A UK real-world observational study of avelumab + axitinib (A + Ax) in advanced renal cell carcinoma (aRCC): 24-month interim results

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SCOPE

- **In this interim analysis of patients with aRCC (N=78) who had initiated first-line treatment with A + Ax in the UK, overall survival (OS), progression-free survival (PFS), and objective response rate (ORR) were assessed at 24 months post treatment initiation**

CONCLUSIONS

- **The OS rate was observed to be 60% at 24 months post treatment initiation, in line with the findings of previously published real-world and clinical trial data[1-4]**
- **Clinical response results in this real-world study of A + Ax combination treatment were comparable to previously published real-world data in patients with aRCC[1]**
- **Complete responses were observed in 1 patient with a favorable risk profile and in 2 patients with intermediate risk profiles**
- **Results at 24 months for OS, ORR, and best response were generally consistent with findings from the JAVELIN Renal 101 clinical trial,[2] with no new emerging adverse events (AEs)**

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BACKGROUND

- Combination therapy with A + Ax in patients with previously untreated aRCC has shown superior PFS and ORR vs sunitinib across all International Metastatic RCC Database Consortium (IMDC) risk groups[1-4]
- A + Ax combination therapy is approved and funded in the UK for the treatment of aRCC. The European Commission approved A + Ax for first-line treatment of adult patients with aRCC on October 29, 2019,[5] and it has been funded by Scottish Medicines Consortium (SMC) since October 12, 2020, and by the National Institute for Health and Care Excellence (NICE) via the Cancer Drugs Fund (CDF) since July 30, 2020[6]
- Prior to receiving marketing authorization, A + Ax combination therapy was available to patients in the UK via an early access to medicines scheme (EAMS; EAMS no. 11648/0002) in August 2019[7]

METHODS

- In this UK-based multicenter, noninterventional cohort study, patients aged ≥18 years with a diagnosis of aRCC initiated A + Ax on or after August 1, 2019, via EAMS
- National Health Service (NHS) research ethics committee (REC) review was not required for this study as it was an observational retrospective study in which members of the direct-care team collected all patient-level data[8]
- Inclusion criteria were diagnosis of aRCC; initiation of A + Ax on or after August 1, 2019, via EAMS; and age ≥18 years. Patient informed consent was not required
- The primary endpoints of interest were OS, PFS, ORR, and best response at 24 months post A + Ax initiation
- Secondary endpoints included baseline demographics and clinical characteristics, history of RCC before A + Ax initiation, patterns of A + Ax use, and treatment-related safety events
- Data were analyzed descriptively. Total recruitment was 130 patients; follow-up will continue until July 2023

RESULTS

- A total of 78 patients from 9 UK sites with 24-month follow-up data at database lock were included in this interim analysis; patient demographics and clinical characteristics at baseline are summarized in **Table 1**

Table 1. Baseline demographics and clinical characteristics

Total sample, N	78
Age, median (range), years	66.6 (39.8-84.1)
Sex, male/female, n	59/19
BMI at treatment initiation, mean (SD), kg/m² (n=62)	28.8 (5.1)
Ethnicity, n (%)	
White	49 (63)
Asian/Asian British	4 (5)
Not recorded	25 (32)
Smoking status at treatment initiation, n (%)	
Current smoker	8 (10)
Former smoker	31 (40)
Never smoked	28 (36)
Not recorded	11 (14)
ECOG PS at treatment initiation, n (%)	
0	36 (46)
1	35 (45)
2	5 (6)
3	0
4	0
Not recorded	2 (3)
IMDC status at treatment initiation, n (%)	
Favorable	33 (42)
Intermediate	32 (41)
Poor	13 (17)
Histological subtype, n (%)	
RCC with clear cell component	63 (81)
Unclassified RCC	11 (14)
Xp11 translocation RCC	1 (1)
Collecting duct RCC (Bellini collecting duct RCC)	1 (1)
Papillary RCC	1 (1)
Not recorded	1 (1)
No. of metastatic sites at treatment initiation, median (range)	1.5 (0-4)
Metastatic sites at treatment initiation, n (%)	
Bone	17 (22)
Brain	3 (4)
Lung	49 (63)
Lymph node	21 (27)
Liver	9 (12)
Other	31 (40)
History of nephrectomy	
Yes, full	43 (55)
Yes, partial	10 (13)
No	24 (31)
Not recorded	1 (1)
Time between aRCC diagnosis and treatment initiation, median (range), months	2.5 (0.03-90.4)

BMI, body mass index; **ECOG PS**, Eastern Cooperative Oncology Group performance status; **IMDC**, International Metastatic RCC Database Consortium; **RCC**, renal cell carcinoma.

