Presentaciones más destacadas en cáncer renal

Dra. Teresa Alonso Gordoa

Hospital Universitario Ramón y Cajal, Madrid

DISCLOSURES

Consultant or Advisory Role: IPSEN, Lilly, Adacap, Pfizer, Bayer, Johnson & Johnson, Eisai, Astellas, MSD.

Speaking: Lilly, IPSEN, Pfizer, Adacap, Johnson & Johnson, Roche, Eisai.

Research Funding: Pfizer, Johnson & Johnson, IPSEN

ADJUVANT TREATMENT

KEYNOTE-564 Study (NCT03142334)

Key Eligibility Criteria
- Histologically confirmed clear cell RCC with no prior systemic therapy
- Surgery ≤12 weeks prior to randomization
- Postnephrectomy intermediate-high risk of recurrence (M0):
  - pT2, grade 4 or sarcomatoid, N0
  - pT3, any grade, N0
- Postnephrectomy high risk of recurrence (M0):
  - pT4, any grade, N0
  - Any pT, any grade, N+
- Postnephrectomy + complete resection of metastasis (M1 NED)
- ECOG PS 0 or 1

R 1:1

N = 496 → **Pembrolizumab** 200 mg Q3W for ~1 year (≤17 cycles)

N = 498 → **Placebo** Q3W for ~1 year (≤17 cycles)

Stratification Factors
- M stage (M0 vs. M1 NED)
- M0 group further stratified:
  - ECOG PS 0 vs. 1
  - US vs. non-US

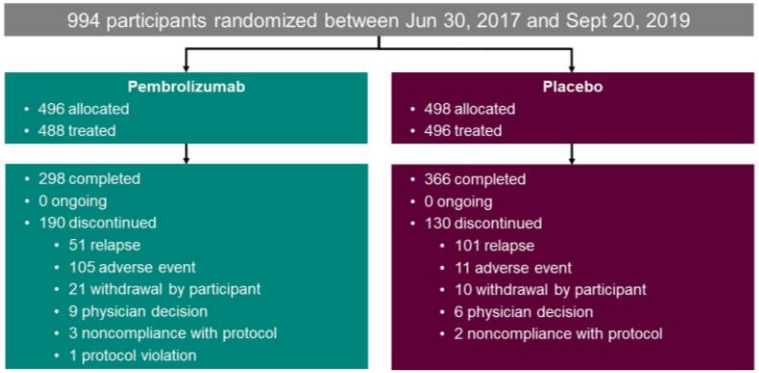
Primary Endpoint
- Disease-free survival by investigator

Key Secondary Endpoint
- Overall survival

Other Secondary Endpoints
- Safety

NED, no evidence of disease.

3rd prespecified IA including updated OS with 70.5% of events needed for FA)
- 141 deaths; mFUP 57.2 months



- Median time from randomization to data cutoff date was 57.2 months (range, 47.9–74.5)
- As of December 2020, all participants had completed or discontinued study therapy

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Baseline Characteristics

	Pembrolizumab (N = 496)	Placebo (N = 498)
Age, median (range), yrs	60 (27–81)	60 (25–84)
Male	70.0%	72.1%
ECOG performance status of 0	84.9%	85.5%
Region		
United States (US)	23.0%	23.5%
Outside US	77.0%	76.5%
M stage		
M0	94.2%	94.4%
M1	5.8%	5.6%
Disease risk category[a]		
M0 intermediate-high risk	85.1%	86.9%
M0 high risk	8.1%	7.4%
M1 NED	5.8%	5.6%
Sarcomatoid features		
Present	10.5%	11.8%
Absent	83.5%	83.3%
Unknown	6.0%	4.8%
PD-L1 status[b]		
CPS <1	25.0%	22.7%
CPS ≥1	73.6%	76.9%
Missing	1.4%	0.4%

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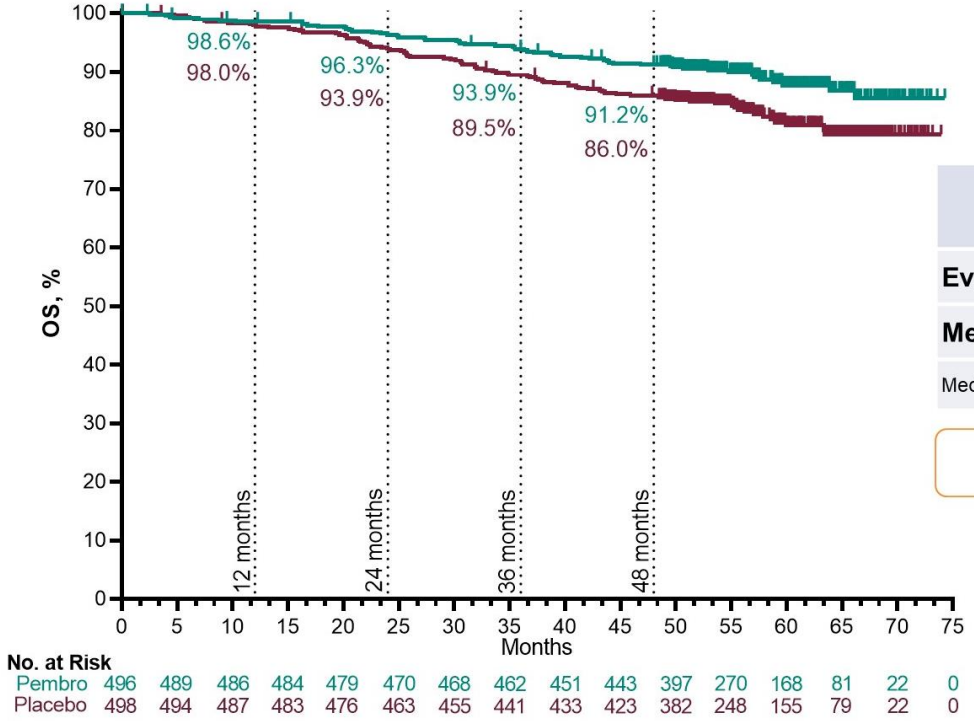
ADJUVANT TREATMENT

OVERALL SURVIVAL, ITT POPULATION



	Pembro (N = 496)	Placebo (N = 498)
Events, n	55	86
Median, mo (95% CI)	NR (NR–NR)	NR (NR–NR)

Median follow-up was 57.2 months (range, 47.9–74.5)

HR 0.62 (95% CI 0.44–0.87); *P* =.002*

* **denotes statistical significance**. P-value boundary for OS at IA3 was 0.0072 (1-sided) per Lan-DeMets O'Brien-Fleming spending approximation α-spending function. As this key secondary endpoint was formally met, any future OS analyses will be descriptive only.

Data cutoff date: September 15, 2023.

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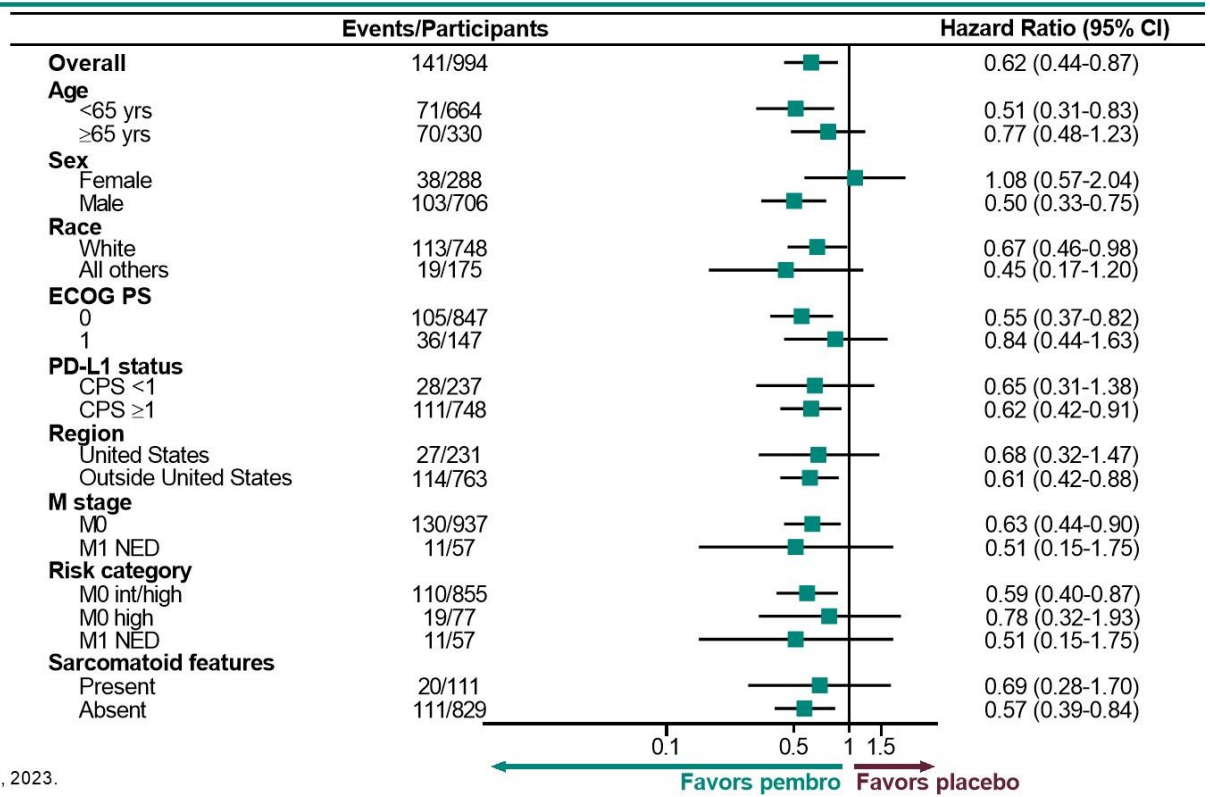
ADJUVANT TREATMENT

OVERALL SURVIVAL BY SUBGROUPS



Data cutoff date: September 15, 2023.

