The current standard of care for patients with high-risk locally advanced cervical cancer is chemoradiotherapy (CRT) composed of external beam radiotherapy (EBRT) with concurrent chemotherapy followed by brachytherapy. Pembrolizumab is a selective, humanized immunoglobulin G4κ monoclonal antibody against programmed cell death receptor 1 (PD-1) approved for the treatment of patients with PD-L1–positive recurrent or metastatic cervical cancer that progressed during or after chemotherapy on the basis of data from KEYNOTE-158.

**Figure 1. Pembrolizumab and the PD-1 Pathway**

**Key inclusion criteria**
- Females aged ≥18 years
- Histologically confirmed squamous cell carcinoma, adenocarcinoma, or adenosquamous carcinoma of the cervix
- Prior definitive surgical, radiation, or systemic therapy and no prior immunotherapy
- No prior definitive cryotherapy

**Key exclusion criteria**
- Prior definitive surgical, radiation, or systemic therapy and no prior immunotherapy
- Histologically subtypes other than those allowed in the inclusion criteria
- FIGO 2014 stage IVA disease
- History of or planned total hysterectomy
- Prior systemic antineoplastic therapy within 4 weeks prior to randomization

**REFERENCES**


**Figure 2. ENGOT-cx11/GOG 3047/KEYNOTE-A18 Study Design**

- **Participants**
  - High-risk locally advanced cervical cancer
  - FIGO 2014 stage IB2–IIB (node-negative disease)
  - FIGO 2014 stage IVB disease

- **Randomization**
  - 1:1 N=580

- **Follow-up**
  - Years 1-2: Q2W Year 3: Q4W Year 4+: Annually

- **Endpoints**
  - OS
  - OS at 3 years
  - OS and PFS per RECIST v1.1, assessed by BICR, in patients with PD-L1–positive disease

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**Study Site**

EOAC International Federation of Gynecology and Obstetrics

**Presented at**