



UNIVERSITY OF LEEDS

This is a repository copy of *Standard Versus Modified Ipilimumab, in Combination With Nivolumab, in Advanced Renal Cell Carcinoma: A Randomized Phase II Trial (PRISM)*.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/204363/>

Version: Supplemental Material

Article:

Vasudev, N.S. orcid.org/0000-0001-8470-7481, Ainsworth, G., Brown, S. et al. (24 more authors) (2023) *Standard Versus Modified Ipilimumab, in Combination With Nivolumab, in Advanced Renal Cell Carcinoma: A Randomized Phase II Trial (PRISM)*. *Journal of Clinical Oncology*. ISSN 0732-183X

<https://doi.org/10.1200/JCO.23.00236>

© 2023 by American Society of Clinical Oncology. This is an author produced version of an article published in *Journal of Clinical Oncology*. Uploaded in accordance with the publisher's self-archiving policy.

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



eprints@whiterose.ac.uk
<https://eprints.whiterose.ac.uk/>

Supplementary Data

Supplementary Table S1: Logistic regression model of odds of experiencing at least one CTCAE Grade 3/4 trAE within the first 12 months of trial treatment

Supplementary Figure S1: Treatment related adverse events occurring in at least 2.5% of all participants by severity

Supplementary Figure S2: Extended progression-free survival by treatment allocation amongst (a) mITT population (b) IMDC intermediate/poor risk population

Supplementary Figure S3: Progression-free survival by IMDC risk group in (a) the modified schedule arm, and (b) the standard schedule

Supplementary Figure S4: Progression-free survival by PD-L1 tumor expression status in (a) the modified schedule arm, and (b) the standard schedule

Supplementary Figure S5: Mean scores and 95% confidence intervals, by treatment allocation and time-point, of QLQ domains

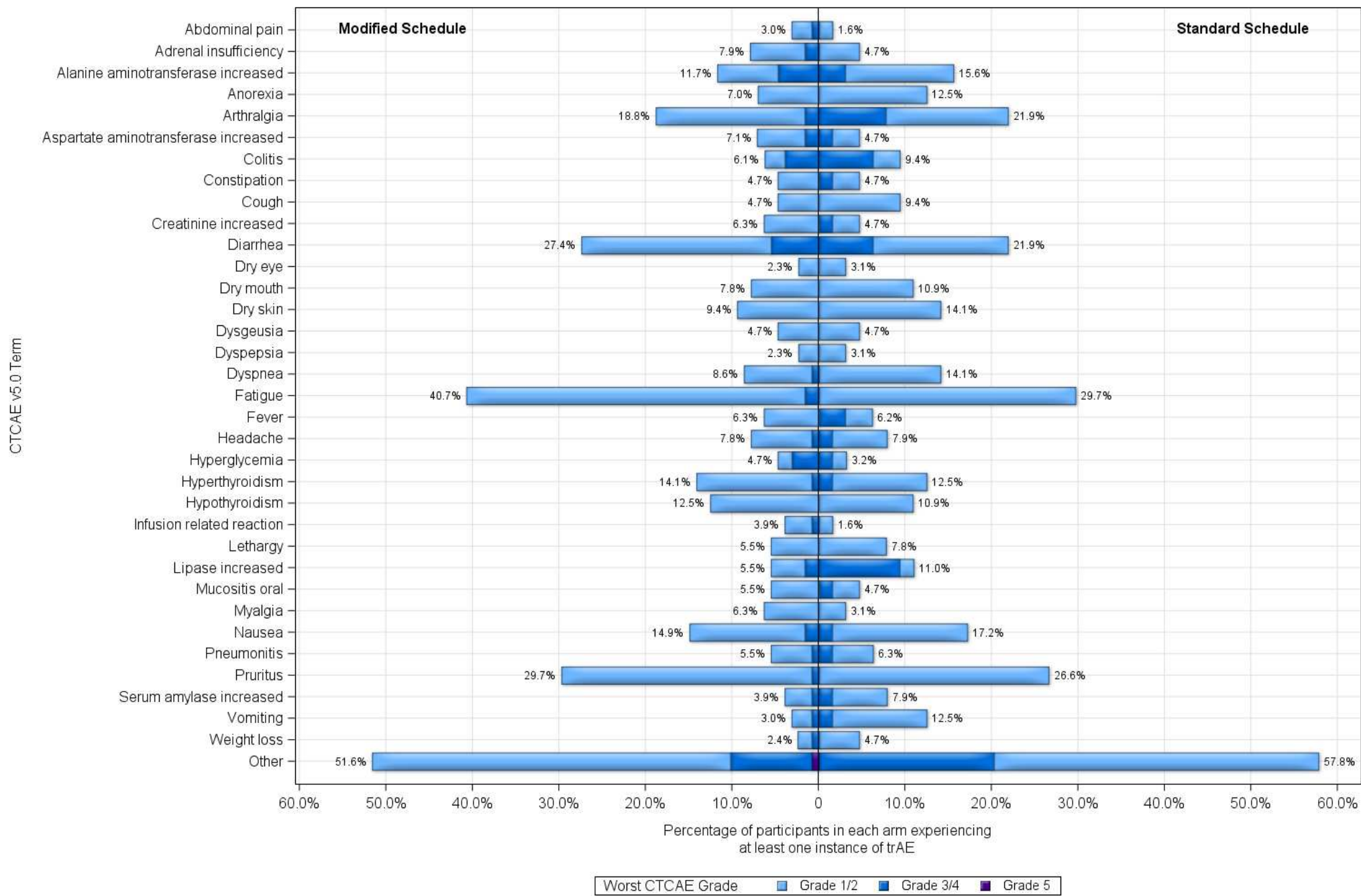
Supplementary Figure S6: Mean scores and 95% confidence intervals by treatment allocation and time-point of (a) FKS Disease-related symptoms-9 (DRS-9) score and (b) Item GP5 “bothered by side effects”

