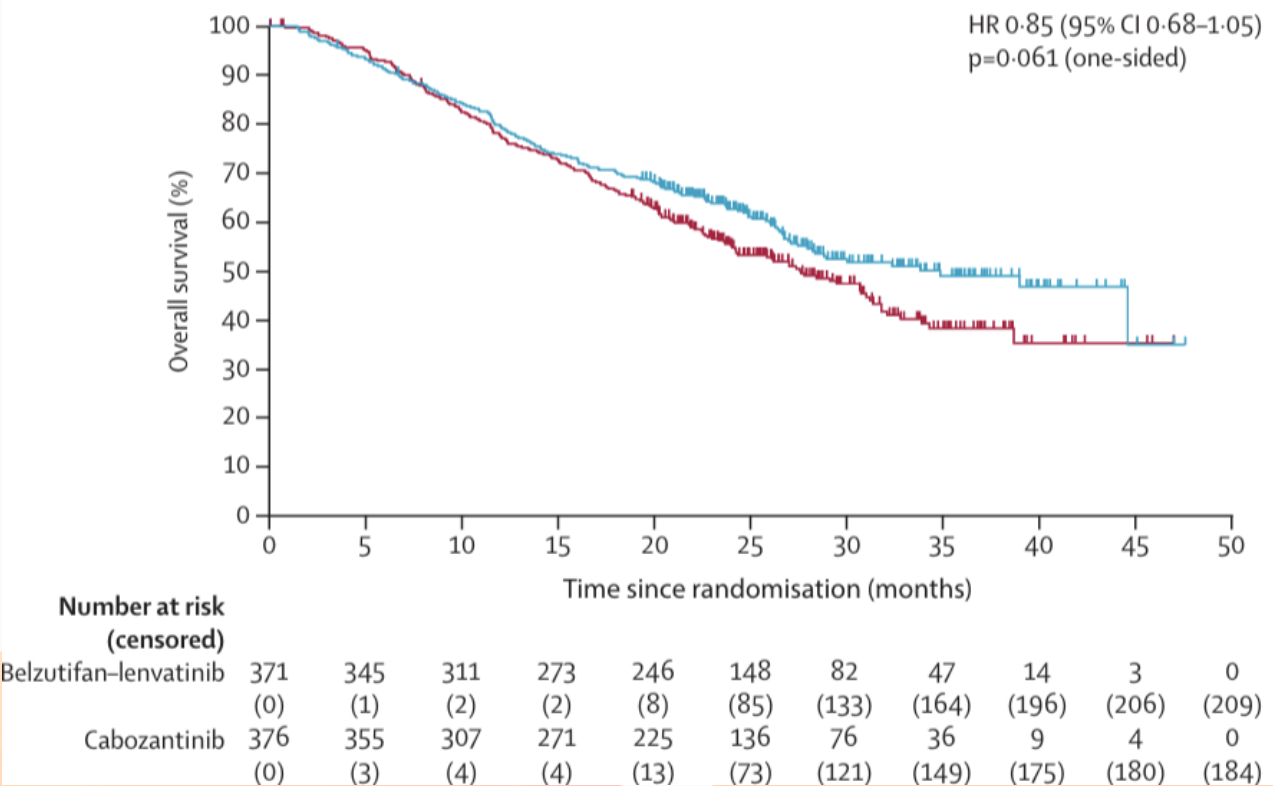
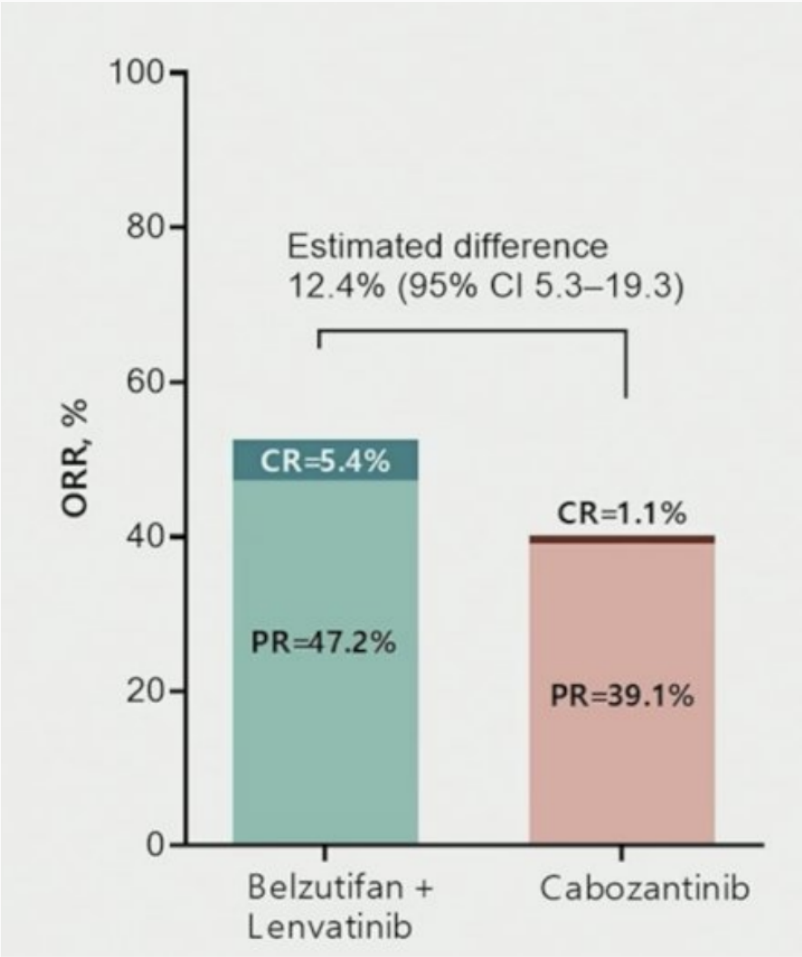
LS 011

