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First results from RAMPART: An international phase III randomised-controlled trial of adjuvant durvalumab monotherapy or combined with tremelimumab for resected primary renal cell carcinoma (RCC) led by MRC CTU at UCL

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Background

RAMPART is a randomised trial of immune checkpoint inhibitor therapy for 1 year versus active monitoring after resection of primary renal cell carcinoma.

Methods

We recruited participants (pts) from 80 sites and randomised them in a 3:2:2 ratio between: Arm A, active monitoring; Arm B, 1 year (13 cycles) of durvalumab; or Arm C, 1 year (13 cycles) of durvalumab plus tremelimumab (cycles 1 and 2 only). Recruitment was stopped early for reasons other than efficacy or safety, and the statistical analysis plan was adjusted before any unblinded analyses. The modified plan gives 80% power to detect a true hazard ratio (HR) for disease free survival (DFS) of 0.55 for Arms C vs. A, and 0.60 for Arms B vs. A, with an overall, familywise, 1-sided type I error rate strongly controlled at 2.5% across all primary analyses. Here we present results of Arms C vs A. All p-values are 1-sided; 95% confidence intervals are 2-sided.

Results

Between October 2018 and June 2023, we randomised 790 pts: 340 Arm A, 225 Arm B, 225 Arm C. Baseline characteristics were similar in Arms C and A: median age (range) was 60 (22, 83) years, 70% were male, and 84% had clear cell histology. DFS was longer among those assigned durvalumab and tremelimumab (Arm C) than active monitoring (Arm A); DFS at 2 years 84% vs. 78%, HR 0.65, 95% CI 0.45 to 0.93, 1p=0.0094. Pre-specified and pre-powered DFS analysis in 311 higher-risk pts (Table) showed a HR= 0.52, 95% CI 0.34 to 0.80, 1p=0.0016 (2 year DFS Arm C 81% vs Arm A 67%), interaction HR 0.43, 95% CI 0.19, 0.95, 1p for testing whether the interaction equals 1=0.019; HR in intermediate risk pts was 1.19, 95% CI 0.61 to 2.32, 1p=0.309. No unexpected safety signals were observed. Results of Arms B vs A are expected in next 12 months.Table: LBA93

Risk at baseline

	A	C	Total
	N=340	N=225	N=565
Leibovich Intermediate Risk	151 (44%)	103 (46%)	254 (45%)
Leibovich High Risk	172 (51%)	111 (49%)	283 (50%)
M1NED	17 (5%)	11 (5%)	28 (5%)

Conclusions

Adjuvant therapy with durvalumab and tremelimumab after resection of RCC improved DFS, particularly among those at highest risk of relapse.

Clinical trial identification

NCT03288532; ISRCTN53348826; EudraCT: 2017-002329-39.

Legal entity responsible for the study

University College London.

Funding

AstraZeneca.

Disclosure

J. Larkin: Financial Interests, Personal, Other, Consultancy: Incyte, iOnctura, Apple Tree, Merck, BMS, Eisai, Debipharma, Pfizer, Novartis, MSD, Iovance Biotherapeutics, Boston Biomedical, YKT Global, Immunocore; Financial Interests, Personal, Other, Honorarium: touchIME, touchEXPERTS, Royal College of Physicians, Pfizer, Novartis, Incyte, Merck, Pfizer, Roche, iOnctura, Dynavax, CRUK, GSK, BMS; Financial Interests, Personal, Invited Speaker, Speaker Fee: BMS, Pfizer, Roche, Pierre Fabre, AstraZeneca, Novartis, EUSA Pharma, MSD, Merck, GSK, Ipsen, Aptitude, Eisai, Calithera, Ultimovacs, Seagen, eCancer; Financial Interests, Institutional, Funding: BMS, MSD, Novartis, Pfizer, Achilles, Roche, Nektar, Covance, Immunocore, Pharmacyclics, Aveo. T.B. 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