Supplementary Table S1: Logistic regression model of odds of experiencing at least one CTCAE Grade 3/4 trAE within the first 12 months of trial treatment

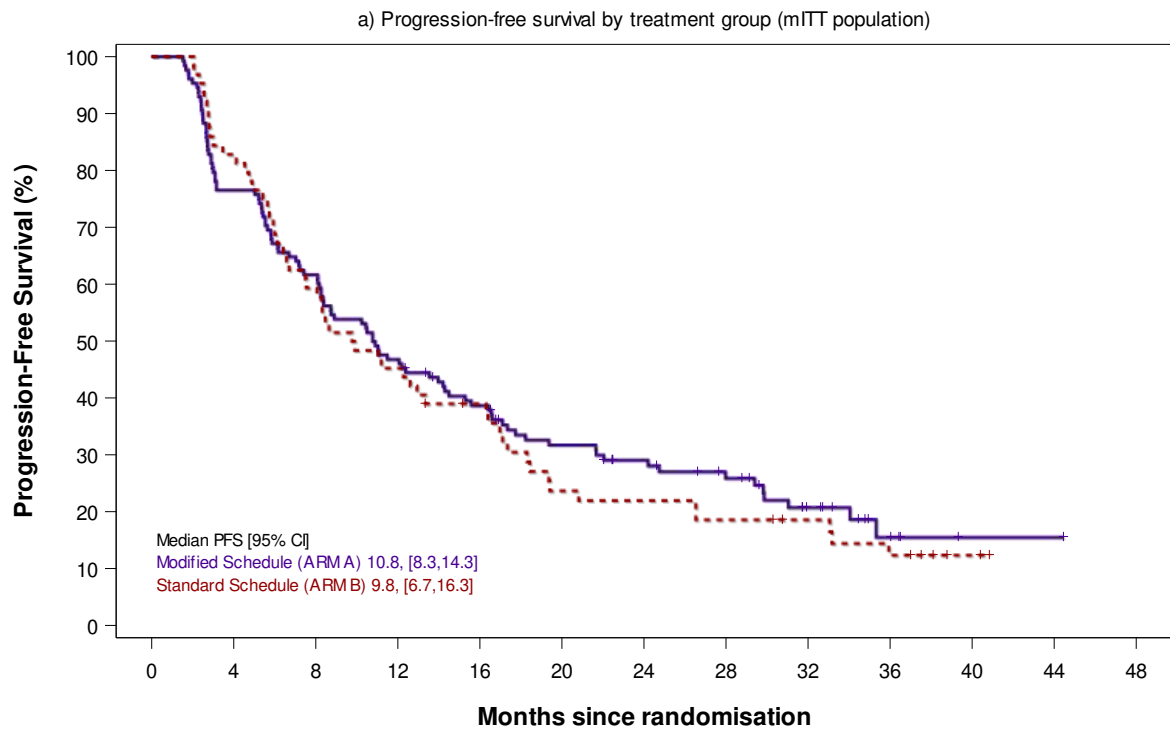
Effect*	Adjusted odds ratio (90% CI)	P-value
Randomized allocation		
Modified schedule	0.43 (0.25, 0.72)	0.0075
Standard schedule	1 [Reference]	
IMDC risk group		
Favorable	1.67 (0.69, 4.05)	0.3415
Intermediate	1.82 (0.86, 3.86)	0.1922
Poor	1 [Reference]	
Nephrectomy status		
Nephrectomy	1.50 (0.81 2.78)	0.2824
No nephrectomy	1 [Reference]	
Disease type		
Locally advanced	1.00 (0.21, 4.85)	0.9995
Metastatic	1 [Reference]	

*All effects were fitted as fixed effects. All model effects are included in the table.

