Keytruda® (pembrolizumab) – Expanded indication

- On March 23, 2021, Merck announced the FDA approval of Keytruda (pembrolizumab), in combination with platinum- and fluoropyrimidine-based chemotherapy, for the treatment of patients with locally advanced or metastatic esophageal or gastroesophageal junction (GEJ) (tumors with epicenter 1 to 5 centimeters above the GEJ) carcinoma that is not amenable to surgical resection or definitive chemoradiation.

    — Keytruda was previously approved for this indication as a single agent after one or more prior lines of systemic therapy for patients with tumors of squamous cell histology that express PD-L1 (CPS ≥ 10) as determined by an FDA-approved test.

- 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 carcinoma, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) cancer, MSI-H or dMMR colorectal cancer, gastric cancer, esophageal cancer, cervical 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 approval of Keytruda for the expanded indication was based on KEYNOTE-590, a randomized, placebo-controlled study in 749 patients with metastatic or locally advanced esophageal or GEJ carcinoma. Patients were randomized to either Keytruda or placebo and all patients received chemotherapy (cisplatin plus fluorouracil). The major efficacy endpoints were overall survival (OS) and progression-free survival (PFS). Additional efficacy endpoints were objective response rate (ORR) and duration of response (DOR).

    — Median OS was 12.4 months vs. 9.8 months for Keytruda and placebo, respectfully (hazard ratio [HR] 0.73, 95% CI: 0.62, 0.86; $p < 0.0001$).
    — Median PFS was 6.3 months vs. 5.8 months for Keytruda and placebo, respectfully (HR 0.65, 95% CI 0.55, 0.76; $p < 0.0001$).
    — The ORR was 45% and 29% for Keytruda and placebo, respectfully ($p < 0.0001$).
    — The median DOR was 8.3 months (range: 1.2+, 31.0+) vs. 6.0 months (range: 1.5+, 25.0+) for Keytruda and placebo, respectfully.

- The recommended dose of Keytruda for the treatment of esophageal cancer is 200 mg intravenously every 3 weeks or 400 mg every 6 weeks. Keytruda should be administered prior to chemotherapy when given on the same day. Keytruda is administered until disease progression, unacceptable toxicity, or up to 24 months.

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