COLUMBUS was a 2-part, phase 3, randomized, open-label study of combination therapy in BRAF-mutant melanoma.

**Methods**

**Study Design**

- **COLUMBUS** was a 2 part, phase 3, randomized, open-label study of combination therapy in BRAF-mutant melanoma. Among 577 patients enrolled, 192 were randomized to the COMBO450 arm (encorafenib 450 mg QD, plus binimetinib 45 mg BID), 191 to the ENCO300 arm (encorafenib 300 mg QD, plus binimetinib 45 mg BID) and 194 to the VEM arm (vemurafenib 960 mg BID).

**Patients**

- **Population**: Adults (age ≥18 years) with unresectable or metastatic BRAF V600-mutant melanoma.
- **Inclusion Criteria**: Untreated or progressed on/after prior first-line immunotherapy for BRAF V600-mutant melanoma.
- **Exclusion Criteria**: Prior first-line immunotherapy replaced BRAF mutation status as a stratification factor after protocol amendment 2.

**Key Inclusion Criteria**

- Age ≥18 years
- Histologically confirmed unresectable or metastatic melanoma
- BRAF V600-mutant
- The number of patients with BRAF V600-mutant disease, confirmed by central pathology
- Adequate organ and/or bone marrow function
- AECG ≤ 2
- ECOG ≤ 2

**Resource Utilization Analysis**

- **Resource utilization was estimated by assuming a normal distribution.**
- **Duration of hospitalization** was estimated by dividing the number of patients with a hospitalization by the total time on study drug. **Duration of study drug** was estimated by subtracting the total duration of hospitalization from the total time on study drug.
- **Time to onset of first hospitalization** was determined by the Kaplan-Meier method.

**Results**

- **Compared with the VEM arm, COMBO450 was associated with fewer AE-related hospitalizations** and hospitalization rates in COLUMBUS Part 1: A Phase 3 Trial of Encorafenib Plus Vemurafenib or Encorafenib Monotherapy in BRAF-Mutant Melanoma

**Conclusions**

- In the COLUMBUS trial, total exposure to study drug was higher in the COMBO450 arm vs the ENCO300 or VEM arms.
- After adjusting for exposure to study drug, COMBO450 was associated with fewer all-cause and AE-related hospitalizations compared with ENCO300 or VEM.
- Moreover, the median time to first hospitalization was longer, and the exposure-adjusted length of stay was shorter, with COMBO450 arm compared with ENCO300 or VEM.

**DISCLOSURES**

- **WBG** and **B7** are employees of Roche and have ownership interest in Roche.
- **AA** is employed by Roche and has ownership interest in Roche.
- **CR** is a consultant for Roche, Novartis, BMS, MSD, and Amgen.
- **CR** is a consultant for Roche, Novartis, Amgen, MSD, and BMS; research funding from Roche.
- **MM** is a consultant for Novartis, GSK, BMS, MSD, and Roche; honoraria from Novartis, Roche, and BMS.
- **HJG** is a consultant for Roche, BMS, MSD, Novartis, and Amgen.
- **AA** is a consultant for Novartis, Roche, MSD, and BMS; research funding from Roche and BMS.
- **LW** is a consultant for Roche, and has ownership interest in Roche.
- **SAS** is a consultant for Novartis, MSD, and BMS; research funding from Novartis.
- **WNC** is a consultant for Roche, MSD, and BMS; research funding from Roche and BMS.
- **AA** is a consultant for Novartis, Roche, MSD, and BMS; research funding from Roche and BMS.

**REFERENCES**


**Figure 1**: Study Design

**Figure 2**: Number of Patients With a First Hospitalization per 100 Patient-Months of Exposure to Study Drug

**Figure 3**: Days of Hospitalization per 100 Patient-Months of Exposure

**Table 1**: Patient Demographics and Baseline Characteristics

**Table 2**: Time to Onset of First Hospitalization

**Available at:** https://journals.sagepub.com/doi/10.1177/10673296221031907

**Published by:** Journal of Managed Care & Speciality Pharmacy (JMCSP)

**ISSN:** 1067-3296

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