Characteristic, n (%)	Belzutifan + Lenvatinib (N = 371)	Cabozantinib (N = 376)
Median age (range), years	63.0 (30–85)	62.5 (30–86)
Sex		
Male	273 (73.6)	292 (77.7)
Female	98 (26.4)	84 (22.3)
KPS score		
90 or 100	276 (74.4)	277 (73.7)
70 or 80	95 (25.6)	99 (26.3)
Geographic region		
North America	64 (17.3)	63 (16.8)
Western Europe	221 (59.6)	216 (57.4)
Rest of world	86 (23.2)	97 (25.8)
IMDC prognostic risk categories		
Favorable (score 0)	84 (22.6)	95 (25.3)
Intermediate (score 1-2)	226 (60.9)	215 (57.2)
Poor (score 3-6)	61 (16.4)	66 (17.6)
Prior lines of therapy		
Adjuvant only	15 (4.0)	18 (4.8)
1	252 (67.9)	251 (66.8)
2	100 (27.0)	107 (28.5)
3	4 (1.1)	0
Number of prior VEGFR-TKIs		
0	158 (42.6)	165 (43.9)
1	203 (54.7)	205 (54.5)
2	10 (2.7)	6 (1.6)



SEQUENCIATION AFTER FIRST LINE

LS 011



SEQUENCIATION AFTER FIRST LINE

IO response adaptive strategy (CTLA-4 addition or PD-1 inhibition rechallenge)

