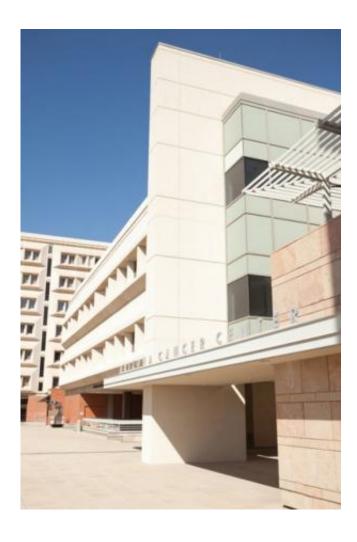


Cancer drug improves survival in patients with metastatic melanoma

November 14 2012, by Sara Hammond



The University of Arizona Cancer Center.

(Medical Xpress)—Results of a University of Arizona Cancer Center's scientist-led clinical trial show that a drug already approved for breast



and lung cancer improved progression-free survival in patients with metastatic melanoma.

The findings of the Phase III study of nab-paclitaxel, brand name Abraxane, therapy compared to standard dacarbazine therapy were presented at the Society for Melanoma Research in California Nov. 11.

Dr. Evan Hersh, a professor of medicine at the UA College of Medicine, said the UACC was the site of the initial Phase I and II studies when researchers first detected activity of nab-paclitaxel in melanoma patients. The drug, originally developed by Abraxis BioScience, later was acquired by Celgene Corporation. Hersh said he chaired a Phase II study, which showed activity in patients that had one or two previous treatments for their melanoma as well as others who had a more intensive treatment for their disease. Hersh then chaired the Phase III study with Celgene.

Melanoma is the most serious form of <u>skin cancer</u>, and while it occurs less often than non-melanoma skin cancers, it causes more deaths. There have been no <u>chemotherapy drugs</u> approved for <u>metastatic melanoma</u> since 1975; however, there has been considerable progress with so-called targeted therapy and with immunotherapy.

"Metastatic melanoma presents significant treatment challenges due in part to limited therapies, low <u>survival rates</u> at diagnosis and no advances in chemotherapy in 37 years," Hersh said. "Despite advances with targeted treatment and immunotherapies, there is still a need for new agents including chemotherapy treatments for patients with metastatic melanoma as the long term survival of patients with metastatic disease is poor."

In the Phase III study, a randomized, open-label multicenter multinational study, nab-paclitaxel showed a statistically significant



improvement in median progression-free survival in chemotherapy-naïve patients with metastatic melanoma compared to patients receiving dacarbazine chemotherapy (4.8 versus 2.5 months). An interim analysis of overall survival, the secondary endpoint, shows a trend in favor of the nab-paclitaxel arm compared to treatment with <u>dacarbazine</u> (12.8 and 10.7 months, respectively).

Hersh said it is hoped that nab-<u>paclitaxel</u> and other agents under development will eventually provide a major improvement in the survival of melanoma patients with spread throughout the body.

The melanoma program of the UACC consists of a team of medical, dermatological, surgical and radiation oncologists as well as a group of basic scientists who are devoted to development of an improved understanding, prevention and treatment of all stages of malignant melanoma.

Provided by University of Arizona

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