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Pembrolizumab vs placebo plus weekly paclitaxel ± bevacizumab in platinum-resistant recurrent ovarian cancer: Results from the randomized double-blind phase III ENGOT-ov65/KEYNOTE-B96 study

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Background

Pembrolizumab combined with weekly paclitaxel demonstrated antitumor activity and manageable safety in a previous phase 2 study of platinum-resistant recurrent ovarian cancer (PRROC). The phase 3 ENGOT-ov65/KEYNOTE-B96 trial (NCT05116189) evaluated pembrolizumab plus weekly paclitaxel, with or without bevacizumab, in this setting.

Methods

Eligible participants had histologically confirmed epithelial ovarian, fallopian tube, or primary peritoneal carcinoma; 1–2 prior systemic regimens (≥ 1 platinum-based, ≥ 4 cycles in first line); and platinum-resistant disease (progression ≤ 6 months after last platinum dose). Participants were randomized 1:1 to pembrolizumab 400 mg IV every 6 weeks or placebo, each combined with weekly paclitaxel (80 mg/m² on days 1, 8, and 15 of each 3-week cycle) ± bevacizumab (10 mg/kg every 2 weeks) until progression or unacceptable toxicity. The primary endpoint was investigator-assessed progression-free survival (PFS); overall survival (OS) was the key secondary endpoint.

Results

A total of 643 participants were randomized (322 pembrolizumab, 321 placebo). At interim analysis 1 (median follow-up, 15.6 mo), pembrolizumab significantly improved PFS in the PD-L1 CPS ≥ 1 (8.3 vs 7.2 months; HR 0.72 [95% CI, 0.58–0.89]; P=0.0014) and the overall (8.3 vs 6.4 months; HR 0.70 [0.58–0.84]; P<0.0001) populations. At interim analysis 2 (median follow-up, 26.6 mo), OS was significantly improved in the PD-L1 CPS ≥ 1 population (18.2 vs 14.0 months; HR 0.76 [0.61–0.94]; P=0.0053), with a favorable trend in the overall population (17.7 vs 14.0 months; HR 0.81 [0.68–0.97]; P=0.0114). Grade ≥ 3 treatment-related adverse events occurred in 67.5% versus 55.3% of participants, respectively.

Conclusions

Pembrolizumab plus weekly paclitaxel ± bevacizumab showed statistically significant and clinically meaningful improvements in PFS regardless of PD-L1 status and in OS in PD-L1 CPS ≥ 1 PRROC, with a manageable safety profile.

Clinical trial identification

NCT05116189; EudraCT 2020-005027-37.

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Legal entity responsible for the study

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Disclosure

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