



EPICS

GLOBAL PERSPECTIVES IN MELANOMA 2021

June 26, 2021

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

MEETING AGENDA (1/2)

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	

Time (EDT)	Topic	Speaker/Moderator
11.45 AM – 11.50 AM	1L <i>BRAF</i>-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

ADJUVANT AND ADVANCED THERAPY

NEOADJUVANT THERAPY

Targeted therapy in the adjuvant setting is perceived to be of

The experts like neoadjuvant strategies and believe they will

[This section contains several blurred text blocks, likely representing key takeaways or expert opinions on melanoma treatment strategies.]

KEY TAKEAWAYS: EMERGING INSIGHTS IN RELAPSED/REFRACTORY METASTATIC MELANOMA

INTRALESIONAL IMMUNOTHERAPY

Experts have serious concerns regarding the use of

OTHER INVESTIGATIONAL APPROACHES

There is enthusiasm for tumor-infiltrating lymphocyte (TIL)

[This section contains several blurred text blocks, likely representing key takeaways or abstracts of clinical trials related to intraleisional immunotherapy and other investigational approaches.]

KEY TAKEAWAYS: EVOLUTION OF IMMUNOTHERAPY FOR 1L METASTATIC MELANOMA

NIVOLUMAB COMBINATIONS

BIOMARKERS OF EFFICACY AND IRAEs

Expert consensus is that the RELATIVITY-047 trial is

KEY TAKEAWAY: A phase II, open-label, randomized study to assess safety of nivolumab + ipilimumab or nivolumab + nivolumab in addition to 4 cycles of pembrolizumab in patients with unresectable melanoma. (NCT02433062) (Nivolumab + Pembrolizumab vs Nivolumab + Ipilimumab + Pembrolizumab)

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There is not currently a good biomarker for clinical efficacy of

KEY TAKEAWAY: A phase II, open-label, randomized study to assess safety of nivolumab + ipilimumab or nivolumab + nivolumab in addition to 4 cycles of pembrolizumab in patients with unresectable melanoma. (NCT02433062) (Nivolumab + Pembrolizumab vs Nivolumab + Ipilimumab + Pembrolizumab)

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

TRIPLET THERAPY IN BRAF-MUTATED DISEASE

SEQUENCING IN BRAF-MUTATED DISEASE

While triplet regimens showed improved PFS compared with immunotherapy monotherapy in a phase 3 study (IMBR001) (Spring 2020)

- Triplet regimens showed improved PFS compared with immunotherapy monotherapy in a phase 3 study (IMBR001) (Spring 2020)

Phase 3 study of immunotherapy monotherapy vs immunotherapy + BRAF inhibitor in BRAF-mutated metastatic melanoma (IMBR001) (Spring 2020)

- The regimen is well tolerated, including with immunotherapy, and may be applicable to other cancers

Phase 3 study of immunotherapy monotherapy vs immunotherapy + BRAF inhibitor in BRAF-mutated metastatic melanoma (IMBR001) (Spring 2020)

- This approach is well tolerated in a patient population in which giving immunotherapy is difficult. It is viewed as effective and safe

Phase 3 study of immunotherapy monotherapy vs immunotherapy + BRAF inhibitor in BRAF-mutated metastatic melanoma (IMBR001) (Spring 2020)

- Triplet regimens showed improved PFS compared with immunotherapy monotherapy in a phase 3 study (IMBR001) (Spring 2020)

Phase 3 study of immunotherapy monotherapy vs immunotherapy + BRAF inhibitor in BRAF-mutated metastatic melanoma (IMBR001) (Spring 2020)

- The 1:1:1 triplet regimen is well tolerated in the overall patient population with BRAF-mutated melanoma. It was viewed as effective, well tolerated, and well tolerated. Some of the responses were very durable.

The optimal sequencing strategy for immunotherapy and

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

EVOLVING MANAGEMENT OF SCC

UPCOMING THERAPIES

Practice-changing data include the ability to use cemiplimab

Resistance mechanisms in SCC have not attracted the same

[Faded content area containing detailed text and bullet points related to the key takeaways.]

