



**EPICS**

**EPICS CONGRESS  
COVERAGE: ASCO 2020 –  
FOCUS ON MELANOMA**

June, 2020

- > On June 12, 2020, following the American Society of Clinical Oncology (ASCO) annual meeting, Aptitude Health brought together a group of scientists and clinical investigators with expertise in melanoma to attend the Emerging Paradigms in Care Series (EPICS) Congress Coverage meeting
- > The goal of the expert panel was to critique and debate new evidence in melanoma and gain strategic insight into the most impactful abstracts from the ASCO meeting with respect to shaping current research directions and/or changing the scope of practical clinical care

# MEET THE EXPERTS . . .



Jeffrey S. Weber, MD, PhD  
Perlmutter Cancer Center NYU  
Langone  
New York, NY, USA



Michael Atkins, MD  
Georgetown-Lombardi Comprehensive  
Cancer Center  
Washington, DC, USA



Alexander Eggermont, MD, PhD  
Princess Maxima Center for  
Pediatric Oncology  
Utrecht, The Netherlands



James Larkin, MD  
The Royal Marsden  
London, UK



Reinhard Dummer, MD  
University Hospital of Zurich  
Zurich, Switzerland



Caroline Robert, MD, PhD  
Institute Gustave-Roussy  
Paris, France

| Time (EST)                    | Topic   | Speaker/Moderator                    |
|-------------------------------|---|--------------------------------------|
| 1.00 PM – 1.05 PM<br>(5 min)  | Welcome and Introductions                             | Moderator: Jeffrey Weber, MD, PhD    |
| 1.05 PM – 1.10 PM<br>(5 min)  | Melanoma Adjuvant and Neoadjuvant Therapy             | Alexander Eggermont, MD, PhD         |
| 1.10 PM – 1.20 PM<br>(10 min) | Discussion: Melanoma Adjuvant and Neoadjuvant Therapy | Moderator: Reinhard Dummer, MD       |
| 1.20 PM – 1.30 PM<br>(10 min) | Relapsed/Refractory Metastatic Melanoma               | Caroline Robert, MD, PhD             |
| 1.30 PM – 1.50 PM<br>(20 min) | Discussion: Relapsed/Refractory Metastatic Melanoma   | Moderator: James Larkin, MD          |
| 1.50 PM – 2.00 PM<br>(10 min) | Immunotherapy for Metastatic Melanoma                 | Michael Atkins, MD                   |
| 2.00 PM – 2.20 PM<br>(20 min) | Discussion: Immunotherapy for Metastatic Melanoma     | Moderator: Caroline Robert, MD, PhD  |
| 2.20 PM – 2.30 PM<br>(10 min) | <b>BRAF-Mutated Metastatic Melanoma</b>               | James Larkin, MD/Reinhard Dummer, MD |
| 2.30 PM – 2.50 PM<br>(20 min) | Discussion: <i>BRAF</i> -Mutated Metastatic Melanoma  | Moderator: Michael Atkins, MD        |
| 2.50 PM – 3.00 PM<br>(10 min) | Summary and Closing Remarks                           | Jeffrey Weber, MD, PhD               |

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## Melanoma Adjuvant and Neoadjuvant Therapy

ALEXANDER EGGERMONT, MD, PHD

PRINCESS MAXIMA CENTER FOR PEDIATRIC  
ONCOLOGY

UTRECHT, THE NETHERLANDS

# MELANOMA ADJUVANT AND NEOADJUVANT THERAPY: ABSTRACTS (1/4)

- > **10015:** Twenty-four month RFS and updated toxicity data from OpACIN-neo: A study to identify the

[The following text is heavily blurred and illegible.]

