MSD KEYTRUDA (pembrolizumab)

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ADVANCEMENT IN TREATMENT OPTIONS FOR YOUR ELIGIBLE CERVICAL CANCER PATIENTS

FINAL ANALYSIS DATA OF KEYNOTE-826

Overall survival (OS) and progression-free survival (PFS) was presented (nominal *P*<0.0001) with KEYTRUDA + chemotherapy ± bevacizumab compared with placebo + chemotherapy ± bevacizumab among patients in all populations with a combined positive score (CPS) ≥1[1,2]

KEYTRUDA, in combination with chemotherapy with or without bevacizumab, is indicated for the treatment of persistent, recurrent or metastatic cervical cancer in adults whose tumours express PD-L1 with a CPS ≥1.[3]

WHICH OF MY PATIENTS ARE ELIGIBLE FOR TREATMENT WITH KEYTRUDA?

DIAGNOSIS[1,2,4]
- Persistent, recurrent or metastatic cervical cancer

RECIST v1.1[1,4]
- Measurable disease according to RECIST v1.1

EASTERN COOPERATIVE ONCOLOGY GROUP (ECOG) PERFORMANCE SCORE (PS)[1,4,4]
- ECOG PS of 0 or 1

ORGAN FUNCTION[4]
- Adequate organ function as indicated by set laboratory values

PD-L1 STATUS[1,4]
- CPS ≥1, determined from a newly obtained biopsy (preferred) or archival tumour tissue samples collected from a noninradiated lesion

PREVIOUS TREATMENT[1,4]
- No prior systemic chemotherapy
- Not amenable to curative treatment
- Previous radiotherapy, including chemoradiotherapy is permitted

Female, ≥18 years[1,2,4]

NATIONAL INSTITUTE OF HEALTH AND CARE EXCELLENCE (NICE) GUIDANCE

KEYTRUDA + chemotherapy ± bevacizumab is recommended for use by NICE as an option for treating of persistent, recurrent or metastatic cervical cancer in patients whose tumour PD-L1 expression test results have a combined positive score of 1 or more where the specific criteria have been met.[5]

SCOTTISH MEDICINES CONSORTIUM (SMC) GUIDANCE

KEYTRUDA + chemotherapy ± bevacizumab is accepted for use by the SMC for the treatment of persistent, recurrent or metastatic cervical cancer in adults whose tumours express PD-L1 with a CPS ≥1.[6]

PRIMARY ENDPOINTS

OVERALL SURVIVAL

40% Reduction in the risk of death was presented with KEYTRUDA

+ chemotherapy ± bevacizumab in the PD-L1 CPS ≥1 population (HR: 0.60; 95% CI, 0.49–0.74; nominal *P*<0.0001), n=273[2]

28.6 MONTHS

Median OS in KEYTRUDA + chemotherapy ± bevacizumab PD-L1 CPS ≥1 population (95% CI, 22.1–38.0; nominal *P*<0.0001), n=273[2]

Placebo median OS was 16.5 months (95% CI, 14.5–20.0; nominal *P*<0.0001), n=275[2]

PROGRESSION-FREE SURVIVAL

42% Reduction in the risk of disease progression or death was presented with KEYTRUDA

+ chemotherapy ± bevacizumab in the PD-L1 CPS ≥1 population (HR: 0.58; 95% CI, 0.47–0.71; nominal *P*<0.0001), n=273[2]

10.5 MONTHS

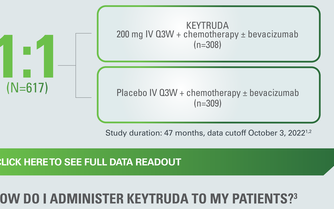
Median PFS in KEYTRUDA + chemotherapy ± bevacizumab PD-L1 CPS ≥1 population (95% CI, 9.7–12.3; nominal *P*<0.0001), n=273[2]

Placebo median PFS was 8.2 months (95% CI, 6.3–8.5; nominal *P*<0.0001), n=275[2]