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

IMMUNOTHERAPY IN BCC

Consensus among experts is that Hedgehog inhibitors are

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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 (2/3)

PRESENTED BY ALEXANDER EGGERMONT, MD, PHD

IMMUNOTHERAPY COMBINATION TRIALS

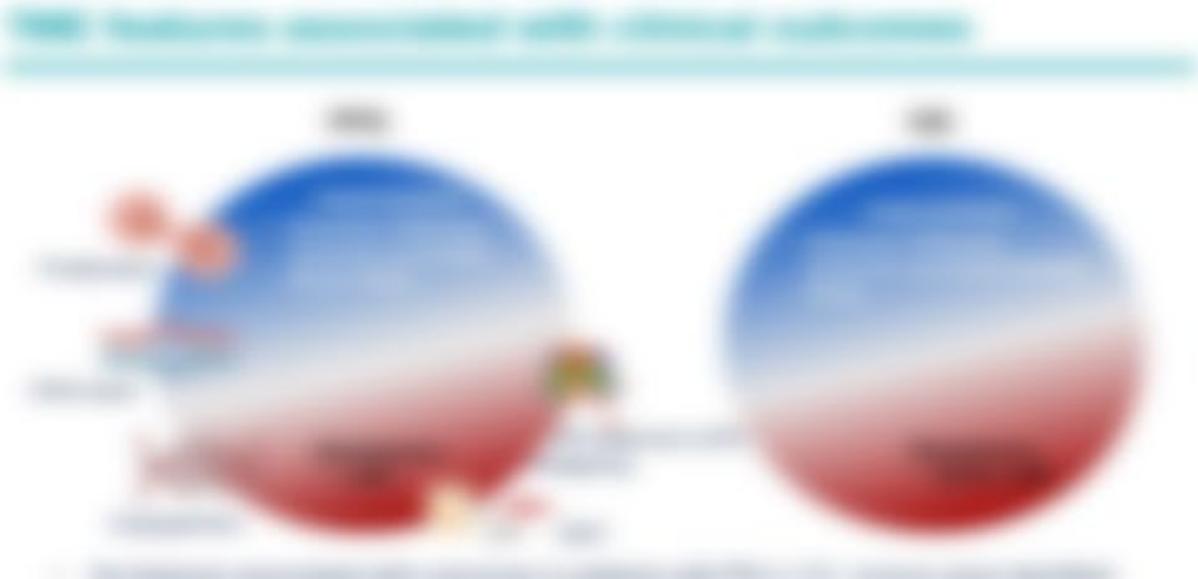
ADJUVANT THERAPY FOR HIGH-RISK STAGE II

KEYNOTE-022

Phase III, randomized, controlled trial comparing pembrolizumab (anti-PD-1) with ipilimumab (anti-CTLA-4) in the adjuvant setting for melanoma. The study showed that pembrolizumab significantly improved overall survival compared to ipilimumab.

COMBI-AD

Phase III, randomized, controlled trial comparing nivolumab (anti-PD-1) plus ipilimumab (anti-CTLA-4) with nivolumab alone in the adjuvant setting for melanoma. The combination therapy significantly improved overall survival compared to nivolumab monotherapy.