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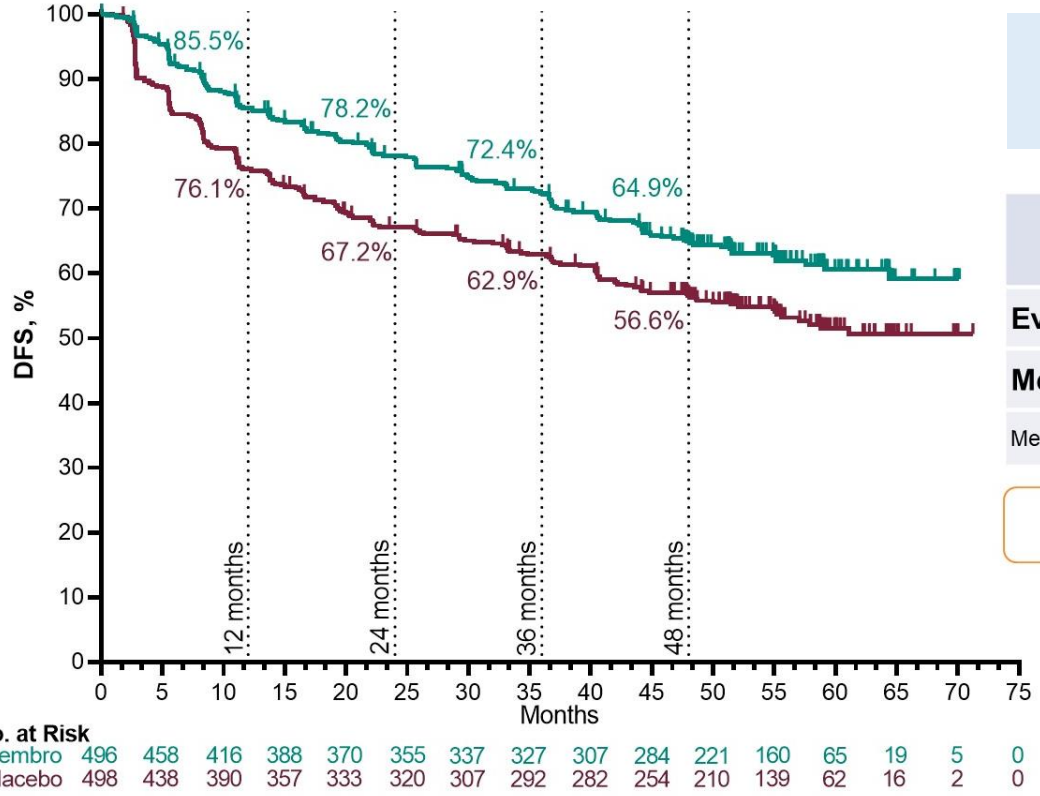
ADJUVANT TREATMENT



UPDATED PFS INVESTIGATOR, ITT POPULATION

	Pembro (N = 496)	Placebo (N = 498)
Events, n	174	224
Median, mo (95% CI)	NR (NR–NR)	NR (54.9–NR)

Median follow-up was 57.2 months (range, 47.9–74.5)

HR 0.72 (95% CI 0.59–0.87)

Primary DFS endpoint was met at IA1 and was not formally statistically tested thereafter.

Data cutoff date: September 15, 2023.

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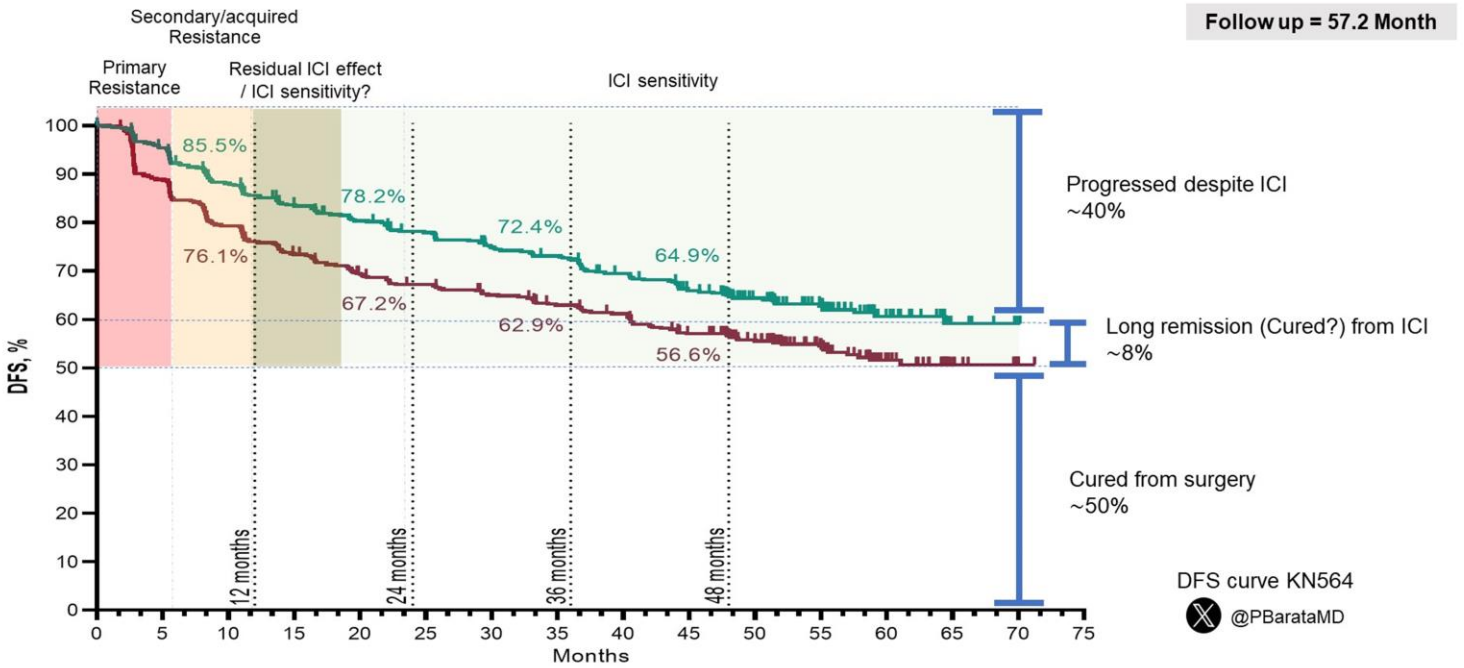
ADJUVANT TREATMENT

My "Speculative" Interpretation of Disease-Free Survival (KN-564)



PRESENTED BY: Pedro C. Barata, MD MSc, FACP

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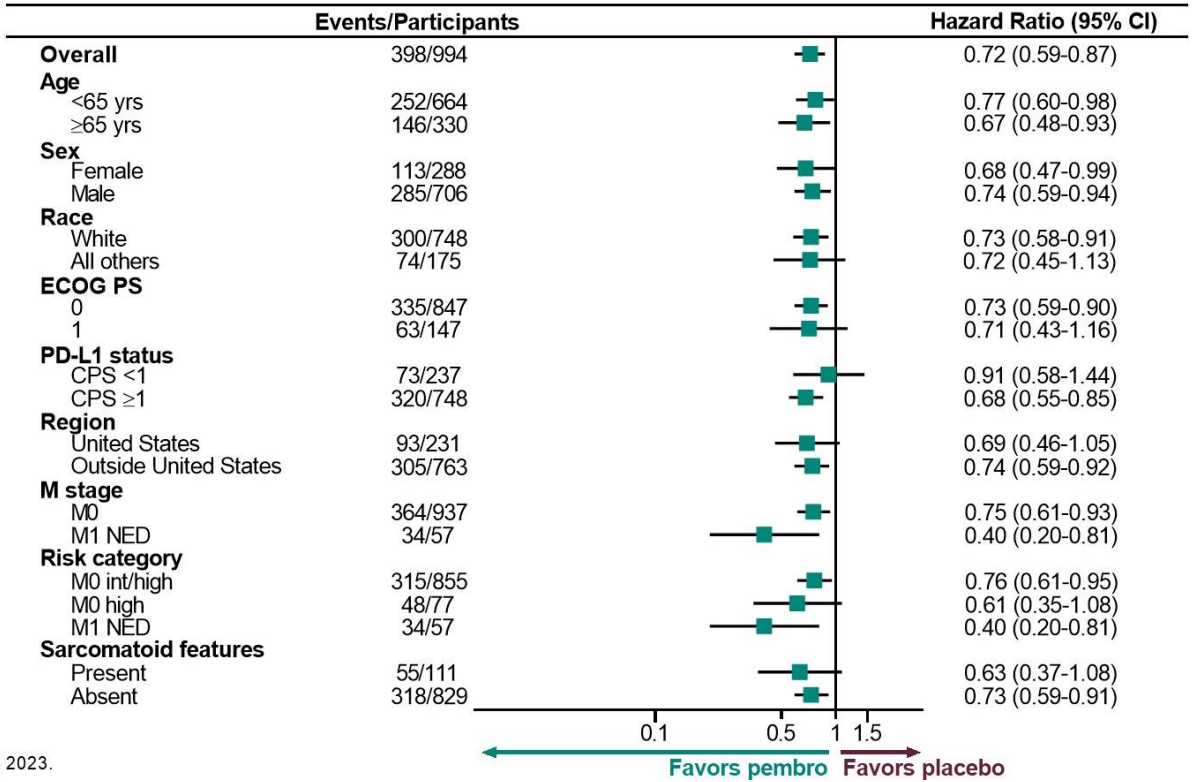
DISEASE FREE SURVIVAL BY SUBGROUPS



Data cutoff date: September 15, 2023.

