

Background

> The randomized, open-label, phase III NIBIT-M2 study showed a 41% 5-year overall survival (OS) of melanoma patients (pts) with asymptomatic brain metastases (BM) treated with ipilimumab plus nivolumab (1).

> In spite of the significant efficacy of ipilimumab combined with nivolumab, no data are available on patient-reported outcomes (PROs) and Health-Related Quality of Life (HRQoL) in this patient population.

Patients and Methods

> **Target population:**

- Age ≥ 18 years
- Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1
- BRAF-WT or mutant melanoma, with active, untreated, asymptomatic BM (diameter, 5–20 mm)
- No prior therapy for stage IV melanoma
- Life expectancy ≥12 weeks
- Patients enrolled between January 2013 and September 2018 (9 Centers in Italy)

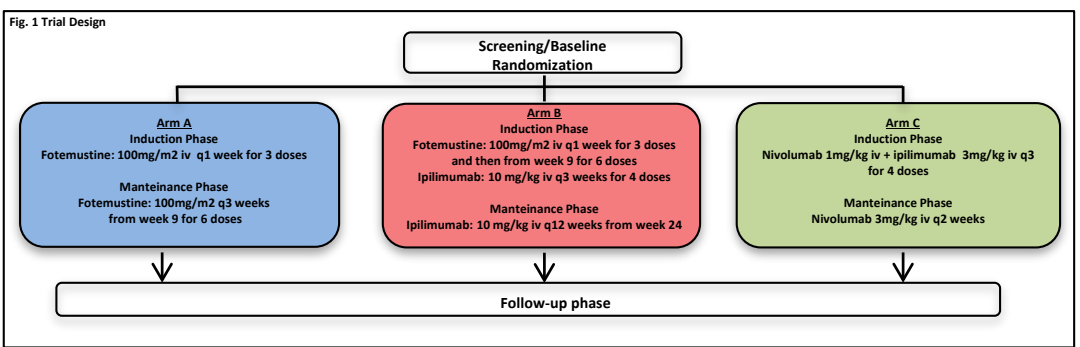
> **Treatment administration:**

- Randomization (1:1:1) to fotemustine (Arm A), ipilimumab plus fotemustine (Arm B), or ipilimumab plus nivolumab (Arm C) (Fig.1)
- **Primary Endpoint:**

 - OS

- **Secondary endpoints:**

 - ORR, DCR, time to response and duration of response, intracranial and extracranial PFS
 - Quality of life → PROs were assessed at week W1 and W12 using the European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire (QLQ)-C30 Version 3.



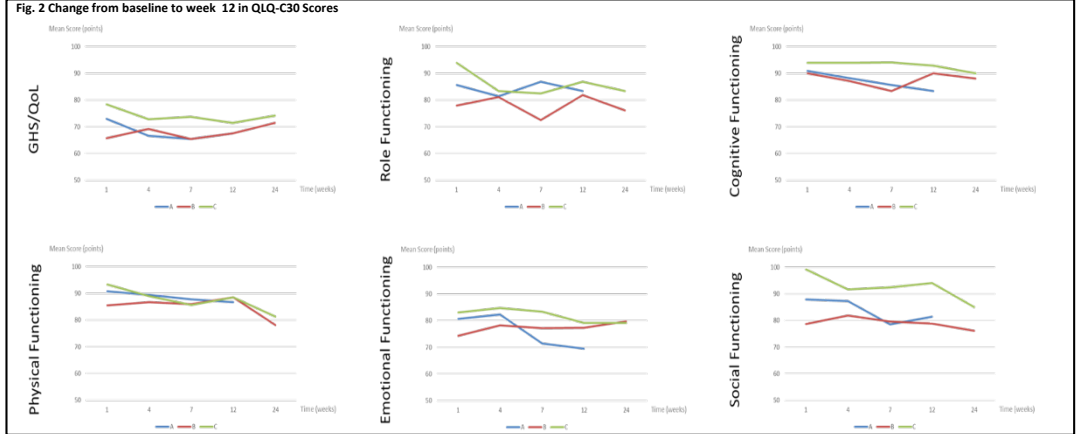
Results

- 80 pts were enrolled and 76 received treatment → 23 pts in Arm A, 26 in Arm B and 27 in Arm C
- 72 pts completed a baseline QLQ-C30 questionnaire, and 34 pts completed it at W12
- Compliance rates were 95% at baseline and 45% at W12
- No statistically significant differences were observed in global health score (GHS) and most functional scales were preserved from baseline to W12 (Tab. 1)
- A lower decrease in the mean QLQ-C30 scores was recorded from baseline to W12 in pts in Arm C (Fig. 2)
- Notably, when assessing as clinically meaningful a variation in GHS of 10-point, a worsening ≥10-point was observed in 44% of patients for Arm A and B and in 29% for Arm C (Fig. 2)

Tab. 1 Change From Baseline to week 12 in QLQ-C30 Scores

	Arm A (N = 22)	Arm B (N = 25)	Arm C (N = 25)
GHS/QoL	-7.9% (74 to 67)	-5.8% (78 to 64)	-7.1% (77 to 71)
Physical functioning	-9.4% (94 to 86)	-7.7% (93 to 86)	-6.1% (94 to 89)
Role functioning	-14.4% (98 to 83)	-13.3% (93 to 80)	-6.2% (93 to 87)
Emotional functioning	-14.1% (78 to 69)	-4.3% (79 to 75)	+11.1% (80 to 79)
Cognitive functioning	-10.4% (94 to 83)	-3.3% (94 to 89)	-2.1% (96 to 93)
Social functioning	-14.1% (96 to 81)	-12.3% (88 to 77)	-6.9% (100 to 93)

For GHS/QoL and functional scales, a positive score indicates improvement.



Conclusions

HRQoL was comprehensively preserved in all treatment arms of the NIBIT-M2 study. Treatment with ipilimumab plus nivolumab in melanoma pts with asymptomatic BM led to a lower decrease in the mean QLQ-C30 scores as compared to pts treated with ipilimumab and fotemustine and fotemustine alone.

References

(1) Di Giacomo AM, Chiarion-Sileni V, Del Vecchio M, et al. Primary Analysis and 4-Year Follow-Up of the Phase III NIBIT-M2 Trial in Melanoma Patients With Brain Metastases. Clin Cancer Res. 2021;27(17):4737-4745.