



Nivolumab vs. Everolimus in Advanced Renal Cell Carcinoma: Analysis in Japanese Population

Vamsi Ahobila, August 8, 2019

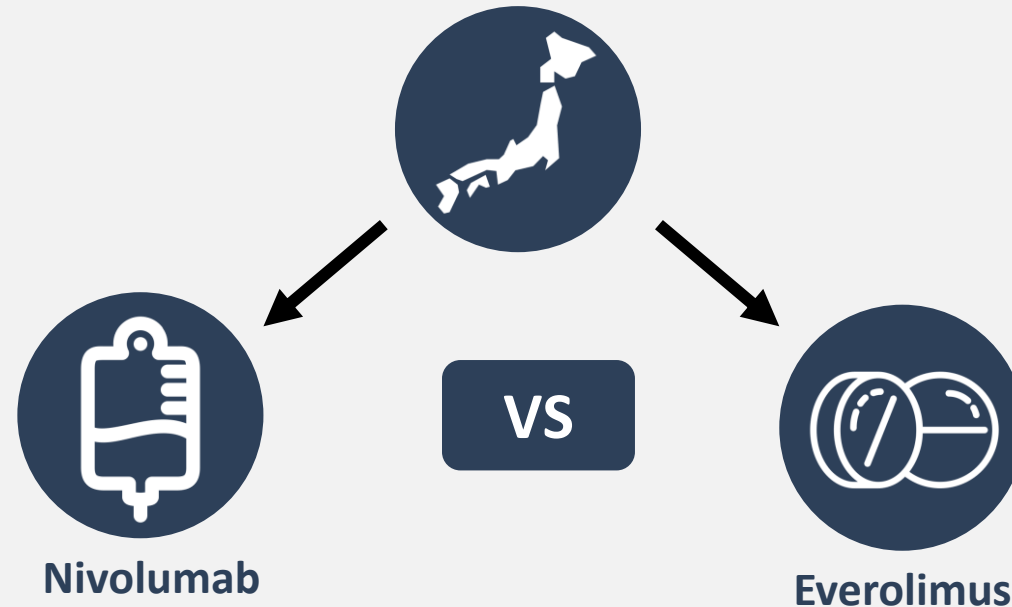
How does nivolumab compare with everolimus in advanced renal cell carcinoma (aRCC)?

The problem: No previous analysis of nivolumab treatment for aRCC in Japanese patients



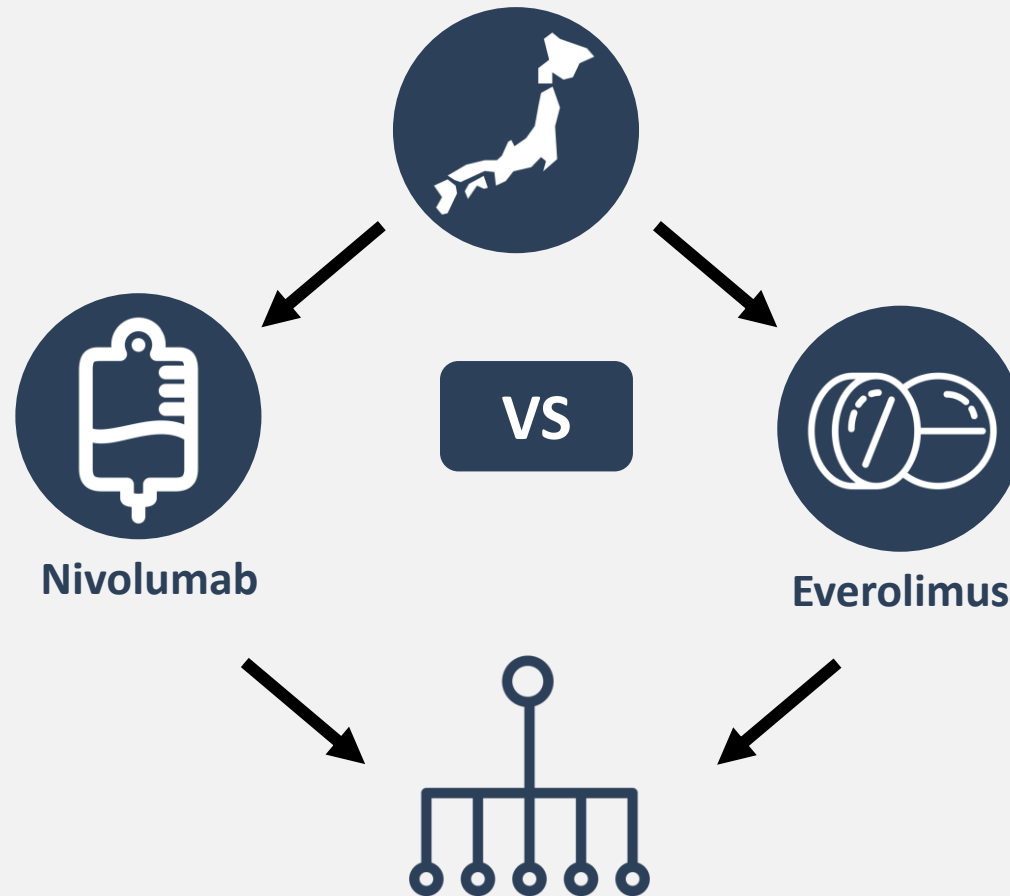
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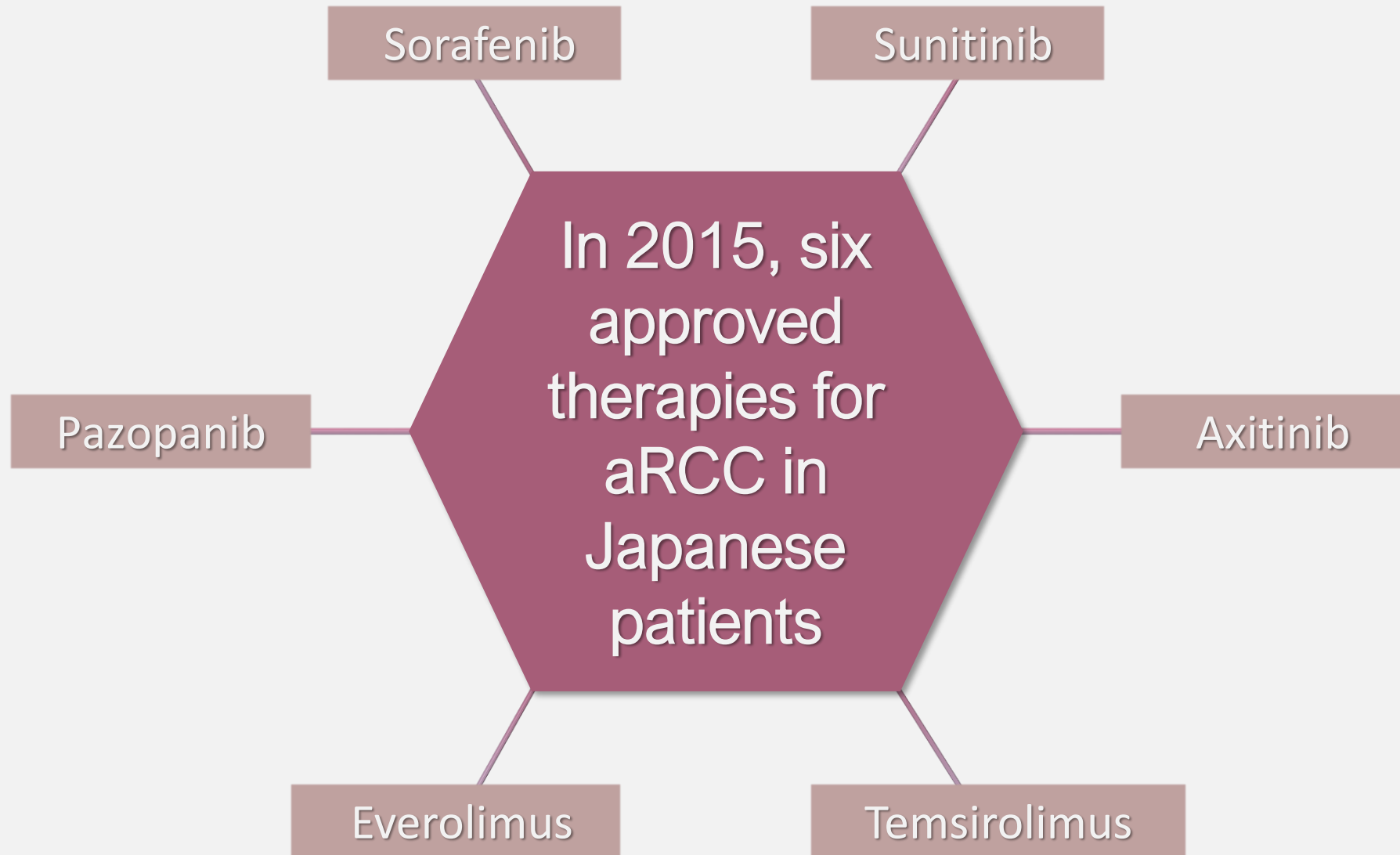


