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CORRESPONDENCE

Pembrolizumab in Programmed Death Ligand 1–Positive Endometrial Cancer

TO THE EDITOR: In the article by Ott et al,[1] the aim of the study, KEYNOTE-028 (NCT02054806), was to evaluate the activity and safety profile of pembrolizumab in patients with heavily pretreated advanced endometrial cancer (EC), a subgroup with a poor prognosis. This article deserves some consideration to give the study proper meaning. Unfortunately, it is a small study, as are others that explore the activity of different agents in advanced and metastatic EC. Of the 75 patients evaluated for programmed death ligand 1 expression, 36 (48%) had positive tumors. According to eligibility criteria, up to 12 patients were excluded; moreover, another woman was excluded for lack of post-baseline assessment, and three received no assessment at the time of the data cutoff. The study design stated that sarcomas should be excluded; in our opinion, even a patient with a carcinosarcoma should have been excluded to have a more homogeneous group for this investigation. For the same reason, the two patients who received adjuvant radiotherapy should have been excluded. Therefore, only 17 patients were eligible by clinical assessment—certainly too few to answer to the question about clinical activity of pembrolizumab in patients with programmed death ligand 1–positive EC.

In this article, the authors reported the promising role of bevacizumab in EC according to available scientific data.[1,2] Other articles recently have highlighted the role of bevacizumab in this neoplasia as well as in other gynecologic malignancies.[3-6] In the trial reported by Aghajanian et al,[2] 56 patients were recruited to evaluate the activity of bevacizumab in recurrent or persistent EC. Of 55 patients, 52 were eligible and evaluable. In the study, one complete and six partial responses were observed (together, 13.5% response rate); the median response duration reported was 6 months. Moreover, 21 patients (40.4%) were progression free for at least 6 months. The median progression-free survival and overall survival (OS) times were 4.2 and 10.5 months, respectively. According to these data, bevacizumab use was proposed as single-agent therapy for patients with EC who experienced progression after standard chemotherapy.[3] In the study by Ott et al,[1] the 6- and 12-month progression-free survival rates were 19.9% and 14.3%, respectively, similar to results observed by Aghajanian et al.[2] The median OS was not reached, and the 6- and 12-month OS rates were 67.0% and 51.0%, respectively. Unfortunately, the study was not powered to evaluate OS in this subset of patients. Because of the small number of patients evaluable for clinical assessment, it is difficult to correlate microsatellite instability status with clinical outcome after therapy with pembrolizumab in these patients. Given the results of these two studies,[1,2] it seems premature to suggest treatment with pembrolizumab in patients with EC after disease failure with standard therapies. We await results from controlled clinical trials, and the results of the multicohort KEYNOTE-158 trial in particular.

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AUTHORS' DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST

Disclosures provided by the authors are available with this article at jco.org.

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