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GLOBAL PERSPECTIVES IN MELANOMA 2021

June 26, 2021

REPORT CONTENTS

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MEETING SNAPSHOT

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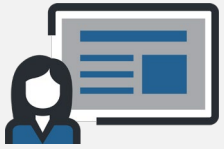
VIRTUAL CLOSED-DOOR ROUNDTABLE

DATE:
June 26, 2021



DISEASE STATE AND DATA PRESENTATIONS
by key experts

INSIGHTS REPORT
including postmeeting analyses and actionable recommendations

PANEL: Key experts in melanoma
> 5 from US
> 1 from Europe

MELANOMA-SPECIFIC DISCUSSIONS on therapeutic advances and their application in clinical decision-making

PANEL CONSISTING OF 5 US AND 1 EUROPEAN MELANOMA CANCER EXPERTS

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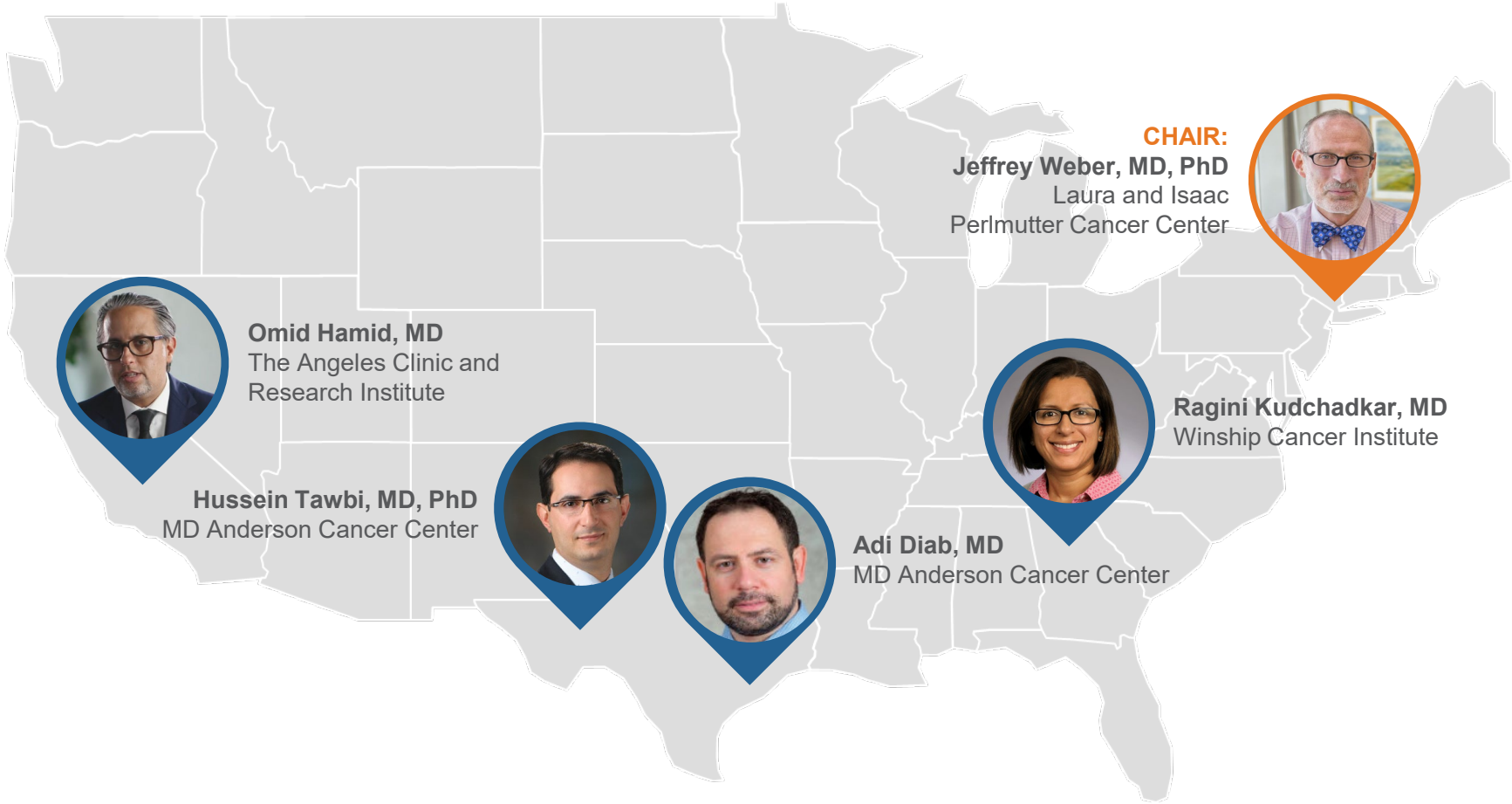