# MELANOMA ADJUVANT AND NEOADJUVANT THERAPY: ABSTRACTS (2/4)

- > **10002:** First safety and efficacy results of PRADO: A phase II study of personalized response-

*[The following text is heavily blurred and illegible.]*

# MELANOMA ADJUVANT AND NEOADJUVANT THERAPY: ABSTRACTS (3/4)

> **10000:** Pembrolizumab versus placebo after complete resection of high-risk stage III melanoma:

*[This section contains blurred text, likely representing abstract details or a table of results.]*

| Parameter                  | Group         | Value | 95% CI    |
|----------------------------|---------------|-------|-----------|
| Overall survival           | Pembrolizumab | 24.1  | 18.8-29.4 |
| Overall survival           | Placebo       | 19.9  | 14.6-25.2 |
| Recurrence-free survival   | Pembrolizumab | 23.8  | 18.5-29.1 |
| Recurrence-free survival   | Placebo       | 19.6  | 14.3-24.9 |
| Time to distant recurrence | Pembrolizumab | 23.8  | 18.5-29.1 |
| Time to distant recurrence | Placebo       | 19.6  | 14.3-24.9 |
| Time to death              | Pembrolizumab | 23.8  | 18.5-29.1 |
| Time to death              | Placebo       | 19.6  | 14.3-24.9 |

# MELANOMA ADJUVANT AND NEOADJUVANT THERAPY: ABSTRACTS (4/4)

- > **10017:** Final analysis of relapse-free survival in a multicenter, double-blind, placebo-controlled trial

*[The following text is heavily blurred and illegible.]*

# MELANOMA ADJUVANT AND NEOADJUVANT THERAPY: DISCUSSION (1/2)

- > Regarding the use of anti-PD-1 antibodies in the adjuvant setting for high-risk stage III melanoma

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# MELANOMA ADJUVANT AND NEOADJUVANT THERAPY: DISCUSSION (2/2)

- > Results from the PRADO extension cohort of the OpACIN trial signal a potential shift to come in the

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## Relapsed/Refractory Metastatic Melanoma

CAROLINE ROBERT, MD, PHD  
INSTITUTE GUSTAVE-ROUSSY  
PARIS, FRANCE

# RELAPSED/REFRACTORY METASTATIC MELANOMA: ABSTRACTS (1/4)

- > **10004:** Significant antitumor activity for low-dose ipilimumab (IPI) with pembrolizumab (PEMBRO)

*[The following text is intentionally blurred for privacy or security reasons.]*

# RELAPSED/REFRACTORY METASTATIC MELANOMA: ABSTRACTS (2/4)

> **10005:** Ipilimumab (IPI) alone or in combination with anti-PD-1 (IPI+PD1) in patients (pts) with

[The following text is heavily blurred and illegible. It appears to be the main body of an abstract, likely containing details about the study design, patient population, and treatment outcomes for the combination of Ipilimumab and anti-PD-1 in relapsed/refractory metastatic melanoma.]

# RELAPSED/REFRACTORY METASTATIC MELANOMA: ABSTRACTS (3/4)

> **10006:** Long-term follow up of lifileucel (LN-144) cryopreserved autologous tumor infiltrating

*[The following text is heavily blurred and illegible.]*

# RELAPSED/REFRACTORY METASTATIC MELANOMA: ABSTRACTS (4/4)

- > **10045:** Response to immune checkpoint inhibitor (ICI) rechallenge after high-grade immune related

*[The following text is heavily blurred and illegible.]*

# RELAPSED/REFRACTORY METASTATIC MELANOMA: DISCUSSION (1/3)

- > The data regarding ipilimumab plus an anti-PD-1 antibody in patients with progression on an anti-

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# RELAPSED/REFRACTORY METASTATIC MELANOMA: DISCUSSION (2/3)

- > The response and durability data with lifileucel were considered very encouraging, particularly in

[The following text is heavily blurred and illegible.]

# RELAPSED/REFRACTORY METASTATIC MELANOMA: DISCUSSION (3/3)

> The Shah et al data on rechallenging patients who have experienced high-grade irAEs with an

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## Immunotherapy for Metastatic Melanoma

MICHAEL ATKINS, MD

GEORGETOWN-LOMBARDI COMPREHENSIVE  
CANCER CENTER

WASHINGTON, DC, USA

# IMMUNOTHERAPY FOR METASTATIC MELANOMA: ABSTRACTS (1/7)

- > **10008:** Single-center phase I/Ib study of concurrent intrathecal (IT) and intravenous (IV) nivolumab

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# IMMUNOTHERAPY FOR METASTATIC MELANOMA: ABSTRACTS (2/7)

> **10007:** Overall survival and biomarker analysis of a phase Ib combination study of toripalimab, a

