

Bristol and Exelixis score in kidney cancer, but will it be enough?



Amy Brown

Another unequivocally positive study of a PD-1-VEGF combination in kidney cancer presents oncologists with a problem they probably consider themselves fortunate to have: which regimen to choose? Following Keytruda plus Inlyta and Bavencio plus Inlyta, Bristol-Myers Squibb and Exelixis today [unveiled topline data from Checkmate-9ER](#), a trial of Opdivo and Cabometyx; impressive hazard ratios were detailed for progression-free and overall survival. Of course, the real competition here is Keytruda, which in [Keynote-426 blew previous studies out the water](#); until a full readout of Checkmate-9ER is available it is hard to know how effectively Bristol and Exelixis might compete. A cross-trial comparison, with the usual caveats, suggests that the game is still on. Keynote-426 generated very impressive responses at interim readout, though [later cuts of the data](#) showed a very similar reduction in the risk of death to the 9ER result. On progression-free survival it is the Opdivo combination that appears to have an edge, although again the numbers behind this result need to be known. Still, the Keytruda/Inlyta combo has been available in this setting since April 2019, and first to market might well be the most important factor for commercial success.

Battle of the hazard ratios: Merck vs Bristol in first-line kidney cancer

	Checkmate-9ER	Keynote-426	
	@18.1 mth follow-up*	@12.8 mth follow-up**	@16.6 mth follow-up***
Hazard ratio for PFS	0.51 (p<0.0001)	0.69	0.69
Median in months	?	15.1 vs 11.0	17.1 vs 11.1
Hazard ratio for OS	0.60 (p<0.001)	0.53	0.59
Median in months	?	NR vs NR	NR vs NR

Sources: *company release; **[data on label](#); ***EMA report.

[More from Evaluate Vantage](#)

Evaluate HQ
[44-\(0\)20-7377-0800](tel:44-020-7377-0800)

Evaluate Americas
[+1-617-573-9450](tel:+1-617-573-9450)

Evaluate APAC
[+81-\(0\)80-1164-4754](tel:+81-080-1164-4754)

© Copyright 2022 Evaluate Ltd.