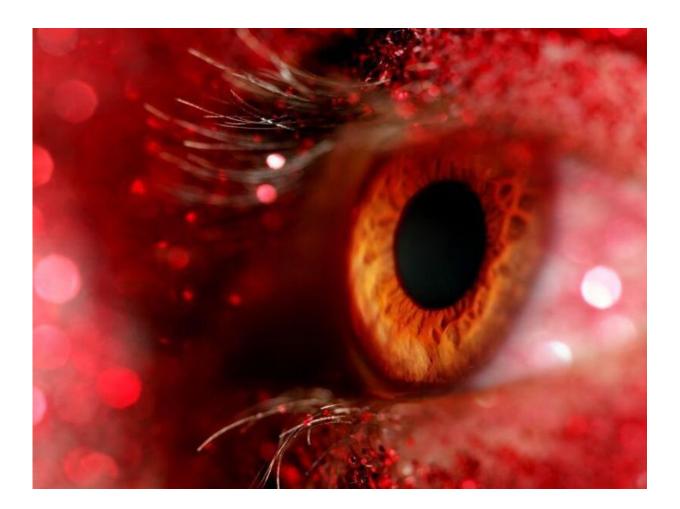


Determinants of overall survival in metastatic uveal melanoma identified

July 13 2023, by Elana Gotkine



Factors associated with improved survival in metastatic uveal melanoma



include female sex and use of anti-cytotoxic T lymphocyte-associated antigen (CTLA)-4 and anti-programmed cell death protein 1 (PD-1) therapies, according to research published online June 29 in *Cancer*.

Patrick Demkowicz, from the Yale University School of Medicine in New Haven, Connecticut, and colleagues conducted a retrospective review of metastatic uveal melanoma patients at Yale (initial cohort) and Memorial Sloan Kettering (validation cohort). Eighty-nine patients were identified, including 71 and 18 in the initial and validation cohorts, respectively.

The researchers found better <u>survival outcomes</u> in association with female sex, anti-CTLA-4 therapy, and anti-PD-1 therapy, with adjusted hazard ratios for death of 0.40, 0.44, and 0.42, respectively; development of hepatic metastases and Eastern Cooperative Oncology Group (ECOG) Performance Status Scale score ≥ 1 were associated with worse survival (hazard ratios, 2.86 and 2.84, respectively). After adjustment for sex and ECOG score, use of immune checkpoint inhibitors was associated with improved overall survival, with hazard ratios for death of 0.22 and 0.04, respectively.

"Metastatic uveal melanoma patients face limited treatment options and poor survival rates," the authors write. "Our findings suggest that <u>immune checkpoint inhibitors</u> may provide a viable treatment option for patients with metastatic uveal <u>melanoma</u>."

More information: Patrick Demkowicz et al, Determinants of overall survival in patients with metastatic uveal melanoma, *Cancer* (2023). DOI: 10.1002/cncr.34927

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