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

PRESENTED BY ALEXANDER EGGERMONT, MD, PHD

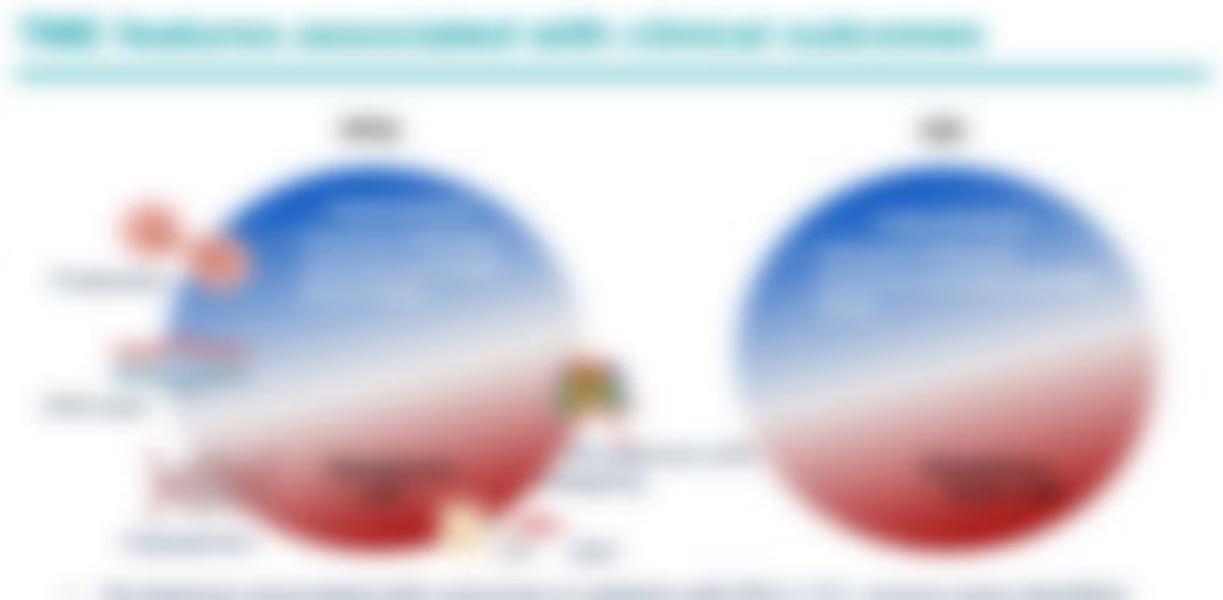
NEOADJUVANT IMMUNOTHERAPY DEVELOPMENTS

KEY TAKEAWAYS

• The combination of nivolumab and ipilimumab as neoadjuvant therapy in melanoma has shown promising results in terms of pathologic complete response (pCR) and overall survival (OS) compared to surgery alone.

• The combination of pembrolizumab and ipilimumab is also being evaluated in neoadjuvant settings.

• The use of neoadjuvant immunotherapy may lead to improved outcomes in melanoma patients, particularly those with high tumor burden.



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No MPR	10	7	7	3	1	0

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**Key Insights: Adjuvant and
Neoadjuvant Therapy in
Melanoma**

EXPERT PERSPECTIVES ON NEW APPROACHES TO ADJUVANT AND NEOADJUVANT THERAPY

BEMPEGALDESLEUKIN

Experts are impressed with the data for bempegaldesleukin

Keynote 520: A Phase III, Randomized, Controlled Study of Bempegaldesleukin (Bempegal) Plus Docetaxel Versus Placebo Plus Docetaxel in Patients With Metastatic Triple-Negative Breast Cancer (TNBC)

The study demonstrated that patients receiving bempegaldesleukin plus docetaxel had significantly better overall survival compared to those receiving placebo plus docetaxel. The median overall survival was 12.1 months for the bempegaldesleukin group versus 10.1 months for the placebo group. The most common adverse events were neutropenia, anemia, and fatigue.

Keynote 520: A Phase III, Randomized, Controlled Study of Bempegaldesleukin (Bempegal) Plus Docetaxel Versus Placebo Plus Docetaxel in Patients With Metastatic Triple-Negative Breast Cancer (TNBC)

The study demonstrated that patients receiving bempegaldesleukin plus docetaxel had significantly better overall survival compared to those receiving placebo plus docetaxel. The median overall survival was 12.1 months for the bempegaldesleukin group versus 10.1 months for the placebo group. The most common adverse events were neutropenia, anemia, and fatigue.

RELATLIMAB

Experts are enthusiastic about the neoadjuvant relatlimab

Keynote 522: A Phase III, Randomized, Controlled Study of Relatlimab Plus Docetaxel Versus Placebo Plus Docetaxel in Patients With Metastatic Triple-Negative Breast Cancer (TNBC)

The study demonstrated that patients receiving relatlimab plus docetaxel had significantly better overall survival compared to those receiving placebo plus docetaxel. The median overall survival was 12.1 months for the relatlimab group versus 10.1 months for the placebo group. The most common adverse events were neutropenia, anemia, and fatigue.

