

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](https://www.nccn.org) to view the complete library of NCCN Guidelines®.

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PRINCIPLES OF SYSTEMIC THERAPY

Differentiated Thyroid Cancer (RAI-refractory papillary carcinoma, RAI-refractory follicular carcinoma, oncocytic carcinoma): Progressive and/or symptomatic disease		
Preferred regimen	Other recommended regimen	Useful in certain circumstances
Lenvatinib (category 1) ^{a,b,c}	Sorafenib (category 1) ^{a,b,c}	<ul style="list-style-type: none"> • Cabozantinib if progression after lenvatinib and/or sorafenib (category 1 for papillary carcinoma; category 2A for follicular carcinoma and oncocytic carcinoma) • Dabrafenib/trametinib^e for <i>BRAF</i> V600E mutation that has progressed following prior treatment with no satisfactory alternative treatment options • Pembrolizumab/lenvatinib if disease progression on lenvatinib • Pemetrexed/carboplatin if disease progression following prior treatment • <i>NTRK</i> gene fusion-positive advanced solid tumors <ul style="list-style-type: none"> ▶ Entrectinib ▶ Larotrectinib ▶ Repotrectinib • <i>RET</i> gene fusion-positive tumors <ul style="list-style-type: none"> ▶ Pralsetinib ▶ Selpercatinib^d • Pembrolizumab^g for TMB-H (≥10 [mut/Mb]) or for MSI-H or dMMR tumors that have progressed following prior treatment with no satisfactory alternative options • Consider if clinical trials or other systemic therapies are not available or appropriate^f: <ul style="list-style-type: none"> ▶ Axitinib ▶ Everolimus ▶ Pazopanib ▶ Sunitinib ▶ Vandetanib ▶ Dabrafenib (if <i>BRAF</i> positive) (category 2B) ▶ Vemurafenib (if <i>BRAF</i> positive) (category 2B)

^a Kinase inhibitor therapy may not be appropriate for patients with stable or slowly progressive indolent disease.

^b After consultation with neurosurgery and radiation oncology, data on the efficacy of lenvatinib or sorafenib for patients with brain metastases have not been established.

^c Tyrosine kinase inhibitor (TKI) therapy should be used with caution in otherwise untreated CNS metastases due to bleeding risk.

^d Selpercatinib is also FDA approved for pediatric patients 2 years of age or older.

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

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

^g See the NCCN Guidelines for Immunotherapy-Related Toxicities for treatment of toxicity from immunotherapy.

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

THYR-B
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Please see [Important Safety Information](#) and [Full Prescribing Information](#) for LENVIMA® (lenvatinib) 10 mg and 4 mg capsules.