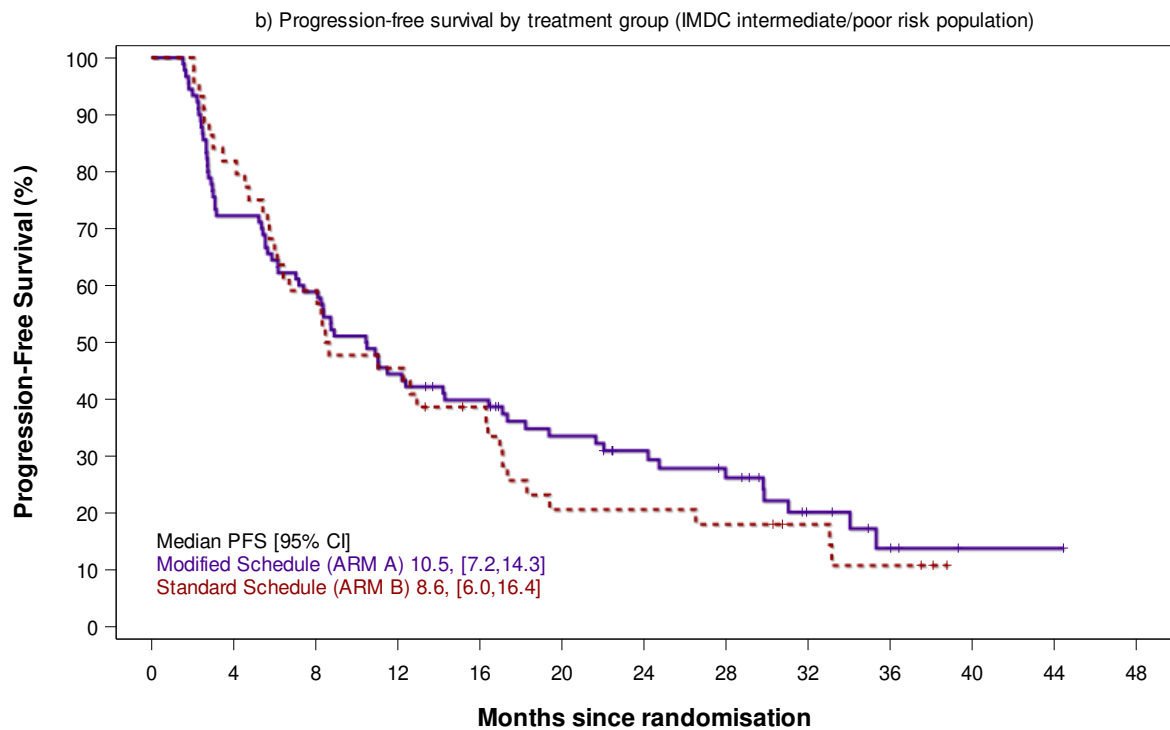
Supplementary figure S1: Treatment related adverse events occurring in at least 2.5% of all participants by severity



Supplementary Figure S2: Extended progression-free survival* by treatment allocation amongst (a) mITT population (b) IMDC intermediate/poor risk population



