NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

# Thyroid Carcinoma

Overall management of Thyroid Carcinoma is described in the full NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Thyroid Carcinoma. Visit NCCN.org to view the complete library of NCCN Guidelines®.

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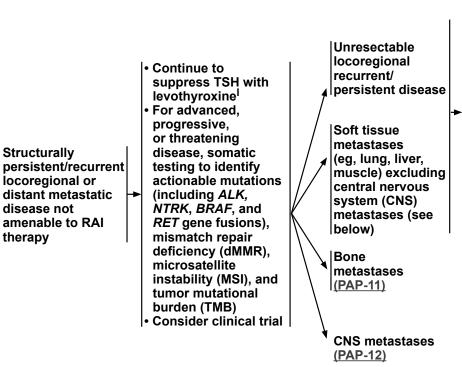




## Thyroid Carcinoma | NCCN Guidelines® Papillary Carcinoma

Version 2.2024 March 12, 2024

### TREATMENT OF LOCALLY RECURRENT, ADVANCED, AND/OR METASTATIC DISEASE NOT AMENABLE TO RAI THERAPY



- Consider systemic therapy for progressive and/or symptomatic disease
- **▶** Preferred Regimens
- ♦ Lenvatinib (category 1)kk
- → Other Recommended Regimens
  - ♦ Sorafenib (category 1)<sup>kk</sup>
- **▶ Useful in Certain Circumstances** 
  - ♦ Cabozantinib (category 1) if progression after lenvatinib and/or sorafenib
  - Larotrectinib or entrectinib for patients with NTRK gene fusion-positive advanced solid tumors
  - Selpercatinib or pralsetinib for patients with RET gene fusion-positive tumors
  - ◊ Pembrolizumab for patients with tumor mutational burden-high (TMB-H) (≥10 mutations/megabase [mut/Mb]) tumors or for patients with MSI-H or dMMR tumors that have progressed following prior treatment with no satisfactory alternative options
  - ♦ Dabrafenib/trametinib<sup>nn</sup> for patients with BRAF V600E mutation that has progressed following prior treatment with no satisfactory alternative treatment options
  - Other therapies are available and can be considered for progressive and/or symptomatic disease if clinical trials or other systemic therapies are not available or appropriate<sup>II,mm</sup>
- Consider resection of distant metastases and/or RT<sup>q</sup> or other local therapies<sup>jj</sup> when available to metastatic lesions if progressive and/or symptomatic (See treatment of locoregional recurrence <u>PAP-9</u>)
- Disease monitoring is often appropriate in asymptomatic patients with indolent disease assuming no brain metastasis<sup>kk</sup> (PAP-7)
- Best supportive care, see NCCN Guidelines for Palliative Care

Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

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**PAP-10** 

Principles of TSH Suppression (THYR-A).

q Principles of Radiation and RAI Therapy (THYR-C).

<sup>&</sup>lt;sup>jj</sup> Ethanol ablation, cryoablation, RFA, etc.

kk Kinase inhibitor therapy may not be appropriate for patients with stable or slowly progressive indolent disease. See Principles of Kinase Inhibitor Therapy (THYR-B).

Il Commercially available small-molecule kinase inhibitors (such as axitinib, everolimus, pazopanib, sunitinib, vandetanib, vemurafenib [BRAF positive, category 2B], or dabrafenib [BRAF positive, category 2B]) can be considered if clinical trials are not available or appropriate.

mm Cytotoxic chemotherapy has been shown to have minimal efficacy, although most studies were small and underpowered.

<sup>&</sup>lt;sup>nn</sup> Dabrafenib/trametinib could also be appropriate as a first-line therapy for patients with high-risk disease who are not appropriate for VEGF inhibitors.

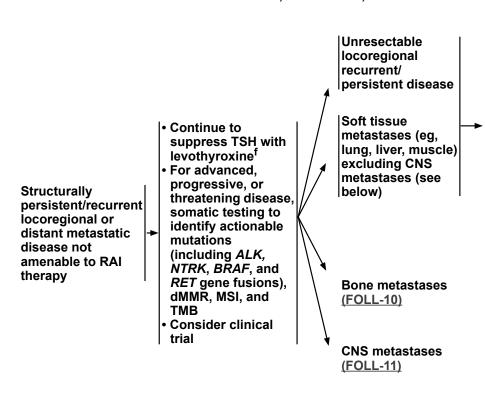


## Thyroid Carcinoma | NCCN Guidelines® Follicular Carcinoma

Version 2.2024

March 12, 2024

#### TREATMENT OF LOCALLY RECURRENT, ADVANCED, AND/OR METASTATIC DISEASE NOT AMENABLE TO RAI THERAPY



Consider systemic therapy for progressive and/or symptomatic disease

**▶** Preferred Regimens

♦ Lenvatinib (category 1)<sup>99</sup>

Other Recommended Regimens
 ♦ Sorafenib (category 1)<sup>99</sup>

Useful in Certain Circumstances

♦ Cabozantinib if progression after lenvatinib and/or sorafenib

 Larotrectinib or entrectinib for patients with NTRK gene fusion-positive advanced solid tumors

