

## Background

- Over past few years, both IO/IO (ipilimumab/nivolumab) and multiple IO/tyrosine kinase inhibitor (TKI) options (e.g. pembrolizumab/axitinib) have been approved for first-line treatment of intermediate/poor risk metastatic renal cell carcinoma (RCC).
- However, there has been no phase III trial comparing IO/IO vs. IO/TKI.
- Primary Objective:** Determine what percentage of oncologists choose IO/IO vs. IO/TKI
- Objective 2:** Determine what factors drive physician decision-making:
  - Long-term toxicities
  - Short-term toxicities
  - Risk of death
  - Efficacy
  - Convenience to patients
  - Cost
- Objective 3:** Correlate choice of therapy with provider characteristics:
  - Type of practice – disease-focused/academics vs. general oncologist
  - Years in practice
  - PI on any RCC trials
  - Outside income from companies making therapies (BMS, Merck, etc)
- Objective 4:** Determine if providers feel comfortable enrolling pts into a phase III trial comparing IO/IO vs. IO/TKI

## Methods

- Created a 10-question survey, starting with a patient scenario of patient with int/poor risk metastatic RCC
- Sent survey to 294 oncologists throughout the country – both academic/disease-focused and general
- Used RedCAP to send surveys and record responses
- Provided incentive - \$10 Amazon gift card vs. donation to Kidney Cancer Association
- Received 105 responses (36% response rate)

### Patient Scenario:

A 60 y/o M presents with hematuria. CT A/P showed an 8-cm mass in the L kidney, multiple enlarged retroperitoneal LNs and bilateral pulmonary nodules. Brain MRI is negative for brain mets. Bx of the kidney mass showed clear cell RCC. Past medical hx includes only diabetes. Karnofsky Performance Status is 70%. Labs are normal except for a Ca level of 10.8. What is the initial treatment you would prescribe for this patient?

- IO/IO
- IO/TKI

## Results

Figure 1: Choice of therapy for patient scenario

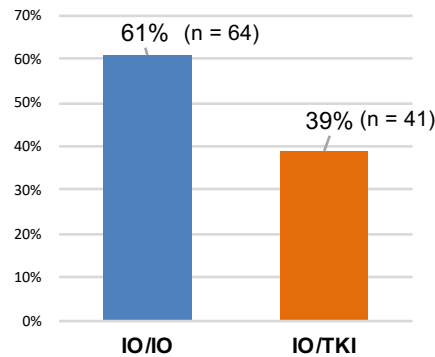


Figure 2: Practice type of oncologists

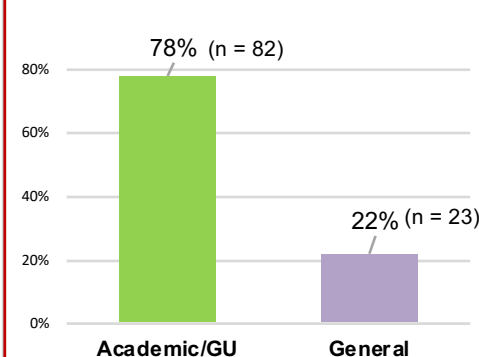


Figure 3: Association between practice type and choice of therapy

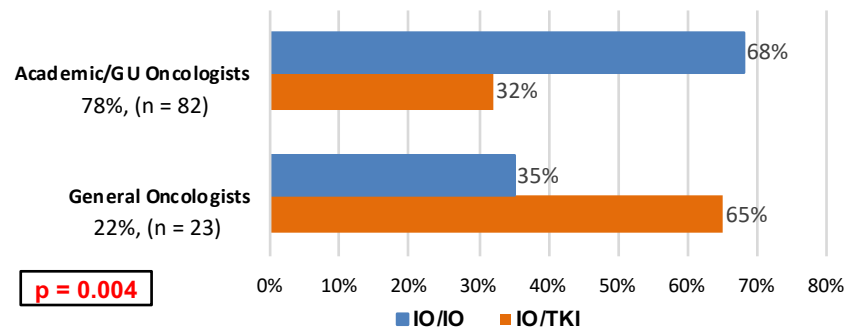
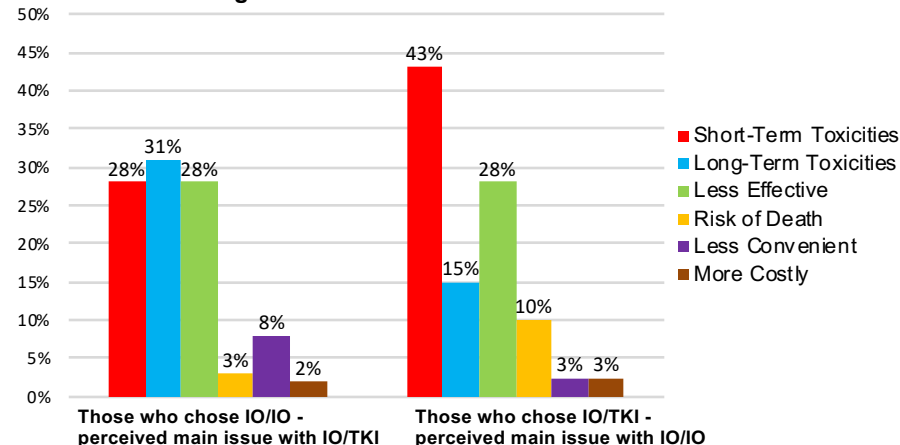
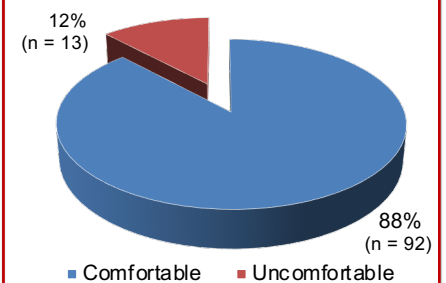


Figure 4: Main issue with IO/TKI or IO/IO



## Results

Figure 5: Comfort with a phase III trial comparing IO/IO vs. IO/TKI



### We found no associations between therapy chosen and:

- PI on a trial of IO/IO, IO/TKI
- Receipt of outside income from company
- Number of years in practice

## Conclusions

- When given a representative patient scenario of int/poor risk metastatic RCC, 61% of oncologists chose IO/O, 39% chose IO/TKI
  - However 78% of respondents were academic/GU-focused, so may have been a skewed sample
- Academic/GU oncologists were significantly more likely to choose IO/IO than general oncologists (**p = 0.004**)
- Those who chose IO/TKI were worried about short-term toxicities and efficacy of IO/IO
- Those who chose IO/IO commented that they chose it because of:
  - Durability of response
  - Ability to discontinue treatment if stable disease
- Despite provider differences, there is still equipoise around this issue – 88% supported a phase III trial of IO/IO vs. IO/TKI
- We plan to perform a larger study to better understand preferences of general oncologists and better evaluate decision-making with more choices re how providers choose

## References

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