

中文題目：以免疫療法合併化學治療作為第一線轉移性泌尿上皮癌治療之比較性分析

英文題目：Comparative analysis of treatment efficacy of immunotherapy versus immunotherapy and chemotherapy for treatment naïve metastatic urothelial carcinoma

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Introduction

Immune checkpoint inhibitor (ICI) has widely used for platinum-refractory metastatic urothelial carcinoma (mUC) and for first-line cisplatin-ineligible patients. However, the optimal therapeutic strategy in frontline mUC, regarding to use ICI monotherapy or in combination with chemotherapy is still uncertain and needed more evidence.

Methods:

We retrospectively analyzed patients with mUC underwent first-line ICI monotherapy or ICI with chemotherapy at two medical centers in Taiwan between April 2016 and July 2020. All relevant clinicopathologic factors and treatment response were recorded via electronic medical system. We calculated the objective response rate (ORR), progression-free survival (PFS) and overall survival (OS) by using Kaplan-Meier method, and used Cox-regression model for multivariable analysis.

Results

In total, 101 patients were enrolled and categorized into 2 groups: the ICI monotherapy group (IO, n=73) and the ICI with chemotherapy group (IC, n=38). Baseline characteristics were comparative without significance in both groups. We found patients in the IC group had a significantly higher ORR (51.5% vs. 27.6%, $p=0.03$) and disease-control rate (72.7% vs. 48.3%, $p=0.03$) than the IO group. Patients in the IC group demonstrated a meaningful benefit in terms of PFS (8.2 vs. 3.3 months, $p = 0.15$) and OS (34.2 vs. 15.4 months, $p = 0.66$) than the IO group. Multivariable analysis revealed $WBC \geq 10 \times 10^3/\mu L$ (HR: 4.60; 95% CI: 2.19-9.65, $p < 0.001$) and hemoglobin ≥ 10 (HR: 0.34; 95% CI: 0.15-0.74, $p = 0.007$) were independent prognostic factors for OS.

Conclusion

For patients with mUC, first-line treatment with ICI and chemotherapy demonstrated a better ORR and a marginal survival benefit.