

Optimal treatment duration in metastatic renal cell carcinoma patients responding to immune checkpoint inhibitors: **should we treat beyond two years?**

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Background

Immune checkpoint inhibitors (ICPIs) can lead to long-lasting responses in metastatic renal cell carcinoma (mRCC). Optimal treatment duration in these patients is unknown. Prolonged treatment can lead to late toxicity, burden for day clinics and financial toxicity.

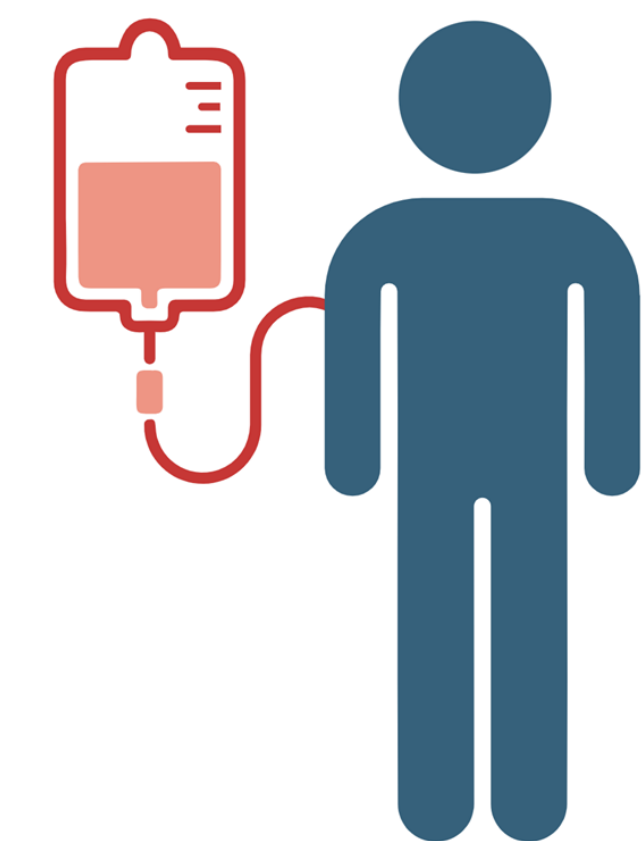
Methods

 retrospective cohort study

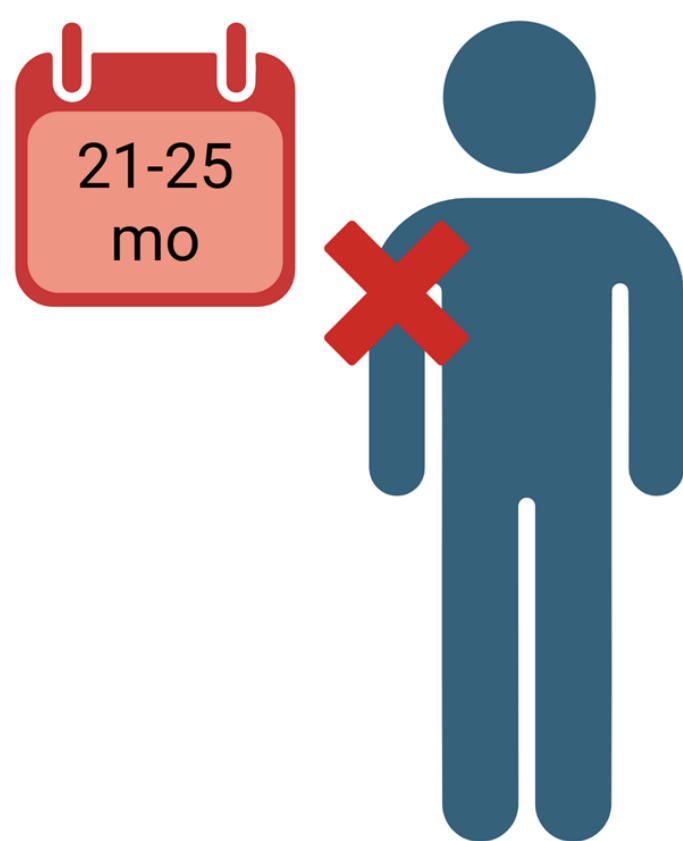
 18 Belgian centers

 patients treated with ICPI for ≥21 mo and without toxicity

 unadjusted and adjusted[†] statistical analyses