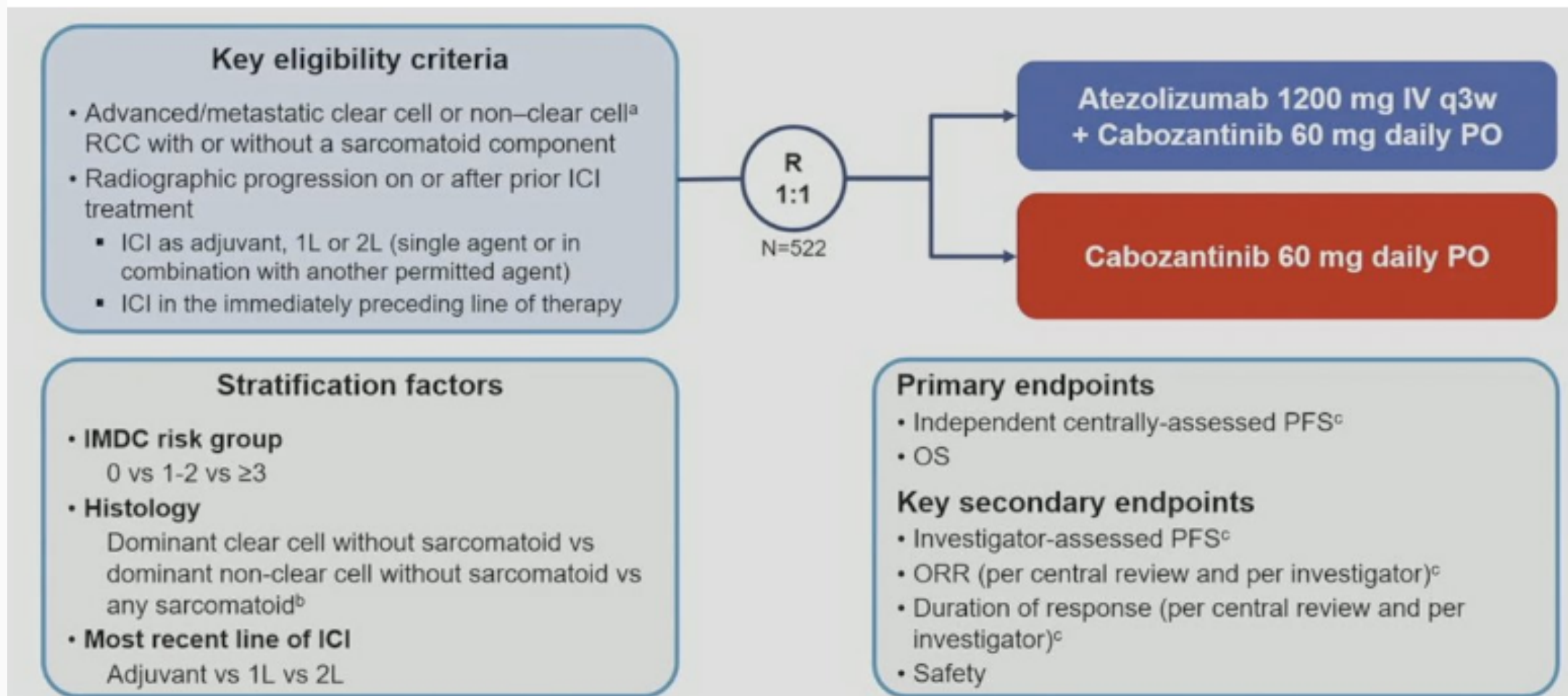
Trial & Primary Endpoint & N		ORR PD-1i	Criteria CTLA4-i addition	N; ORR to CTLA4-i
HCRN GU16-260 (A) & TFS (N=128)		34% (6.5%) Part A	SD/PD (N= 34)	11.5% (3%) Part B
OMNIVORE (A) & % PR/CR 1-year off nivolumab (N=12)		1L 17% ≥ 2L 12%	PD (N=3)	N/A (re-PD1 inh)
OMNIVORE (B) & %SD/PD with NIVO achieving PR/CR with IPI (N = 57)		1L 17% ≥ 2L 12%	SD/PD (N=57)	4% (0)
TITAN & ORR full analysis set (N= 207)		1L: 28% (CR 2%) 2L: 18% (CR 0%)	SD/PD (N=108)	1L: 36% (CR 7%) 2L: 32% (CR 6%)
FRACTION RCC & ORR, DoR, PFS at 24w (N = 46)		N/A	PD to PD-1 inh (N=46)	17.4% (0)

In the first line, adding CTLA-4 to PD-1 inhibitor upfront achieves better antitumor efficacy compared to adding CTLA-4 as a rescue agent to PD-1 progression.

In the second line, CTLA-4 inhibitor is able to rescue few patients progressing to PD-1 inhibitor (difficult to select which patients).

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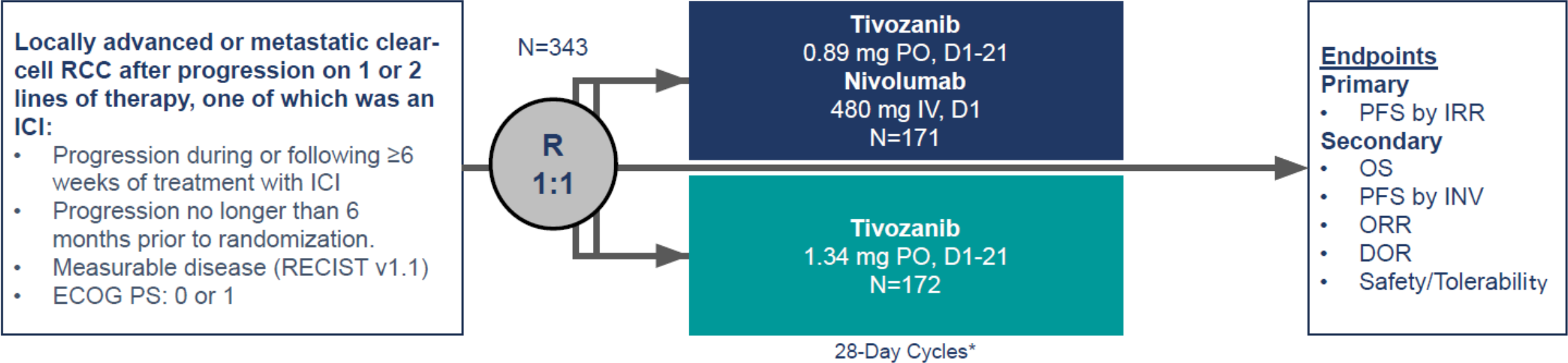
CONTACT-03



SEQUENCIATION AFTER FIRST LINE

TiNivo-2: Phase 3 Study

TiNivo: Tivozanib 1.5mg/24h (3/1) + Nivo 480 mg Q4W
TIVO-1: Tivozanib 1.5 mg/24h (3/1)
TIVO-3: Tivozanib 1.5 mg/24h (3/1)



Stratification Factors

- IMDC risk category
- Prior therapy (ICI as most recent therapy or not)

Key Considerations

- Reduced dose of tivozanib in combination arm was agreed with regulatory authorities due to potential risk of higher rate of grade 3/4 hypertension
- Prior therapy (ICI as most recent therapy or not)
 - Test if ICI break impacts outcome (reset the immune system?)

