TREATMENT AND OUTCOME(S) OF A LARGE COHORT OF POOR RISK METASTATIC RENAL CELL CARCINOMA (pRCC) PATIENTS (PTS)


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Aim: With the exception of the Temsirolimus (Tem) registration trial, pRCC is grossly underrepresented in clinical trials.

Methods: We collected information on a large cohort of pRCC (239 pts) from 20 Italian and 2 Spanish centers.

Results: Three prognostic models (MSKCC, modified MSKCC - mMSKCC, International Metastatic RCC Database Consortium - DC) and 8 individual risk factors (RF) were considered: multiple metastatic sites (89%), time from diagnosis to treatment (82%), and anaemia (77%) were the most frequent individual RF. Eighty-nine percent, 63%, and 61% of pts had at least 3 RF according to mMSKCC, MSKCC, and DC, respectively; mMSKCC had the best discriminating power between intermediate and pRCC (median OS: 28 vs 8 mos, respectively; p < 0.0001). Two hundred and thirty three pts received first-line treatment (VEGFR-TKI 70%, Tem 24%, other 4%). Second- and third-line therapy were administered in 43% and 13% of pts, respectively. After first-line treatment, the total number of RF was reduced in 30% of pts (p < 0.0001). Median PFS and OS were 4 (95% CI: 3-5) and 9 (95% CI: 7-11) mos, respectively, for the entire population; overall DCR (PR and SD > 6 mos) was 44% and was significantly higher for pts receiving first-line TKI versus Tem (50% vs 26%, p = 0.002). Age, nephrectomy status, mMSKCC, and total number of RF, but not the type of treatment received (Tem vs VEGFR-TKI), were independently associated with OS at multivariate analysis. Thirty seven percent of pRCC pts survived >12 mos (29% and 40% in pts receiving Tem and VEGFR-TKI, respectively). Basal Hb and calcium levels within normal limits were significantly associated with higher chances of achieving long-term survival upon VEGFR-TKI treatment, while a non-significant trend towards a higher proportion of long-term survivors upon Tem treatment was observed for longer time from diagnosis to treatment and normal LDH levels, in an exploratory analysis of predictive factors.

Conclusions: Despite heterogeneity, pRCC may benefit from systemic treatment across multiple lines of therapy. Further prognostic/predictive stratification within the pRCC group is clearly necessary (see also the abstract by Guida et al. at this Meeting).

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