♦ Selpercatinib or praisetinib for patients with RET gene fusionpositive tumors

 Pembrolizumab for patients with tumor mutational burdenhigh (TMB-H) (≥10 mutations/megabase [mut/Mb]) tumors or for patients with MSI-H or dMMR tumors that have progressed following prior treatment with no satisfactory alternative options

 Dabrafenib/trametinib<sup>jj</sup> for patients with BRAF V600E mutation that has progressed following prior treatment with no satisfactory alternative treatment options

Other therapies are available and can be considered for progressive and/or symptomatic disease if clinical trials or other systemic therapies are not available or appropriate<sup>hh,ii</sup>

 Consider resection of distant metastases and/or EBRT<sup>R</sup> or other local therapies<sup>ff</sup> when available to metastatic lesions if progressive and/or symptomatic (See treatment of locoregional recurrence FOLL-8)

 Disease monitoring is often appropriate in asymptomatic patients with indolent disease assuming no brain metastasis<sup>gg</sup> (FOLL-6)

• Best supportive care, see NCCN Guidelines for Palliative Care

k Principles of Radiation and RAI Therapy (THYR-C).

ff Ethanol ablation, cryoablation, RFA, etc.

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FOLL-9

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f Principles of TSH Suppression (THYR-A).

<sup>99</sup> Kinase inhibitor therapy may not be appropriate for patients with stable or slowly progressive indolent disease. See <u>Principles of Kinase Inhibitor Therapy (THYR-B)</u>.

hh Commercially available small-molecule kinase inhibitors (such as axitinib, everolimus, pazopanib, sunitinib, vandetanib, vemurafenib [BRAF positive, category 2B], or dabrafenib [BRAF positive, category 2B]) can be considered if clinical trials are not available or appropriate.

ii Cytotoxic chemotherapy has been shown to have minimal efficacy, although most studies were small and underpowered.

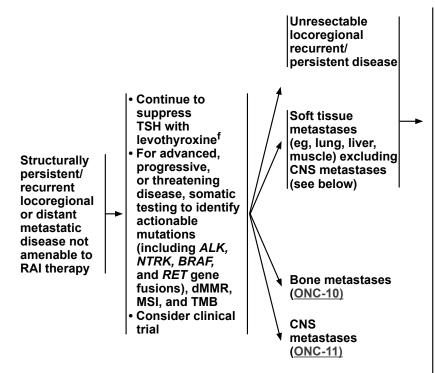
Dabrafenib/trametinib could also be appropriate as a first-line therapy for patients with high-risk disease who are not appropriate for VEGF inhibitors.



# **Thyroid Carcinoma** NCCN Guidelines® **Oncocytic Carcinoma**

Version 2.2024 March 12, 2024

## TREATMENT OF LOCALLY RECURRENT, ADVANCED, AND/OR METASTATIC DISEASE NOT AMENABLE TO RAI THERAPY



- Consider systemic therapy for progressive and/or symptomatic disease
- **▶** Preferred Regimens
- ♦ Lenvatinib (category 1)<sup>ff</sup>
- → Other Recommended Regimens
  - ♦ Sorafenib (category 1)<sup>ff</sup>
- **→ Useful in Certain Circumstances** 
  - ♦ Cabozantinib if progression after lenvatinib and/or sorafenib
- ♦ Larotrectinib or entrectinib for patients with NTRK gene fusion-positive advanced solid tumors
- ♦ Selpercatinib or pralsetinib for patients with RET gene fusionpositive tumors
- ♦ Pembrolizumab for patients with TMB-H (≥10 mut/Mb) tumors or for patients with MSI-H or dMMR tumors that have progressed following prior treatment with no satisfactory alternative options
- ♦ Dabrafenib/trametinib<sup>ii</sup> for patients with BRAF V600E mutation that has progressed following prior treatment with no satisfactory alternative treatment options
- Other therapies are available and can be considered for progressive and/or symptomatic disease if clinical trials or other systemic therapies are not available or appropriate<sup>gg,hh</sup>
- Consider resection of distant metastases and/or RT<sup>k</sup> or other local therapies<sup>ee</sup> when available to metastatic lesions if progressive and/or symptomatic (See treatment of locoregional recurrence ONC-8)
- Disease monitoring is often appropriate in asymptomatic patients with indolent disease assuming no brain metastasis<sup>ff</sup> (ONC-6)
   Best supportive care, see NCCN Guidelines for Palliative Care
- 99 Commercially available small-molecule kinase inhibitors (such as axitinib, everolimus, pazopanib, sunitinib, vandetanib, vemurafenib [BRAF positive, category 2B], or dabrafenib [BRAF positive, category 2B]) can be considered if clinical trials are not available or appropriate.
- hh Cytotoxic chemotherapy has been shown to have minimal efficacy, although most studies were small and underpowered.
- ii Dabrafenib/trametinib could also be appropriate as a first-line therapy for patients with high-risk disease who are not appropriate for VEGF inhibitors.

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ONC-9

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ee Ethanol ablation, cryoablation, RFA, etc.

k Principles of Radiation and RAI Therapy (THYR-C).

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