Talking about KEYTRUDA® (pembrolizumab) with Eligible Patients: A Practical Discussion Guide for Renal Cell Carcinoma Post Nephrectomy

This is a photo of a fictional patient and is for illustrative purposes only.

KEYTRUDA® (pembrolizumab)

Guide your eligible patients through treatment with KEYTRUDA®

- **KEYTRUDA®** as monotherapy is indicated for the adjuvant treatment of patients with renal cell carcinoma at intermediate-high or high risk of recurrence following nephrectomy or following nephrectomy and resection of metastatic lesions.[1]

Your patients may not be familiar with KEYTRUDA® or what to expect throughout treatment. Here are a few discussion points that may be useful during conversations about the treatment plan.

Discussion points with your patients about KEYTRUDA®

Questions that **patients might ask,** and examples of **answers you can give:**

"What is **KEYTRUDA®?"**

*"**KEYTRUDA®** as monotherapy is indicated for the adjuvant treatment of patients with **renal cell carcinoma** at intermediate-high or high risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions."*[1]

*"It is a type of immunotherapy, which means it uses the **body's natural anti-cancer immune response** to target tumor cells."*[1,2]

"What is an **adjuvant treatment?"**

Additional cancer treatment given after the primary treatment to lower the risk that the cancer will come back. Adjuvant therapy may include chemotherapy, radiation therapy, hormone therapy, targeted therapy, or biological therapy.[3]

"How long do I need to take KEYTRUDA® for, **and how do I take it?"**

*"**KEYTRUDA®** is a **30-minute** intravenous infusion. It needs to be given through a vein, so you will need to come to the hospital or clinic every 3 or 6 weeks for treatment."*[1]

*"You will need to continue the treatment as long as **side effects are manageable** or until disease recurrence or for a duration of up to one year."*[1]

"Will I have any **side effects?"**

*"**KEYTRUDA®** can cause side effects, some of which may result from the immune system's response to the treatment."*[1]

*"Contact me or your treatment team if you notice any symptoms or side effects. **These can happen at any time**, and the sooner we know about them, the sooner you can be treated."*[1,2]

"What does **recurrence mean?**"

"A recurrence is when the tumour comes back after treatment. Cancer recurs because small areas of tumour may have remained undetected in the body and/or did not respond to the anti-cancer treatment(s) received."[4]

"What is the likelihood of **disease recurrence** following surgical treatment?"

*"Two large studies looked at over 1,000 people with renal cell carcinoma at an increased risk of recurrence who had surgery and found that **about 50% had their cancer come back after surgery**."*[5,6]

"Are there any lifestyle changes that could help me feel better and **improve my daily life after my treatment?**"

*"Maintaining a **healthy lifestyle** can boost your **QoL, overall wellbeing, and reduce the risk of cancer recurrence** and other health issues."*[4]

*"Stress-management, weight control and regular physical exercise can help you to **lower the risk for recurrence.**"*[4]

"What kind of **follow-up care** will I need after treatment?"

*"Testing is important to monitor the disease. Follow-up tests, **including imaging tests**, monitor your health."*[7]

"The frequency of follow-up appointments and tests will depend on your individual situation. Talk to your doctor if you have any concerns."[7]

Footnote

QoL: quality of life.

For Healthcare professionals only.

KEYTRUDA® (Pembrolizumab) Selected Safety Information (SSI)