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Subsequent Therapies, Intention-to-Treat Population

	Participants with Documented Recurrence	
	Pembrolizumab (N = 161)	Placebo (N = 210)
Received any subsequent therapy[a,b]	128/161 (79.5%)	171/210 (81.4%)
Received systemic anticancer drug therapy	102/128 (79.7%)	145/171 (84.8%)
Anti–PD-(L)1 therapy[c]	42/102 (41.2%)	101/145 (69.7%)
VEGF/VEGFR inhibitor[d]	94/102 (92.2%)	123/145 (84.8%)
Other[e]	32/102 (31.4%)	60/145 (41.4%)
Received radiation therapy	31/128 (24.2%)	33/171 (19.3%)
Received surgery	35/128 (27.3%)	50/171 (29.2%)
No subsequent therapy	28/161 (17.4%)	28/210 (13.3%)
No subsequent therapy data available	5/161 (3.1%)	11/210 (5.2%)

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Summary of Updated Safety Findings, As Treated Population

	Prior Analysis (30.1 mo follow-up)		IA3 (57.2 mo follow-up)	
	Pembrolizumab (N = 488)	Placebo (N = 496)	Pembrolizumab (N = 488)	Placebo (N = 496)
Duration of therapy, median (range), months	11.1 (0.03–14.3)	11.1 (0.03–15.4)	11.1 (0.03–14.3)	11.1 (0.03–15.4)
Any-cause AEs[a]	470 (96.3%)	453 (91.3%)	470 (96.3%)	453 (91.3%)
Grade 3 to 5	157 (32.2%)	88 (17.7%)	156 (32.0%)	88 (17.7%)
Led to treatment discontinuation	103 (21.1%)	11 (2.2%)	103 (21.1%)	11 (2.2%)
Led to death	2 (0.4%)	1 (0.2%)	2 (0.4%)	1 (0.2%)
Serious AEs[a]	101 (20.7%)	57 (11.5%)	101 (20.7%)	57 (11.5%)
Led to treatment discontinuation	49 (10.0%)	5 (1.0%)	49 (10.0%)	5 (1.0%)
Treatment-related AEs[a]	386 (79.1%)	265 (53.4%)	386 (79.1%)	263 (53.0%)
Grade 3 to 4	91 (18.6%)	6 (1.2%)	91 (18.6%)	6 (1.2%)
Led to treatment discontinuation	89 (18.2%)	4 (0.8%)	89 (18.2%)	4 (0.8%)
Led to death	0	0	0	0
Immune-mediated AEs and infusion reactions[b]	174 (35.7%)	34 (6.9%)	178 (36.5%)	36 (7.3%)
Grade 3 to 4	45 (9.2%)	3 (0.6%)	46 (9.4%)	3 (0.6%)
Led to death	0	0	0	0
Required high-dose (≥40 mg/day) systemic corticosteroids	37 (7.6%)	3 (0.6%)	37 (7.6%)	3 (0.6%)

[a]AEs were graded per the NCI CTCAE v4.0 and reported from randomization to 30 days (90 days for serious AEs) after study therapy discontinuation. [b]Based on a list of preferred terms intended to capture known risks of pembro and were considered regardless of attribution to study treatment by the investigator.
Data cutoff date: September 15, 2023.

ADJUVANT TREATMENT

Study design (Part B)

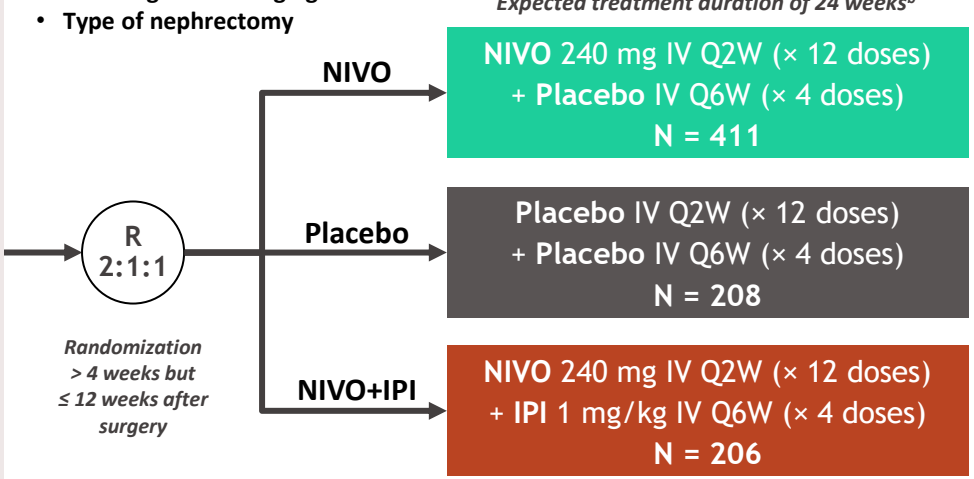
N = 825

Key inclusion criteria[1]

- Radical or partial nephrectomy with negative surgical margins
- Predominant clear cell histology, including sarcomatoid features
- Pathologic TNM staging:
  - pT2a, G3 or G4, N0 M0
  - pT2b, G any, N0 M0
  - pT3, G any, N0 M0
  - pT4, G any, N0 M0
  - pT any, G any, N1 M0
- No clinical/radiological evidence of residual disease or distant metastases after nephrectomy, confirmed by BICR
- ECOG performance status of 0-1

Stratification factors:

- **Pathologic TNM staging**[a]
- **Type of nephrectomy**



Median (range) study follow-up, 27.0 (18.0–42.4) months

Primary endpoint: DFS per BICR for NIVO vs placebo

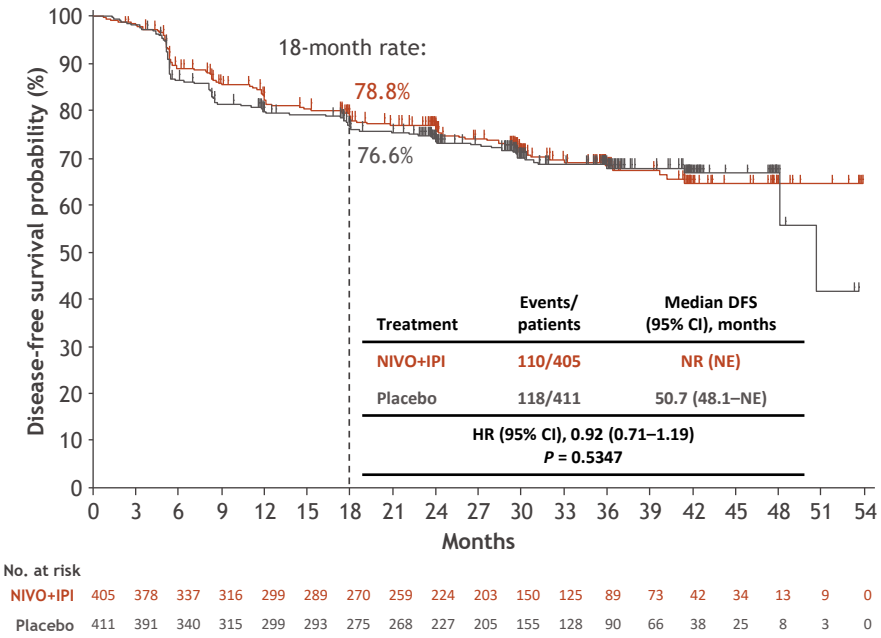
Secondary endpoints: DFS per BICR for NIVO+IPI vs NIVO,[c] OS for NIVO vs placebo (and NIVO+IPI vs NIVO[c]), and safety

Key exploratory endpoint: HRQoL

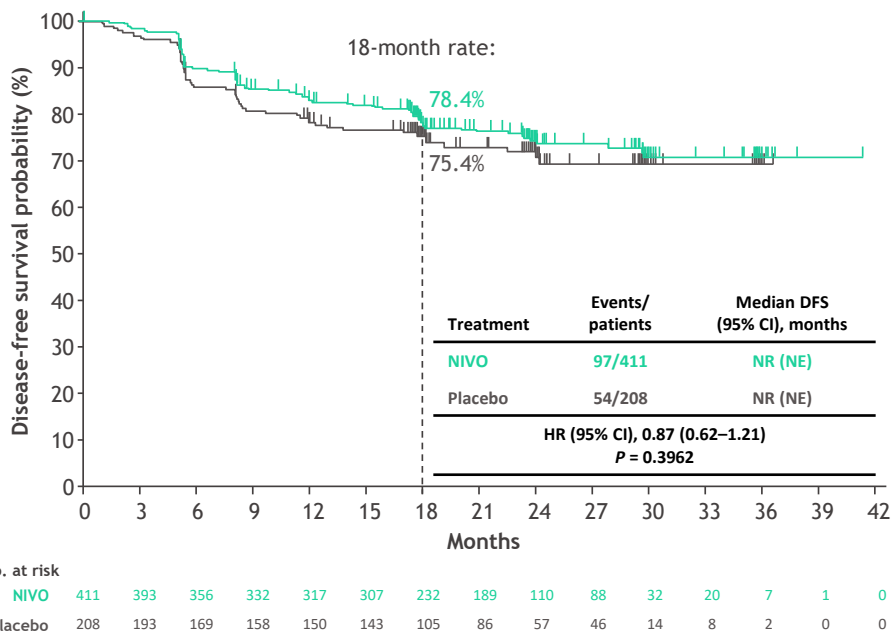
ADJUVANT TREATMENT

DFS

Part A: NIVO+IPI vs placebo[1]



Part B: NIVO vs placebo



Due to the outcomes of CheckMate 914, a contribution of components analysis is no longer relevant

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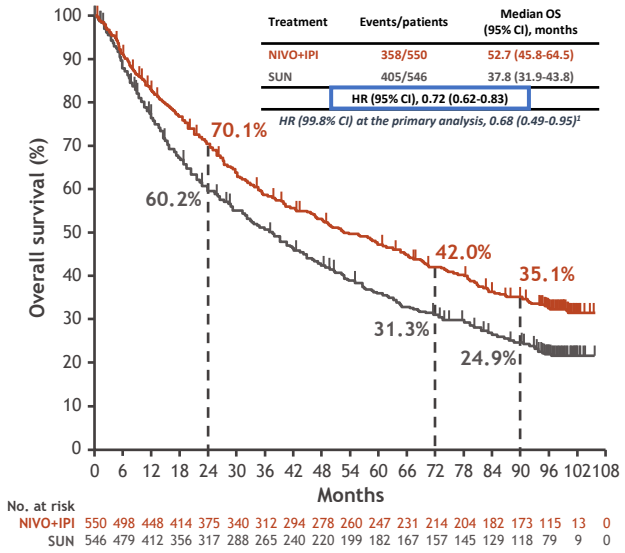
ADJUVANT TREATMENT

