Tivozanib is a highly potent and selective VEGF receptor TKI that leads to minimal inhibitor (VEGFR TKI) with a long half-life that is approved by the EMEA for the treatment of patients with aRCC. Tivozanib enhances PD-1 activity through regulatory T-cell–specific reductions due to AEs were observed.

**Table 5. Treatment-related AEs of all grades ( AE in ≥30% of patients) and grade 3/4 (Table 2)**

<table>
<thead>
<tr>
<th>AE</th>
<th>Patients (N=25)</th>
<th>Grade 3/4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>14 (56)</td>
<td>5 (20)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>10 (40)</td>
<td>5 (20)</td>
</tr>
<tr>
<td>Pruritus</td>
<td>9 (36)</td>
<td>1 (4)</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>5 (20)</td>
<td>0</td>
</tr>
<tr>
<td>Non-hematologic disorders, n (%)</td>
<td>7 (28)</td>
<td>0</td>
</tr>
<tr>
<td>Rash</td>
<td>5 (20)</td>
<td>1 (4)</td>
</tr>
<tr>
<td>Palmar-plantar erythrodysesthesia</td>
<td>4 (16)</td>
<td>0</td>
</tr>
</tbody>
</table>
| Nivolumab treatment has been associated with improved overall survival in patients with mRCC treated for the first time and is approved for previously treated patients with aRCC.

**Conclusions**

- In TiNivo, the tivozanib and nivolumab combination demonstrated promising antitumor activity, with most patients achieving disease control for ≥6 weeks.
- A high rate of disease control was observed, including a complete response in 1 patient with a complete response to treatment.
- The combination regimen showed a favorable AE profile with manageable treatment-related events, likely due to the high specificity of treatment.
- The most common grade 3/4 AE was uncomplicated hypertension, as an on-target effect.
- Nivolumab treatment was associated with further marks during treatment. The authors conclude that Tivozanib and nivolumab combination therapy is well tolerated and has promising activity in patients with mRCC.

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**References**