MEDICINE INFORMATION

Nivolumab + cabozantinib

Nivolumab and cabozantinib combine immunotherapy with a daily targeted tablet for advanced kidney cancer. Learn about treatment, monitoring, side effects and practical care.

Nivolumab and cabozantinib at a glance

Nivolumab, commonly called Opdivo, is an immunotherapy. Cabozantinib is a targeted therapy; the tablet product used in this combination is Cabometyx. The cabozantinib capsule product, Cometriq, is different and must not be substituted for the tablets. This regimen does not include conventional chemotherapy.

The combination is an established first treatment option for suitable adults with advanced renal cell carcinoma, a type of kidney cancer. It is not a general combination for every cancer treated with either medicine separately.

Nivolumab is given at hospital appointments. Cabozantinib is usually taken daily at home, including between appointments. The treatment plan includes regular reviews and tests, because some changes can be found before you feel unwell.

How the combination works

Nivolumab blocks PD-1, a signal that helps control immune-cell activity. This can help immune cells recognise and attack cancer. The same immune response can sometimes inflame healthy tissues; this is why a new symptom may need assessment even when it seems mild.

Cabozantinib blocks several proteins involved in cancer-cell signalling and the development of blood vessels that supply tumours. Medicines of this kind are called tyrosine kinase inhibitors, or TKIs. Effects on healthy tissues can contribute to high blood pressure, skin changes and slower wound healing.

The two approaches have been studied together, rather than simply assumed to work because each drug is useful alone. For an individual, the aim may be to shrink cancer, delay its growth and preserve daily functioning. Your oncologist can explain the expected benefit and the alternatives for your situation.

How the team decides whether it is suitable

This guide focuses on previously untreated advanced renal cell carcinoma. The pivotal evidence particularly concerns cancers with a clear-cell component. Your pathology report, scans, symptoms, previous treatment and general fitness all influence whether this regimen is appropriate.

A high PD-L1 result is not a routine requirement for this kidney-cancer combination. However, that does not mean tumour testing is unimportant: the cancer's exact identity can change the treatment options. Treatment after earlier immunotherapy requires a separate specialist assessment; this guide should not be used to assume that adding cabozantinib to nivolumab is automatically suitable.

Tell the team about autoimmune illness, an organ transplant or donor stem-cell transplant, and previous severe immune-treatment reactions. Heart, liver or kidney conditions, uncontrolled blood pressure, significant bleeding and unhealed wounds also affect planning. Bring previous treatment records.

Ask which features of your cancer favour this combination. It is reasonable to discuss how frequent hospital visits, daily tablets, other illnesses and your priorities will be considered alongside the expected cancer benefit.

Approved uses by country

FDA (United States), EMA (European Union) and CDSCO (India).

Each treatment use is listed once. Eligibility can differ by country.

Approved by FDA, EMA and CDSCO

- **Advanced renal cell carcinoma.** As the first treatment for adults with advanced renal cell carcinoma.

Before treatment starts

Checks usually include a full blood count, kidney and liver tests, thyroid function, blood glucose and blood salts. Blood pressure and urine protein need attention. Depending on your history and hospital protocol, further hormone tests, viral screening or heart assessment may be arranged.

Mention previous blood clots, recent bleeding, bowel inflammation, surgery, dental problems and wounds that are slow to heal. Provide a full list of medicines and supplements, including treatments obtained outside your cancer hospital. Have dental problems assessed before starting when possible.

Before you leave, confirm the tablet strength, number to take, fasting instructions, next hospital appointment and timing of blood tests. Ask for a demonstration if you will measure blood pressure at home, with written limits for contacting the team.

If instructions are unclear, ask the pharmacist to explain them in your preferred language. Make sure the team knows who can help with medicines, transport and obtaining repeat prescriptions.

How treatment is taken or given

Nivolumab appointments

Examples of adult intravenous schedules for this combination are 240 mg every two weeks or 480 mg every four weeks. The infusion itself usually takes about 30 minutes; preparation, assessment and observation make the visit longer. Your hospital chooses the schedule.

Some services use a nivolumab formulation injected under the skin. It has different formulation and dose instructions. Do not apply an intravenous dose to an injection prescription or assume that every hospital supplies the same product. Ask the team to identify yours.

Tell the nurse immediately about flushing, itching, shivering, dizziness, wheezing, chest discomfort or suddenly feeling unwell during administration. Staff can assess a possible reaction and change or stop the administration if needed.

Daily cabozantinib tablets

A usual starting dose with nivolumab is 40 mg once daily. This differs from the usual 60 mg dose used in some cabozantinib-only regimens. Follow your current prescription; a lower dose or prescribed interruption may be necessary.

