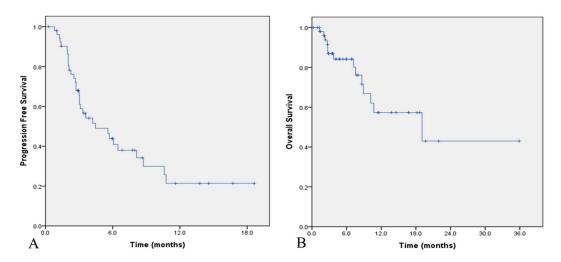




Article

## Real-world experience of pembrolizumab monotherapy in patients with recurrent or persistent cervical cancer: A Korean multi-center retrospective study (KGOG1041)

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**Figure S1.** Kaplan-Meier estimates of survival in the favorable performance status group (n = 53). (**A**) Progression-free survival, (**B**) Overall survival.

**Table S1.** Participating institutions (n = 16).

Institution	Number of patients		
Catholic Kwandong University International St. Mary's Hospital	2		
Konkuk University Medical Center	2		
Korea University Ansan Medical Center	2		
Soonchunhyang University Hospital	2		
Ewha Womans University Mokdong Hospital	1		
Kyung Hee University Hospital at Gangdong	1		
Samsung Changwon Hospital	3		
St. Vincent's Hospital	4		
Seoul National University Hospital	5		
SMG-SNU Boramae Medical Center	5		
Seoul St. Mary's Hospital	7		
Seoul National University Bundang Hospital	7		
Yonsei University Severance Hospital	9		
CHA Bundang Medical Center	18		
Asan Medical Center	19		
Samsung Medical Center	30		
Total	117		

Table S2 Clinical summary of patients whose best overall response was complete or partial response (n = 11).

Case	Age	HPV	Histology	ECOG PS	No of lines of prior CTx	PD-L1 exp*	Cycles of pembrolizumab	BOR	Time to response(Mo)	DOR(Mo)	Current status
KDKH001	63	+	Squamous	1	2	N/A	#16 ongoing	CR	5.9	7.7	CR
SCH001	69	+	Squamous	0	1	N/A	#12 ongoing	CR	3.3	8.2	CR
BCHA008	72	N/A	Squamous	1	2	100%	#13	CR	1.9	14.6	CR
SNUBH003	43	N/A	Squamous	0	5	N/A	#19 ongoing	PR	13.1	1.2	AWD
SMC026	54	-	Squamous	1	1	30	#9 ongoing	PR	1.9	4.8	AWD
AMC017	49	N/A	Squamous	0	1	20	#8 ongoing	PR	5.8	2.8	AWD
AMC018	57	+	Squamous	0	3	N/A	#7 ongoing	PR	5.4	2.7	AWD
BCHA006	57	+	Squamous	3	2	90%	#24 ongoing	PR	1.5	19.6	CR&
BCHA013	46	+	Adenosq	0	4	17	#9 ongoing	PR	1.3	4.6	AWD
BRM001	42	N/A	Squamous	0	2	5%	#15	PR	2.8	7.7	AWD
BCHA010	52	+	Squamous	1	3	10%	#18	PR	1.9	1.7	Expired

HPV, human papillomavirus; ECOG PS, Eastern Cooperative Oncology Group performance status; CTx, chemotherapy; PD-L1 exp, expression of programmed death ligand 1; BOR, best overall response; Mo, months; DOR, duration of response; N/A, non-available; Squamous, squamous cell carcinoma; Adenosq, adenosquamous cell carcinoma; CR, complete response; PR, partial response; AWD, alive with disease. \* expression of PD-L1 as determined by either tumor proportion score (TPS) or combined positive score (CPS) & after confirming a partial response of -90%, performed anterior pelvic exenteration after the 11th cycle of treatment to repair a vesico-uterine fistula. The patient stayed in complete response during the 24th cycle of treatment after the operation.

**Table S3.** Tumor responses in patients with squamous cell carcinoma histology (n = 88).

Anti-tumor activity	n = 88
Best overall response	
CR	3 (3.4%)
PR	7 (8.0%)
SD	22 (25.0%)
PD	47 (53.4%)
Not able to be assessed	9 (10.2%)
Objective response rate	10 (11.4%)
95% CI	5.6 to 19.9
Disease control rate	32 (36.4%)
95% CI	26.4 to 47.3
Time to response, months	
Median (range)	3.0 (1.3–13.1)
Duration of response, months	
Median (range)	NR
Duration of response, months*	(n = 10)
≥6	6 (60%)
≥9	4 (40%)
≥12	2 (20%)

CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease; CI, confidence interval; NR, not reached. \* Percentages as a fraction of the number of responders.