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EPICS: Global Perspectives in Melanoma

November 19, 2022

FULL REPORT

Report Contents

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Meeting Snapshot

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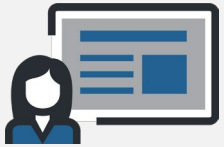
VIRTUAL CLOSED-DOOR ROUNDTABLE

DATE:
November 19, 2022



DISEASE STATE AND DATA PRESENTATIONS
by key experts

INSIGHTS REPORT
including postmeeting analyses and actionable recommendations

PANEL: Key experts in melanoma
> 3 from US
> 4 from Europe

MELANOMA-SPECIFIC DISCUSSIONS
on latest research updates, therapeutic advances, and their application in clinical decision-making

Panel Consisting of 3 US and 4 EU Melanoma Experts

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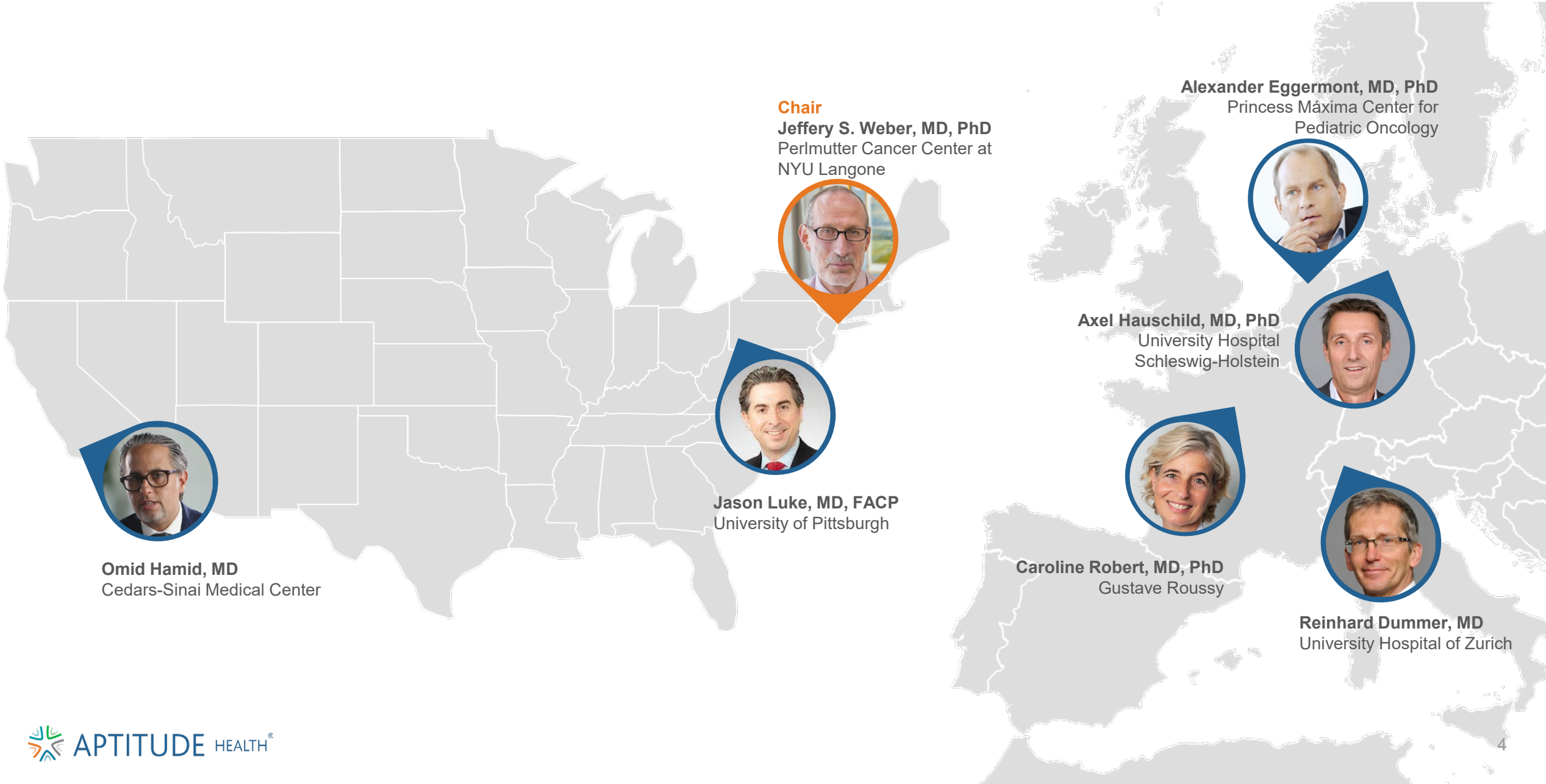

