Keytruda® (pembrolizumab), Lenvima® (lenvatinib) – Expanded indication

- On August 10, 2021, the FDA approved Merck's Keytruda (pembrolizumab), in combination with Eisai's Lenvima (lenvatinib), for the first-line treatment of adult patients with advanced renal cell carcinoma (RCC).
    - Keytruda was previously approved in combination with Inlyta® (axitinib), for the first-line treatment of adult patients with advanced RCC.
    - Lenvima was previously approved in combination with everolimus, for the treatment of adult patients with advanced RCC following one prior anti-angiogenic therapy.
- In addition to RCC, 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, endometrial carcinoma, tumor mutational burden-high cancer, cutaneous squamous cell carcinoma, and triple-negative breast cancer.
- In addition to RCC, Lenvima is approved for differentiated thyroid cancer, hepatocellular carcinoma, and endometrial carcinoma.
- The approval of the expanded indication was based on KEYNOTE-581, an open-label, randomized study in 1,069 patients with advanced RCC. Patients were randomized to one of the following treatment arms: Keytruda in combination with Lenvima; Lenvima in combination with everolimus; or Sutent® (sunitinib). The major efficacy outcome measures were progression free survival (PFS) and overall survival (OS). An additional efficacy outcome measure was confirmed objective response rate (ORR).
    - Median PFS was 23.9 months with Keytruda plus Lenvima vs. 9.2 months with Sutent (hazard ratio [HR] 0.39, 95% CI: 0.32, 0.49; $p < 0.0001$).
    - Median OS was not reached with Keytruda plus Lenvima or Sutent (HR 0.66, 95% CI: 0.49, 0.88; $p = 0.0049$).
    - The confirmed ORR was 71% and 36% with Keytruda plus Lenvima vs. Sutent, respectively ($p < 0.0001$).
- The recommended dose of Keytruda for use in RCC with Lenvima is 200 mg intravenously every 3 weeks or 400 mg every 6 weeks. The recommended dose for Lenvima is 20 mg orally once daily. Keytruda plus Lenvima is administered until disease progression, unacceptable toxicity, or for up to 24 months. After completing 2 years of combination therapy, Lenvima may be administered as a single agent until disease progression or until unacceptable toxicity.
- Refer to the Keytruda and Lenvima drug labels for dosing for all their other indications.