*OS – Overall Survival
ORR – Overall Response Rate
AE – Adverse Events

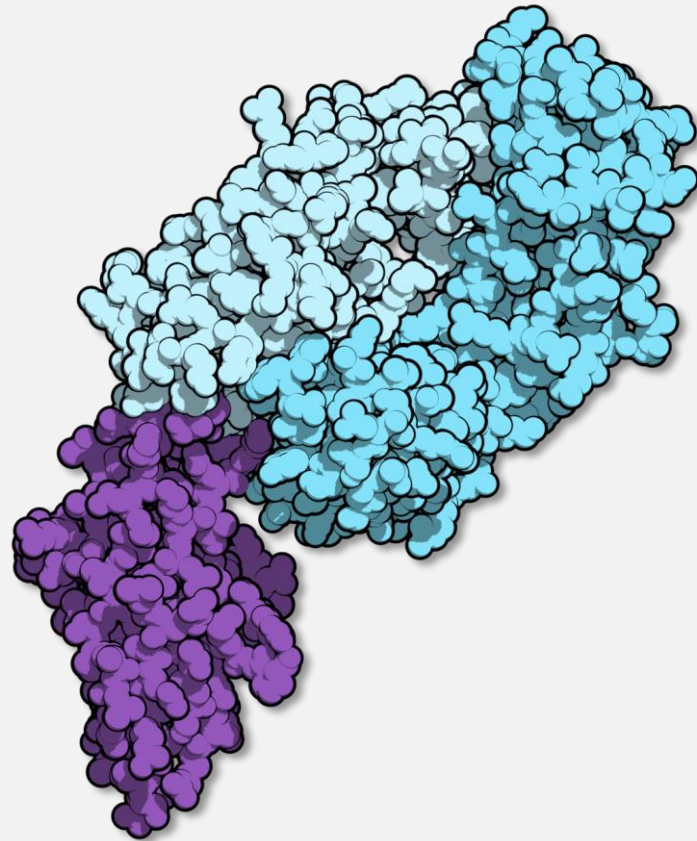
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Based on results from the phase 3 CheckMate 025 Study,
the seventh therapy **nivolumab** approved in 2016





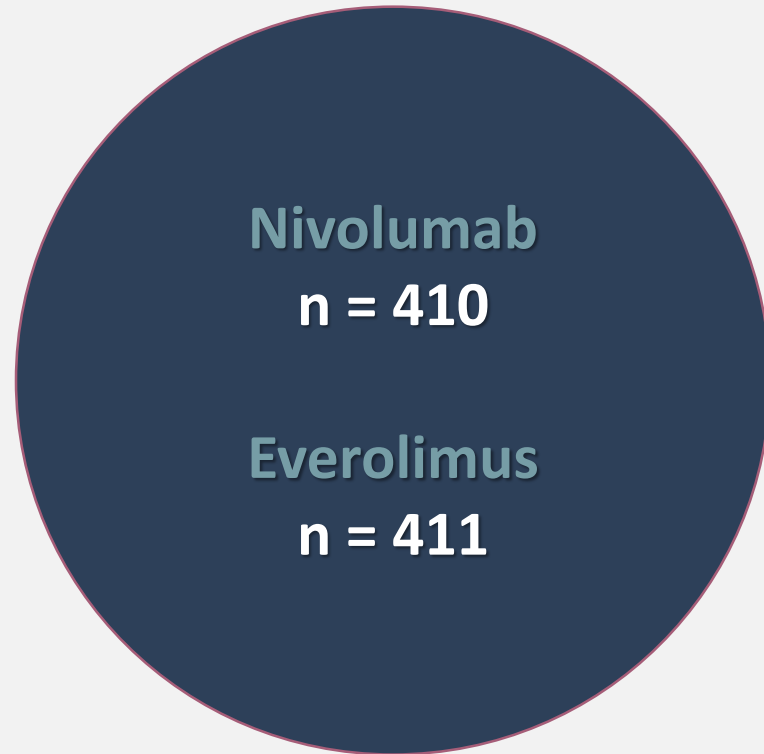
Participants in the Phase III CheckMate 025 study consisted of a global population of patients with advanced renal cell carcinoma