ICPI continuation
80 patients

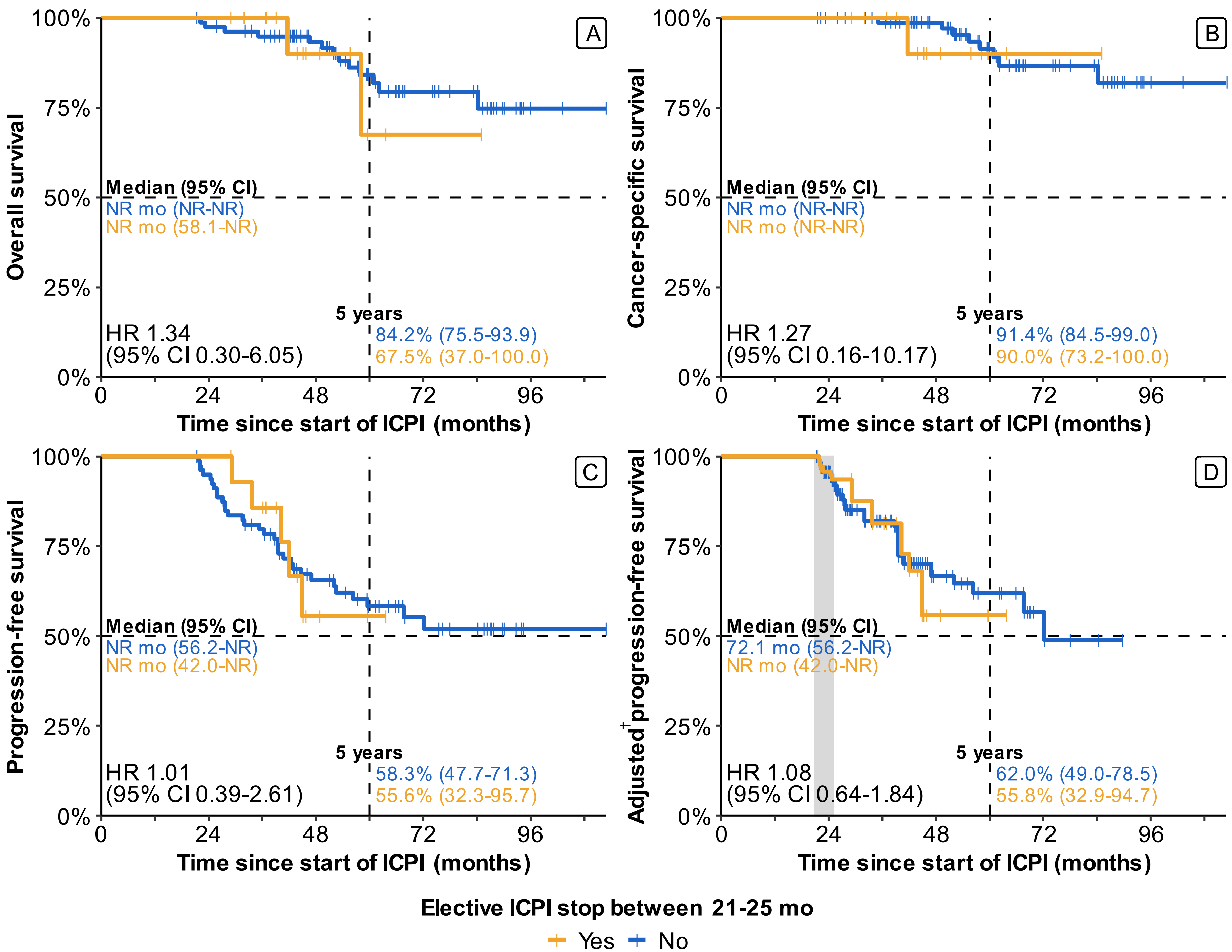


Elective ICPI stop
15 patients

[†]To adjust for immortal time bias and confounding bias, artificial censoring along with inverse probability of censoring weighting was applied using following 11 confounders: age, sex, ECOG performance status, IMDC risk category, metastatic pattern, no. of metastatic sites, histology, presence of sarcomatoid features, ICPI type, best RECIST objective response, and nephrectomy.

Results

Among mRCC patients responding to ICPI, **elective therapy discontinuation** approximately 24 months after initiation **does not appear to compromise survival outcomes** compared to continuing therapy.



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