

Shared Decision Making for Advanced Renal Cell Carcinoma – Focus on Adverse Event Management of Axitinib Plus IO: A Vodcast

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In this vodcast, a clinician, a nurse, and a patient discuss **shared decision making (SDM)** during the care for **advanced renal cell carcinoma (aRCC)** with a focus on adverse event (AE) management.

What is shared decision making and why is it important?



Joint decisions between the patient and multidisciplinary team on treatment and care.

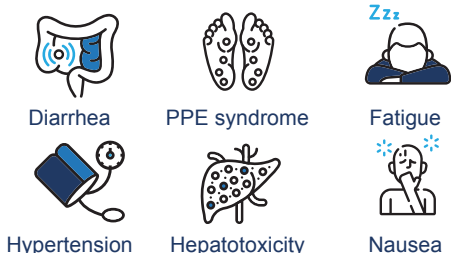
It helps alleviate patient anxieties by allowing them to understand treatment choices and align their treatment with their goals.

It empowers patients to make the right decisions for them and choose the extent to which they are engaged in the decision making.

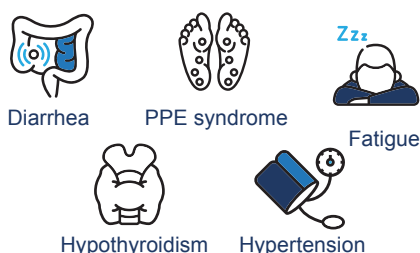
Axitinib in combination with pembrolizumab was approved for first-line treatment of **aRCC** by the FDA in 2019. It represents one of several new standards of care in the treatment of **aRCC**; however, treatment-related AEs (TRAEs) must be effectively managed to help patients remain on their treatment and optimize the clinical benefit.

What are some TRAEs relevant to axitinib and how can these be managed?

Most common axitinib TRAEs include:



Most clinically relevant AEs associated with axitinib + pembrolizumab include:



To manage TRAEs, patients can either discontinue axitinib treatment or interrupt treatment to allow AEs to subside.

PPE, Palmar-Plantar Erythrodysesthesia

What does a successful treatment outcome look like?

Defining what successful treatment looks like can vary based on the individual goals of both patients and healthcare professionals (HCPs).



From a patient's perspective:

A successful outcome could mean having a good quality of life.

From an HCP's perspective:

A successful outcome means getting a patient in control of their disease.

