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EVALUATION OF PROVIDER PREFERENCES IN FIRST-LINE METASTATIC RENAL CELL CARCINOMA: COMPARISON BETWEEN DUAL IMMUNOTHERAPY VS. IMMUNOTHERAPY/TYROSINE KINASE INHIBITORS

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Background Dual immunotherapy (ipilimumab/nivolumab, IO/IO) and immunotherapy/tyrosine kinase inhibitor (IO/TKI) combinations (e.g. pembrolizumab/axitinib) are approved for first-line therapy of intermediate/poor risk metastatic renal cell carcinoma (RCC),¹⁻⁴ but there is limited comparative data between these two options. We sought to understand how physicians decide between IO/IO vs. IO/TKI for this indication.

Methods We sent a 10-question survey focused on a patient scenario of intermediate/poor risk metastatic RCC to 294 general and academic/disease-focused oncologists throughout the country using RedCAP software to solicit treatment preferences and rationale.

Results We received 105 responses (36% response rate): 61% (64) of providers chose IO/IO, 39% (41) chose IO/TKI (figure 1). 78% (82) of oncologists were academic or disease-focused, 22% (23) were general. Academic/disease-focused oncologists were significantly more likely to choose IO/IO (56/82, 68%) than general oncologists (8/23, 35%), $p = 0.004$ (figure 2). Among those who chose IO/IO, the perceived main issue with IO/TKI was: long-term toxicities - 31% (20), short-term toxicities - 28% (18), less effective - 28% (18), less convenient - 8% (5). Among those who chose IO/TKI, the perceived main issue with IO/IO was: short-term toxicities - 43% (17), less effective - 28% (11), long-term toxicities - 15% (6), and risk of death - 10% (4) (figure 3). 88% (92) of all providers would be comfortable enrolling patients into a phase III trial comparing IO/IO vs. IO/TKI. We found no associations between therapy chosen by a provider and participation as PI in a trial of IO/IO or IO/TKI, or receipt of outside funding from an IO/IO or IO/TKI company.

Abstract 629 Figure 1 Choice of therapy for patient scenario: IO/IO vs. IO/TKI

Abstract 629 Figure 2 Association between type of practice and choice of therapy

Abstract 629 Figure 3 Perceived main issue with IO/TKI or IO/IO as per oncologists who chose the alternate treatment

Conclusions In response to a representative patient scenario of intermediate-risk RCC, 61% of providers chose IO/IO, 39% chose IO/TKI. There was a significant association between type of practice and choice of therapy, with academic/disease-focused oncologists being more likely to choose IO/IO. The vast majority of oncologists would be comfortable enrolling patients into a phase III trial comparing IO/IO vs. IO/TKI, demonstrating equipoise in the community regarding this question and providing support for such a trial.

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Ethics Approval This study was approved by the IRB at The University of Chicago Biological Sciences Division/University of Chicago Medical Center. The study ID is: IRB20-1570.

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