Keytruda® (pembrolizumab) – New indication

- On June 29, 2020, the FDA announced the approval of Merck's Keytruda (pembrolizumab), for the first-line treatment of patients with unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer (CRC).
    - Previously, Keytruda was only approved for the treatment of adult and pediatric patients with unresectable or metastatic MSI-H or dMMR colorectal cancer that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan.
- 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, MSI-H or dMMR 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 approval of Keytruda for the new indication was based on KEYNOTE-177, an open-label, active-controlled trial that enrolled 307 patients with previously untreated unresectable or metastatic MSI-H or dMMR CRC. Patients received Keytruda every 3 weeks or investigator's choice of chemotherapy every 2 weeks until documented disease progression, unacceptable toxicity, or a maximum of 24 months for Keytruda. The main efficacy outcome measures were progression free survival (PFS) and overall survival (OS).
    - The median PFS was 16.5 months for the Keytruda group vs. 8.2 months for the chemotherapy group (Hazard ratio: 0.60; 95% CI: 0.45, 0.80; p = 0.0004).
    - At the time of the PFS analysis, the OS data were not mature (66% of the required number of events for the OS final analysis).
    - In addition, the objective response rate and the duration of response was 44% (95% CI: 35.8, 52.0) and not reached (95% CI: 2.3+. 41.4+) for the Keytruda group vs. 33% (95% CI: 25.8, 41.1) and 10.6 months (95% CI: 2.8, 37.5+) for the chemotherapy group.
- The recommended dose of Keytruda for the treatment of MSI-H or dMMR CRC is 200 mg intravenously every 3 weeks or 400 mg every 6 weeks. 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.