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 2018 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 BRAF mutation-positive advanced melanoma.
- Recall current investigational efforts to identify biomarkers of response to immune checkpoint inhibition, and consider how these may be applied in future clinical practice.
- Recognize adverse events associated with immune checkpoint inhibitors, targeted therapies and other systemic treatments for melanoma, and offer supportive management strategies to minimize and/or manage side effects.
- Recall new data with investigational agents and strategies demonstrating promising activity in melanoma, and discuss ongoing trial opportunities with eligible patients.

ACCREDITATION STATEMENT

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CREDIT DESIGNATION STATEMENT

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AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1.5 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/ASCOMelanoma18/CME.**

CONTENT VALIDATION AND DISCLOSURES

Research To Practice (RTP) is committed to providing its participants with high-quality, unbiased and state-of-the-art education. We assess conflicts of interest with faculty, planners and managers of CME activities. Conflicts of interest are identified and resolved through a conflict of interest resolution process. In addition, all activity content is reviewed by both a member of the RTP scientific staff and an external, independent physician reviewer for fair balance, scientific objectivity of studies referenced and patient care recommendations.

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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Advisory Committee: Amgen Inc, AstraZeneca Pharmaceuticals LP, Bristol-Myers Squibb Company, Genentech BioOncology, GlaxoSmithKline, Merck, Novartis; **Ownership Interest:** Altor Bioscience Corp, CytomX Therapeutics; **Patents:** Biodesix Inc, Moffitt Cancer Center.

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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. **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**.

Brahmer JR et al. **Management of immune-related adverse events in patients treated with immune checkpoint inhibitor therapy: American Society of Clinical Oncology clinical practice guideline.** *J Clin Oncol* 2018;[Epub ahead of print].

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.

Dummer R et al. **Overall survival in COLUMBUS: A phase 3 trial of encorafenib (ENCO) plus binimetinib (BINI) vs vemurafenib (VEM) or enco in BRAF-mutant melanoma.** ASCO 2018;**Abstract 9504**.

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

Johnson DB et al. **Ipilimumab therapy in patients with advanced melanoma and preexisting autoimmune disorders.** *JAMA Oncol* 2016;2(2):234-40.

Long GV et al. **4-year survival and outcomes after cessation of pembrolizumab (pembro) after 2-years in patients (pts) with ipilimumab (ipi)-naïve advanced melanoma in KEYNOTE-006.** ASCO 2108;**Abstract 9503**.

Long GV et al. **Epacadostat (E) plus pembrolizumab (P) versus pembrolizumab alone in patients (pts) with unresectable or metastatic melanoma: Results of the phase 3 ECHO-301/KEYNOTE-252 study.** ASCO 2108;**Abstract 108**.

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

Menzies AM et al. **Anti-PD-1 therapy in patients with advanced melanoma and preexisting autoimmune disorders or major toxicity with ipilimumab.** *Ann Oncol* 2017;28(2):368-76.

Ribas A et al. **KEYNOTE-022 update: Phase 1 study of first-line pembrolizumab (pembro) plus dabrafenib (D) and trametinib (T) for BRAF-mutant advanced melanoma.** *Proc ESMO* 2017;**Abstract 1216O**.

Weber J 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).** ASCO 2018;**Abstract 9052**.

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.