SUMMARY

pembrolizumab

KEYTRUDA 25 mg/ml

concentrate for solution for infusion

Reassessment at pharmaceutical company's request

Adopted by the Transparency Committee on 11 September 2024

Summary of opinion

Favourable opinion for maintenance of reimbursement only in the following indication: "as monotherapy in the adjuvant treatment of adults with clear-cell renal cell carcinoma only, at increased risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions"

and unfavourable opinion for reimbursement in the other situations covered by the MA indication.

Transparency Committee's conclusions

Clinical Benefit

In clear-cell renal cell carcinoma

- Renal cell carcinoma is a serious, life-threatening disease.
- The proprietary medicinal product KEYTRUDA (pembrolizumab) is a medicinal product intended to prevent recurrence.
- The efficacy/adverse effects ratio is high.
- There is no recommended drug treatment at this stage of treatment.
- This product is a first-line treatment in the context of adjuvant therapy to surgery.

Public health benefit

Considering:

- the seriousness of the disease and its incidence;
- the unmet medical need;
- the partial response to the identified need given:
  - evidence of an additional impact on morbidity and mortality;

    - the lack of evidence of an additional impact on quality of life;
    - an additional impact on the organisation of care;
  - the additional impact on the care and/or life pathway for patients or their families, which has not been studied;

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

In renal cell carcinoma with non-clear cell histologies (chromophobe and tubulo-papillary)

Considering the absence of data in these histological subtypes, the Committee deems that the clinical benefit of KEYTRUDA (pembrolizumab) is insufficient.

Considering all these elements, the Committee deems that the clinical benefit of KEYTRUDA 25 mg/ml concentrate for solution for infusion is:

- **substantial only in the adjuvant treatment in adults with clear-cell renal cell carcinoma, at increased risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions in the MA indication;**
- **insufficient to justify public funding in the other MA situations.**

The Committee issues the following opinions:

- **a favourable opinion for maintenance of inclusion of KEYTRUDA 25 mg/ml concentrate for solution for infusion in the list of covered drugs for inpatients approved for use in the adjuvant treatment in adults with clear-cell renal cell carcinoma, at increased risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions in the MA indication and at the MA dosage.**
- **an unfavourable opinion for inclusion of KEYTRUDA 25 mg/ml concentrate for solution for infusion in the list of covered drugs for inpatients approved for use in the other MA situations.**

Clinical Added Value

➔ **In clear-cell renal cell carcinoma:**

Considering:

- evidence of superiority of pembrolizumab versus placebo on the primary endpoint, investigator-assessed recurrence-free survival, with HR = 0.68 $CI_{95\%}$: [0.53 - 0.87], p=0.0010;
- evidence of superiority of pembrolizumab versus placebo on the ranked secondary endpoint, overall survival, with, at the third interim analysis, HR = 0.62 $CI_{95\%}$: [0.44 - 0.87], p=0.0024;
- excess toxicity in the pembrolizumab group, marked in particular by adverse events of grade 3 or more (32.0% and 17.7% in the placebo group) and serious adverse events (20.7% and 11.5%);

- the absence of a demonstrated impact on quality of life (exploratory endpoint);

the Committee considers that as the dossier currently stands, KEYTRUDA (pembrolizumab) provides a moderate clinical added value (CAV III) as monotherapy in the adjuvant treatment of adults with clear-cell renal cell carcinoma at increased risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions.