Background: The treatment of aRCC has significantly changed in recent years. Prior to the approval of combination therapies, tyrosine kinase inhibitor (TKI) monotherapy was considered the standard 1L therapy of aRCC. Immune checkpoint inhibitor (ICI) + TKI/ICI combinations were approved in the EU in 2019 and 2020, respectively. RENALISTIC launched in Oct 2022 to gather real-world data on the uptake/outcomes of new therapies in Germany. We report results of an IA including the first 50 patients. Methods: RENALISTIC is an anonymized retrospective chart review of patients who started 1L for aRCC in oncological and urological institutions from 2020-2021. An IA assessing value of documentation and derived information was planned. Descriptive analyses were conducted and the Kaplan-Meier method was used to assess time-to-event outcomes. Results: Data from 50 patients from 10 institutions (urology/oncology, 12%/88%; practice/hospital, 92%/8%) were evaluable through April 15, 2023. Therapies received were reported as ICI+TKI: 42%. ICI+ICI: 20%. TKI alone: 30%. ICI alone: 8%. The median progression-free survival (PFS) (months) differed by treatment; ICI+TKI: 9.1, ICI+ICI: 2.7, TKI alone: 3.2, ICI alone: 1.6. Median follow-up was 13.8 months. At time of analysis, 76% (n=38) had discontinued 1L due to progressive disease (n=13), physician/patient wish (n=8), death (n=7), performance status deterioration (n=4), toxicity (n=3), and unknown (n=3). **Discussion**: The use of combination therapy for the treatment of aRCC has been observed following regulatory approvals; this is reflected in the highest proportion of patients in this IA receiving ICI+TKI in 1L. For ICI+TKI, median PFS was 9.1 months, which is consistent with clinical trials and similar studies. Conclusion: Limitations of this IA include the small number of patients and missingness of data; however, the value of documentation was confirmed, and RENALISTIC will continue. Additional patients and followup will provide information on toxicity management and treatment approaches of medical disciplines/institutions.