SEQUENCIATION AFTER FIRST LINE

BASELINE CHARACTERISTICS		CONTACT-03 (2020-2021)	TINIVO-2 (2021 – 2023)
Number of patients		522	343
Experimental arm		Cabozantinib 60 mg/24h + Atezolizumab 1200 mg iv q3w	Tivozanib 0.89 mg/24h 3/1 + nivolumab 480mg
Control arm		Cabozantinib 60 mg/24h	Tivozanib 1.34 mg/24h
Median follow up, months		15.6	11.8
Sarcomatoid pheatures, N (%)		25 (10)	-
IMDC	Favorable, N (%)	49 (19)	30 (18)
	Intermediate, N (%)	172 (65)	114 (67)
	Poor, N (%)	41 (16)	27 (16)
Previous treatment	Adjuvant, N (%)	1 (<1)	25 (15%)
	1L Metastatic, N (%)	144 (55)	111 (65%)
	2L Metastatic, N (%)	118 (45)	60 (35%)
1L treatment		Ipilimumab + nivolumab 80 (31%) Sunitinib 77 (29%); Pazopanib 36 (14%) Axitinib + pembrolizumab 36 (14%)	Ipilimumab + nivolumab 63 (39%); Nivolumab 6 (4%) Sunitinib or Pazopanib 11 (6%) TKI + IO 60 (35%)
2 L treatment		Nivolumab 104/119 (87%)	Cabozantinib/Sunitinib 38/65 (22%); Nivolumab 11/65 (6%)
VEGFR-TKI treatment #guardsymposium2026 X @GuardConsortium	0L, N(%)	93 (35%)	53 (31%)
	1L, N(%)	166 (63%)	96 (56%)
	2L, N(%)	4 (2%)	22 (13%)

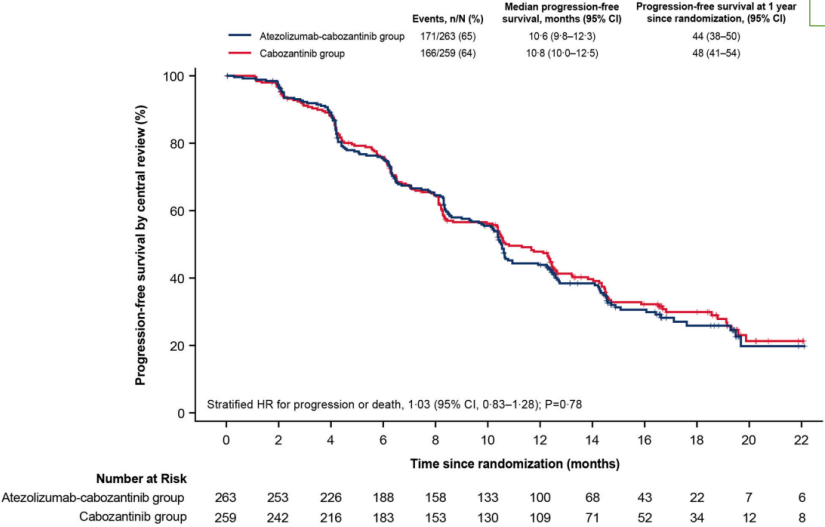
Most recent therapy Non IO: 49 (29%)



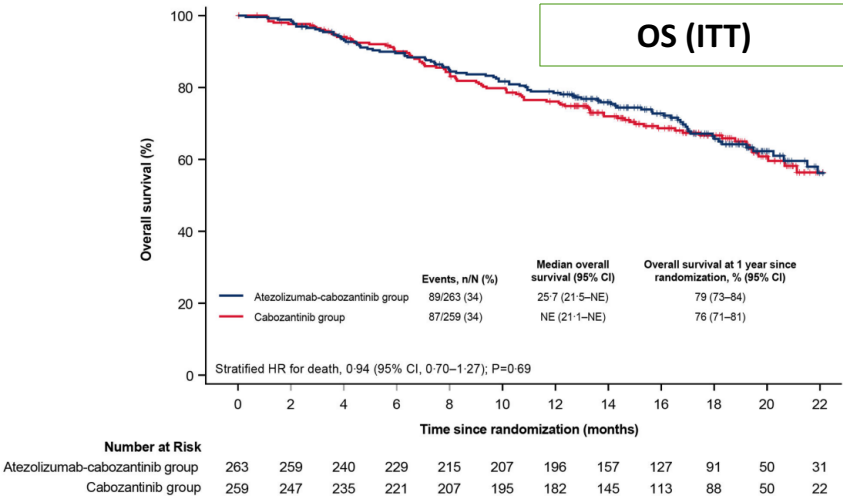
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CONTACT-03

