Real-world outcomes in patients with metastatic clear cell renal cell carcinoma receiving frontline axitinib plus pembrolizumab versus ipilimumab plus nivolumab. Kevin Zarrabi, Elizabeth A. Handorf, Benjamin Miron, Matthew R. Zibelman, Fern Anari, Pooja Ghatalia, Elizabeth R. Plimack, Daniel M. Geynisman; Fox Chase Cancer Center, Philadelphia, PA; Fox Chase Cancer Center, Department of Hematology and Oncology, Philadelphia, PA. Poster Session.

FOR IMMEDIATE RELEASE

Media Contact:

Amy Merves
215-280-0810
Amy.Merves@fccc.edu

No Survival Difference for Frontline Combination Regimens in Real World Intermediate-Risk and Poor-Risk Clear Cell RCC

PHILADELPHIA (June 4, 2021) – A large retrospective study of real-world patients with renal cell carcinoma (RCC) showed similar survival outcomes for patients with intermediate- or poor-risk disease regardless of whether they are treated with the combination of axitinib plus pembrolizumab or ipilimumab plus nivolumab.

“Clinicians can take some reassurance that both combinations provide a survival benefit and there seems to be no harm in choosing one combination over the other based on this analysis,” said Kevin Zarrabi, MD, a second-year hematology/oncology fellow at Fox Chase Cancer Center and lead author of the study.

Zarrabi presented the poster, “Real-World Outcomes in Patients With Metastatic Clear Cell Renal Cell Carcinoma Receiving Front-Line Axitinib Plus Pembrolizumab Versus Ipilimumab Plus Nivolumab,” as part of the virtual scientific program at the American Society of Clinical Oncology (ASCO) 2021 Annual Meeting.

Front-line treatment for patients with metastatic clear cell RCC has changed rapidly in the last few years, first with the approval of targeted agents like sunitinib and everolimus, and later with the approval of combination axitinib plus pembrolizumab and ipilimumab plus nivolumab, Zarrabi said.

“Both of the newer combination regimens showed marked advances in progression-free survival in patients with kidney cancer and were considered giant leaps forward,” Zarrabi said. “With no prospective data comparing the regimens, questions remained about which is the better option for these patients.”

To evaluate that question, Zarrabi and colleagues used data from 821 patients with metastatic clear cell RCC treated with either axitinib plus pembrolizumab (259 patients) or ipilimumab plus nivolumab (562 patients) taken from the nationwide Flatiron Health electronic health records-derived database. All patients in the study had International Metastatic RCC Database Consortium (IMDC) intermediate- or poor-risk disease.
“By looking at real-world patients, we are looking at the actual outcomes in patients across the country treated at academic or community practices,” Zarrabi said. “This provides an advantage because clinical trials often have strict inclusion or exclusion criteria and do not account for many patients that we encounter in the general population.”

At 12 months follow-up, there was no significant difference in survival between patients treated with either combination regimen. The median overall survival was not reached for axitinib plus pembrolizumab and was 22 months for ipilimumab plus nivolumab. The 12-month survival was 68.5% for patients treated with axitinib plus pembrolizumab and 65.8% for patients treated with ipilimumab plus nivolumab.

“This large, real-world retrospective analysis—with the caveat of limited follow-up—shows that both therapies are appropriate for IMDC intermediate- and poor-risk disease, and appear to confer similar survival,” said Daniel M. Geynisman, MD, associate professor in the Department of Hematology/Oncology at Fox Chase and senior author of the study. “Therefore, clinicians should take into account multiple clinical factors when making treatment decisions for these patients.”

Clinicians may choose one regimen over another due to patient comorbidities, familiarity with study data, or comfort with administering the drugs, Zarrabi said.

Geynisman noted that one key remaining question will be how these outcomes evolve over time and whether they remain similar for both regimens. Zarrabi, Geynisman, and colleagues will be looking at that with longer term follow-up data.

***

About Fox Chase Cancer Center
The Hospital of Fox Chase Cancer Center and its affiliates (collectively “Fox Chase Cancer Center”), a member of the Temple University Health System, is one of the leading cancer research and treatment centers in the United States. Founded in 1904 in Philadelphia as one of the nation’s first cancer hospitals, Fox Chase was also among the first institutions to be designated a National Cancer Institute Comprehensive Cancer Center in 1974. Fox Chase researchers have won the highest awards in their fields, including two Nobel Prizes. Fox Chase physicians are also routinely recognized in national rankings, and the Center’s nursing program has received the Magnet recognition for excellence five consecutive times. Today, Fox Chase conducts a broad array of nationally competitive basic, translational, and clinical research, with special programs in cancer prevention, detection, survivorship and community outreach. It is the policy of Fox Chase Cancer Center, that no one shall be excluded from or denied the benefits of or participation in the delivery of quality medical care on the basis of race, ethnicity, religion, sexual orientation, gender, gender identity/expression, disability, age, ancestry, color, national origin, physical ability, level of education, or source of payment.