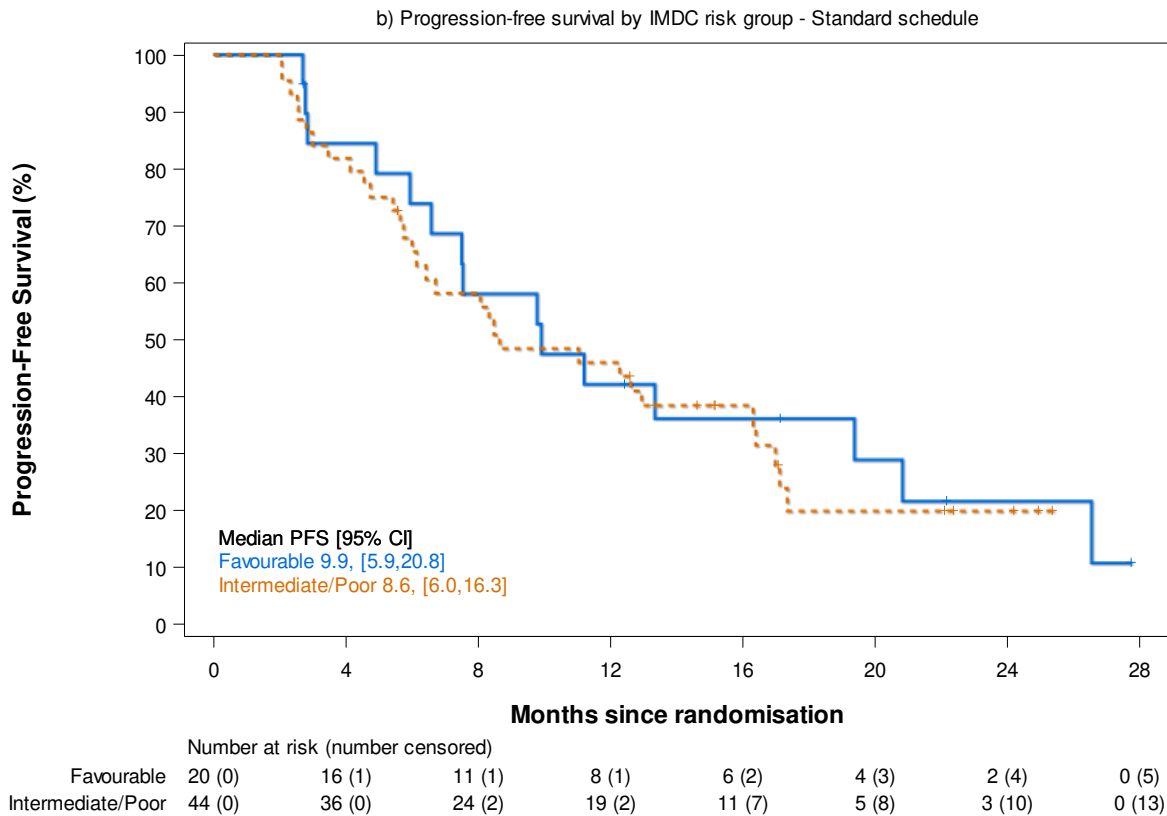
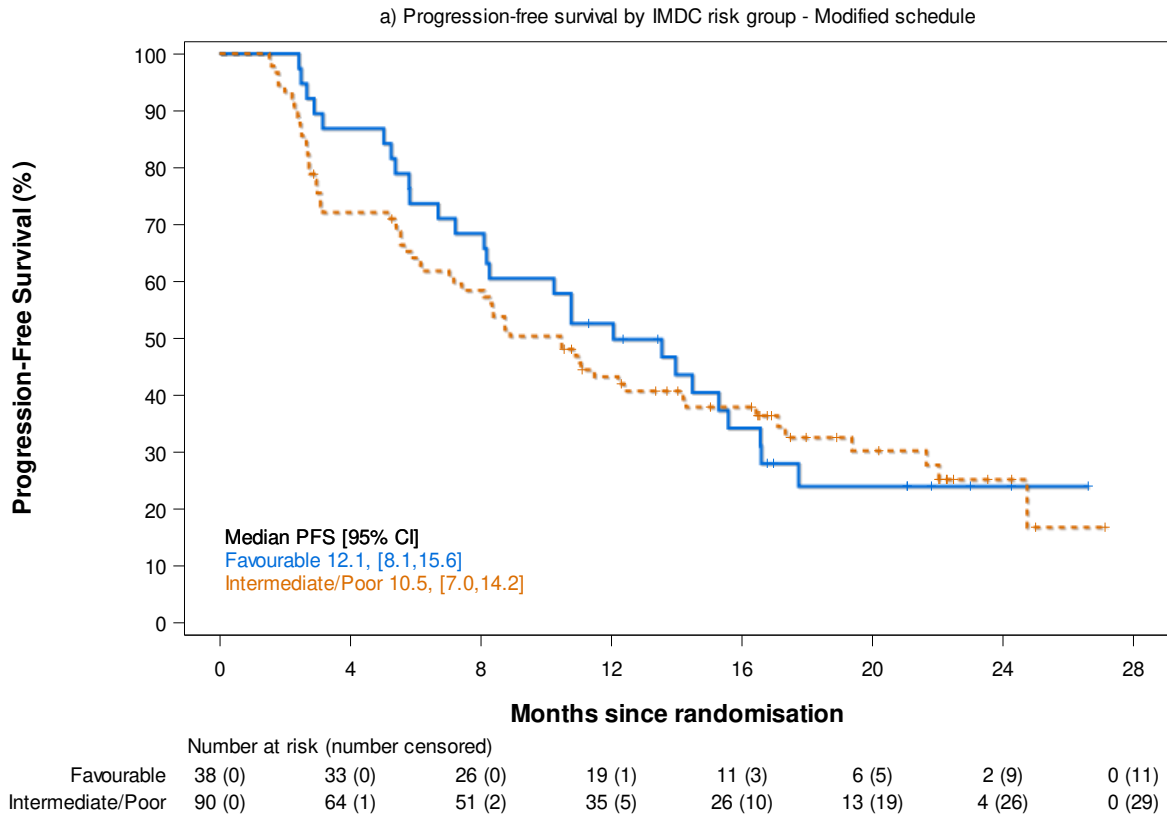
	0	4	8	12	16	20	24	28	32	36	40	44	48
Modified schedule	128 (0)	98 (0)	79 (0)	60 (0)	47 (3)	36 (6)	29 (10)	23 (13)	13 (19)	5 (25)	1 (29)	1 (29)	0 (30)
Standard schedule	64 (0)	53 (0)	38 (0)	29 (0)	23 (2)	14 (2)	13 (2)	11 (2)	9 (4)	6 (4)	2 (8)	0 (10)	



