Keytruda® (pembrolizumab) – Expanded indication

- On October 13, 2021, Merck announced the FDA approval of Keytruda (pembrolizumab), in combination with chemotherapy, with or without bevacizumab, for the treatment of patients with persistent, recurrent, or metastatic cervical cancer whose tumors express PD-L1 (CPS ≥ 1) as determined by an FDA-approved test.

- The approval of Keytruda for the expanded indication was based on KEYNOTE-826, a randomized, double-blind, placebo-controlled study in 617 patients with persistent, recurrent, or first-line metastatic cervical cancer who had not been treated with chemotherapy except when used concurrently as a radio-sensitizing agent. Patients were randomized to Keytruda or placebo, with all patients receiving chemotherapy with or without bevacizumab. The main efficacy measures were overall survival (OS) and progression free survival (PFS). Additional efficacy measures were objective response rate (ORR) and duration of response (DOR).

    - Median OS was not reached in the Keytruda arm vs. 16.3 months with placebo (hazard ratio [HR] 0.64, 95% CI: 0.50, 0.81; p = 0.0001).
    - Median PFS was 10.4 months in the Keytruda arm vs. 8.2 months with placebo (HR 0.62, 95% CI: 0.50, 0.77; p < 0.0001).
    - ORR was 68% (95% CI: 62, 74) in the Keytruda arm vs. 50% (95% CI: 44, 56) with placebo.
    - Median DOR was 18.0 months (range: 1.3+, 24.2+) in the Keytruda arm vs. 10.4 (range: 1.5+, 22.0+) months with placebo.

- Merck also announced that the FDA converted the accelerated approval of Keytruda as a single agent for the treatment of patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy whose tumors express PD-L1 (CPS ≥ 1), as determined by an FDA-approved test, to a regular approval based on confirmatory data from KEYNOTE-826.

- In addition to cervical cancer, Keytruda is also approved for melanoma, non-small cell lung cancer, head and neck squamous cell cancer, classical Hodgkin lymphoma, primary mediastinal large B-cell lymphoma, urothelial cancer, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) cancer, MSI-H or dMMR colorectal cancer, gastric cancer, esophageal cancer, hepatocellular carcinoma, Merkel cell carcinoma, renal cell carcinoma, endometrial carcinoma, tumor mutational burden-high cancer, cutaneous squamous cell carcinoma, and triple-negative breast cancer.

- The recommended dose of Keytruda for use in cervical cancer is 200 mg intravenously every 3 weeks or 400 mg every 6 weeks. Keytruda should be administered prior to chemotherapy with or without bevacizumab when given on the same day. Treatment with Keytruda should be continued until disease progression, unacceptable toxicity, or for up to 24 months.

    - Refer to the Keytruda drug label for dosing for its other indications.