TOXICITY AND TREATMENT OUTCOMES IN STAGE III RESECTED MELANOMA PATIENTS UNDERGOING 12 MONTHS OF ADJUVANT THERAPY WITH DAFRAFENIB AND TRAMETINIB

Pablo Martinez Perez, Kavita Kantilal, Sarah Westwell, Anna Olsson-Brown

Medical Oncology Department, University Hospitals Sussex (UK)

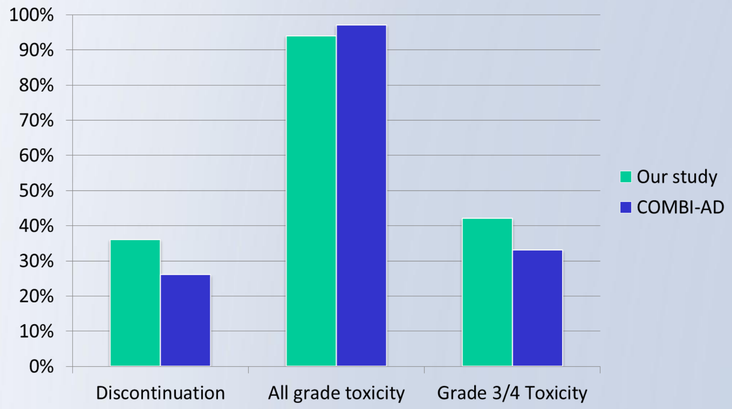
NHS University Hospitals Sussex NHS Foundation Trust

INTRODUCTION

Adjuvant treatment with BRAF/MEK inhibitors is a standard of care in BRAF-mutated Stage III malignant melanoma. However, treatment-related toxicities are a significant concern, impacting patient adherence and treatment outcomes. The frequency and types of adverse events (AEs) during adjuvant treatment with Dabrafenib and Trametinib, and their impact on treatment timing, completion, and melanoma recurrence in a real-world setting were assessed.

METHODS

This retrospective study at University Hospital Sussex (UK) reviewed outcomes in patients prescribed dabrafenib/trametinib for 12 months in the adjuvant setting between October 2018 to November 2024. AEs were CTCAE graded. Key outcomes included treatment completion rates, timing of discontinuation, type and grade of toxicities, reasons for interruption or discontinuation, and melanoma recurrence. Treatment delays or interruptions due to toxicity were also collected.



	Our study	COMBI-AD
Discontinuation	36%	26%
All grade toxicity	94%	97%
Grade 3/4 Toxicity	42%	33%

Figure 1. Comparison of our study findings with the COMBI AD trial results in terms of discontinuation rates, all grade toxicity and grade 3/4 toxicity.

RESULTS

50 patients were included with a median age 65.38 years, 50% male.

64% of patients completed 12 months of adjuvant treatment. Among those who discontinued treatment patients received a median of 4 cycles. 94% of patients experienced all grade toxicity. Of these, 42% experienced grade 3/4 toxicities. 36% of patients discontinued treatment (83% due to these severe toxicity and 17% due to disease progression while on treatment). AEs led to deferral of treatment in 72% of patients and omission of cycles 36%. Most common grade 3/4 toxicities included pyrexia, peripheral oedema, rash, venous thromboembolism and nausea/vomiting.

These findings differ from the COMBI-AD trial, with higher discontinuation rates (36% vs. 26%) and higher incidences of Grade 3/4 toxicities (42% vs. 33%) (Figure 1). 12 months PFS was 88% in our study, exactly as in the COMBI-AD Trial (Figure 2).

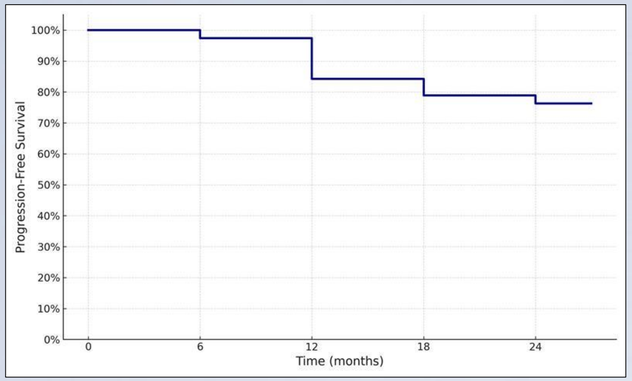


Figure 2 . Kaplan-Meier Curve for Progression-free Survival

CONCLUSIONS

AEs remain a significant challenge and are increased in the real-world population. This emphasises the importance of effective toxicity management strategies and individualized treatment plans to balance therapeutic benefits and adverse events in the adjuvant setting.

REFERENCES

Long, G. V., Hauschild, A., Santinami, M., et al. (2023). Adjuvant dabrafenib plus trametinib in patients with resected stage III melanoma. N Engl J Med, 388(24), 2281-2292.