669P Subsequent therapy following pembrolizumab + axitinib or sunitinib treatment for advanced renal cell carcinoma (RCC) in the phase III KEYNOTE-426 study

R. Gafanov[1], T.B. Powles[2], J. Bedke[3], V. Stus[4], T.S. Waddell[5], D. Nosov[6], F. Pouliot[7], D. Soulieres[8], B. Melichar[9], S. Azevedo[10], R.S. McDermott[11], I.O. Vynnychenko[12], D. Borchiellini[13], M. Markus[14], I. Bondarenko[3], J. Lin[15], J. Burgents[15], L.R. Molife[16], E.R. Plimack[17], B. Rini[18]

[1]Urology, Russian Scientific Center of Roentgenoradiology, Moscow, Russian Federation; [2]Department of Genitourinary Oncology, Barts Health NHS Trust and The Royal Free NHS Foundation Trust, Barts Cancer Institute, and Queen Mary University of London, London, UK; [3]Urology, Eberhard Karls Universität Tübingen, Tübingen, Germany; [4]Urology, Dnipropetrovsk Medical Academy of Ministry of Health of Ukraine, Dnipro, Ukraine; [5]Medical Oncology, The Christie NHS Foundation Trust, Manchester, UK; [6]Oncology, Central Clinical Hospital With Outpatient Clinic, Moscow, Russian Federation; [7]Surgery, CHU of Québec and Laval University, Québec City, QC, Canada; [8]Hematology/Oncology, Centre Hospitalier de l'Universitaire de Montréal, Montreal, QC, Canada; [9]Oncology, Palacký University Medical School and Teaching Hospital, Olomouc, Czech Republic; [10]Oncology, Hospital de Clínicas de Porto Alegre, Porto Alegre, Brazil; [11]Hematology/Oncology, Adelaide and Meath Hospital and University College Dublin, Dublin, Ireland; [12]Surgery and Oncology, Sumy State University, Sumy Regional Oncology Center, Sumy, Ukraine; [13]Medical Oncology, Centre Antoine Lacassagne, Université Côte d'Azur, Nice, France; [14]Medical Oncology, Rocky Mountain Cancer Center, Colorado Springs, CO, USA; [15]Medical Oncology, Merck & Co., Inc., Kenilworth, NJ, USA; [16]Medical Oncology, MSD UK, London, UK; [17]Genitourinary Medical Oncology, Fox Chase Cancer Center, Philadelphia, PA, USA; [18]Medical Oncology, Vanderbilt-Ingram Cancer Center, Nashville, TN, USA

Background: In the phase III KEYNOTE-426 study, pembrolizumab + axitinib showed significant improvement in OS, PFS, and ORR vs sunitinib in patients with RCC. This analysis assessed subsequent treatment in patients enrolled in KEYNOTE-426.

Methods: Treatment-naive patients with clear cell RCC, KPS score ≥70%, and measurable disease (RECIST v1.1) were randomly assigned 1:1 to receive pembrolizumab 200 mg IV every 3 weeks for up to 35 doses + axitinib 5 mg orally twice daily or sunitinib 50 mg once daily (4 weeks on/2 weeks off) until progression, toxicity, or withdrawal. Type of and time to subsequent therapy were assessed.

Results: Of patients in the pembrolizumab + axitinib arm and in the sunitinib arm, 81.4% (349/432) and 90.6% of patients (385/429), respectively, discontinued treatment; radiologic or clinical PD was the most common reason for discontinuation in both (pembrolizumab + axitinib: 65.0% [227/349]; sunitinib: 68.1% [262/385]). Of patients who discontinued, 58.5% of patients (204/349) in the pembrolizumab + axitinib arm and 73.0% (281/385) in the sunitinib arm received subsequent therapy (Table). Although a similar proportion of patients in both arms received subsequent therapy with a VEGF/VEGFR inhibitor (pembrolizumab + axitinib: 88.2% [180/204]; sunitinib: 68.7% [193/281]), a greater proportion of patients in the sunitinib arm (74.4% [209/281]) received subsequent PD-1/PD-L1 inhibitor therapy than in the pembrolizumab + axitinib arm (21.6% [44/204]). Of patients in the pembrolizumab + axitinib arm and the sunitinib arm, 32.4% (66/204) and 22.8% (64/281), respectively, received other therapies.

Conclusions: The superior efficacy of pembrolizumab + axitinib compared with sunitinib is observed despite the increased use of subsequent therapy in the sunitinib arm. These data continue to support the use of first-line pembrolizumab + axitinib in patients with RCC.

Table: 669P

n/N (%)	Pembrolizumab + Axitinib N = 432	Sunitinib N = 429
Discontinued treatment	349/432 (80.8)	385/429 (89.7)
Owing to radiographic PD	214/349 (61.3)	243/385 (63.1)
Owing to clinical PD	13/349 (3.7)	19/385 (4.9)
Other[a]	122/349 (35.0)	123/385 (31.9)
Received subsequent therapy	204/349 (58.5)	281/385 (73.0)
Any PD-1/PD-L1 inhibitor	44/204 (21.6)	209/281 (74.4)
Any VEGF/VEGFR inhibitor	180/204 (88.2)	193/281 (68.7)
Other	66/204 (32.4)	64/281 (22.8)

[a]Adverse event, excluded medication, CR, nonadherence, nonstudy anticancer therapy, physician decision, patient withdrawal.

