



Patient Education for Melanoma Skin Cancer

Clinical Trials in Melanoma

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TRANSCRIPT

I wanted to end the talk just with a brief mention of clinical trials in melanoma. There are a lot of misconceptions about clinical trials. But the way that I think about clinical trials in melanoma, the way that we're testing new types of treatments and doing things better is that we want to do trials so that we can take the best treatment that's available now and add a new investigational treatment that we believe, scientifically, could help our existing treatment function better. So, that's one context for trials.

The other context for trial could be a new investigational drug to try when other standard treatments have not been effective. And at our institution at Sloan Kettering, and many other institutions around the country, many clinical trials are testing investigational approaches when standard drugs have not been effective for patients with the different kinds of melanoma. But I will reiterate that a lot of people think about clinical trials and they worry that they're going to get what's called a placebo, which is an inactive treatment.

Clinical trials in melanoma, at least in Stage Three unresectable and Stage Four setting, where we really know that you need treatment. It is not a test of an inactive treatment or a placebo versus an effective treatment. All of these are what you would be doing normally plus something else or the trial will be testing a new drug that we think has some kind of promise in a setting where standard treatments have not been effective. And this is just a funny cartoon, where there's a little kid, perhaps crying in a bedroom, and there are two parents outside the room saying, "Honey, go talk to him, he just found out he's a placebo." And a placebo is an inactive treatment. But I will tell you that in the melanoma field and settings where treatment is absolutely needed, we don't have these trials where there's a placebo. So, make sure you talk to doctors about this. But please don't be afraid of clinical trials and that you're only going to get a placebo because in the vast majority of trials, and certainly on the melanoma trials where treatment is indicated, these are not the trials that involve a placebo.

So, patients, in some ways, like being part of trials because it gives alternatives when no standard options exists or even a feeling of security, given that patients and trials are taken care of with even more attention to detail than in standard care because there's a lot of information and data that we collect about a patient's experience — so, more checks, more blood work, more attention in some of the ways and a lot of levels of detail because these are investigational approaches.



And also a sense of contributing to the medical knowledge. One of the patients that wrote a book about her melanoma experience had some really great quotes, which basically says, "I'm hoping I'm contributing to something too. I've signed off on giving blood and tissue and whatever everybody else wanted for genetic studies or research." But on good days, this patient felt really connected to something very big and felt like having melanoma as a disease and as an illness contributed to something more positive.

And I will say, clinical trials are not only to offer the patient the best treatment option in their particular situation but also to contribute to medical knowledge for everybody and help move the field forward. Because all of these advances I talked about today have really originated in prior patients that were in clinical trials, and I give them a lot of credit.

So with that, I'll summarize. For the treatment of melanoma, our immune systems can be used. BRAF mutations are in about 40% to 50% of melanoma, and in those patients, targeted therapy is an option but usually, it's after immunotherapy in Stage Three unresectable melanoma or Stage Four melanoma. Uveal Melanoma can be treated successfully by a new drug called tebentafusp, which is a huge advance. And I think we're going to see ongoing improvements in that area. And to think about clinical trials as you go throughout your journey and talk to doctors about all of these options. I hope this provided a general introduction on some of the different types of drugs and the ways that we're treating advanced melanoma in 2022.

With that, I would like to thank everybody. This is our team at Sloan Kettering Cancer Center in the virtual world of COVID and post-COVID. And I appreciate your attention today.