PFS (BICR ITT)

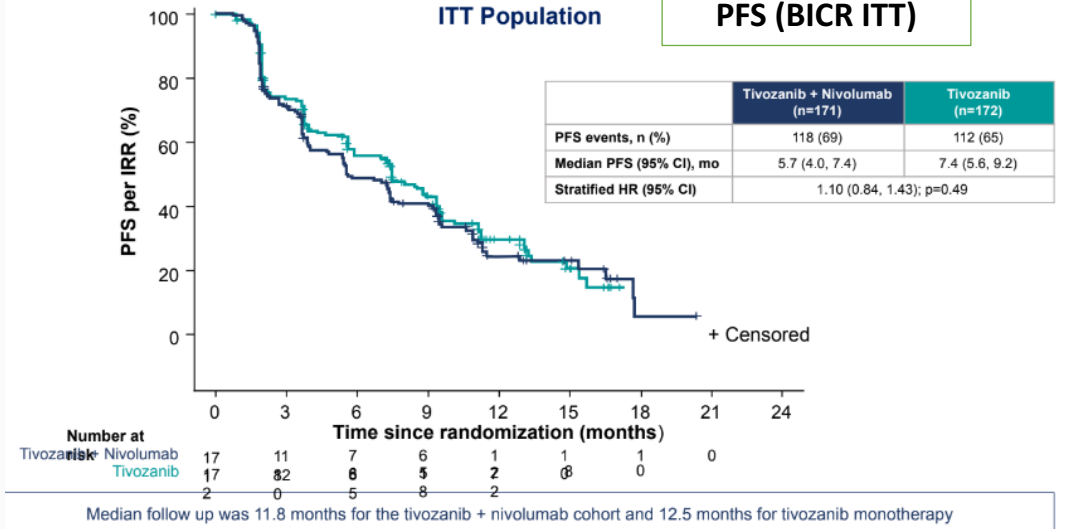


OS (ITT)

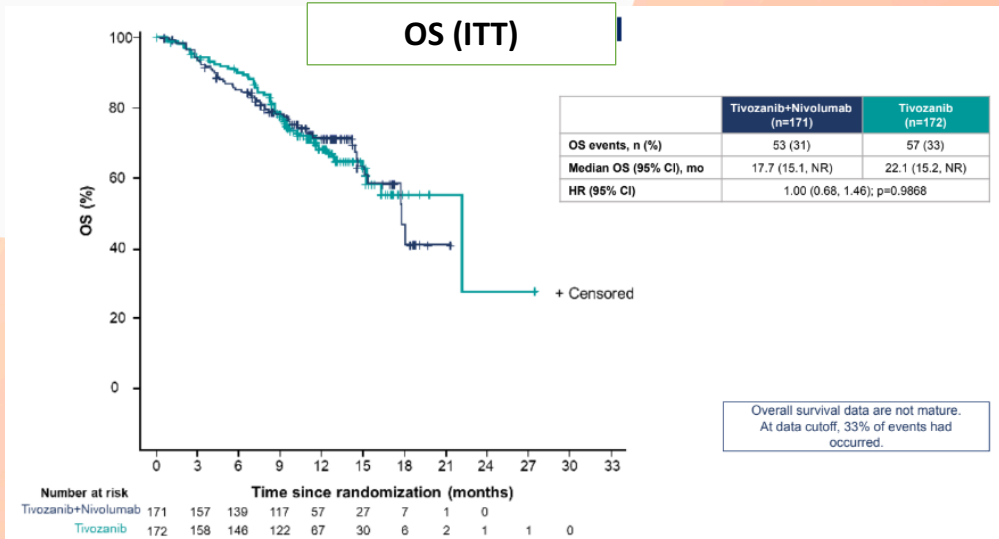


TINIVO-2

PFS (BICR ITT)



OS (ITT)



SEQUENCIATION AFTER FIRST LINE

CONTACT-03

RECIST 1.1 per central review^a

	Atezo + Cabo (n=259)	Cabo (n=254)
Confirmed objective response, n, (%) [95% CI]	105 (40.5) [34.5, 46.8]	104 (40.9) [34.8, 47.3]
Complete response, n (%)	0	2 (0.8)
Partial response, n (%)	105 (40.5)	102 (40.2)
Stable disease, n (%)	131 (50.6)	121 (47.6)
Progressive disease, n (%)	11 (4.2)	13 (5.1)
Not evaluable or missing, n (%)	12 (4.6)	16 (6.3)
Ongoing response at data cutoff, n/N (%) ^b	53/105 (50.5)	55/104 (52.9)
Median duration of response (range), mo	12.7 (2.1+ to 22.9+)	14.8 (2.3+ to 25.6+)

