Patient Education for Melanoma Skin Cancer

Neoadjuvant Therapy in Melanoma: Does It Give a Better Immune Response?

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TRANSCRIPT

Finally, this is a fundamental question: Is giving the drugs before surgery just rearranging the deck chairs a little bit more convenient, a little bit more useful? Or does it really alter the biological response? Does treatment with these immune therapies before surgery enhance the immune response, give us a better cancer effect? Or does it just delay things, allow us to learn something about the outcome, etc?

We're studying this because we think that it really does give you a better immune response. Because the tumor and the blood cells, the immune cells, are right there together, we haven't altered anything with surgery, and we hope to be leaving behind a larger number of antitumor T cells that can activate and attack the tumors.

We're putting this to the test in a randomized clinical trial. The short story about this trial is everybody gets the same surgery, the same drug, the same dose, and the same number of doses. But one group — the blue group here — gets three of the doses before surgery and the red group gets all the doses after surgery.

We're measuring everything about these people. We're measuring who had side effects or progression before surgery so they couldn't get surgery, who had problems from the surgery so they couldn't get postoperative adjuvant therapy, and of course, the standard melanoma factors, who had a recurrence, who died from it for any reason.

And this randomized study will absolutely put to the test, are we actually improving outcomes when we use drug treatment first. We're going to hear about this within the next month, we're going to hear the results of this study. And it was deemed to be so important that it's in the Presidential Symposium in Paris next month. My colleague, Dr. **[02:52 inaudible]** will be telling the world the results of this trial just a few weeks from now.

So, we're really excited about neoadjuvant therapy. I'm going to conclude by saying that we think neoadjuvant therapy, based on what we know today, is an absolutely important part of the treatment approach for melanoma and other cutaneous cancers.

What this means for patients is that we shouldn't be taking out nodal metastases necessarily to get the diagnosis, we should be using needle biopsies whenever possible to establish the diagnosis of nodal metastasis, and allow us to do neoadjuvant therapy. But there are still a lot of questions that remain about exactly how to do this neoadjuvant treatment, what are the best drug regimens? I didn't go into all of that. How long should we treat before surgery? When should we treat after surgery? Can we do less surgery at all? So, clinical trials, like the ones I've discussed, remain critically important and adjuvant therapy, treatment after surgery still has a role to play. At least until that, a randomized study shows us that neoadjuvant therapy is so much better.

For now, there are still two options, but we think the neoadjuvant option is an extraordinarily important one, and we think it's changing the way we do things. So we now think there are four ways we can improve outcomes for melanoma: prevent it, detect it, treat it more effectively with better drugs, and sequence the treatment better to get a better outcome. For ways to improve outcomes for melanoma and we're committed to using all of them.

Thank you very much for your attention.