

Impact of Metastatic Patterns on First-Line Therapy in mRCC: Meet-URO 33

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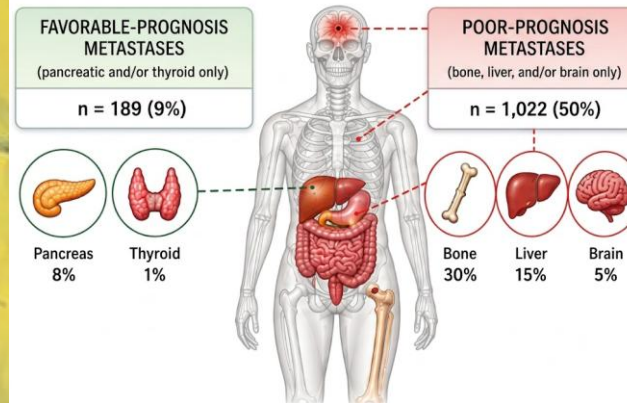
Background

- The metastatic site is a well-recognized prognostic factor in metastatic renal cell carcinoma (mRCC);
- Endocrine metastases, particularly **pancreas and thyroid metastases**, are associated with favorable outcomes;
- **Bone, liver, and brain** metastases correlate with poorer prognosis (**Fig 1**);
- How these metastatic patterns influence the current **first-line treatment selection** remains unclear.

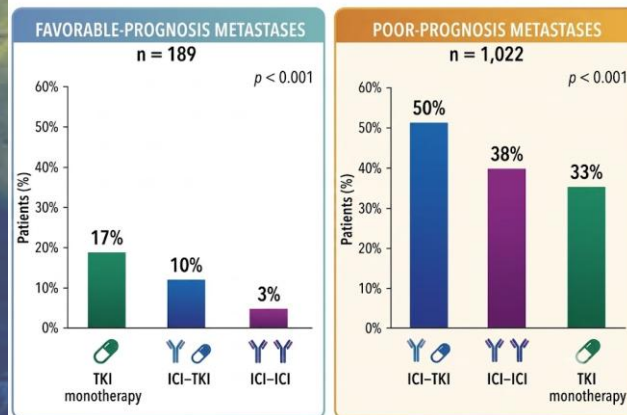
Methods

- The **Meet-URO 33** is an Italian multicentric retrospective/prospective study enrolling mRCC patients receiving 1st line systemic therapy according to clinical practice from January 2021 (PMID 38914928);
- Patients were stratified into two distinct prognostic cohorts based on metastatic sites: a **"favorable-prognosis"** (thyroid/pancreas only) group and a **"poor-prognosis"** (bone/liver/brain only) group;
- The study evaluated the correlation between these metastatic patterns and first-line treatment selection, as well as their impact on survival outcomes (**PFS** and **OS**).

1. PATIENT CLASSIFICATION BY METASTATIC PATTERN



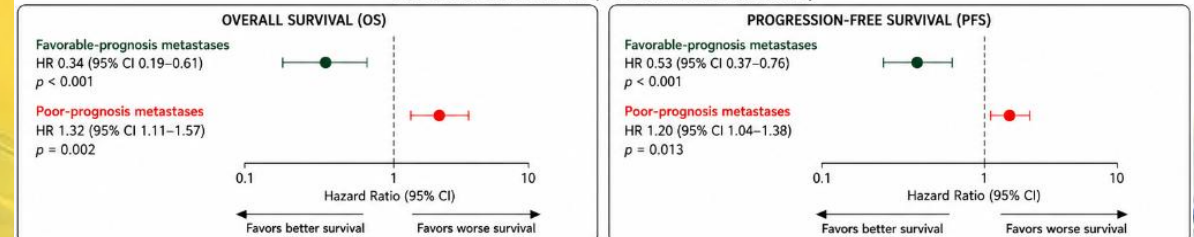
2. FIRST-LINE TREATMENT SELECTION BY METASTATIC PATTERN



Results

- **2027** enrolled patients, 189 (9%) with favorable-prognosis metastases and 1022 (50%) with poor-prognosis metastases;
- Patients receiving ICI-TKI combinations more frequently presented with poor-prognosis metastatic sites (50%) (**Fig. 2**);
- Favorable metastatic sites (pancreas/thyroid) were more common among patients treated with TKI (**Fig. 2**);
- **Favorable-prognosis sites** were independently associated with significantly **improved OS** and **PFS** (**Fig. 3**)
- **Poor-prognosis sites** were independent predictors of **worse OS** and **PFS** (**Fig 3**).

3. IMPACT ON SURVIVAL (MULTIVARIABLE ANALYSIS)



Conclusions

Metastatic patterns in mRCC are independent predictors of survival and significantly influence the selection of first-line therapeutic regimens. Treatment strategy choice reflects the disease aggressiveness: TKI monotherapy in favorable-prognosis sites (pancreas/thyroid) and ICI-TKI combinations for poor-prognosis disease (bone/liver/brain).