

809P - Outcomes of patients with resected stage III/IV acral or mucosal melanoma treated with adjuvant anti-PD-1 therapy Sarah Jacques¹, Janet McKeown², Piyush Grover², Benjamin Park³, Anne Zaremba⁴, Florentina Dimitriou⁵, Mohamad Farid⁶, Kenjiro Namikawa⁷, Megan Mooradian⁸, Joanna Placzke⁹, Clare Allayous¹⁰, Inderjit Mehmi¹¹,



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Background

- Acral (AM) and mucosal melanomas (MM) are rare melanoma subtypes with studies suggesting lower response rates to anti-PD1 therapy and poorer outcomes in those with advanced disease^{1,2}.
- There is limited data on the efficacy of adjuvant therapy in AM and MM.
- Based on this we hypothesise that adjuvant anti-PD1 based therapy may be less efficacious in melanoma of mucosal or acral origin.

Objectives

- Determine risk of recurrence of resected AM and MM following adjuvant anti-PD-1
- Quantify the effect of adjuvant anti-PD-1 in AM and MM compared to a historical matched cohort.

Methods

- · Retrospective identification of resected stage III or IV melanoma of AM and MM who had received at least one dose of adjuvant anti-PD1
- Data collected from 20 sites across 10 countries
- Historical matched control from Melanoma Institute of Australia database

Results

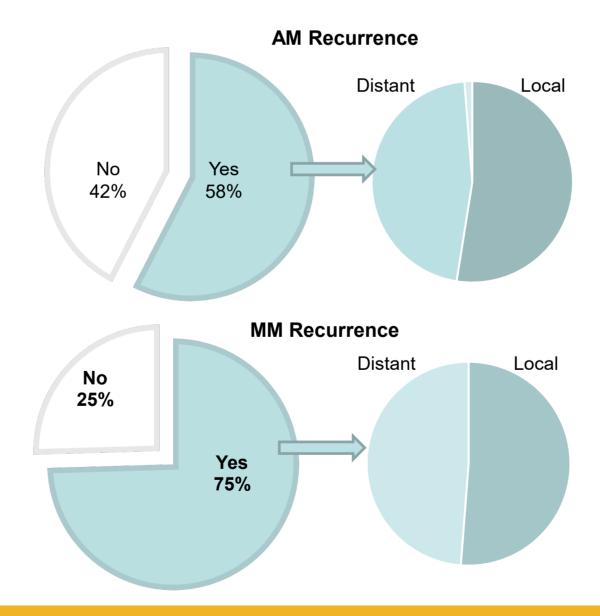
Characteristics Acral Melanoma (N = 139) Mucosal Melanoma (S5) Gender 55) Male 69 (49.6%) 14 (25.5%) Female 70 (50.4%) 41 (74.5%) Age at diagnosis 41 (74.5%) Median (IQR) 65 (56.00 , 71.00) 61 (52.00 , 69.00) Ethnicity 36 (65%) Caucasian 94 (68%) 36 (65%) East Asian 19 (14%) 10 (18%) Southeast Asian 3 (2%) 1 (2%) Polynesian 1 (1%) 1 (2%) Hispanic 8 (6%) 1 (2%)	na (N =			
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Polynesian 1 (1%) Hispanic 8 (6%)				
Hispanic 8 (6%)				
Black 4 (3%)				
Unknown 10 (7%) 5 (9%)				
Stage at commencing treatment*				
IIIA 9 (6.5%) 6 (11%) IIIB 36 (25.9%) 1 (2%)				
IIIC 81 (58.3%) 6 (11%)				
IIID 12 (8.6%) 38 (70%)				
Resected IV 1 (0.7%)				
Site of melanoma				
Palmar 3 (2.2%) Urogenital 27 (49.1%)				
Plantar 97 (69.8%) Anorectal 12 (21.8%)				
Subungual (fingers) 18 (12.9%) Naso-oral 16 (29.1%)				
Subungual (toes) 20 (14.4%) -				
Unknown 1 (0.7%) -				
Breslow thickness (mm)				
Median (IQR) 4.05(2.30, 6.70) 6.00(4.20, 11.00)				
Mitoses				
Median (IQR) 4.00(1.00, 8.00) 13.50(6.00, 20.00)				
Ulceration				
No 46 (33.1%) 14 (25.5%)				
Yes 84 (60.4%) 33 (60.0%)				
Unknown 9 (6.5%) 8 (14.5%)				

^{*}Staging, including for MM as per AJCC 8th edition cutaneous melanoma staging

NOTE: Data and results vary from published abstract based on increased numbers and further analysis