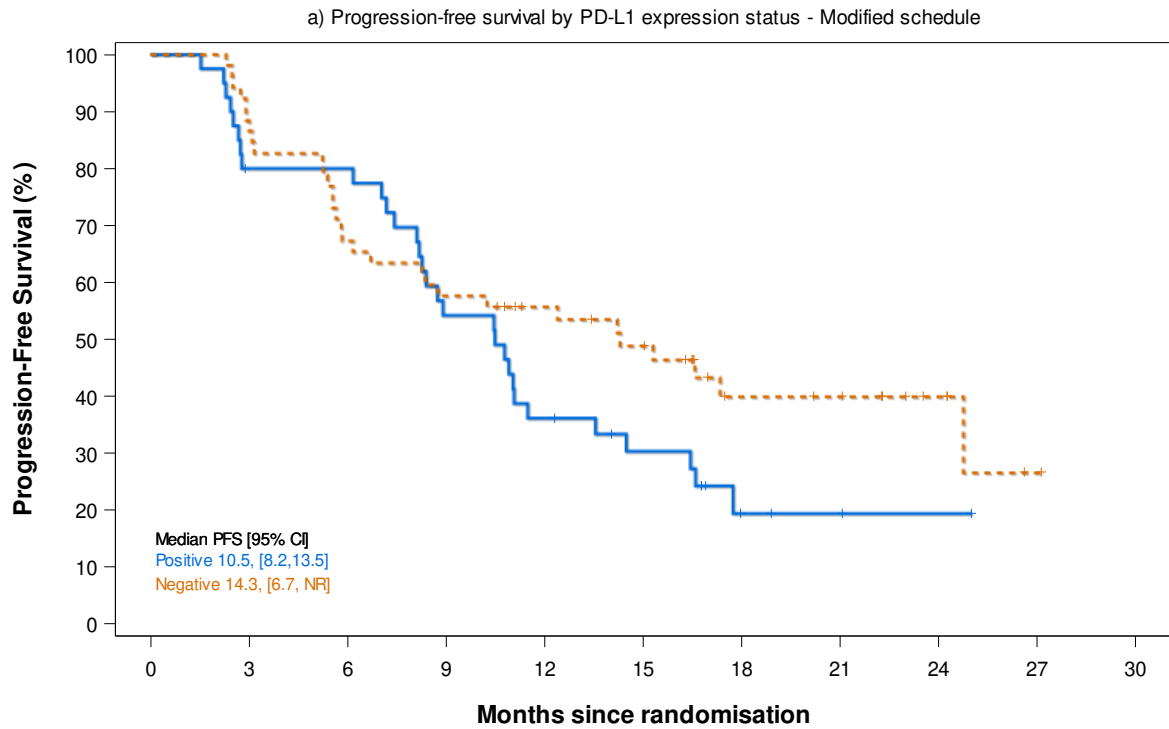
	0	4	8	12	16	20	24	28	32	36	40	44	48
Modified schedule	90 (0)	65 (0)	53 (0)	40 (0)	34 (2)	26 (5)	20 (9)	16 (10)	8 (15)	4 (17)	1 (20)	1 (20)	0 (21)
Standard schedule	44 (0)	36 (0)	26 (0)	20 (0)	15 (2)	8 (2)	8 (2)	7 (2)	5 (4)	3 (4)	0 (7)		

*Unlike the main trial data, extended progression-free survival is according to locally assessed progression. Where RECIST and locally assessed progression information was available for a participant, the RECIST assessment is used. Median follow-up for the extended progression-free survival was 32 months (95% CI: 29, 35) using the modified schedule and 38 months (95% CI: 31, 40) using the standard schedule.

