Food and Drug Administration
Center for Drug Evaluation and Research

Final Summary Minutes of the Oncologic Drugs Advisory Committee Meeting
February 9, 2021

Location: Please note that due to the impact of the COVID-19 pandemic, all meeting participants joined this advisory committee meeting via an online teleconferencing platform.

Topic: The committee discussed supplemental biologics license application (sBLA) 125514/s-089, for KEYTRUDA (pembrolizumab), submitted by Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc. The proposed indication (use) for this product is for the treatment of patients with high-risk, early-stage triple-negative breast cancer, in combination with chemotherapy as neoadjuvant treatment, then as a single agent as adjuvant treatment after surgery.

These summary minutes for the February 9, 2021 meeting of the Oncologic Drugs Advisory Committee (ODAC) of the Food and Drug Administration were approved on March 7, 2021.

I certify that I attended the February 9, 2021 meeting of the ODAC of the Food and Drug Administration and that these minutes accurately reflect what transpired.

/s/
She-Chia Chen, PharmD
Designated Federal Officer, ODAC

/s/
Philip C. Hoffman, MD
Chairperson, ODAC

Final Summary Minutes of the Oncologic Drugs Advisory Committee Meeting
February 9, 2021

The Oncologic Drugs Advisory Committee (ODAC) of the Food and Drug Administration, Center for Drug Evaluation and Research met on February 9, 2021. The meeting presentations were heard, viewed, captioned, and recorded through an online teleconferencing platform. Prior to the meeting, the members and temporary voting members were provided the briefing materials from the FDA and Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc.. The meeting was called to order by Philip C. Hoffman, MD (Chairperson). The conflict of interest statement was read into the record by She-Chia Chen, PharmD (Designated Federal Officer). There were approximately 1200 people online. There were eight Open Public Hearing (OPH) speaker presentations.

A verbatim transcript will be available, in most instances, at approximately ten to twelve weeks following the meeting date.

Agenda: The committee discussed supplemental biologics license application (sBLA) 125514/s-089, for KEYTRUDA (pembrolizumab), submitted by Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc. The proposed indication (use) for this product is for the treatment of patients with high-risk, early-stage triple-negative breast cancer, in combination with chemotherapy as neoadjuvant treatment, then as a single agent as adjuvant treatment after surgery.

Attendance:
ODAC Members Present (Voting): Susan Halabi, PhD; Philip C. Hoffman, MD (Chairperson); David E. Mitchell (Consumer Representative)

ODAC Members Not Present (Voting): Jaffer A. Ajani, MD; Ranjana H. Advani, MD; Massimo Cristofanilli, MD, FACP; Jorge A. Garcia, MD, FACP; Christopher H. Lieu, MD; Alberto S. Pappo, MD; Anthony D. Sung, MD

ODAC Member Not Present (Non-Voting): Jonathan D. Cheng, MD (Industry Representative)

Temporary Members (Voting): Deborah K. Armstrong, MD; Matthew Ellis, MD, PhD; Daniel F. Hayes, MD, FASCO, FACP; Stan Lipkowitz, MD, PhD; Natalie Compagni Portis, PsyD, MFT (Patient Representative); Andrew D. Seidman, MD; Antonio C. Wolff, MD, FACP, FASCO

Acting Industry Representative to the Committee (Non-Voting): Albert L. Kraus, PhD

FDA Participants (Non-Voting): Richard Pazdur, MD; Julia Beaver, MD; Laleh Amiri-Kordestani, MD; Christy Osgood, MD; Mirat Shah, MD; Mallorie Fiero, PhD; Anup Amatya, PhD

Designated Federal Officer (Non-Voting): She-Chia Chen, PharmD

Open Public Hearing Speakers: Hayley Dinerman (Triple Negative Breast Cancer Foundation); Ricki Fairley (TOUCH, The Black Breast Cancer Alliance); Maimah Karmo (Tigerlily Foundation); Kristen Costa; Jillian Bryant; Marisa Weiss, MD (Breastcancer.org); Suzanne Gelbart; Diana Zuckerman, PhD (National Center for Health Research)

The agenda was as follows:

Call to Order and Introduction of Committee	**Philip C. Hoffman, MD** Chairperson, ODAC
Conflict of Interest Statement	**She-Chia Chen, PharmD** Designated Federal Officer, ODAC
FDA Introductory Comments	**Christy Osgood, MD** Cross-Discipline Team Leader Breast and Gynecologic Malignancies Team Division of Oncology 1 (DO1) Office of Oncologic Diseases (OOD) Office of New Drugs (OND), CDER, FDA
APPLICANT PRESENTATIONS	**Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc.**
Introduction	**Sunita Zalani, PhD** Vice President Oncology and In-Vitro Diagnostics, Global Regulatory Affairs and Clinical Safety Merck & Co., Inc.
Treatment Landscape and Unmet Need in Triple Negative Breast Cancer	**Joyce O'Shaughnessy, MD** Celebrating Women Chair in Breast Cancer Research Baylor University Medical Center Chair, Breast Cancer Program Texas Oncology US Oncology Research
Efficacy and Safety	**Vassiliki Karantza, MD, PhD** Associate Vice President Global Clinical Development Women's Cancers, Sub-Section Head for Breast Cancer Merck & Co., Inc.
Clinical Perspective	**Hope S. Rugo, MD** Professor of Medicine Director of Breast Oncology and Clinical Trials Education University of California, San Francisco Comprehensive Cancer Center
FDA PRESENTATION	

BLA 125514 Supplement 89 - Pembrolizumab	**Mirat Shah, MD** Clinical Reviewer Breast and Gynecologic Malignancies Team DO1, OOD, OND, CDER, FDA

Clarifying Questions to Presenters

BREAK

OPEN PUBLIC HEARING

Questions to the Committee/Committee Discussion

ADJOURNMENT

Questions to the Committee:

1. **VOTE:** Should a regulatory decision on pembrolizumab in combination with multi-agent chemotherapy for neoadjuvant treatment followed by pembrolizumab monotherapy for adjuvant treatment of high-risk early-stage TNBC be deferred until further data are available from future analyses of KEYNOTE-522?

   Vote Result: Yes: 10 No: 0 Abstain: 0

   Committee Discussion: *Committee members unanimously voted, "Yes", that a regulatory decision on pembrolizumab in combination with multi-agent chemotherapy for neoadjuvant treatment followed by pembrolizumab monotherapy for adjuvant treatment of high-risk early-stage TNBC should be deferred until further data are available from future analyses of KEYNOTE-522. The majority of the members expressed concerns about the existing strength of evidence from an ongoing phase III clinical trial using the magnitude of improvement in the co-primary endpoint of pathologic complete response (pCR) in this patient population and treatment setting. The members further commented on the difference in pCR between the two arms decreasing from approximately 14% after the first interim analysis to approximately 7% as the trial continued and how there is a lack of clear understanding of the relationship between a surrogate marker pCR and long-term clinical benefit measures. There was also consensus that data presented for the co-primary endpoint of event-free survival (EFS) was immature, as well as the data for the secondary endpoint of overall survival (OS). Please see the transcript for details of the committee discussion.*

The meeting was adjourned at approximately 2:48 p.m.