EXPERTS PROVIDED INSIGHTS INTO ADOPTING NEOADJUVANT APPROACHES

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

CHALLENGES IN RELAPSED/REFRACTORY THERAPY

Challenges in Relapsed/Refractory Therapy

1. Limited treatment options

2. High cost of therapy

3. Toxicity of therapy

4. Resistance to therapy

5. Limited efficacy of therapy

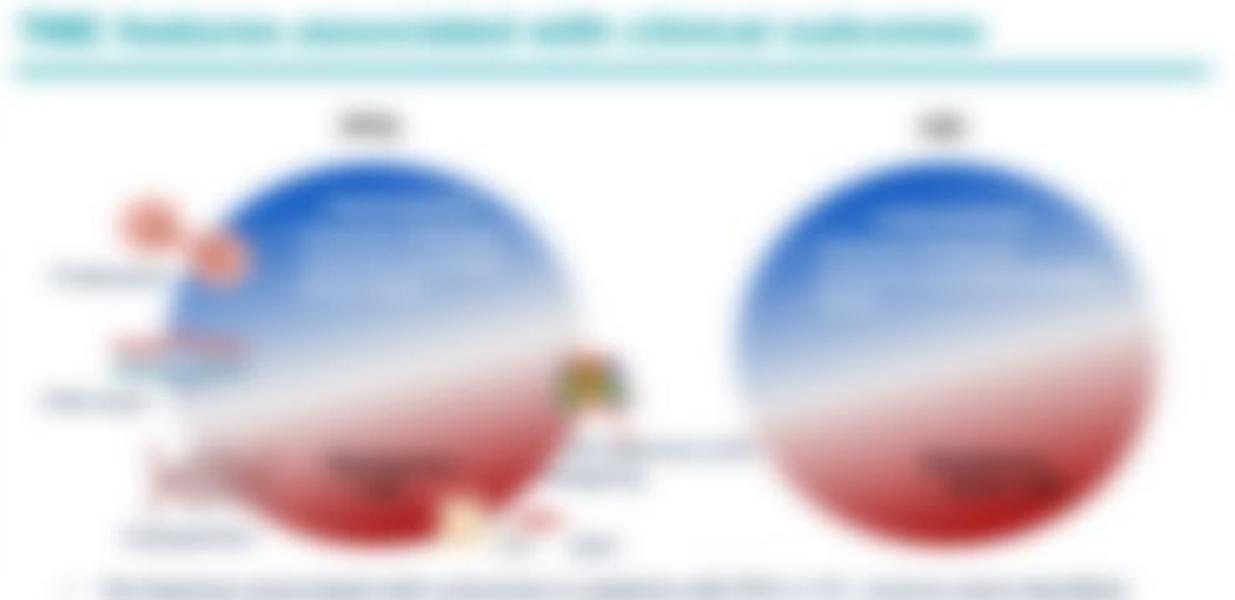
6. Limited duration of response

7. Limited quality of life

8. Limited access to care

9. Limited patient education

10. Limited patient engagement





EMERGING INSIGHTS IN RELAPSED/REFRACTORY MELANOMA

(2/3)

PRESENTED BY ADRIAN MD

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Lenvatinib + pembrolizumab

■ LDH >ULN

Background

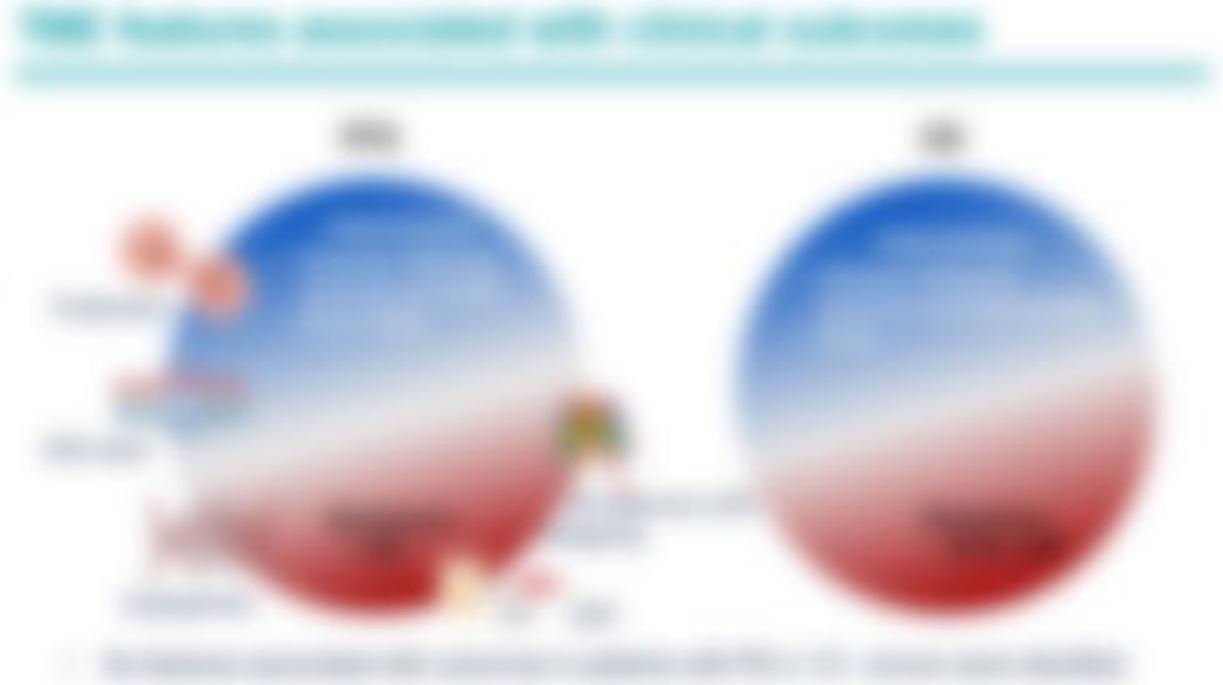
Melanoma is the most common cause of cancer death in young adults. The majority of melanoma patients are initially treated with surgery and adjuvant immunotherapy. However, relapsed/refractory melanoma (RRM) remains a significant clinical challenge. The median overall survival (OS) for RRM is approximately 10 months. The combination of Lenvatinib and pembrolizumab (L + P) has emerged as a promising treatment option for RRM, showing improved OS compared to monotherapy in a phase III trial.