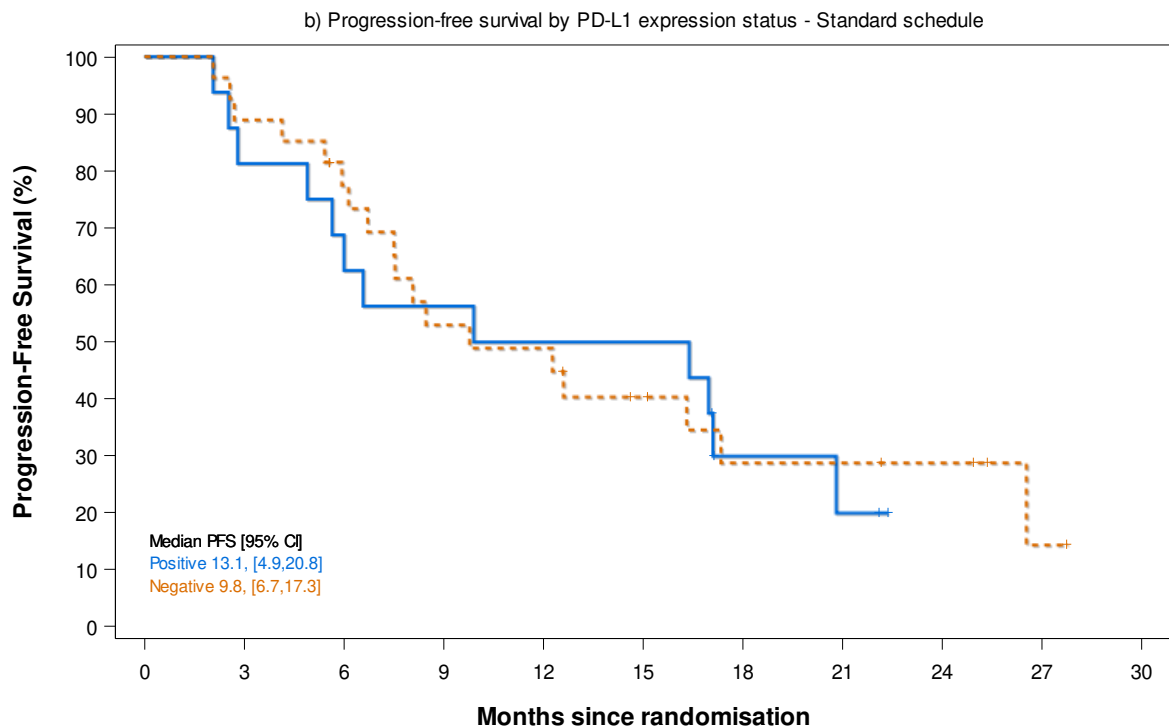
Supplementary Figure S3: Progression-free survival by IMDC risk group in (a) the modified schedule arm and (b) the standard schedule arm



Supplementary Figure S4: Progression-free survival* by PD-L1 tumor expression status in (a) the modified schedule arm and (b) the standard schedule arm



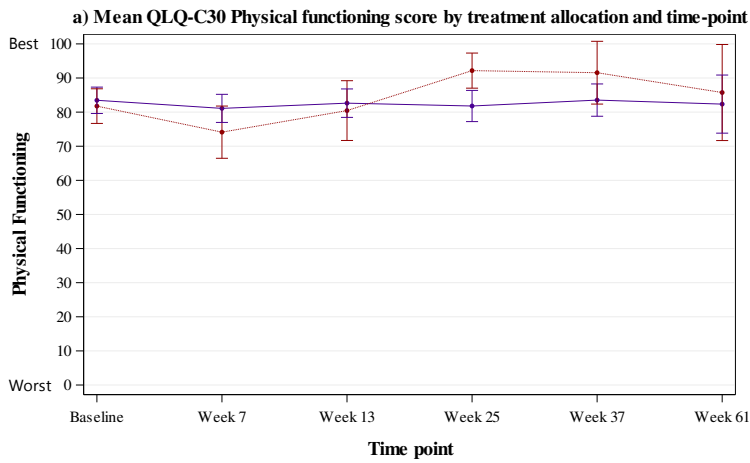
	Number at risk (number censored)										
	0	3	6	9	12	15	18	21	24	27	
Positive	40 (0)	31 (1)	31 (1)	21 (1)	14 (1)	10 (3)	3 (7)	2 (8)	1 (9)	0 (10)	
Negative	52 (0)	46 (0)	35 (0)	30 (0)	25 (4)	21 (5)	11 (12)	10 (13)	5 (18)	1 (21)	0 (22)



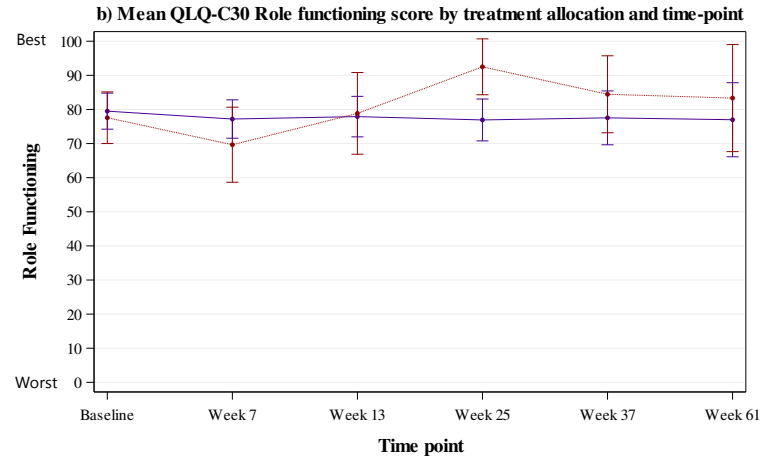
	Number at risk (number censored)										
	0	3	6	9	12	15	18	21	24	27	
Positive	16 (0)	13 (0)	11 (0)	9 (0)	8 (0)	8 (0)	3 (2)	2 (2)	0 (4)		
Negative	27 (0)	24 (0)	19 (2)	13 (2)	12 (2)	8 (4)	5 (5)	5 (5)	4 (6)	1 (8)	0 (9)

*Assessment of progression in the initial trial follow-up is according to RECIST v1.1 criteria. Additionally, there were some participants for whom PD-L1 tumor expression status was not available. PD-L1 expression defined as <1% vs ≥ 1%.

