

Combo immunotherapy for advanced melanoma: Two therapies may be better than one

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A new metastatic melanoma study suggests that a combination of two immunotherapies may be better than one:

- One [treatment](#) uses a patient's own T cells modified in the lab to more powerfully recognize and attack tumors;
- The other treatment, a "checkpoint inhibitor," releases the brakes on the body's natural immune system.

Researchers at Fred Hutchinson Cancer Research Center in Seattle say the study, conducted between 2011 and 2013, "opens the door" to more studies of combination immunotherapy to fight metastatic melanoma and possibly other cancers.

The findings will appear in the *Journal of Clinical Oncology* and are embargoed until Monday, June 6 at 4 p.m. ET.

KEY FINDINGS:

Of 10 [study participants](#):

- three experienced disease progression
- three had their disease stabilize
- two had a partial response before the disease progressed and metastasized

- two experienced complete remission
- Five of the 10 were still alive three to five years after starting the treatment. In 2011, when the study began, [patients](#) with [metastatic melanoma](#) faced an average survival time that could be measured in months.
- With only 10 patients in the trial, definitive conclusions cannot be reached. But one of the patients—whose case study was recently published in the *Journal of Experimental Medicine*—had previously received a checkpoint inhibitor and an earlier version of T-cell therapy. Neither treatment had worked independently, but the combination approach - which included newer T-cell technology—apparently drove the cancer into remission.

"This suggests that you can probably 'rescue' patients who do not respond to one form of treatment by doing combinations," says Dr. Aude Chapuis, first author, a medical oncologist and an adult hematopoietic stem cell transplant (HCT) physician with a strong background in immunology and adoptive T-cell transfer studies in humans.

Provided by Fred Hutchinson Cancer Research Center

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