

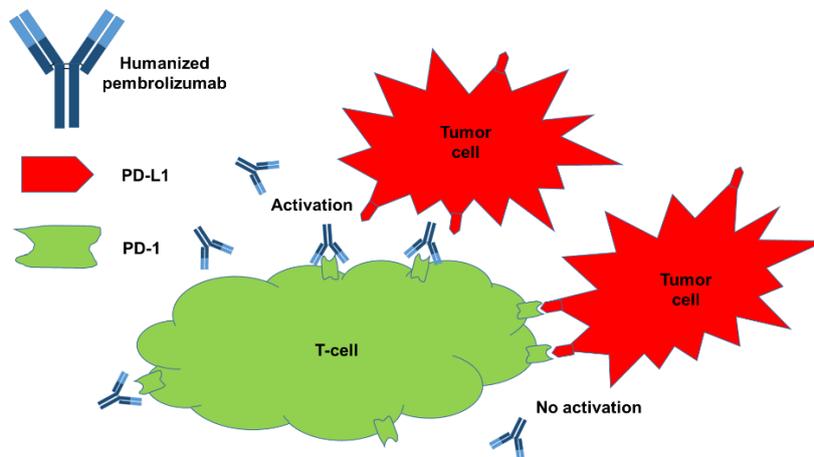
## Pembrolizumab – Fact Sheet

### Molecule

Pembrolizumab (Keytruda®) is a humanized monoclonal IgG4 antibody that contains an engineered hinge region mutation (S228P). It has a molecular weight of 146.3 kDa and is targeted to the cellular programmed cell death protein -1 (PD-1).

### Mode of Action

Programmed cell death ligand 1 or ligand 2 (PD-L1 or PD-L2) is upregulated on 40 – 50 % of melanomas and has limited expression otherwise. Both ligands bind to PD-1, a protein on the surface of activated T-cells. If PD-L1 binds to PD-1, a T-cell becomes inactive and inhibited from attacking a tumor. The inhibitory effect results from promotion of apoptosis in antigen specific T-cells while simultaneously blocking apoptosis in suppressor T-cells. Pembrolizumab binds to PD-1, thus blocks PD-L1 or PD-L2 from binding to PD-1, and T-cells can again attack tumor cells.



### Indication

Keytruda® is indicated for, among other cancer types (more than 30 indications), melanoma, non-small cell lung cancer, head and neck squamous cell cancer, classical Hodgkin lymphoma, gastric cancer, cervical cancer, hepatocellular carcinoma, and primary mediastinal large B-cell lymphoma.

### Patent Situation

Patents for Keytruda® have expiry dates of up to 2036 in US and 2028 in EU. BMS owns patents directed to the inhibition to PD-1 and is filing lawsuits against competitors marketing antibodies with this target. This also included Keytruda® resulting into royalty payments of MSD.

### Market and Competitive Field

Keytruda® from MSD was approved for its first indication by FDA in 2014 and by EMA in 2015. In 2021, MSD had sales for Keytruda® of 15.9 billion €, up from 12.1 billion € in 2020. Due to late patent expiry dates and to the development of novel antibodies also targeting PD-1, there are currently no biosimilars in a late stage of clinical development.

		Pembrolizumab
		Keytruda®
	<b>Clone selection/ comparability</b>	
<b>HPLC</b>	Separation based on <b>size</b> (SE-HPLC)	
	Separation based on <b>hydrophobicity</b> (RP-HPLC)	
	Detection of <b>charge variants</b> (CEX-HPLC)	
<b>Binding</b>	Binding to <b>cell surface</b> expressed target (Flow cytometry)	
	Binding to <b>soluble target</b> (ELISA)	
	Binding to specific <b>antibody or antigen</b> (SPR-BIACORE, ELISA)	If applicable
	<b>Affinity/ kinetic</b> to recombinant target (SPR-BIACORE)	
<b>Effector function</b>	Binding to C1q, <b><sup>1</sup>CDC surrogate</b> (ELISA)	
	<b>Affinity</b> to recombinant Fc-receptors (SPR-BIACORE)	
	Reporter gene assays, <b><sup>2</sup>ADCC surrogate</b> (Luminescence)	
	<b><sup>1</sup>CDC</b> (Flow cytometry)	n.a.
	<b><sup>2</sup>ADCC</b> (DELFLIA, Fluorescence)	n.a.
	Additional <b>bioassays</b> (Luminescence, fluorescence)	PD-1/PD-L1 blockage bioassay
<b>Gly</b>	Glyco-pattern with <b>Lectin Microarray</b> (45 different lectins)	
	<b>(Pre)clinical application</b>	
<b>Clinics</b>	Pharmacokinetics – <b>PK</b> (ECL, ELISA)	n.a.
	Pharmacodynamics – <b>PD</b> (ECL, ELISA, flow cytometry, bioassay)	n.a.
	Immunogenicity - <b><sup>3</sup>ADAs</b> (ECL, Biacore, ELISA, neutr. assay)	n.a.

<sup>1</sup>CDC = Complement Dependent Cytotoxicity  
<sup>2</sup>ADCC = Antibody Dependent Cellular Cytotoxicity  
<sup>3</sup>ADA = Anti-Drug Antibody

	Vela portfolio
	Vela planned
	c.l.d. = cell line dependent
	n.a. = not applicable
	In development

If you are interested in the full version including patent and originator data please contact us: [velabd@vela-labs.at](mailto:velabd@vela-labs.at)