

PATTERNS OF DISEASE PRESENTATION, TREATMENT CHOICES AND SURVIVAL IN REAL WORLD FOR PATIENTS DIAGNOSED WITH ADVANCED MELANOMA: A PROSPECTIVE OBSERVATIONAL STUDY BY SPANISH MELANOMA GROUP (GEM-1801)

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Background: In the past decade, melanoma treatment has improved due to the advances in targeted therapy and immunotherapy. There are few data, however, about the treatment elections and the outcomes of the patients in the real world setting, specifically in a prospective manner.

Methods: GEM1801 is a prospective cohort study that analyses the clinical and pathological disease presentation patterns, the different lines of treatment choices and the health outcomes derived from these treatments in 400 patients (pts) diagnosed with resected stage III (N=47) and irresectable III/IV melanoma

(N=353). Here we focus on the patients diagnosed with advanced melanoma and the first line (1L) treatments.

Results: Pts diagnosed after Jan 2018 were included from 35 hospitals in 15 different Spanish regions (recruitment Aug 2018 to Aug 2019). A survival cutoff was made by January 2020. 55.2% pts were male; median age was 65.1 (23.3-95.2). 66% were cutaneous, 5.4% acral, 2.8% uveal, 17.3% non disclosed and 4.2% were classified as “other” subtypes. According to AJCC 8th edition, 9.3% were unresectable IIIB/C/D and 90.7% IV (27.5% A, 16.6% B, 37.5% C and 18.4% D). ECOG was 0-1 in 85%; LDH levels were available in 282 pts (79.9%), being normal in 61.7%, >1x to 2x ULN in 29.8% and >2x ULN in 8.5%. BRAF was evaluated in 344 pts (97.5%), being 52.9% mutated. Median survival follow up was 9.7 months (0.2-24) with 73.9% patients alive at time of analysis (over 345 pts with data available). Median overall survival was not reached, with a median follow up of 9.7 months (0.2-24.0). 72.2% of pts were alive at the time of analysis. Table summarize the 1L options according to BRAF status in the 326 pts with data available (17 received no systemic treatment and in 10 was unknown).

BRAF (%)	N	1L TARGETED THERAPY (TT) N (%)	1L IMMUNOTHERAPY (IT) (%)	1L IT Mono vs Combo N (%)	CLINICAL TRIAL N (%)	CHEMOTHERAPY N(%)
NATIVE	(N=146)	0	122 (83.6)	110 (90.1) vs 12 (9.9)	23 (15.7)	1 (0.7)
MUTANT	(N=173)	113 (65.3)	43 (24.8)	38 (88.4) vs 5 (11.6)	17 (9.8)	1 (0.6)
UNKNOWN	(N=7)	0	4 (57.1)	3 (75%) vs 1 (25%)	0	3 (33.3)

Conclusions: this study reflects real world data in a representative cohort of pts with melanoma in Spain. Survival results, pending on more follow up, could be considered consistent with the results of modern clinical trials. TT is the most frequent 1L choice in patients with BRAF+ melanoma (almost 2/3 of cases). In terms of IT, monotherapy based in anti PD-1 is the most frequent 1L choice, with a rank between 75-90% of cases.