

## Keytruda® (pembrolizumab) – New indication

- On June 17, 2020, [Merck announced the FDA approval of Keytruda \(pembrolizumab\)](#), for the treatment of adult and pediatric patients with unresectable or metastatic tumor mutational burden-high (TMB-H) ( $\geq 10$  mutations/megabase [mut/Mb]) solid tumors, as determined by an FDA-approved test, that have progressed following prior treatment and who have no satisfactory alternative treatment options.
  - This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.
  - The safety and effectiveness of Keytruda in pediatric patients with TMB-H central nervous system cancers have not been established.
- Keytruda is also approved for melanoma, non-small cell lung cancer, small cell lung cancer, head and neck squamous cell cancer, classical Hodgkin lymphoma, primary mediastinal large B-cell lymphoma, urothelial carcinoma, microsatellite instability-high cancer, gastric cancer, esophageal cancer, cervical cancer, hepatocellular carcinoma, Merkel cell carcinoma, renal cell carcinoma, and endometrial carcinoma.
- The approval of Keytruda for the new indication was based on a prospectively-planned retrospective analysis of 10 cohorts of patients with various previously treated unresectable or metastatic solid tumors with TMB-H who were enrolled in a non-randomized, open-label study, KEYNOTE-158. In the study, 102 patients had tumors identified as TMB-H (defined as TMB  $\geq 10$  mut/Mb). Patients received Keytruda until unacceptable toxicity or documented disease progression. The major efficacy outcome measures were objective response rate (ORR) and duration of response (DOR) in patients who received at least one dose of Keytruda.
  - The ORR was 29% (95% CI: 21, 39).
  - After a median follow-up time of 11.1 months, the median DOR had not been reached (range: 2.2+ to 34.8+ months).
- The recommended dose of Keytruda for the treatment of TMB-H solid tumors is 200 mg intravenously every 3 weeks or 400 mg every 6 weeks for adults and 2 mg/kg (up to 200 mg) every 3 weeks for pediatrics. Keytruda is administered until disease progression, unacceptable toxicity, or up to 24 months.
  - Information on FDA-approved tests for the detection of TMB status is available at: <http://www.fda.gov/CompanionDiagnostics>.
  - Refer to the Keytruda drug label for dosing for all its other indications.