

RCC: KOL Insight [2017]

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Abstracts

How will new combination regimens impact the RCC treatment landscape?

The treatment of advanced RCC has been transformed in recent years as VEGF, TKI and mTOR inhibitors have taken centre stage. KOLs now argue that the first-line treatment of advanced RCC is on the cusp of a second wave of change. At the forefront is a multitude of immunotherapy-based combination regimens that look set to transform first-line therapy, including Keytruda/Inlyta, Bavencio/Inlyta, Tecentriq/Avastin, Cabometyx/Opdivo±Yervoy and Keytruda/Lenvima. The adjuvant setting is also set to become a key battleground with multiple agents in Phase III trials. What will be the critical factors for success as the rapidly evolving treatment armamentarium leads to ever more complex decision making for oncologists? In this report six US and six EU KOLs offer their candid insights on ten marketed therapies and five pipeline drugs.

Take a tour of the report now:

Methodology

Research Objectives

Questions Asked

See the RCC therapies covered

Find out who the 6 US and 6 European KOLs are

Sample Pages

Top Takeaways

How is the future use of immunotherapies for the treatment of RCC likely to evolve and how will their use impact current treatment strategies?

A host of Phase III trials are evaluating dual immunotherapy and immunotherapy/VEGF-TKI combination regimens in the first-line setting. How do KOLs view the potential for these combinations to be used in first-line treatment?

How are Pfizer's Sutent and Novartis' Votrient viewed as first-line monotherapies and what will the future hold for them as competition escalates?

How do KOLs view the results of the Phase II IMmotion 150 trial comparing Tecentriq in combination with Avastin versus Sutent, and the overall potential for this combination?

How convinced are KOLs by the Phase II CABOSUN data, and do they view the potential for Cabometyx in the frontline setting?

Bristol-Myers Squibb's Opdivo has gained momentum in the second-line setting. What do KOLs perceive as the advantages and disadvantages of Opdivo, and how do these influence its usage?

There is currently a lack of effective adjuvant therapies, but a number of agents are under clinical evaluation in this setting. How do KOLs view the potential for VEGF TKIs and immunotherapies to be used as adjuvant therapy?

Quotes

"We will treat in a more diverse way, and in five years' time we should be able to tell which patients should receive a more intense immunotherapy combination versus those that might receive a TKI/ immunotherapy combination, versus those [candidates] for single-agent, less intense, treatment." EU Key Opinion Leader

"What we need to address is the question of a cure for patients; it is good to improve survival, it is good to improve PFS, but what we want to improve is the cure rate. That is what we should try to achieve with these combinations, with two or even three agents."

US Key Opinion Leader

Sample of therapies covered

Marketed Therapies

Sutent (sunitinib; Pfizer)

Votrient (pazopanib; Novartis)

Nexavar (sorafenib; Amgen/Bayer)

Inlyta (axitinib; Pfizer)

Cabometyx (cabozantinib; Exelixis)

Lenvima/Kispix (lenvatinib; Eisai)

Avastin (bevacizumab; Roche)

Afinitor (everolimus; Novartis)

Torisel (temsirolimus; Pfizer)

Opdivo (nivolumab; Bristol-Myers Squibb)

Pipeline Therapies

Tivozanib (Tivopath; AVEO Oncology)

Pembrolizumab (Keytruda; Merck & Co.)

Atezolizumab (Tecentriq; Roche)

Avelumab (Bavencio; Merck Group/Pfizer)

Rocapuldence-T (AGS 003; Argos Therapeutics)

KOLs from North America

Neeraj Agarwal, Associate Professor in the Division of Oncology, Department of Medicine, University of Utah School of Medicine, Salt Lake City, UT

Ronald M Bukowski, Professor of Medical Oncology, Bukowski Consulting, OH (previously, Cleveland Clinic, Cleveland, OH)

Robert A Figlin, Professor of Hematology/Oncology, Samuel Oschin Comprehensive Cancer Institute, Cedars-Sinai Medical Center, Los Angeles, CA

Eric Jonasch, Professor, Department of Genitourinary Medical Oncology, University of Texas MD Anderson Cancer Center, Houston, TX

Robert Motzer, Professor of Medical Oncology, Memorial Sloan Kettering Cancer Center, New York, NY

Brian Rini, Professor of Medicine, Lerner College of Medicine, The Cleveland Clinic Taussig Cancer Center, Cleveland, OH

KOLs from Europe

Bernard Escudier, Professor of Medical Oncology, Institut Gustave Roussy, Villejuif, France

Stephane Oudard, Professor of Medical Oncology, Georges Pompidou Hospital, Paris, France

Giuseppe Procopio, Professor of Medicine, Fondazione IRCCS - Istituto Nazionale dei Tumori, Milan

Anonymous KOL, Professor of Haematology and Oncology, major university medical centre, Germany

Anonymous KOL, Professor of Haematology and Oncology, major university hospital, Germany

Anonymous KOL, Professor and Chairman of the Department of Urology, major

university hospital, Germany

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10.1 KOL details

10.1.1 KOLs from North America

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