

Background

- Adjuvant treatment with dabrafenib/trametinib (dab/tram) and anti-PD-1 antibodies (PD1) reduce the risk of recurrence and distant-metastasis in patients with resected stage III melanoma^{1,2,3,4,5}.
- Applying stage and treatment-specific clinical trial data to patients at time points during the course of treatment to inform follow-up and prognostication is difficult.

Objectives

- To develop a web app to guide discussions about risk of recurrence with or without therapy at baseline and during a patient's treatment journey.

Methods

- Individual survival data from patients with resected AJCC v8 stage IIIA-D melanoma treated with adjuvant dab/tram^{1,2}, PD1^{3,4,5} or observation^{1,2,3,4} on clinical trials were extracted from published Kaplan-Meier curves⁶.

Table 1. Patient numbers used to inform conditional RFS rate estimates^{1,3,5}

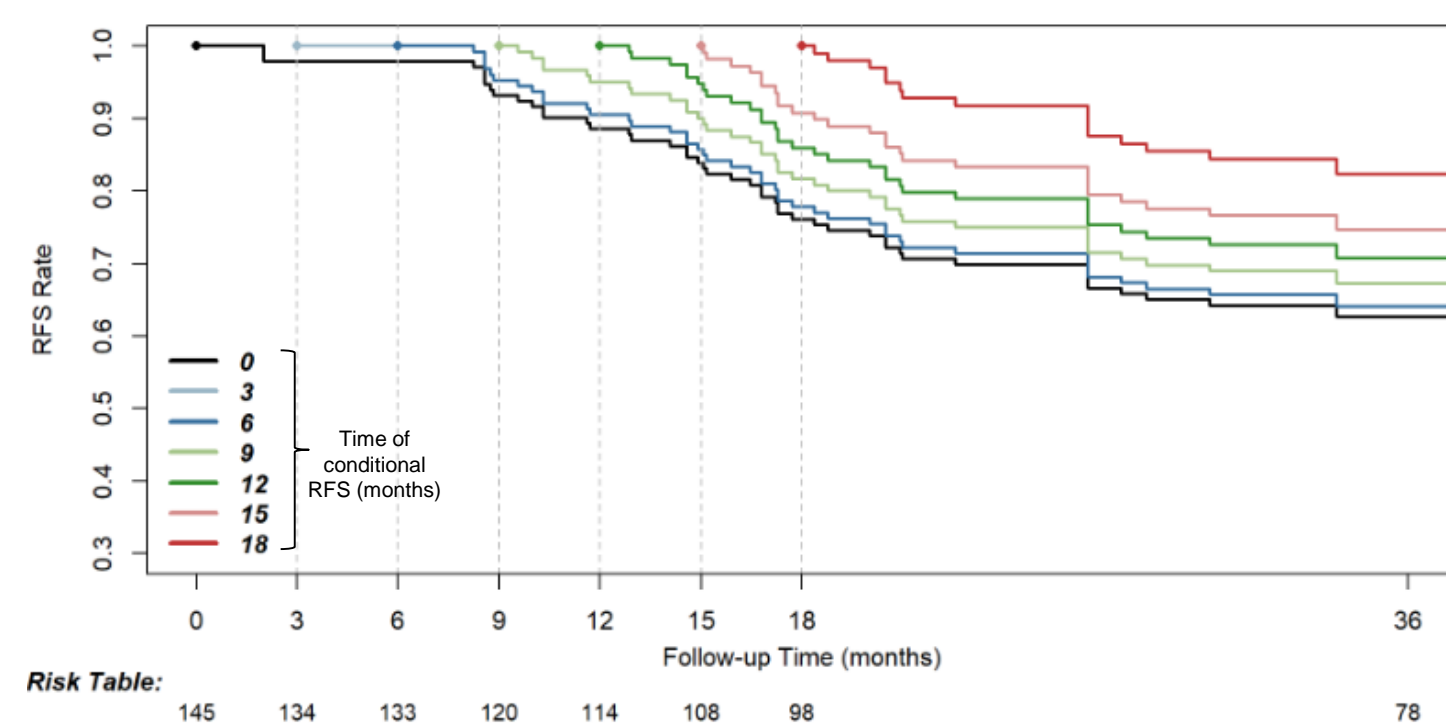
Stage AJCCv8	Dab/ Tram	PD1	Placebo
IIIA	50	45	79
IIIB	145	280	344
IIIC	217	499	453
IIID	22	38	35

Table 2. Patient numbers used to inform conditional DMFS rate estimates^{2,4,5}

Stage AJCCv8	Dab/ Tram	PD1	Placebo
IIIA	39	10	92
IIIB	154	297	308
IIIC	214	468	484
IIID	17	39	42

- This data informed our conditional survival curves and with these results we were able to develop a user-friendly online calculator that provides recurrence risks, adjusted for time survived, for patients with resected stage III melanoma at commencement of therapy as well as at various time points thereafter.
- Below is one example of the dynamic Kaplan-Meier survival estimates used to inform the results of the recurrence risk prediction tool:

Figure 1. RFS estimates for Stage IIIB treated with Dab/Tram



- Risk of recurrence is 37% over median follow up 61mo (95% CI 60-63)
- If recurrence free at 12mo, remaining risk of recurrence is 29% and risk of recurrence over next 6 months is 14%.

Results: Risk Prediction Tool

Input Page

Output Page Example

Once published, tool will be available on <http://www.melanomarisks.org.au>

Conclusions

- This tool provides risks of recurrence in a user-friendly, easy-access location and will help guide discussions about risk of recurrence with or without therapy at baseline and at three-monthly intervals during a patient's treatment journey.
- The tool will help inform frequency of surveillance imaging and follow-up allowing for rationalising of health resources.
- More data will be incorporated as they become available (including for stage II and IV melanoma), further increasing the accuracy and applicability of the tool over time.

References

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