

**Saturday June 1 Press Briefing: ASCO Press Releases with links to abstracts**

**Announcement: Minimal Common Oncology Data Elements (mCODE™), a collaboration between ASCO®, the MITRE Corporation, and the Alliance for Clinical Trials in Oncology Foundation**

[CLICK TO SEE FULL TEXT of PRESS RELEASE including ABSTRACT](#)

**Abstract LBA1008: Phase III MONALEESA- 7 trial of premenopausal patients with HR+/HER2– advanced breast cancer (ABC) treated with endocrine therapy ± ribociclib: Overall survival (OS) results.**

**Conclusions:** RIB + ET demonstrated a clinically and statistically significant longer OS than ET alone in premenopausal pts with HR+/HER2– ABC. This is the first time that a CDK4/6 inhibitor or any targeted

agent + ET has demonstrated significantly longer OS vs ET alone as initial endocrine-based therapy.  
Clinical trial information: [NCT02278120](#)

[CLICK TO SEE FULL TEXT of PRESS RELEASE including ABSTRACT](#)

**Abstract LBA9015: Five-year long-term overall survival for patients with advanced NSCLC treated with pembrolizumab: Results from KEYNOTE-001.**

**Conclusions:** In KEYNOTE-001, 5-y OS rate was 23.2% in treatment-naïve pts and 15.5% in previously treated pts with advanced NSCLC treated with pembro, compared to a historical rate of ~5% (per SEER 2008–2014), prior to the introduction of anti-PD-1 therapy. 5-y OS rate was at least 25% in pts with PD-L1 TPS ≥50% in both pt populations in KEYNOTE-001. Clinical trial information: [NCT01295827](#)

[CLICK TO SEE FULL TEXT of PRESS RELEASE including ABSTRACT](#)

**Abstract LBA4007: Pembrolizumab with or without chemotherapy versus chemotherapy for advanced gastric or gastroesophageal junction (G/GEJ) adenocarcinoma: The phase 3 KEYNOTE-062 study.**

**Conclusions:** As 1L therapy for advanced GC, P was noninferior to C for OS in CPS  $\geq 1$  with clinically meaningful improvement for OS in CPS  $\geq 10$ . P+C did not show superior OS and PFS in CPS  $\geq 1$  and OS in CPS  $\geq 10$ . The safety profile was more favorable for P vs C. Clinical trial information: [NCT02494583](https://clinicaltrials.gov/ct2/show/study/NCT02494583)

CPS $\geq 1$	P+C	C	P	C
<sup>a</sup> Median, mo (95% CI)	N=257	N=250	N=256	N=250
OS <sup>a</sup>	12.5 (10.8-13.9)/ 11.1 (9.2-12.8)		10.6 (7.7-13.8)/11.1 (9.2-12.8)	
HR (95% CI)/ <sup>b</sup>	0.85 (0.70, 1.03)		0.91 (0.74-1.10)	
99.2% CI	<i>P</i> =0.046		0.91 <sup>b</sup> (0.69-1.18); NI margin = 1.2	
PFS <sup>a</sup>	6.9 (5.7-7.3)/ 6.4 (5.7-7.0)		2.0 (1.5-2.8)/6.4 (5.7-7.0)	
HR (95% CI)	0.84 (0.70-1.02); <i>P</i> =0.039		1.66 (1.37-2.01)	
ORR, % (95% CI)	48.6 (42.4-54.9)/36.8 (30.8-43.1)		14.5 (10.4-19.4)/36.8 (30.8-43.1)	
CPS $\geq 10$	<b>N=99</b>	<b>N=90</b>	<b>N=92</b>	<b>N=90</b>
OS <sup>a</sup>	12.3 (9.5-14.8)/10.8 (8.5-13.8)		17.4 (9.1-23.1)/10.8 (8.5-13.8)	
HR (95% CI)	0.85 (0.62-1.17); <i>P</i> =0.158		0.69 (0.49-0.97)	
PFS <sup>a</sup>	5.7 (5.5-8.2)/6.1 (5.3-6.9)		2.9 (1.6-5.4)/6.1 (5.3-6.9)	
ORR, % (95% CI)	52.5 (42.2-62.7)/36.7 (26.8-47.5)		25.0 (16.6-35.1)/36.7 (26.8-47.5)	

[CLICK TO SEE FULL TEXT of PRESS RELEASE including ABSTRACT](#)