



Patient Education for Melanoma Skin Cancer

Neoadjuvant Therapy in Melanoma: The PRADO Trial

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TRANSCRIPT

This is another clinical trial that is becoming highly influential in melanoma. This is called the PRADO trial for the personalization of neoadjuvant therapy. And I won't go into all the details, except to just show you that what they did was they gave all the patients two cycles three weeks apart — so six weeks of treatment with ipi-nivo. Then, instead of removing all the lymph nodes, like we normally do in a standard lymph node dissection, they only removed the one largest lymph node from the start, and said, "Let's see how much cancer is still alive and let's treat you based on that." So, if it was all gone or nearly gone, you were done. One lymph node removed. Not all of them, just one. No more treatment, not a year of treatment. One lymph node removed in six weeks of treatment, and that's it.

If there was some benefit, but not nearly complete, then let's do the lymph node dissection. If there was no benefit, the worst group in that previous graph, we're going to give you the kitchen sink, remove all the lymph nodes and give you more treatment for a year. Now we know you need it, we're going to give it.

This approach may not be perfect, but it's transformational. It's changing the way we think about what we do for individual patients based on how they respond to treatment. And it opens brand new doors for the future, allows us to pick among all kinds of new treatments and say, "Okay, which new treatment is going to give us the best response rate and is going to kill the most cancer cells?"

And of the new treatments that we tested in this neoadjuvant therapy was that LAG-3 drug called relatlimab. It showed up very positive. And in the bigger test, in the Phase 3 trial in advanced disease, it showed up as positive. And all of a sudden, that's become the new standard for a lot of patients.

So, there are still a lot of other receptors and immune treatments we've got to test. But it's proof of the principle that we can give somebody treatment for just a couple of cycles and already get a sense of whether that new treatment is better than the treatments we already have.