Chair
Jeffery S. Weber, MD, PhD
Perlmutter Cancer Center at NYU Langone

Jason Luke, MD, FACP
University of Pittsburgh

Omid Hamid, MD
Cedars-Sinai Medical Center

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

Axel Hauschild, MD, PhD
University Hospital Schleswig-Holstein

Caroline Robert, MD, PhD
Gustave Roussy

Reinhard Dummer, MD
University Hospital of Zurich

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Meeting Agenda: November 19

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Time (EDT)	Topic	Speaker/Moderator
8.00 AM – 8.05 AM (5 min)	Welcome and Introductions	Jeffrey S. Weber, MD, PhD
8.05 AM – 8.15 AM (10 min)	Prognostic and Predictive Markers in Melanoma	Jason Luke, MD, FACP
8.15 AM – 8.35 AM (20 min)	Key Questions and Topics for Discussion	Moderator: Jeffrey S. Weber, MD, PhD
8.35 AM – 8.45 AM (10 min)	Adjuvant and Neoadjuvant Therapies in Melanoma: What Is New There?	Alexander Eggermont, MD, PhD
8.45 AM – 9.10 AM (25 min)	Key Questions and Topics for Discussion	Moderator: Jeffrey S. Weber, MD, PhD
9.10 AM – 9.20 AM (10 min)	Evolution of Immunotherapy for First-Line Metastatic Melanoma	Jeffrey S. Weber, MD, PhD
9.20 AM – 9.45 AM (25 min)	Key Questions and Topics for Discussion	Moderator: Jeffrey S. Weber, MD, PhD
9.45 AM – 9.55 AM (10 min)	Emerging Insights in Relapsed/Refractory Metastatic Melanoma	Omid Hamid, MD
9.55 AM – 10.20 AM (25 min)	Key Questions and Topics for Discussion	Moderator: Jeffrey S. Weber, MD, PhD
10.20 AM – 10.30 AM (10 min)	BREAK	
10.30 AM – 10.40 AM (10 min)	*BRAF*-Mutated Melanoma: New Developments or Stagnation?	Caroline Robert, MD, PhD
10.40 AM – 11.00 AM (20 min)	Key Questions and Topics for Discussion	Moderator: Jeffrey S. Weber, MD, PhD
11.00 AM – 11.10 AM (10 min)	New Perspectives in the Management of SCC	Axel Hauschild, MD, PhD
11.10 AM – 11.30 AM (20 min)	Key Questions and Topics for Discussion	Moderator: Jeffrey S. Weber, MD, PhD
11.30 AM – 11.40 AM (10 min)	Emerging Advances in the Management of BCC	Reinhard Dummer, MD
11.40 AM – 12.00 PM (20 min)	Key Questions and Topics for Discussion	Moderator: Jeffrey S. Weber, MD, PhD
12.00 PM	Closing Remarks	Moderator: Jeffrey S. Weber, MD, PhD

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Prognostic and Predictive Markers in Melanoma

Jason Luke, MD, FACP

Prognostic and Predictive Markers in Melanoma (1/2)

Presented by Jason Luke, MD, FACP

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Advances in melanoma biomarkers

> Although advances have been made with melanoma

Immunotherapy is SOC for all patients

> IPI + NIVO was approved for PD-L1–negative disease on the basis of

Prognostic and Predictive Markers in Melanoma (2/2)

Presented by Jason Luke, MD, FACP

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Emerging biomarkers

> Neutrophil-lymphocyte ratio (NLR; abstract 871P) analysis from the

Adjuvant setting

> The majority of patients are now eligible for adjuvant/ perioperative

Discussion: Prognostic and Predictive Markers in Melanoma (1/2)

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Biomarker

The experts agreed that while developments have been made identifying prognostic and predictive biomarkers, more understanding is needed to utilize them in the clinic as reliable biomarkers

Discussion: Prognostic and Predictive Markers in Melanoma (2/2)

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Biomarker

PD-L1 staining in newly diagnosed patients is not routinely ordered by the experts, especially those in Europe

> The discussion on the necessity of PD-L1 staining has resurfaced in Europe due to RELA + NIVO EMA approval; however, 1 expert noted

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Adjuvant and Neoadjuvant Therapies in Melanoma: What Is New There?

