# RENO STUDY: Clinical characteristics, treatment patterns and survival results in patients with metastatic renal cell carcinoma in northern Spain

Ibon Gurruchaga Sotés[1], Laura Basterretxea Badiola[2], Nuria Lainez Milagro[1], Diego Cacho Lavín[3], Sandra López Peraita[4], Mikel Arruti Ibarbia[5], Mireia Martínez Kareaga[6], Teresa de Portugal Fernández del Rivero[7], Diego Soto de Prado Otero[8], Valentín Alija López[9], Carlos Álvarez Fernández[10], Alejandra Lacalle Emborujo[11], Irene Gil Arnaiz[12], Ricardo Fernández Rodríguez[13], Juan Antonio Verdún[14], Arturo Lecumberri Aznárez[1], Ignacio Duran[3]

Medical Oncology Departments: [1]Hospital Universitario de Navarra; [2]Hospital Universitario Donostia-OSI Donostialdea; [3]Hospital Universitario Marqués de Valdecilla-IDIVAL; [4]Hospital Universitario de Burgos; [5]Hospital Galdakao-Usansolo; [6]Hospital Universitario de Araba - Txagorritxu; [7]Complejo Asistencial de Zamora; [8]Hospital Clínico Universitario de Valladolid; [9]Hospital Comarcal de Sierrallana; [10]Hospital Universitario Central de Asturias; [11]Hospital San Pedro; [12]Hospital Reina Sofia de Tudela; [13] Hospital Universitario de Cruces e Instituto Oncológico IMQ Bilbao -Clínica IMQ Zorrotzaurre; [14]Hospital Universitario Miguel Servet y Hospital de Alcañiz

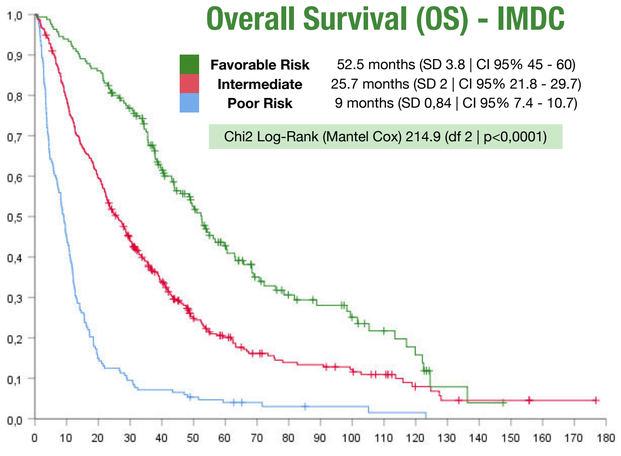
## Background

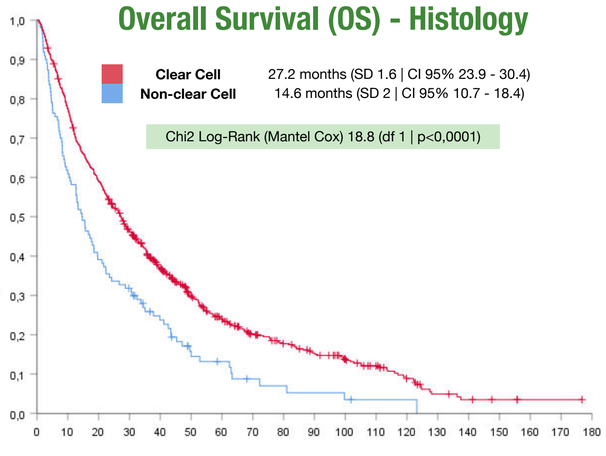
Over the past 17 years, the European Medicines Agency **has approved** various **tyrosine kinase inhibitors** and **immune checkpoint inhibitors** for the treatment of metastatic renal cell carcinoma.

However, there is **limited data available** regarding their accessibility, utilization, and real-world sequencing

## Methods

We conducted a **retrospective observational study in 20 hospitals** in northern Spain, examining patients diagnosed with mRCC between January 2007 and December 2019.




## Results

We identified **829 patients** with mRCC, with a median follow-up was 180 months.

### Basal characteristics

| | |
|---|---|
| **Age** | 63 yo (26-71 yo) |
| **Gender** | *Male* - 71.8%<br>*Female* - 28.2% |
| **Risk factors** | *Yes* - 73 % |
| **Histology** | *Clear cell* - 85.2%<br>*Non-clear cell* - 14.8% |
| **Stage at diagnosis** | *Localized* - 50.4%<br>*Locally advanced or metastatic* - 49.6% |
| **IMDC prognostic group** | *Favorable risk* - 23.9%<br>*Intermediate risk* - 49.6%<br>*Poor risk* - 26.5% |

### Treatment approach:

- 84.5% of patients received **first-line** treatment
  - 89.5% received TKI | 3.7% ICPI-based treatment | 5% received mTOR inhibitor treatment.
- At progression, 60% of patients received **second-line** treatment
  - TKIs being the most frequently prescribed option (49.3%).
- 37% received **third-line** treatment (54.6% TKI, 23.4% mTOR inhibitor, 18.9% ICPI).
- **Treatment discontinuation** ⟶ Due to progression in 84% | Due to toxicity in 16%

### Survival rates:

- **Overall Survival**
  - Favorable risk 52.5 months | Intermediate 25.7 months | Poor risk 9 months
  - Clear cell 27.2 months | Non-clear cell 14.6 months
- **Median progression-free survival**
  - 1st line 7.8 months (6.8-8.9 months)
  - 2nd line 4.8 months (4.2-5.4 months)
  - 3rd line 4.3 months (3.8-4.7 months).

2024 IKCS: EUROPE
INTERNATIONAL KIDNEY CANCER SYMPOSIUM

## Conclusions

*Real-world data on the management of mRCC in Northern Spain during the pre-first-line ICPI era are* ***consistent in terms of epidemiological, efficacy, and safety outcomes with studies conducted in other regions****. These findings underscore that despite the availability of multiple therapeutic options, more than* ***a third of patients receive only one line of treatment****.* ***Monotherapy with TKIs in the first line*** *is the predominant treatment approach due to the studied period.*