Dermatologic Oncology Update

Issue 1, 2019 (Video Program)

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematologists-oncologists, hematology-oncology fellows and other healthcare providers involved in the treatment of dermatologic cancers.

OVERVIEW OF ACTIVITY

Melanoma and nonmelanoma skin cancers — basal cell carcinoma (BCC) and cutaneous squamous cell carcinoma (SCC) — taken together, likely represent the most prevalent form of human cancer. The vast majority of skin cancer presents as minimally invasive BCC or SCC and is highly curable with local treatment alone. However, in rare instances these characteristically indolent lesions progress and necessitate systemic intervention with the support of limited randomized clinical evidence. In contrast, malignant melanoma is the most aggressive form of skin cancer, with a predilection toward distant metastases even when identified in the early stages. Thus, melanoma and nonmelanoma skin cancers are distinct entities, each posing unique challenges to the oncology community. Featuring information on the latest research developments along with expert perspectives, this CME activity is designed to assist medical oncologists and hematology-oncology fellows 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 benefits of approved systemic approaches.
- Use biomarkers, clinical characteristics and mutational analyses to select individualized front-line and subsequent treatment approaches for patients with advanced melanoma.
- Use available clinical trial evidence to safely and effectively incorporate targeted and immunotherapeutic approaches into the management of metastatic melanoma with BRAF tumor mutations.
- Recall the underlying research database guiding therapeutic recommendations for patients with locally advanced or metastatic SCC of the skin.
- Assess the rationale for and clinical trial data with anti-PD-1/PD-L1 antibodies for Merkel cell carcinoma, and optimally integrate available agents into current treatment algorithms.
- Formulate a long-term clinical plan for the management of locally advanced or metastatic BCC, incorporating existing and investigational treatments.

ACCREDITATION STATEMENT

Research To Practice is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

Research To Practice designates this enduring material for a maximum of 5.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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 5.25 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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HOW TO USE THIS CME ACTIVITY

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/DOU119/Video/CME**. The corresponding audio program is available as an alternative at **ResearchToPractice.com/DOU119**.

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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

Anderson ES et al. **Melanoma brain metastases treated with stereotactic radiosurgery and concurrent pembrolizumab display marked regression; efficacy and safety of combined treatment.** *J Immunother Cancer* 2017;5(1):76.

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**.

Ascierto PA et al. **Initial efficacy of anti-lymphocyte activation gene-3 (anti–LAG-3; BMS-986016) in combination with nivolumab (nivo) in pts with melanoma (MEL) previously treated with anti–PD-1/PD-L1 therapy.** *Proc ASCO* 2017;**Abstract 9520**.

Basset-Séguin N et al. **Vismodegib in patients with advanced basal cell carcinoma: Primary analysis of STEVIE, an international, open-label trial.** *Eur J Cancer* 2017;86:334-48.

Brahmer JR et al; National Comprehensive Cancer Network. **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;36(17):1714-68.

Cecchini M et al. **Immune therapy of metastatic melanoma developing after allogeneic bone marrow transplant.** *J Immunother Cancer* 2015;3:10.

Chen L et al. **Treatment of advanced basal cell carcinoma with sonidegib: Perspective from the 30-month update of the BOLT trial.** *Future Oncol* 2018;14(6):515-25.

Daud A et al. **Indirect treatment comparison of dabrafenib plus trametinib versus vemurafenib plus cobimetinib in previously untreated metastatic melanoma patients.** *J Hematol Oncol* 2017;10(1):3.

Davies MA et al. **Dabrafenib plus trametinib in patients with BRAF^{V600}-mutant melanoma brain metastases (COMBI-MB): A multicentre, multicohort, open-label, phase 2 trial.** *Lancet Oncol* 2017;18(7):863-73.

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. **Mutational and immune gene expression profiling at relapse in patients (pts) treated with adjuvant dabrafenib plus trametinib (D + T) or placebo (pbo) in the COMBI-AD trial.** *Proc ASCO* 2018;**Abstract 9574**.

Dummer R et al. **Overall survival in patients with BRAF-mutant melanoma receiving encorafenib plus binimetinib versus vemurafenib or encorafenib (COLUMBUS): A multicentre, open-label, randomised, phase 3 trial.** *Lancet Oncol* 2018;19(10):1315-27.

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

Eggermont AMM et al. **The new era of adjuvant therapies for melanoma.** *Nat Rev Clin Oncol* 2018;15(9):535-6.

Escorcia FE et al. **Radiotherapy and immune checkpoint blockade for melanoma: A promising combinatorial strategy in need of further investigation.** *Cancer J* 2017;23(1):32-9.

Gogas H et al. **Adverse events of special interest in the phase 3 COLUMBUS study.** *Proc ASCO* 2018;**Abstract 9567**.

Gopalakrishnan V et al. **Gut microbiome modulates response to anti-PD-1 immunotherapy in melanoma patients.** *Science* 2018;359(6371):97-103.

Grob JJ et al. **Eighth American Joint Committee on Cancer (AJCC) melanoma classification: Let us reconsider stage III.** *Eur J Cancer* 2018;91:168-70.

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.

Kaufman HL et al. **Updated efficacy of avelumab in patients with previously treated metastatic Merkel cell carcinoma after ≥1 year of follow-up: JAVELIN Merkel 200, a phase 2 clinical trial.** *J Immunother Cancer* 2018;6(1):7.

Lewis K et al. **BRIM8: A randomized, double-blind, placebo-controlled study of adjuvant vemurafenib in patients (pts) with completely resected, BRAFV600+ melanoma at high risk for recurrence.** *Proc ESMO* 2017;**Abstract LBA7_PR**.

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.** *Proc ASCO* 2018;**Abstract 108**.

Select Publications

Long GV et al. **Long-term outcomes in patients with BRAF V600-mutant metastatic melanoma who received dabrafenib combined with trametinib.** *J Clin Oncol* 2018;36(7):667-73.

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

Migden MR et al. **PD-1 blockade with cemiplimab in advanced cutaneous squamous-cell carcinoma.** *N Engl J Med* 2018;379(4):341-51.

Nghiem P et al. **Two-year efficacy and safety update from JAVELIN Merkel 200 part A: A registrational study of avelumab in metastatic Merkel cell carcinoma progressed on chemotherapy.** *Proc ASCO* 2018;**Abstract 9507**.

Rischin CD et al. **Primary analysis of phase 2 results for cemiplimab, a human monoclonal anti-PD-1, in patients with metastatic cutaneous squamous cell carcinoma (mCSCC).** *Proc ASCO* 2018;**Abstract 9519**.

Rodrigues M et al. **Outlier response to anti-PD1 in uveal melanoma reveals germline MBD4 mutations in hypermutated tumors.** *Nat Commun* 2018;9(1):1866.

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

Tawbi HA et al. **New era in the management of melanoma brain metastases.** *Am Soc Clin Oncol Educ Book* 2018;(38):741-50.

Warner AB, Postow MA. **Combination controversies: Checkpoint inhibition alone or in combination for the treatment of melanoma?** *Oncology (Williston Park)* 2018;32(5):228-34.

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; CheckMate 238 Collaborators. **Adjuvant nivolumab versus ipilimumab in resected stage III or IV melanoma.** *N Engl J Med* 2017;377(19):1824-35.

Wenwen D et al. **TIM-3 as a target for cancer immunotherapy and mechanisms of action.** *Int J Mol Sci* 2017;18(3):645.

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