Study Design

The study was a phase III, randomized, controlled trial comparing L + P to monotherapy (L or P) in patients with RRM. The primary endpoint was OS. Secondary endpoints included progression-free survival (PFS), quality of life, and adverse events.

Results

The study demonstrated that the combination of L + P significantly improved OS compared to monotherapy. The median OS for the L + P group was approximately 15 months, compared to approximately 10 months for the monotherapy groups. This improvement was observed across various subgroups, including patients with high LDH levels.





EMERGING INSIGHTS IN RELAPSED/REFRACTORY MELANOMA

(3/3)

PRESENTED BY ADI DIAB, MD

INTRATUMORAL THERAPY

Background

Melanoma is a leading cause of cancer death. Relapsed/refractory melanoma (RRM) is a challenging clinical scenario with limited treatment options. Intratumoral therapy (ITT) is a novel approach that involves the direct injection of therapeutic agents into the tumor. ITT has shown promising results in preclinical studies and early-phase clinical trials, particularly for immunotherapy and targeted therapy. ITT may overcome the limitations of systemic therapy, such as poor drug delivery and toxicity. ITT is a promising approach for the treatment of RRM, and further studies are needed to evaluate its efficacy and safety.

Key Findings

ITT with immunotherapy (e.g., checkpoint inhibitors) has shown promising results in preclinical studies and early-phase clinical trials. ITT with targeted therapy (e.g., BRAF inhibitors) has also shown promising results. ITT may be particularly effective for the treatment of RRM, as it allows for high concentrations of the therapeutic agent to be delivered directly to the tumor. ITT is a promising approach for the treatment of RRM, and further studies are needed to evaluate its efficacy and safety.

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Key Insights: Relapsed/ Refractory Melanoma

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

TUMOR-INFILTRATING LYMPHOCYTES

KEYNOTE-086: A PHASE 3, RANDOMIZED, CONTROLLED TRIAL OF NIVOLUMAB VERSUS PDL1 INHIBITOR IN RELAPSED/REFRACTORY HODGKIN LYMPHOMA

The study compared nivolumab (an anti-PD-1 antibody) with a placebo in patients with relapsed or refractory Hodgkin lymphoma. The primary endpoint was overall survival. The study is ongoing, and results are expected to be published in the near future.

KEYNOTE-087: A PHASE 3, RANDOMIZED, CONTROLLED TRIAL OF NIVOLUMAB VERSUS PDL1 INHIBITOR IN RELAPSED/REFRACTORY HODGKIN LYMPHOMA

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

TKI + IMMUNOTHERAPY

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EPICS

Evolution of Immunotherapy for 1L Metastatic Melanoma



IMMUNOTHERAPY IN MELANOMA (2/2)

