

אפריל 2024

רופא/ה יקר/ה
רוקח/ת יקר/ה,

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

Dosage form and Composition:
Pembrolizumab 100 mg/4 mL; Concentrate for Solution for Intravenous Infusion

חברת מרק שארפ ודוהם (ישראל-1996) בע"מ, (MSD ישראל), מבקשת ליידע על עדכון העלון לרופא ולצרכן של התכשיר Keytruda 100mg/4ml להכללת העדכונים עפ"י המפורט מטה.

(טקסט שהוסף לעלון לרופא ולצרכן מודגש בקו תחתון, טקסט שנמחק מהעלון לרופא ולצרכן מסומן בקו חוצה)

עדכונים מהותיים שבוצעו בעלון לרופא בעקבות מחיקת התויה 3L gastric cancer:

1 THERAPEUTIC INDICATIONS

1.9 Gastric cancer

[...]

~~KEYTRUDA, as a single agent, is indicated for the treatment of patients with recurrent locally advanced or metastatic gastric GEJ whose tumors express PD-L1 [Combined Positive Score (CPS) ≥ 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.~~

2 Dosage and administration

2.1 Patient Selection

Patient Selection for Single Agent Treatment

Select patients for treatment with KEYTRUDA as a single agent based on the presence of positive PD-L1 expression in:

- metastatic NSCLC [*see Clinical Studies (14.2)*].
- first-line treatment of metastatic or unresectable, recurrent HNSCC [*see Clinical Studies (14.3)*].
- metastatic urothelial carcinoma [*see Clinical Studies (14.6)*].
- ~~metastatic gastric cancer [*see Clinical Studies (14.9)*]. If PD-L1 expression is not detected in an archival gastric cancer specimen, evaluate the feasibility of obtaining a tumor biopsy for PD-L1 testing.~~
- previously treated recurrent locally advanced or metastatic esophageal cancer [*see Clinical Studies (14.10)*].
- recurrent or metastatic cervical cancer with disease progression on or after chemotherapy [*see Clinical Studies (14.11)*].

[...]

6 ADVERSE REACTIONS

[...]

6.1 Clinical Trials Experience

[...]

Gastric Cancer

[...]

~~Previously Treated Gastric Cancer~~

~~Among the 259 patients with gastric cancer enrolled in KEYNOTE-059 [*see Clinical Studies (14.9)*], the median duration of exposure to KEYTRUDA was 2.1 months (range: 1 day to 21.4 months). Patients with autoimmune disease or a medical condition that required immunosuppression or with clinical evidence of ascites by physical exam were ineligible. Adverse reactions occurring in patients with gastric cancer were similar to those occurring in 2799 patients with melanoma or NSCLC treated with KEYTRUDA as a single agent.~~

[...]

14 CLINICAL STUDIES

[...]

14.10 Gastric Cancer

[...]

Previously Treated Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma

The efficacy of KEYTRUDA was investigated in KEYNOTE-059 (NCT02335411), a multicenter, non-randomized, open-label multi-cohort trial that enrolled 259 patients with gastric or gastroesophageal junction (GEJ) adenocarcinoma who progressed on at least 2 prior systemic treatments for advanced disease. Previous treatment must have included a fluoropyrimidine and platinum doublet. HER2/neu-positive patients must have previously received treatment with approved HER2/neu-targeted therapy. Patients with active autoimmune disease or a medical condition that required immunosuppression or with clinical evidence of ascites by physical exam were ineligible.

Patients received KEYTRUDA 200 mg every 3 weeks until unacceptable toxicity or disease progression that was symptomatic, rapidly progressive, required urgent intervention, occurred with a decline in performance status, or was confirmed at least 4 weeks later with repeat imaging. Patients without disease progression were treated for up to 24 months. Assessment of tumor status was performed every 6 to 9 weeks. The major efficacy outcome measures were ORR according to RECIST v1.1, modified to follow a maximum of 10 target lesions and a maximum of 5 target lesions per organ, as assessed by BICR, and DoR.

Among the 259 patients, 55% (n = 143) had tumors that expressed PD-L1 with a CPS greater than or equal to 1 and microsatellite stable (MSS) tumor status or undetermined MSI or MMR status. PD-L1 status was determined using the PD-L1 IHC 22C3 pharmDx kit. The baseline characteristics of these 143 patients were: median age 64 years, 47% age 65 or older; 77% male; 82% White and 11% Asian; and 43% ECOG PS of 0 and 57% ECOG PS of 1. Eighty-five percent had M1 disease and 7% had M0 disease. Fifty-one percent had two and 49% had three or more prior lines of therapy in the recurrent or metastatic setting.

For the 143 patients, the ORR was 13.3% (95% CI: 8.2, 20.0); 1.4% had a complete response and 11.9% had a partial response. Among the 19 responding patients, the DoR ranged from 2.8+ to 19.4+ months, with 11 patients (58%) having responses of 6 months or longer and 5 patients (26%) having responses of 12 months or longer.

Among the 259 patients enrolled in KEYNOTE-059, 7 (3%) had tumors that were determined to be MSI-H. An objective response was observed in 4 patients, including 1 complete response. The DoR ranged from 5.3+ to 14.1+ months.

