

Atezolizumab + bevacizumab shows benefit in met renal CA

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atezolizumab plus bevacizumab versus sunitinib in PD-L1+ patients and intention-to-treat patients, respectively. At first interim analysis, overall survival was immature. The benefit in progression-free survival was consistent across analyzed subgroups. Overall, 40 and 54 percent of patients treated with atezolizumab plus bevacizumab and sunitinib had grade 3 to 4 adverse events; 12 and 8 percent of treatment-related adverse events of all grades led to discontinuation, respectively.

"The side effects of atezolizumab plus [bevacizumab](#) were decidedly less harsh than sunitinib. And because progression-free survival was also better, I am confident that this relatively easy-to-administer combination will be a strong treatment choice in all medical practices," Motzer said in a statement.

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(HealthDay)—For patients with metastatic renal cell carcinoma (mRCC), atezolizumab plus bevacizumab is associated with a progression-free survival benefit versus sunitinib, according to a study presented at the American Society of Clinical Oncology's annual Genitourinary Cancers Symposium, held from Feb. 8 to 10 in San Francisco.

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Robert J. Motzer, M.D., from the Memorial Sloan Kettering Cancer Center in New York City, and colleagues described the first randomized phase III trial of a programmed death-ligand 1 (PD-L1)/programmed death-1 pathway inhibitor ([atezolizumab](#)) plus an anti-vascular endothelial growth factor agent (bevacizumab) for mRCC. Since 2015, a total of 915 treatment-naive [patients](#) were randomized to receive atezolizumab plus bevacizumab or [sunitinib](#). Patients were followed for survival for a median of 15 months.

The researchers found that the hazard ratio for progression-free survival was 0.74 and 0.83 for

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