CHAIR:
Jeffrey Weber, MD, PhD
Laura and Isaac
Perlmutter Cancer Center

Omid Hamid, MD
The Angeles Clinic and
Research Institute

Hussein Tawbi, MD, PhD
MD Anderson Cancer Center

Adi Diab, MD
MD Anderson Cancer Center

Ragini Kudchadkar, MD
Winship Cancer Institute

Alexander Eggermont, MD, PhD
Princess Maxima Center for
Pediatric Oncology

MEETING AGENDA (1/2)

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Time (EDT)	Topic	Speaker/Moderator
10.00 AM – 10.05 AM	Welcome, Introductions, and Meeting Objectives	Jeffrey S. Weber, MD, PhD
10.05 AM – 10.15 AM	**New Perspectives in Melanoma Adjuvant and Neoadjuvant Therapy**	Alexander Eggermont, MD, PhD
10.15 AM – 10.35 AM	Discussion	
10.35 AM – 10.40 AM	Key Takeaways	
10.40 AM – 10.50 AM	**Emerging Insights in Relapsed/Refractory Metastatic Melanoma**	Adi Diab, MD
10.50 AM – 11.10 AM	Discussion	
11.10 AM – 11.15 AM	Key Takeaways	
11.15 AM – 11.20 AM	**Evolution of Immunotherapy for 1L Metastatic Melanoma**	Hussein Tawbi, MD, PhD
11.20 AM – 11.35 AM	Discussion	
11.35 AM – 11.40 AM	Key Takeaways	
11.40 AM – 11.45 AM	Break	

MEETING AGENDA (2/2)

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Time (EDT)	Topic	Speaker/Moderator
11.45 AM – 11.50 AM	**1L *BRAF*-Mutated Metastatic Melanoma – Strategies to Improve on MAPK-Targeted Therapies**	Jeffrey S. Weber, MD, PhD
11.50 AM – 12.10 PM	Discussion	
12.10 PM – 12.15 PM	Key Takeaways	
12.15 PM – 12.25 PM	**New Perspectives in the Management of SCC**	Omid Hamid, MD
12.25 PM – 12.45 PM	Discussion	
12.45 PM – 12.50 PM	Key Takeaways	
12.50 PM – 1.00 PM	**Emerging Advances in the Management of BCC**	Ragini Kudchadkar, MD
1.00 PM – 1.20 PM	Discussion	
1.20 PM – 1.25 PM	Key Takeaways	
1.25 PM – 1.30 PM	Closing Remarks and Adjourn	Jeffrey S. Weber, MD, PhD

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FLASH REPORT

Key Takeaways

KEY TAKEAWAYS: NEW PERSPECTIVES IN MELANOMA ADJUVANT AND NEOADJUVANT THERAPY

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ADJUVANT AND ADVANCED THERAPY

Targeted therapy in the adjuvant setting is perceived to be of

NEOADJUVANT THERAPY

The experts like neoadjuvant strategies and believe they will

KEY TAKEAWAYS: EMERGING INSIGHTS IN RELAPSED/ REFRACTORY METASTATIC MELANOMA

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INTRALESIONAL IMMUNOTHERAPY

Experts have serious concerns regarding the use of

OTHER INVESTIGATIONAL APROACHES

There is enthusiasm for tumor-infiltrating lymphocyte (TIL)

KEY TAKEAWAYS: EVOLUTION OF IMMUNOTHERAPY FOR 1L METASTATIC MELANOMA

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NIVOLUMAB COMBINATIONS

Expert consensus is that the RELATIVITY-047 trial is

BIOMARKERS OF EFFICACY AND IRAEs

There is not currently a good biomarker for clinical efficacy of

KEY TAKEAWAYS: 1L *BRAF*-MUTATED METASTATIC MELANOMA – STRATEGIES TO IMPROVE ON MAPK-TARGETED THERAPIES

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TRIPLET THERAPY IN *BRAF*-MUTATED DISEASE