TINIVO-2

	Tivozanib + Nivolumab (n=171)	Tivozanib (n=172)
ORR, n (%), [95% CI]	33 (19.3) [13.7, 26.0]	34 (19.8) [14.1, 26.5]
CR, n (%)	1 (0.6)	1 (0.6)
PR, n (%)	32 (18.7)	33 (19.2)
SD, n (%)	74 (43.3)	81 (47.1)
PD, n (%)	49 (28.7)	43 (25.0)
NE, n (%)	15 (8.8)	14 (8.1)
mDOR, mo (95% CI)	15.77 (5.65-NR)	9.66 (3.71-NR)

	CONTACT-03 Cabo (60 mg QD) arm (n=259)	TiNivo-2 Tivo (1.34 mg QD*) arm (n=172)
Select Any Gr TEAEs, %		
Diarrhea	71	36
Nausea	36	27
Asthenia	29	20
Fatigue	24	40
Anemia	19	9
Hypertension	34	40

SEQUENCIATION AFTER FIRST LINE

Atezolizumab plus cabozantinib versus cabozantinib monotherapy for patients with renal cell carcinoma after progression with previous immune checkpoint inhibitor treatment (CONTACT-03): a multicentre, randomised, open-label, phase 3 trial

Sumanta Kumar Pal, Laurence Albiges, Piotr Tomczak, Cristina Suárez, Martin H Voss, Guillermo de Velasco, Jad Chahoud, Anastasia Mochalova, Giuseppe Procopio, Hakim Mahammed, Friedemann Zengerling, Chan Kim, Takahiro Osawa, Martín Angel, Suyasha Gupta, Omara Khan, Guillaume Berghold, Bo Liu, Melania Kalaitzidou, Mahrukh Huseni, Christian Scheffold, Thomas Powles, Toni K Choueiri

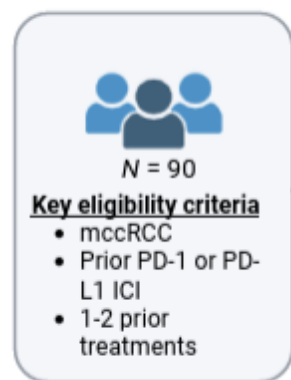
Tivozanib plus nivolumab versus tivozanib monotherapy in patients with renal cell carcinoma following an immune checkpoint inhibitor: results of the phase 3 TiNivo-2 Study

Toni K Choueiri, Laurence Albiges, Philippe Barthélémy, Roberto Iacovelli, Sheik Emambux, Javier Molina-Cerrillo, Benjamin Garmez, Pedro Barata, Arnab Basu, Maria T Bourlon, Helen Moon, Raffaele Ratta, Rana R McKay, Alexander Chehrizi-Raffle, Hans Hammers, Daniel Y C Heng, Edgar Braendle, Kathryn E Beckermann, Bradley A McGregor, Robert J Motzer**

CONTACT 03 & TINIVO-2 limit the role for continuing/rechallenging PD-1/PD-L1 inhibition after progression in advanced RCC, but these studies highlight the role of TKI in treatment sequence according to current clinical practice.

SEQUENCIATION AFTER FIRST LINE

A multicenter randomized phase II trial of lenvatinib + everolimus versus cabozantinib in patients with metastatic clear-cell RCC (mccRCC) that progressed on PD-1 immune checkpoint inhibition (ICI) (LenCabo)



R
1:1

Lenvatinib 18 mg/day +
everolimus 5 mg/day

Cabozantinib 60 mg/day

Stratification factors

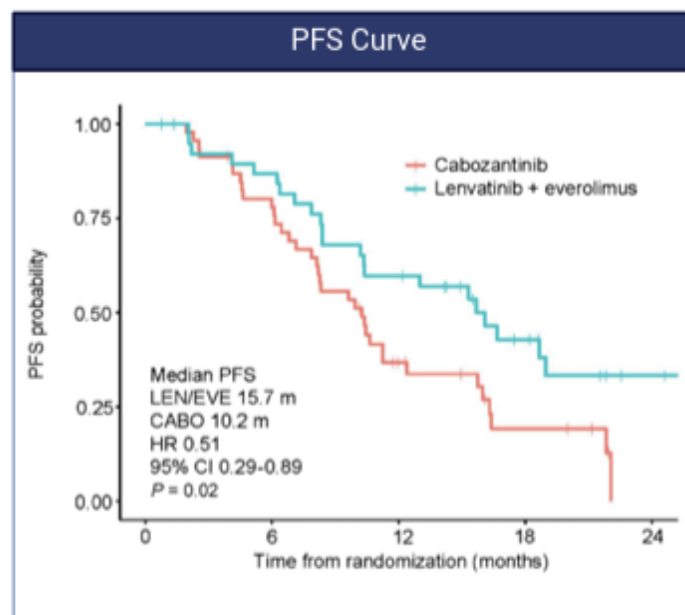
- IMDC risk group
- Prior receipt of VEGF TT