	KEYNOTE 564	IMMOTION 010	CHECKMATE 914	
N	994	778	PART A 816	PART B 816
Population	pT2 G4/Sarcom. or pT3 any G 86.1% pT4 anyG or TxN+ anyG 8.1% M1 NED 5.8% Sarcomatoid 10.5%	T2G4 or T3a G3/4 65% T3b/c or T4 any G or TxN+ any G 21% M1 NED 14% (Syn 3%; Meta 12%) Sarcom: 9 vs 17%	pT2a G3/4 or pT2b any G 15% pT3 any G 78% pT4 any G or pT any G N1 7% M1 NED 0% Sarcomatoid 5%	pT2a G3/4 or pT2b any G 11% pT3 any G 82% pT4 any G or pT any G N1 7% M1 NED 0%; Sarcom. 8%
Treatment arms	PEMBRO 200 mg q3w 1year PLACEBO q3w 1 year	ATEZO 1200mg q3w x 16c or 1 year PLACEBO q3w X 16c or 1 year	NIVO 240mg q2w x 12 + IPI 1mg/kg q6w x 4 PBO q2w x 12 + PBO q6w x 12	NIVO 240mg q2w x 12 + PBO q6w x 4 vs PBO q2w x 12 + PBO q6w x 12
1º Endpoint	Inv DFS	Inv DFS in ITT population	BICR DFS	BICR DFS
Follow up	57.2 months	44.7 months	37.0 months	27.0 months
Treat. duration	11.1 months	10.4 months	5.1 months	5.1 months
DFS	NR vs NR (HR 0.72)	57.2 vs 49.5 (HR0.93)	NR vs 50.7 (HR0.92)	NR vs NR (HR 0.87)
OS	NR vs NR (HR 0.62)	NE vs NE (HR 0.97)	-	-
Toxicity G3/4 or discont. due AE	18.9% / 17.6%	14% / 11.5%	20% /31%	9% / 11%

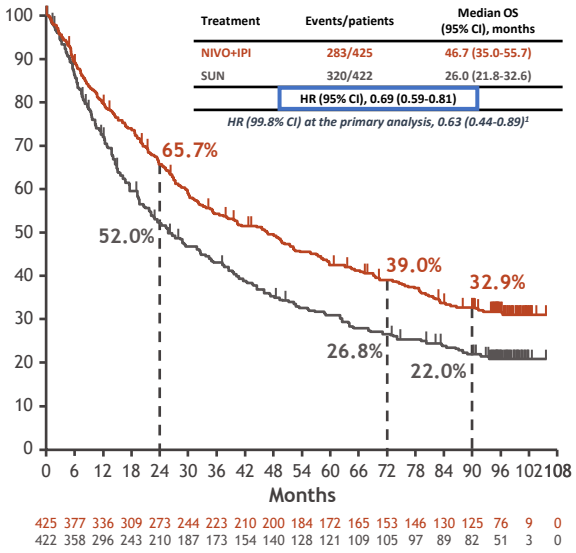
UPDATED DATA IN 1L

CHECKMATE 214
OVERALL SURVIVAL ->mFUP 8 years

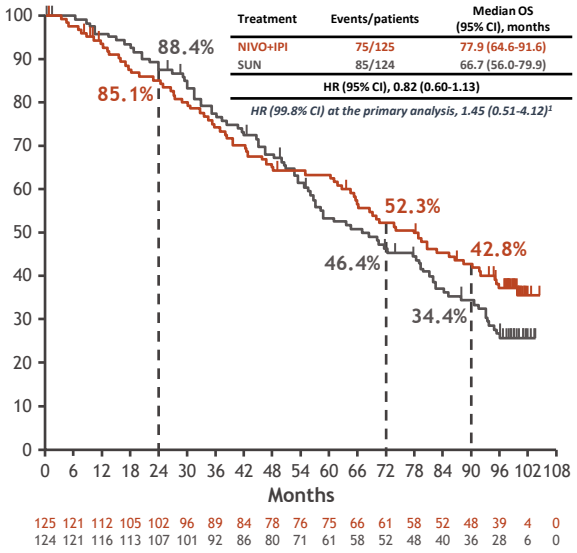
ITT



Intermediate/poor risk



Favorable risk



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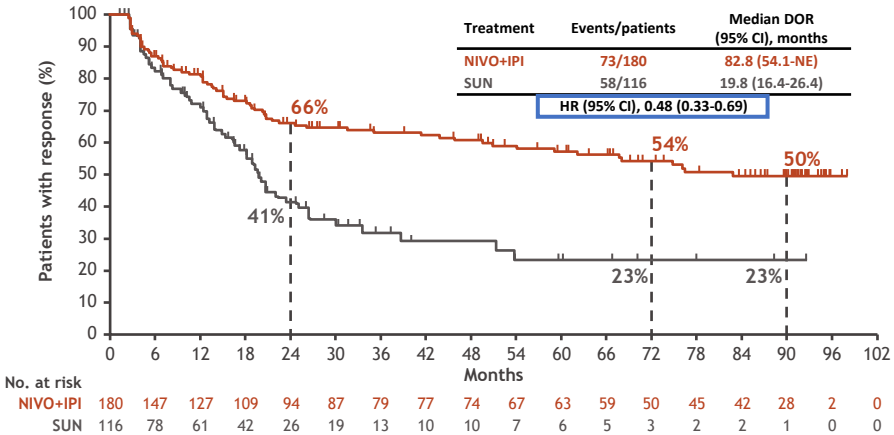
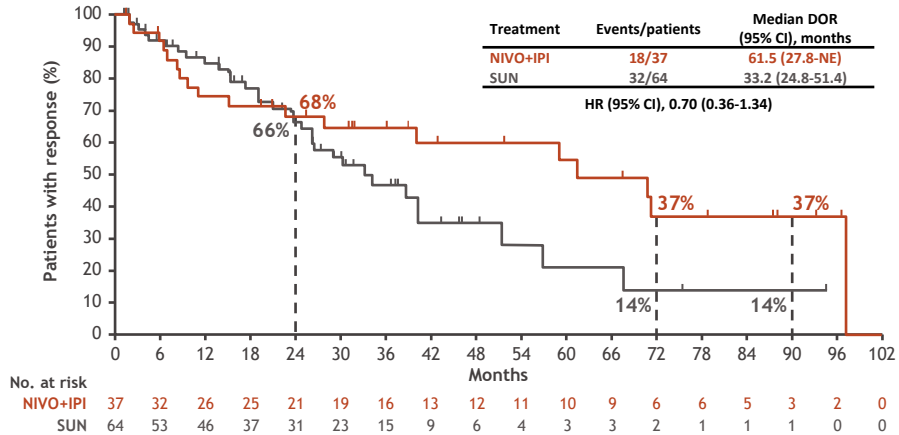
CHECKMATE 214

DOR, ORR, and BOR

Intermediate/poor risk



Favorable risk



	ITT population		Intermediate/poor risk		Favorable risk	
	NIVO+IPI N = 550	SUN N = 546	NIVO+IPI N = 425	SUN N = 422	NIVO+IPI N = 125	SUN N = 124
ORR (95% CI), %	39 (35-44)	33 (29-37)	42 (38-47)	27 (23-32)	30 (22-38)	52 (43-61)
Best overall response, n (%)						
Complete response	66 (12)	19 (3)	50 (12)	11 (3)	16 (13)	8 (6)
Partial response	151 (27)	161 (29)	130 (31)	105 (25)	21 (17)	56 (45)
Stable disease	197 (36)	230 (42)	130 (31)	186 (44)	67 (54)	44 (35)
Progressive disease	97 (18)	77 (14)	82 (19)	71 (17)	15 (12)	6 (5)
UTD/NR	39 (7)	59 (11)	33 (8)	49 (12)	6 (5)	10 (8)
Ongoing response, % (n/N)	58 (126/217)	50 (90/180)	59 (107/180)	50 (58/116)	51 (19/37)	50 (32/64)
Ongoing complete response, % (n/N)	80 (53/66)	89 (17/19)	84 (42/50)	91 (10/11)	69 (11/16)	88 (7/8)

RECIST v1.1 response criteria. Stratified Cox proportional hazards model.
In the ITT population, median (95% CI) DOR was 76.2 (59.1-NE) months with NIVO+IPI and 25.1 (19.8-33.2) months with SUN (HR, 0.52; 95% CI, 0.38-0.72)

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CHECKMATE 214

UPDATED DATA IN 1L

Efficacy by baseline organ sites of metastases

OS, PFS and ORR outcomes favored NIVO+IPI versus SUN in patients with lung metastases at baseline

Outcome[a]	Lung[b]		Liver[b]		Bone[b,c]	
	NIVO+IPI (n = 382)	SUN (n = 373)	NIVO+IPI (n = 99)	SUN (n = 107)	NIVO+IPI (n = 98)	SUN (n = 109)
Median OS (95% CI), mo	49.8 (40.4-65.4)	32.2 (25.8-39.3)	27.3 (18.7-41.2)	17.8 (12.3-26.3)	26.3 (20.4-30.8)	20.0 (17.5-29.2)
HR (95% CI)	0.70 (0.59-0.83)		0.73 (0.54-1.00)		0.82 (0.61-1.11)	
Median PFS (95% CI), mo	14.0 (9.8-17.8)	10.8 (8.3-14.1)	6.9 (5.4-8.4)	7.1 (4.2-12.5)	8.3 (6.1-12.4)	9.7 (7.0-15.2)
HR (95% CI)	0.77 (0.64-0.93)		0.85 (0.61-1.18)		1.07 (0.76-1.51)	
ORR (95% CI), %	42.1 (37.1-47.3)	30.0 (25.4-35.0)	32.3 (23.3-42.5)	28.0 (19.8-37.5)	26.5 (18.1-36.4)	28.4 (20.2-37.9)

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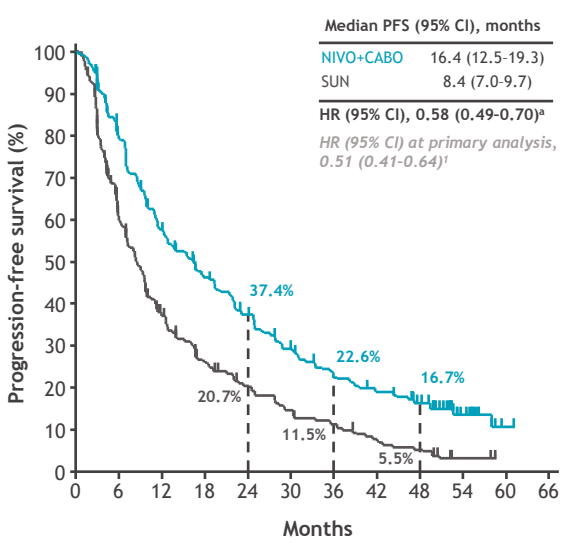
CHECKMATE 9ER

