

887P Identification of IMDC intermediate-risk subgroups in patients with metastatic clear-cell renal cell carcinoma (ccRCC)

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Background: Majority of patients (pts) with ccRCC at first line (1L) treatment are classified in the IR subgroup according to International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) model. IR represents a heterogeneous class of pts while frontline strategies will be chosen on prognostic selection. The aim of this study is to better characterize IR pts.

Methods: Retrospective analysis was performed from IGRcCC (Institut Gustave Roussy Renal Cell Carcinoma) database. Overall survival (OS) was defined from start of 1L therapy to death or last follow-up. A multivariable Cox model with backward selection procedure (alpha level = 0.01) and a Classification and Regression Tree (CART) analysis were performed to identify which prognostic factors of IMDC score (time from diagnosis to treatment [DDT] < 1 year, Karnofsky Performance Status [KPS] < 80%, Hemoglobin < lower limit of normal [LNL], neutrophils > upper normal level [UNL], platelet > UNL, calcium > UNL) were associated to OS in IR pts.

Results: From 2005 to 2016, 777 pts with ccRCC were treated with an anti-VEGF first line therapy. Among 571 evaluable pts for IMDC score, 199 (35%) pts were classified as good risk, 82 (14%) as poor risk and 290 (51%) as IR. Median OS for IR pts was 24 months (mo). Within the IR population, only platelet (PLT) count was significantly associated to OS with a hazard ratio 1.88 (95%CI 1.27-2.88) p = 0.0017. Median OS for pts with PLT > UNL was 18 months (mo) [95%CI 12-23] versus 29 mo [95%CI 21.4-35.7] for pts with normal PLT count. Therefore, the selection of PLT count was confirmed on bootstrap samples and was also selected for the first split of the CART-tree analysis.

Conclusions: Pts in the IR group have a heterogeneous prognosis. Elevated PLT count seems identifies a subgroup of pts with poor outcome in the IMDC intermediate-risk population with ccRCC.

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