

Adjuvant Treatment Following Nephrectomy

Posttest Rationale

1. Which strategy would you use for a patient receiving pembrolizumab that experiences colitis (grade 3)?

- a) Permanently discontinue the medication
- b) Withhold medication and add corticosteroids
- c) Dose reduce the medication
- d) Add corticosteroids

Rationale: Withholding medication and adding corticosteroids is recommended in PI for management of adverse reactions.

Reference: Monitoring and Managing Adverse Reactions to KEYTRUDA® (pembrolizumab) | HCP.
www.keytrudahcp.com. <https://www.keytrudahcp.com/safety/monitoring-managing-adverse-reactions/>

2. In the KEYNOTE-564 trial, disease-free survival benefit was more pronounced in patients with:

- a) Higher recurrence risk including the M1 evidence of disease population and patients with sarcomatoid features.
- b) Higher recurrence risk including the M1 NED population and patients with sarcomatoid features.
- c) Low recurrence risk including the M1 NED population and patients with sarcomatoid features.
- d) Low recurrence risk including the M1 evidence of disease population and patients with sarcomatoid features.

Rationale: Inclusion criteria included patient had histologically confirmed, clear cell RCC (pT2, grade 4 or sarcomatoid, N0 M0; pT3 or pT4, any grade, N0 M0; any pT, any grade, N+ M0; or M1 NED [no evidence of disease after primary tumor and soft tissue metastases completely resected ≤1 year from nephrectomy]) and had undergone surgery ≤12 weeks prior to randomization. DFS benefit with pembrolizumab was maintained (HR 0.63, 95% CI 0.50–0.80; nominal P < 0.0001) and was consistent across subgroups, including pts with M0 disease with intermediate-high risk of recurrence (HR 0.68, 95% CI 0.52–0.89), M0 high risk of recurrence (HR 0.60, 95% CI 0.33–1.10), or M1 NED (HR 0.28, 95% CI 0.12–0.66). The estimated DFS rate at 24 months was 78.3% with pembrolizumab vs 67.3% with placebo.

Reference: Choueiri, T. K., et al. (2022). "Pembrolizumab as post nephrectomy adjuvant therapy for patients with renal cell carcinoma: Results from 30-month follow-up of KEYNOTE-564." *Journal of Clinical Oncology* 40(6_suppl): 290-290.