

Treatments compared for advanced renal cell carcinoma

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(HealthDay)—For patients with advanced renal cell carcinoma (aRCC), those initiating treatment with nivolumab plus ipilimumab versus sunitinib have longer treatment-free survival (TFS), according to a study published online Nov. 10 in *Clinical Cancer Research*.

Meredith M. Regan, Sc.D., from the Dana-Farber Cancer Institute in

Boston, and colleagues analyzed data from the randomized phase III CheckMate 214 trial of [nivolumab](#) plus ipilimumab (550 [patients](#)) versus sunitinib (546 patients) for [treatment](#)-naive aRCC. TFS was estimated with and without toxicity by counting the days with grade ≥ 3 treatment-related adverse events.

The researchers found that, among intermediate/poor-risk patients, estimates of overall survival at 42 months were 52 and 39 percent for the nivolumab plus ipilimumab and the sunitinib groups, respectively, with probabilities of being treatment-free at 42 months of 18 and 5 percent, respectively. The mean TFS was over twice as long with nivolumab plus ipilimumab versus sunitinib (6.9 versus 3.1 months) over the 42-month period. Mean TFS with grade ≥ 3 treatment-related adverse events was a small proportion of time for the nivolumab plus ipilimumab and sunitinib groups (0.6 versus 0.3 months, respectively).

"The overall 42-month mean TFS was more than doubled after nivolumab plus ipilimumab versus sunitinib, despite longer mean protocol treatment duration," the authors write. "This increase in TFS was accomplished without increasing toxicity."

Several authors disclosed financial ties to biopharmaceutical companies, including Bristol Myers Squibb, which manufactures nivolumab and ipilimumab.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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