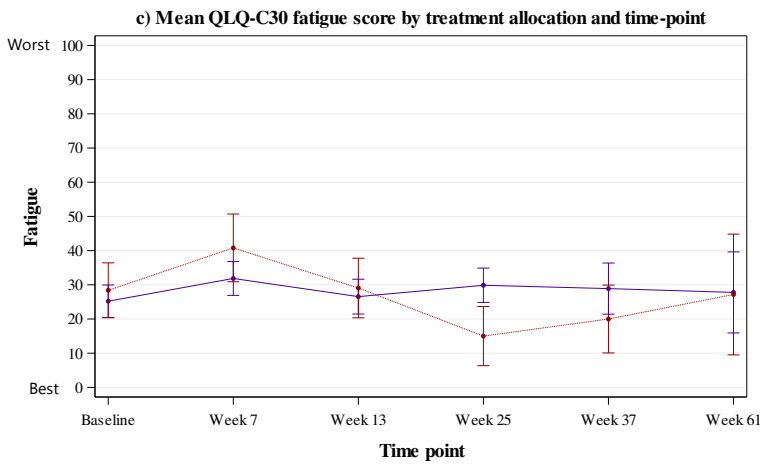
Supplementary Figure S5: Mean scores and 95% confidence intervals, by treatment allocation and time-point, of QLQ domains a) Physical functioning, b) Role functioning, c) Fatigue, and d) Pain



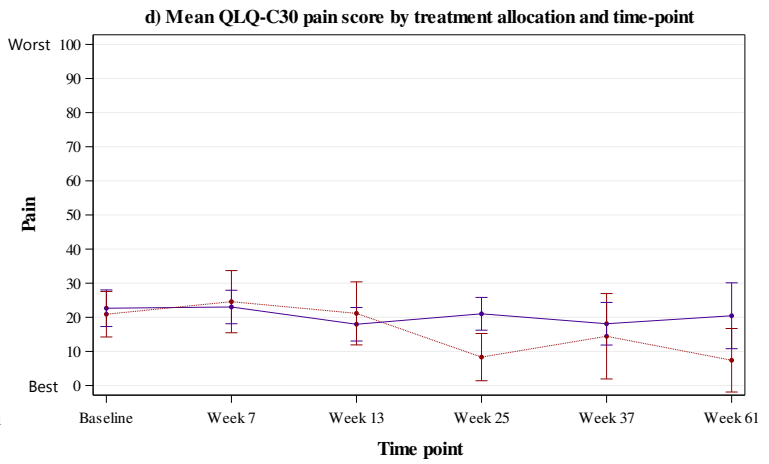
	Baseline	Week 7	Week 13	Week 25	Week 37	Week 61
N	114	93	87	62	44	22
Modified	54	38	26	20	15	9
Standard						



	Baseline	Week 7	Week 13	Week 25	Week 37	Week 61
N	113	95	89	65	46	21
Modified	55	39	26	20	15	9
Standard						

