Patients Perspectives on Cytoreductive Nephrectomy after CARMENA

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Background and Rational

- For decades, cytoreductive nephrectomy (CN) prior to systemic therapy has been the accepted standard of care for primary (synchronous) metastatic renal cell carcinoma (mRCC) patients.
- The addition of effective systemic therapies for metastatic disease has raised the question whether surgery, especially in poor-risk patients, could delay or prohibit access to therapy.
- The CARMENA (*C*ancer du *R*ein *Me*tastatique *N*ephrectomie et *A*ntiangiongeniques) trial was initiated to provide clarity related to the use of CN in the era of targeted therapy.
- Conducted over eight years, enrolling 450 patients across Europe, CARMENA demonstrated in an intention to treat analysis that systemic therapy using sunitinib alone is not worse than CN plus sunitinib in mRCC (hazard ratio HR: 0.89, 95% confidence interval (CI), 0.71-1.10)[1].
- Following the publication of these results, KCCure sought to assess patient views related to CN.

1: Mejean A, Ravaud A, Thezenas S, et al: Sunitinib Alone or after Nephrectomy in Metastatic Renal-Cell Carcinoma. N Engl J Med, 2018

Methods

- The patient survey was designed by KCCure, a U.S. based non-profit patient advocacy organization, specializing in research funding for kidney cancer. In conjunction with members of the European Association of Urology (EAU) Renal Cell Carcinoma Guidelines Panel and the Discussant of the original ASCO presentation
- KCCure conducted a survey among kidney cancer patients via SurveyMonkey immediately following publication of the CARMENA data
- The survey was disseminated in various patient communities using social media and posted to the KCCure website in June 2018
- The survey was disseminated via social media to a reach of approximately 1000 patients between June 3 and June 9 2018
- N = 185 patients with RCC responded

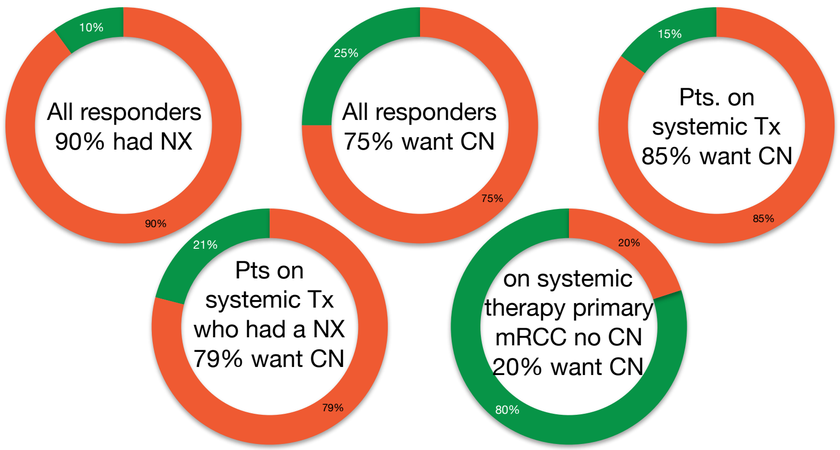
Questions on SurveyMonkey

1. What is your gender?
2. What is your age?
3. Are you White, Hispanic or Latino, Black or African-American, Asian/Pacific Islander, American Indian or Native American, or some other race?
4. Give the date you were diagnosed with kidney cancer
5. What stage was your disease at diagnosis?
6. Did you have surgery for the primary tumor in your kidney?
7. If you weren't stage 4 at diagnosis, has your disease recurred?
8. Are you on systemic therapy (drug therapy) for metastatic renal cell carcinoma?
9. The CARMENA trial presented recently at ASCO found that for kidney cancer patients diagnosed with metastatic disease, there is no overall survival benefit of having a nephrectomy prior to starting systemic therapy. Knowing that information, would you still want to have a nephrectomy at diagnosis if you were metastatic?

Statistical Analysis

- Calculations were done with SPSS statistics 25.0 (IBM Corp., Armonk, New York, USA).
- Medians were calculated with a confidence interval (CI) of 95% and an alpha of 0.05
- Significance was calculated using Kruskal-Wallis test with a significance level of 0.05.

Results



Results (cont.)

- N=185 patients responded with 60.5% being female.
- Median age 56.5 years (range 26-84).
- 90% of the responders had a nephrectomy (NX)
- 38% were stage IV at diagnosis
- 46% were under systemic therapy (Tx)
- On the question of whether they would want CN 75% of all the patients indicated they would still prefer nephrectomy
- 85% of patients on systemic therapy still would want to have a CN
- 79% of the patients who had NX and are on systemic therapy would want to have a CN after CARMENA
- Of the patients with primary metastatic disease and the tumor in place treated with systemic therapy, 20% wanted their kidney tumor to be removed despite the CARMENA results
- There was no statistically significant difference between patients who had experience with systemic therapy and those who hadn't, answers were also consistent regardless of gender, race and age

Conclusions

- The majority of patients want their primary tumor resected, even with the knowledge that CN may have no bearing on their OS
- OS should not be overestimated as the most important aim in this setting
- Patients may think differently about benefits, risks and value of surgical procedures than physicians
- Future guidelines related to CN should take into consideration patient preferences and concerns to ensure that patients aren't left without hope
- We should reconsider the use of terms such as "poor risk" when defining patient populations who aren't candidates for CN
- Future investigations related to surgical management of RCC should include patient reported outcomes

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