4-based second ICI therapy, with 4 (10%) having PR and one (2%) having CR of disease following second ICI-based treatment. Patients spent an average of 21.4 weeks on the second ICI regimen. The response rate for the entire cohort was 11.9% (16.7% for RCC and 0% for UC). The CR rate for the entire cohort was 40% (40% for RCC and 40% for UC). Immune-related adverse events were experienced in a subset of patients (28%).

Conclusions Although we observed a low OR rate to a second ICI-based regimen, a select subset of patients did have CB from a second ICI-regimen. Current studies exploring the addition of CTLA4 inhibitors to anti-PD-1 therapy may provide insight into the greater efficacy of treatment within a subset of patients. Further analysis of a larger cohort receiving sequential immunotherapy is necessary to better identify patients who may be more likely to derive CB from sequential ICI.

Ethics Approval This retrospective study was approved by the Emory University Institutional Review Board.

Consent Not applicable.

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Trial Registration Not applicable.

REFERENCES

Not applicable

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