PRESENTED BY HUSSEIN TAWBI, MD, PHD

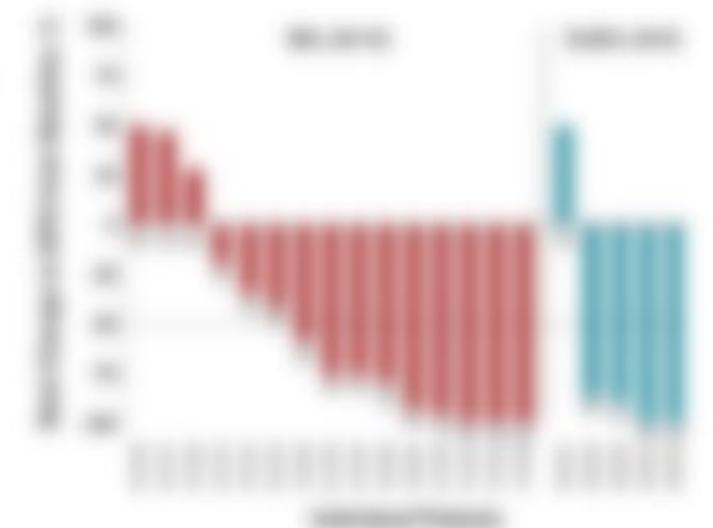
NEW IMMUNOTHERAPY COMBINATIONS

Background

- Phase 1 dose-toxicity study of U.S. 101, a PD-1-inhibiting ADC, in patients with heavily pretreated MCL and DLBCL
- Primary objective was to define maximum tolerated dose and recommended dosing regimen

Results

- 22 patients were enrolled, including 10 patients with MCL
- DLBCL were 1st relapse and 1st therapy
- DLBCL relapse occurred in 20% of patients, 1/10M successfully completed therapy
- In study overall 1st relapse occurred in 20% of patients, no 1st relapse observed
- DLBCL was 47% (2/4M, 4/9M) for MCL cohort and 20% (2/10M, 2/9M) for DLBCL cohort
- 8 responding patients have ongoing responses ranging from 20 weeks to 58 weeks



Key takeaway: U.S. 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 strategies in which to use this agent.

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**Key Insights:
1L Immunotherapy**

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

RELATIVITY-047

KEY TAKEAWAYS FROM THE EXPERT PANEL

The expert panel discussed the importance of understanding the relative value of 1L immunotherapies in the context of the overall treatment landscape. They highlighted the need for robust clinical trial data and the importance of patient-centric outcomes in the evaluation of these therapies.

KEY TAKEAWAYS FROM THE EXPERT PANEL

Despite the challenges associated with the development and evaluation of 1L immunotherapies, the expert panel expressed optimism about the potential of these therapies to improve patient outcomes. They emphasized the need for continued collaboration between academia, industry, and regulatory agencies to accelerate the development and approval of these therapies.



“The expert panel discussed the importance of understanding the relative value of 1L immunotherapies in the context of the overall treatment landscape. They highlighted the need for robust clinical trial data and the importance of patient-centric outcomes in the evaluation of these therapies.”



EXPERTS DISCUSSED OPTIMIZING THERAPY CHOICE WITH USE OF BIOMARKERS

PREDICTIVE BIOMARKERS

BIOMARKERS OF IRAEs

KEY TAKEAWAYS

The use of predictive biomarkers is essential for optimizing therapy choice in cancer patients. Biomarkers can help identify patients who are most likely to benefit from a specific treatment, leading to improved outcomes and reduced toxicity. Key takeaways include the importance of early identification, the need for standardized testing, and the role of multidisciplinary teams in interpreting results.

KEY TAKEAWAYS

While the use of biomarkers is growing, there are still challenges to overcome. These include the need for more research to validate biomarkers, the development of standardized testing protocols, and the integration of biomarker testing into clinical practice. Key takeaways include the importance of ongoing research, the need for collaboration between researchers and clinicians, and the role of patient advocacy groups in promoting biomarker testing.



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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



BRAF-MEK INHIBITOR THERAPY

TARGETED THERAPY OR IMMUNOTHERAPY FIRST?

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BRAF-TARGETED THERAPY FOR MELANOMA (2/2)

PRESENTED BY JEFFREY WEBER, MD, PHD

TRIPLET THERAPY

KEY POINTS

The combination of BRAF inhibitors, MEK inhibitors, and immunotherapy (checkpoint inhibitors) is a promising approach for the treatment of melanoma. This combination has shown improved overall survival compared to BRAF inhibitors alone in a phase III trial.

Key points to consider when using triplet therapy include:

- Patient selection: BRAF V600E mutation status is essential for eligibility.
- Toxicity management: Combination therapy increases the risk of adverse effects, particularly skin and gastrointestinal toxicity.
- Monitoring: Regular monitoring for side effects and disease progression is required.

CONCLUSIONS

Triplet therapy represents a significant advancement in the treatment of BRAF V600E melanoma. The combination of BRAF and MEK inhibitors with immunotherapy has demonstrated superior efficacy and a manageable safety profile compared to previous standard of care options.