UPDATED DATA IN 1L

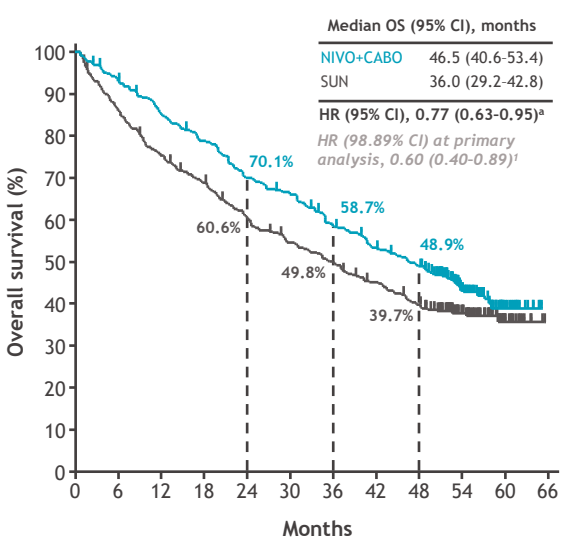
PFS per BICR, OS, ORR per BICR in *ITT*

PFS per BICR



No. at risk												
NIVO+CABO	323	237	168	131	104	79	59	49	38	14	1	0
SUN	328	161	93	61	45	32	24	15	11	2	0	0

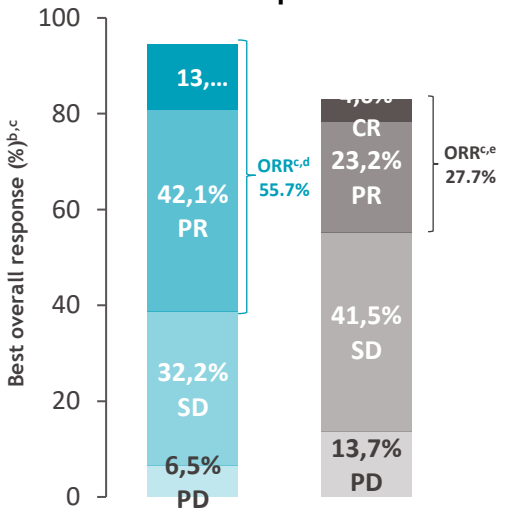
OS



No. at risk												
NIVO+CABO	323	298	272	250	222	208	183	164	149	83	18	0
SUN	328	277	242	219	191	170	155	138	120	66	14	0

Median (range) follow-up for OS, 55.6 (48.1-68.1) months (ITT population).

ORR per BICR



	NIVO+CABO (n = 323)	SUN (n = 328)
Median TTR (range), mo[f]	2.8 (1.0-22.2)	4.3 (1.7-30.4)
Median DOR (95% CI), mo[f]	22.0 (18.0-25.2)	15.2 (10.9-19.3)

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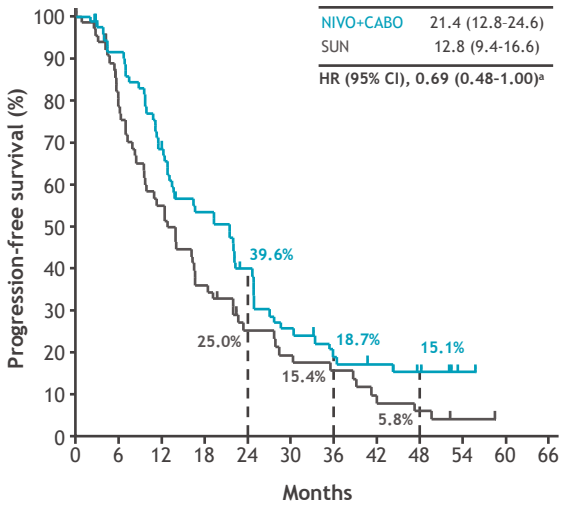
CHECKMATE 9ER

UPDATED DATA IN 1L

ACTUALIZACIONES TRAS EL CONGRESO AMERICANO DE ONCOLOGÍA CLÍNICA GU

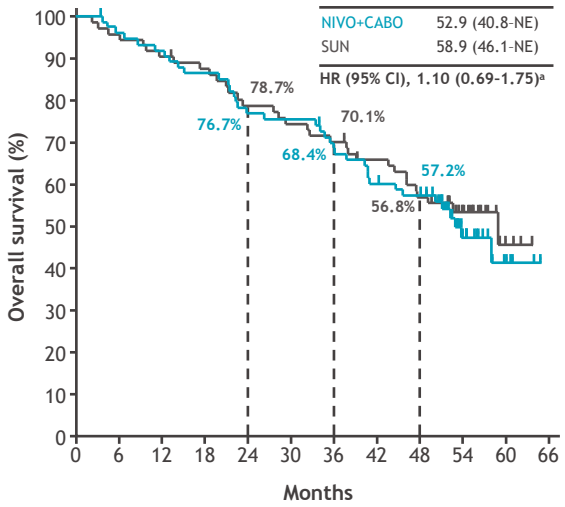
PFS per BICR, OS, ORR per BICR in *IMDC favorable-risk*

PFS per BICR



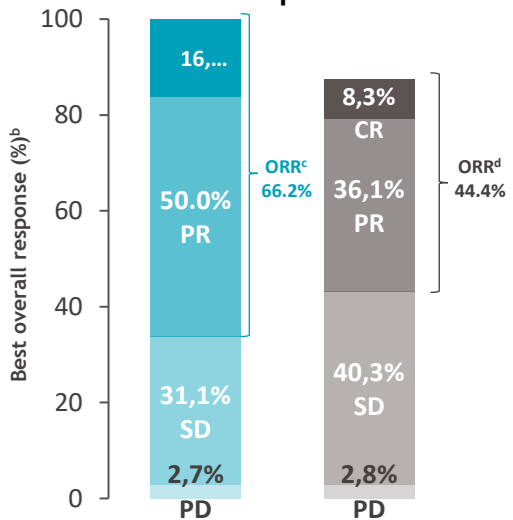
No. at risk												
NIVO+CABO	74	63	46	35	25	16	11	9	6	1	0	0
SUN	72	46	32	21	13	10	8	4	3	1	0	0

OS



No. at risk												
NIVO+CABO	74	70	67	63	56	55	49	43	40	18	5	0
SUN	72	68	64	61	55	52	49	44	38	20	3	0

ORR per BICR



	NIVO+CABO (n = 74)	SUN (n = 72)
Median TTR (range), mo[e]	2.8 (1.5–19.8)	4.3 (1.7–30.4)
Median DOR (95% CI), mo[e]	18.7 (13.9–22.2)	17.8 (11.1–19.4)

Median (range) follow-up for OS, 55.6 (48.1-68.1) months (ITT population).

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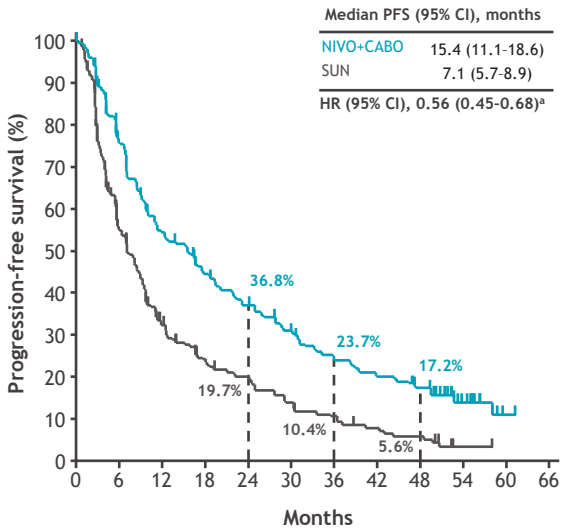
CHECKMATE 9ER

UPDATED DATA IN 1L

ACTUALIZACIONES TRAS EL CONGRESO AMERICANO DE ONCOLOGÍA CLÍNICA GU

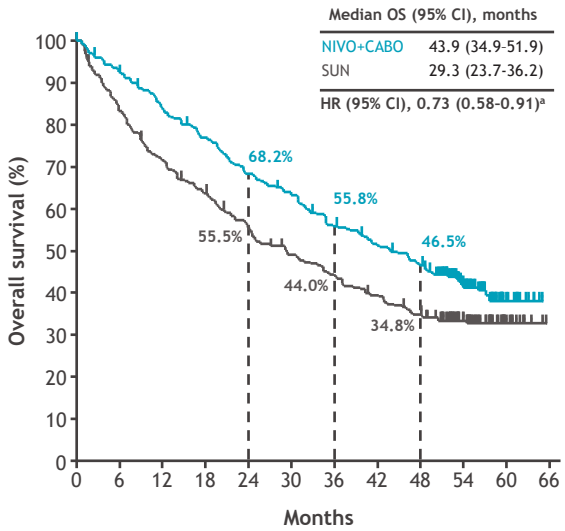
PFS per BICR, OS, ORR per BICR in *IMDC int/poor-risk*

PFS per BICR



No. at risk												
NIVO+CABO	249	174	122	96	79	63	48	40	32	13	1	0
SUN	256	115	61	40	32	22	16	11	8	1	0	0

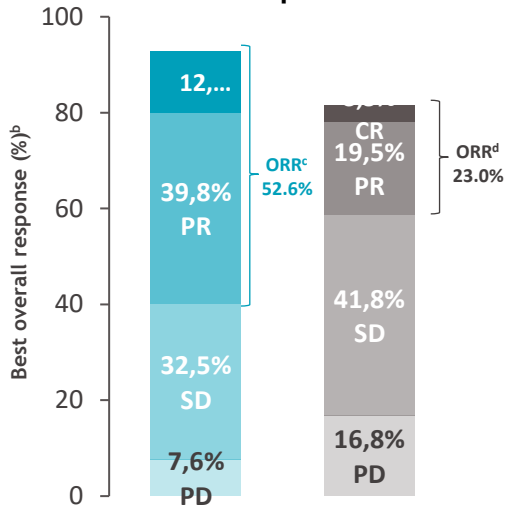
OS



No. at risk												
NIVO+CABO	249	228	205	187	166	153	134	121	109	65	13	0
SUN	256	209	178	158	136	118	106	94	82	46	11	0

Median (range) follow-up for OS, 55.6 (48.1-68.1) months (ITT population).