Figure 1. Kaplan-Meier plot of OS at 24 months post treatment initiation

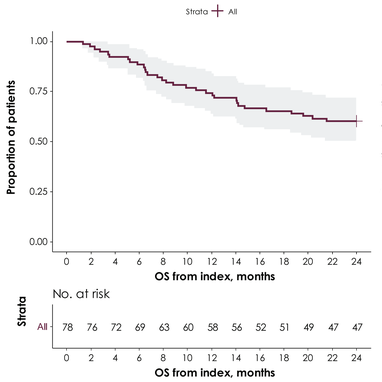
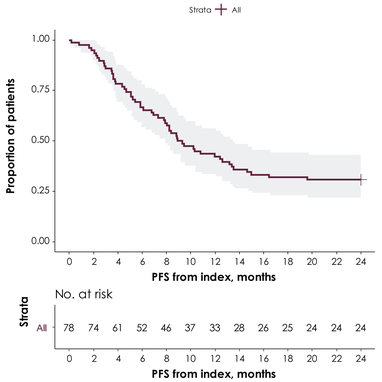
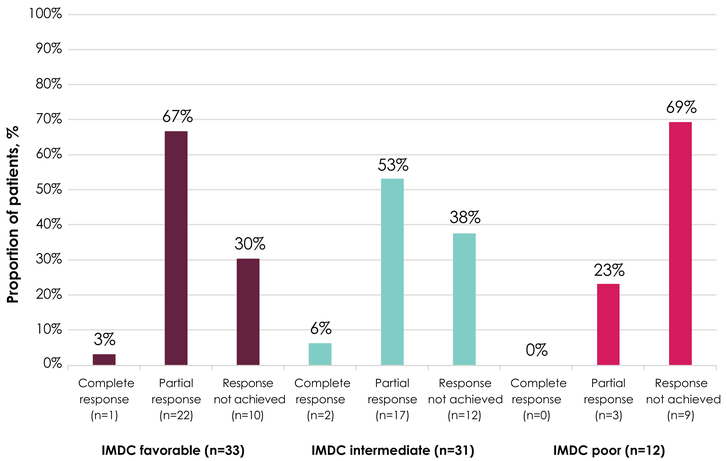


Figure 2. Kaplan-Meier plot of PFS at 24 months post treatment initiation



OS, overall survival; **PFS**, progression-free survival.

Figure 3. Response by baseline IMDC risk group in evaluable patients



IMDC, International Metastatic RCC Database Consortium.

- The OS rate at 24 months was 60% (95% CI, 49.4%-71.1%) (**Figure 1**)
- The OS rates at 24 months by IMDC risk status were:
  - Favorable, 76% (95% CI, 61.1%-90.4%)
  - Intermediate, 63% (95% CI, 45.7%-79.3%)
  - Poor, 15% (95% CI, 0%-35.0%)
- The PFS rate at 24 months was 31% (95% CI, 20.5%-41.0%) (**Figure 2**)
- Median PFS was 9.1 months (95% CI, 7.9-13.4 months)
- The ORR (n=76) at 24 months was 59% (95% CI, 48.2%-70.3%), with:
  - 4% (n=3) achieving complete response
  - 55% (n=42) achieving partial response
- The ORR stratified by baseline IMDC risk group is summarized in **Figure 3**
- Best responses within 24 months are summarized in **Table 2**

Table 2. Best responses in 24 months

Best response (N=76)	n (%)
Complete response	3 (4)
Partial response	42 (55)
Stable disease	23 (30)
Progressive disease	8 (11)
None recorded	2

- Median duration of response was 11.9 months (range, 0.4-23.7 months)
- Median time to discontinuation (TTD) of either A or Ax was 5.5 months (range, 0.5-20.5 months; n=50)
- Median TTD of both A + Ax was 5.6 months (range, 0.8-20.5 months; n=43)
- Of 78 patients, 62 experienced an AE due to A + Ax treatment, 8 of whom had 14 serious AEs in total
- The most common AEs were diarrhea (n=31 [40%]), fatigue (n=22 [28%]), rash (n=18 [23%]), and oral mucositis (n=18 [23%])
- Of 78 patients, 3 patients discontinued Ax due to the following AEs: diarrhea (n=2 [3%]), abnormal hepatic function (n=1 [1%]), and abdominal pain (n=1 [1%])

