Keytruda® (pembrolizumab) – Expanded indication

- On July 27, 2021, Merck announced the FDA approval of Keytruda (pembrolizumab), for the treatment of patients with high-risk early-stage triple-negative breast cancer (TNBC) in combination with chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery.

- The approval of Keytruda for the expanded indication was based on KEYNOTE-522, a randomized, double-blind, placebo-controlled study in 1,174 patients with newly diagnosed previously untreated high-risk early-stage TNBC. The study compared Keytruda in combination with chemotherapy before surgery and continued as a single agent after surgery (Keytruda arm) vs. the same neoadjuvant chemotherapy regimens alone (placebo arm). The main efficacy endpoints were pathological complete response (pCR) rate and event-free survival (EFS).

    - The pCR rate was 63.0% for the Keytruda arm vs. 55.6% for the placebo arm (treatment difference: 7.5, 95% CI: 1.6, 13.4).
    - Keytruda provided a 37% reduction in EFS vs. placebo (hazard ratio 0.63, 95% CI: 0.48, 0.82; p = 0.00031).

- In addition to the expanded indication, the FDA converted the accelerated approval of Keytruda in combination with chemotherapy for the treatment of patients with locally recurrent unresectable or metastatic TNBC whose tumors express PD-L1 (Combined Positive Score [CPS] ≥ 10) as determined by an FDA-approved test to a full (regular) approval based on confirmatory data from KEYNOTE-522.

    - This approval was originally granted in November 2020 based on results from the Phase 3 KEYNOTE-355 trial.

- 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, and cutaneous squamous cell carcinoma.

- The recommended dose of Keytruda for the treatment of patients with high-risk early-stage TNBC 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. The duration/treatment of treatment is as follows:

    - Neoadjuvant treatment in combination with chemotherapy for 24 weeks (8 doses of 200 mg every 3 weeks or 4 doses of 400 mg every 6 weeks) or until disease progression or unacceptable toxicity
    - Followed by adjuvant treatment with Keytruda as a single agent for up to 27 weeks (9 doses of 200 mg every 3 weeks or 5 doses of 400 mg every 6 weeks) or until disease recurrence or unacceptable toxicity.

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