ORR per BICR



	NIVO+CABO (n = 249)	SUN (n = 256)
Median TTR (range), mo[e]	2.8 (1.0–22.2)	4.4 (1.7–18.1)
Median DOR (95% CI), mo[e]	23.1 (17.3–30.5)	13.8 (7.1–23.5)

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CHECKMATE 9ER

UPDATED DATA IN 1L

- PFS, OS, and ORR favored NIVO+CABO versus SUN in subgroups by baseline organ sites of metastases shown here

Outcome	Liver[a,b]		Bone[a,b]		Lung[a,b]	
	NIVO+CABO (n = 73)	SUN (n = 55)	NIVO+CABO (n = 79)	SUN (n = 73)	NIVO+CABO (n = 241)	SUN (n = 251)
Median PFS (95% CI), mo	10.9 (7.0-15.2)	6.2 (2.9-8.3)	13.8 (8.3-20.1)	4.4 (3.8-8.2)	16.4 (12.3-21.4)	8.3 (6.9-9.7)
HR (95% CI)[c]	0.54 (0.36-0.81)		0.45 (0.30-0.66)		0.56 (0.46-0.69)	
Median OS (95% CI), mo	37.6 (23.5-49.9)	22.1 (9.8-29.3)	34.8 (21.4-NE)	20.7 (12.5-25.7)	47.5 (40.6-56.1)	32.6 (24.9-39.7)
HR (95% CI)[c]	0.62 (0.41-0.95)		0.57 (0.38-0.84)		0.73 (0.58-0.92)	
ORR (95% CI), %	52.1 (40.0-63.9)	21.8 (11.8-35.0)	49.4 (37.9-60.9)	9.6 (3.9-18.8)	57.3 (50.8-63.6)	28.3 (22.8-34.3)

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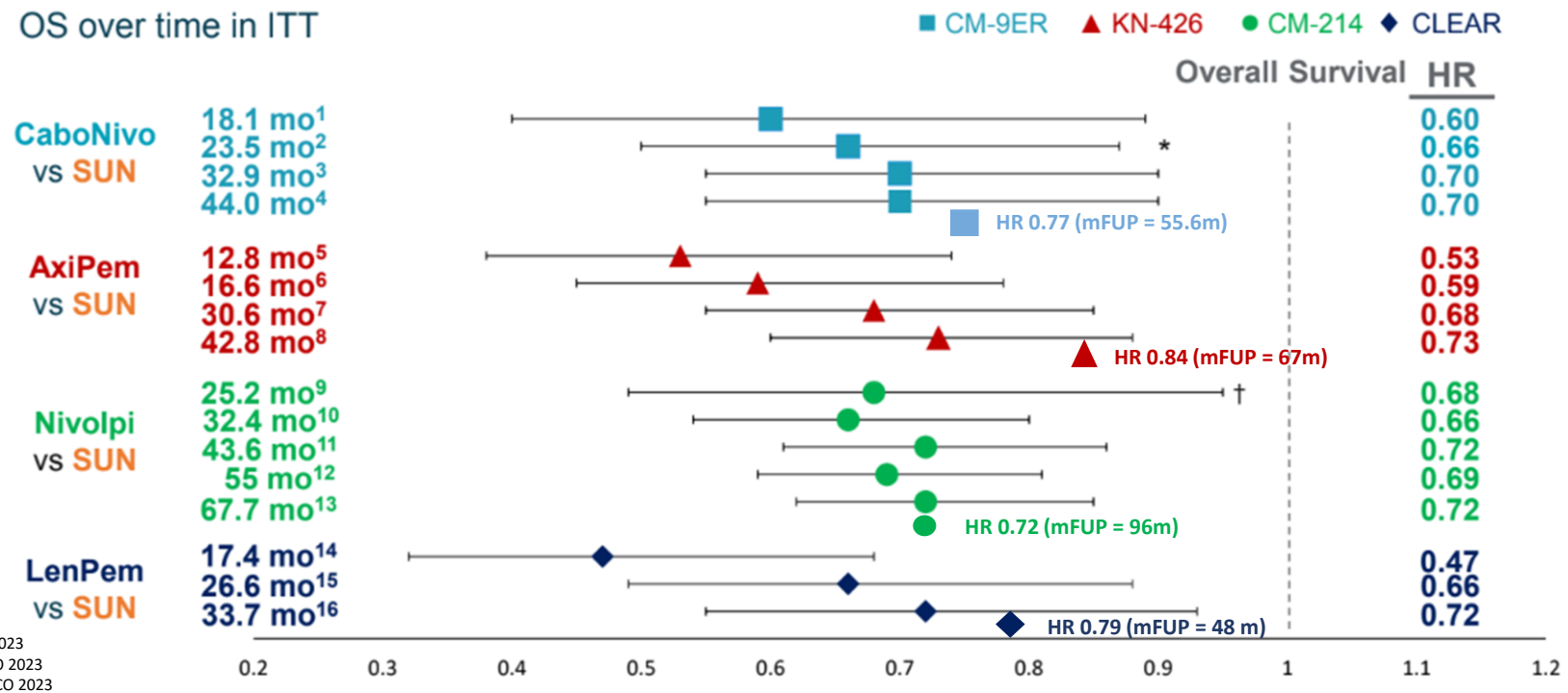
UPDATED DATA IN 1L



Rini B, et al. ASCO 2023
Hutson T et al. ASCO 2023
Burotto M et al. ASCO 2023
Motzer R et al. Cancer 2022
Bourlon MT et al. ASCO GU 2024
Tannir NM et al. ASCO GU 2024

Courtesy of J. Molina-Cerrillo

CHECKMATE 67T

Key eligibility criteria

- Advanced or metastatic ccRCC that progressed during or after receiving 1-2 prior systemic regimens
- No prior immuno-oncology therapy
- Karnofsky PS ≥ 70

R 1:1

- NIVO SC 1200 mg + rHuPH20 Q4W (n = 248)
- NIVO IV 3 mg/kg Q2W (n = 247)

Treat until disease progression, unacceptable toxicity, withdrawal of consent, completion of 2 years' treatment, or death

Key stratification factors

- IMDC risk group
- Baseline weight

Co-primary PK endpoints for noninferiority testing:

- C_{avgd28} and C_{minss}

Key powered secondary endpoint for noninferiority testing:

- ORR by BICR

Other secondary endpoints:

- Other efficacy, safety, and PK measures
- Incidence of anti-NIVO antibodies and neutralizing antibodies

- Patients were enrolled across 73 sites in 17 countries[a]
- Minimum follow-up was 8 months

IMDC: 21%; 61%; 18%
90%1L; 10% 2L
11% SNC M1
Mean weight 77.8 kg
Prior nephrectomy: 82%

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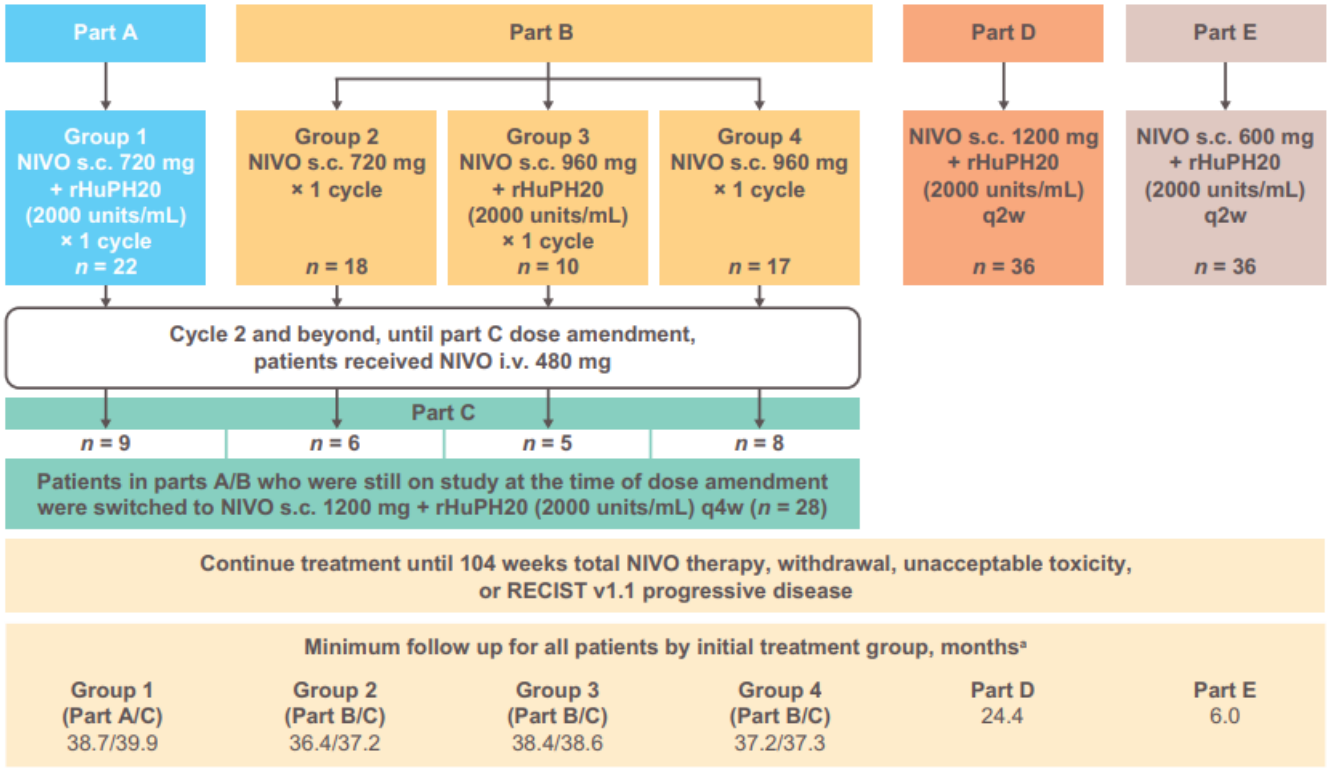
CHECKMATE 67T



