

BACKGROUND

- The front-line management of metastatic renal cell carcinoma (mRCC) includes three distinct therapeutic options: Immune Checkpoint Blockade (ICB)-ICB combination, ICB-VEGF tyrosine kinase inhibitor (VEGF-TKI) combination, or VEGF-TKI monotherapy
- However, there are limited biomarkers available to predict which patients will benefit most from each front-line strategy
- The International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) Risk Stratification System was developed as a prognostic model for patients with mRCC, wherein patients with favourable risk disease experience improved overall survival (OS) relative to intermediate and poor risk groups (Ko et al. *Lancet Oncology*. 2015)
- The MEET-URO scoring system expands upon the IMDC framework but also includes baseline neutrophil-to-lymphocyte ratio and the presence/absence of bone metastases to further improve prognostic stratification in mRCC (Rebutzi et al. *ESMO Open*. 2022; Figure 1).
- We sought to investigate if differential MEET-URO groupings displayed unique tumor transcriptomic features and associated with disparate outcomes to ICB-based therapies and VEGF-TKI monotherapy in the front-line treatment of mRCC

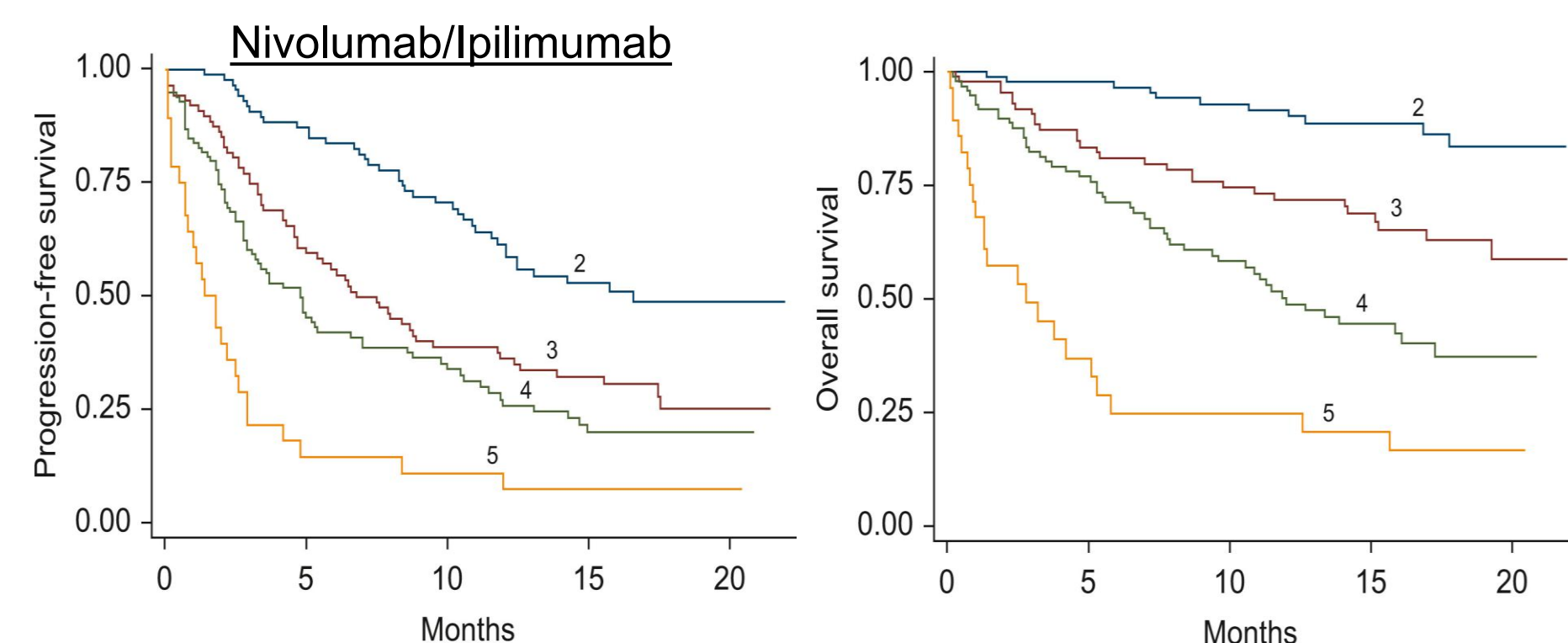
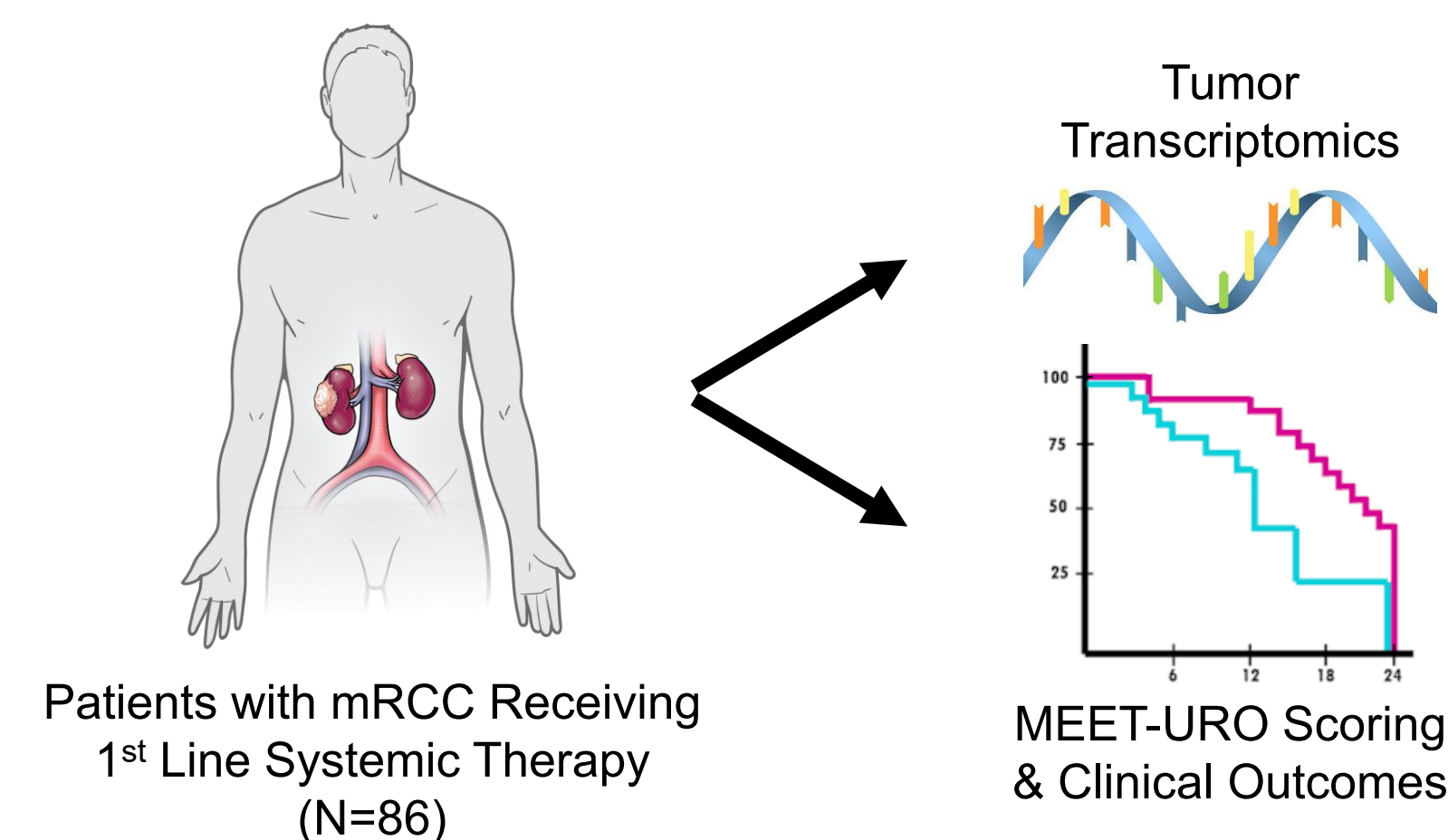


Figure 1. Differential outcomes to nivolumab/ipilimumab across MEET-URO strata. Adapted from Rebutzi et al. *ESMO Open*. 2022.

