

Clinical trials of All mechanism for advanced renal-cell carcinoma in 2nd line treatment

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1 bevacizumab

Trial	Treatments	Patients	Trials design and methods
bevacizumab vs placebo			
Yang , 2003 n=76/40 follow-up:	bevacizumab at doses of 3 and 10 mg per kilogram of body weight, given every two weeks versus placebo	patients with metastatic renal-cell carcinoma	Parallel groups

References

Yang, 2003:

Yang JC, Haworth L, Sherry RM, Hwu P, Schwartzentruber DJ, Topalian SL, Steinberg SM, Chen HX, Rosenberg SA, A randomized trial of bevacizumab, an anti-vascular endothelial growth factor antibody, for metastatic renal cancer. N Engl J Med 2003;349:427-34. [[12890841](#)] [10.1056/NEJMoa021491](#)

Yang JC Bevacizumab for patients with metastatic renal cancer: an update. Clin Cancer Res 2004;10:6367S-70S [[15448032](#)]

2 immunotherapy

Trial	Treatments	Patients	Trials design and methods
nivolumab vs everolimus			
CheckMate 025 , 2015 [NCT01668784] n=410/411 follow-up:	3 mg of nivolumab per kilogram of body weight intravenously every 2 weeks versus 10-mg everolimus tablet orally once daily	patients with advanced clear-cell renal-cell carcinoma for which they had received previous treatment with one or two regimens of antiangiogenic therapy	Parallel groups

References

CheckMate 025, 2015:

Motzer RJ, Escudier B, McDermott DF, George S, Hammers HJ, Srinivas S, Tykodi SS, Sosman JA, Procopio G, Plimack ER, Castellano D, Choueiri TK, Gurney H, Donskov F, Bono P, Wagstaff J, Gaultier TC, Ueda T, Tomita Y, Schutz FA, Kollmannsberger C, Larkin J, R Nivolumab versus Everolimus in Advanced Renal-Cell Carcinoma. N Engl J Med 2015 Sep 25;: [[26406148](#)] [10.1056/NEJMoa1510665](#)

Escudier B, Sharma P, McDermott DF, George S, Hammers HJ, Srinivas S, Tykodi SS, Sosman JA, Procopio G, Plimack ER, Castellano D, Gurney H, Donskov F, CheckMate 025 Randomized Phase 3 Study: Outcomes by Key Baseline Factors and Prior Therapy for Nivolumab Versus Everolimus in Advanced Renal Cell Carcinoma. Eur Urol 2017;: [[28262413](#)]

3 mTor inhibitor

Trial	Treatments	Patients	Trials design and methods
everolimus vs placebo			
RECORD-1 , 2008 [NCT00410124] n=272/138 follow-up:	everolimus 10 mg once daily versus placebo	Patients with metastatic renal cell carcinoma which had progressed on sunitinib, sorafenib, or both	
temsirolimus vs sorafenib			
INTORSECT , 2014 [NCT00474786] n=259/253 follow-up:	temsirolimus 25 mg once weekly by intravenous (IV) infusion versus sorafenib 400 mg PO twice daily	Second-Line Therapy In Patients With Advanced RCC Who Have Failed First-Line Sunitinib	

References

RECORD-1, 2008:

Motzer RJ, Escudier B, Oudard S, Hutson TE, Porta C, Bracarda S, Grnwald V, Thompson JA, Figlin RA, Hollaender N, Urbanowitz G, Berg WJ, Kay A, Lebwohl D, Ravaud A
Efficacy of everolimus in advanced renal cell carcinoma: a double-blind, randomised, placebo-controlled phase III trial. *Lancet* 2008;372:449-56 [[18653228](#)]

INTORSECT, 2014:

Hutson TE, Escudier B, Esteban E, Bjarnason GA, Lim HY, Pittman KB, Senico P, Niethammer A, Lu DR, Hariharan S, Motzer RJ Randomized phase III trial of temsirolimus
versus sorafenib as second-line therapy after sunitinib in patients with metastatic renal cell carcinoma. *J Clin Oncol* 2014;32:760-7 [[24297950](#)]

4 TKI

Trial	Treatments	Patients	Trials design and methods
lenvatinib vs everolimus			
Motzer , 2015 <i>ongoing</i> [NCT01136733] n=NA follow-up:	-	subjects with unresectable advanced or metastatic renal cell carcinoma following one prior VEGF-targeted treatment	
pazopanib vs placebo			
VEG105192 , 2010 [NCT00334282] n=290/145 follow-up:	-	treatment-naive and cytokine-pretreated patients with advanced renal cell carcinoma	
sorafenib vs placebo			
TARGET , 2007 [NCT00073307] n=451/452 follow-up:	continuous treatment with oral sorafenib (at a dose of 400 mg twice daily) versus placebo	patients with renal-cell carcinoma that was resistant to standard therapy	Parallel groups
axitinib vs sorafenib			

continued...