Clinical trial identification: NCT02853331; August 2, 2016.

Editorial acknowledgement: Medical writing and/or editorial assistance was provided by Matthew Grzywacz, PhD, of ApotheCom (Yardley, PA, USA). This assistance was funded by Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., Kenilworth, NJ, USA.

Legal entity responsible for the study: Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., Kenilworth, NJ, USA.

Funding: Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., Kenilworth, NJ, USA.

Disclosure: R. Gafanov: Financial Interests, Institutional, Other, Honoraria: Janssen, MSD, Bayer, AstraZeneca; Financial Interests, Personal, Advisory Role: Astellas, Janssen, Sanofi, Pfizer, BMS, MSD, Bayer, Eisai, Ipsen, Pierre Fabre, AstraZeneca; Financial Interests, Personal, Speaker's Bureau: Astellas, Janssen, Sanofi, Pfizer, BMS, MSD, Bayer, Eisai, Ipsen, Pierre Fabre, AstraZeneca; Financial Interests, Institutional, Research Grant: Janssen, MSD, Bayer, AstraZeneca. T.B. Powles: Financial Interests, Personal, Advisory Role: Bristol Myers Squibb, Merck, AstraZeneca, Ipsen, Pfizer, Novartis, Incyte, Seattle Genetics, Roche, Exelixis, MSD, Merck Serono, Astellas Pharma, Johnson & Johnson, Eisai; Financial Interests, Personal, Other, Travel Expenses: Pfizer, MSD, AstraZeneca, Roche, Ipsen; Financial Interests, Personal, Other, Honoraria: AstraZeneca, Bristol Myers Squibb, Exelixis, Incyte, Ipsen, Merck, MSD, Novrtis, Pfizer, Seattle Genetics, Merck Serono, Astellas Pharma, Johnson & Johnson, Eisai, Roche; Financial Interests, Personal, Research Grant: AstraZeneca, Roche, Bristol Myers Squibb, Exelixis, Ipsen Merck, MSD, Novrtis, Pfizer, Seattle Genetics, Merck Serono, Astellas Pharma, Johnson & Johnson, Eisai. J. Bedke: Financial Interests, Institutional, Advisory Role: MSD, BMS, Pfizer; Financial Interests, Personal, Advisory Role: AstraZeneca, BMS, Eisai, Ipsen, MSD, Novartis, Roche, EUSA Pharma, Nektar, Pfizer; Financial Interests, Institutional, Research Grant: Eisai, Ipsen, MSD, Novartis, Roche, Pfizer. T.S. Waddell: Financial Interests, Personal, Advisory Role: Roche, Pfizer, Ipsen, Eisai, Bristol Myers Squibb Merck Sharp & Dohme; Financial Interests, Personal, Other, Travel Expenses: EUSA Pharma, Bristol Myers Squibb, Ipsen; Financial Interests, Personal, Officer, Honoraria: Pfizer, Ipsen, Bristol Myers Squibb, EUSA Pharma; Financial Interests, Personal, Research Grant: Bristol Myers Squibb, Pfizer, Ipsen, Merck Sharp & Dohme, Roche, Eisai. D. Nosov: Financial Interests, Personal, Advisory Role: Bayer, Pfizer. F. Pouliot: Financial Interests, Personal, Other, Honoraria: Tersera, Janssen, Astellas, Bayer, Sanofi, Ferring; Financial Interests, Personal, Advisory Role: Tersera, Janssen, Astellas, Bayer, Sanofi, Ferring, Merck; Financial Interests, Personal, Other, Travel Expenses: Amgen; Financial Interests, Personal, Speaker's Bureau: Janssen; Financial Interests, Institutional, Research Grant: Astellas, Bayer. D. Soulieres: Financial Interests, Personal, Other, Honoraria: Merck, BMS, Pfizer; Financial Interests, Personal, Advisory Role: Merck; Financial Interests, Institutional, Research Grant: Merck, BMS, Pfizer. B. Melichar: Financial Interests, Personal, Other, Honoraria: Roche, Pfizer, BMS, Astellas, Novartis, Bayer, MSD, Merck Serono, Sanofi, Servier, AstraZeneca, Amgen, Janssen, Eisai, E. Lilly, Pierre Farbre; Financial Interests, Personal, Advisory Role: Roche, Pfizer, BMS, Astellas, Novartis, Bayer, MSD, Merck Serono, Sanofi, Servier, AstraZeneca, Amgen, Janssen, Eisai, E. Lilly, Pierre Farbre; Financial Interests, Personal, Other, Travel Expenses: Merck Serono, BMS. S. Azevedo: Financial Interests, Institutional, Research Grant: Merck. R.S. McDermott: Financial Interests, Personal, Advisory Board: Amgen, Bayer, BMS, Clovis, Janssen, Pfizer; Financial Interests, Personal, Invited Speaker: Astellas, Ipsen, MSD; Financial Interests, Institutional, Principal Investigator: Astellas, Bayer, BMS, Clovis, MSD, Regeneron. D. Borchiellini: Financial Interests, Personal, Advisory Role: Astellas, AstraZeneca, BMS, Ipsen, Janseen, Merck Serrono, MSD, Pfizer, Sanofi; Financial Interests, Personal, Other, Travel Expenses: BMS, Ipsen, Janssen, Pfizer; Financial Interests, Institutional, Research Grant: Astellas, AstraZeneca, BMS, Exelixis, Infinity, Janssen, MSD, Pfizer, Roche. J. Lin: Financial Interests, Personal, Full or part-time Employment: Merck & Co., Inc.; Financial Interests, Personal, Stocks/Shares: Merck & Co., Inc. J. Burgents: Financial Interests, Personal, Full or part-time Employment: Merck & Co., Inc.; Financial Interests, Personal, Stocks/Shares: Merck & Co., Inc. L.R. Molife: Financial Interests, Personal, Stocks/Shares: MSD; Financial Interests, Personal, Full or part-time Employment: MSD. E.R. Plimack: Financial Interests, Personal, Advisory Board: BMS,Calithera, Genentech, Janssen, MEI Pharma, Merck, Pfizer, Seattle Genetics, AstraZeneca, Infinity Pharma,; Financial Interests, Institutional, Principal Investigator: Astellas, BMS, Genentech, Merck; Non-Financial Interests, Personal, Other, Board of Directors: ASCO. B. Rini: Financial Interests, Personal, Advisory Role: BMS, Pfizer, GNE/Roche, Aveo, Synthorx, Compugen, Merck, Corvus, Surface Oncology, 3DMedicines, Aravive, Alkermes, Arrowhead, GSK, Shionogi, Eisai; Financial Interests, Personal, Leadership Role: SITC; Financial Interests, Personal, Stocks/Shares: PTC Therapeutics; Financial Interests, Personal, Other, Travel expenses: Merck, Pfizer, BMS, Aveo; Financial Interests, Institutional, Research Grant: Pfizer, Hoffman-LaRoche, Incyte, AstraZeneca, Taris, Seattle Genetics, Arrowhead Pharmaceuticals, Immunomedics, BMS, Mirati Therapeutics, Merck, Surface Oncology, Dragonfly Therapeutics, Aravive, Exelixis. All other authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.065

