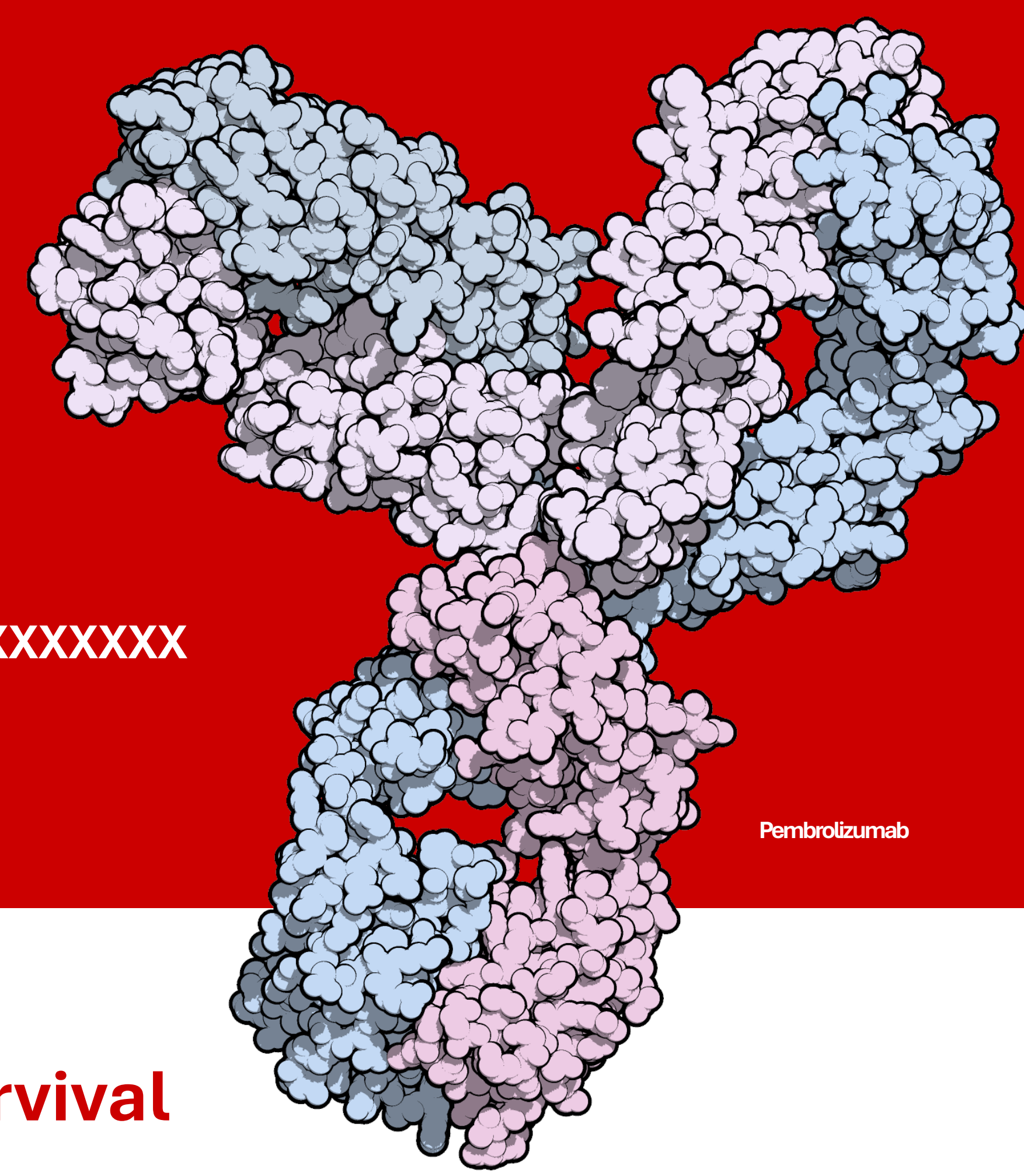


Evaluating the Efficacy and Safety of Pembrolizumab Combination Therapy in Advanced Recurrent Cervical Cancer

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Background

Based on the KEYNOTE-826 trial, pembrolizumab has been covered by insurance in Japan since 2022 for advanced or recurrent cervical cancer, enabling its addition to the standard regimen of paclitaxel, carboplatin, and bevacizumab.

This single-center study evaluates its safety and efficacy in clinical practice to establish a more effective treatment approach.

Methods

From October 2022 to March 2024, we retrospectively reviewed medical records of 45 patients with advanced or recurrent cervical cancer treated with pembrolizumab-based chemotherapy at our institution. Treatment included paclitaxel (175 mg/m²), carboplatin (AUC 5), pembrolizumab (200 mg), and bevacizumab (15 mg/kg) every three weeks. Upon disease control, maintenance therapy with pembrolizumab and bevacizumab was introduced. Bevacizumab was omitted in cases with recent post-radiotherapy recurrence or uncontrolled thrombosis / hypertension. Data were analyzed using IBM SPSS Statistics (version 30).