REFERENCES 1. Allison J, et al. J Clin Oncol. 2021;39(Suppl 6): abstract 294. **2.** Choueiri RK, et al. Ann Oncol. 2020;31 (8):1030-9. **3.** Tomita Y, et al. J Clin Oncol. 2021;39(Suppl 15): abstract 4548. **4.** Motzer RJ, et al. N Engl J Med. 2019;380(12):1103-15. **5.** European Medicines Agency. Bavencio (avelumab). Accessed January 12, 2023. https://www.ema.europa.eu/en/medicines/human/EPAR/bavencio **6.** National Institute for Health and Care Excellence. Avelumab with axitinib for untreated advanced renal cell carcinoma (TA645). Accessed January 12, 2023. https://www.nice.org.uk/guidance/ta645/documents/final-appraisal-determination-document **7.** Medicines and Healthcare products Regulatory Agency. EAMS number 11648/0002. Accessed January 12, 2023. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/844195/Avelumab_EAMS_-_UK_PAR.pdf **8.** Department of Health. Governance arrangements for research ethics committees: 2020 edition. Accessed January 12, 2023. https://s3.eu-west-2.amazonaws.com/www.hra.nhs.uk/media/documents/GAfREC_Final_v2.1_July_2021_Final.pdf **DISCLOSURES P. Nathan** reports providing a consulting or advisory role for AstraZeneca, Bristol Myers Squibb, Merck & Co., Kenilworth, NJ, Immunocore, Pfizer, Pierre Fabre, Novartis, GlaxoSmithKline, Ipsen, 4SC, and the healthcare business of Merck KGaA, Darmstadt, Germany; has provided speaker services for Bristol Myers Squibb, Novartis, Merck & Co., Kenilworth, NJ, and the healthcare business of Merck KGaA, Darmstadt, Germany; and has received reimbursement for travel and accommodations expenses from Bristol Myers Squibb and Merck & Co., Kenilworth, NJ. **N. Charnley** reports research funding from Bristol Myers Squibb; has provided an advisory role for Bristol Myers Squibb, Novartis, Merck & Co., Kenilworth, NJ, and the healthcare business of Merck KGaA, Darmstadt, Germany; and has provided speaker services for Pfizer and Ipsen. **R. Frazer** reports providing an advisory role for Bristol Myers Squibb, Novartis, Merck & Co., Kenilworth, NJ, and the healthcare business of Merck KGaA, Darmstadt, Germany, and has provided speaker services for Pierre Fabre, Sanofi, Bristol Myers Squibb, Merck & Co., Kenilworth, NJ, Servier, Ipsen, EUSA, Eisai, and the healthcare business of Merck KGaA, Darmstadt, Germany. **J. McGrane** reports providing an advisory role for Merck & Co., Kenilworth, NJ, and the healthcare business of Merck KGaA, Darmstadt, Germany, Bristol Myers Squibb, and Pfizer; owns stocks/shares in GlaxoSmithKline; and has provided speaker services for Bristol Myers Squibb, Ipsen, Merck & Co., Kenilworth, NJ, and the healthcare business of Merck KGaA, Darmstadt, Germany. **I. Muazzam** has spoken on behalf of and received expenses from Ipsen and EUSA Pharma. **S. Rudman** reports providing an advisory role for Pfizer and owns stocks/shares in Pfizer. **A. Sharma** reports providing an advisory role for Bristol Myers Squibb, Merck & Co., Kenilworth, NJ, Eisai, EUSA, and Pfizer and has provided speaker services for Bristol Myers Squibb, Ipsen, Chugai, Novartis, EUSA, and Pfizer. **R. Stevenson** reports providing an advisory role for Bayer, Astellas, and the healthcare business of Merck KGaA, Darmstadt, Germany, and has provided speaker services for AstraZeneca, Amgen, Bayer, Bristol Myers Squibb, Chugai, EUSA, Janssen, Merck & Co., Kenilworth, NJ, and the healthcare business of Merck KGaA, Darmstadt, Germany. **J. Hickey** is an employee of OPEN Health. **A. Tahim** and **A. R. Ritchie** are employees of Pfizer.

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Please note that this summary only contains information from the full scientific abstract

A real-world study of avelumab + axitinib treatment for people with advanced renal cell cancer in the UK: results after 2 years

View scientific abstract

The full title of this abstract is: A UK real-world observational study of avelumab + axitinib (A + Ax) in advanced renal cell carcinoma (aRCC): 24-month interim results

Please note this summary only contains information from the scientific abstract

View scientific abstract

Date of summary: February 2023

Pronunciations

Medical terms pronunciations

Avelumab <a-VEL-yoo-mab>

Axitinib <ax-IT-in-nib>

Key takeaways

What are the key takeaways from this summary?

- In this study, researchers looked at results from people with advanced renal cell cancer who were treated with avelumab + axitinib in a day-to-day setting in the UK
  - People were treated in hospitals or clinics as part of their normal care and were not taking part in a clinical trial
- Researchers looked at how well the cancer responded to treatment with avelumab + axitinib and side effects when everyone had been studied for at least 2 years
- Researchers found that results from people who received avelumab + axitinib in this study were similar to results from an earlier clinical trial called JAVELIN Renal 101
- Overall, the results from this study provide more support for using avelumab + axitinib in people with advanced renal cell cancer
- Results from this study are not final, and updated results will be shared in the future

Background

What did this study look at?

What is advanced renal cell cancer?

