METASTATIC RENAL CELL CARCINOMA

MONOCENTRIC RETROSPECTIVE DATA ON FIRST LINE TREATMENT

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INTRODUCTION

Since 2019, preferred approaches for the first-line treatment of metastatic renal cell carcinoma (mRCC) have been dual immune checkpoint inhibitors (ICI) or ICI in combination with a tyrosine kinase inhibitor (TKI) targeting VEGFR.
Four combinations demonstrated benefits in terms of survival outcomes in comparison with sunitinib. However, there are currently no prospective data to help in the choice between the both treatments.

METHODS

Between January 2019 and June 2023, we conducted a monocentric retrospective study of 46 patients with mRCC treated by dual ICI or ICI + TKI in first-line (**table 1**).
Data were analyzed for the sites of metastases (**table 2**) and the use of corticosteroids due to immune side effects. Progression free survival (PFS) and overall survival (OS) were analyzed by Kaplan-Meier methods.

Table 1 - Treatment combinations

Dual ICI	Nivolumab + Ipilimumab	28 (60.8%)
ICI + TKI	Pembrolizumab + Axitinib	14 (30.4%)
	Nivolumab + Cabozantinib	4 (8.7%)
	Pembrolizumab + Lenvatinib	0

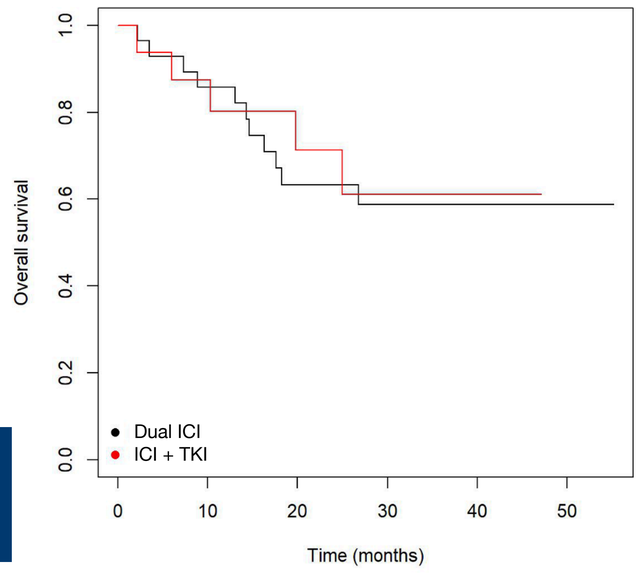
Table 2 - Sites of metastases in both cohorts

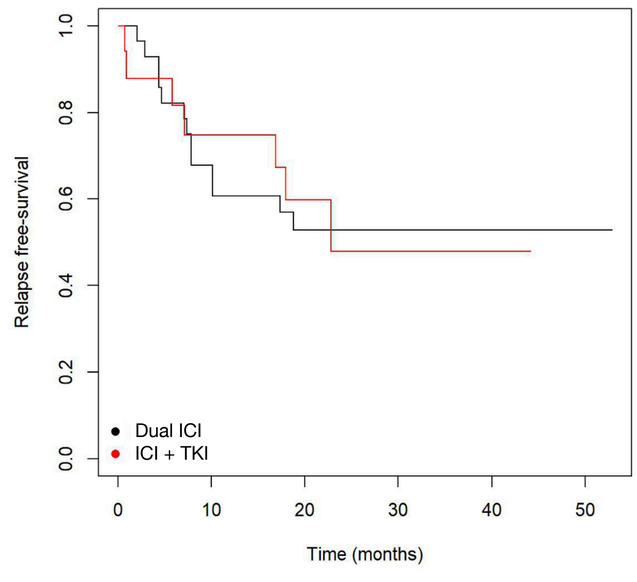
	Dual ICI (%)	ICI + TKI (%)	Total (%)
Lung	21 (75.0%)	5 (27.8%)	26 (56.6%)
Bone	10 (35.7%)	7 (38.9%)	17 (37.0%)
Infradiaphragmatic LN	9 (32.1%)	6 (33.3%)	15 (32.6%)
Supradiaphragmatic LN	7 (25.0%)	5 (27.8%)	12 (26.1%)
Adrenal gland	5 (17.8%)	5 (27.8%)	10 (21.7%)
Liver	5 (17.8%)	2 (11.1%)	7 (15.2%)
Brain	2 (7.1%)	3 (16.7%)	5 (10.9%)
Pancreas	1 (3.6%)	2 (11.1%)	3 (6.2%)