*[The following text is heavily blurred and illegible.]*

# IMMUNOTHERAPY FOR METASTATIC MELANOMA: ABSTRACTS (3/7)

- > **10003:** A phase II study to evaluate the need for > two doses of nivolumab + ipilimumab

*[The following text is intentionally blurred for privacy and readability.]*

# IMMUNOTHERAPY FOR METASTATIC MELANOMA: ABSTRACTS (4/7)

- > **10009:** Integrative tumor and immune cell multi-omic analyses to predict melanoma response to

*[The following text is heavily blurred and illegible.]*

# IMMUNOTHERAPY FOR METASTATIC MELANOMA: ABSTRACTS (5/7)

- > **10010:** Using machine learning to predict immunotherapy response in advanced melanoma.

*[The following text is heavily blurred and illegible.]*

# IMMUNOTHERAPY FOR METASTATIC MELANOMA: ABSTRACTS (6/7)

- > **10011:** Autoantibodies as predictors for survival and immune-related adverse events in checkpoint

*[The following text is heavily blurred and illegible.]*

# IMMUNOTHERAPY FOR METASTATIC MELANOMA: ABSTRACTS (7/7)

> **10030:** Surrogate endpoints for overall survival in anti-programmed death-1 and anti-programmed

*[The following text is heavily blurred and illegible.]*

# IMMUNOTHERAPY FOR METASTATIC MELANOMA: DISCUSSION (1/3)

- > Experts believe that it will be possible to reduce the number of cycles of ipilimumab plus an anti-

[The following text is heavily blurred and illegible.]

# IMMUNOTHERAPY FOR METASTATIC MELANOMA: DISCUSSION (2/3)

- > Ipilimumab plus an anti-PD-1 antibody is considered the most efficacious therapy currently

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# IMMUNOTHERAPY FOR METASTATIC MELANOMA: DISCUSSION (3/3)

> While the emerging data with novel biomarkers is considered interesting and encouraging, none

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## ***BRAF*-Mutated Metastatic Melanoma**

JAMES LARKIN, MD  
THE ROYAL MARSDEN  
LONDON, UK

REINHARD DUMMER, MD  
UNIVERSITY HOSPITAL OF ZURICH  
ZURICH, SWITZERLAND

- > **10001:** Long-term benefit of adjuvant dabrafenib + trametinib (D+T) in patients (pts) with resected

*[The following text is heavily blurred and illegible.]*

- > **10012:** Update on overall survival in COLUMBUS: A randomized phase III trial of encorafenib

*[The following text is heavily blurred and illegible.]*

> **10022:** A phase II, multicenter study of encorafenib/binimetinib followed by a rational triple-

*[The following text is heavily blurred and illegible.]*

- > **10039:** Association of prior immune checkpoint blockade (ICB) with longer progression-free survival

*[The following text is heavily blurred and illegible.]*

- > **10021:** The IMPemBra trial, a phase II study comparing pembrolizumab with intermittent/short-term

*[The following text is heavily blurred and illegible. It appears to be the abstract content for the study mentioned in the list item above.]*

- > **10023:** Time to central nervous system (CNS) metastases (mets) with atezolizumab (A) or

*[The following text is heavily blurred and illegible. It appears to be the main body of an abstract, likely containing details about the study design, patient population, and results related to CNS metastases in BRAF-mutated metastatic melanoma.]*

- > **10028:** The anti-PD-1 antibody spartalizumab in combination with dabrafenib and trametinib in

*[The following text is heavily blurred and illegible.]*

- > Experts expressed some surprise that with longer-term follow-up of the COMBI-AD trial, the survival

[The following text is heavily blurred and illegible.]

- > The optimal strategy for using BRAF/MEK inhibition and immune checkpoint inhibition (triplet

[The following text is heavily blurred and illegible. It appears to be a list of bullet points or a detailed paragraph discussing the clinical strategy for BRAF-mutated metastatic melanoma, likely covering topics such as sequencing, combination therapies, and patient selection.]

- > Unfortunately, the pilot study investigating the use of NGS-detected molecular alterations to direct

[The following text is heavily blurred and illegible. It appears to be a list of bullet points or a detailed paragraph discussing the pilot study mentioned in the list item above.]



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