Japanese patients were included under the 'Rest of the World' category



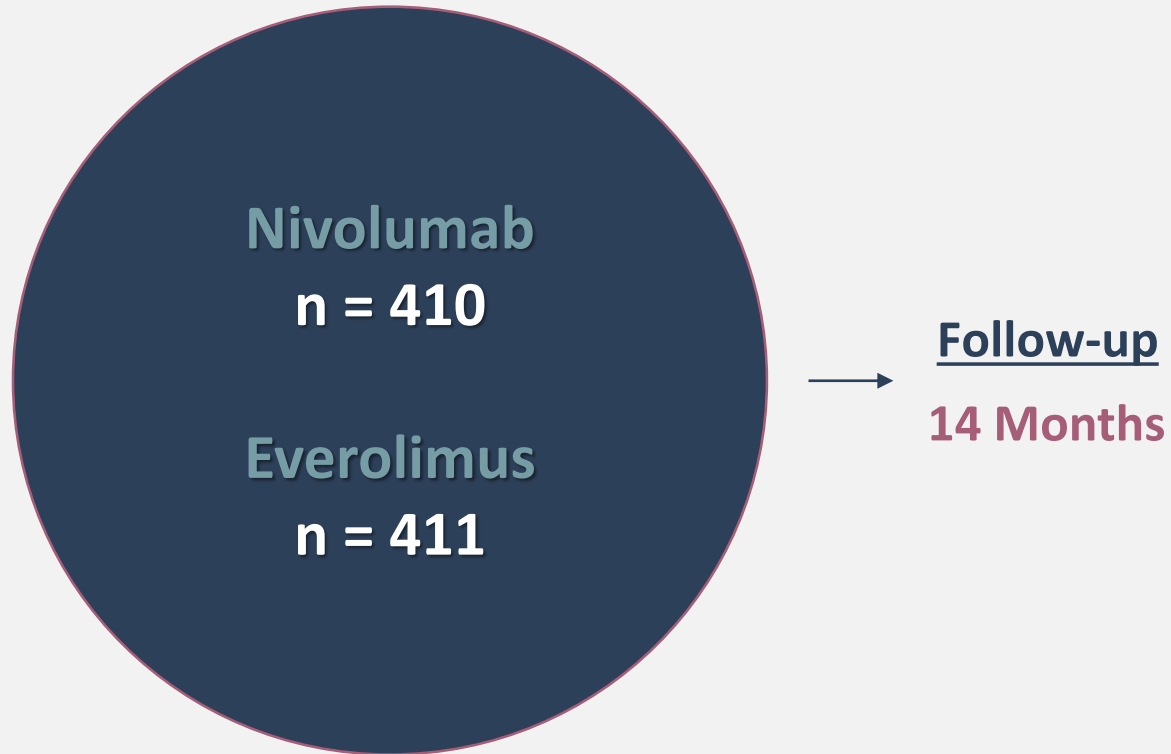
Study participants were randomized to receive either nivolumab or everolimus

Global Population



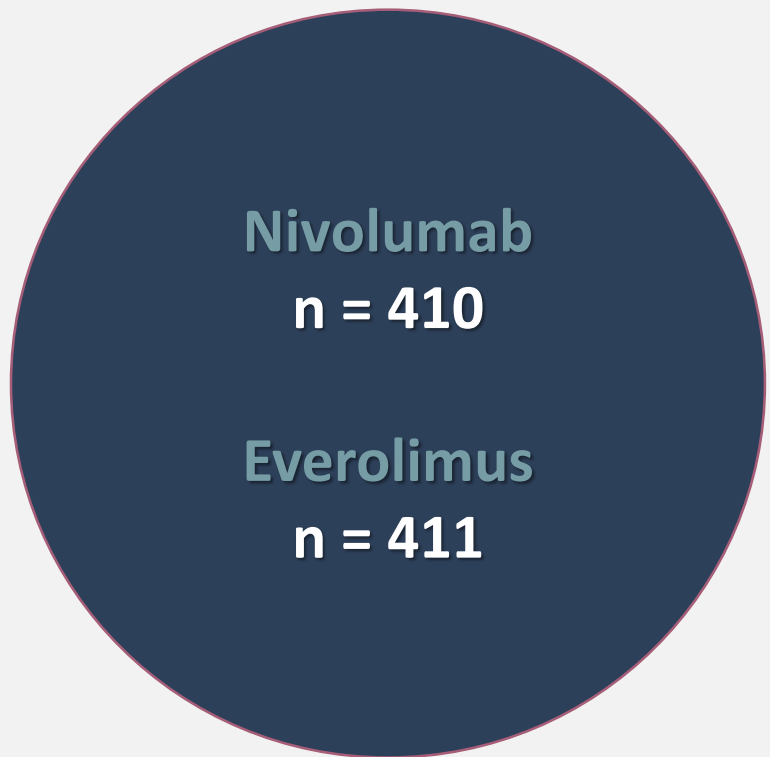
The study had a minimum follow-up of 14 months

Global Population



The overall survival of nivolumab vs. everolimus was higher in the global population

Global Population

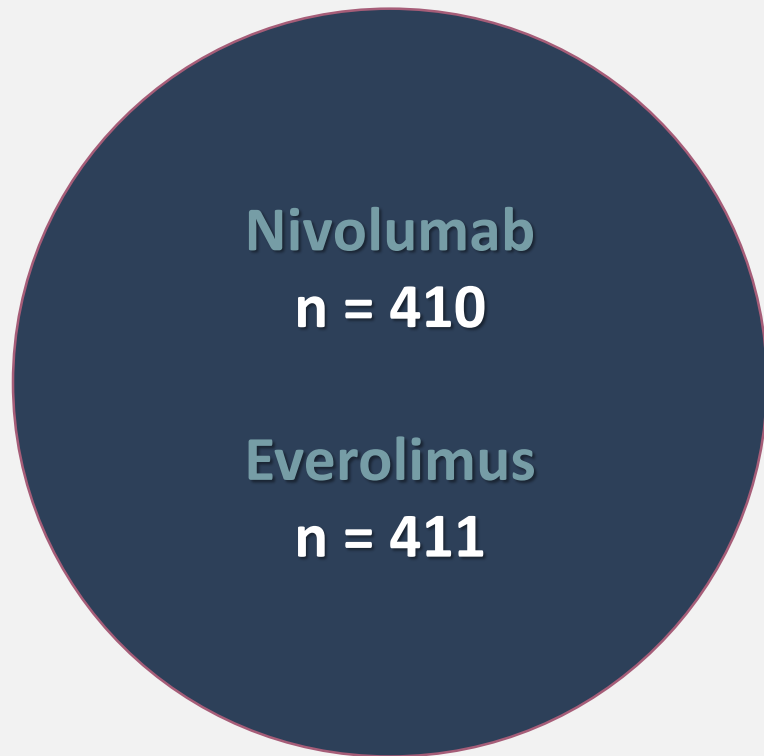


	<u>Everolimus</u>	<u>Nivolumab</u>
Overall survival:	19.6 months	25.0 months

Tomita Y et al. *Jpn J Clin Oncol*. 2017, 47(7) 639-646.

The overall response rate of nivolumab vs. everolimus was higher in the global population

Global Population

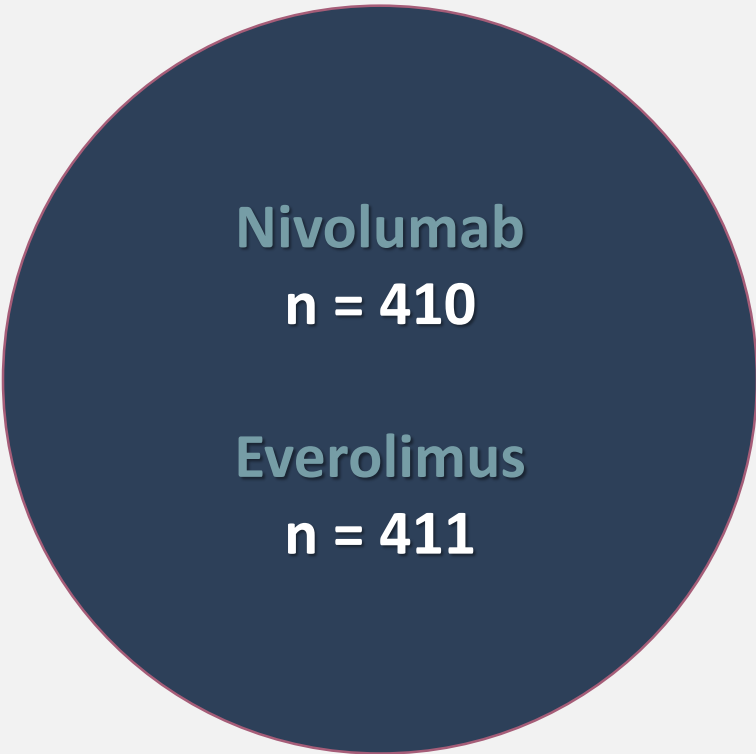


→ Follow-up
14 Months →

	<u>Everolimus</u>	<u>Nivolumab</u>
Overall survival:	19.6 months	25.0 months
Overall response rate:	5%	25%