LN : lymph node

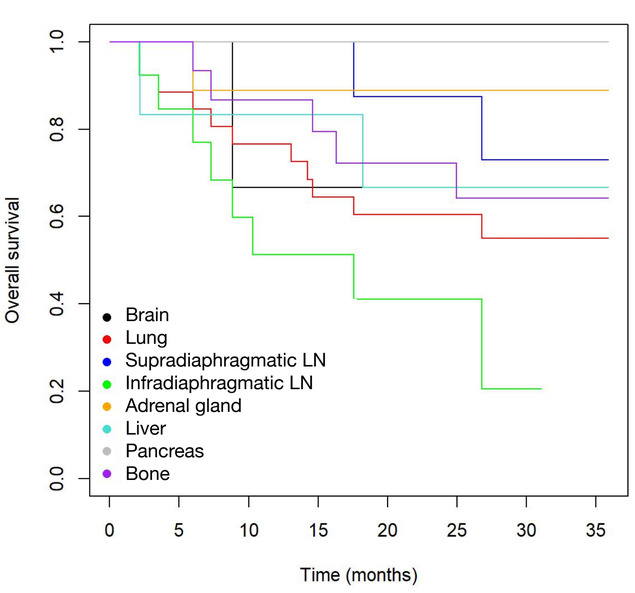
RESULTS

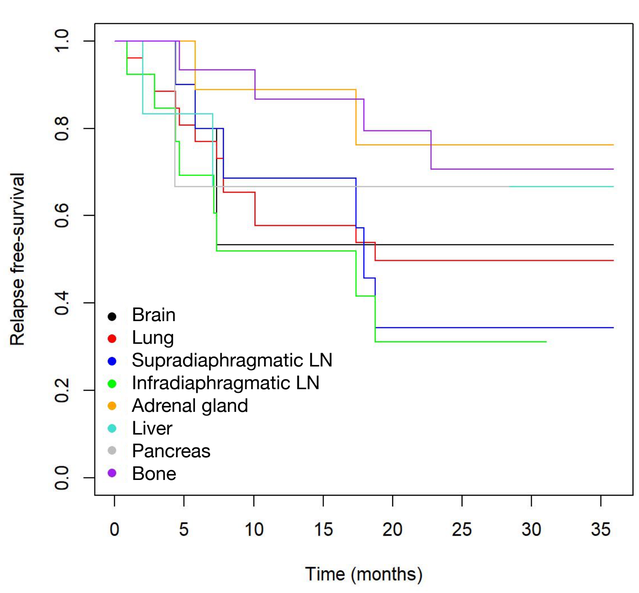
Twenty-eight patients were treated by dual ICI and 18 by ICI + TKI (axitinib + pembrolizumab or cabozantinib + nivolumab). OS at 36 months was 58.7% vs 61.1% (HR 0.87 ; p=0.79) and PFS at 36 months was 52.8% vs 47.8% (HR 0.98 ; p=0.97), respectively. Median OS and PFS were not reached with a median follow-up of 32.6 months in the both groups.



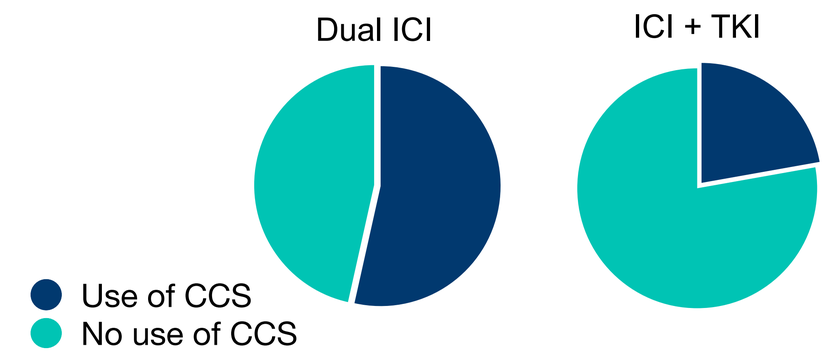


There were no significant differences in OS or PFS between the different subgroups based on metastatic sites except patients with infradiaphragmatic lymph nodes. They tended to have a risk of death and relapse significantly higher than others (OR=4.6, p=0.003 and OR=2.3, p=0.070).





Fifteen (53.5%) and 4 (22.2%) patients received corticosteroids (CCS) due to immune side effects in dual ICI and ICI + TKI cohorts, respectively.



CONCLUSIONS

The results of this study confirm once again that there is no statistically difference in survival outcomes between dual ICI and ICI + TKI combinations in first-line treatment of mRCC. The metastasis sites cannot be used as a prognostic biomarker ; impact of infradiaphragmatic lymph nodes needs further evaluations. Higher number (2.5x) of patients received corticosteroids in the dual ICI group.