KEYNOTE-010.pdf.txt

# 研究患者

Data are median (IQR) or n (%). ECOG=Eastern Cooperative Oncology Group. TPS=tumour proportion score. \*For ﬁ ve of the six patients who had and ECOG performance status ≥2 during screening, the score improved to 1 by the time the patients were randomly allocated to treatment. †Patients whose disease progressed within 1 year of completing platinum-based adjuvant therapy were also eligible.

# 样本量

Findings Between Aug 28, 2013, and Feb 27, 2015, we enrolled 1034 patients: 345 allocated to pembrolizumab 2 mg/kg, 346 allocated to pembrolizumab 10 mg/kg, and 343 allocated to docetaxel.

# 基线特征

Table 1: Baseline characteristics  
4–6 weeks later.

# 试验设计

References 1 Mok TS, Wu YL, Thongprasert S, et al. Geﬁ tinib or carboplatin-paclitaxel in pulmonary adenocarcinoma. N Engl J Med 2009; 361: 947–57. Shaw AT, Kim DW, Nakagawa K, et al. Crizotinib versus chemotherapy in advanced ALK-positive lung cancer. N Engl J Med 2013; 368: 2385–94. Shaw AT, Kim DW, Mehra R, et al. Ceritinib in ALK-rearranged non-small-cell lung cancer. N Engl J Med 2014; 370: 1189–97. Jänne PA, Yang PC, Kim DW, et al. AZD9291 in EGFR inhibitor-resistant non-small-cell lung cancer. N Engl J Med 2015; 372: 1689–99. Sequist LV, Soria JC, Goldman JW, et al. Rociletinib in EGFR-mutated non-small-cell lung cancer. N Engl J Med 2015; 372: 1700–09. 6 Camidge DR, Pao W, Sequist LV. Acquired resistance to TKIs in solid tumours: learning from lung cancer. Nat Rev Clin Oncol 2014; 11: 473–81. Brahmer J, Reckamp KL, Baas P, et al. Nivolumab versus docetaxel in advanced squamous-cell non-small-cell lung cancer. N Engl J Med 2015; 373: 123–35. Borghaei H, Paz-Ares L, Horn L, et al. Nivolumab versus docetaxel in advanced nonsquamous non-small-cell lung cancer. N Engl J Med 2015; 373: 1627–39. 9 Garon EB, Rizvi NA, Hui R, et al. Pembrolizumab for the treatment of non-small-cell lung cancer. N Engl J Med 2015; 372: 2018–28. 10 Herbst RS, Soria JC, Kowanetz M, et al. Predictive correlates of response to the anti-PD-L1 antibody MPDL3280A in cancer patients. Nature 2014; 515: 563–67. 11 Spira AI, Park K, Mazieres J, et al. Eﬃ cacy, safety and predictive biomarker results from a randomized phase II study comparing MPDL3280A vs docetaxel in 2L/3L NSCLC (POPLAR) [abstract].

# 研究背景

Background Despite recent advances in the treatment of advanced non-small-cell lung cancer, there remains a need for eﬀ ective treatments for progressive disease. We assessed the eﬃ cacy of pembrolizumab for patients with previously treated, PD-L1-positive, advanced non-small-cell lung cancer.

# 研究结果

results of KEYNOTE-010, the ﬁ rst randomised comparison of pembrolizumab 2 mg/kg or 10 mg/kg every 3 weeks versus standard-of-care treatment for PD-L1-positive non-small-cell lung cancer that progressed after at least platinum-based chemotherapy. This study is the ﬁ rst active-control trial that enrolled patients on the basis of prospective assessment of tumour PD-L1 expression based on the association between higher PD-L1 expression and greater clinical beneﬁ t from pembrolizumab.

# 研究结论

Findings Between Aug 28, 2013, and Feb 27, 2015, we enrolled 1034 patients: 345 allocated to pembrolizumab 2 mg/kg, 346 allocated to pembrolizumab 10 mg/kg, and 343 allocated to docetaxel. By Sept 30, 2015, 521 patients had died. In the total population, median overall survival was 10·4 months with pembrolizumab 2 mg/kg, 12·7 months with pembrolizumab 10 mg/kg, and 8·5 months with docetaxel. Overall survival was signiﬁ cantly longer for pembrolizumab 2 mg/kg versus docetaxel (hazard ratio [HR] 0·71, 95% CI 0·58–0·88; p=0·0008) and for pembrolizumab 10 mg/kg versus docetaxel (0·61, 0·49–0·75; p<0·0001). Median progression-free survival was 3·9 months with pembrolizumab 2 mg/kg, 4·0 months with pembrolizumab 10 mg/kg, and 4·0 months with docetaxel, with no signiﬁ cant diﬀ erence for pembrolizumab 2 mg/kg versus docetaxel (0·88, 0·74–1·05; p=0·07) or for pembrolizumab 10 mg/kg versus docetaxel (HR 0·79, 95% CI 0·66–0·94; p=0·004). Among patients with at least 50% of tumour cells expressing PD-L1, overall survival was signiﬁ cantly longer with pembrolizumab 2 mg/kg than with docetaxel (median 14·9 months vs 8·2 months; HR 0·54, 95% CI 0·38–0·77; p=0·0002) and with pembrolizumab 10 mg/kg than with docetaxel (17·3 months vs 8·2 months; 0·50, 0·36–0·70; p<0·0001). Likewise, for this patient population, progression- free survival was signiﬁ cantly longer with pembrolizumab 2 mg/kg than with docetaxel (median 5·0 months vs 4·1 months; HR 0·59, 95% CI 0·44–0·78; p=0·0001) and with pembrolizumab 10 mg/kg than with docetaxel (5·2 months vs 4·1 months; 0·59, 0·45–0·78; p<0·0001). Grade 3–5 treatment-related adverse events were less common with pembrolizumab than with docetaxel (43 [13%] of 339 patients given 2 mg/kg, 55 [16%] of 343 given 10 mg/kg, and 109 [35%] of 309 given docetaxel).  
Interpretation Pembrolizumab prolongs overall survival and has a favourable beneﬁ t-to-risk proﬁ le in patients with previously treated, PD-L1-positive, advanced non-small-cell lung cancer.

# 表格相关

4 (3%) 3 (2%) 1 (1%) 0 (0%) (Table 1 continues on next page)

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