- Renal cell cancer (RCC) is the most common type of kidney cancer
- In RCC, cancer cells form in the tubes of the kidney that filter and clean the blood
- RCC is called advanced RCC (aRCC) when it has spread outside of the kidneys to other parts of the body, such as bones, lungs, and the liver

What are avelumab and axitinib?

These are medicines used to treat people with aRCC

Avelumab is a type of immunotherapy. Immunotherapy can help the body's immune system find and destroy cancer cells. Avelumab is given as a drip (infusion) into a vein for about an hour once every 2 weeks

Axitinib can help slow down the growth of cancer cells. It does this by stopping the cancer from making new blood vessels. Axitinib is a tablet taken by mouth twice each day

Based on results from the JAVELIN Renal 101 clinical trial, use of avelumab + axitinib in combination was approved as a treatment for people with aRCC

What are risk factors in people with aRCC?

- Certain characteristics can help predict how long someone with aRCC will live with treatment. These characteristics are called risk factors
- By counting the number of risk factors, researchers can find out if someone has favorable-, intermediate-, or poor-risk disease
- People with poor-risk disease tend to live for a shorter time than people with favorable- or intermediate-risk disease

What happened in this study?

This is a real-world study looking at results of avelumab + axitinib treatment for people with aRCC in the UK

Real-world studies collect information about people receiving normal care in clinical practice. Researchers don't influence what treatments people receive. These studies look at how well a treatment works in normal care, outside of a clinical trial

People taking part had been studied for at least 2 years when results were collected

What did the researchers want to find out?

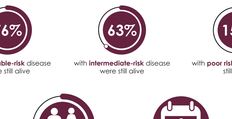
In this real-world study, researchers wanted to look at results of people with aRCC treated with avelumab + axitinib as part of normal care in the UK

Study design

What happened during the study?

Who took part in this study?

- This study included 78 people with aRCC who were treated with avelumab + axitinib as part of their normal care at 9 cancer centers in the UK



Aims of this summary

What did the researchers look at?

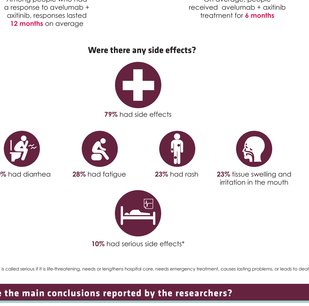
Researchers looked at the following:

- Characteristics of people who took part in the study (such as age, sex, and race) and information about their cancer
- How long people lived overall
- How long people lived without their cancer getting worse
- How many people had cancer that had shrank or could not be detected after treatment
- Side effects of treatment

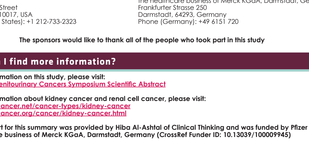
Results

What were the results of the study?

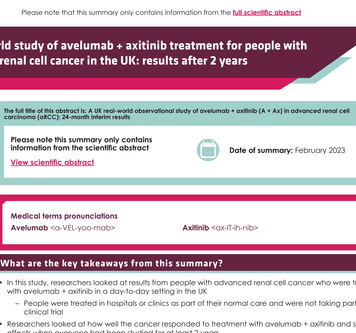
What were the characteristics of people who took part?



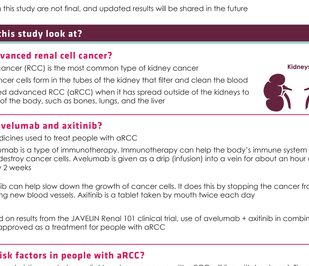
How long did people live after starting treatment?



What was the best response to treatment?



Were there any side effects?



*A side effect is called serious if it is life-threatening, needs or lengthens hospital care, needs emergency treatment, causes lasting problems, or leads to death.

Conclusions

What were the main conclusions reported by the researchers?

- Results from this real-world study provide valuable information about people with aRCC receiving normal treatment with avelumab + axitinib in the UK
- In this study, responses and side effects in people with aRCC who received avelumab + axitinib treatment as part of normal care in the UK were similar to those seen in the earlier JAVELIN Renal 101 clinical trial

Disclaimers

Avelumab plus axitinib therapy is approved to treat the condition that is discussed in this summary. This summary reports the results of a single study. The results of this study may differ from those of other studies. Health professionals should make treatment decisions based on all available evidence, not on the results of a single study. This summary reports the results of a planned interim analysis of the study. This means that the study has not yet been completed. This study described is still ongoing, therefore the final outcomes of this study may differ from the outcomes described in this summary

Study sponsors

Who sponsored this study?

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More information

Where can I find more information?

For more information on this study, please visit:
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For more information about kidney cancer and renal cell cancer, please visit:
https://www.cancer.net/cancer-types/kidney-cancer
https://www.cancer.org/cancer/kidney-cancer.html

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