Take tablets with water on an empty stomach: do not eat for at least two hours before and one hour after the dose. Choose a time that makes this practical. Swallow tablets whole; do not split, crush or chew them. Ask the pharmacist for help if swallowing is difficult.

Missed doses and vomiting

If you miss cabozantinib, take it when remembered only if the next dose is at least 12 hours away. Otherwise skip it. Never take an extra dose to catch up. If you vomit after taking a tablet, do not replace it; resume at the next scheduled time unless advised otherwise.

Keep medicines in the packaging and storage conditions supplied by your pharmacy, out of children's reach. Return unwanted tablets through the hospital or pharmacy. Report a supply problem early rather than improvising with a different cabozantinib formulation.

Monitoring and checking response

Treatment reviews cover your symptoms, blood pressure, weight, blood tests and urine results. Liver monitoring is particularly important because both medicines can affect the liver, and the combination can cause more marked liver-enzyme changes than either medicine alone. Abnormal results do not always cause symptoms.

Scans and clinical assessment help judge cancer control. Keep a short record of bowel movements, tablet doses, blood-pressure readings if requested, skin problems and changes in eating or energy. Report new symptoms between appointments; a record supports the conversation but is not a reason to delay calling.

Cabozantinib may be paused or reduced for side effects. Nivolumab is delayed or stopped rather than reduced to a smaller dose for toxicity. Sometimes one medicine can continue while the other is held; only the team should decide this.

Ask what a change means in practical terms: which medicine to take tonight, whether blood tests are due, and who will authorise restarting. A treatment adjustment is a way to manage risk and tolerability; it is not, by itself, proof that the cancer treatment has failed.

Common side effects and practical care

Understanding the grouping

The problems below are among those more commonly reported with this particular combination. How often these effects occur varies between studies; this guide separates more commonly reported effects from other important problems. A common effect can still become serious. Section 8 covers other important problems without implying that everything there is rare. You are unlikely to experience every effect.

Diarrhoea and abdominal discomfort

Loose or frequent stools are a prominent combination side effect. Tell the team promptly about a change from your usual pattern, including increased stoma output, night-time diarrhoea or cramps. Cabozantinib, immune bowel inflammation and infection can cause similar symptoms; appearance alone cannot identify the cause.

Take frequent drinks unless you have a fluid restriction. Small meals may be easier; discuss foods that worsen symptoms rather than excluding whole food groups for a long period. Use anti-diarrhoea medicine only under your team's written plan. Blood or mucus, worsening pain, dizziness or difficulty drinking need immediate advice.

Tiredness and reduced stamina

Fatigue may affect concentration, household tasks and social activities. Balance short rests with gentle movement that feels manageable, and plan important tasks for times when you have most energy. Ask for help with meals and travel rather than pushing through exhaustion.

Tell the team if tiredness is increasing, persists despite rest, or prevents everyday activity. They may investigate anaemia, dehydration, disturbed sleep, hormone problems or other causes. Sudden profound weakness or dizziness should not be dismissed as expected fatigue.

Sore hands and feet

Cabozantinib can make palms and soles tender, hot, swollen or peeling; pressure points may become especially painful. Use a gentle moisturiser, comfortable shoes and soft socks. Reduce friction, prolonged pressure and very hot water. Check your feet regularly, particularly if sensation is reduced.

Report early soreness rather than waiting for blisters. Pain that interferes with walking, cooking or holding objects needs a prompt review. The team can recommend specific creams and decide whether treatment needs adjustment; do not cut away thickened or damaged skin yourself.

Mouth soreness, taste changes and appetite

Ulcers, a sore tongue or painful swallowing can reduce food and fluid intake. Use a soft toothbrush and the mouth-care routine advised by your team. Choose soft, moist foods and avoid foods that sting. Report white patches, bleeding, persistent soreness or difficulty swallowing so that the cause can be assessed.

Food may taste different and appetite may fall. Try small meals and snacks containing protein and energy, and experiment with tolerable flavours and temperatures. Ask for dietetic help if weight is falling. Tell the team about a continuing difficulty eating rather than waiting until the next scan.

Nausea, vomiting and bowel regularity

Take prescribed anti-sickness medicine as directed. Small sips, smaller meals and avoiding strong cooking smells may help. Repeated vomiting, little urine or inability to keep fluids down needs prompt advice. The pharmacist can review whether other medicines contribute.

