TYROSINE KINASE INHIBITORS IN THE TREATMENT OF RENAL CELL CARCINOMA IN ROUTINE CLINICAL PRACTICE

CP-172

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BACKGROUND

The administration of cytokines such as interleukin-2 and interferon-α, is clinically proven since the 80s, but today its use in clinical practice has decreased considerably due to the effectiveness of new target treatments like tyrosine kinase inhibitors (TKIs) that have shown greater clinical efficacy and better tolerance profile.

OBJETIVES

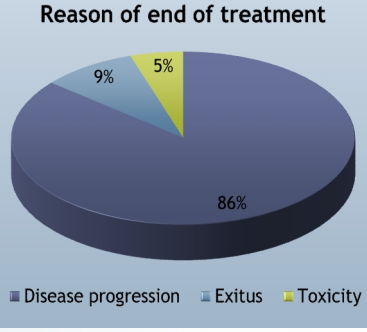
The aim of this study is to analyze the effectiveness of TKIs in treating renal cell carcinoma (RCC) in the different treatment lines according to previously received treatment.

METHODS

Retrospective observational study conducted between January and September 2015 in a tertiary care hospital. All patients with RCC treated with TKIs are included. Variables collected were demographic (age at baseline, sex), clinical (stage), pharmacological (drug, duration of treatment, cause of treatment order) and effectiveness (progression-free survival;PFS, overall survival;OS). The information sources used were clinical and prescription electronic records.

RESULTS

44 patients were included with mean age of 63 years (68% male, 32% female); 2%, 43%, 9%, 18% and 28% treated with sorafenib, sunitinib, axitinib, everolimus and pazopanib respectively. 100% of patients had stage IV at start of treatment. The average duration of treatment was 15.9 months.



	%	mPFS (months)	mOS (months)
First-line TKI treatment	57	11.4	20.9
TKI after failure with cytokines	8	75.1	83.2
TKI after failure with another TKI	30	7.9	8.8
TKI after failure with cytokines and another TKI	5	23.3	23.3

CONCLUSION

Median PFS and OS were higher in the group of patients pretreated with cytokines than in patients receiving TKIs in first-line or after failure to another TKI. The difference found in favor of treatment with second-line TKIs after receiving cytokines compared to pretreated with TKIs may be due to the possible emergence of resistance to TKIs by prior exposure to them.