Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/clinical-practice/oncology-hematology/patient-reported-outcomes-from-the-phase-3-keynote-689-trial-of-adding-perioperative-pembrolizumab-to-standard-of-care-in-resectable-locally-advanced-hnscc/39777/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Patient-Reported Outcomes From the Phase 3 KEYNOTE-689 Trial of Adding Perioperative Pembrolizumab to Standard of Care in Resectable Locally Advanced HNSCC

Announcer:
Welcome to DataPulse from ESMO 2025 on ReachMD. This activity, titled “Patient-Reported Outcomes From the Phase 3 KEYNOTE-689 Trial of Adding Perioperative Pembrolizumab to Standard of Care in Resectable Locally Advanced head and neck squamous cell carcinoma” is provided by Prova Education.

Dr. Tao:
Good morning. I'm Dr. Yungan Tao, radiation oncologist from Gustave Roussy Institution in France, and here in ESMO 2025 Berlin, Germany. Today, I'm pleased to present the PRO finding from the KEYNOTE-689 study.

KEYNOTE- 689 study is an international phase 3 trial evaluating neoadjuvant/adjuvant pembrolizumab in addition to standard of care surgery and radiotherapy in resectable locally advanced head and neck squamous cell carcinoma. The primary endpoint of KEYNOTE-689 study was evidence-free survival. And in at the first interim analysis, we show that pembrolizumab in addition to standard of care improved significantly EFS in all patients and without safety signal.

And patient-reported outcome is the second endpoint for this study, and we reported in this ESMO, and we used EORTC QLQ-C30 for quality of life and physical functioning, and also EORTC QLQ-Head and Neck 35 for symptom scores—pain, swallowing, and speech.

We find that pembrolizumab did not have a meaningful effect during neoadjuvant phase for global health status and physical functioning. And also compared to the control arm, no effect after its therapy at 6 months and 1 year. And for the symptom scores, we showed that pembrolizumab improved numerically the pain, swallowing, and speech score during the adjuvant phase. And after its therapy, at adjuvant phase, we showed that pain score was improved more than 10 points by pembrolizumab at 6 months and 1 year, and for control arm only at 1 year.

In summary, we showed that pembrolizumab in addition to standard of care significantly improved the EFS, and the PRO analysis indicated no detrimental effect on quality of life.

I'm Yungan Tao in ESMO 2025. Thank you for listening.

Announcer:
Thank you for listening to this DataPulse from ESMO 2025 on ReachMD. This activity is provided by Prova Education. Thank you for listening.