

ASCO: Pembrolizumab is good second-line Tx in urothelial CA

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respectively (hazard ratio for death, 0.73); the corresponding median overall survival was 8.0 and 5.2 months for patients who had a tumor programmed death 1 (PD-L1) combined positive score of 10 percent or more (hazard ratio, 0.57). Progression-free survival did not differ significantly between the groups in the total population or among [patients](#) who had a tumor PD-L1 combined positive score of 10 percent or more. There were fewer treatment-related adverse events of any grade in the pembrolizumab group (60.9 versus 90.2 percent).

"Pembrolizumab was associated with significantly longer overall survival (by approximately three months) and with a lower rate of treatment-related adverse events than [chemotherapy](#) as second-line therapy for platinum-refractory advanced urothelial carcinoma," the authors write.

(HealthDay)—For patients with advanced urothelial cancer that has recurred or progressed after platinum-based chemotherapy, pembrolizumab is associated with increased overall survival, according to a study published online Feb. 17 in the *New England Journal of Medicine*. The research was published to coincide with the American Society of Clinical Oncology's annual Genitourinary Cancers Symposium, held from Feb. 16 to 18 in Orlando, Fla.

Joaquim Bellmunt, M.D., Ph.D., from the Dana-Farber Cancer Institute in Boston, and colleagues randomized 542 patients with advanced urothelial cancer that recurred or progressed after [platinum-based chemotherapy](#) to receive [pembrolizumab](#) every three weeks or the investigator's choice of chemotherapy with paclitaxel, docetaxel, or vinflunine.

The researchers found that the median overall survival was 10.3 and 7.4 months in the pembrolizumab and chemotherapy groups,

Several authors disclosed financial ties to pharmaceutical companies, including Merck, which manufactures pembrolizumab and funded the study.

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