

ספטמבר 2023

רופא/ה יקר/ה  
רוקחת/ת יקר/ה

הנדון: KEYTRUDA® 100 mg/4 mL  
קייטרודה 100 מ"ג/מ"ל

Dosage form and Composition:

Pembrolizumab 100 mg/4 ml; Concentrate for Solution for Intravenous Infusion

חברת מרכז שארפ ודוחם (ישראל-1996) בע"מ, (ישראל), מבקשת לידע על עדכון העלון לרופא ולצרкан של Keytruda 100mg/4ml

עדכנים מוחותיים שבוצעו בעלון לרופא (טקסט שנמחק מהעלון לרופא מסומן בקו חוצה):

## 1 THERAPEUTIC INDICATIONS

[...]

### 1.3 Small Cell Lung Cancer

KEYTRUDA is indicated for the treatment of patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy and at least one other prior line of therapy, that have not been previously treated with immunotherapy.

[...]

## 2 DOSAGE AND ADMINISTRATION

[...]

### 2.4 Recommended Dosage for SCLC

The recommended dose of KEYTRUDA is 200 mg administered as an intravenous infusion over 30 minutes every 3 weeks until disease progression, unacceptable toxicity, or up to 24 months.

[...]

## 6.1 Clinical Trials Experience

[...]

### SCLC

Among the 131 patients with previously treated SCLC who received KEYTRUDA in KEYNOTE-158 Cohort G (n=107) and KEYNOTE-028 Cohort C1 (n=24) [see Clinical Studies (14.3)], the median duration of exposure to KEYTRUDA was 2 months (range: 1 day to 2.25 years). Patients with autoimmune disease that required systemic therapy within 2 years of treatment or a medical condition that required immunosuppression were ineligible. Adverse reactions occurring in patients with SCLC were similar to those occurring in patients with other solid tumors who received KEYTRUDA as a single agent.

[...]

## 14 CLINICAL STUDIES

[...]

### 14.3 Small Cell Lung Cancer

The efficacy of KEYTRUDA was investigated in 83 patients with SCLC who had disease progression on or after platinum-based chemotherapy and at least one other prior line of therapy enrolled in one of two multicenter, multi-cohort, non-randomized, open-label trials: KEYNOTE-028 (NCT02054806), Cohort C1, or KEYNOTE-158 (NCT02628067), Cohort G. The trials excluded patients with autoimmune disease or a medical condition that required immunosuppression.

Patients received either KEYTRUDA 200 mg intravenously every 3 weeks (n=64) or 10 mg/kg intravenously every 2 weeks (n=19). Treatment with KEYTRUDA continued until documented disease progression, unacceptable toxicity, or a maximum of 24 months. Patients with initial radiographic disease progression could receive additional doses of KEYTRUDA during confirmation of progression unless disease progression was symptomatic, was rapidly progressive, required urgent intervention, or occurred with a decline in performance status.

Assessment of tumor status was performed every 8 weeks for the first 6 months in KEYNOTE-028, every 9 weeks for the first 12 months in KEYNOTE-158, and every 12 weeks thereafter for both studies. The major efficacy outcome measures were ORR and DoR as assessed by BICR according to RECIST v1.1, modified to follow a

maximum of 10 target lesions and a maximum of 5 target lesions per organ.

The study population characteristics were: median age of 62 years (range: 24 to 84); 40% age 65 or older; 64% male; 63% White, 25% Asian, and 2% Black; 30% ECOG PS of 0 and 69% ECOG PS of 1; 7% had M0 disease and 93% had M1 disease; and 16% had a history of brain metastases. Sixty-four percent received two prior lines of therapy and 36% received three or more lines of therapy; 60% received prior thoracic radiation therapy; 51% received prior radiation therapy to the brain.

Efficacy results are summarized in Table 1.

[...]

**Table 1: Efficacy Results in Patients with Small Cell Lung Cancer**

Endpoint	KEYTRUDA n=83
<b>Objective Response Rate</b>	
<b>ORR (95% CI)</b>	<b>19% (11, 29)</b>
<b>Complete response rate</b>	<b>2%</b>
<b>Partial response rate</b>	<b>17%</b>
<b>Duration of Response</b>	<b>n=16</b>
<b>Range (months)</b>	<b>4.1, 35.8+</b>
<b>% with duration ≥6 months</b>	<b>94%</b>
<b>% with duration ≥12 months</b>	<b>63%</b>
<b>% with duration ≥18 months</b>	<b>56%</b>

— Denotes ongoing response

עדכונים מהותיים שבוצעו בעלון לצריכן (טיקסט שנמחק מהעלון לצריכן מסומן בקו חוצה):

## 1. למה מיועדת קיטרודה?

[...]

