

# Edelleen uutta munuaissyyvän hoidossa?

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## Approved Therapies in RCC

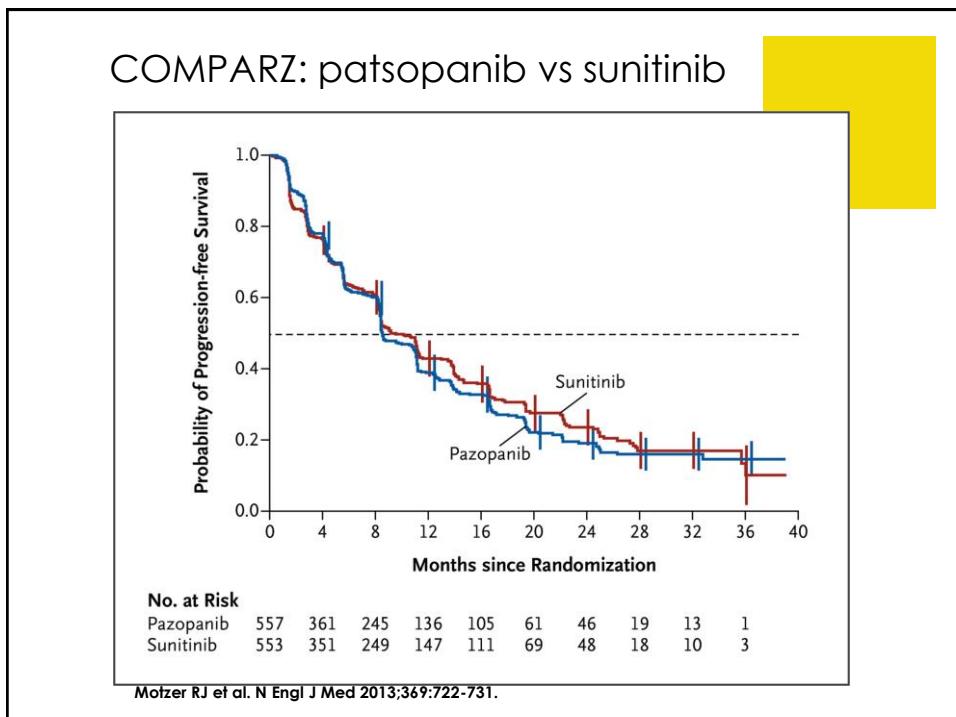
- Pivotal trials have led to approval of multiple targeted agents for the treatment of mRCC

Year of Publication	Agent	First Author
2003	Bevacizumab*	Yang <sup>1</sup>
2007	Sorafenib*	Escudier <sup>2</sup>
2007	Sunitinib†	Motzer <sup>3</sup>
2007	Temsirolimus†	Hudes <sup>4</sup>
2007	Bevacizumab + IFN-α†	Escudier <sup>5</sup>
2008	Bevacizumab + IFN-α†	Rini <sup>6</sup>
2008	Everolimus*	Motzer <sup>7</sup>
2010	Pazopanib*	Sternberg <sup>8</sup>
2011	Axitinib‡	Rini <sup>9</sup>

IFN-α, interferon α.

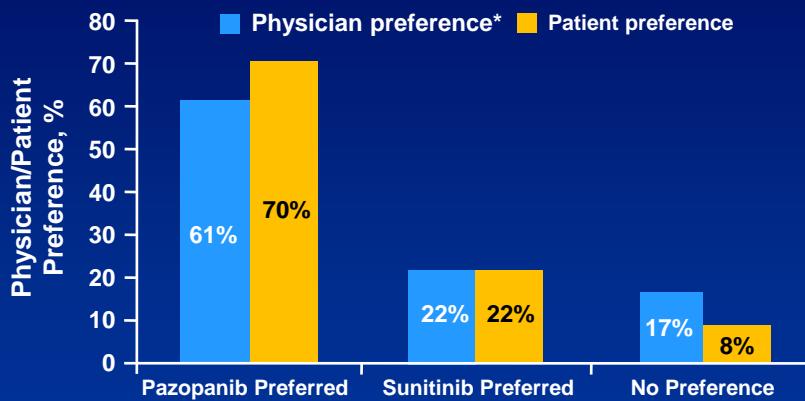
\*Versus placebo; †Versus IFN-α; ‡Versus sorafenib.