KEYTRUDA ADVERSE EVENT (AE) PROFILE

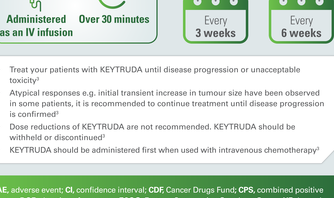
- Manageable safety profile for pembrolizumab + chemotherapy ± bevacizumab[2]
- Observed AEs as expected based on profiles of individual drugs[1,2]
- No new safety signals identified after longer follow-up[2]
- Pembrolizumab did not exacerbate toxic side effects of chemotherapy and bevacizumab[1]
- Chemotherapy and bevacizumab did not exacerbate pembrolizumab immune-mediated AEs[1]

ALL-CAUSE AEs, INCIDENCE ≥20% IN EITHER ARM[2]



Adapted from Monk et al. 2023.[1]

IMMUNE-MEDIATED AEs, INCIDENCE ≥2 PATIENTS IN EITHER ARM[2]



Adapted from Monk et al. 2023.[1]

STUDY DESIGN[1,2,4]

Randomised, double-blind, phase III study of pembrolizumab + chemotherapy ± bevacizumab vs placebo + chemotherapy ± bevacizumab for first-line treatment of persistent, recurrent or metastatic cervical cancer.[1]

Stratification factors
- Metastatic disease at diagnosis
- PD-L1 CPS (<1 vs 1 to <10 vs ≥10)
- Planned bevacizumab use

Endpoints
- Dual primary: OS and PFS per RECIST v1.1 by investigator review
- Secondary: objective response rate, duration of response, 12-month PFS, safety
- Exploratory: patient-reported outcomes assessed by EuroQoL EQ-5D-5L VAS

1:1 (N=617)

- KEYTRUDA 200 mg IV Q3W + chemotherapy ± bevacizumab (n=308)
- Placebo IV Q3W + chemotherapy ± bevacizumab (n=309)

Study duration: 47 months, data cutoff October 3, 2022[1,2]

CLICK HERE TO SEE FULL DATA READOUT

HOW DO I ADMINISTER KEYTRUDA TO MY PATIENTS?[3]

Administered as an IV infusion

Over 30 minutes

Adults: 200mg Every **3 weeks**

Adults: 400mg Every **6 weeks**

- Treat your patients with KEYTRUDA until disease progression or unacceptable toxicity[3]
- Atypical responses e.g. initial transient increase in tumour size have been observed in some patients, it is recommended to continue treatment until disease progression is confirmed[3]
- Dose reductions of KEYTRUDA are not recommended. KEYTRUDA should be withheld or discontinued[3]
- KEYTRUDA should be administered first when used with intravenous chemotherapy[3]

AE, adverse event; **CI**, confidence interval; **CDF,** Cancer Drugs Fund; **CPS,** combined positive score; **DOR**, duration of response; **ECOG,** Eastern Cooperative Oncology Group; **HR**, hazard ratio; **IV**, intravenous; **NICE**, National Institute for Health and Care Excellence; **ORR**, objective response rate; **OS,** overall survival; **PD-L1**, programmed death ligand-1; **PFS,** progression-free survival; **PROs,** patient-reported outcomes; **PS,** performance status; **Q3W,** every 3 weeks; **RECIST**, Response Evaluation Criteria in Solid Tumours; **SMC,** Scottish Medicines Consortium; **VAS,** visual analogue scale.

Always refer to the full Summary of Product Characteristics before prescribing for up-to-date and complete safety considerations to help minimise the risks associated with the use of KEYTRUDA.

References:
1. Colombo N *et al. N Engl J Med.* 2021;385:1856–1867.
2. Monk B *et al.* Presented at the 2023 American Society of Clinical Oncology (ASCO) Annual Meeting. 2-6 June, Chicago, USA.
3. KEYTRUDA Summary of Product Characteristics. Available at: https://www.medicines.org.uk/emc/product/2498 Accessed November 2023.
4. Colombo N *et al. N Engl J Med.* 2021;385:1856–1867. Protocol.
5. NICE. Available at: https://www.nice.org.uk/guidance/indevelopment/gid-ta11448/documents. Accessed November 2023.
6. The Scottish Medicines Consortium. Available at: https://www.scottishmedicines.org.uk/medicines-advice/pembrolizumab-keytruda-cc-full-smc2501/ Accessed November 2023.

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