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666P

Pembrolizumab (pembro) monotherapy as first-line therapy in advanced clear cell renal cell carcinoma (ccRCC): Results after a minimum of 41 months of follow-up from KEYNOTE-427 cohort A

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Background

In the open-label, single-arm, phase II KEYNOTE-427 study (NCT02853344), first-line pembro monotherapy showed antitumor activity in pts with advanced ccRCC (cohort A). Updated efficacy and safety results after a minimum of 40.9 mo of follow-up for pts with ccRCC are presented.

Methods

Pts with histologically confirmed ccRCC and measurable disease per RECIST v1.1 who had not previously received systemic therapy were given pembro 200 mg IV every 3 weeks for up to 35 doses or until progressive disease, unacceptable toxicity, or withdrawal of consent. The primary end point was ORR per RECIST v1.1 by blinded independent review (BICR). Secondary end points included DOR and PFS per RECIST v1.1 by BICR, OS, and safety.

Results

Of 110 enrolled pts, 42 (38.2%) pts had favorable IMDC risk and 68 (61.8%) had intermediate/poor risk. As of February 5, 2021, median duration of therapy was 8.5 mo (range, 0.03-26.7). Median time from enrollment to data cutoff date was 47.3 mo (range, 40.9-51.7). ORR was 36.4% (95% CI, 27.4-46.1; 4 [3.6%] CR, 36 [32.7%] PR). Median DOR was 18.9 mo (95% CI, 7.1-37.7); an estimated 43.5% of responders remained in response for ≥24 mo. Overall, 69.0% had a reduction in in the sum of target lesions; 19.1% had a ≥80% reduction in the sum of target lesions. By IMDC risk category, ORR was 31.0% (95% CI, 17.6-47.1) in pts with favorable risk and 39.7% (95% CI, 28.0-52.3%) in pts with intermediate/poor risk. For all pts, median PFS was 7.1 mo (95% CI, 5.6-11.0) and median OS was 40.7 mo (95 CI, 31.1 to not reached); 30-mo PFS and OS rates were 19.9% and 62.6%, respectively. In pts with favorable risk, median PFS was 9.7 mo (95% CI, 5.6-12.4) and median OS was not reached (95% CI, 40.1 to not reached); PFS and OS rates at 30 mo were 16.4% and 78.3%, respectively. In pts with intermediate/poor risk, median PFS was 6.9 mo (95% CI, 3.3-11.0) and median OS was 30.8 mo (95% CI, 23.8-47.1); PFS and OS rates at 30 mo were 22.4% and 52.9%, respectively. No new safety signals were observed.

Conclusions

After a minimum of 40.9 mo, pembro monotherapy was well tolerated, and it continued to show promising antitumor activity as first-line treatment in advanced ccRCC, with no new safety signals.

Clinical trial identification

NCT02853344, August 2, 2016.

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