SERVIZO GALEGO de SAÚDE | Xerencia Xestión Integrada A Coruña

eahp european association of hospital pharmacists

5PSQ-224

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. Complexo 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
- Previous treatments
  - Sunitinib (N=3)
  - Cabozantinib (N=1)
  - Nivolumab (N=1)
- IMDC risk classification: 7,7% favorable, 53,8% intermediate and 38,5% poor risk
- 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
  - Exitus (N=3)
  - Progression (N=1)
  - Adverse events (N=3)

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.