The adverse event rate was lower with nivolumab vs. everolimus in the global population

Global Population



→ Follow-up
14 Months →

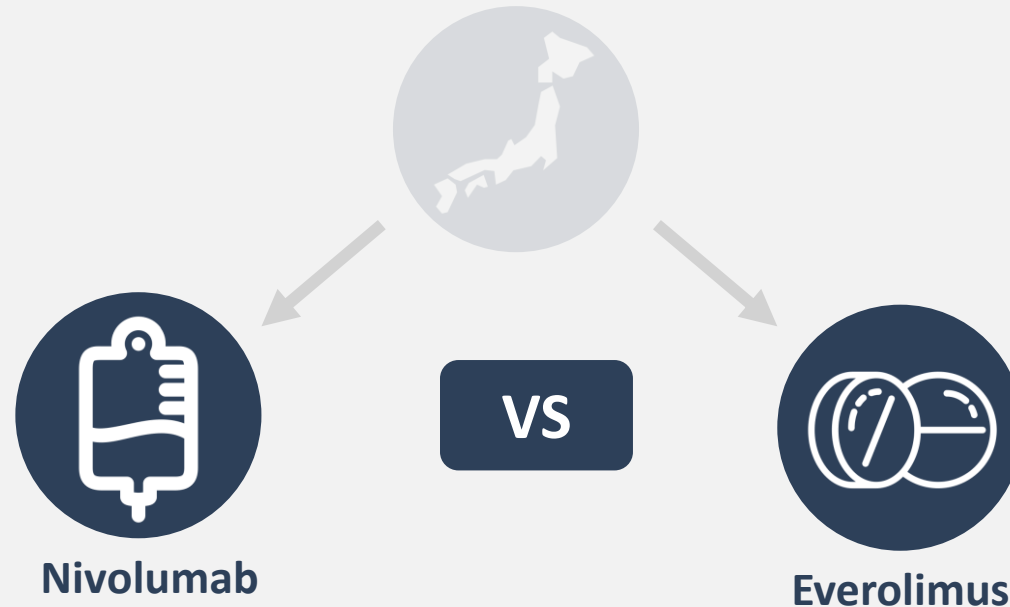
	<u>Everolimus</u>	<u>Nivolumab</u>
Overall survival:	19.6 months	25.0 months
Overall response rate:	5%	25%
Adverse events:	More	Less

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Could the results have been affected by
confounding variables?

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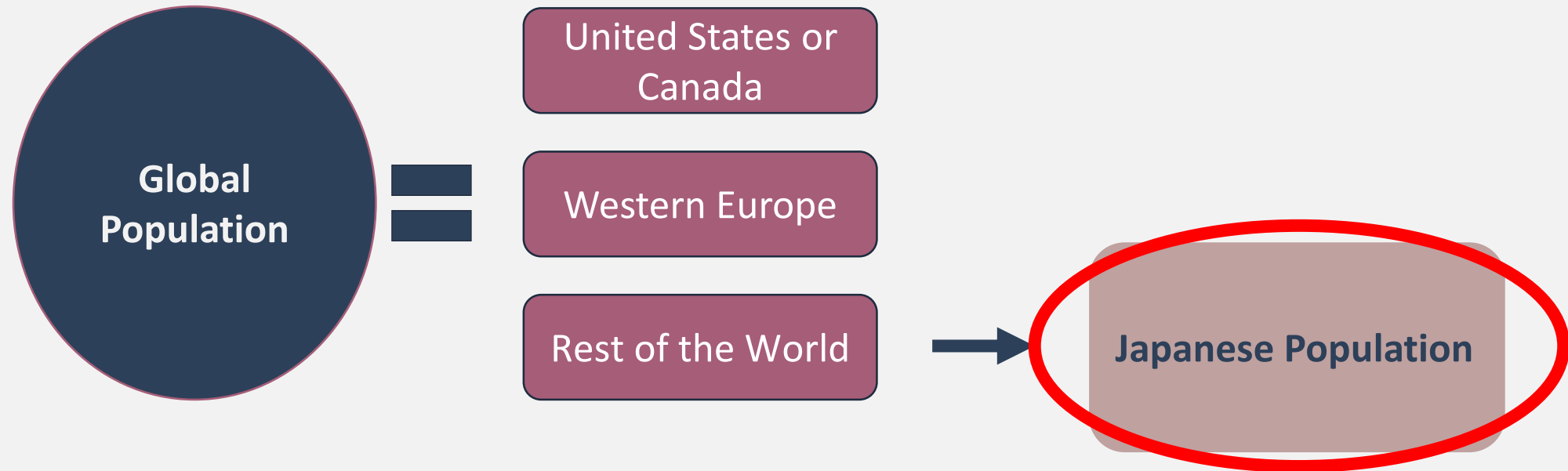
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Japanese participants are drawn from the global population of patients within the Phase III CheckMate 025 Study



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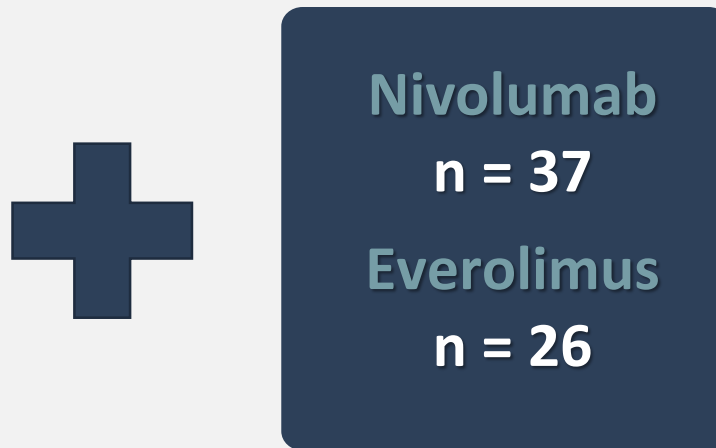


Comparison of the global and Japanese populations treated with nivolumab vs. everolimus

