Keytruda® (pembrolizumab) – Updated indication

- On November 7, 2023, the FDA approved Merck's Keytruda (pembrolizumab), in combination with trastuzumab, fluoropyrimidine-and platinum-containing chemotherapy, for the first-line treatment of patients with locally advanced unresectable or metastatic HER2-positive gastric or gastroesophageal junction (GEJ) adenocarcinoma *whose tumors express PD-L1 (CPS ≥ 1) as determined by an FDA-approved test.*
    - Keytruda was previously approved for this indication without the requirement that tumors express PD-L1 (CPS ≥ 1) as determined by an FDA-approved test.
    - This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval of this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.

- Refer to the Keytruda drug label for a complete listing of its other indications and uses.

- The updated indication for Keytruda was based on a pre-specified subgroup analysis of KEYNOTE-811, a randomized, double-blind, placebo-controlled study in patients with HER2-positive advanced gastric or GEJ adenocarcinoma who had not previously received systemic therapy for metastatic disease. Patients were randomized to receive Keytruda or placebo, plus trastuzumab, fluoropyrimidine, and platinum chemotherapy.
    - The objective response rate (ORR) in patients with PD-L1-positive disease (CPS ≥ 1) was 76% (95% CI: 67, 83) in the Keytruda arm (n = 117) vs. 51% (95% CI: 41, 60) in the control arm (n = 112). In patients with tumors that were PD-L1 CPS < 1, the ORR was 63% (95% CI: 35, 85) in the Keytruda arm (n = 16) vs. 58% (95% CI: 34, 80) in the control arm (n = 19).
    - In a subsequent interim analysis of pre-specified subgroups based on PD-L1 status in the full study population (n = 698), the hazard ratio for progression-free survival and overall survival in patients with PD-L1 CPS < 1 (n = 104) was 1.03 (95% CI: 0.65, 1.64) and 1.41 (95% CI: 0.90, 2.20), respectively.

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

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