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Final overall survival (OS) results from BEATcc (ENGOT-Cx10/GEICO 68-C/JGOG1084/GOG-3030), a randomised phase 3 trial of first-line atezolizumab (atezo), chemotherapy (CT) and bevacizumab (bev) for metastatic, persistent or recurrent cervical cancer (R/M CC)

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Background

In the phase 3 BEATcc trial [Oaknin, Lancet 2024] adding atezo to first-line CT + bev for R/M CC significantly improved progression-free survival (PFS) and interim OS (dual primary endpoints) at the primary analysis. Here we report final results.

Methods

Patients (pts) with previously untreated measurable R/M CC not amenable to curative surgery/radiation were randomised 1:1 to standard CT + bev ± atezo (1200 mg d1 q3w) until progression or unacceptable toxicity, stratified by previous concomitant chemoradiation, histological subtype and CT backbone. Crossover from CT + bev to atezo at progression was not permitted per protocol. The final analysis of OS was prespecified after ≥292 deaths or 4 years after last pt enrolment, whichever occurred first. Subgroup analyses by stratification factors, additional potential prognostic factors and PD-L1 status were prespecified.

Results

At the data cut-off for the final analysis (median follow-up 57.2 months, 95% CI 54.9–59.5) no pts remained on treatment and 277/410 (68%) had died. OS was significantly improved with atezo added to CT + bev (HR 0.69, 95% CI 0.54–0.88) with consistent results in key subgroups, including by PD-L1 status. Median OS was 31.9 vs 22.7 months and 4-year OS rates were 40% vs 26% with vs without atezo, respectively. The HR for PFS2 was 0.62 (95% CI 0.49–0.78; median 23.3 vs 17.0 months). In exploratory subgroup analyses by PD-L1 status (IHC 22C3 combined positive score [CPS]), the OS HR was 0.71 (95% CI 0.50–0.99; median 32.7 vs 26.5 months) in the PD-L1+ (CPS ≥1) subgroup and 0.53 (95% CI 0.32–0.88; median 38.6 vs 19.2 months) in the PD-L1– (CPS <1) subgroup. In the control arm, immunotherapy was administered in 64 (58%) of 110 pts who received post-progression therapy. Long-term safety results were generally consistent with the primary analysis.

Conclusions

The significantly improved OS at the interim analysis was sustained with longer follow-up, confirming the benefit of combining atezo with first-line CT + bev for R/M CC. Exploratory analyses suggest that PD-L1 status is not relevant when selecting pts for atezo + CT + bev for R/M CC.

Clinical trial identification

NCT03556839; EudraCT 2018-000367-83; ENGOT-Cx10/GEICO 68-C/JGOG1084/GOG-3030/BEATcc.

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GEICO.

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Disclosure

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