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NCCN Clinical Practice Guidelines in Oncology
(NCCN Guidelines®)

Thyroid Carcinoma

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

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PRINCIPLES OF SYSTEMIC THERAPY

Differentiated Thyroid Cancer (Papillary, Follicular, or Oncocytic Carcinomas): Locoregionally Invasive, Rapidly Progressive and/or Symptomatic or Recurrent RAI-Refractory Locoregional or Distant Metastatic Disease[a,b]	
Preferred	**Useful in Certain Circumstances**
• Lenvatinib (category 1)[c,d] • *NTRK1/2/3* gene fusion-positive tumors ▸ Entrectinib ▸ Larotrectinib ▸ Repotrectinib • *RET* gene fusion-positive tumors ▸ Pralsetinib ▸ Selpercatinib[e]	• Sorafenib (category 1)[c,d] • Cabozantinib if progression after Lenvatinib and/or Sorafenib (category 1 for papillary carcinoma; category 2A for follicular carcinoma and oncocytic carcinoma) • Ipilimumab + Nivolumab (oncocytic carcinoma only)[1] • Carboplatin/Pemetrexed if disease progression following prior treatment • Dabrafenib/Trametinib[f] for *BRAF* V600E mutation that has progressed following prior treatment with no satisfactory alternative treatment options • Binimetinib/Encorafenib for *BRAF* V600E mutation that has progressed following prior treatment with no satisfactory alternative treatment options[2] • Lenvatinib + Pembrolizumab if disease progression on Lenvatinib • Pembrolizumab[g] for TMB-H (≥10 [mut/Mb]) or for MSI-high (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[h]: ▸ Axitinib ▸ Everolimus ▸ Pazopanib ▸ Sunitinib ▸ Vandetanib ▸ Dabrafenib (if *BRAF* V600E positive) (category 2B) ▸ Vemurafenib (if *BRAF* V600E positive) (category 2B)

• Pembrolizumab and berahyaluronidase alfa-pmph subcutaneous injection may be substituted for IV pembrolizumab. Pembrolizumab and berahyaluronidase alfa-pmph has different dosing and administration instructions compared to IV pembrolizumab.

[a] Consider screening for hepatitis B prior to the start of therapy.
[b] Kinase inhibitor therapy may not be appropriate for patients with stable or slowly progressive indolent disease.
[c] After consultation with neurosurgery and radiation oncology, data on the efficacy of lenvatinib or sorafenib for patients with brain metastases have not been established.
[d] Tyrosine kinase inhibitor (TKI) therapy should be used with caution in otherwise untreated CNS metastases due to bleeding risk. Brain imaging should be considered prior to the start of TKI therapy.
[e] Selpercatinib is also FDA approved for pediatric patients ≥2 years of age.
[f] Dabrafenib/Trametinib could also be appropriate as a first-line therapy for patients with high-risk disease who are not appropriate for vascular endothelial growth factor (VEGF) inhibitors.
[g] See the NCCN Guidelines for Management of Immune Checkpoint Inhibitor-Related Toxicities for treatment of toxicity from immunotherapy.
[h] Cytotoxic chemotherapy has been shown to have minimal efficacy, although most studies were small and underpowered.

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

References