

Our Current CABO + Nivo Positioning in 1L RCC



Patient

- Patients with high symptom burden, widespread disease (especially bone metastases), and poor-risk status—particularly for those unlikely to reach second line (2L).
- Also preferred post-adjuvant pembrolizumab (>6 months) or in patients with severe hypertension.



Problem

- These patients have a poorer prognosis and a higher risk of death



Reason to Believe

- CABO is the only TKI targeting MET & AXL, implicated in pathologic bone remodeling
- CABO/nivo reduces risk of progression by ~60% and risk of death by ~40% vs sunitinib, with 2.5-year average survival (at 33m FU)
- International experts recommend CABO based regimens be preferred in aRCC patients with bone metastases (ASCO guidelines and EUA consensus)
- Its easy to use with the lowest reported discontinuation rate