Primary endpoint

- PFS

Secondary endpoints

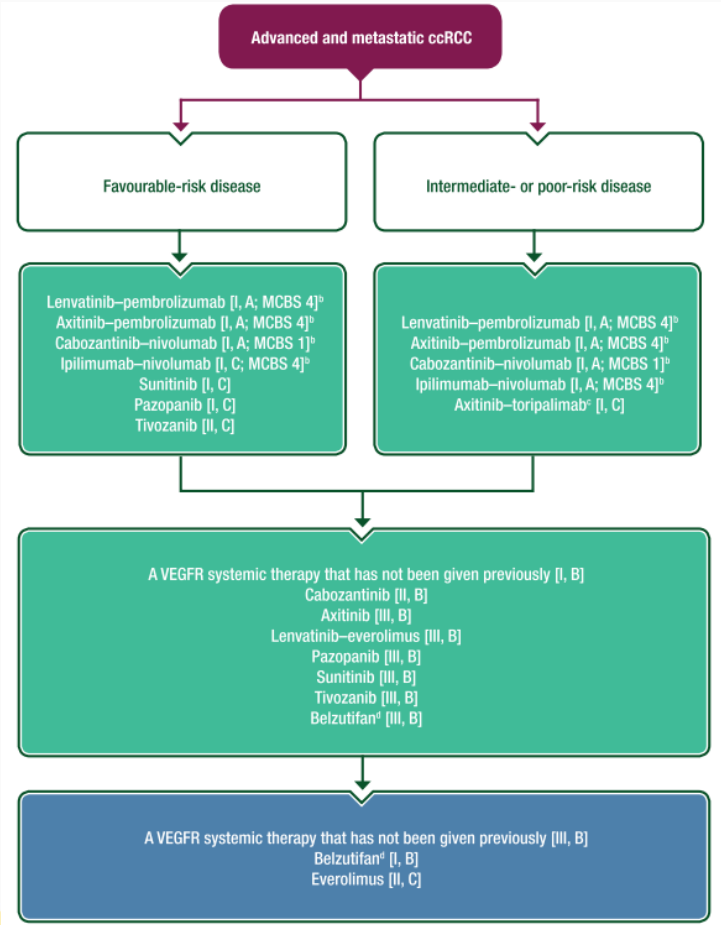
- ORR by RECIST
- Safety
- OS



	Lenvatinib + everolimus	Cabozantinib
Objective response	20 (52.6)	17 (38.6)
Stable disease	15 (39.5)	24 (54.5)
Progressive disease	3 (7.9)	3 (6.8)

SEQUENCIATION AFTER FIRST LINE

ESMO and EUA Guidelines



	Standard of Care	Alternative
Prior TKI+IO Prior IO+IO	Cabozantinib [3] Any VEGF-targeted therapy that has not been used previously in combination with IO [4]	
Prior TKI	Nivolumab [1b] Cabozantinib [1b]	Axitinib [2b]
Several prior lines including IO and TKI	Belzutifan [1b]	