Global Population

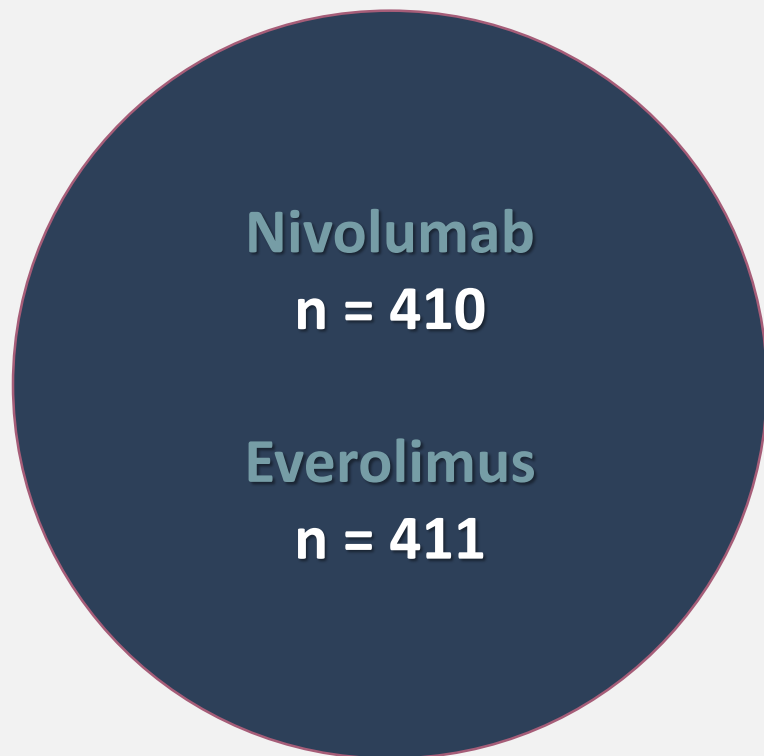


Japanese Population

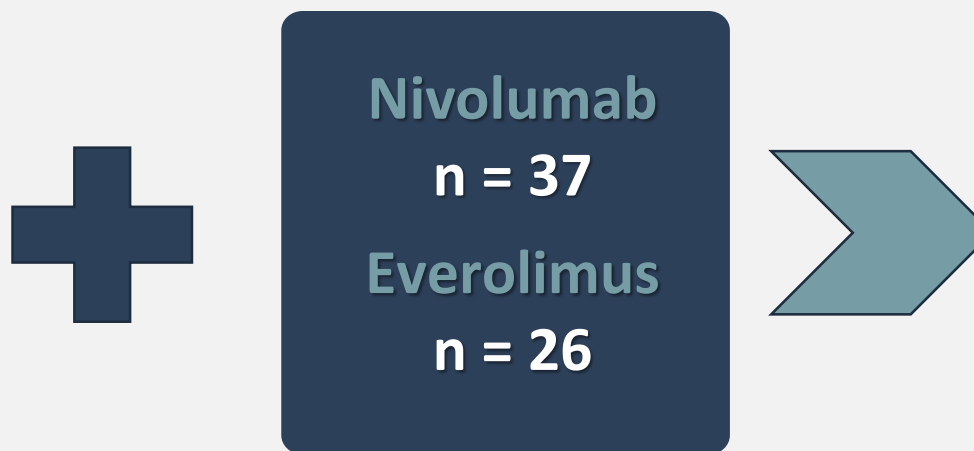


Endpoint assessment with a minimum follow-up of 26 months

Global Population



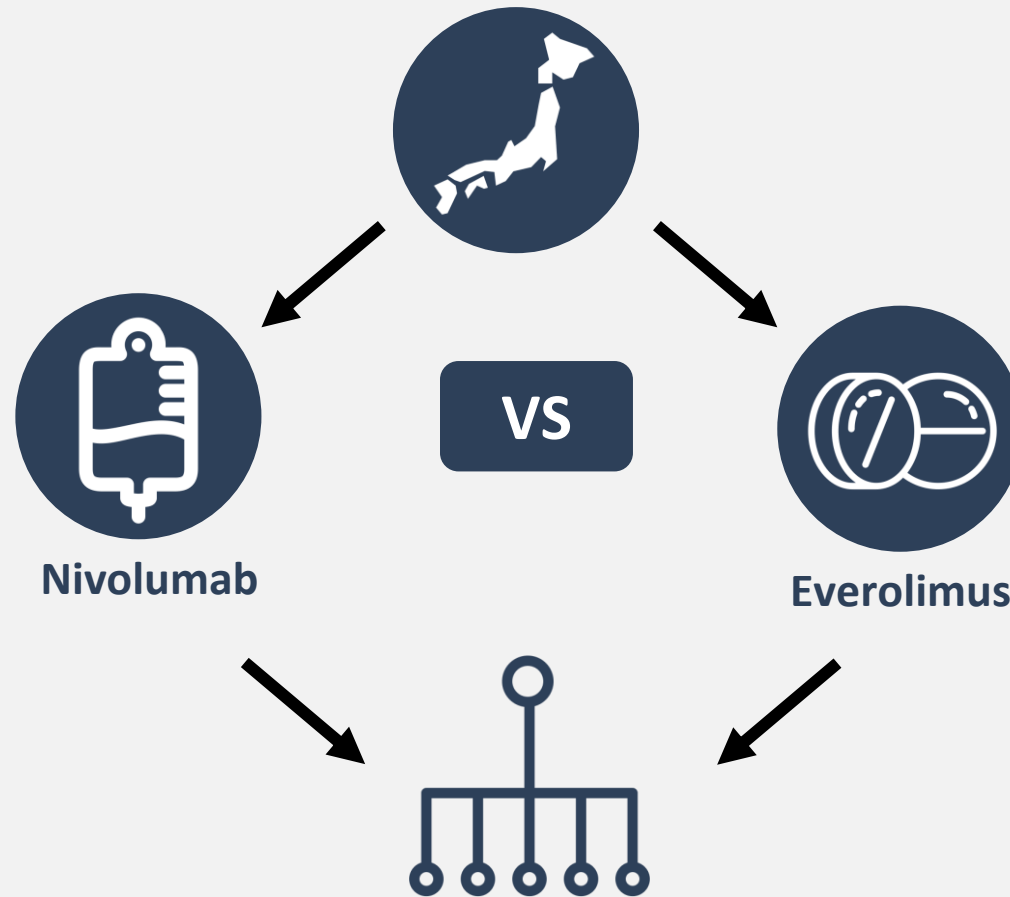
Japanese Population



Follow-up
26 months

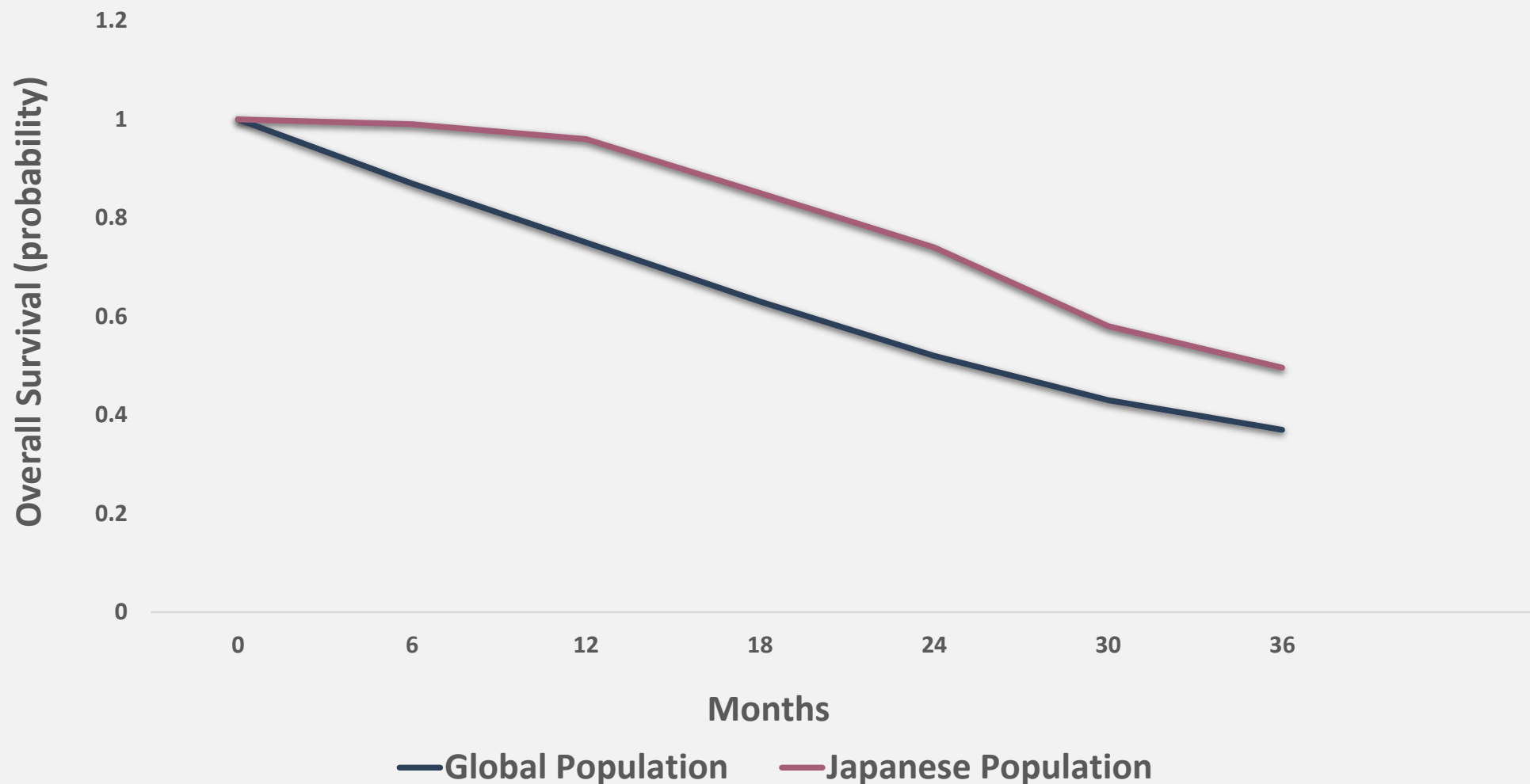