Zhao Y, et al. Clin Pharmacol Ther. 2023 Dec 19

CHECKMATE 67T

Co-primary endpoints: PK noninferiority C_{avgd28} & C_{minss}

- Noninferiority for the co-primary PK endpoints was met

	NIVO SC + rHuPH20 (n = 242)	NIVO IV (n = 245)	Geometric mean ratio[a] (90% CI)
Geometric mean C_{avgd28}, µg/mL (90% CI)	77.373 (74.555–80.297)	36.875 (35.565–38.235)	2.098 (2.001–2.200)
Geometric mean C_{minss}, µg/mL (90% CI)	122.227 (114.552–130.416)	68.901 (64.676–73.402)	1.774 (1.633–1.927)

Geometric mean is a type of average that is useful when log transformed values follow normal distribution, and is frequently used for PK exposures

Geometric means and **geometric mean ratios** are estimated from a linear model with treatment and stratification factors as fixed effects, fitted to the log-transformed C_{avgd28} and C_{minss}

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Key powered secondary endpoint: ORR by BICR noninferiority

	NIVO SC + rHuPH20 (n = 248)	NIVO IV (n = 247)
ORR, n (%) **95% CI**	60 (24.2) 19.0–30.0	45 (18.2) 13.6–23.6
Relative risk[a] (95% CI)	1.33 (0.94–1.87)	

Noninferiority for the key powered secondary endpoint ORR by BICR was met

Other secondary efficacy endpoints by BICR

	NIVO SC + rHuPH20 (n = 248)	NIVO IV (n = 247)
BOR		
CR, n (%)	5 (2.0)	4 (1.6)
PR, n (%)	55 (22.2)	41 (16.6)
SD, n (%)	96 (38.7)	110 (44.5)
PD, n (%)	62 (25.0)	66 (26.7)
UTD, n (%)	30 (12.1)	26 (10.5)
DCR, n (%) **95% CI**	156 (62.9) 56.6–68.9	155 (62.8) 56.4–68.8
Risk ratio (95% CI)	1.01 (0.88–1.15)	
Median TTR, months (range)	3.70 (1.7–11.1)	3.68 (1.6–11.3)
Median PFS, months (95% CI)	7.23 (5.13–7.49)	5.65 (5.29–7.39)
HR (95% CI)	1.06 (0.84–1.34)	

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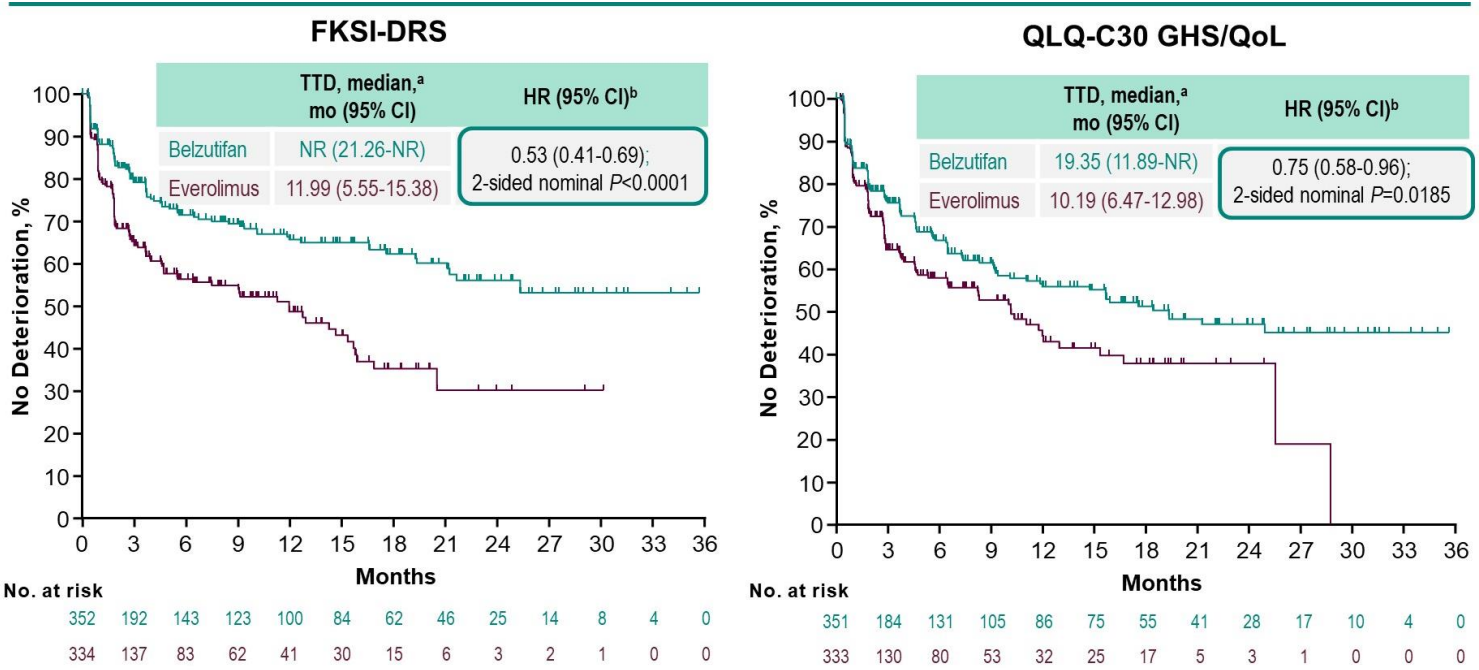
LITESPARK-005

Time to confirmed deterioration (TTD), defined as time from baseline to first onset of score worsening by ≥3 points for FKSI-DRS[1] or ≥10 points for EORTC QLQ-C30[2] with confirmation at the subsequent visit

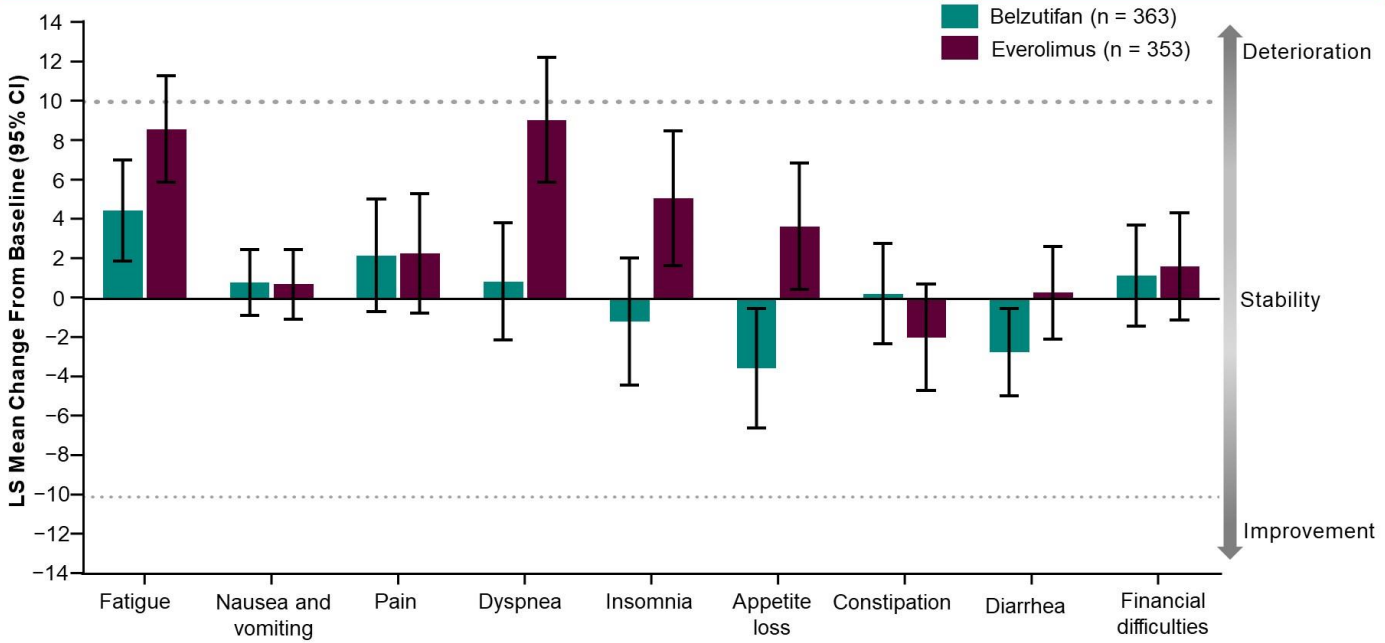


[a]From Kaplan-Meier method for censored data. [b]Based on Cox regression model with Efron's method of tie handling with treatment as a covariate stratified by IMDC prognostic scores (0 vs 1-2 vs 3-6), number of prior VEGF/VEGF receptor targeted therapies for advanced RCC (1 vs 2-3). 1. Albiges L et al. *Ann Oncol*. 2023;34:S1329-S1330. Data cutoff date: June 13, 2023.

Powles T, et al. ASCO GU 2024

LITESPARK-005

Change From Baseline to Week 17 in QLQ-C30 Symptom Scales Scores



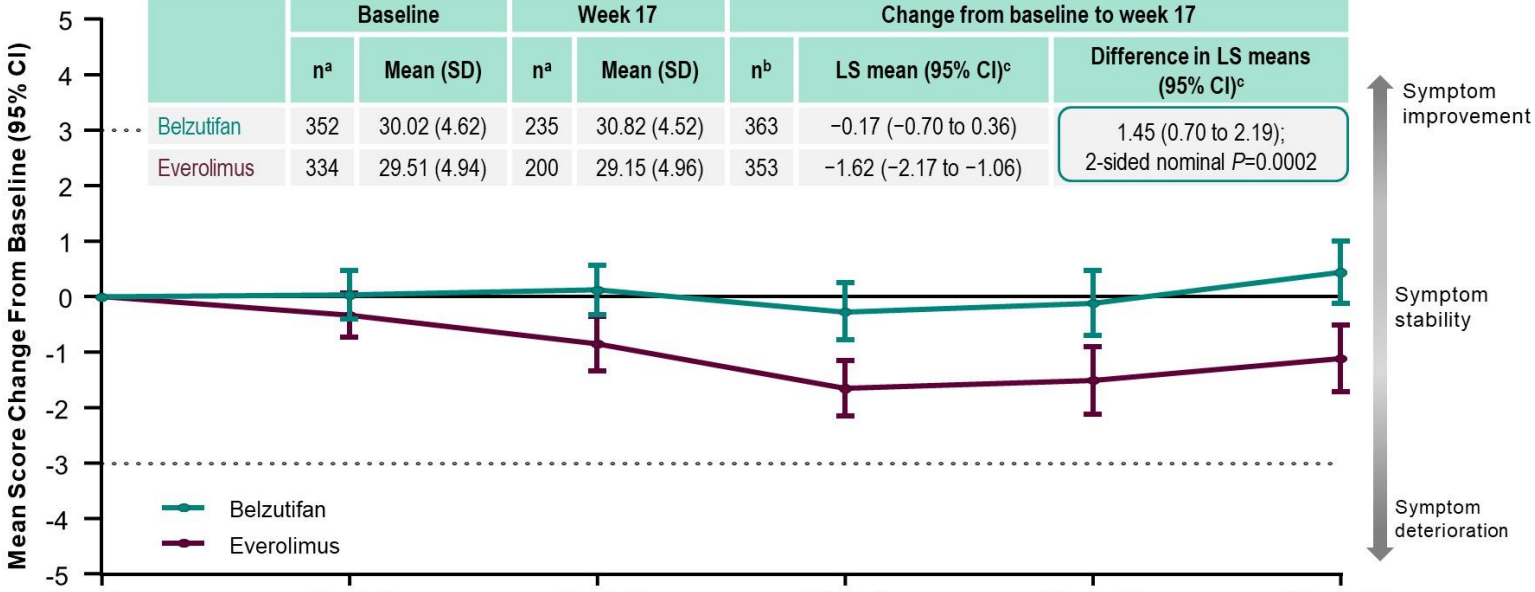
Data cutoff date: June 13, 2023.