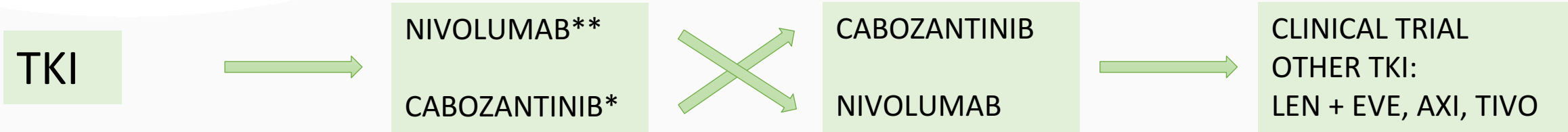
SEQUENCIATION AFTER FIRST LINE

NCCN Guidelines

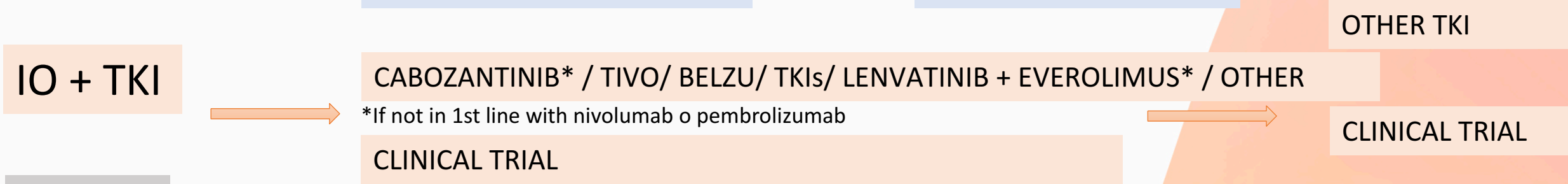
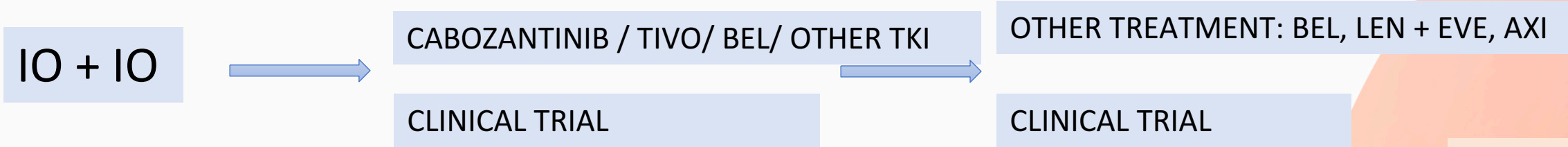
PRINCIPLES OF SYSTEMIC THERAPY FOR STAGE IV OR RELAPSED DISEASE

SUBSEQUENT THERAPY FOR CLEAR CELL HISTOLOGY (IN ALPHABETICAL ORDER BY CATEGORY)			
Immuno-oncology (IO) Therapy History Status	Preferred	Other Recommended	Useful in Certain Circumstances
IO Therapy Naïve	• None	• Axitinib + Pembrolizumab^{b,c} • Cabozantinib • Cabozantinib + Nivolumab^{b,d} • Everolimus/Lenvatinib • Ipilimumab + Nivolumab^{b,e} • Lenvatinib + Pembrolizumab^{b,c} • Nivolumab^{b,d}	• Axitinib • Everolimus • Lenvatinib • Pazopanib • Sunitinib • Tivozanib • Belzutifan (category 2B) • Bevacizumab^g (category 2B)
Prior IO Therapy	• None	• Axitinib • Belzutifan^f • Cabozantinib • Everolimus/Lenvatinib • Tivozanib	• Everolimus • Ipilimumab + Nivolumab^{b,e} • Lenvatinib • Pazopanib • Sunitinib • Axitinib + Pembrolizumab^{b,c} (category 2B) • Bevacizumab^g (category 2B) • Cabozantinib + Nivolumab^{b,d} (category 2B) • Lenvatinib + Pembrolizumab^{b,c} (category 2B)

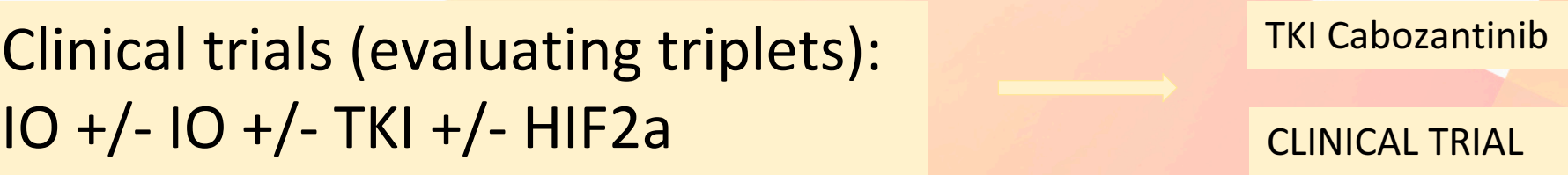
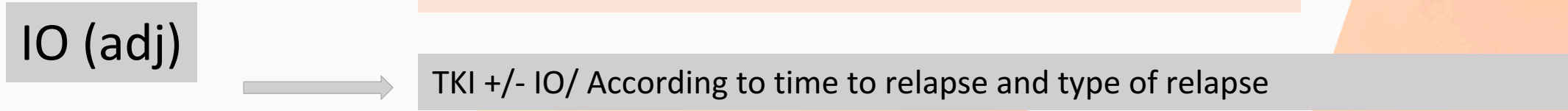
SEQUENCIATION AFTER FIRST LINE TODAY



*If not in 1st line for int/poor risk



*If not in 1st line with nivolumab o pembrolizumab



** nivolumab + ipilimumab

¡Gracias!