- סרטן ריאת מסוג סרטן ריאת של התאים הקטנים (SCLC). ניתן להשתמש בקיטרודה כאשר סרטן הריאת של:
  - התפשט (מתקדם),
  - קבלתת 2 או יותר סוגים של טיפולים קודמים, כולל כימותרפיה המכיל פלטינום, והם לא פעלו או אינט-פובלט זותר,
  - לא טיפולת בעבר עם אימונותרפיה.

[...]

התוויות המאושרות לתוכשיר:

### Melanoma

KEYTRUDA is indicated for the treatment of adult and pediatric (12 years and older) patients with unresectable or metastatic melanoma.

KEYTRUDA is indicated for the adjuvant treatment of adult and pediatric (12 years and older) patients with Stage IIB, IIC, or III melanoma following complete resection

### Non-Small Cell Lung Cancer

- KEYTRUDA, in combination with pemetrexed and carboplatin, is indicated for the first-line treatment of patients with metastatic nonsquamous non-small cell lung cancer (NSCLC) negative for EGFR or ALK genomic tumor aberrations.
- KEYTRUDA, in combination with carboplatin and either paclitaxel or paclitaxel protein-bound, is indicated for the first-line treatment of patients with metastatic squamous NSCLC.
- KEYTRUDA, as a single agent, is indicated for the treatment of patients with metastatic NSCLC whose tumors express PD-L1 [Tumor Proportion Score (TPS) ≥50%] as determined by a validated test. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on or after platinum-containing chemotherapy and an approved therapy for these aberrations prior to receiving KEYTRUDA.
- KEYTRUDA, as a single agent, is indicated for the treatment of patients with advanced NSCLC whose tumors express PD-L1 as determined by a validated test, with disease progression on or after platinum containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on approved therapy for these aberrations prior to receiving KEYTRUDA [see Clinical Studies (14.2)].

### Head and Neck Cancer

- KEYTRUDA, in combination with platinum and fluorouracil (FU), is indicated for the first-line treatment of patients with metastatic or with unresectable, recurrent head and neck squamous cell carcinoma (HNSCC).



- KEYTRUDA, as a single agent, is indicated for the first-line treatment of patients with metastatic or with unresectable, recurrent HNSCC whose tumors express PD-L1 [Combined Positive Score (CPS)  $\geq 1$ ] as determined by a validated test.
- KEYTRUDA is indicated for the treatment of patients with recurrent or metastatic head and neck squamous cell carcinoma (HNSCC) with disease progression on or after platinum-containing chemotherapy.

#### Classical Hodgkin Lymphoma

KEYTRUDA is indicated for the treatment of adult patients with relapsed or refractory classical Hodgkin lymphoma (cHL). KEYTRUDA is indicated for the treatment of pediatric patients with refractory cHL, or cHL that has relapsed after 2 or more lines of therapy.

#### Primary Mediastinal large B-Cell Lymphoma

KEYTRUDA is indicated for the treatment of adult and pediatric patients with refractory primary mediastinal large B-cell lymphoma (PMBCL), or who have relapsed after 2 or more prior lines of therapy.

Limitation of Use: KEYTRUDA is not recommended for treatment of patients with PMBCL who require urgent cytoreductive therapy.

#### Urothelial Carcinoma

•KEYTRUDA is indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma who are not eligible for cisplatin-containing chemotherapy and whose tumors express PD-L1 [Combined Positive Score (CPS  $\geq 10$ )] as determined by a validated test, or in patients who are not eligible for any platinum-containing chemotherapy regardless of PD-L1 status.

•KEYTRUDA is indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.

#### Non-Muscle Invasive Bladder Cancer (NMIBC)

KEYTRUDA is indicated for the treatment of patients with Bacillus Calmette-Guerin (BCG)-unresponsive, high-risk, non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors who are ineligible for or have elected not to undergo cystectomy.

#### Microsatellite Instability-High Cancer

KEYTRUDA is indicated for the treatment of adult and pediatric patients with unresectable or metastatic, microsatellite instability-high (MSI H) or mismatch repair deficient (dMMR).

•solid tumors that have progressed following prior systemic treatment and who have no satisfactory alternative treatment options, or  
•colorectal cancer that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan.