Results

Demographic

| | | |
|---|--------------------------------------|---------------|
| Patients' characteristics | N = 45 | |
| Median age (range) | 54 (35–84) | |
| Histologic type (%) | SCC : 27 (60%) Non-SCC : 18 (40%) | |
| Disease stage at initial diagnosis (%) | I : 6 (13%) | II : 3 (6.7%) |
| | III : 27 (60%) | IV : 9 (20%) |
| Initial treatment (%) | | |
| Surgery only | 4 (8.9%) | |
| Surgery + Radiotherapy (or chemoradiotherapy) | 11 (24.4%) | |
| Surgery + chemotherapy | 2 (4.4%) | |
| Chemoradiotherapy or radiotherapy | 16 (35.6%) | |
| None | 12 (26.7%) | |
| Bevacizumab use during the treatment (%) | 25 (55%) | |

Adverse Events

| | |
|------------------------------|-------|
| Adrenal Cortical Dysfunction | 15.6% |
| Thyroid Dysfunction | 6.7% |
| Hepatitis | 6.7% |
| Nephritis | 2.2% |

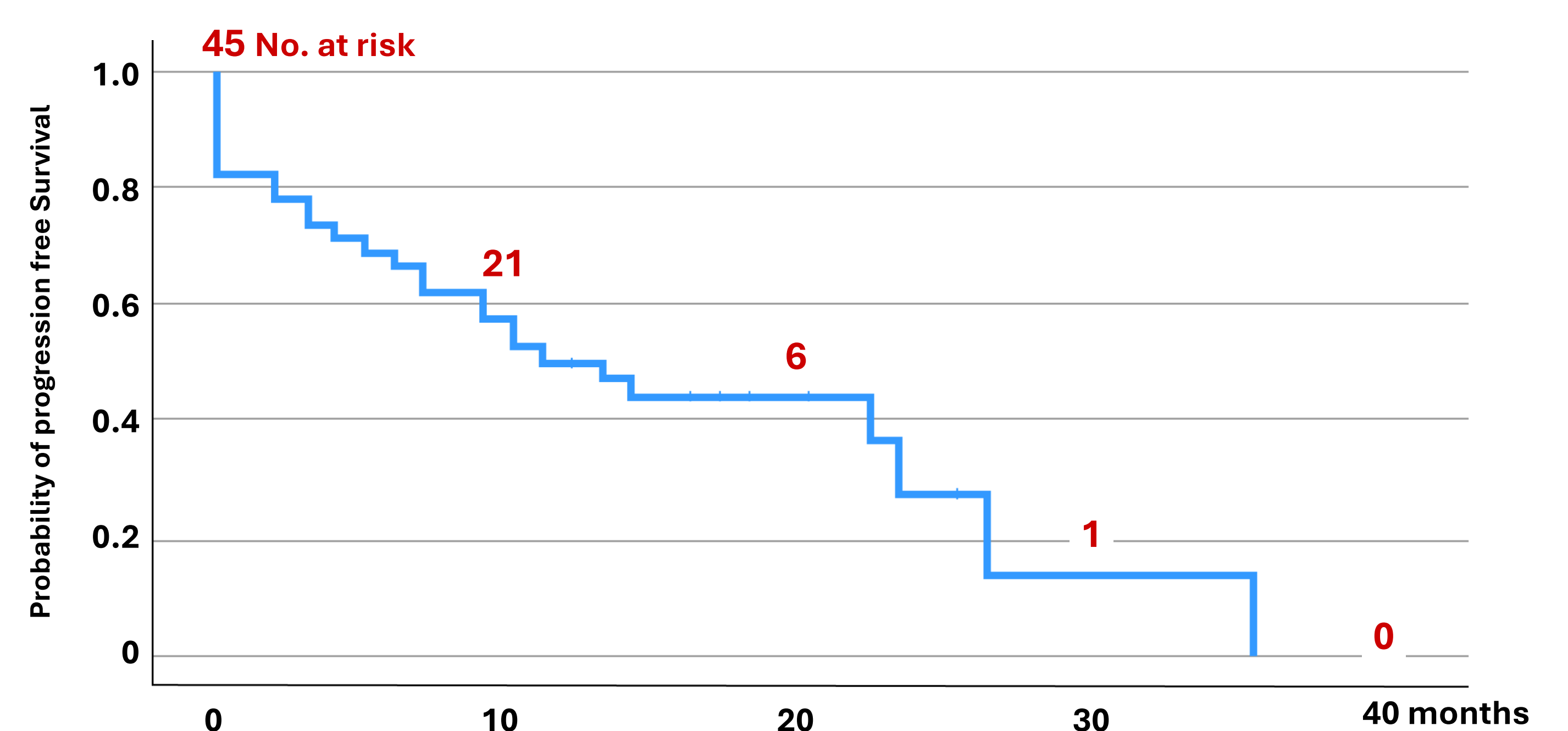
The incidence of Grade 2–3 immune-related adverse events

