Important safety information

Clinical use:

Safety and efficacy of KEYTRUDA® in pediatric patients have not been established for urothelial carcinoma.

Relevant warnings and precautions:

- Immune-mediated adverse reactions, including severe and fatal cases:
  - Pneumonitis
  - Colitis
  - Hepatitis
  - Nephritis and renal dysfunction
  - Endocrinopathies including adrenal insufficiency, hypophysitis, type 1 diabetes mellitus and thyroid disorders
  - Severe skin reactions, including Stevens-Johnson syndrome and toxic epidermal necrolysis
- Other immune-mediated adverse events including uveitis, arthritis, myositis, encephalitis, sarcoidosis, myasthenic syndrome/myasthenia gravis, vasculitis, Guillain-Barré syndrome, hemolytic anemia, pancreatitis, myelitis, myocarditis, hypoparathyroidism, sclerosing cholangitis
- Solid organ transplant rejection
- Allogeneic stem cell transplant after and before treatment
- Severe infusion-related reactions
- Embryofetal toxicity
- Women should avoid pregnancy and breastfeeding during treatment and for at least 4 months after it
- Patients with hepatic or renal impairment
- Driving and operating machinery
- Monitoring requirements
- Geriatrics

For more information:

Please consult the Product Monograph at www.merck.ca/static/pdf/KEYTRUDA-PM_E.pdf for important information regarding adverse reactions, drug interactions, and dosing information which have not been discussed in this piece.

The Product Monograph is also available by calling us at 1-800-567-2594 or by email at medinfocanada@merck.com.

Study design

Multicentre, randomized (1:1), active-controlled trial in patients with locally advanced or metastatic urothelial carcinoma with disease progression on or after platinum-containing chemotherapy. Patients were randomized to receive either KEYTRUDA® 200 mg intravenously every 3 weeks (n=270) or investigator's choice of any of the following chemotherapy regimens all given intravenously every 3 weeks (n=272): paclitaxel 175 mg/m^2 (n=84), docetaxel 75 mg/m^2 (n=84) or vinflunine 320 mg/m^2 (n=87). Patients received KEYTRUDA® until unacceptable toxicity or disease progression. Patients without disease progression were treated for up to 24 months. Treatment with pembrolizumab could be reinitiated for subsequent disease progression and administered for up to one additional year. Primary efficacy outcome measures were overall survival and progression-free survival by BICR per RECIST 1.1 at 2nd interim analysis.

References: 1. KEYTRUDA® Product Monograph. Merck Canada Inc. April 19, 2023. **2.** Warren M, Kolinsky M, Canil CM, *et al.* Canadian Urological Association/Genitourinary Medical Oncologists of Canada consensus statement: Management of unresectable locally advanced and metastatic urothelial carcinoma. *Can Urol Assoc J.* 2019;13(10):318-327.

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What do you consider for your patients with locally advanced or metastatic UC who **progress on platinum-containing chemotherapy**?

KEYNOTE-045: KEYTRUDA® vs. investigator's choice of chemotherapy (paclitaxel, docetaxel, or vinflunine)

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

Pr KEYTRUDA®
(pembrolizumab)

UC=urothelial carcinoma.

KEYNOTE-045 — Locally advanced or metastatic UC patients **previously treated** with platinum-containing chemotherapy*

Trial results[1]

KEYTRUDA® significantly **reduced the risk of death** vs. IC chemotherapy

(HR 0.73; 95% CI: 0.59, 0.91; *p*=0.002)

43%	vs.	**34%**
survival rate		survival rate
KEYTRUDA®		**IC chemotherapy**
155 events/270 patients		179 events/272 patients

Demonstrated median (in months) overall survival with KEYTRUDA® vs. IC chemotherapy

KEYTRUDA®, 10.3 months (95% CI: 8.0, 11.8);
IC chemotherapy, 7.4 months (95% CI: 6.1, 8.3)

Please see back cover for study design.

CI=confidence interval; IC=investigator's choice; HR=hazard ratio.

* Investigator's choice of chemotherapy of any of the following regimens all given intravenously every 3 weeks: paclitaxel 175 mg/m^2 (n=84), docetaxel 75 mg/m^2 (n=84), or vinflunine 320 mg/m^2 (n=87).

Safety profile[1]

The most common treatment-related adverse events (reported in at least 10% of KEYTRUDA® patients) were:

	KEYTRUDA® (n=266)	IC chemotherapy (n=255)
Pruritus	19.5%	2.7%
Fatigue	13.9%	27.8%
Nausea	10.9%	24.3%

Consider our data.
Choose KEYTRUDA®.

Canadian Urological Association/ Genitourinary Medical Oncologists of Canada consensus statement[2]

Second-line systemic therapy for unresectable, locally advanced and metastatic urothelial carcinoma:

In patients who have progressive disease during or after platinum-based chemotherapy, pembrolizumab is the preferred regimen (if available).

Please see the CUA 2019 consensus guidelines for complete information.