Trial	Treatments	Patients	Trials design and methods
AXIS (Rini) , 2011 [NCT00678392] n=NA follow-up:	-	second-line therapy in patients with metastatic renal cell cancer	
dovitinib vs sorafenib			
GOLD [NCT01223027] n=284/286 follow-up:	dovitinib (500 mg orally according to a 5-days-on and 2-days-off schedule) versus sorafenib (400 mg orally twice daily)	patients with clear cell metastatic renal cell carcinoma who received one previous VEGF-targeted therapy and one previous mTOR inhibitor	open-label

References

Motzer, 2015:

VEG105192, 2010:

Sternberg CN, Davis ID, Mardiak J, Szczylik C, Lee E, Wagstaff J, Barrios CH, Salman P, Gladkov OA, Kavina A, Zarb JJ, Chen M, McCann L, Pandite L, Roychowdhury DF, Hawkins RE Pazopanib in locally advanced or metastatic renal cell carcinoma: results of a randomized phase III trial. *J Clin Oncol* 2010;28:1061-8 [20100962]

Sternberg CN, Hawkins RE, Wagstaff J, Salman P, Mardiak J, Barrios CH, Zarba JJ, Gladkov OA, Lee E, Szczylik C, McCann L, Rubin SD, Chen M, Davis ID A randomised, double-blind phase III study of pazopanib in patients with advanced and/or metastatic renal cell carcinoma: final overall survival results and safety update. *Eur J Cancer* 2013;49:1287-96 [23321547]

TARGET, 2007:

Escudier B, Eisen T, Stadler WM, Szczylik C, Oudard S, Staehler M, Negrier S, Chevreau C, Desai AA, Rolland F, Demkow T, Hutson TE, Gore M, Anderson S, Hoflana G, Shan M, Pena C, Lathia C, Bukowski RM Sorafenib for treatment of renal cell carcinoma: Final efficacy and safety results of the phase III treatment approaches in renal cancer global evaluation trial. *J Clin Oncol* 2009;27:3312-8 [19451442] 10.1200/JCO.2008.19.5511

Escudier B, Eisen T, Stadler WM, Szczylik C, Oudard S, Siebels M, Negrier S, Chevreau C, Solska E, Desai AA, Rolland F, Demkow T, Hutson TE, Gore M, Freeman S, Schwartz B, Shan M, Simantov R, Bukowski RM Sorafenib in advanced clear-cell renal-cell carcinoma. *N Engl J Med* 2007;356:125-34 [17215530] 10.1056/NEJMoa060655

Escudier B, Eisen T, Stadler WM, Szczylik C, Oudard S, Staehler M, Negrier S, Chevreau C, Desai AA, Rolland F, Demkow T, Hutson TE, Gore M, Anderson S, Hoflana G, Shan M, Pena C, Lathia C, Bukowski RM Sorafenib for treatment of renal cell carcinoma: Final efficacy and safety results of the phase III treatment approaches in renal cancer global evaluation trial. *J Clin Oncol* 2009;27:3312-8 [19451442]

AXIS (Rini), 2011:

Rini BI, Escudier B, Tomczak P, Kaprin A, Szczylik C, Hutson TE, Michaelson MD, Gorbunova VA, Gore ME, Rusakov IG, Negrier S, Ou YC, Castellano D, Lim HY, Uemura H, Tarazi J, Cella D, Chen C, Rosbrook B, Kim S, Motzer RJ Comparative effectiveness of axitinib versus sorafenib in advanced renal cell carcinoma (AXIS): a randomised phase 3 trial. *Lancet* 2011;378:1931-9 [22056247]

GOLD, :

Motzer RJ, Porta C, Vogelzang NJ, Sternberg CN, Szczylik C, Zolnieriek J, Kollmannsberger C, Rha SY, Bjarnason GA, Melichar B, De Giorgi U, Grnwald V, Davis ID, Lee JL, Esteban E, Urbanowitz G, Cai C, Squires M, Marker M, Shi MM, Escudier B Dovitinib versus sorafenib for third-line targeted treatment of patients with metastatic renal cell carcinoma: an open-label, randomised phase 3 trial. *Lancet Oncol* 2014;15:286-96 [24556040] 10.1016/S1470-2045(14)70030-0

5 VEGFR, MET AXL TKI

Trial	Treatments	Patients	Trials design and methods
cabozantinib vs everolimus			
METEOR , 2015 [NCT01865747] n=330/328 follow-up:	cabozantinib at a dose of 60 mg daily versus everolimus at a dose of 10 mg daily	patients with renal-cell carcinoma that had progressed after VEGFR-targeted therapy	

References

METEOR, 2015:

Choueiri TK, Escudier B, Powles T, Mainwaring PN, Rini BI, Donskov F, Hammers H, Hutson TE, Lee JL, Peltola K, Roth BJ, Bjarnason GA, Gdzi L, Keam B, Maroto P, Heng DY, Schmidinger M, Kantoff PW, Borgman-Hagey A, Hessel C, Scheffold C, Schwab GM, Tannir Cabozantinib versus Everolimus in Advanced Renal-Cell Carcinoma. N Engl J Med 2015 Sep 25; [26406150] [10.1056/NEJMoa1510016](https://doi.org/10.1056/NEJMoa1510016)

6 About TrialResults-center.org

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Rigorous meta-analysis method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

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