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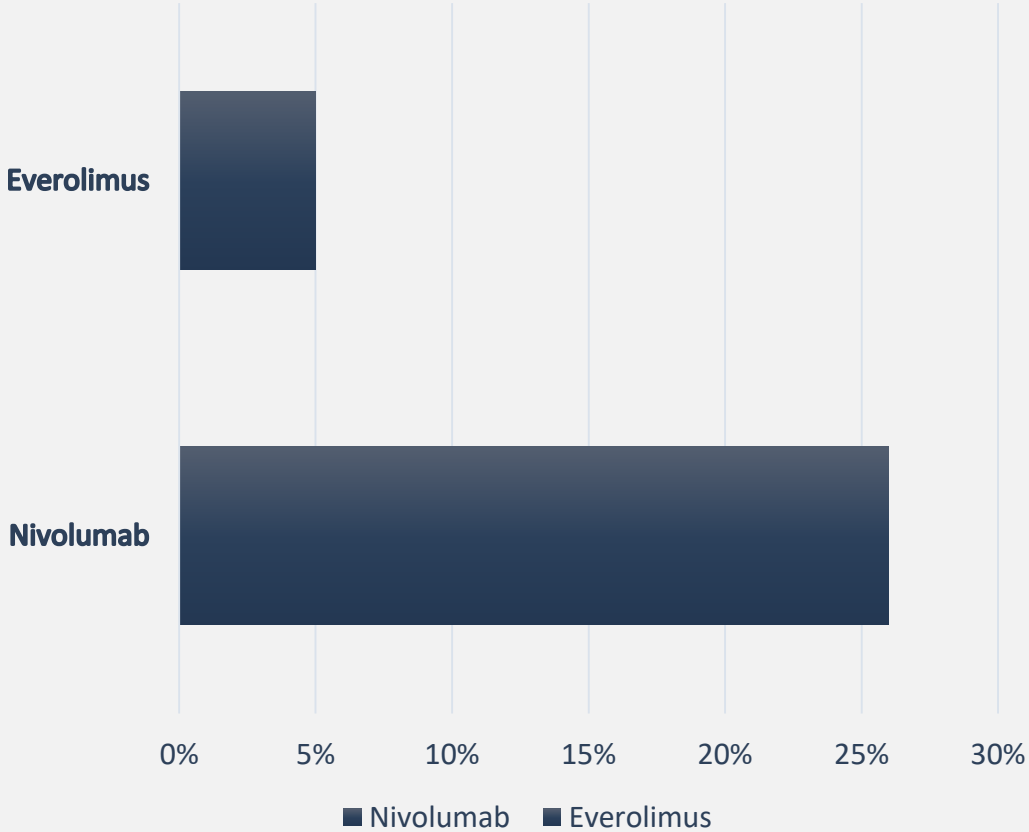
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The overall survival probability is greater with nivolumab in the Japanese population compared to the global population

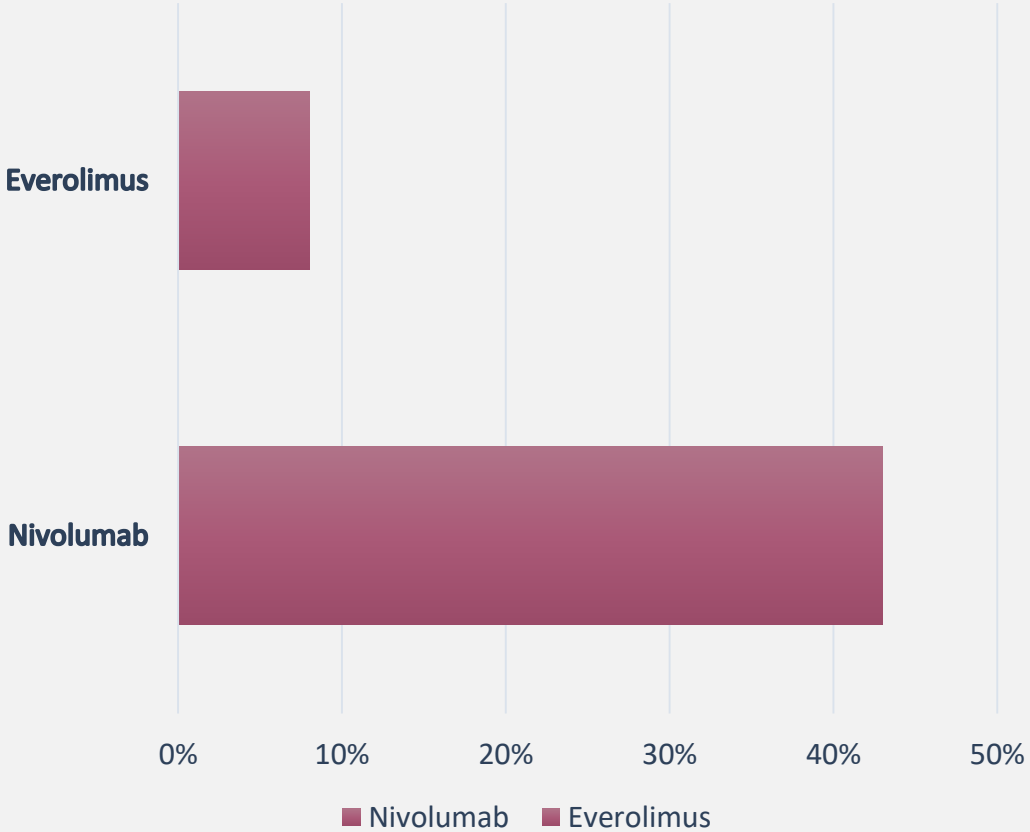


The overall response rate is higher with nivolumab vs. everolimus for both the global and Japanese populations

