Submitted by:
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Dear NCCN Multiple Myeloma Guidelines Panel Members:

On behalf of Celgene Corporation, we respectfully request that the NCCN Guidelines Panel for Multiple Myeloma review recently presented data on the use of REVLIMID® (lenalidomide) in combination with dexamethasone and pembrolizumab in patients with previously treated multiple myeloma (MM).

Specific Changes: Recommend an update to the guidelines regarding previously treated MM to reflect the results from the Phase I study of the triplet combination lenalidomide/dexamethasone/pembrolizumab.

FDA Clearance: REVLIMID is a thalidomide analogue indicated for the treatment of patients with multiple myeloma in combination with dexamethasone. See the enclosed Revlimid Prescribing information for additional approved indications (Celgene Corporation, 2015).

Rationale for Proposed Change:
The addition of triplet combinations to the treatment landscape for multiple myeloma has expanded the therapy options for patients with RRMM. Despite tremendous progress, there continues to be an unmet medical need.

The combination of lenalidomide, dexamethasone and pembrolizumab has been evaluated in a Phase I study in 50 patients with relapsed/refractory multiple myeloma (RRMM) who had experienced failure of ≥2 prior therapies including a proteasome inhibitor and an immunomodulatory drug (IMiD) (median age, 62 years [range, 46-77 years]; median prior therapies, 4 [range, 1-5 therapies]; double refractory, 30%; high risk, 11%) (San Miguel et al., 2015). The maximum tolerated dose (MTD) was determined as lenalidomide 25 mg on Days 1-21, dexamethasone 40 mg weekly and pembrolizumab 200 mg every 2 weeks. Response was high (overall response rate [ORR], n=13/17 [76%]; disease control rate [DCR], n=15/17 [88%]), with 94% of patients experiencing a reduction in M-protein or free light chains from baseline. Responses also improved with time (upgraded quality of response, 11%). Grade 3/4 treatment-related adverse events (AEs) occurred in 23/50 (46%) patients, including most commonly (>5%): neutropenia (22%), thrombocytopenia (8%), anemia (8%) and hyperglycemia (6%). Immune-mediated AEs included adrenal insufficiency (Grade 2, 2%), hyperthyroidism (Grade 1 and 2, 2% each), hypothyroidism (Grade 1, 4%) and thyroiditis (Grade 1, 2%).

A copy of this study recently presented at the American Society of Hematology Annual Meeting is enclosed for your review.

Your consideration of this submission is greatly appreciated.

Sincerely,

Eulena Horne, PharmD
Assoc Director, Global Medical Information

Peg Squier
Vice President, US Medical Affairs

Cited References:

1. Celgene Corporation. Revlimid (lenalidomide) [Package Insert]. Summit, NJ: Celgene Corporation. http://www.revlimid.com/.
2. San Miguel J, Mateos M-V, Shah JJ, et al. Pembrolizumab in Combination with Lenalidomide and Low-Dose Dexamethasone for Relapsed/Refractory Multiple Myeloma (RRMM): Keynote-023 [Oral]. Oral presented at: 57th Annual Meeting and Exposition of the American Society of Hematology (ASH); December 5-8, 2015; Orlando, FL, USA.