Future research is ongoing to optimize the timing and sequencing of these agents, as well as to explore the potential for further combination with other targeted therapies.



QUESTIONS

Thank you for your attention. Please feel free to reach out if you have any questions or need further information.

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Key Insights:
***BRAF*-Targeted Therapy**

EXPERTS DEBATED THE OPTIMAL USE OF TRIPLET THERAPY

2L TRIPLET THERAPY

KEY TAKEAWAYS

The optimal use of 2L triplet therapy is still a topic of debate among experts. While some studies suggest that 2L triplet therapy can be effective, others suggest that it may not be the best option for all patients. The optimal use of 2L triplet therapy depends on several factors, including the patient's clinical history, the type of cancer, and the patient's overall health.

KEY TAKEAWAYS

While the optimal use of 2L triplet therapy is still a topic of debate, there are several key considerations that should be taken into account. These include the patient's clinical history, the type of cancer, and the patient's overall health. Additionally, the use of 2L triplet therapy should be based on the latest evidence and clinical guidelines.



KEY TAKEAWAYS

The optimal use of 2L triplet therapy is still a topic of debate among experts. While some studies suggest that 2L triplet therapy can be effective, others suggest that it may not be the best option for all patients. The optimal use of 2L triplet therapy depends on several factors, including the patient's clinical history, the type of cancer, and the patient's overall health.

EXPERTS DISCUSSED OPTIMAL INCORPORATION OF BRAF-TARGETED THERAPY

TARGETED THERAPY AFTER IMMUNOTHERAPY

SHORT FRONTLINE TARGETED THERAPY INTERVAL

QUESTION *What is the optimal timing for incorporating BRAF-targeted therapy after immunotherapy?*

ANSWER *Dr. [Name] discussed the importance of monitoring for immune-related adverse events (irAEs) when combining immunotherapy with BRAF-targeted therapy. He noted that while the combination can be effective, the timing of the addition of the targeted therapy is critical to minimize toxicity. A short interval may be preferred in certain cases to allow for the management of irAEs before the full effects of the targeted therapy are realized.*

QUESTION *How should clinicians manage patients who experience irAEs while on BRAF-targeted therapy?*

ANSWER *Dr. [Name] emphasized the need for a systematic approach to managing irAEs. This includes recognizing the signs and symptoms of various irAEs, such as skin rashes, colitis, and pneumonitis. Prompt identification and treatment with corticosteroids are essential to prevent long-term complications. He also mentioned the importance of patient education and close monitoring during the treatment course.*



QUESTION *What are the key considerations for incorporating BRAF-targeted therapy into a patient's treatment plan?*

ANSWER *Dr. [Name] highlighted several key considerations, including the patient's overall health, the presence of irAEs, and the specific BRAF mutation profile. He stressed the importance of a multidisciplinary approach, involving medical oncology, dermatology, and other specialists to ensure the best possible outcome for the patient.*

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New Perspectives in the Management of SCC



NEW PERSPECTIVES IN THE MANAGEMENT OF SCC

PRESENTED BY OMID HAMID, MD



IMMUNOTHERAPY

IMMUNOSUPPRESSED ADVANCED CSCC

KEY POINTS

The management of advanced cutaneous squamous cell carcinoma (CSCC) has evolved significantly with the introduction of immunotherapy. This session will discuss the latest data on immune checkpoint inhibitors (ICIs) and their role in the treatment of advanced CSCC. We will also explore the challenges of immunotherapy in immunosuppressed patients and discuss strategies to optimize outcomes.

Immunotherapy has revolutionized the treatment of advanced CSCC, offering improved survival and quality of life compared to traditional chemotherapy. However, immunosuppression, often due to long-term use of corticosteroids or other immunosuppressive agents, can significantly impact the efficacy of immunotherapy. This session will discuss the challenges of immunotherapy in immunosuppressed patients and explore strategies to optimize outcomes.

KEY POINTS

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KEY POINTS

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Key Insights: SCC

EXPERTS DISCUSSED ADVANCES IN MANAGEMENT OF SCC

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IMMUNOTHERAPY

IMMUNOCOMPROMISED PATIENTS

KEYNOTE-048: A PHASE 3, RANDOMIZED, CONTROLLED TRIAL OF NIVOLUMAB VERSUS PLACEBO IN PATIENTS WITH RECURRENT OR METASTATIC SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK

The primary endpoint was overall survival (OS) in the intent-to-treat population. Secondary endpoints included progression-free survival (PFS), quality of life, and adverse events. Nivolumab significantly improved OS compared to placebo in the overall population and in patients with PD-L1 expression.

