Keytruda® (pembrolizumab) – New indication

- On April 22, 2019, Merck announced the FDA approval of Keytruda (pembrolizumab), in combination with Inlyta® (axitinib), for the first-line treatment of patients with advanced renal cell carcinoma (RCC).

- Keytruda is also indicated for melanoma, non-small cell lung cancer, head and neck squamous cell cancer, classical Hodgkin lymphoma, primary mediastinal large B-cell lymphoma, urothelial carcinoma, microsatellite instability-high or mismatch repair deficient solid tumors or colorectal cancer, gastric cancer, cervical cancer, hepatocellular cancer, and Merkel cell carcinoma.

- The new indication for Keytruda was based on data from KEYNOTE-426, an open-label study in 861 patients who had not received systemic therapy for advanced RCC. Patients were randomized to receive Keytruda in combination with Inlyta or Sutent® (sunitinib). The main efficacy outcome measures were overall survival (OS) and progression-free survival (PFS).

    — Median OS was not reached in either treatment arm. However, a statistically significant improvement in OS was demonstrated at the pre-specified interim analysis in patients randomized to Keytruda in combination with Inlyta vs. Sutent (Hazard Ratio [HR] 0.53; 95% CI: 0.38, 0.74; $p < 0.0001$).
    — Median PFS was 15.1 months (95% CI: 12.6, 17.7) and 11.1 months (95% CI: 8.7, 12.5) for Keytruda in combination with Inlyta vs. Sutent, respectively (HR 0.69; 95% CI: 0.57, 0.84; $p = 0.0001$).
    — In addition, the overall response rate was 59% (95% CI: 54, 64) and 36% (95% CI: 31, 40) for Keytruda in combination with Inlyta vs. Sutent, respectively ($p < 0.0001$).

- The most common adverse reactions (≥ 20%) with Keytruda use in combination with Inlyta were diarrhea, fatigue/asthenia, hypertension, hepatotoxicity, hypothyroidism, decreased appetite, palmar-plantar erythrodysesthesia, nausea, stomatitis/mucosal inflammation, dysphonia, rash, cough, and constipation.

- The recommended dose of Keytruda for advanced RCC is 200 mg administered as an intravenous infusion over 30 minutes every 3 weeks in combination with 5 mg Inlyta orally twice daily until disease progression, unacceptable toxicity, or for Keytruda, up to 24 months in patients without disease progression.

    — When Inlyta is used in combination with Keytruda, dose escalation of Inlyta above the initial 5 mg dose may be considered at intervals of six weeks or longer. Refer to the Inlyta drug label for additional dosing information.
    — Refer to the Keytruda drug label for dosing for all its other indications.