MEET-URO CRITERIA

Meet-URO score prognostic group	Prognostic factors
1	None or Bone metastases
2	NLR ≥ 3.2 or Intermediate IMDC
3	Intermediate IMDC + (Bone metastases or NLR ≥ 3.2)
4	Intermediate IMDC + Bone metastases + NLR ≥ 3.2 or Poor IMDC or Poor IMDC + (Bone metastases or NLR ≥ 3.2)
5	NLR ≥ 3.2 + Poor IMDC + Bone metastases

METHODS

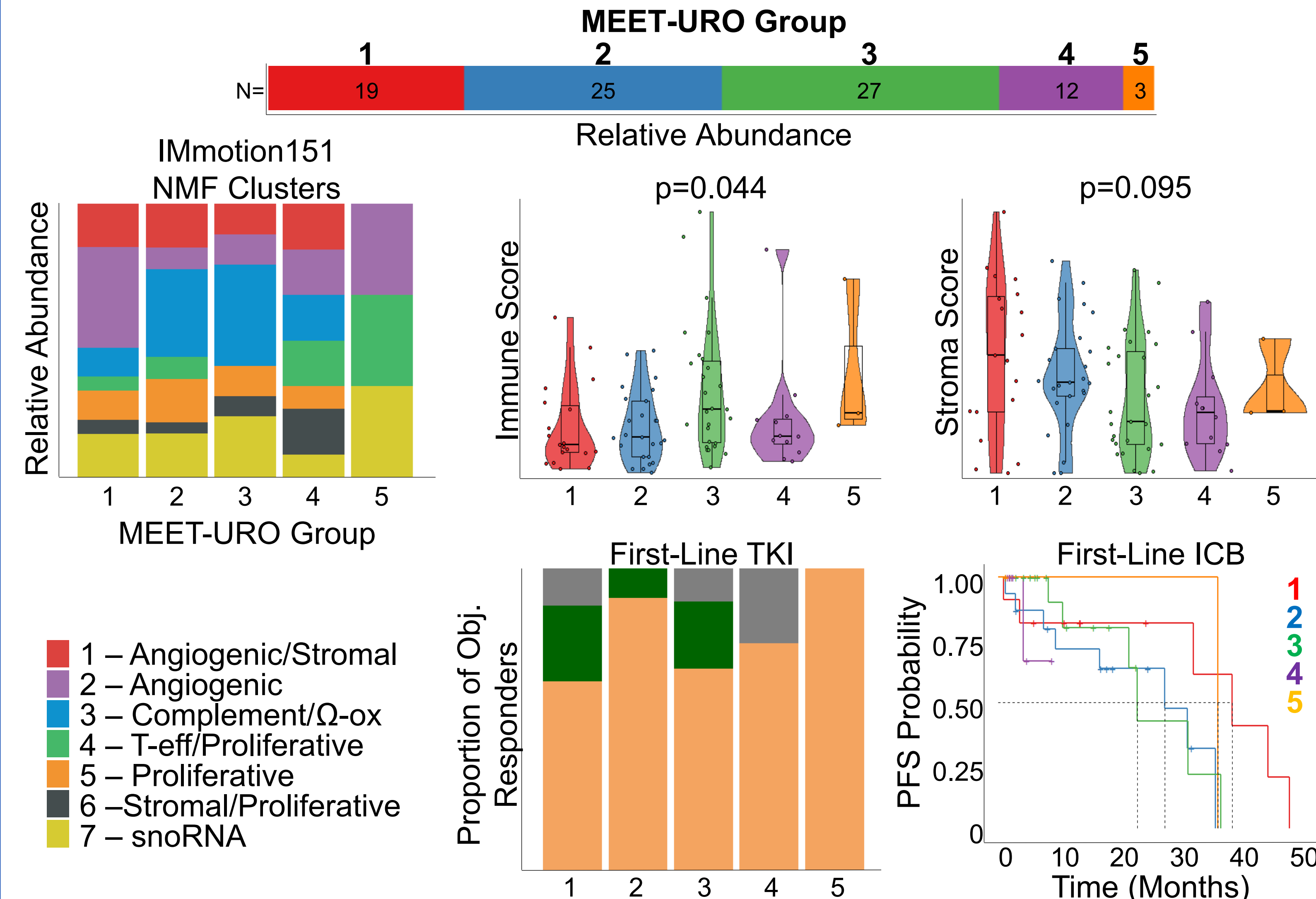


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RESULTS



CONCLUSIONS

- MEET-URO Group 1 is enriched for angiogenic & stromal TME features, which associated with improved sensitivity to VEGF-directed targeted therapies whereas advanced MEET-URO Groups harbor a TME susceptible to ICB and may benefit from dual-ICB treatment
- Findings will be retrospectively validated in the Phase III IMmotion151 clinical trial dataset

AFFILIATIONS

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