References

1. Pembrolizumab for Persistent, Recurrent, or Metastatic Cervical Cancer N ENGL J MED 385(20);1856-1867:2021

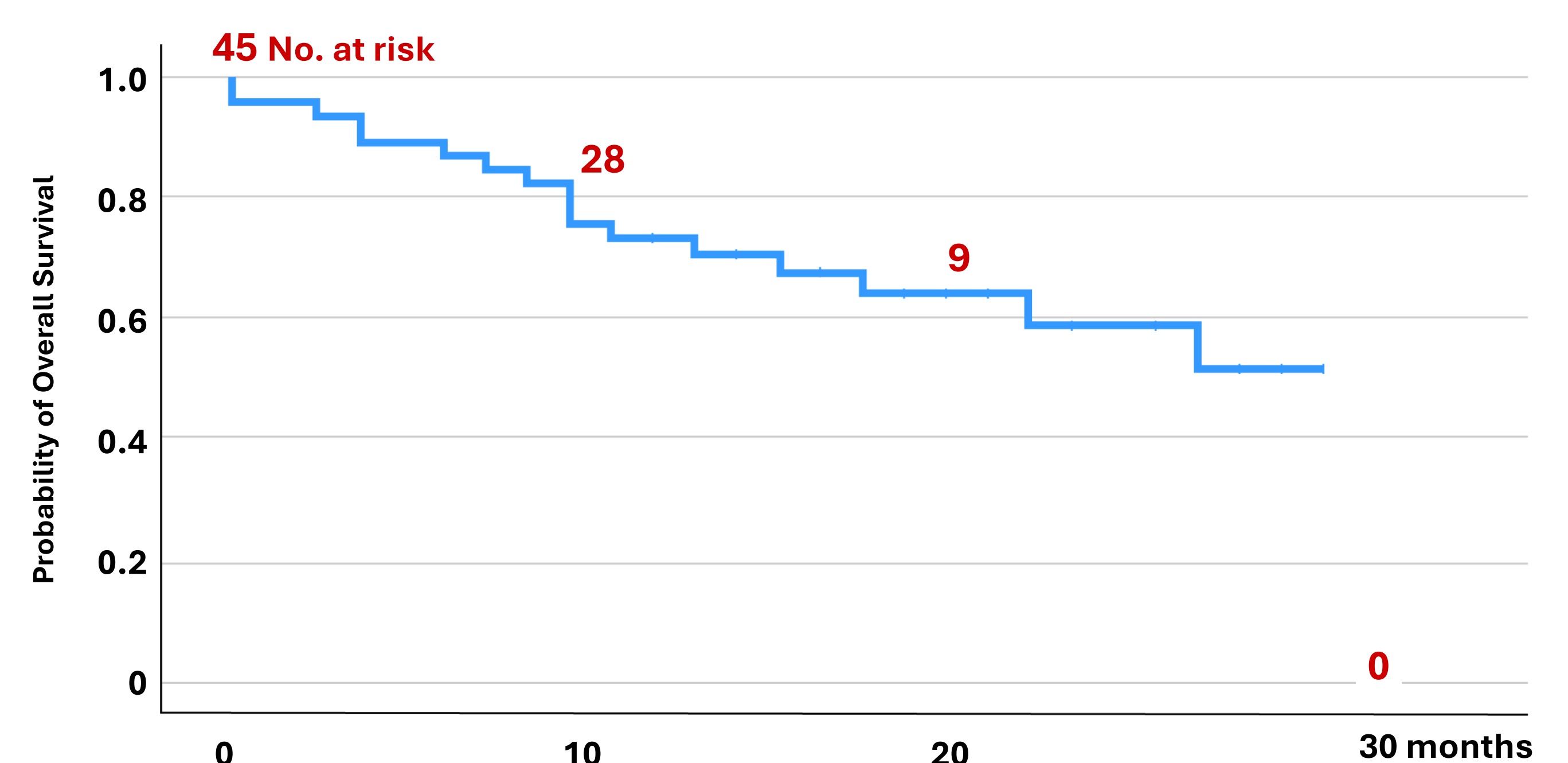
We acknowledge the women who participated in this study as well as our staff
The authors declare no conflict of interest.

Progression Free Survival



Kaplan-Meier estimates of progression free survival(PFS).
The median PFS was 13.0 months (95%CI, 7.2 to18.7).

Overall Survival



Kaplan-Meier estimates of overall survival (OS).
The median OS was not reached.

Response Rate

| Response | NE | PD | SD | PR | CR | CR+PR |
|----------|----|------|----|------|----|-------|
| No | 1 | 5 | 1 | 29 | 9 | 38 |
| % | 2 | 11.1 | 2 | 64.4 | 20 | 84.4 |

The median follow-up period was 18 months (range: 9–27 months). The overall response rate was 84.4%, which was higher than that reported in the KEYNOTE-826 trial.

Conclusions

Pembrolizumab combination therapy for advanced recurrent cervical cancer shows higher response rates and sustained efficacy compared to standard chemotherapy. However, irAEs require careful management as they may necessitate treatment discontinuation.

Optimizing efficacy while managing irAEs is crucial for improving patient outcomes in real-world settings.

Questions or Thoughts?

Want to discuss this further or share your own experiences?
We'd love to hear from you. Use the QR code to get in touch.



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