

Renal Cell Carcinoma: Update Bulletin #3 [March 2018]

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Abstracts

This edition presents key opinion leader (KOL) views on recent developments in the renal cell carcinoma (RCC) market. Topics covered include; the success of Roche's Phase III IMmotion151 trial of atezolizumab (Tecentriq) in combination with Avastin (bevacizumab) in meeting its co-primary endpoint of investigator-assessed progression-free survival (PFS); AVEO Oncology and EUSA Pharma presenting positive preliminary findings from the Phase II portion of the TiNivo study of Fotivda (tivozanib) in combination with Opdivo (nivolumab; BMS) for the treatment of metastatic RCC; and, in light of recent FDA Breakthrough Therapy Designations, the potential for avelumab (Bavencio; Merck Group/Pfizer) in combination with Inlyta (axitinib; Pfizer), and pembrolizumab (Keytruda; Merck & Co.) in combination with Lenvima (lenvatinib; Eisai), to be successful first-line therapies for advanced or metastatic RCC.

Business Questions:

How do KOLs view the data released from Roche's Phase III IMmotion151 trial of atezolizumab in combination with Avastin?

How is the safety and tolerability of atezolizumab combined with Avastin viewed as a treatment for RCC?

While the IMmotion151 trial was successful in meeting its primary co-endpoint of investigator-assessed PFS, it fell short of meeting its secondary outcome measure of centrally assessed PFS?

How do KOLs interpret this apparent discrepancy in the data?

How are the positive preliminary findings from the Phase II portion of the TiNivo study of Fotivda in combination with Opdivo viewed?

Amidst the plethora of combinations set to emerge in the first-line setting, how do KOLs rate the chances of Fotivda/Opdivo competing?

How is the tolerability profile of Fotivda/Opdivo viewed by KOLs?

What are the prospects for success for TKI/IO combinations in the first-line treatment of advanced/metastatic RCC?

Avelumab/Inlyta and Keytruda/Lenvima combination regimens have recently been granted Breakthrough Therapy Designation by the FDA. How do the KOLs view these as potential first-line combination treatments for advanced/metastatic RCC?

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