670P Cabozantinib associated with concomitant radiotherapy or a bone targeted agent (multimodal approach, results from the CABOREAL study post-hoc analysis)

M. Gross-Goupil[1], A. Fléchon[2], L. Mourey[3], D. Topart[4], G. Gravis[5], S.M. Oudard[6], J-M. Tourani[7], L. Geoffrois[8], E. Meriaux[9], A. Thiery-Vuillemin[10], P. Barthelemy[11], S. Ladoire[12], B. Laguerre[13], L. Zara[14], V. Perrot[15], B. Escudier[16], L. Albiges[17]

[1]Medical Oncology, Saint-André Hospital, Bordeaux University Hospital, Bordeaux, France; [2]Department of Medical Oncology, Centre Léon Bérard, Lyon, France; [3]Urology, Institut Claudius Regaud - Institut Universitaire du Cancer—Oncopole, Toulouse, France; [4]Medical Oncology, Hopital Saint-Eloi (CHU de Montpellier), Montpellier, France; [5]Department of Medical Oncology, Institut Paoli-Calmettes Aix-Marseille Université, Marseille, France; [6]Medical Oncology, Hôpital Européen Georges Pompidou, University of Paris, Paris, France; [7]Medical Oncology, CHU Poitiers, Poitiers, France; [8]Medical Oncology Department, Institut de Cancérologie de Lorraine, Vandoeuvre-lès-Nancy, France; [9]Oncology, Centre Francois Baclesse, Caen, France; [10]Medical Oncology, Centre Hospitalier Universitaire Jean Minjoz, Besançon, France; [11]Medical Oncology Department, ICANS - Institut de Cancérologie Strasbourg Europe, Strasbourg, France; [12]Oncology, Centre Georges-François Leclerc, Dijon, France; [13]Medical Oncology, Centre Eugene Marquis, Rennes, France; [14]Medical affairs, IPSEN Pharma, Boulogne-Billancourt, France; [15]Medical Affairs, IPSEN Pharma, Boulogne-Billancourt, France; [16]Department of Medical Oncology, Gustave Roussy, Université Paris-Saclay, Villejuif, France; [17]Medical Oncology, Institut Gustave Roussy, Université Paris-Saclay, Villejuif, France

Background: Cabozantinib (Cabo) is approved in Europe for the treatment of patients (pts) with metastatic renal cell carcinoma (mRCC) in treatment-naïve adults with intermediate or poor risk or following prior VEGF-targeted therapy. CABOREAL describes the use of Cabo in a real-world setting (RWS) in the largest unselected population to date of pts with mRCC who received at least one dose of Cabo. We report here, the use and the activity of Cabo in subgroup of pts who received concomitant radiotherapy (cRT) or concomitant bone targeted agents (cBTA).