Global Population

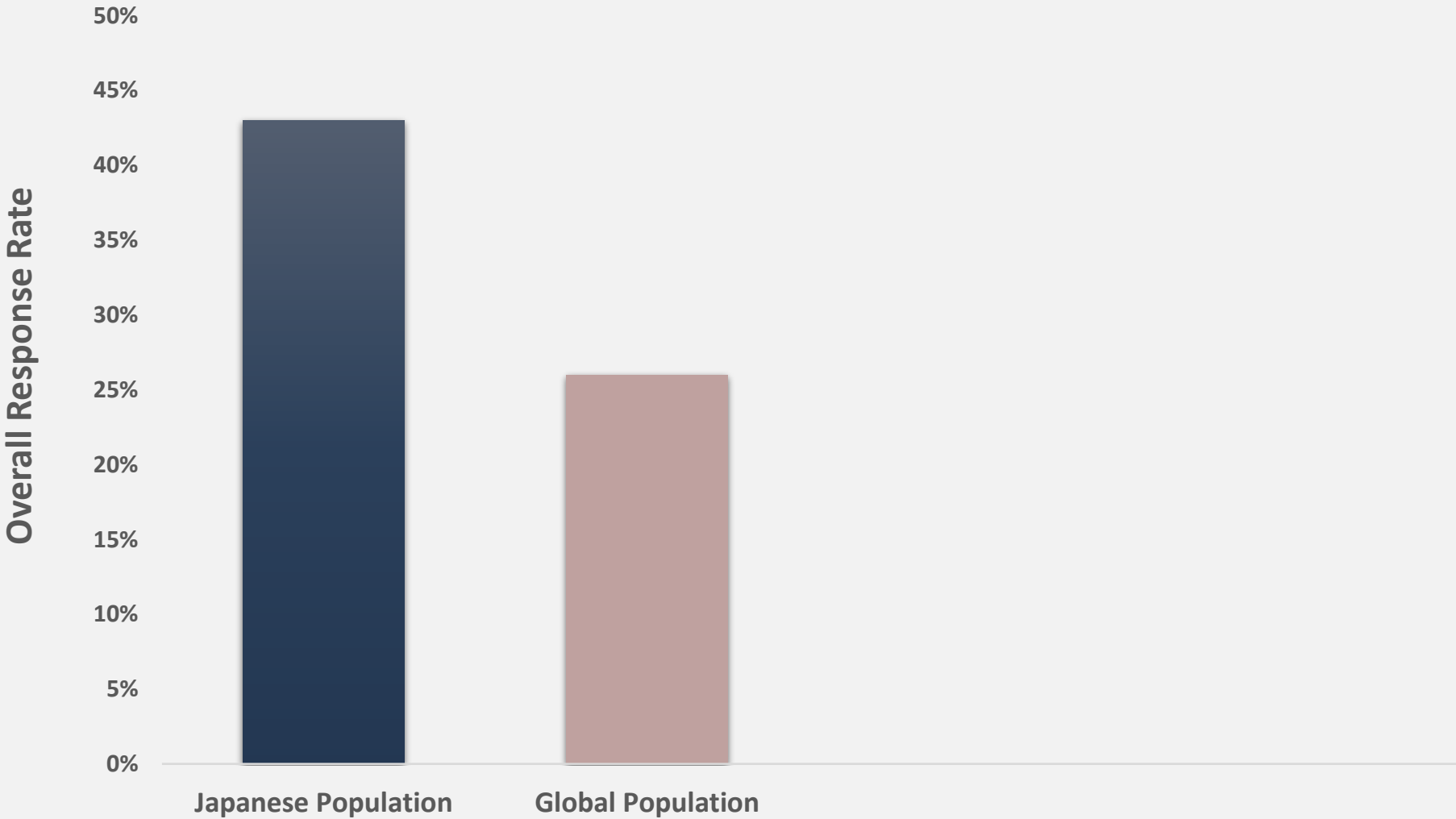


Japanese Population



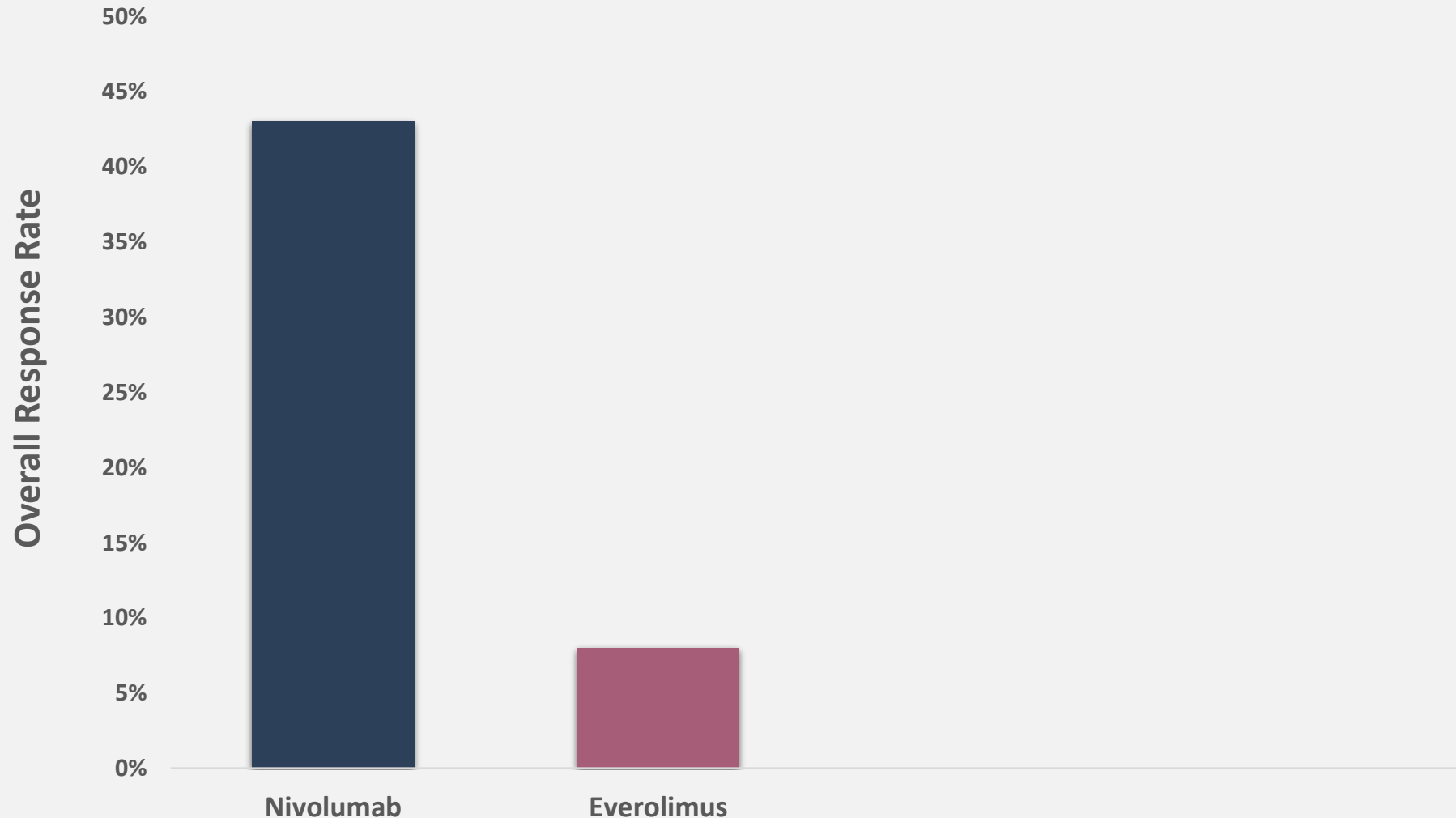
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The overall response rate with nivolumab is substantially higher in Japanese population vs. global population

