Abstract #677P

Immunotherapy vs sunitinib as first-line treatment for advanced renal cell carcinoma in favourable risk patients. A meta-analysis of randomized clinical trials

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1.Background and Objective

Renal cell carcinoma accounts for 90% of all kidney cancers. Five-year survival rates are 80% to 90% among stage I or II patients, up to 12% in metastatic disease. Treatment of advanced renal cell carcinoma (aRCC) is challenging due to a variable clinical course and therpeutic response. Recent evidence shows immunotherapy improve the prognosis of these patients. We aim to evaluate the efficacy and safety of immunotherapy versus sunitinib as first line treatment in patients with favourable risk aRCC.

Material and Methods

We conducted a systematic search in PubMed, Ovid MEDLINE, Embase, and the Cochrane Central Register of Controlled Trials. The GRADE approach was used to assess the quality of evidence. Survival hazard ratios were extracted for analysis in the entire population and the favourable risk subgroup (MSKCC).

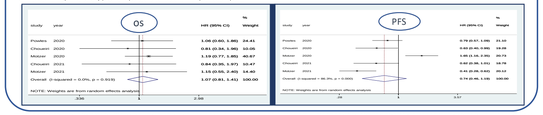
Conclusions

Immunotherapy as first-line treatment improves overall survival and progression-free survival for patients with advanced renal cell carcinoma.

In the favourable risk subgroup, there is a trend of advantage in PFS. More prospective trials with larger sample size and longer-term follow-up are needed to identify differences in OS.

3.Results

A total of five randomised controlled trials with a total of 1088 patients were included in the analysis. The studies included different immunotherapy regimens. All clinical trials reported OS and PFS data showing an overall advantage of the immunotherapy regimen vs sunitinib for these outcomes (OS: HR = 0·71, 95% CI = 0·61 - 0·84; PFS: HR = 0·64, 95% CI = 0·51 - 0·82). There was no difference for survival between treatment arms in the favorable risk subgroup analysis (OS: HR = 1·07, 95% CI = 0·81 - 1·41; PFS: HR = 0·74, 95% CI = 0·46 - 1·19). The safety profile reported is consistent with previous reports.



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