While triplet regimens showed improved PFS compared with

SEQUENCING IN *BRAF*-MUTATED DISEASE

The optimal sequencing strategy for immunotherapy and

KEY TAKEAWAYS: NEW PERSPECTIVES IN THE MANAGEMENT OF SQUAMOUS CELL CARCINOMA

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EVOLVING MANAGEMENT OF SCC

Practice-changing data include the ability to use cemiplimab

UPCOMING THERAPIES

Resistance mechanisms in SCC have not attracted the same

KEY TAKEAWAYS: EMERGING ADVANCES IN THE MANAGEMENT OF BASAL CELL CARCINOMA

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IMMUNOTHERAPY IN BCC

Consensus among experts is that Hedgehog inhibitors are

EMERGING TREATMENT OPTIONS IN BCC

Experts believe that new neoadjuvant regimens will come

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GLOBAL PERSPECTIVES

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New Perspectives in Melanoma Adjuvant and Neoadjuvant Therapy

UPDATE ON MELANOMA ADJUVANT AND NEOADJUVANT THERAPY DEVELOPMENTS (1/3)

PRESENTED BY ALEXANDER EGGERMONT, MD, PHD

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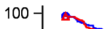
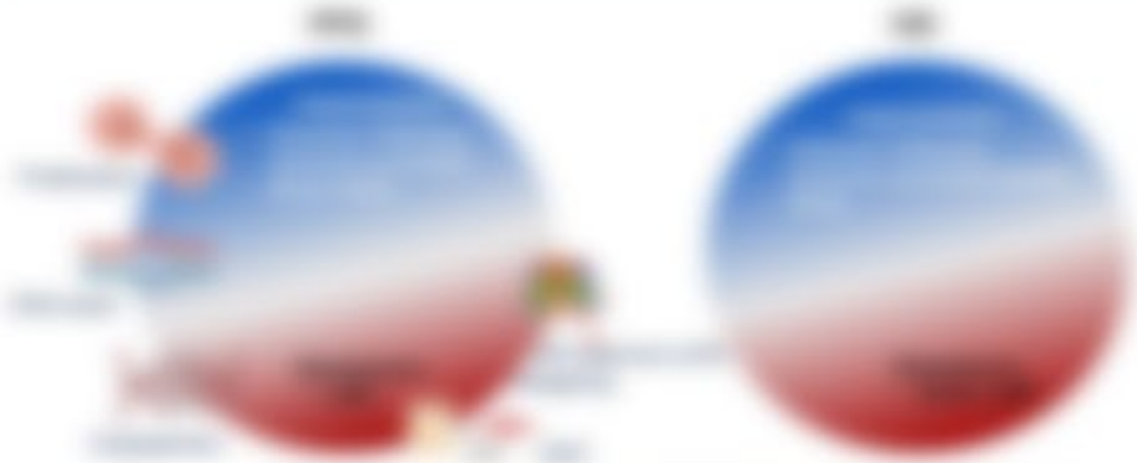
UPDATES ON APPROVED ADJUVANT THERAPIES

KEYNOTE-054 RFS





UPDATE ON MELANOMA ADJUVANT AND NEOADJUVANT THERAPY DEVELOPMENTS (2/3)

