Breakfast with the Investigators
Management of Melanoma

CME Information

TARGET AUDIENCE

This program is intended for medical oncologists, hematology-oncology fellows and other allied healthcare professionals involved in the treatment of melanoma.

OVERVIEW OF ACTIVITY

Until recently, treatments for advanced melanoma had been relatively limited in their overall effectiveness. However, unprecedented strides have been made in defining molecular mechanisms of critical importance to melanoma development, progression and metastasis, and these have in turn led to a number of therapeutic advances that have completely redefined treatment algorithms and outcomes for patients. In addition, similar to the drug development paradigm employed by investigators working in other solid tumors, melanoma researchers have attempted to leverage the aforementioned advances for patients with more localized presentations of the disease. This relatively sudden availability of a host of new therapies and a number of other emerging strategies that may soon join them has created a multitude of uncertainties and important clinical questions.

These video proceedings from a CME symposium held during the 2019 ASCO Annual Meeting feature discussions with leading researchers with an expertise in melanoma regarding actual cases from their practices and the published data that drive clinical decision-making for patients in those and diverse other situations. By providing information on the latest research developments and their potential application to routine practice, this activity is designed to assist medical oncologists, hematology-oncology fellows and other healthcare providers with the formulation of up-to-date clinical management strategies.

LEARNING OBJECTIVES

- Identify patients after surgical removal of primary melanoma for whom adjuvant therapy should be considered, and counsel these individuals regarding the risks and potential benefits of existing and recently approved systemic approaches.
- Consider age, performance status and other disease-related factors to guide the selection of first- and later-line therapy for patients with metastatic BRAF wild-type melanoma.
- Use available clinical trial evidence to safely and effectively incorporate targeted and immunotherapeutic approaches into the management of metastatic melanoma with a BRAF tumor mutation.
- Recognize the recent FDA approval of the combination of the BRAF inhibitor encorafenib and the MEK inhibitor binimetinib for patients with unresectable or metastatic melanoma with a BRAF tumor mutation, and consider how the availability of this strategy affects current therapeutic algorithms.
- Identify adverse events associated with immune checkpoint inhibitors, targeted therapies and other systemic treatments for melanoma, and offer supportive management strategies to minimize or manage side effects.
- Recall the design of ongoing clinical trials evaluating anti-PD-1/PD-L1 antibodies in combination with other systemic therapies (eg, targeted therapy) for patients with advanced melanoma, and counsel appropriate patients about availability and participation.
- Recall new data with other investigational agents and strategies demonstrating promising activity in melanoma, and discuss ongoing trial opportunities with eligible patients.

ACCREDITATION STATEMENT

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Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1.25 Medical Knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn

MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Please note, this program has been specifically designed for the following ABIM specialty: **medical oncology**.

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This CME activity consists of a video component. To receive credit, the participant should review the CME information, watch the video, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/ASCOMelanoma19/CME**.

CONTENT VALIDATION AND DISCLOSURES

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FACULTY — The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

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Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 11 or later, Firefox 56 or later, Chrome 61 or later, Safari 11 or later, Opera 48 or later
Adobe Flash Player 27 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

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Select Publications

Ascierto PA et al. **KEYNOTE-022 part 3: Phase 2 randomized study of 1L dabrafenib (D) and trametinib (T) plus pembrolizumab (Pembro) or placebo (PBO) for BRAF-mutant advanced melanoma.** *Proc ESMO* 2018;**Abstract 1244O**.

Ascierto PA et al. **Efficacy of BMS-986016, a monoclonal antibody that targets lymphocyte activation gene-3 (LAG-3), in combination with nivolumab in pts with melanoma who progressed during prior anti–PD-1/PD-L1 therapy (mel prior IO) in all-comer and biomarker-enriched populations.** *Proc ESMO* 2017;**Abstract LBA18**.

Bentebibel SE et al. **A first-in-human study and biomarker analysis of NKTR-214, a novel IL2Rβγ-biased cytokine, in patients with advanced or metastatic solid tumors.** *Cancer Discov* 2019;9(6):711-21.

Dummer R et al. **Encorafenib plus binimetinib versus vemurafenib or encorafenib in patients with BRAF-mutant melanoma (COLUMBUS): A multicentre, open-label, randomised phase 3 trial.** *Lancet Oncol* 2018;19(5):603-15.

Eggermont AMM et al. **Adjuvant pembrolizumab versus placebo in resected stage III melanoma.** *N Engl J Med* 2018;378(19):1789-801.

Fogarty G et al. **Phase 3 international trial of adjuvant whole brain radiotherapy (WBRT) or observation (Obs) following local treatment of 1-3 melanoma brain metastases (MBMs).** *Proc ASCO* 2019;**Abstract 9500**.

Hauschild A et al. **Longer follow-up confirms relapse-free survival benefit with adjuvant dabrafenib plus trametinib in patients with resected BRAF V600-mutant stage III melanoma.** *J Clin Oncol* 2018;36(35):3441-9.

Hodi FS et al. **Nivolumab plus ipilimumab or nivolumab alone versus ipilimumab alone in advanced melanoma (CheckMate 067): 4-year outcomes of a multicentre, randomised, phase 3 trial.** *Lancet Oncol* 2018;19(11):1480-92.

Kamath SD, Kumthekar PU. **Immune checkpoint inhibitors for the treatment of central nervous system (CNS) metastatic disease.** *Front Oncol* 2018;8:414.

Lipson EJ et al. **CA224-047: A randomized, double-blind, phase II/III study of relatlimab (anti–LAG-3) in combination with nivolumab (anti–PD-1) versus nivolumab alone in previously untreated metastatic or unresectable melanoma.** *Proc ESMO* 2018;**Abstract 1302TiP**.

Long GV et al. **Adjuvant dabrafenib plus trametinib in stage III BRAF-mutated melanoma.** *N Engl J Med* 2017;377(19):1813-23.

Nathan P et al. **Five-year analysis on the long-term effects of dabrafenib plus trametinib (D + T) in patients with *BRAF V600*–mutant unresectable or metastatic melanoma.** *Proc ASCO* 2019;**Abstract 9507**.

Parisi G et al. **Enhanced expansion and tumor targeting of adoptively transferred T cells with NKTR-214.** *Proc AACR* 2018;*Abstract 3566*.

Sullivan RJ et al. **Atezolizumab (A) + cobimetinib (C) + vemurafenib (V) in BRAFV^{600}-mutant metastatic melanoma (mel): Updated safety and clinical activity.** *Proc ASCO* 2017;**Abstract 3063**.

Tawbi H et al. **Efficacy and safety of the combination of nivolumab (NIVO) plus ipilimumab (IPI) in patients with symptomatic melanoma brain metastases (CheckMate 204).** *Proc ASCO* 2019;**Abstract 9501**.

Tawbi HA et al. **Combined nivolumab and ipilimumab in melanoma metastatic to the brain.** *N Engl J Med* 2018;379(8):722-30.

Weber JS et al. **Adjuvant therapy with nivolumab (NIVO) versus ipilimumab (IPI) after complete resection of stage III/IV melanoma: Updated results from a phase III trial (CheckMate 238).** *Proc ASCO* 2018;**Abstract 9502**.

Weber J et al. **Adjuvant nivolumab versus ipilimumab in resected stage III or IV melanoma.** *N Engl J Med* 2017;377(19):1824-35.

Wolchok JD et al. **Overall survival with combined nivolumab and ipilimumab in advanced melanoma.** *N Engl J Med* 2017;377(14):1345-56.