

# CLINICAL EXPERIENCE OF PEMBROLIZUMAB WITH AXITINIB IN RENAL CELL CARCINOMA

Rotea-Salvo S, Calleja-Chuclá T, Busto-Fernández F, Mateos-Salvador M, Fernández-Gabriel E, Martín-Herranz I.  
Hospital Pharmacy. Complejo Hospitalario Universitario A Coruña. As Xubias, 84. 15006 A Coruña, Spain.

## Background and Importance

- The most frequent renal cell tumor is the clear cell renal carcinoma (ccRCC) which represents 80% of malignant renal tumors in adults.
- Pembrolizumab, in combination with axitinib, is indicated for the first-line treatment of advanced **renal cell carcinoma** (RCC) in adults.

## Aim and Objectives

- ☐ To describe and analyze the **effectiveness** and **safety** of **pembrolizumab** and **axitinib** in a tertiary hospital clinical practice.

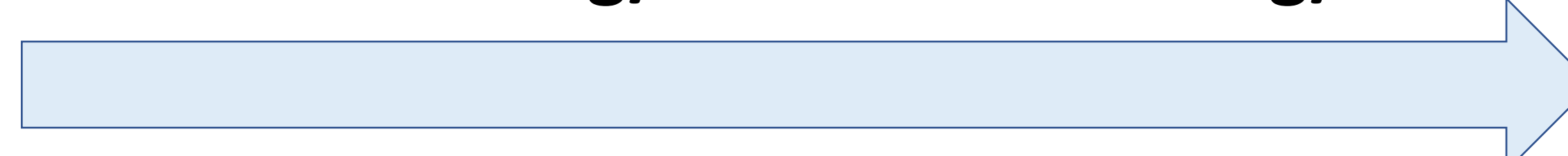
## Materials and Methods

- ✓ **Retrospective observational study** from March 2019 to October 2020
- ✓ **Data sources:** electronic medical records
- ✓ **Variables analyzed:** sex, age, PDL-1, prior lines treatments, IMDC risk and presence of metastasis at starting therapy, duration of treatment and interruption causes, grade and type of toxicities and best TAC response.

## Results

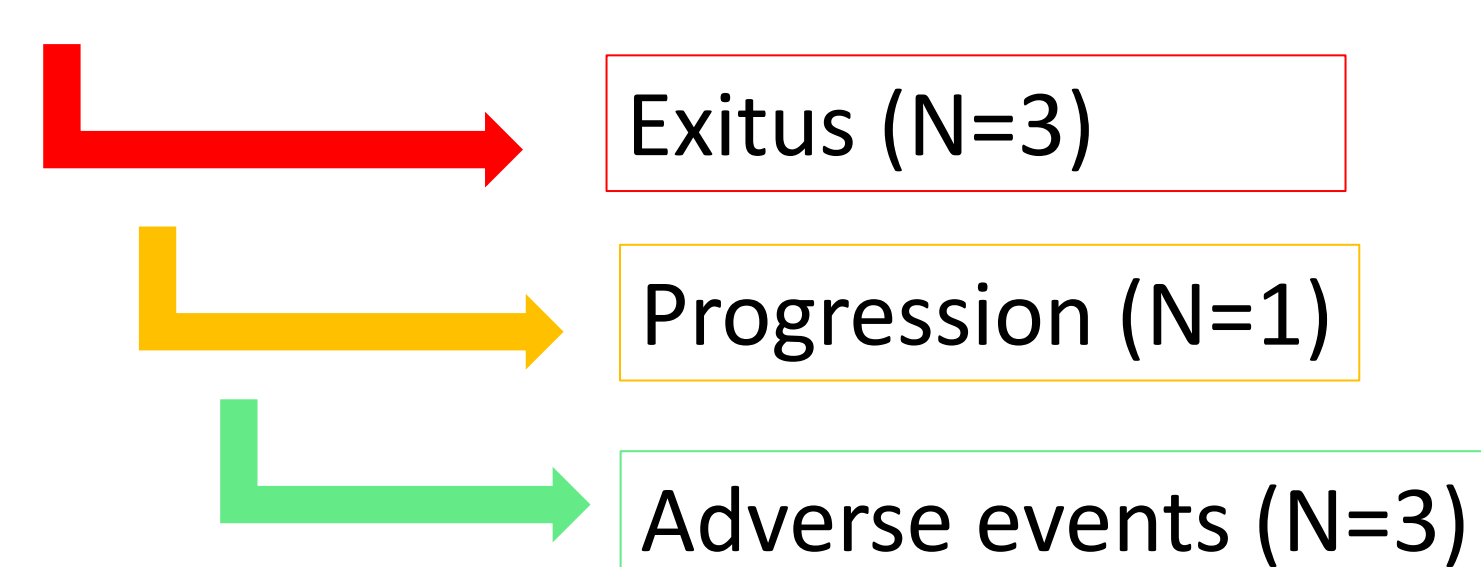
- 13 patients
- 76.9% men
- 60.4 ± 8.8 years old
- PDL-1 score ≥ 1 in 3/4 patients
  - Sunitinib (N=3)
  - Cabozantinib (N=1)
  - Nivolumab (N=1)
- Previous treatments
- IMDC risk classification: 7,7% favorable, 53,8% intermediate and 38,5% poor risk
- Metastasis: lung (7/13), bone (5/13), ganglionar (2/13), cerebral (1/13), unknown (2/13)

**Pembro 200 mg/3 weeks + axi 5 mg/12h**



- Progression
- Unacceptable toxicity
- Death

- \* Mean duration: 28.7 weeks
- \* 46% continue with active treatment
- \* Best TAC response obtained: 50% stable disease, 25% partial response and 12.5% progressive disease
- \* Discontinuation



asthenia G1-3 (N=11)	anorexia G1-2 (N=6)	hyperthyroidism G1-3 (N=3)
diarrhea G1-4 (N=5)	palmar plantar erythrodysesthesia G2-3 (N=2)	pruritus G1 (N=1)
liver alterations G1-3 (N=3)	abdominal pain G1-2 (N=3)	thrombopenia G2 (N=1)
arthralgias G1 (N=1)	dizziness and paresthesia G1 (N=1)	vomiting G1 (N=1)

## Conclusion and Relevance

- ✓ The **effectiveness** in our patients resulted a higher objective response rate than for KEYNOTE-426 trial.
- ✓ The combination treatment is **well tolerated**.
- ✓ In order to rationalize novel medicines use and optimize efficiency, measuring **health results** is crucial.