Alexander Eggermont, MD, PhD

Adjuvant and Neoadjuvant Therapies in Melanoma: What Is New There? (1/2)

Presented by Alexander Eggermont, MD, PhD

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Adjuvant trial updates

> The 5-year follow-up for KEYNOTE-054 exploring adjuvant

CheckMate 76K

> CheckMate 76K reported that NIVO treatment in patients with completely

Adjuvant and Neoadjuvant Therapies in Melanoma: What Is New There? (2/2)

Presented by Alexander Eggermont, MD, PhD

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Neoadjuvant immunotherapy

> The benefits of neoadjuvant therapy include shorter treatment time.

Deferring surgery where possible

> The PRADO trial found that surgery can be deferred in

Discussion: Adjuvant and Neoadjuvant Therapies in Melanoma – What Is New There? (1/2)

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Adjuvant

Adjuvant therapy should be considered for all patients, especially those who may not benefit from neoadjuvant treatment

Discussion: Adjuvant and Neoadjuvant Therapies in Melanoma – What Is New There? (2/2)

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Neoadjuvant therapy

The experts agreed that neoadjuvant treatment has great potential in locally advanced disease

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Evolution of Immunotherapy for First-Line Metastatic Melanoma

Jeffrey S. Weber, MD, PhD

Evolution of Immunotherapy for First-Line Metastatic Melanoma

Presented by Jeffrey S. Weber, MD, PhD

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Important updates

> The RELATIVITY-047 trial reported improved PFS, OS, and

Tumor-infiltrating lymphocytes

> TIL treatment remains a second-line option for PD-1–refractory

Discussion: Evolution of Immunotherapy for First-Line Metastatic Melanoma (1/2)

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Current practices and beyond

Although the use of combination regimens is becoming more frequent in the front line, there is still

Discussion: Evolution of Immunotherapy for First-Line Metastatic Melanoma (2/2)

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Emerging Insights in Relapsed/Refractory Metastatic Melanoma

Omid Hamid, MD

Emerging Insights in Relapsed/Refractory Metastatic Melanoma (1/2)

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Presented by Omid Hamid, MD

ESMO updates

> Stopa et al reported no difference in PFS and treatment response with BRAF/MEK inhibitor and anti–PD-1 therapies in the first and second

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Emerging Insights in Relapsed/Refractory Metastatic Melanoma (2/2)

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Presented by Omid Hamid, MD

Alternative TIL approaches

> Lifileucel (LN-144), an autologous TIL, demonstrated promising

Preliminary but promising approaches

> Another interesting approach is with IOV-4001, a genetically

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Discussion: Emerging Insights in Relapsed/Refractory Metastatic Melanoma (1/2)

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Treatment landscape updates

The experts agreed there have been no recent practice-changing data, and there is a high medical need to improve second-line strategies

Discussion: Emerging Insights in Relapsed/Refractory Metastatic Melanoma (2/2)

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Treatment landscape updates

Newer anti–CTLA-4 therapies have shown effective responses in other cancers, such as GI and ovarian, but it is yet to be determined

EPI0 with these drugs and what we see in melanoma, it's hard for me to be excited."

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BRAF-Mutated Melanoma: New Developments or Stagnation?

Caroline Robert, MD, PhD

BRAF-Mutated Melanoma: New Developments or Stagnation? (1/2)

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Presented by Caroline Robert, MD, PhD

Combination regimens

> There are limited options for *BRAF*-mutant patients after immunotherapy

Triplet combination

> The spartalizumab + dabrafenib and trametinib (Sparta-

BRAF-Mutated Melanoma: New Developments or Stagnation? (2/2)

Presented by Caroline Robert, MD, PhD

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High tumor burden

> The Sparta-DabTram regimen was investigated in patients with ≥3

BRAF/MEK inhibitor resistance

> Vorinostat, a HDAC inhibitor with specificity for histone

Discussion: *BRAF*-Mutated Melanoma – New Developments or Stagnation? (1/2)

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Triplets and TIL

Triplet combination therapy with atezolizumab and vemurafenib-cobimetinib has potential but would

Discussion: *BRAF*-Mutated Melanoma – New Developments or Stagnation? (2/2)

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Treatment after progression

The experts agreed that a patient with a *BRAF* mutation could go directly to a trial and avoid