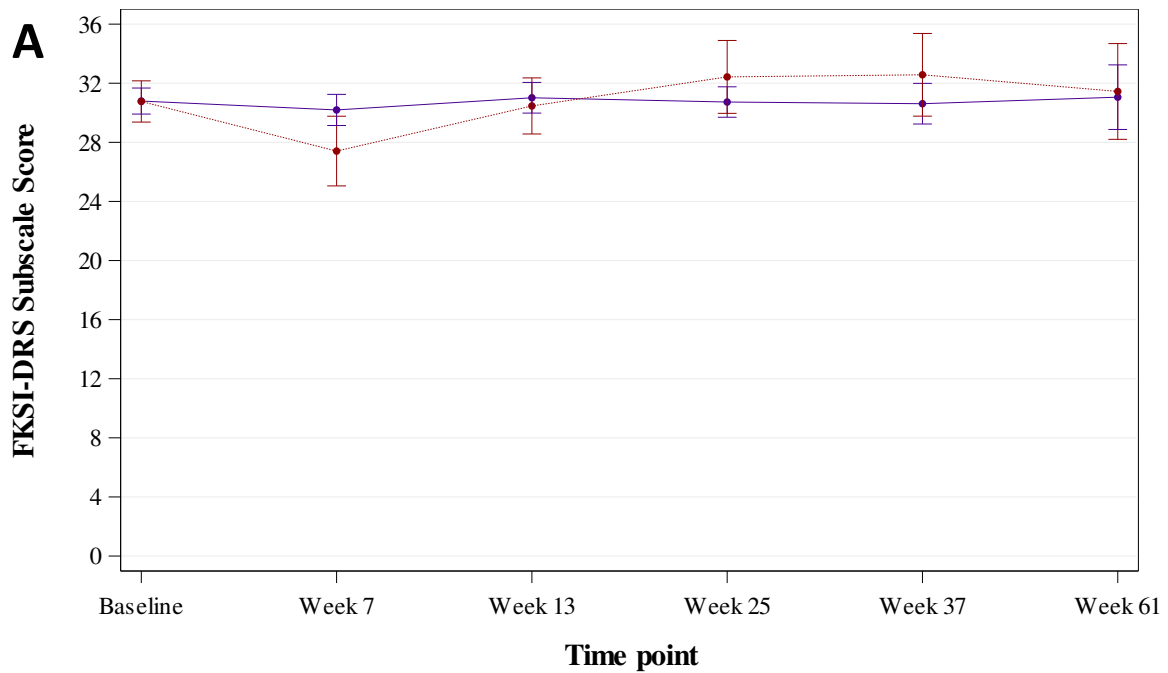


	Baseline	Week 7	Week 13	Week 25	Week 37	Week 61
N	114	94	90	64	45	22
Modified	54	38	26	20	15	9
Standard						

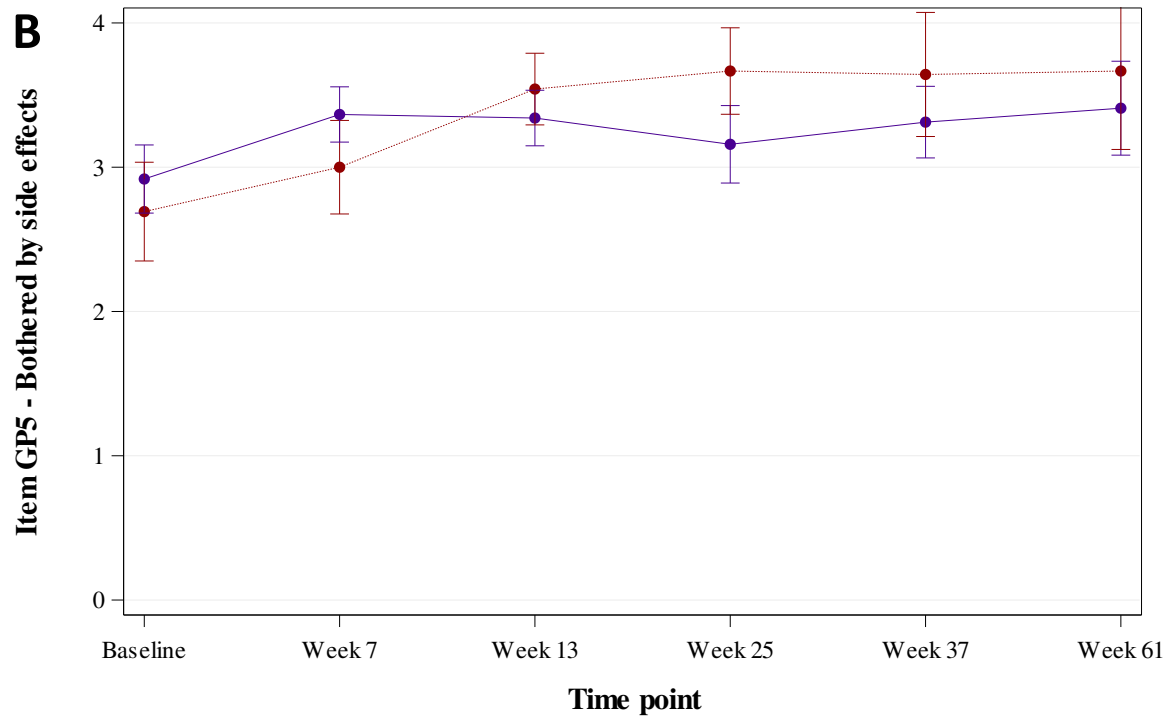


	Baseline	Week 7	Week 13	Week 25	Week 37	Week 61
N	114	97	90	65	46	22
Modified	55	40	26	20	15	9
Standard						

Supplementary Figure S6: Mean scores and 95% confidence intervals by treatment allocation and time-point of (a) FKSI Disease-related symptoms-9 (DRS-9) score and (b) Item GP5 “bothered by side effects”



	Baseline	Week 7	Week 13	Week 25	Week 37	Week 61
N						
Modified	114	93	88	63	48	22
Standard	54	41	24	21	14	9



	Baseline	Week 7	Week 13	Week 25	Week 37	Week 61
N						
Modified	110	93	88	63	48	22
Standard	52	39	24	21	14	9