PRESENTED BY ALEXANDER EGGERMONT, MD, PHD

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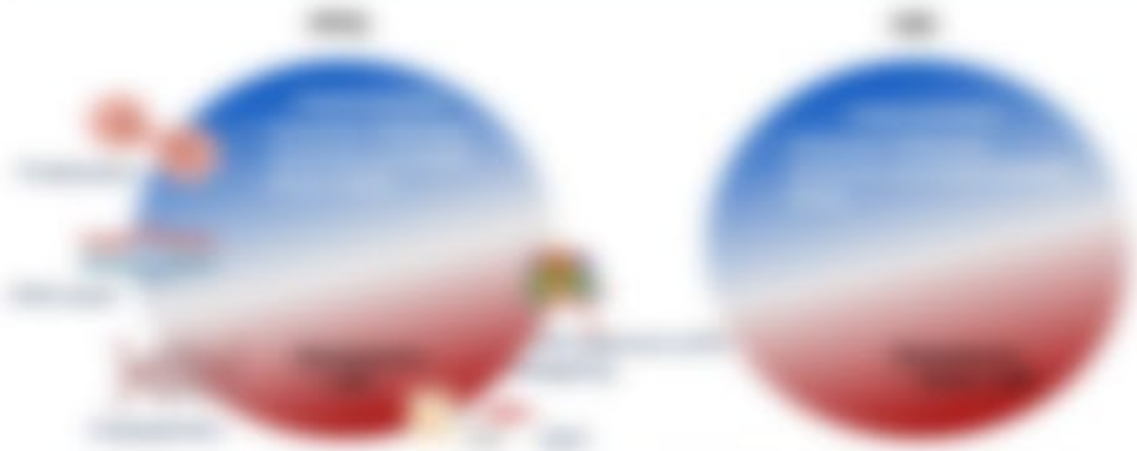
IMMUNOTHERAPY COMBINATION TRIALS

ADJUVANT THERAPY FOR HIGH-RISK STAGE II



UPDATE ON MELANOMA ADJUVANT AND NEOADJUVANT THERAPY DEVELOPMENTS (3/3)

PRESENTED BY ALEXANDER EGGERMONT, MD, PHD

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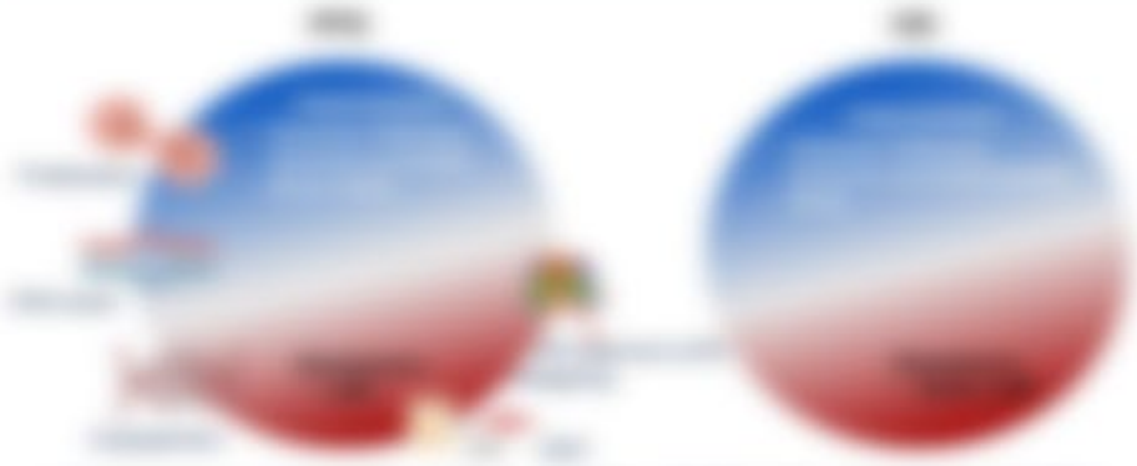
NEOADJUVANT IMMUNOTHERAPY DEVELOPMENTS



adjuvant nivo + relatlimab

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Key Insights: Adjuvant and Neoadjuvant Therapy in Melanoma

EXPERT PERSPECTIVES ON NEW APPROACHES TO ADJUVANT AND NEOADJUVANT THERAPY

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BEMPEGALDESLEUKIN

Experts are impressed with the data for bempegaldesleukin

RELATLIMAB

Experts are enthusiastic about the neoadjuvant relatlimab

EXPERTS PROVIDED INSIGHTS INTO ADOPTING NEOADJUVANT APPROACHES

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NEOADJUVANT THERAPY

Experts are excited about neoadjuvant therapy and think it will eventually

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Emerging Insights in Relapsed/Refractory Metastatic Melanoma

EMERGING INSIGHTS IN RELAPSED/REFRACTORY MELANOMA (1/3)

