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711P

Nivolumab + ipilimumab (N+I) vs sunitinib (S) for first-line treatment of advanced renal cell carcinoma (aRCC) in CheckMate 214: 4-year follow-up and subgroup analysis of patients (pts) without nephrectomy

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Background

N+I was superior *v* S in intermediate/poor-risk (IP) and intention-to-treat (ITT) pts with aRCC in CheckMate 214. We report survival, response per independent radiology review committee (IRRC), and safety after 4 years min follow-up, and an exploratory post hoc analysis in a subgroup of pts with target kidney lesion(s) without (w/o) prior nephrectomy.

Methods

Pts with clear cell aRCC were randomized 1:1 to N 3 mg/kg + I 1 mg/kg Q3W×4 then N 3 mg/kg Q2W *v* S 50 mg daily for 4 wks on, 2 wks off. Endpoints: overall survival (OS), objective response rate (ORR), and progression-free survival (PFS) per IRRC using RECIST v1.1 in IP (primary), ITT (secondary), and favorable (FAV; exploratory) pts.

Results

Superior OS with N+I *v* S was maintained in IP (HR 0.65) and ITT pts (HR 0.69); the difference in OS remained inconclusive in FAV pts (HR 0.93; Table). ORR was higher, with more ongoing responses with N+I *v* S in IP (65% *v* 50%) and ITT (65% *v* 52%) pts. In FAV pts, ORR was lower with N+I *v* S, yet more responses were ongoing (65% *v* 56%). Complete response (CR) rate was higher with N+I *v* S regardless of IMDC risk group (Table). PFS was consistent with previous reports. Incidence of any-grade and grade ≥3 treatment-related AEs remained largely unchanged with extended follow-up. In the exploratory subgroup w/o nephrectomy and with a target kidney lesion, the OS HR (0.63) was consistent with I/P and ITT pts; ORR was higher with N+I *v* S (34% *v* 15%) with no CRs in either arm, and PFS HR was 0.99 (Table; n = 53 *v* 55). A reduction in target kidney lesion(s) of ≥30% occurred in 35% *v* 20% (N+I *v* S) of pts.Table: 711P

	IP	ITT	FAV	w/o nephrectomy				
Arm; n	N+I; 425	S; 422	N+I; 550	S; 546	N+I; 125	S; 124	N+I; 53	S; 55
OS HR (95% CI)	0.65 (0.54–0.78)	0.69 (0.59–0.81)	0.93 (0.62–1.40)	0.63 (0.40–1.00)				
mOS, mo (95% CI)	48.1 (35.6–NE)	26.6 (22.1–33.5)	NR (46.7–NE)	38.4 (32.0–45.0)	NR	NR (56.0–NE)	26.1 (13.9–35.4)	14.3 (9.7–22.6)

	IP	ITT	FAV	w/o nephrectomy				
ORR per IRRC, % (95% CI)	42 (37–47)	27 (23–31)	39 (35–43)	32 (29–37)	30 (22–38)	52 (43–61)	34 (22–48)	15 (7–27)
CR per IRRC, %	10	1	11	3	12	6	0	0
PFS per IRRC,HR (95% CI)	0.74 (0.62–0.88)	0.89 (0.76–1.05)	1.84 (1.29–2.62)	0.99 (0.59–1.67)				
mPFS, mo (95% CI)	11.2 (8.4–16.1)	8.3 (7.0–10.8)	12.2 (9.7–16.5)	12.3 (9.8–15.2)	12.4 (9.7–18.0)	28.9 (22.1–38.4)	8.1 (5.5–20.9)	11.9 (8.4–17.6)

NE, not estimable; NR, not reached

Conclusions

After 4 years min follow-up, OS and ORR benefits were maintained with N+I *v* S in IP and ITT pts. Responses with N+I were durable, and no new safety signals emerged. Pts w/o prior nephrectomy had shrinkage of target kidney lesions with N+I, and the OS benefit in this subgroup was consistent with the overall study population.

Clinical trial identification

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