

37-P: First-line BRAF/MEK-inhibitors versus anti-PD-1 monotherapy in BRAF^{V600}-mutant advanced melanoma patients: a propensity-matched survival analysis

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Background

Anti-PD-1 antibodies and BRAF/MEK inhibitors are the two main groups of systemic therapy in the treatment of BRAF^{V600}-mutant advanced melanoma. Until now, data is inconclusive on which therapy to use as first-line treatment.

Objective

The aim of this study was to use propensity score matching to compare first-line anti-PD-1 monotherapy vs. BRAF/MEK inhibitors in advanced BRAF^{V600}-mutant melanoma patients.

Patients and methods

Design: Retrospective analysis of a prospective national cohort study **Inclusion:**

Patients diagnosed with unresectable stage IIIc or IV melanoma and registered in the Dutch Melanoma Treatment Registry (DMTR) with a known BRAF^{V600} mutation who received first-line systemic therapy of BRAF/MEK inhibitors or anti-PD-1 monotherapy

Exclusion: Mucosal and uveal melanoma **Primary outcome:** Overall Survival (OS)

Analysis:

Multivariable logistic regression to estimate propensity scores.
 Multivariable Cox proportional-hazards model to assess factors associated with OS. Patients were matched based on their propensity scores using the nearest neighbour and the optimal matching method.

Results

Cohort: 330 first-line BRAF/MEK inhibitors and 254 first-line anti-PD-1 antibodies (Figure 1)

Matched cohort: 155 BRAF/MEK inhibitors and 155 first-line anti-PD-1 antibodies (Figure 2)

Table 1. Comparison of baseline characteristics of patients receiving BRAF/MEK inhibitors or anti-PD-1 as a first-line treatment in the original sample and the matched sample

		Original sample			Nearest neighbour matched sample		
		BRAF/MEK	Anti-PD-1	p-value	BRAF/MEK	Anti-PD-1	SMD
		(N = 330)	(N = 254)		(N = 155)	(N = 155)	
Age, median (range)		59 (1991)	62 (22-87)	0.177	62 (19-91)	62 (25-87)	0.027
Gender	Male	178 (53.9)	145 (57.1)	0.500	81 (52.3)	81 (52.3)	<0.001
ECOG performance status	0-1	254 (77.0)	232 (91.3)	<0.001	144 (92.9)	144 (92.9)	<0.001
	≥2	76 (23.0)	22 (8.7)		11 (7.1)	11 (7.1)	
LDH	Not determined/ Normal	164 (49.7)	197 (77.6)	<0.001	108 (69.7)	108 (69.7)	<0.001
	250-500U/L >500 U/L	108 (32.7) 58 (17.6)	55 (21.7) 2 (0.8)		45 (29.0) 2 (1.3)	45 (29.0) 2 (1.3)	
Stage (7 th edition AJCC)	Unresectable IIIc IV-M1a IV-M1b IV-M1c	15 (4.5) 13 (3.9) 13 (3.9) 289 (87.6)	14 (5.5) 29 (11.4) 40 (15.7) 171 (67.3)	<0.001	10 (6.5) 13 (8.4) 12 (7.7) 120 (77.4)	10 (6.5) 13 (8.4) 12 (7.7) 120 (77.4)	<0.003
Brain metastases	No Yes. asymptomatic Yes. symptomatic	192 (58.2) 42 (12.7) 96 (29.1)	207 (81.5) 24 (9.4) 23 (9.1)	<0.001	120 (77.4) 15 (9.7) 20 (12.9)	120 (77.4) 15 (9.7) 20 (12.9)	<0.001
Liver metastases	Yes	112 (33.9)	54 (21.3)	<0.001	34 (21.9)	34 (21.9)	
Organ sites	0-2 ≥3	134 (40.6) 196 (59.4)	146 (57.5) 108 (42.5)	0.001	86 (55.5) 69 (44.5)	83 (53.5) 72 (46.5)	<0.001
Immunomodulating agents		88 (26.7)	30 (11.8)		21 (13.5)	21 (13.5)	<0.001

Second-line therapy

Table 2. Subsequent therapies after receiving first-line BRAF/MEK inhibitors or anti-PD-1, therapies mutually exclude each other.

Second-line systemic treatment	BRAF/MEK inhibitors	Anti-PD-1	BRAF/MEK inhibitors	Anti-PD-1	p-value
Total (N = (%))	173 (52.4)	141 (52.5)	80 (51.6)	87 (56.1)	<0.001
Anti-PD-1	76 (43.9)	0 (0.0)	32 (40.0)	0 (0.0)	
BRAF/MEK inhibitors	1(0.6)	105 (74.5)	0 (0.0)	64 (63.1)	
BRAF-inhibitors	0 (0.0)	14 (9.9)	0 (0.0)	9 (11.9)	
Ipilimumab	8 (4.6)	15 (10.6)	6 (7.5)	10 (11.9)	
Ipilimumab + nivolumab	80 (46.2)	1(0.7)	39 (48.8)	1 (1.2)	
Other treatment	8 (4.6)	3 (2.1)	3 (3.8)	2 (3.6)	
Trial medication	0 (0.6)	3 (2.1)	0 (0.0)	2 (7.1)	

More information?

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The first author, J. van Breeschoten, does not have any conflict of interest to declare

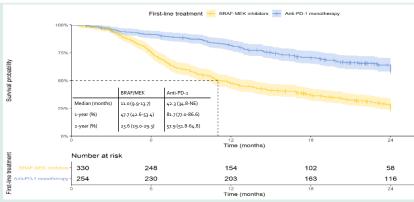


Figure 1. Kaplan-Meier estimates of OS of 1st line BRAF/MEK inhibitors vs. anti-PD-1. Confidence interval is displayed by the shadow of both curve

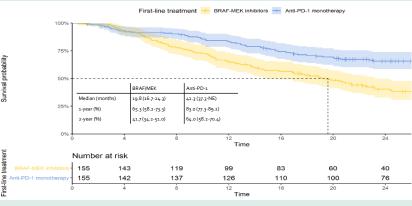


Figure 2. Kaplan-Meier estimates of OS for the nearest neighbour matched cohort. Confidence interval is displayed by the shadow of both curves.

Conclusion

Our data suggest that in the matched BRAF^{V600}-mutant advanced melanoma patients, anti-PD-1 monotherapy is the preferred first-line treatment in patients with relatively favourable patient and tumour characteristics.