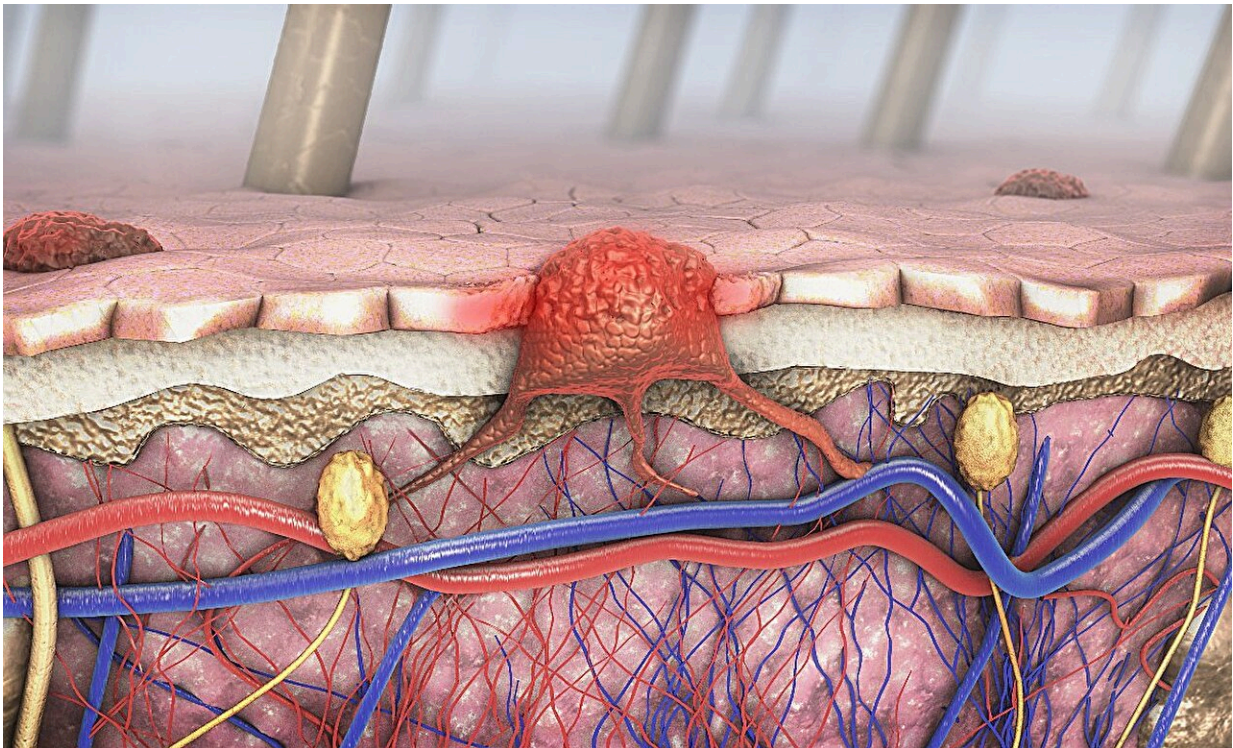


Nonsignificant survival benefit seen for dabrafenib, trametinib in melanoma

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For patients with resected stage III melanoma, adjuvant therapy with dabrafenib plus trametinib is associated with a nonsignificant benefit in terms of overall survival, according to a study [published](#) in the *New England Journal of Medicine*.

Georgina V. Long, M.D., Ph.D., from the University of Sydney, and colleagues randomly assigned 870 patients with resected stage III [melanoma](#) with BRAF V600 [mutations](#) to receive 12 months of [dabrafenib](#) plus trametinib or two matched placebos. The median duration of follow-up was 8.33 and 6.87 years for dabrafenib plus trametinib and placebo, respectively.

The researchers found that for overall survival, the Kaplan-Meier estimates favored dabrafenib plus trametinib over placebo, but the benefit was not significant (hazard ratio, 0.80; 95% confidence interval, 0.62 to 1.01; P = 0.06). Across several prespecified subgroups, a consistent survival benefit was seen, including among 792 patients with melanoma with a BRAF V600E mutation (hazard ratio for death, 0.75; 95% confidence interval, 0.58 to 0.96). Significant benefits were also seen for dabrafenib plus trametinib versus placebo for relapse-free survival (hazard ratio for relapse or death, 0.52; 95% confidence interval, 0.43 to 0.63) and for distant metastasis-free survival (hazard ratio for distant metastasis or death, 0.56; 95% confidence interval, 0.44 to 0.71). There were no new reports of safety signals.

"Whether or how therapies administered after relapse may have reduced the effect of [adjuvant therapy](#) on overall survival is unclear," the authors write.

More information: Georgina V. Long et al, Final Results for Adjuvant Dabrafenib plus Trametinib in Stage III Melanoma, *New England Journal of Medicine* (2024). [DOI: 10.1056/NEJMoa2404139](https://doi.org/10.1056/NEJMoa2404139)

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