

FULL TEXT LINKS



Multicenter Study Target Oncol. 2024 Nov;19(6):893-903. doi: 10.1007/s11523-024-01096-3.
Epub 2024 Sep 17.

Real-World Primary Resistance to First-Line Immune-Based Combinations in Patients with Advanced Renal Cell Carcinoma (ARON-1)

Daniele Santini ¹, Haoran Li ², Giandomenico Roviello ³, Se Hoon Park ⁴, Enrique Grande ⁵, Jakub Kucharz ⁶, Umberto Basso ⁷, Ondrej Fiala ^{8 9}, Fernando Sabino Marques Monteiro ^{10 11}, Alexandr Poprach ^{12 13}, Sebastiano Buti ¹⁴, Javier Molina-Cerrillo ¹⁵, Martina Catalano ³, Tomas Buchler ¹⁶, Emmanuel Seront ¹⁷, Jawaher Ansari ¹⁸, Zin W Myint ¹⁹, Marwan Ghosn ²⁰, Fabio Calabrò ²¹, Ray Manneh Kopp ²², Dipen Bhuva ²³, Maria T Bourlon ²⁴, Michela Roberto ²⁵, Mattia Alberto Di Civita ^{25 26}, Veronica Mollica ²⁷, Andrea Marchetti ^{27 28}, Andrey Soares ^{10 29}, Nicola Battelli ³⁰, Marco Ricci ³¹, Ravindran Kanesvaran ³², Aristotelis Bamias ³³, Camillo Porta ³⁴, Francesco Massari ^{# 35 36}, Matteo Santoni ^{# 30}

Affiliations

PMID: 39289313 DOI: [10.1007/s11523-024-01096-3](https://doi.org/10.1007/s11523-024-01096-3)

Abstract

Background: Therapeutic advancements based on immuno-oncology combinations have revolutionized the management of patients with renal cell carcinoma. However, patients who have progressive disease as the best response, "primary refractory" (P_{ref}), face dismal outcomes.

Objective: Our multicenter retrospective real-world study aims to assess the prevalence and clinicopathological characteristics of P_{ref} patients.

Methods: This study collected data from 72 centers across 22 countries (1709 patients), involving patients aged ≥ 18 years with metastatic clear cell renal cell carcinoma. All patients were treated with first-line immune-oncology combinations. Data included patient demographics, histology, metastatic sites, and treatment responses. Radiological assessments followed Response Evaluation Criteria in Solid Tumors version 1.1. Statistical analyses employed Kaplan-Meier method, Cox proportional hazard models, logistic regression, and the receiver operating characteristic curve.

Results: In our study, the P_{ref} rate was 19%. Nivolumab/ipilimumab showed the highest P_{ref} rate (27%), while pembrolizumab/lenvatinib exhibited the lowest (10%). Primary refractory patients demonstrated significantly lower median overall survival (7.6 months) compared with non- P_{ref} patients (55.7 months), $p < 0.001$. At the multivariate analysis, nephrectomy, sarcomatoid de-differentiation, intermediate/poor International Metastatic RCC Database Consortium risk, and bone and brain metastases emerged as significant predictors of overall survival for P_{ref} patients with renal cell carcinoma. Logistic regression showed a significant relationship between liver metastases, intermediate/poor International Metastatic RCC Database Consortium risk, and no surgery and an increased risk of P_{ref} . This study presents limitations, mainly because of its retrospective design.

Conclusions: The ARON-1 study provides valuable insights into P_{ref} patients, emphasizing the challenges of this precociously resistant subgroup. Identified predictors could guide risk stratification, aiding clinicians in tailored therapeutic approaches.

© 2024. The Author(s), under exclusive licence to Springer Nature Switzerland AG.

[PubMed Disclaimer](#)

Related information

[MedGen](#)

LinkOut – more resources

Full Text Sources

[Springer](#)

Medical

[MedlinePlus](#) [Health Information](#)