PRESENTED BY ADI DIAB, MD

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CHALLENGES IN RELAPSED/REFRACTORY THERAPY

EMERGING INSIGHTS IN RELAPSED/REFRACTORY MELANOMA (2/3)

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PRESENTER BY ARI PIAB, MD

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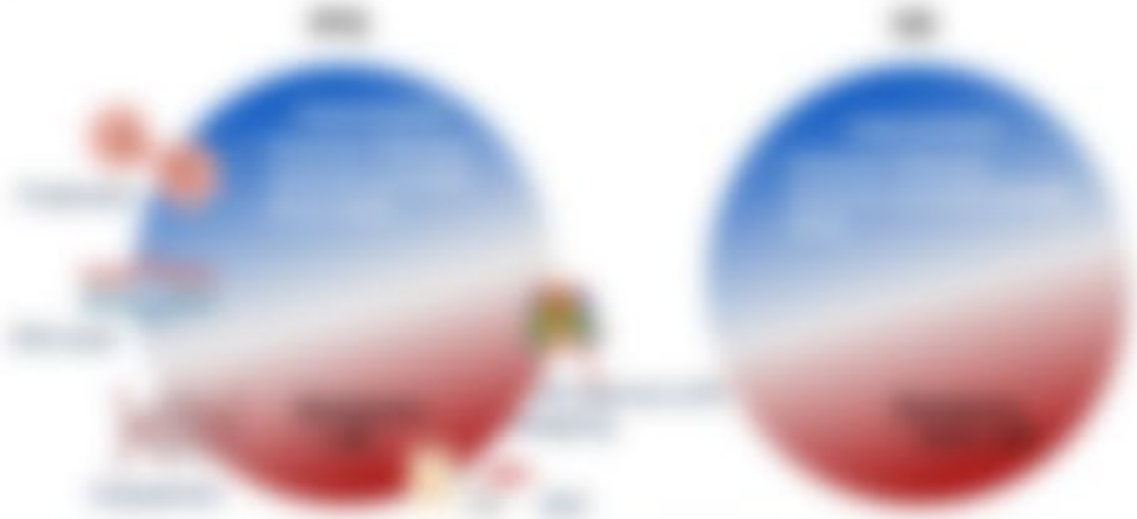
Lenvatinib + pembrolizumab

LDH >ULN



EMERGING INSIGHTS IN RELAPSED/REFRACTORY MELANOMA (3/3)

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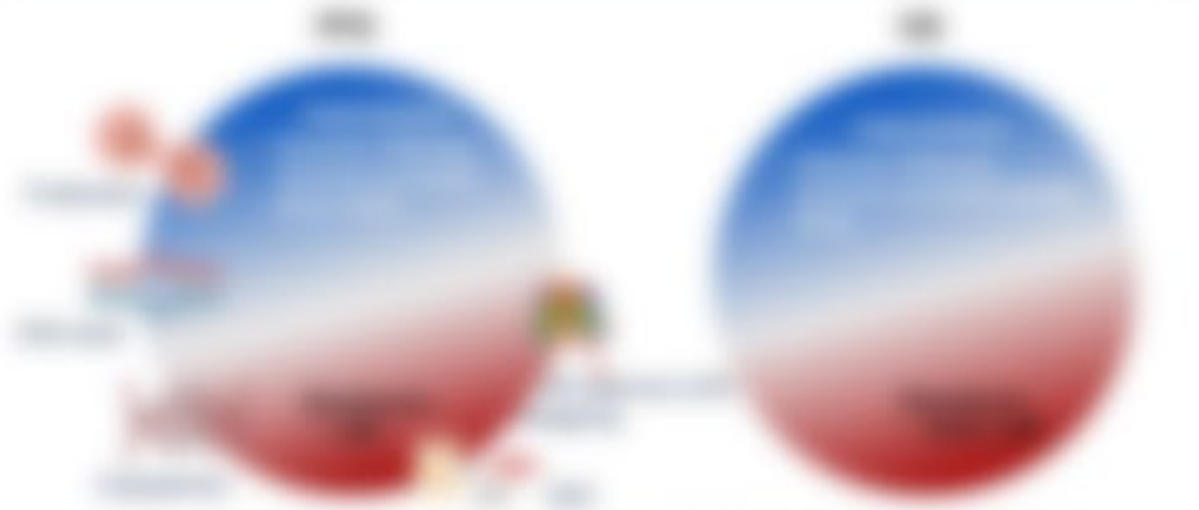
PRESENTED BY ADI DIAB, MD

