**Background**

- Nivolumab (NIVO), a programmed death-1 (PD-1) immune checkpoint inhibitor, has demonstrated durable responses and long-term survival benefits and is approved globally for use as monotherapy in a variety of cancer types, including advanced melanoma.

- Patients with cancer and healthcare professionals have shown a marked preference for subcutaneous (SC) over intravenous (IV) administration:
  - SC dosing reduces treatment burden by alleviating the need for IV ports, shorter dose preparation and administration times, and reduced risk of infusion-related adverse events.
  - SC dosing also reduces the potential for extracorporeal coagulation caused by IV administration, which can be associated with reduced treatment adherence.

- An SC formulation of NIVO, co-formulated with recombinant human hyaluronidase PH20 enzyme (rHuPH20), is currently under development for increased bioavailability and improved efficacy.

- The primary objective of the study is to demonstrate the noninferiority of the PK profile of SC NIVO, co-formulated with rHuPH20, compared to intravenous NIVO in patients with unresected stage IIIA/B-C melanoma.

**Study design**

- CheckMate 6G (NCT03656718) is a multi-center, randomized, open-label, phase 3 study evaluating the PK noninferiority of SC NIVO, co-formulated with rHuPH20, to IV NIVO in patients with unresected stage IIIA/B-C melanoma.

- Men and women ≥ 18 years of age with histologically confirmed melanoma that is completely surgically resected or unresectable with negative margins are eligible for inclusion.

- The key eligibility criteria include:
  - Histologically confirmed melanoma that is completely surgically resected or unresectable with negative margins.
  - No prior immunotherapy, chemotherapy, targeted therapy, or other systemic therapy for melanoma.
  - No evidence of active second malignancy, serious or other uncontrolled medical disorders, abnormal laboratory values, or other criteria.

**Primary objective**

- To demonstrate PK noninferiority of SC NIVO versus IV NIVO, as measured by time-averaged serum concentration over the first 28 days (comparing IV NIVO and SC NIVO + rHuPH20).

**Table 1. Eligibility criteria**

<table>
<thead>
<tr>
<th>Inclusion criteria</th>
<th>Exclusion criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients with histologically confirmed melanoma that is completely surgically resected or unresectable with negative margins</td>
<td>History of or current active melanoma</td>
</tr>
<tr>
<td>No prior immunotherapy, chemotherapy, targeted therapy, or other systemic therapy for melanoma</td>
<td>Untreated, symptomatic CNS metastases, or leptomeningeal metastases</td>
</tr>
<tr>
<td>No evidence of active second malignancy, serious or other uncontrolled medical disorders, abnormal laboratory values, or other criteria</td>
<td>An active, known, or suspected autoimmune disease</td>
</tr>
</tbody>
</table>

**Key eligibility criteria**

- Stage IIIA/B-C/D/E melanoma
- Histologically confirmed melanoma that is completely surgically resected or unresectable with negative margins
- No prior immunotherapy, chemotherapy, targeted therapy, or other systemic therapy for melanoma
- No evidence of active second malignancy

**Figure 1. CheckMate 6G study design**

**Table 2. Study endpoints**

| Primary endpoints | 
|-------------------|---|
| Time-averaged serum concentration over the first 28 days (Cavgd28) | Minimum serum concentration at steady state (Cmin28) |

**References**

5. Lonardi S, et al. Poster presentation at the ESMO 2022 Congress; September 9–13, 2022; Paris, France. Poster 739P.
7. DENT S, et al. Poster presentation at the ESMO 2022 Congress; September 9–13, 2022; Paris, France. Poster 739P.