Constipation can also occur, including from supportive medicines. Discuss a change in bowel habits early; the right fluid, food and laxative advice depends on your situation. Severe pain, vomiting or a swollen abdomen requires assessment rather than repeated self-treatment with laxatives.

High blood pressure

Raised blood pressure often causes no symptoms, so measurements matter even when you feel well. Take prescribed blood-pressure medicines consistently and record home readings if requested. Ask for your personal action limits; do not alter either cancer tablets or blood-pressure treatment yourself. Severe headache, chest discomfort or breathlessness needs urgent assessment.

Skin rash and itching

Use gentle, fragrance-free products, moisturise and protect skin from strong sunlight. Tell the team about a new rash and whether it is spreading, painful or disturbing sleep. Photographs can help document change. Blistering, peeling or sores involving the mouth or eyes need immediate advice; these are not routine dry-skin symptoms.

Thyroid changes, aches and changes found on tests

An underactive thyroid is a common problem with this regimen. It may cause tiredness, feeling cold, constipation or weight gain; an overactive thyroid can cause palpitations, sweating and weight loss. Testing helps separate these effects from other causes. Thyroid replacement, when needed, may continue long term.

Muscle or joint aches can make movement uncomfortable. Describe their location and effect on activities, and ask which pain relief is suitable. New true muscle weakness needs urgent advice. Liver enzymes and blood salts may change without symptoms, which is another reason to attend scheduled testing.

Important side effects to recognise

Immune inflammation and overlapping symptoms

Nivolumab can inflame healthy organs during treatment or months after it ends. Bowel, lung, liver, kidney, skin and hormone problems can overlap with cabozantinib effects. The team may need blood tests, stool tests, scans or specialist advice before deciding the cause. Report changes promptly rather than trying to identify the responsible drug yourself.

New cough or breathlessness can indicate lung inflammation, infection or a blood clot. Yellow eyes or skin, dark urine, unusual bruising or persistent pain beneath the right ribs can indicate liver problems. Reduced urine, swelling or blood in urine also need assessment. Do not wait for all these symptoms to occur together.

Adrenal or pituitary problems can cause severe tiredness, headache, nausea, dizziness or faintness. New diabetes may cause marked thirst and frequent urination. Vomiting, confusion or rapid breathing with these symptoms needs emergency assessment. Some hormone effects require ongoing replacement treatment.

Steroids or other medicines may be needed for immune inflammation. Follow the prescribed dose and taper, and do not stop steroids suddenly. Treatment for an immune complication is part of cancer care, even though it temporarily reduces immune activity.

Blood vessels, bowel, heart and nerves

Cabozantinib can cause significant bleeding, blood clots and, less often, a hole or abnormal connection involving the bowel. Heart failure is also a recognised risk. A brain condition, often called PRES, may cause severe headache, confusion, seizures or vision changes. The urgent-help section gives the actions to take.

Immune inflammation can sometimes affect the heart, muscles, nerves or eyes. New chest symptoms, marked muscle weakness, drooping eyelids, difficulty swallowing or changes in vision require prompt assessment. A painful rash with blistering or peeling also needs immediate medical advice.

Healing, jaw problems and other changes

Cabozantinib can impair healing. Jaw pain, loose teeth, gum swelling or a dental socket that does not heal should be reported to the dentist and cancer team. Any planned extraction or operation needs a coordinated interruption plan.

Blood counts can change, and infection or unusual bleeding still needs attention even though this regimen does not contain conventional chemotherapy. There are additional uncommon effects not described here. Contact the team about any new, persistent or worsening symptom, including one not on this list.

When to get urgent medical help

Urgent help: Go to the nearest emergency department for severe breathlessness, chest pain, collapse, a seizure, sudden weakness on one side, difficulty speaking, major bleeding, vomiting blood, black tar-like stools, severe persistent abdominal pain, or severe headache with confusion or vision changes. Do not wait for a routine appointment or an online reply.

Contact the cancer team's 24-hour service promptly for new or worsening diarrhoea, repeated vomiting, jaundice, reduced urine, a new cough, a swollen painful leg, marked weakness, eye symptoms or an extensive rash. A blistering or peeling rash, or mouth and eye sores, needs immediate advice. If symptoms are severe or rapidly worsening, seek emergency care.

Follow your hospital's temperature instructions. A temperature of 37.5°C (99.5°F) or above, shaking chills or suddenly feeling very unwell needs urgent advice; a lower temperature may also matter. Do not use fever medicine simply to disguise a temperature and postpone calling.

Carry your treatment alert card and medicine list. Tell the clinician you receive both nivolumab and cabozantinib, including the date of your last doses. Keep these details available after treatment ends because immune effects can appear later.

