SUMMARY

Pembrolizumab
KEYTRUDA 25 mg/ml,
concentrate for solution for infusion
Indication extension

Original French opinion adopted by the Transparency Committee on 27 March 2024

The legally binding text is the original French opinion version

Summary of opinion

Favorable opinion for reimbursement of KEYTRUDA in combination with gemcitabine and cisplatin for the first-line treatment of locally advanced unresectable or metastatic biliary tract carcinoma in adults.

Transparency Committee's Conclusions

Clinical Benefit

- Biliary tract carcinoma is a rare cancer with an estimated annual incidence in France of 2,965 new cases excluding intrahepatic cholangiocarcinoma and 1,328 to 1,825 new cases of intrahepatic cholangiocarcinoma. Diagnosis is often delayed due to clinical signs present at an advanced stage of the disease. The prognosis is hence poor, in particular for intrahepatic cholangiocarcinoma.
- This is a curative medicinal product.
- The efficacy/adverse effects ratio is high due to:
  - superiority established only on the median overall survival (absolute difference in median overall survival of 1.8 months, in favour of the pembrolizumab plus gemcitabine/cisplatin group) and not on progression-free survival;
  - a safety profile deemed to be acceptable;
  - the lack of any formal conclusion that can be drawn from quality-of-life findings given their exploratory nature;
- This is a first-line treatment in view of the therapies available.

- **Public health benefit**

In view of:

- the seriousness of the condition and its prevalence,

- the partially met medical need,
- the partial response to the identified need:
  - inadequate evidence of an additional impact on morbidity and mortality due to evidence of a modest improvement in overall survival with the pembrolizumab + gemcitabine/cisplatin combination, and the lack of evidence of an impact on quality of life;
  - the lack of evidence of an additional impact on delivery of care and on the care pathway;

KEYTRUDA (pembrolizumab) is unlikely to have an additional impact on public health.

Considering all of these elements, the Committee deems that the clinical benefit of KEYTRUDA (pembrolizumab) is substantial in the marketing authorisation indication.

The Committee approves a favorable opinion for inclusion of KEYTRUDA (pembrolizumab) in the list of covered drugs for inpatients for the indication and at the dosage of the marketing authorisation.

Clinical Added Value

In view of:

- the evidence of superiority of pembrolizumab combined with gemcitabine and cisplatin compared to the gemcitabine and cisplatin combination alone, in a randomised, double-blind study, in terms of overall survival (OS, primary outcome measure),
- the effect size deemed to be modest but significant, with an absolute difference for median OS of 1.8 months, with a stratified HR= 0.83; 95% CI [0.72; 0.95]),
- the lack of evidence of superiority on progression-free survival and on overall response rate,
- the lack of formal conclusions that can be drawn from the exploratory secondary outcome measure findings including quality of life,
- a safety profile deemed to be acceptable,
- the medical need partially met by the available alternatives and the evolution of guidelines for the management of advanced bile duct cancer,

the Transparency Committee deems that KEYTRUDA (pembrolizumab) 25 mg/ml, solution for dilution for infusion, like IMFINZI (durvalumab), provides minor clinical added value (CAV IV) compared to gemcitabine + cisplatin chemotherapy in the first-line treatment of adults with unresectable or metastatic biliary tract carcinoma (BTC).