

Meta-analysis Confirms First-Line Benefit of Cabozantinib in Metastatic RCC

By Annette M. Boyle

CHICAGO—A systematic review comparing results of studies of pazopanib and current first-line treatments for metastatic renal cell carcinoma (RCC) confirmed the superiority of cabozantinib and nivolumab plus ipilimumab to the older therapy.

The meta-analysis was published earlier this month in conjunction with the 2019 American Society of Clinical Oncology Annual Meeting in Chicago.¹

Renal cell carcinoma accounts for about 3% of all malignancies diagnosed in veterans receiving care through the VA, meaning about 2,250 veterans will be diagnosed with the disease this year. In 15% of those veterans, the disease will have already metastasized, according to VA research.²

The explosion in treatment options over the past decade has made keeping up with the latest recommendations and most-effective treatments challenging, making studies that directly compare treatments with which oncologists may be most familiar with newer options particularly valuable.

The study authors searched relevant databases and conferences to identify randomized controlled trials that assessed outcomes for treatment-naïve adults with metastatic RCC. The researchers used the frequentist mixed treatment comparison method to perform pairwise comparisons among treatments across the intent-to-treat population and by risk subgroups. A total of 23 randomized controlled trials met the eligibility criteria.

Cabozantinib provided “significantly better” progression-free survival than pazopanib, more than doubling the time until progression. Both the combinations atezolizumab plus bevacizumab and avelumab plus axitinib also had significantly longer progression free survival than pazopanib.

Nivolumab plus ipilimumab achieved results comparable to pazopanib in terms of progression-free survival in the intent-to-treat population. The researchers found, however, that “favorable risk patients treated with pazopanib achieved significantly higher PFS compared to nivolumab plus ipilimumab, with a reduction of risk of progression or death of 54%, although data showing the breakdown by risk category was not provided. Nivolumab plus ipilimumab is approved by the U.S. Food and Drug Administration for patients with intermediate to poor risk.

Cabozantinib and nivolumab plus ipilimumab provided the best overall survival when compared to pazopanib in the study.

The analysis found that pazopanib performed about as well as sunitinib in terms of both overall survival and progression-free survival in the intent-to-treat population.

1. Ratto BE, Chakraborty S, Chinthapatia H, Kaira M. Systematic review and network meta-analysis of first-line treatments in mRCC. *J Clin Oncol* 37, 2019 (suppl; abstr 316086).
2. Lynch KE, Lynch JA, Efimova O, Chang J, Berse B, et al. Cardiotoxicity of tyrosine kinase inhibitors among veterans diagnosed with renal cell carcinoma. *J Clin Oncol* 35, 2017 (suppl; abstr 318248).