INTRATUMORAL THERAPY



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Key Insights: Relapsed/ Refractory Melanoma

EXPERTS DISCUSSED NEW APPROACHES TO THERAPY IN THE RELAPSED/REFRACTORY SETTING (1/2)

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TUMOR-INFILTRATING LYMPHOCYTES

EXPERTS DISCUSSED NEW APPROACHES TO THERAPY IN THE RELAPSED/REFRACTORY SETTING (2/2)

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TKI + IMMUNOTHERAPY

“

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Evolution of Immunotherapy for 1L Metastatic Melanoma

IMMUNOTHERAPY IN MELANOMA (1/2)

PRESENTED BY HUSSEIN TAWBI, MD, PHD

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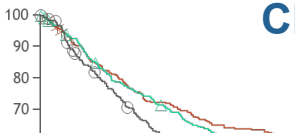
IPILIMUMAB + NIVOLUMAB



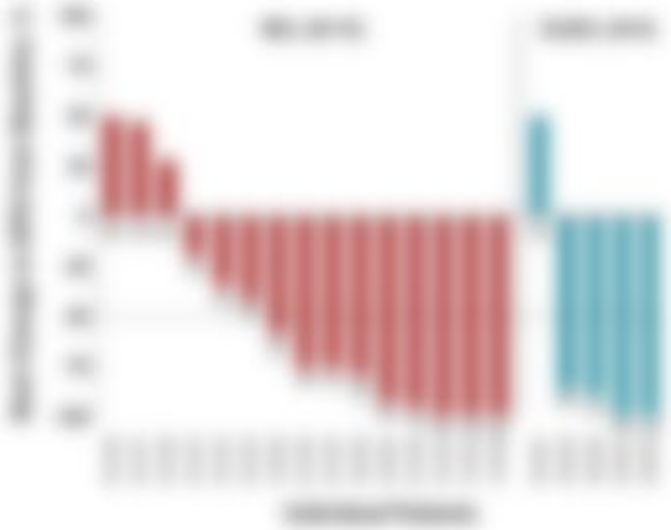
CheckMate 067

Background

- Phase I dose-escalation study of VLS-101, a ROR1-targeting ADC, in patients with heavily pretreated MCL and DLBCL
- Primary objective was to refine estimates of MTD and recommended dosing regimen

Results

- 32 patients were enrolled, including 15 patients with MCL
- DLTs were G4 neutropenia and G3 diarrhea
- G4 neutropenia occurred in 28% of patients; G-CSF successfully ameliorated neutropenia
- On-study reversible G3 neuropathy occurred in 9% of patients; no G4 neuropathy occurred
- ORR was 47% (3 CR, 4 PR) for MCL cohort and 80% (2 CR, 2 PR) for DLBCL cohort
- 8 responding patients have ongoing responses ranging from 23 weeks to 58 weeks



Key takeaways: VLS-101 demonstrated a manageable and predictable safety profile and encouraging efficacy, with durable responses in advanced MCL and DLBCL. Experts mentioned neuropathy as a potential concern and the need to identify the best histologies in which to test this agent.

IMMUNOTHERAPY IN MELANOMA (2/2)

PRESENTED BY HUSSEIN TAWBI, MD, PHD

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NEW IMMUNOTHERAPY COMBINATIONS

Background

- Phase I dose-escalation study of VLS-101, a ROR1-targeting ADC, in patients with heavily pretreated MCL and DLBCL
- Primary objective was to refine estimates of MTD and recommended dosing regimen

