Pembrolizumab Boosts Breast and Cervical Cancer Survival
The anti-programmed cell death 1 (PD-1) monoclonal antibody pembrolizumab improved survival among patients with breast or cervical cancer in 2 recent phase 3 trials. Adding the drug to standard chemotherapy for first-line treatment of metastatic triple-negative breast cancer increased overall survival by a median of about 7 months among patients whose tumors expressed programmed cell death ligand 1 (PD-L1). Patients who received both pembrolizumab and chemotherapy had a median survival of about 23 months, compared with 16 months in a group that received chemotherapy alone. About 68% of patients in the pembrolizumab plus chemotherapy group experienced grade 3 to 5 treatment-related adverse events compared with 67% of patients in the chemotherapy-only group.

The results were presented in September at the European Society for Medical Oncology Congress.

The investigators previously reported that using the anti-PD-1 therapy with chemotherapy resulted in clinically meaningful improvement in progression-free survival, leading to full US regulatory approval of pembrolizumab (marketed as Keytruda) this past July for first-line treatment of patients with metastatic triple-negative breast cancer whose tumors express PD-L1.

Another trial, reported in the New England Journal of Medicine, found that pembrolizumab plus chemotherapy, with or without bevacizumab, significantly improved progression-free and overall survival in patients with persistent, recurrent, or metastatic cervical cancer.

Daily COVID-19 Tests Compared With Isolation After School Exposure
Daily testing of students exposed to COVID-19 at school could be a safe alternative to home isolation, a study in The Lancet suggests. The approach allows students to attend school and may reduce other negative consequences of isolating at home, according to the investigators.

In a trial, 201 secondary schools and colleges in England were randomly assigned to an intervention group or a control group. Students and staff in the intervention group continued to attend school after COVID-19 exposure there and received voluntary daily testing for 7 days with a lateral flow assay. Those in the control group self-isolated for 10 days after exposure.

In both groups, only about 2% students and staff tested positive for SARS-CoV-2—either with or without symptoms—after close contact at school with someone who had COVID-19.

Surprisingly, serial testing did not improve school attendance compared with isolation. The trial may have been underpowered to demonstrate this outcome, according to the authors.

Intensive Blood Pressure Control Lowers Cardiovascular Risk
Older patients with hypertension had fewer cardiovascular events when they received intensive treatment targeting a lower systolic blood pressure target in the STEP (Strategy of Blood Pressure Intervention in the Elderly Hypertensive Patients) trial.

The study, conducted in China, randomly assigned 8511 patients aged 60 to 80 years to an intensive systolic blood pressure target of 110 mm Hg to less than 130 mm Hg or a standard target of 130 mm Hg to less than 150 mm Hg. The primary outcome was a composite of stroke, acute coronary syndrome, acute decompensated heart failure, coronary revascularization, atrial fibrillation, or death from cardiovascular causes.

The trial was stopped early due to a clear cardiovascular benefit in the intensive-treatment group. During a median follow-up of more than 3 years, cardiovascular events occurred in 3.5% of that group compared with 4.6% of the standard-treatment group. Safety and kidney outcomes also were similar between groups, with the exception of hypotension, which was higher in the intensive-treatment group.

Writing in the New England Journal of Medicine, the authors advised caution in extrapolating the results to populations not studied in the trial, including patients with a history of stroke.

Virtual Care Mitigates Pain and Drug Errors After Surgery
In a trial conducted during the COVID-19 pandemic, virtual care with remote automated monitoring (RAM) increased drug error detection and correction and decreased pain among patients discharged home after non-elective surgery. However, virtual care did not affect days alive at home following discharge compared with standard care.

About 900 surgical patients discharged from acute care hospitals in Canada were randomly assigned to receive either virtual or standard care for 31 days. Patients receiving virtual care used a tablet computer and RAM technology to interact with a nurse, complete daily surveys, and regularly measure their blood pressure, heart rate, respiratory rate, oxygen saturation, temperature, and body weight. The standard care group received the hospital’s usual postdischarge management.

Both groups had almost 30 days alive at home in the month after their discharge, researchers reported in The BMJ. More patients in the virtual care group had a drug error detected and corrected and fewer of them reported pain. In medical centers where nurses frequently escalated problems to physicians, the virtual-care group required less acute hospital care, brief acute hospital care, and visits to the emergency department. —Anita Slomski

Note: Source references are available through embedded hyperlinks in the article text online.