

Baseline characteristics as parameters of choice of first-line therapy in metastatic renal cell carcinoma (mRCC) patients (pts): the Meet-URO 33 study

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Sara Elena Rebuzzi¹, Alessio Signori², Giuseppe Fornarini³, Martina Buffoni⁴, Sergio Bracarda⁵, Roberto Iacovelli⁶, Silvia Chiellino⁷, Emanuela Fantinel⁸, Carlo Messina⁹, Vincenza Conteduca¹⁰, Lucia Bonomi¹¹, Francesca Vignani¹², Filippo Maria Deppieri¹³, Brigida Maiorano¹⁴, Cecilia Nasso¹⁵, Emilia Cocorocchio¹⁶, Nicolò Cavasin¹⁷, Sebastiano Buti¹⁸, Marco Maruzzo¹⁷, Davide Bimbatti¹⁷



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ISTITUTO

1. Medical Oncology Unit, Ospedale San Paolo, Savona; 2. Department of Hedith Sciences, Section of Biostatistics, University of Genova; 3. Medical Oncology Unit, I, IRCCS Ospedale Policlinico San Martino, Genova; 4. Medical Oncology Unit, Department of Medical and Surgical Specialities, Radiological Sciences, and Pubic Health, University of Brescia, ASST Spedali Civili di Brescia; 5. Department of Oncology, Medical and Translational Oncology, Azienda Ospedaliera Surgical Sciences, Asst Spedali Civili di Brescia, Brescia; 5. Department of Oncology, Medical and Translational Oncology, Azienda Ospedaliera Surgical Sciences, and Pubic Health, University of Brescia, ASST Spedali Civili di Brescia; 5. Department of Oncology, Medical and Translational Oncology, Azienda Ospedaliera Surgical Sciences, Asst Spedali Civili di Brescia, Brescia; 5. Department of Medical Oncology, MRNAS Civico, Palermo; 10. Department of Medical Oncology Unit, Rocz Spedaliera Surgical Sciences, Unit of Medical Oncology Unit, RNAS Civico, Palermo; 10. Department of Medical Oncology Unit, Genelli IRCCS, Palermo; 10. Department of Medical Oncology Unit, Genelli RCCS, Palermo; 10. Department of Medical Oncology Unit, RNAS Civico, Palermo; 10. Department of Medical Oncology, Unit of Medical Oncology, Unit of Medical Oncology, Unit, Genera, S. Oncology Unit, RCCS Foundation Casa Sollievo della Sofferenza, San Giovanni XXIII Hoapital, Bergamo; 12. Division of Medical Oncology Unit, Humanitas Gavazzeni, Bergamo; 17. Oncology Unit, University Hospital of Parma, Department of Medical Oncology Unit, Humanitas Gavazzeni, Bergamo; 17. Oncology Unit, Liviersity Hospital of Parma, Department of Medical Oncology Unit, I, University Of Parma, Parma.

Background

Despite the different first-line therapeutic options in mRCC, no formal comparisons and no standard prognostic/predictive parameters are available to guide the treatment choice in clinical practice. The ongoing Meet-URO 33 study will recruit up to 80 Italian centres to answer many clinical questions.

Methods

The Meet-URO 33 study is a multicenter prospective/retrospective registry of a realworld mRCC population treated with first-line therapy from January 2021. As of April 2024, 421 pts from 25 Italian centers were assessed. We investigated which clinical/tumoral characteristics (age, ECOG PS, type/number of comorbidities, steroid use, surgery of primary tumor, histology, sarcomatoid features, type/number of metastases, IMDC and Meet-URO scores) influenced the choice among IO-IO, IO-TKI and TKI.

Results

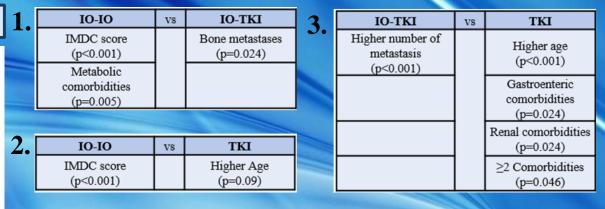
Overall, 263 pts (62.5%) received IO-TKI, 81 (19.2%) IO-IO and 77 (18.3%) TKI.

At the univariate analysis, the IMDC and Meet-URO scores, age, bone/pancreatic metastases, high dose steroids, renal / cardiac / hematological / metabolic / gastroenteric comorbidities and ≥ 2 comorbidities significantly correlated with the therapeutic choice (p<0.05).

At the multivariate analyses, in the IO-IO vs IO-TKI comparison, a higher IMDC score and metabolic comorbidities correlated with IO-IO (p<0.001 and p=0.005), while the presence of bone metastases with IO-TKI (p=0.024) (**Table 1**).

In the IO-IO vs TKI comparison, a higher IMDC score was associated with IO-IO (p<0.001) and a higher age with TKI (p=0.09) (**Table 2**).

In the IO-TKI vs TKI comparison, a higher number of metastases correlated with IO-TKI (p=0.037) while a higher age, gastroenteric/renal comorbidities and ≥ 2 comorbidities with TKI (p<0.001, p=0.024, p=0.024 and p=0.046) (**Table 3**).



Conclusions

The results this preliminary analysis of the ongoing Meet-URO 33 study showed a real-world scenario of the current first-line setting in mRCC pts. Despite some well-known prognostic factors (e.g. ECOG PS, sarcomatoid features, lung/liver metastases) seems not be relevant parameters of therapeutic choice, others were confirmed to direct our therapeutic choices (IMDC score, bone metastases, number of metastases, age and comorbidities). These findings are food for thought for further analyses with a larger sample size.

Contacts:

Sara Elena Rebuzzi: <u>saraelena89@hotmail.it;</u> <u>@RebuzziSara</u> Davide Bimbatti: <u>davide.bimbatti@iov.veneto.it</u>