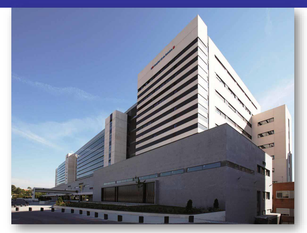

CABOPRE: A phase II study of CABOZANTINIB prior cytoreductive nephrectomy (CN) in metastatic renal cell carcinoma (mRCC)

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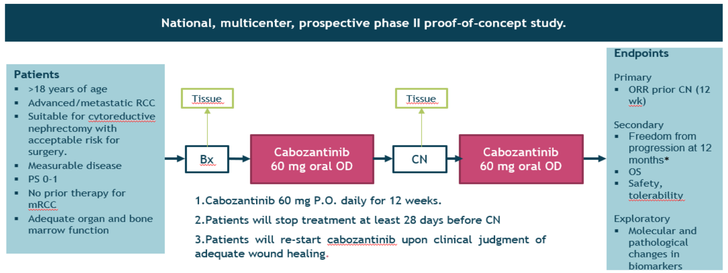
BACKGROUND

Favourable response to systemic therapy has been suggested as a suitable approach to select ideal candidates for CN in mRCC. Cabozantinib demonstrated a clinical benefit as first-line therapy in mRCC patients with intermediate- or poor-risk International Metastatic Renal Cell Carcinoma Database Consortium criteria (IMDC) as well as second-line therapy[1-2]. CABOPRE trial was designed as an open-arm prospective multicentre phase II trial to assess the efficacy and safety of cabozantinib 60 mg/daily, given as perioperative treatment in potential candidates to CN (EudraCT Number: 2018-001201-93)

METHODS and STATISTICS

▪Eligible patients had clear cell mRCC and ECOG performance status of 0 to 1 and were intermediate or poor risk per IMDC. The primary endpoint was objective response rate (ORR) at 12 weeks (prior CN). Progression-free survival (PFS), overall survival (OS), safety and exploratory biomarkers analysis (sequential tumour biopsies and peripheral blood) were secondary end points.



▪From Dec 2018 to Dec 2020, 18 patients were enrolled at 4 University Hospitals in Spain.

CONCLUSIONS

- Cabozantinib as perioperative treatment is feasible and induce rapid responses in intermediate/poor-risk mRCC patients enabling selection for CN.
- Dynamic biomarkers may be key for treatment assessment. Additional studies are ongoing.

RESULTS

Table 1. Patients Characteristics

Median age -years	56.5 (49.0, 63.0)
Male/Female	66.6%/33.3%
WHO PS 0:/1:	33.6%/66.6%
IMDC intermediate/poor risk	77.7%/22.3%
≥ 2 measurable metastatic sites	77.7%
Mean primary tumour size	96 mm
Clear cell histology	N=18 (100%)
CN performed	N = 11/16 (68.8%)*2 not evaluable

Figure 1. Progression free survival Kaplan-Meier curve by RECIST

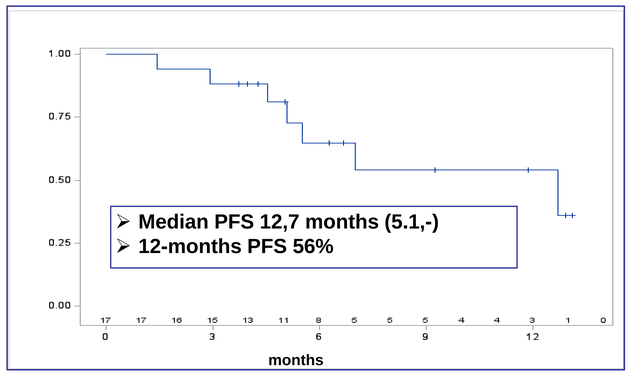


Figure 2.Overall survival Kaplan-Meier curve by RECIST

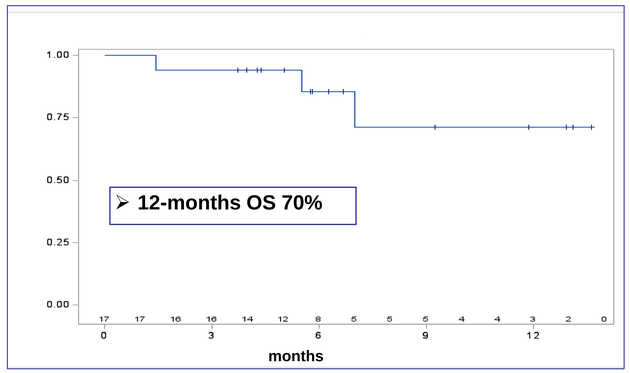


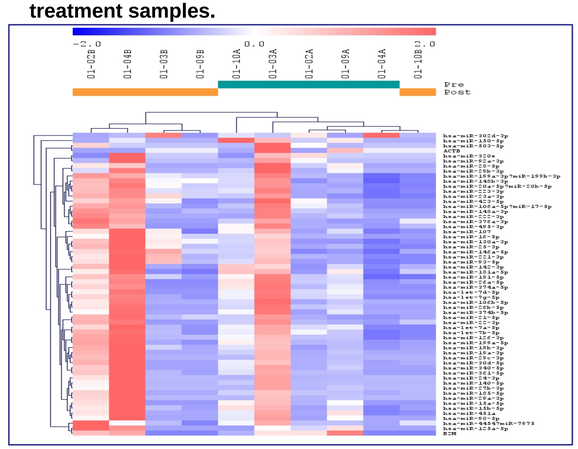
Table 2. Summary of efficacy endpoints

	N=15
Objetive response rate at 12 weeks (95% CI)	26.7%
Best response rate n (%)	
Partial response	26,7%
Stable disease	66,7%
Progressive disease	6,7%
Not evaluable	3 patients
Disease control rate	93,3%
Median progression-free survival	12,7 months

Table 3. Treatment-related adverse events

Adverse events (N=18)	All grades	Grade 3/4
Asthenia	12 (67)	1 (6)
Hypertension	10 (55)	0 (0)
Diarrhea	10 (55)	0 (0)
Mucositis	7 (39)	0 (0)
Hyporexia	6 (33)	0 (0)
Hand-foot syndrome	4 (22)	0 (0)
Dysphonia	3 (16)	0 (0)
Hypothyroidism	3 (16)	0 (0)

Figure 3. Hieralchical Cluster of miRNA expression in plasma from pre (A) and Post (B) treatment samples.



miRNA expression in plasma samples analysis using Nanostring miRNA expression panel V3. We found 61 differentially expressed miRNAs that correctly classified samples pervious and post treatment with Cabozantinib. Figure shows the clustering for 5 assayed samples.

Conflicts of Interest

GDV (Consulting, advisory role or honoraria) with BMS; Ipsen, Pfizer, MSD; Merck, Roche, Astellas, Bayer, Eusa Pharma.

References

1. Choueiri TK, et al. Eur J Cancer. 1 de mayo de 2018;94:115-25.
2. Choueiri TK, et al. N Engl J Med. 5 de noviembre de 2015;373(19):1814-23.

Acknowledgments

Study support provided by Ipsen. Sponsor: Oncosur

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