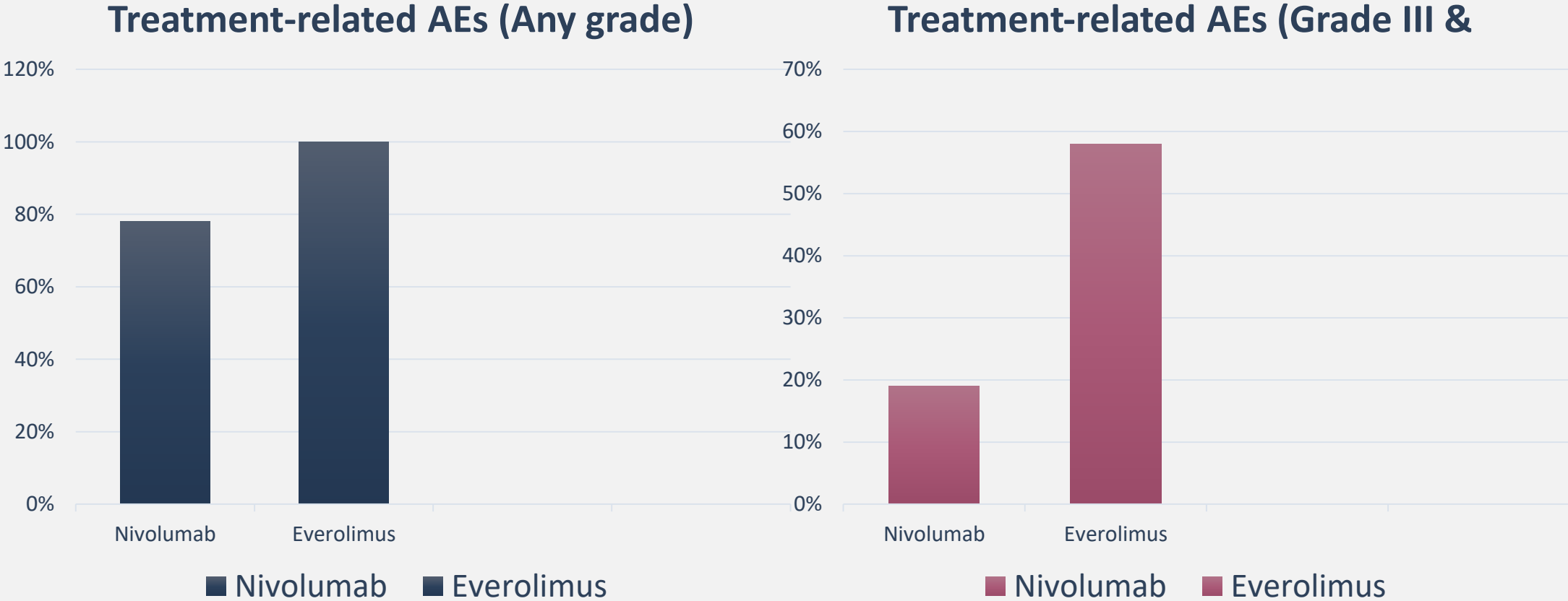


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The overall response rate with nivolumab notably higher than with everolimus in Japanese population



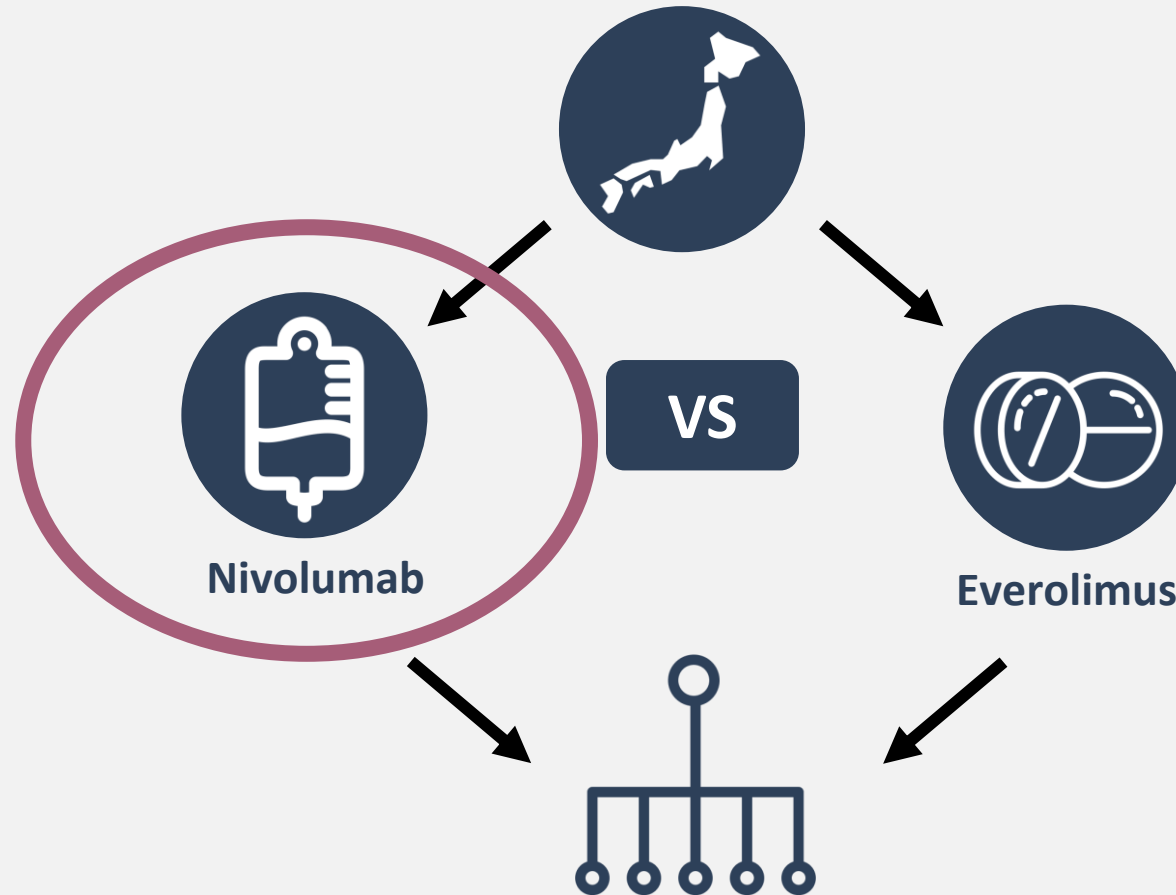
Nivolumab had a favorable safety profile among the Japanese population



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The results of the Phase III CheckMate 025 Study follow-up support the approval of nivolumab as a treatment for advanced renal cell carcinoma in the Japanese population