KEYNOTE-048: A PHASE 3, RANDOMIZED, CONTROLLED TRIAL OF NIVOLUMAB VERSUS PLACEBO IN PATIENTS WITH RECURRENT OR METASTATIC SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK

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EXPERTS DISCUSSED NOVEL APPROACHES TO TREATING SCC

INTRALESIONAL APPROACHES

OTHER NOVEL APPROACHES

INTRALESIONAL APPROACHES

The intralesional approach involves the direct application of immunomodulatory agents into the tumor site. This approach aims to stimulate the immune system to recognize and attack the cancer cells. Key components include the use of cytokines, such as interferon- α and interferon- β , and the application of these agents directly into the tumor. This method is often used in combination with other treatments to enhance the overall effectiveness of the therapy.

OTHER NOVEL APPROACHES

Other novel approaches to treating SCC include the use of targeted therapies and immunotherapy. Targeted therapies focus on specific molecular pathways that are critical for cancer cell growth and survival. Immunotherapy, on the other hand, aims to harness the body's immune system to fight cancer. This includes the use of checkpoint inhibitors, which block proteins that prevent immune cells from attacking cancer cells. Additionally, there is ongoing research into the use of oncolytic viruses, which are designed to selectively infect and kill cancer cells while sparing normal tissue.



Expert Name

Expert Name, MD, is a leading expert in the field of skin cancer treatment. He has conducted extensive research on novel approaches to treating SCC, including the use of immunomodulatory agents and targeted therapies. His work has significantly advanced the understanding of the immune system's role in cancer and has led to the development of new treatment strategies. He is currently a professor at a major medical center and continues to be an active participant in clinical trials and research in the field.

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EPICS

**Emerging Advances in the
Management of Basal Cell
Carcinoma**



EMERGING ADVANCES IN BASAL CELL CARCINOMA (2/2)

PRESENTED BY RAGINI KUDCHADKAR, MD

IMMUNOTHERAPY

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

Cemiplimab
Median PFS of 19.3 months

[Faded text area containing additional details about the trial and immunotherapy.]





EPICS

Key Insights: BCC

EXPERTS DISCUSSED THE EVOLVING ROLE OF HEDGEHOG INHIBITORS IN BCC

MOVING AWAY FROM HEDGEHOG INHIBITORS

KEY TAKEAWAYS

The experts discussed the evolving role of hedgehog inhibitors in BCC, highlighting the importance of understanding the underlying biology of the disease and the potential for personalized medicine. They also discussed the challenges of drug development in this space and the need for continued research and collaboration.

KEY TAKEAWAYS

Despite the challenges, the experts remain optimistic about the future of BCC treatment. They believe that a combination of targeted therapies and immunotherapy will be the key to improving outcomes for patients. They also emphasized the importance of patient education and support in this journey.



QUOTE

"The future of BCC treatment lies in a combination of targeted therapies and immunotherapy. We need to continue to invest in research and collaboration to improve outcomes for patients."

EXPERTS PROVIDED INSIGHTS INTO NEW TREATMENT STRATEGIES FOR BCC

IMMUNOTHERAPY

INVESTIGATIONAL APPROACHES

KEY TAKEAWAYS

The experts discussed the importance of immunotherapy in the treatment of BCC, highlighting the role of immune checkpoint inhibitors and the need for personalized treatment strategies. They also discussed the challenges of immunotherapy, such as resistance and toxicity, and the need for further research to improve outcomes.

KEY TAKEAWAYS

Immunotherapy has emerged as a promising treatment option for BCC, particularly for advanced and recurrent disease. The use of immune checkpoint inhibitors, such as pembrolizumab and nivolumab, has shown promising results in clinical trials. However, resistance to immunotherapy is a major challenge, and the need for combination therapies and personalized treatment strategies is emphasized. The experts also discussed the importance of patient selection and biomarker testing in optimizing immunotherapy outcomes.



KEY TAKEAWAYS

The experts discussed the importance of immunotherapy in the treatment of BCC, highlighting the role of immune checkpoint inhibitors and the need for personalized treatment strategies. They also discussed the challenges of immunotherapy, such as resistance and toxicity, and the need for further research to improve outcomes.



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