

LBA25

Results from the phase II biomarker driven trial with nivolumab (N) and ipilimumab or VEGFR tyrosine kinase inhibitor (TKI) in naïve metastatic kidney cancer (m-ccRCC) patients (pts): The BIONIKK trial

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Background

Nivolumab-ipilimumab (NI) and sunitinib/pazopanib (TKI) are indicated in m-ccRCC pts with IMDC intermediate/poor and good risk groups, respectively. Based on unsupervised analysis of genes expressed in m-ccRCC, we identified 4 groups (ccrcc1-4) with immune and angiogenic high/low features which could allow to better identify responders to either N, NI or TKI. We here report final analysis results of the BIONIKK trial.

Methods

BIONIKK is an open-label, French multicenter randomized phase 2 trial evaluating N vs. NI vs. TKI in upfront m-ccRCC according to ccrcc1-4 (35-gene signature, CITsig). ccrcc1,4 and ccrcc2,3 pts were randomized to receive N vs. NI and NI vs. TKI respectively. Primary endpoint (PE): objective response rate (ORR, RECIST1.1) per treatment and group. Secondary endpoints: progression-free survival (PFS), overall survival (OS) and tolerability. 150 pts were expected in target cohort (TC). An additional cohort was included to assess inter-platform variability.

Results

From 06/2017 to 07/2019: screened=308, randomized=202 (ALL), evaluable for PE=187 with TC=154. No correlation between ccrcc1-4 and IMDC risk groups (p=0.14). ORR (TC): N=30%, NI=44%, TKI=50%, with differences according to ccrcc1-4 (table1). ORR for NI were comparable across all groups. In ccrcc1 ORR for N was half that of NI while both were comparable in ccrcc4. In ccrcc2, ORR for TKI was as high as for NI. After a median (m) FU of 16 months (mo), mPFS (TC, mo): N=4.9, NI=10.4, TKI=NR, with again observed differences according to ccrcc1-4. OS data are not mature (events:16%). No new safety signal emerged compared to published data. CITsig in frozen and FFPE samples will be presented at the meeting. Table: LBA25

ccrcc groups	1		4		2		3	
	N	NI	N	NI	NI	TKI	NI	TKI
N= (ALL, 202)	43	41	18	18	37	36	5	4
N= (TC, 154)	29	33	14	17	29	26	4	2
ORR, % (TC)	21	39	50	53	48	54	25	0
CR	0	6	7	12	14	0	0	0
PR	21	33	43	41	34	54	25	0
SD	34	37	18	34	31	50	100	0
PD	45	24	43	29	18	15	25	0

Conclusions

We demonstrate for the 1st time in m-ccRCC pts that gene expression signatures may enable to enrich response rates. An extensive translational program is planned to identify new biomarkers.

Clinical trial identification

EudraCT: 2016-003099-28; NCT029609. Release date: November 10, 2016.

Legal entity responsible for the study

Association pour la Recherche des Thérapeutiques Innovantes en Cancérologie.

Funding

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Disclosure

Y. Vano: Honoraria (self), Advisory/Consultancy, Travel/Accommodation/Expenses: Pfizer; Honoraria (self), Advisory/Consultancy, Travel/Accommodation/Expenses: BMS; Honoraria (self), Advisory/Consultancy, Travel/Accommodation/Expenses: MSD; Honoraria (self), Advisory/Consultancy, Travel/Accommodation/Expenses: Roche; Honoraria (self), Advisory/Consultancy: Merck; Honoraria (self), Advisory/Consultancy: Novartis; Honoraria (self), Advisory/Consultancy: Ipsen; Honoraria (institution), Advisory/Consultancy: Sanofi; Honoraria (institution), Advisory/Consultancy: Astellas; Travel/Accommodation/Expenses: Janssen. M. Bennamoun: Honoraria (institution), Advisory/Consultancy: Bristol Myers Squibb; Honoraria (institution), Advisory/Consultancy: Janssen; Honoraria (institution), Advisory/Consultancy: Sanofi; Honoraria (institution): Astellas. C.M. 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