- Yang JC et al. *N Engl J Med.* 2003;349:427-434.
- Escudier B et al. *N Engl J Med.* 2007;356:125-134.
- Motzer RJ et al. *N Engl J Med.* 2007;356:115-124.
- Hudes G et al. *N Engl J Med.* 2007;356:2271-2281.
- Escudier B et al. *Lancet.* 2007;370:2103-2111.
- Rini BI et al. *J Clin Oncol.* 2008;26:5422-5428.
- Motzer RJ et al. *Lancet.* 2008;372:449-456.
- Sternberg CN et al. *J Clin Oncol.* 2010;28:1061-1068.
- Rini BI et al. *Lancet.* 2011;378:1931-1939.



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## PISCES Study: Patient and Physician Preference (Primary Analysis Population)<sup>1</sup>



\*Completed while patient was still blinded.

1. Escudier B et al. J Clin Oncol. 2014; 32: 1412-8

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<b>Yhteenveto: RECORD-3 and SWITCH</b>								
<b>RECORD-3<sup>1</sup></b>								
Eve. → Sun vs. Sun. → Eve	1 <sup>st</sup> -line mPFS, months (95% CI)		1 <sup>st</sup> -line ORR, % (95% CI)		Combined mPFS, Months (95% CI)		mOS (95% CI, months)	
	Eve	Sun	Eve	Sun	Eve → Sun	Sun → Eve	Eve → Sun	Sun → Eve
	7.9 months (5.6, 8.2)	10.7 months (8.2,11.5)	8.0% (4.9,12.2)	26.6% (21.1,32.8)	21.13	25.79	22.4 (17.9,NA)	32.0 (20.5,NA)
<b>SWITCH</b>								
Sor. → Sun. vs. Sun. → Sor.	1 <sup>st</sup> -line mPFS, months (95% CI)		1 <sup>st</sup> -line ORR, %		Combined mPFS, Months (95% CI)		mOS, months (95% CI)	
	Sor	Sun	Sor	Sun	Sor → Sun	Sun → Sor	Sor → Sun	Sun → Sor
	5.9 (>5.5, >7.9)	8.5 (>7.1, <11.2)	31	29	12.5 (>11.5, <15.0)	14.9 (>10.5, <17.2)	31.5 (>23.3 ,<36.9)	30.2 (>23.6, <50.1)

1. Motzer *et al.* JCO Jul 21 2014; 2. Michel *et al.* ASCO GU 2014

<b>A phase I study of cabozantinib (XL 184) in patients with renal cell cancer</b>							
<ul style="list-style-type: none"> <li>▪ VEGFR 2 ja c-MET inhibitor</li> <li>▪ 25 prior anti VEGF treated patients</li> <li>▪ 28% PR response</li> <li>▪ Median PFS 12,9 months</li> <li>▪ OS 15,0 months</li> <li>▪ Choueiri <i>et al.</i> Ann Oncol 2014, Aug 25: 1603-8</li> </ul>							

**Cabozantinib (CaboSun)**  
Ongoing phase 2 study in RCC in Alliance

N ≈ 150

- Locally advanced or metastatic RCC
- No prior systemic treatment

**Cabozantinib  
PO QD for 6 weeks**

**Sunitinib  
PO QD for 4 weeks**

**Primary endpoint: PFS**  
**Secondary endpoints: OS, ORR, safety**

Choueiri TK, PI

Estimated study completion date: late 2014.

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Presented By Michael Atkins at 2014 ASCO Annual Meeting

**Cabozantinib**  
Ongoing phase 3 study in RCC

N ≈ 650

- RCC with a clear cell component
- Measurable disease
- Progression after prior treatment with a VEGFR TKI
- Age ≥ 18 years