Limitation of Use: The safety and effectiveness of KEYTRUDA in pediatric patients with MSI H central nervous system cancers have not been established.

#### Gastric Cancer

KEYTRUDA is indicated for the treatment of patients with recurrent locally advanced or metastatic gastric or gastroesophageal junction adenocarcinoma whose tumors express PD-L1 [Combined Positive Score (CPS)  $\geq 1$ ] as determined by a validated test, with disease progression on or after two or more prior lines of therapy including fluoropyrimidine- and platinum-containing chemotherapy and if appropriate, HER2/neu targeted therapy.

#### Cervical Cancer

KEYTRUDA, in combination with chemotherapy, with or without bevacizumab, is indicated for the treatment of patients with persistent, recurrent, or metastatic cervical cancer whose tumors express PD-L1 (CPS  $\geq 1$ ) as determined by a validated test.

KEYTRUDA, as a single agent, is indicated for the treatment of patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy whose tumors express PD-L1 (CPS  $\geq 1$ ) as determined by a validated test.

#### Merkel Cell Carcinoma

KEYTRUDA is indicated for the treatment of adult and pediatric patients with recurrent locally advanced or metastatic Merkel cell carcinoma (MCC).

#### Renal Cell Carcinoma

KEYTRUDA, in combination with axitinib, is indicated for the first-line treatment of patients with advanced renal cell carcinoma (RCC).

KEYTRUDA, in combination with lenvatinib, is indicated for the first-line treatment of adult patients with advanced RCC.

KEYTRUDA is indicated for the adjuvant treatment of patients with RCC at intermediate-high or high risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions.

#### Tumor Mutational Burden-High (TMB-H) Cancer

KEYTRUDA is indicated for the treatment of adult and pediatric patients with unresectable or metastatic tumor mutational burden-high (TMB-H) [ $\geq 10$  mutations/megabase (mut/Mb)] solid tumors, as determined by a validated test, that have progressed following prior treatment and who have no satisfactory alternative treatment options.

Limitations of Use: The safety and effectiveness of KEYTRUDA in pediatric patients with TMB-H central nervous system cancers have not been established.

#### Esophageal Cancer



•KEYTRUDA is indicated for the treatment of patients with locally advanced or metastatic esophageal or gastroesophageal junction (GEJ) (Siewert type I) carcinoma that is not amenable to surgical resection or definitive chemoradiation in combination with platinum- and fluoropyrimidine-based chemotherapy.

•KEYTRUDA is indicated for the treatment of patients with recurrent locally advanced or metastatic squamous cell carcinoma of the esophagus whose tumors express PD-L1 (CPS  $\geq 10$ ) as determined by a validated test, with disease progression after one or more prior lines of systemic therapy.

#### Cutaneous Squamous Cell Carcinoma

KEYTRUDA is indicated for the treatment of patients with recurrent or metastatic cutaneous squamous cell carcinoma (cSCC) or locally advanced cSCC that is not curable by surgery or radiation.

#### Microsatellite Instability-High or Mismatch Repair Deficient Colorectal Cancer (CRC)

KEYTRUDA is indicated for the first-line treatment of patients with unresectable or metastatic MSI-H or dMMR colorectal cancer (CRC).

#### Triple negative breast cancer (TNBC)

KEYTRUDA, in combination with chemotherapy, is indicated for the treatment of patients with locally recurrent unresectable or metastatic triple negative breast cancer (TNBC) whose tumors express PD-L1 (CPS  $\geq 10$ ) as determined by a validated test.

KEYTRUDA is indicated 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.

#### Endometrial carcinoma

Keytruda, in combination with lenvatinib, is indicated for the treatment of advanced or recurrent endometrial carcinoma in adults who have disease progression on or following prior treatment with a platinum containing therapy and who are not candidates for curative surgery or radiation.

למידע מלא ולהוראות מתן מפורחות, יש לעיין בעלון לרופא המאושר על ידי משרד הבריאות.

העלון לרופא ולצרכן נשלחו לפרטום במאגר התרכות שבאוצר משרד הבריאות, וניתן לקבלם מודפסים על ידי פניה לבעל הרישום, חברת MSD, בטלפון .09-95333333. מופצת ע"י חברת נבולוג בע"מ. Keytruda 100mg/4ml

בברכה,  
דורית מאורי  
רוקחת ממונה  
MSD ישראל

#### References:

Keytruda\_100mg\_4ml-SPC-09\_2023  
Keytruda\_100mg\_4ml-PIL-HEB-09\_2023