Long-Term Follow-Up of Pembrolizumab Plus Chemotherapy in Chinese Patients With Metastatic Squamous Non-Small-Cell Lung Cancer From KEYNOTE-407

Background

- Consistent with the global study population in KEYNOTE-407, tumor progression or chemotherapy plus pembrolizumab plus chemotherapy improved outcomes in Chinese patients with metastatic squamous NSCLC enrolled in the KEYNOTE-407 global study (n = 125) and China extension study (n = 103)

Table 1: Key outcomes from the KEYNOTE-407 global and China studies

- Mean age, median (range), y: 63.0 (39–78)
- PD-L1 TPS ≥50%: 37 (56.9)
- Men: 60 (92.3)
- Prior (neo)adjuvant therapy: 38 patients from the placebo plus chemotherapy group crossed over to pembrolizumab on-treatment after completing 35 cycles (ie, approximately 4 y after randomization)

Methods

Study design, patients, and treatment

- The KEYNOTE-407 China extension study (NCT03875092) was identical to the global study; 1 additional patient received subsequent anti–PD-(L)1 therapy off-study for an effective dose

Patients

- Median time from randomization to database cutoff was 44.9 (range, 41.9–57.7) months
- At data cutoff, no patients in either treatment group were receiving initially assigned therapy
- 38 patients from the placebo plus chemotherapy group crossed over to pembrolizumab on-treatment after completing 35 cycles (ie, approximately 4 y after randomization)

Results

Table 2. Demographics and baseline characteristics

- Pembrolizumab plus chemotherapy
- Placebo plus chemotherapy
- Completed 35 cycles of pembrolizumab (n = 125)

- Age, median (range), y: 63.0 (39–78)
- PD-L1 TPS ≥50%: 37 (56.9)
- Men: 60 (92.3)
- Prior (neo)adjuvant therapy: 38 patients from the placebo plus chemotherapy group crossed over to pembrolizumab on-treatment after completing 35 cycles (ie, approximately 4 y after randomization)

Outcomes in patients who completed 35 cycles of pembrolizumab

- Pembrolizumab plus chemotherapy

Pembrolizumab plus chemotherapy (n = 125)

- OS, %: 60
- 2-y OS rate after completing 35 cycles (ie, approximately 4 y after randomization)

Conclusions

- After ~4 years of follow-up, pembrolizumab plus chemotherapy continued to demonstrate prolonged OS and DFS versus placebo plus chemotherapy with manageable safety in Chinese patients enrolled in the KEYNOTE-407 global and extension studies, irrespective of PD-L1 TPS
- Results were consistent with the global study population
- A majority of patients who completed 35 cycles of pembrolizumab had an objective response and were alive at the time of data cutoff
- These data support the use of first-line pembrolizumab plus chemotherapy as a standard of care in patients with metastatic squamous NSCLC in China

References

3.Conflict of interests

Ying Chen has nothing to disclose.

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Figure 5. PFS2 for ITT population

- Time, mo: 0 12 24 36 48 60
- Events, n (%): 0 12 24 36 48 60
- pembrolizumab plus chemotherapy
- Placebo plus chemotherapy

Table 4. Efficacy outcomes in patients who completed 35 cycles of pembrolizumab

<table>
<thead>
<tr>
<th>Pembrolizumab plus chemotherapy (n = 125)</th>
<th>Placebo plus chemotherapy (n = 60)</th>
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<tbody>
<tr>
<td>OS, %: 60</td>
<td>40</td>
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<tr>
<td>2-y OS rate after completing 35 cycles (ie, approximately 4 y after randomization)</td>
<td>30</td>
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- pembrolizumab plus chemotherapy
- Placebo plus chemotherapy

Figure 4. OS and PFS by PD-L1 TPS (A) OS

- pembrolizumab plus chemotherapy
- Placebo plus chemotherapy

Table 3. Tumor response in the ITT population

- pembrolizumab plus chemotherapy
- Placebo plus chemotherapy

Figure 3. PFS in the ITT population

- pembrolizumab plus chemotherapy
- Placebo plus chemotherapy

Table 5. Summary of AEs

- pembrolizumab plus chemotherapy
- Placebo plus chemotherapy

Figure 2. OS in the ITT population

- pembrolizumab plus chemotherapy
- Placebo plus chemotherapy

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