George S, et al. ASCO GU 2024

LITESPARK-005

Change From Baseline Over Time in FKSI-DRS Scores

	Baseline		Week 17		Change from baseline to week 17		
	n[a]	Mean (SD)	n[a]	Mean (SD)	n[b]	LS mean (95% CI)[c]	Difference in LS means (95% CI)[c]
Belzutifan	352	30.02 (4.62)	235	30.82 (4.52)	363	−0.17 (−0.70 to 0.36)	1.45 (0.70 to 2.19); 2-sided nominal *P*=0.0002
Everolimus	334	29.51 (4.94)	200	29.15 (4.96)	353	−1.62 (−2.17 to −1.06)	



No. of participants					
352	318	319	302	260	226
334	286	305	285	235	187

[a]N is the number of patients in each treatment group with non-missing assessments at the specific time point. [b]N is the number of patients in the PRO analysis population in each treatment group. [c]Based on a cLDA model with PRO scores as the response variable, and treatment-by-time interaction and stratification factors as covariates. Estimated threshold for clinically meaningful change from baseline in FKSI-DRS scores: 3 points (Cella D et al. *Value Health*. 2007;10:285-293). Data cutoff date: June 13, 2023.

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LITESPARK-005

Change From Baseline Over Time in FKSI-DRS Scores

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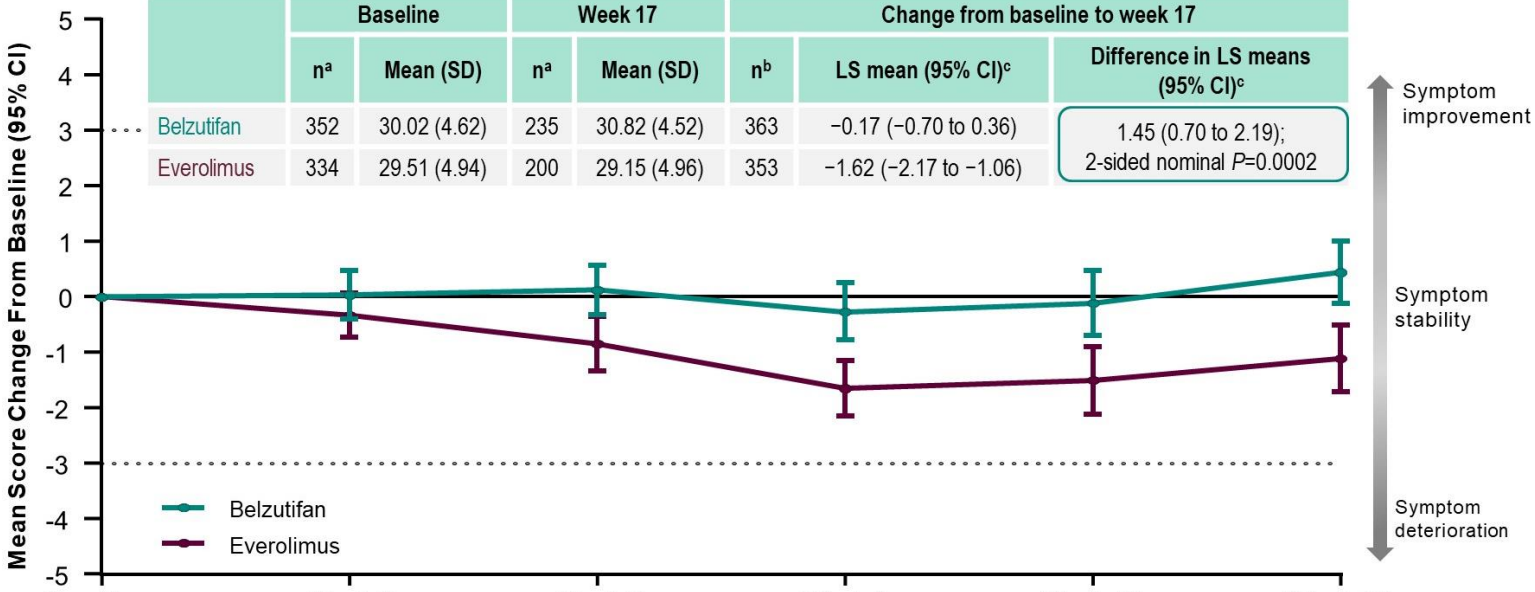

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NON-CLEAR CELL

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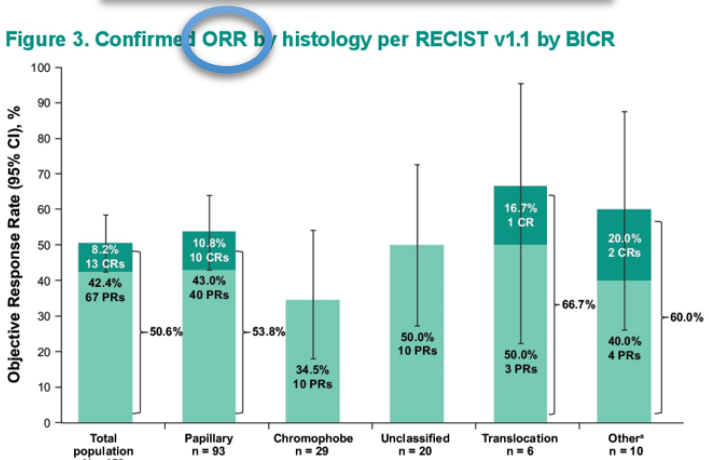
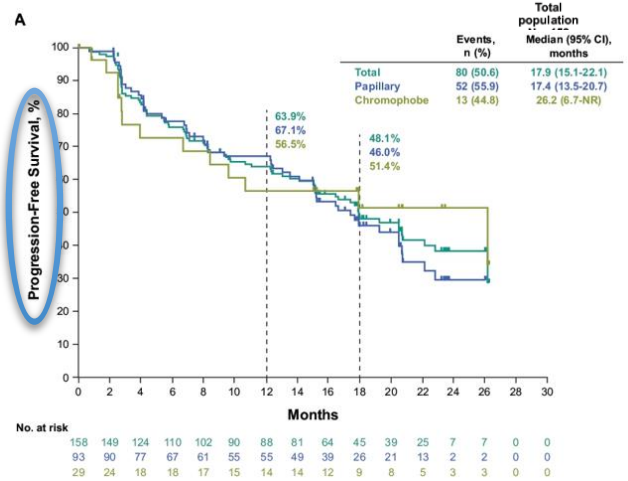
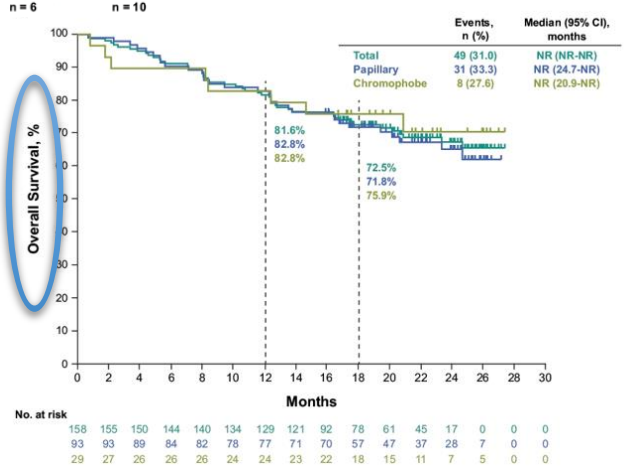
KEYNOTE – B61
Lenvatinib + Pembrolizumab
Median FUP = 22.8 months







Voss M, et al. ASCO GU 2024

CONCLUSIONS

The Keynote 564 phase III trial with pembrolizumab vs placebo is the first trial showing an improvement in OS in the adjuvant setting of patients with ccRCC at increased risk of disease recurrence after surgery.

- *Treatment at disease recurrence: 70%Pbo vs 41% Pem (ICI at DP) and ≈ 30% local therapies or no subsequent treatment.*
- *M1 patients.*
- *Safety and tolerability.*
- *Treatment duration and combination: N + I and 6months from the Checkmate 914*
- *Future: optimizing treatment selection (50% do not require adjuvant treatment), novel targets and non-clear cell RCC.*

Updated results in the 1L (*IMDC risk groups under debate/Not the same thinking on short or long term*):

- Checkmate 214: N+I in the favorable risk & Median DoR (ITT, Int/Poor, Fav).
- Checkmate 9ER: PFS data & intermediate/poor risk IMDC population & liver and bone M1.

Nivolumab SC vs IV: Improving healthcare system burden and patient QoL. Long term endpoints/ Combinations/switching feasibility/ADA rate, neutralizing positive 1% vs 0%.

Belzutifan: tolerability (but, the right position in the therapeutic algorithm considering the place of LITESPARK 005?).
Non clear cell RCC: Promising updated data with lenvatinib + pembrolizumab (IO + TKI in ncc as cc).

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