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LBA2

Pembrolizumab plus chemotherapy versus placebo plus chemotherapy for persistent, recurrent, or metastatic cervical cancer: Randomized, double-blind, phase III KEYNOTE-826 study

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Background

Pembrolizumab (pembro) shows efficacy in patients (pts) with previously treated, PD-L1–positive advanced cervical cancer. In KEYNOTE-826 (NCT03635567), we evaluated the efficacy and safety of pembro + chemotherapy (chemo) ± bevacizumab (bev) for recurrent, persistent, or metastatic cervical cancer.

Methods

Eligible adults with persistent, recurrent, or metastatic cervical cancer not previously treated with systemic chemo (prior radiosensitizing chemo allowed) and not amenable to curative treatment were randomized 1:1 to pembro 200 mg or placebo Q3W for ≤35 cycles added to chemo (paclitaxel + cisplatin or carboplatin) ± bev. Pts were stratified by metastatic status at diagnosis, planned bev use, and PD-L1 combined positive score (CPS). Dual primary end points were PFS per RECIST v1.1 assessed by investigator review and OS, each tested sequentially in the PD-L1 CPS ≥1, all-comer, and CPS ≥10 populations. All data are from the protocol-specified first interim analysis (May 3, 2021 data cutoff).

Results

From Nov 2018 to Jan 2020, 617 pts were randomized to pembro + chemo (N = 308; 63.6% with bev) or placebo + chemo (N = 309; 62.5% with bev); 548 (88.8%) pts had PD-L1 CPS ≥1 and 317 (51.4%) had CPS ≥10. Pembro + chemo significantly improved PFS and OS in the CPS ≥1, all-comer, and CPS ≥10 populations (Table). The pembro + chemo benefit was seen regardless of bev use. Grade ≥3 AE incidence was 81.8% in the pembro + chemo arm and 75.1% in the placebo + chemo arm. The most common grade ≥3 AEs were anemia (30.3% vs 26.9%) and neutropenia (12.4% vs 9.7%).Table: LBA2

	PD-L1 CPS ≥1		All-Comer		PD-L1 CPS ≥10	
	Pembro + Chemo(N = 273)	Placebo + Chemo(N = 275)	Pembro + Chemo(N = 308)	Placebo + Chemo(N = 309)	Pembro + Chemo(N = 158)	Placebo + Chemo(N = 159)
PFS per RECIST v1.1 by investigator review						
Median, mo	10.4	8.2	10.4	8.2	10.4	8.1
12-mo rate, %	45.5	34.1	44.7	33.5	44.6	33.5
HR (95% CI)	0.62 (0.50-0.77); *P* < 0.001	0.65 (0.53-0.79); *P* < 0.001	0.58 (0.44-0.77); *P* < 0.001			
OS						
Median, mo	NR	16.3	24.4	16.5	NR	16.4

	PD-L1 CPS ≥1		All-Comer		PD-L1 CPS ≥10	
	Pembro + Chemo(N = 273)	Placebo + Chemo(N = 275)	Pembro + Chemo(N = 308)	Placebo + Chemo(N = 309)	Pembro + Chemo(N = 158)	Placebo + Chemo(N = 159)
24-mo rate, %	53.0	41.7	50.4	40.4	54.4	44.6
HR (95% CI)	0.64 (0.50-0.81); $P < 0.001$	0.67 (0.54-0.84); $P < 0.001$	0.61 (0.44-0.84); $P = 0.001$			

Conclusions

Pembro + chemo provided statistically significant, clinically meaningful PFS and OS improvements in pts with persistent, recurrent, or metastatic cervical cancer, regardless of PD-L1 expression and concomitant bev use. Along with a manageable safety profile, these data suggest pembro + chemo ± bev may be a new standard of care for this population.

Clinical trial identification

NCT03635567.

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Disclosure

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