**Cabozantinib  
60 mg QD**

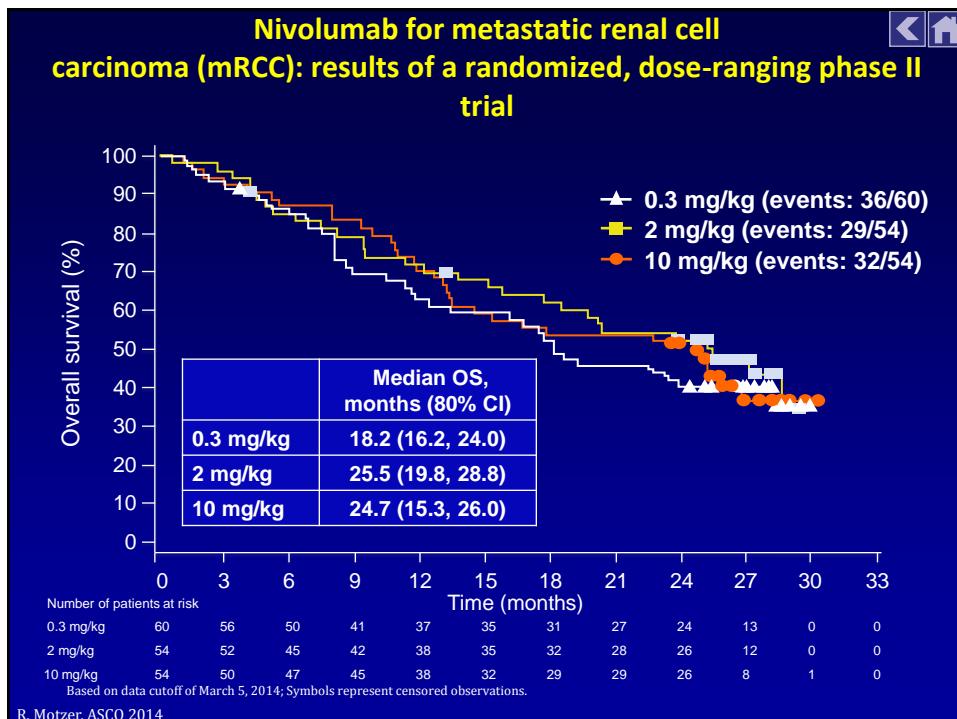
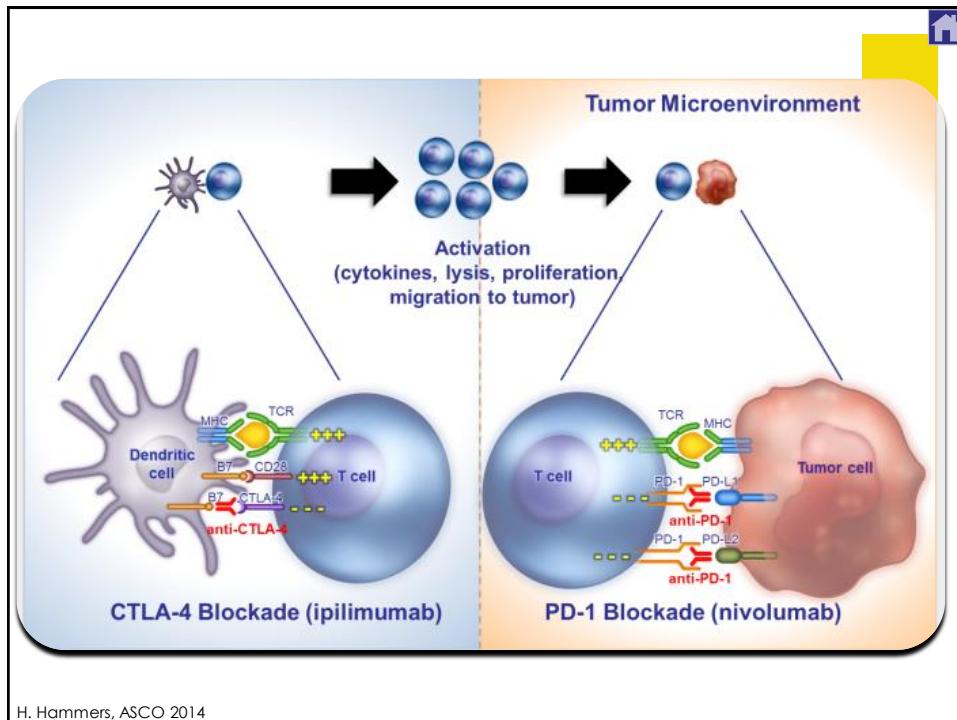
**Everolimus  
10 mg QD**

**Primary endpoint: PFS**  
**Secondary endpoints: OS, ORR**

Estimated study completion date: September 2017.

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Presented By Michael Atkins at 2014 ASCO Annual Meeting

