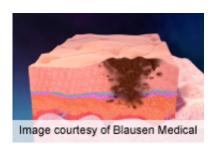


Treatments show promise in metastatic melanoma

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(HealthDay)—In metastatic melanoma, nivolumab improves overall and progression-free survival versus dacarbazine, and dabrafenib plus trametinib improves survival versus vemurafenib monotherapy, according to two studies published online Nov. 16 in the *New England Journal of Medicine*.

Caroline Robert, M.D., Ph.D., from Goustave Roussy and INSERM Unité 981 in Paris, and colleagues randomized 418 previously untreated patients with metastatic melanoma without a *BRAF* mutation to receive nivolumab and dacarbazine-matched placebo or dacarbazine and nivolumab-matched placebo. The researchers found that the overall rate of <u>survival</u> at one year was 72.9 percent in the nivolumab group and 42.1 percent in the dacarbazine group (hazard ratio for death, 0.42; P dacarbazine groups, respectively (hazard ratio for death or progression of disease, 0.43; P



In a second study, Robert and colleagues conducted an open-label phase 3 trial involving 704 patients with metastatic melanoma with a *BRAF* V600 mutation. Patients were randomized to receive dabrafenib and trametinib or vemurafenib as first-line therapy. The researchers found that the overall survival rate at 12 months was 72 percent in the combination-therapy group versus 65 percent in the vemurafenib group (hazard ratio for death, 0.69; P = 0.005) at the preplanned interim analysis. The study was stopped for efficacy in July 2014. The median progression-free survival was 11.4 and 7.3 months in the combination-therapy and vemurafenib groups, respectively (hazard ratio, 0.56; P

"The combination of dabrafenib plus trametinib was superior to vemurafenib monotherapy with regard to all efficacy end points," the authors of the second study write.

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More information: Abstract 1

Full Text
Abstract 2
Full Text

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