Quality of Life in COLUMBUS Part 1: A Phase 3 Trial of Encorafenib Plus Binimetinib vs Vemurafenib or Encorafenib Monotherapy in BRAF-Mutant Melanoma

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INTRODUCTION

BRAF mutation status is a key determinant of clinical outcomes in melanoma.1 BRAF inhibitors, such as vemurafenib and dabrafenib, generally provide durable, disease-related quality-of-life (QoL) benefits in patients with BRAF-mutant melanoma. However, the QoL implications of adding MEK inhibition to BRAF inhibition are not well understood.1–4 The COMBO450 regimen (encorafenib 450 mg once daily + binimetinib 45 mg twice daily) and the ENCO300 regimen (encorafenib 300 mg once daily) are the first randomized trials to study the QoL of patients with BRAF-mutant melanoma treated with a combination of BRAF and MEK inhibition vs BRAF inhibition alone.

METHODS (continued)

RESULTS (continued)

Table 2. Patients Compliant on FACT-M GQ Through Cycle 10

Patient M
gQ, FAC
t-M GQ, FACT-M subscales

ENCO300

VEM

COMBO450

FACT-M Melanoma Subscale

Patients with measurable disease (n=191)

Mean (SEM) change from baseline at cycle 7, 15

Patient M
gQ, FAC
t-M GQ, FACT-M subscales

ENCO300

VEM

COMBO450

FACT-M Melanoma Subscale

At cycle 7 (after approximately 6 months of treatment), mean (SEM) changes from baseline were 1.53 (2.08), −2.69 (2.16), and −5.68 (2.29) in the COMBO450, ENCO300, and VEM arms, respectively.

At cycle 15 (after approximately 1 year of treatment), mean (SEM) changes from baseline were 0.40 (0.96), −2.33 (0.94), and −1.72 (1.8) in the COMBO450, ENCO300, and VEM arms, respectively.

CONCLUSIONS

Patients treated with COMBO450 or ENCO300 had better QoL improvement compared with VEM. Patients treated with COMBO450 achieved higher HRQoL levels at baseline and had better improvement over time than those treated with ENCO300 or VEM. Time to definitive deterioration on the FACT-M melanoma subscale and EORTC QLQ-C30 global health status was higher in the COMBO450 than in the ENCO300 or VEM arm. Patients treated with COMBO450 had higher HRQoL levels overall and at higher HRQoL levels than patients treated with ENCO300 or VEM. A high LDH level is a strong independent predictor of shorter survival among patients with unresectable, metastatic melanoma, providing greater inhibition of the mitogen-activated protein kinase (MAPK) vs BRAF monotherapy with encorafenib or vemurafenib.

REFERENCES


DISCLOSURES

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