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First-Line Treatment of Metastatic Non-Clear Cell RCC: Real-World Survival Outcomes Across Two UK Centres

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STUDY NUMBER
IUC25517-85

Background & Methods

Background

- Non-clear cell RCC (nccRCC) accounts for ~20–25% of RCC and has heterogeneous biology and variable responses to available therapies.
- Optimal first-line systemic therapy remains unclear, with limited real-world data comparing VEGFR-TKIs, dual immune checkpoint inhibitors, and TKI/IO combinations in nccRCC.

Methods

- Retrospective multicentre cohort study across two large UK centres (2012–2025).
- Endpoints: PFS and OS.
- Analysis: Kaplan–Meier methods with 95% confidence intervals (CIs) estimated overall and by first-line treatment strategy.

STUDY PERIOD
2012 – 2025
(12.8 YEARS)

Patient Cohort & Treatment Strategies

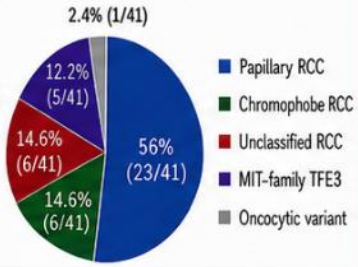
Patient Cohort

- Total patients: 41
- Median age (range): 56 years (18–78)
- Male: 56% (n=23)

IMDC Risk Category

- Favourable: 22% (n=9)
- Intermediate: 61% (n=25)
- Poor: 17% (n=7)

Histology Distribution (N = 41)



First-Line Treatment Strategies

Ipilimumab–Nivolumab	Lenvatinib–Pembrolizumab	Single-agent TKI (VEGFR-TKI)
n = 6 (15%)	n = 15 (37%)	n = 20 (49%)

Majority of patients were intermediate-risk (61%) by IMDC criteria. Median follow-up: 24 months.

Survival & Conclusions

Overall Cohort Outcomes (Median)

Median OS	Median PFS
24.15 months	13.93 months

Survival Outcomes by First-Line Treatment Strategy (Median)

Treatment Strategy (First-Line)	No. of Patients (n)	Median OS (months)	Median PFS (months)
Ipilimumab–Nivolumab	6	24.38	5.32
Lenvatinib–Pembrolizumab	15	14.42	12.32
Single-agent TKI (VEGFR-TKI)	20	24.15	11.63
Overall Population	41	24.15	13.93

NR: Not reached.

Conclusions

- Real-world outcomes in metastatic nccRCC vary by first-line treatment strategy.
- Overall survival appeared similar with ipilimumab–nivolumab and single-agent TKI (approximately 24 months).
- Lenvatinib–pembrolizumab had the longest PFS (approximately 12 months), but a shorter median OS.
- Further prospective, multicentre studies are needed to confirm these findings and optimise treatment strategies.