

Craig Granowitz, MD  
Senior Vice President, Medical Affairs  
Merck & Co., Inc.  
One Merck Drive  
Whitehouse Station, NJ 08889  
908-423-4426  
[Craig\\_granowitz@merck.com](mailto:Craig_granowitz@merck.com)  
September 8, 2014  
NCCN Melanoma Panel



On behalf of Merck & Co., Inc., I respectfully request the NCCN Melanoma Panel review the enclosed information for inclusion of KEYTRUDA® (pembrolizumab) for the treatment of unresectable or metastatic melanoma.

Specific changes requested:

In section ME-E we respectfully request that KEYTRUDA be added as systemic therapy for patients with unresectable or metastatic melanoma.

FDA Clearance:

The FDA approved KEYTRUDA for the treatment of patients with unresectable or metastatic melanoma and disease progression following ipilimumab and, if BRAF V600 mutation positive, a BRAF inhibitor on September 4, 2014. This indication was approved under accelerated approval based on tumor response rate and durability of response. An improvement in survival or disease-related symptoms has not yet been established. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials

Rationale:

In an oral presentation presented by Antoni Ribas at the 2014 ASCO Annual Meeting (Abstract #LBA9000), data was presented from an ongoing, open-label, nonrandomized, phase Ib study (KEYNOTE-001) which evaluated the efficacy and safety of pembrolizumab (2 mg/kg Q3W, 10mg/kg Q3W or 10 mg/kg Q2W) in 411 patients with advanced, unresectable melanoma; the overall response rate by RECIST 1.1 was 40% (95% CI: 32, 48) in ipilimumab-naïve patients (n=168 evaluable patients), responses were durable with the median response duration not reached (range for all patients, 6+ to 76+ weeks, with 88% of responses ongoing) and the estimated overall survival rate at one year was 74% in patients without prior ipilimumab therapy.

To assist the committee with their review, I have included the following resources:

1. KEYTRUDA® Prescribing information. Merck & Co., Inc. Whitehouse Station, NJ. September 2014
2. Hamid et al. Safety and Tumor Responses with Pembrolizumab (Anti-PD1) in Melanoma. *The New England Journal of Medicine*. June 4, 2013.
3. Ribas et al. Efficacy and safety of the anti-PD1 monoclonal antibody MK-3475 in 411 patients with melanoma (MEL). Abstract #LBA9000; ASCO Annual Meeting; Chicago, Illinois. May 30-June 3, 2014.
4. Hamid et al. Randomized comparison of two doses of the anti-PD-1 monoclonal antibody MK-3475 for ipilimumab-refractory (IPI-R) and IPI-naïve (IPI-N) melanoma (MEL). Abstract #3000; ASCO Annual Meeting; Chicago, Illinois. May 30-June 3, 2014.

Thank you for considering this request. Below is my contact information should you need to contact me for additional information.

Sincerely,

A handwritten signature in dark ink, appearing to read "Craig Granowitz", written over a light blue circular stamp.

Craig Granowitz, MD  
Senior Vice President, Medical Affairs  
Merck & Co., Inc.  
One Merck Drive  
Whitehouse Station, NJ 08889  
908-423-4426  
[Craig\\_granowitz@merck.com](mailto:Craig_granowitz@merck.com)



Hamid NEJM



USPI



Hamid ASCO 2014



Ribas\_ASCO 2014