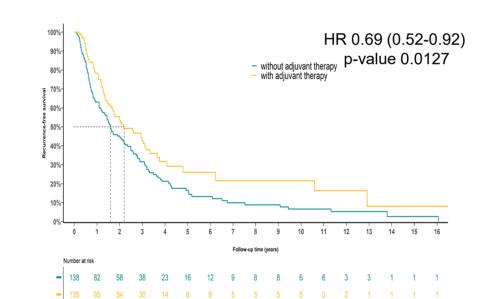
Results

Progress on Adjuvant	Acral Melanoma	Mucosal Melanoma
Median follow up (months)	29.4	21
Length of time on adjuvant (months)		
Mean (SD)	8.1 (4.7)	5.4 (3.7)
Median (range)	9.1 (0.0-32.3)	4.9 (0.0, 12.5)
Missing	18	3
Reason for stopping adjuvant		
Completed rx	45 (32%)	9 (16%)
Recurrence	51 (37%)	30 (55%)
Toxicity	24 (17%)	11 (20%)
Other	6 (5%)	4 (7%)
Unknown	13 (9%)	1 (2%)
Toxicity of adjuvant drug		
No	65 (47%)	27 (49%)
Yes	72 (52%)	26 (47%)
Unknown	1 (1%)	2 (4%)
Worst toxicity grade		
1	24 (32%)	6 (23%)
2	22 (30%)	8 (31%)
3	21 (28%)	10 (38%)
4	6 (8%)	1 (4%)
Unknown	1 (1%)	1 (4%)
Recurrence		
No	59/139 (42.4%)	14/55 (25.5%)
Yes	80/139 (57.6%)	41/55 (74.5%)
Status at last follow-up		
Alive	108/138 (78.3%)	37/55 (67.3%)
Dead	27/138 (19.6%)	18/55 (32.7%)
Lost to follow-up	3/138 (2.2%)	0



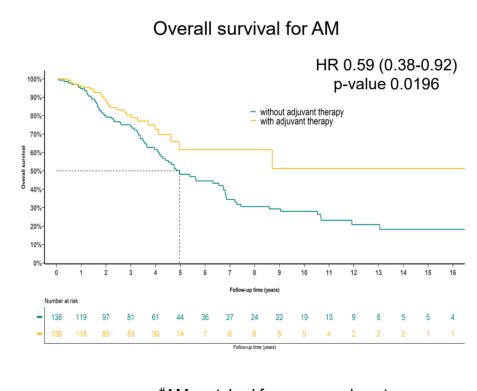
Results: Historical Matching

Acral Melanoma Without adjuvant With adjuvant (matched)# % IIIC/D 67.4 54.3 Median RFS (months) 17.7 (7.3-38.4) 17.7 (9.9-35.2) 1yr landmark RFS 78 (72-86) 63 (55-72) %, (95% CI) 3yr landmark RFS 43 (34-53) 32 (24-41) % (95% CI) **Median DMFS** 35.95 (17.8-60.5) 27.85 (16.2-40.9) (months) 3yr landmark DMFS 78 (70-87) 67 (59-76)



Recurrence-free survival for AM

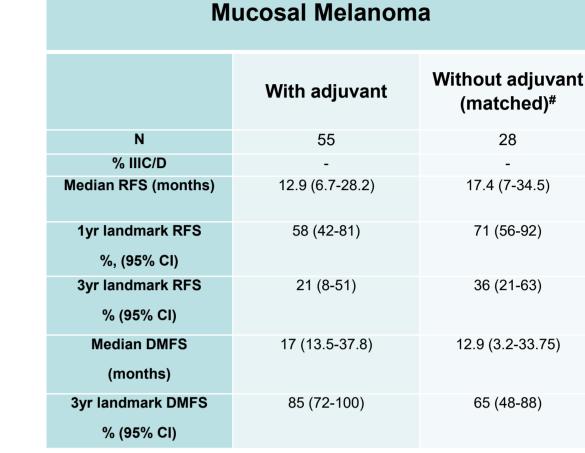
% (95% CI)



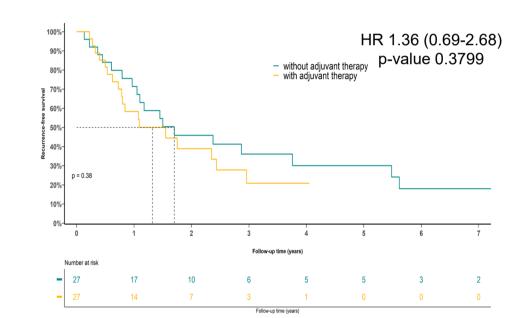
#AM matched for age, gender, stage MM matched for age, gender

Conclusions

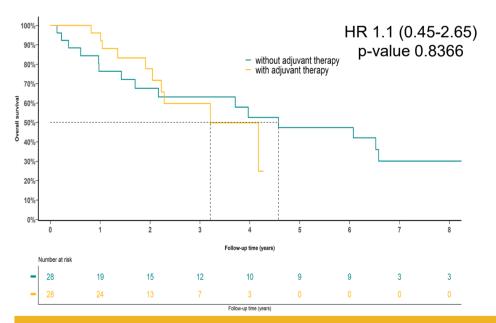
- After adjuvant PD1 both AM and MM have a high risk of recurrence
- Our data suggests that there is a benefit to using adjuvant anti-PD-1 therapy in resected acral melanoma
- There is no clear benefit of adjuvant anti-PD-1 in resected mucosal melanoma. The MM numbers in our cohort are small but these findings are consistent with signals in recently published phase II data³.



Recurrence-free survival for MM



Overall survival for MM



References

- Dimitriou, F., et al. "1049P Clinical models to predict response in mucosal melanoma (MM) patients (pts) treated with anti-PD-1 (PD1) or combined with ipilimumab (PD1+IPI)." Annals of Oncology 32: S877-S878.
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- Lian B, et al., Toripalimab (anti-PD-1) versus High-Dose Interferon-α2b as Adjuvant Therapy in Resected Mucosal Melanoma: A Phase II Randomized TrialAnnals of Oncology

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