Other medicines and vaccinations

Ask the oncology pharmacist to review all prescribed and non-prescribed products, including herbal medicines, Ayurvedic preparations and supplements. Cabozantinib interacts with several medicines, including certain antibiotics, antifungals, epilepsy medicines and HIV medicines. Blood thinners and medicines affecting the kidneys may need extra review or monitoring.

Avoid grapefruit products and St John's wort during cabozantinib treatment. Check before starting a new medicine, but do not stop an essential prescription without advice. If another clinician prescribes treatment, show the current cancer-medicine list.

Discuss vaccines with the cancer team, particularly if steroids or another immune-suppressing medicine becomes necessary. The type of vaccine and timing should be checked for your circumstances; advice for a different cancer regimen may not apply.

Everyday life during treatment

Many people continue some usual activities with adjustments. Plan around appointments, food-free tablet times and periods of tiredness. Do not drive when dizzy, unusually weak, confused or affected by visual changes. Gentle activity can help wellbeing when symptoms allow; painful feet may need a different activity temporarily.

Keep one current tablet plan. When a dose changes, mark the previous instruction as out of date and check that anyone helping you understands the new one. A medicine diary can record the dose, time and any missed or vomited tablet without becoming an additional burden.

Tell the team if travel, cost or obtaining medicines could interrupt treatment. It is also appropriate to ask about sleep, anxiety, relationships, work or intimacy. An appointment does not have to focus only on scans: how treatment affects your daily life matters to decisions.

Fertility, pregnancy and breastfeeding

Discuss fertility preservation before treatment if future parenthood matters to you. These medicines can harm a developing baby. A pregnancy test is needed before treatment for anyone who could become pregnant. Discuss effective contraception before starting. Report a possible pregnancy promptly.

For someone who could become pregnant, product guidance requires contraception during treatment and for five months after the last nivolumab dose, and at least four months after the last cabozantinib dose. Follow whichever end date is later, especially if tablets continue after nivolumab stops.

European cabozantinib information also advises contraception for male patients and their partners during treatment and for at least four months afterwards. It recommends an added barrier method when oral contraception is used. Ask the team for a written plan covering your circumstances.

Do not breastfeed during treatment. Product guidance extends this to five months after nivolumab and at least four months after cabozantinib, using the later end date. Do not assume the final hospital visit automatically ends precautions.

After a pause or the end of treatment

Confirm exactly which medicine is paused and what must happen before restarting. Feeling better does not automatically mean it is safe to resume leftover tablets. Continue any medicines prescribed for a complication and keep the planned tests and reviews.

Cabozantinib needs a planned interruption for surgery or invasive dental procedures. The US label specifies stopping three weeks before scheduled surgery and not restarting for at least two weeks after major surgery, with adequate healing. Other product guidance can differ; your surgeon, dentist and oncologist must agree the actual dates.

In this regimen, nivolumab is often planned for up to two years if appropriate, while cabozantinib may continue longer. The endpoint depends on benefit, tolerability and your treatment plan. Keep the alert card and treatment dates after stopping, and continue follow-up for delayed immune effects or hormone replacement.

Frequently asked questions

1. Is this chemotherapy?

The pair combines PD-1 immunotherapy with a targeted tablet. Conventional chemotherapy is not part of this regimen. It still needs careful monitoring and early reporting of symptoms; the treatment category does not tell you how an individual will feel.

2. Can it be used for any cancer treated with nivolumab?

No. This guide concerns an established advanced kidney-cancer combination. Nivolumab has other uses, but those do not automatically justify adding cabozantinib. Ask the oncologist to connect the recommendation to your own diagnosis.

3. Do I need a positive PD-L1 test?

A positive PD-L1 result is not required by the cited first-line kidney-cancer combination indication. Other findings still matter, including pathology and previous treatment. Your specialist can explain which results informed the decision.

4. Are Cabometyx and Cometriq interchangeable?

No. Cabometyx tablets and Cometriq capsules must not be substituted for one another. If the supplied product, strength or instructions differ from your prescription, ask the pharmacist to check before taking it.

5. Why is my tablet dose different from a friend's?

Combination and single-agent starting doses can differ. Organ function, interactions and side effects can also change the prescription. Compare your tablets with your own current written plan, rather than another person's treatment.

6. Do I take tablets between hospital visits?

Usually yes. Daily cabozantinib continues between nivolumab appointments unless the team gives a specific pause. Write any interruption on your calendar and confirm whether it affects one medicine or both.