עדכונים מהותיים שבוצעו בעלון לרופא בעקבות שימור התויה Urothelial Carcinoma:

5 WARNINGS AND PRECAUTIONS

[...]

5.7 Use of pembrolizumab in urothelial carcinoma for patients who are considered ineligible for cisplatin-containing chemotherapy and whose tumours express PD-L1 with CPS ≥ 10

The baseline and prognostic disease characteristics of the study population of KEYNOTE-052 included a proportion of patients eligible for a carboplatin-based combination, for whom the benefit has been assessed in a comparative study (KEYNOTE-361). In KEYNOTE-361, a higher number of deaths within 6 months of treatment initiation followed by a long-term survival benefit was observed with pembrolizumab monotherapy compared to chemotherapy (see section 14.6). No specific factor(s) associated with early deaths could be identified. Physicians should consider the delayed onset of pembrolizumab effect before initiating treatment in patients with urothelial carcinoma who are considered eligible for carboplatin-based combination chemotherapy. KEYNOTE-052 also included patients eligible for mono-chemotherapy, for whom no randomised data are available. In addition, no safety and efficacy data are available in frailer patients (e.g. ECOG performance status 3) considered not eligible for chemotherapy. In the absence of these data, pembrolizumab should be used with caution in this population after careful consideration of the potential risk-benefit on an individual basis.

בנוסף, עודכן מידע לגבי ההתויה בפרק 14 - Clinical studies

עדכונים מהותיים נוספים שבוצעו בעלון לרופא:

14 CLINICAL STUDIES

14.1 Melanoma

[...]

Adjuvant Treatment of Resected Stage IIB or IIC Melanoma

[...]

For patients with stage T3b melanoma, the RFS HR was 0.44 (95% CI: 0.24, 0.80). For patients with stage T4a melanoma, the RFS HR was 0.43 (95% CI: 0.18, 1.04). For patients with stage T4b melanoma, the RFS HR was 0.94 (95% CI: 0.56, 1.59). For patients with stage T3b melanoma, the DMFS HR was 0.71 (95% CI: 0.41, 1.22). For patients with stage T4a melanoma, the DMFS HR was 0.42 (95% CI: 0.19, 0.96). For patients with stage T4b melanoma, the DMFS HR was 0.70 (95% CI: 0.44, 1.13). The study was not powered to evaluate efficacy by individual T stage population, and the number of participants in these subgroups are limited.

עדכונים מהותיים שבוצעו בעלון לצרכן בעקבות מחיקת התויה 3L gastric cancer:

1. למה מיועדת קיטרודה?

קיטרודה הינה תרופת מרשם המשמשת לטיפול ב:

[...]

- סרטן הקיבה מסוג אדנוקרצינומה של הקיבה או של חיבור ושט קיבה שהינו חיובי ל "PD-L1", ניתן להשתמש בקיטרודה לבדה, כאשר:
 - הסרטן חזר או התפשט (סרטן קיבה מתקדם),
 - קיבלת 2 או יותר סוגים של כימותרפיה כולל פלואורופירימידין, וכימותרפיה המכילה פלטינום, ו
 - אם לגידול שלך יש גן לא תקין של "HER2/neu", וקיבלת גם תרופה מכוונת ל HER2/neu.

ההתוויות המאושרות לתכשיר:

Melanoma

- KEYTRUDA (pembrolizumab) 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) $\geq 50\%$] 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.
- KEYTRUDA, as a single agent, is indicated as adjuvant treatment following resection and platinum-based chemotherapy for adult patients with Stage IB (T2a ≥ 4 cm), II, or IIIA NSCLC.

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) ≥ 1] as determined by a validated test.
- KEYTRUDA, as a single agent, is indicated for the treatment of patients with recurrent or metastatic 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 ≥ 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.

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, in combination with trastuzumab, fluoropyrimidine and platinum-containing chemotherapy, is indicated for the first-line treatment of locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction (GEJ) adenocarcinoma in adults whose tumors express PD-L1 with a CPS ≥ 1 .

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 ≥ 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 ≥ 1) as determined by a validated test.

Biliary Tract Cancer

KEYTRUDA, in combination with gemcitabine and cisplatin, is indicated for the treatment of patients with locally advanced unresectable or metastatic biliary tract cancer (BTC).

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 adult 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.

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.

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 ≥ 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).

Tumor Mutational Burden-High Cancer

KEYTRUDA is indicated for the treatment of adult and pediatric patients with unresectable or metastatic tumor mutational burden-high (TMB-H) [≥ 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.

Triple negative breast cancer

•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 ≥ 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 מפורטות, יש לעיין בעלון לרופא ולצרכן המאושרים על ידי משרד הבריאות.

העלונים לרופא ולצרכן נשלחו לפרסום במאגר התרופות שבאתר משרד הבריאות, וניתן לקבלם מודפסים על ידי פניה לבעל הרישום, חברת MSD, בטלפון 09-9533333.
Keytruda 100mg/4ml מופצת ע"י חברת נובולוג בע"מ.

בברכה,
דורית מאורי
רוקחת ממונה
MSD ישראל

References:

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Keytruda_100mg_4ml-PIL_HEB_04-2024_clean