



## 2022 Video Library Melanoma

### Adjuvant Therapy in Stage III and IV Melanoma

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#### TRANSCRIPT

**Dr. Meredith McKean:** Hi, I'm Meredith McKean with Sara Cannon Research Institute in Tennessee Oncology. Today, I was going to just review some of the updates in adjuvant treatment for Stage III and Stage IV resected melanoma. So the recent data that's been coming out over the past year has been really exciting, really advancing treatment options for patients, and just a better understanding of how can we help these patients that have had a high-risk, aggressive melanoma that's been removed with surgery and we don't have any evidence of any disease? How can we help give medications early on to try to prevent that cancer from coming back?

So, there were a couple of updates coming out of ESMO — the European medical oncology annual meeting that just occurred. One of the exciting presentations was SWOG S1801. This was presented by Dr. Patel at MD Anderson. And the idea behind this study was that we've been looking at neoadjuvant treatment — so what that means is that patients that have a tumor, that would be considered Stage III, that they are able to go to surgery, and the plan is to remove all that tumor. Would it be more beneficial to give that immune therapy and that medication first instead of surgery to see if we can get a better immune response with the tumor in place?

So there's been a lot of research ongoing looking at neoadjuvant — meaning before surgery — treatments. And we've seen some great data looking at different regimens and demonstrating that when we get a nice response and we can already see the tumor shrinking and responding to immune therapy, that correlates with a good response after surgery. So, this study, what they did is that Keytruda or Pembrolizumab is approved for patients with Stage III melanoma after surgery, and patients can receive a year of treatment. It was a very simple study that what they did is they gave three doses of Pembrolizumab before surgery, or patients received the standard adjuvant treatment. And what it demonstrated was that there was a significant event-free survival, meaning the recurrence of when this melanoma came back, there was a significant benefit and advantage to giving that treatment before surgery.

So I think all of us in the field are very excited to see this. I think this will be something for patients to consider and potentially talk with their surgeon and their medical oncologist. For a patient that has Stage III melanoma, would it be beneficial for me to start on immune therapy before surgery versus after surgery?



One other update at this conference was for patients that have Stage IV melanoma that has been resected. So these are patients that have had a tumor that may be a small tumor in the lungs, a different lymph node from when they were initially diagnosed, and that tumor has been removed, or even a brain metastasis that's been treated. So, for patients that had a diagnosis of Stage IV melanoma, but it was caught early and removed, what's the best treatment for these patients? So we have good data to show that these patients should also be treated the same as Stage III patients benefit from getting immune therapy.

But one of the studies called **[03:52 immunad]** — adjuvant immuno study — looked at whether or not we should be more aggressive in giving ipilimumab and nivolumab for these patients versus just the standard nivolumab or Pembrolizumab. What this demonstrated was that compared to the historical treatment option of just watching during the ipi-nivo, there was a significant benefit in survival by being aggressive. We know this study has also shown for patients that have had brain metastases that have been treated with no other disease, there's a benefit to being more aggressive with ipi-nivo. There was no benefit between nivolumab and placebo, but that's because most patients ended up still receiving nivolumab.

So I think the big takeaway is that it can be worth discussing maybe a little bit more aggressive approach for patients that have Stage IV disease, their disease has been removed, and what medication can you use to try to prevent that cancer from coming back elsewhere in the body?

So I think a lot of exciting data, a lot of exciting updates, trying to help us take the best care that we can for our patients with melanoma that came out at ESMO. I'm looking forward to being able to build on this data for the benefit of our patients.