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New Perspectives in the Management of SCC

Axel Hauschild, MD, PhD

New Perspectives in the Management of SCC (1/2)

Presented by Axel Hauschild, MD, PhD

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Neoadjuvant cemiplimab

> Neoadjuvant cemiplimab treatment in locally advanced,

Cemiplimab remains SOC

> The final analysis from EMPOWER-CSCC-1 reported an ORR of

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New Perspectives in the Management of SCC (2/2)

Presented by Axel Hauschild, MD, PhD

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Cemiplimab without surgery

> Cemiplimab demonstrated an ORR of 37.4% in patients with locally advanced or metastatic CSCC who are not candidates for curative

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Discussion: New Perspectives in the Management of SCC (1/2)

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Neoadjuvant therapy to reduce disfigurement

The experts agreed that the most exciting data came from the cemiplimab trials in both locally advanced and metastatic SCC

- The experts stated that the results from the phase II trial (NCT04154943, ESMO abstract 789O) are

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Discussion: New Perspectives in the Management of SCC (2/2)

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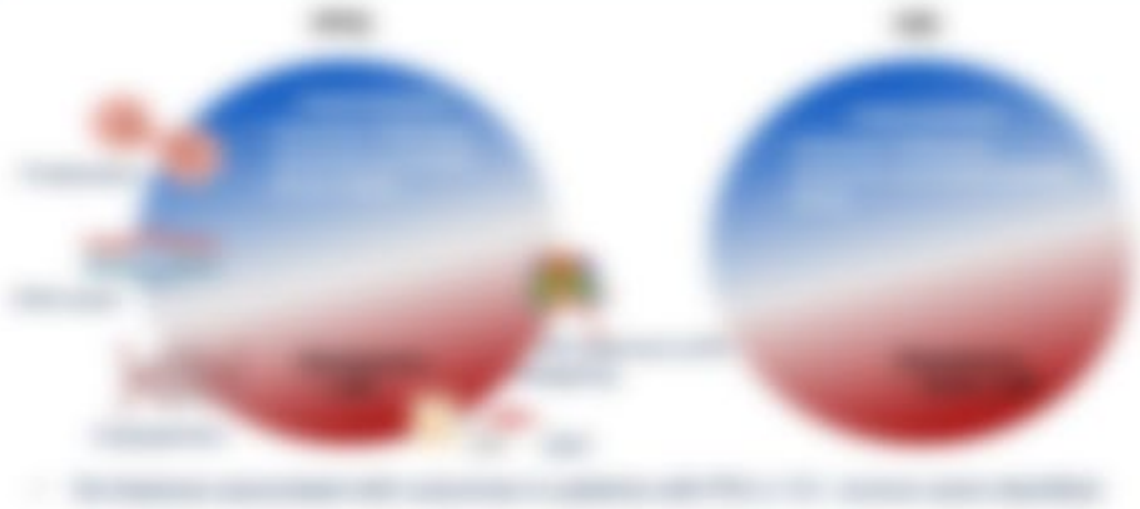
Novel therapies and resistance

There is potential for intralesional therapy in SCC, which also has a high mutational burden and is typically localized



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Emerging Advances in the Management of BCC

Reinhard Dummer, MD

Emerging Advances in the Management of BCC (1/2)

Presented by Reinhard Dummer, MD

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Hedgehog inhibitors

> As there is a large BCC patient population, there can often be complicated cases, such as those with genetic syndromes, rapid relapse,

Emerging Advances in the Management of BCC (2/2)

Presented by Reinhard Dummer, MD

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Alternatives to HHI

> Neoadjuvant oncolytic viral therapy with talimogene laherparepvec (T-VEC) was well tolerated and showed high activity in difficult-to-resect

Discussion: Emerging Advances in the Management of BCC (1/2)

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Hedgehog inhibitors

Several experts would like to challenge the use of hedgehog inhibitors in the front line, as these agents have an associated chronic toxicity profile that is especially difficult to tolerate for elderly patients

- Other experts did note the significant toxicity but think it would be difficult to improve on the efficacy. However, if a treatment displayed

Discussion: Emerging Advances in the Management of BCC (2/2)

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Practice updates

Cemiplimab displayed promising antitumor activity in locally advanced BCC after prior hedgehog inhibitor exposure

- Although the experts noted that the efficacy was lower in BCC than what was reported with SCC, they

only for cutaneous squamous carcinoma that the study was done, but also for BCC.

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