Selected Indications:
In combination with axitinib, KEYTRUDA is indicated for the first-line treatment of patients with advanced renal cell carcinoma (RCC). In combination with lenvatinib, for the first-line treatment of adult patients with advanced RCC. For the adjuvant treatment of patients with RCC at intermediate-high or high risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions.
Dosage & Administration: KEYTRUDA is administered 30 minutes intravenous infusion.
Monotherapy: Adjuvant treatment of adult patients with RCC is 200 mg every 3 weeks or 400 mg every 6 weeks, until disease recurrence or unacceptable toxicity, or up to 12 months.
Combination Therapy: Adult patients with RCC is 200 mg every 3 weeks or 400 mg every 6 weeks (administer KEYTRUDA in combination with axitinib 5 mg orally twice daily or administer KEYTRUDA in combination with lenvatinib 20 mg orally once daily), until disease progression or unacceptable toxicity, or for KEYTRUDA, up to 24 months.
Contraindications: None
Precautions/Warnings: KEYTRUDA can cause severe and fatal immune-mediated adverse reactions which can occur in any organ or tissue as immune-mediated pneumonitis, immune-mediated colitis, hepatotoxicity and immune-mediated hepatitis, immune-mediated nephritis with renal dysfunction, immune-mediated endocrinopathies (as adrenal insufficiency, hypophysitis, hyperthyroidism, hypothyroidism, thyroiditis & type 1 diabetes mellitus) & immune-mediated dermatologic adverse reactions. KEYTRUDA can cause other immune-mediated adverse reactions as: myocarditis, pericarditis, vasculitis, meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis (including exacerbation), Guillain-Barré syndrome, nerve paresis, autoimmune neuropathy, pancreatitis, to include increases in serum amylase and lipase levels, gastritis, duodenitis, hypoparathyroidism, myositis/polymyositis, rhabdomyolysis (and associated sequelae, including renal failure), arthritis (1.5%), polymyalgia rheumatica, hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenic purpura, solid organ transplant rejection, other transplant (including corneal graft) rejection, uveitis, iritis and other ocular inflammatory toxicities can occur. Some cases can be associated with retinal detachment. Various grades of visual impairment, including blindness, can occur. If uveitis occurs in combination with other immune-mediated adverse reactions, consider a VogtKoyanagi-Harada-like syndrome, as this may require treatment with systemic steroids to reduce the risk of permanent vision loss. KEYTRUDA can cause severe or life-threatening infusion-related reactions, including hypersensitivity and anaphylaxis. KEYTRUDA can cause complications of Allogeneic HSCT. Increased mortality in patients with multiple myeloma when KEYTRUDA is added to a thalidomide analogue and dexamethasone. KEYTRUDA can cause fetal harm when administered to a pregnant woman.
Adverse Reactions:
Most common adverse reactions (reported in ≥20% of patients) were:

- KEYTRUDA as a single agent: fatigue, musculoskeletal pain, rash, diarrhea, pyrexia, cough, decreased appetite, pruritus, dyspnea, constipation, pain, abdominal pain, nausea, and hypothyroidism.
- KEYTRUDA in combination with axitinib: diarrhea, fatigue/asthenia, hypertension, hepatotoxicity, hypothyroidism, decreased appetite, palmar-plantar erythrodysesthesia, nausea, stomatitis/mucosal inflammation, dysphonia, rash, cough, and constipation.
- KEYTRUDA in combination with lenvatinib: hypothyroidism, hypertension, fatigue, diarrhea, musculoskeletal disorders, nausea, decreased appetite, vomiting, stomatitis, weight loss, abdominal pain, urinary tract infection, proteinuria, constipation, headache, hemorrhagic events, palmar-plantar erythrodysesthesia, dysphonia, rash, hepatotoxicity, and acute kidney injury.

Please refer to the full prescribing information of KEYTRUDA® for more information.

References: **1.** KEYTRUDA®. Prescribing Information. **2.** Haanen J, Jordan K, Longo F, *et al.* Immunotherapy-related side effects: ESMO Patient Guide. ESMO. 2017. Available at: https://dam.esmo.org/image/upload/ESMO-Patient-Guide-on-Immunotherapy-Side-Effects.pdf Accesed 24-11-2025. **3.** National Cancer Institute. Adjuvant therapy. Available at: https://www.cancer.gov/publications/dictionaries/cancer-terms/def/adjuvant-therapy. Accessed 24-11-2025. **4.** ESMO patient guide. Survivorship: an ESMO-ECPC guide for patients in collaboration with IPOS. Available at: https://www.esmo.org/patients/guide-to-survivorship.pdf. Accessed 24-11-2025. **5.** Sundaram M, Song Y, Rogerio JW, *et al.* Clinical and economic burdens of recurrence following nephrectomy for intermediate high- or high-risk renal cell carcinoma: a retrospective analysis of Surveillance, Epidemiology, and End Results-Medicare data. J Manag Care Spec Pharm. 2022;28(10):1149-60. **6.** Karam JA, Bhattacharya R, Ogbomo A, *et al.* Real-world study on the characteristics, post-nephrectomy journey, and outcomes of patients with early-stage renal cell carcinoma based on risk groups. Cancer Med. 2024;13(11):e7247. **7.** National Comprehensive Cancer Network. Clinical practice guidelines for patients. Kidney Cancer. 2025. Available at: https://www.nccn.org/patients/guidelines/content/PDF/kidney-patient.pdf. Accessed 24-11-2025 **8.** Beyer K, Venderbos LDF, Roobol MJ, *et al.* Navigating choices: understanding the decision-making journey of patients with localised kidney cancer. BJU Int. 2025;135(6):953-959.

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In case you need any update or you have an inquiry or need to report an adverse reaction, you can contact
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AE-JRC-00040 | 24/11/27

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