Background

Prior to the approval of immune checkpoint inhibitors, patients with metastatic Merkel cell carcinoma (mMCC), a rare and aggressive neuroendocrine skin carcinoma, had a poor prognosis (5-year overall survival [OS] rate of approximately 17%). Avelumab, an anti–PD-L1 antibody, has been approved in multiple countries for the treatment of mMCC based on the results of the phase 2 JAVELIN Merkel 200 trial (NCT02155647). In the primary analysis of part B of the trial, which investigated avelumab as first-line (1L) treatment for mMCC and was reported after 15 months of follow-up in all patients, the objective response rate was 39.7%, the durable (≥6 months) response rate was 30.2%, and median OS was 20.3 months. Here, we report findings after 4 years of follow-up.

Methods

Eligible patients had histologically confirmed stage IV mMCC and had received no prior systemic therapy. Patients received avelumab 10 mg/kg intravenously every 2 weeks as monotherapy until confirmed disease progression, unacceptable toxicity, or withdrawal of consent. Here, patient disposition and long-term OS were analyzed.

Results

A total of 116 patients received 1L avelumab treatment. At data cutoff (February 2, 2022), median follow-up was 54.3 months (range, 48.0-69.7 months) and 72 patients (62.1%) had died. At last follow-up, 7 patients (6.0%) remained on treatment and were progression-free, 22 patients (19.0%) had discontinued treatment but remained in follow-up, and 87 patients (75.0%) had discontinued from the trial. Reasons for treatment discontinuation were disease progression in 54 (46.6%), adverse event in 27 (23.3%), withdrawal of consent in 6 (5.2%), death in 5 (4.3%), loss to follow-up in 1 (0.9%), and other reasons in 16 (13.8%). Median OS was 20.3 months (95% CI, 12.4-42.0 months) and OS rates (95% CIs) after 2, 3, and 4 years were 49% (40%-58%), 44% (34%-53%), and 38% (29%-47%), respectively. Median OS was 38.7 months (95% CI, 11.3 months to not estimable) in patients with PD-L1+ tumors (n=21) and 16.1 months (95% CI, 9.6-42.0 months) in patients with PD-L1– tumors (n=87). Overall, 48 patients (41.4%) had received ≥1 subsequent anticancer drug therapy, most commonly etoposide (20 [17.2%]), carboplatin (18 [15.5%]), and avelumab (post-trial; 14 [12.1%]).

Conclusions

Avelumab 1L monotherapy in patients with mMCC resulted in a 4-year OS rate of 38%. OS rates were numerically higher than those seen in historical studies of 1L chemotherapy. These results further support the use of avelumab as a standard-of-care treatment for patients with mMCC.