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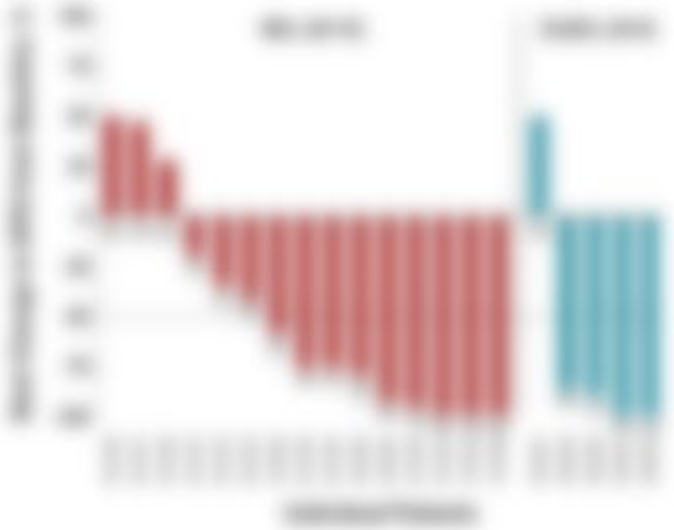

Key takeaways: VLS-101 demonstrated a manageable and predictable safety profile and encouraging efficacy, with durable responses in advanced MCL and DLBCL. Experts mentioned neuropathy as a potential concern and the need to identify the best histologies in which to test this agent.

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Key Insights:
1L Immunotherapy

EXPERTS PROVIDED PERSPECTIVES ON NEW AND UPDATED DATA FOR 1L IMMUNOTHERAPIES

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RELATIVITY-047

EXPERTS DISCUSSED OPTIMIZING THERAPY CHOICE WITH USE OF BIOMARKERS

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PREDICTIVE BIOMARKERS

BIOMARKERS OF IRAEs

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1L *BRAF*-Mutated Metastatic Melanoma – Strategies to Improve on MAPK-Targeted Therapies

BRAF-TARGETED THERAPY FOR MELANOMA (1/2)

PRESENTED BY JEFFREY WEBER, MD, PHD

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BRAF-MEK INHIBITOR THERAPY

TARGETED THERAPY OR IMMUNOTHERAPY FIRST?

BRAF-TARGETED THERAPY FOR MELANOMA (2/2)

PRESENTED BY JEFFREY WEBER, MD, PHD

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TRIPLET THERAPY

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Key Insights: *BRAF*-Targeted Therapy

EXPERTS DEBATED THE OPTIMAL USE OF TRIPLET THERAPY

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2L TRIPLET THERAPY

EXPERTS DISCUSSED OPTIMAL INCORPORATION OF *BRAF*-TARGETED THERAPY

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TARGETED THERAPY AFTER IMMUNOTHERAPY

SHORT FRONTLINE TARGETED THERAPY INTERVAL

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New Perspectives in the Management of SCC

NEW PERSPECTIVES IN THE MANAGEMENT OF SCC

PRESENTED BY OMID HAMID, MD

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IMMUNOTHERAPY

IMMUNOSUPPRESSED ADVANCED CSCC

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Key Insights: SCC

EXPERTS DISCUSSED ADVANCES IN MANAGEMENT OF SCC

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IMMUNOTHERAPY

IMMUNOCOMPROMISED PATIENTS

EXPERTS DISCUSSED NOVEL APPROACHES TO TREATING SCC

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INTRALESIONAL APPROACHES

OTHER NOVEL APPROACHES

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Emerging Advances in the Management of Basal Cell Carcinoma

EMERGING ADVANCES IN BASAL CELL CARCINOMA (1/2)

PRESENTED BY RAGINI KUDCHADKAR, MD

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USE OF HEDGEHOG INHIBITORS IS LIMITED BY TOXICITY

In the ERIVANCE trial, most patients responded to vismodegib, but the impact on median PFS was limited

- Only 1 patient with metastatic disease and a few with locally advanced disease progressed

EMERGING ADVANCES IN BASAL CELL CARCINOMA (2/2)

PRESENTED BY RAGINI KUDCHADKAR, MD

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IMMUNOTHERAPY

The pivotal trial of 2L cemiplimab in locally advanced BCC demonstrated strong

Cemiplimab

Median PFS of 19.3 months

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Key Insights: BCC

EXPERTS DISCUSSED THE EVOLVING ROLE OF HEDGEHOG INHIBITORS IN BCC

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MOVING AWAY FROM HEDGEHOG INHIBITORS

EXPERTS PROVIDED INSIGHTS INTO NEW TREATMENT STRATEGIES FOR BCC

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IMMUNOTHERAPY

INVESTIGATIONAL APPROACHES

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