7. Can I take cabozantinib with breakfast?

It needs an empty stomach: no food for at least two hours before and one hour afterwards. Ask the pharmacist to help choose a workable time if breakfast, other medicines or shift work makes scheduling difficult.

8. What if I forget or vomit a tablet?

Use the 12-hour rule in section 5 for a missed dose. Do not replace a vomited dose or double the next one. Repeated vomiting needs advice because dehydration and missed medicines can become problems.

9. Can I crush a tablet if swallowing is difficult?

No. Do not crush, split or chew these tablets. Tell the pharmacist before the next dose if swallowing is difficult so that the team can assess the problem and advise a safe plan.

10. Does my nivolumab have to be an infusion?

Some settings use an approved injection under the skin. The formulation and dose instructions differ. Ask which product your hospital uses; this guide does not establish its availability locally or make formulations interchangeable.

11. Is diarrhoea always from cabozantinib?

No. Immune inflammation and infection are other possibilities. Describe the change from your normal bowel pattern, associated pain and any blood. The team may need tests before choosing treatment, even if anti-diarrhoea tablets helped previously.

12. Should I wait until sore feet become severe?

No. Report tenderness or skin changes early, particularly if walking is uncomfortable. Explain which activities are affected. Footwear and skin care may help, but symptoms can also require treatment adjustment.

13. Why check blood pressure when I feel fine?

High blood pressure can be silent. Measurements can identify a problem before symptoms develop. Ask how often to check, where to record results and which readings need a call; do not rely only on how you feel.

14. Why are liver tests particularly important?

Both medicines can affect the liver and the combination increases concern about liver-enzyme changes. Tests can detect a problem early. A change needs clinical interpretation and may lead to pausing one or both medicines.

15. Can fatigue be treated?

Often there are useful ways to help, including activity adjustments and addressing a contributing problem such as anaemia or a hormone change. Describe its effect on daily tasks. New severe weakness needs prompt assessment.

16. Will steroids stop the cancer treatment working?

Steroids may be necessary to control an immune complication. Take them as prescribed and follow the tapering instructions. Do not avoid them or change the dose because of worries about their effect on immunotherapy; discuss those concerns with the team.

17. Does a dose reduction mean treatment has failed?

No. Dose decisions address tolerability and safety, while response is assessed separately. Ask for the reason, the new written instructions and the review date. Never restore an earlier tablet dose yourself.

18. Can I have a tooth removed during treatment?

Tell the dentist and oncologist first. Cabozantinib can affect healing and jaw health, so an extraction needs planning. Only the treating team should determine when to hold and restart tablets.

19. What if one medicine stops before the other?

Ask for separate instructions for each drug, monitoring and reproductive precautions. A final nivolumab appointment does not automatically stop cabozantinib. The medicines can have different last-dose dates and follow-up requirements.

20. Can side effects start after treatment has ended?

Yes, immune effects can appear later. Keep treatment names, dates and your alert card, and mention previous nivolumab when seeking medical care. Continue any prescribed hormone replacement and follow-up rather than assuming every effect ends with treatment.

Individual medicine guides

- Nivolumab
- Cabozantinib

Sources and review information

Sources checked on 9 October 2026. This original CTI patient guide combines individual Cancer Research UK and Macmillan resources with dedicated eviQ combination information, current US and European product information, and authoritative supportive-care resources. International labels do not establish Indian approval, supply or an individual treatment recommendation.

Cancer Research UK Nivolumab

Cancer Research UK Cabozantinib tablets (Cabometyx)

Macmillan Cancer Support Cabozantinib

Macmillan Cancer Support Nivolumab

eviQ Patient information Cabozantinib and nivolumab

eviQ Protocol 4426 Cabozantinib and nivolumab

Exelixis Cabometyx US prescribing information

Bristol Myers Squibb Opdivo US prescribing information

EMA Cabometyx product information

EMA Opdivo product information

National Cancer Institute Immunotherapy Side Effects

National Cancer Institute Fatigue and Cancer

National Cancer Institute Mouth and Throat Problems and Cancer Treatment

National Cancer Institute Diarrhea and Cancer

National Cancer Institute Weight Changes and Cancer

National Cancer Institute Nausea and Vomiting and Cancer

National Cancer Institute Skin and Nail Changes and Cancer Treatment

Cancer Research UK Targeted and immunotherapy drugs for advanced kidney cancer

National Cancer Institute Infection and Neutropenia and Cancer Treatment

Regulatory references

• FDA prescribing information for intravenous Opdivo

• FDA prescribing information for Cabometyx tablets

• Indian Opdyta product information, kidney cancer indication

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