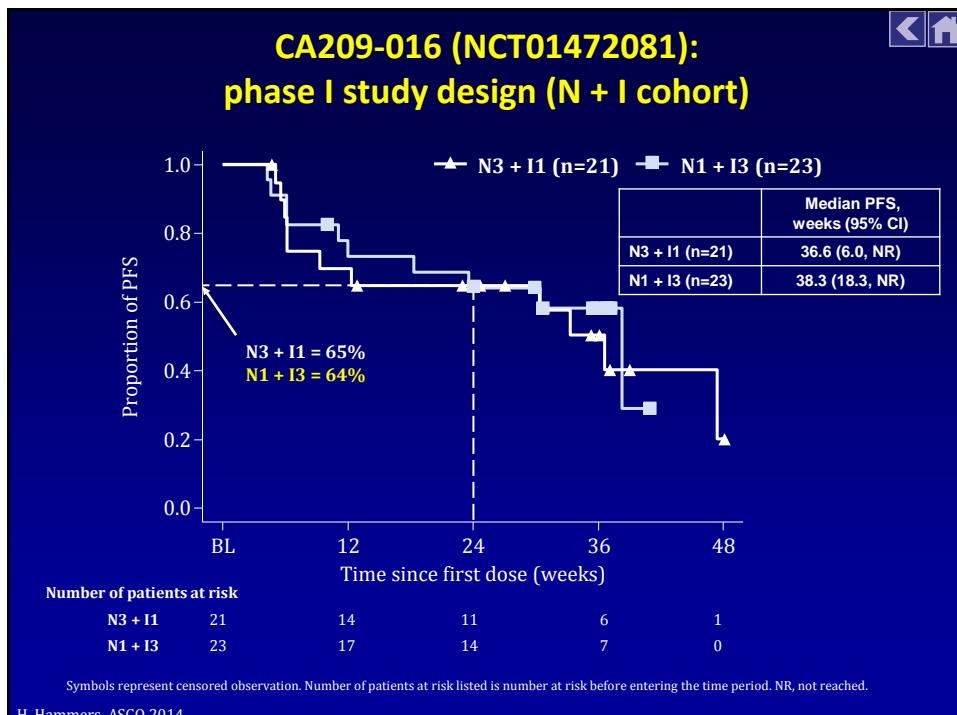


### Overall survival in phase III trials and nivolumab phase II study

	AXIS <sup>1,a</sup>	INTORSECT <sup>2</sup>	RECORD-1 <sup>3</sup>	GOLD <sup>4</sup>	Nivolumab study
Drug	Axitinib; sorafenib	Temsirolimus; sorafenib	Everolimus; placebo	Dovitinib; sorafenib	<b>Nivolumab; 0.3; 2; 10 mg/kg</b>
Patients, n	389	512	416	570	168
Risk group, % <sup>b</sup>					
Favorable		19	29	20	33
Intermediate	Not stated	69	56	58	42
Poor		12	14	22	25
Prior therapy	Sunitinib	Sunitinib	VEGF	VEGF + mTOR	VEGF ± mTOR
Line of therapy	2nd	2nd	2nd or higher	3rd or higher	2nd to 4th
Median OS, months	15.2; 16.5	12.3; 16.6	14.8; 14.4	11.1; 11.0	<b>18.2; 25.5; 24.7</b>
CI	12.8, 18.3 <sup>c</sup> 13.7, 19.2 <sup>c</sup>	10.1, 14.8 <sup>c</sup> 13.6, 18.7 <sup>c</sup>	Not stated	9.5, 13.4 <sup>c</sup> 8.6, 13.5 <sup>c</sup>	16.2, 24.0 <sup>d</sup> 19.8, 28.8 <sup>d</sup> 15.3, 26.0 <sup>d</sup>

<sup>a</sup>Post TKI subset; <sup>b</sup>Total ≠100% due to rounding; <sup>c</sup>95% CI; <sup>d</sup>80% CI.  
 1. Motzer R, et al. *Lancet Oncol.* 2013;14:552-62; 2. Hutson TE, et al. *J Clin Oncol.* 2014;32:760-7; 3. Motzer R, et al. *Cancer.* 2010;116:4256-65;  
 4. Motzer R, et al. *Lancet Oncol.* 2014;15:286-96.

R. Motzer, ASCO 2014





## Treatment-related select AE categories

Category, n (%)	N3 + I1 (n=21)		N1 + I3 (n=23)	
	All	Grade 3-4	All	Grade 3-4
Endocrinopathy	3 (14.3)	0	8 (34.8)	0
Gastrointestinal disorder	6 (28.6)	1 (4.8)	9 (39.1)	4 (17.4)
Hepatic	1 (4.8)	0	9 (39.1)	6 (26.1)
Infusion reaction	2 (9.5)	0	2 (8.7)	0
Pulmonary	1 (4.8)	0	2 (8.7)	0
Renal disorder	2 (9.5)	0	3 (13.0)	0
Skin disorder	8 (38.1)	0	9 (39.1)	0

- No high-grade pulmonary AEs, including pneumonitis, were observed

H. Hammers, ASCO 2014

## Immunosuppressive tumor microenvironment

