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1076P Real-world efficacy and safety data of immune checkpoint inhibitors in Turkish patients with metastatic melanoma: A Turkish oncology group study

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Background: Immune checkpoint inhibitors are effective for metastatic melanoma, but little is known about how is the efficacy and toxicity of this therapy in Turkish patients with metastatic melanoma. Here we present real-world efficacy and safety data of immune checkpoint inhibitors in Turkish patients with metastatic melanoma.

Methods: In this retrospective multi-institutional trial, patients with metastatic cutaneous melanoma who received immune checkpoint inhibitors between Jun 2013 and April 2021 were analyzed. Primary endpoints were objective response rate (ORR) and overall survival (OS). Secondary endpoints were progression free survival (PFS) and toxicity. For survival analysis, Log rank test and Cox regression analysis were used.

Results: 249 patients were included from 23 centers in Turkey for this trial. Median age was 59. 64% male, 28% BRAF mutant and 26% had brain metastases. 107 patients (43%) had metastasis at presentation (de novo metastasis). Overall, 173 (69%), 70 (28%) and 6 (3%) patients received Nivolumab, İpilimumab, and İpilimumab plus Nivolumab, respectively. At a median follow-up of 95 months, ORR of all patients was 37.7%. 28 patients (11.2%) had complete response, 66 patients (26.5%) had partial response and 29 patients (11.6%) had stable disease. Disease control rate was 49.3%. Median OS was 61 months (95% CI 47-74.9). Median PFS was 7 months (95% CI 5.9-8). On multivariate analysis, survival statistically favored patients without brain metastasis when compared to patients with brain metastasis ($p=0.003$) and patients with metastasis which occured after diagnosis when compared to patients with de novo metastasis ($p<0.001$). Grade 3-4 Immunotherapy-related adverse effects were reported in 38 patients (15.3%), more frequently represented by colitis, dermatitis, hypothyroidism and hypophysitis.

Conclusions: In this large real-life cohort showed that immune check point inhibitors were effective and prolonged survival of Turkish patients with metastatic melanoma. Also this trial demonstrated that brain metastasis and de novo metastasis were independent poor prognostic factors in Turkish patients with metastatic melanoma. irAE were mild and manageable.

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1077P Treatment outcomes in patients (pts) with melanoma brain metastases (MBM) undergoing systemic therapy: A systematic literature review (SLR) and meta-analysis (MA) of real-world evidence (RWE)

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Background: Immunotherapy (IO) and targeted therapy (TT) have revolutionized the treatment of pts with MBM, but clinical data on their efficacy are scarce. This analysis summarizes available RWE on the systemic treatment outcomes for pts with MBM.

Methods: An SLR of RWE for any systemic treatment in pts with MBM was conducted by searching Embase® and MEDLINE® databases from inception to February 23, 2020, and ASCO, AACR, ESMO, SMR, and EANO proceedings for 2018–2020. Records were screened by 2 investigators according to PICOS criteria. Records that reported OS outcomes on individual IO or TT therapies (with/without stereotactic radiosurgery [SRS]) were included in the MA. Kaplan–Meier (KM) curves for overall survival (OS) were digitized and converted to pseudo-individual pt data using the Guyot algorithm. MAs were performed by pooling KM curves and naive pooling of weighted median OS (mOS). For single-intervention studies, only reported values were used.

Results: A total of 57 publications (pertaining to 56 studies) were included for evidence synthesis. A total of 21 KM curves on 6 interventions and 1371 pts were digitized. mOS from pooled KM curves was numerically longer for nivolumab plus ipilimumab (NIVO + IPI; 20.6 mo; 95% CI, 17.0–22.9) versus other interventions (mOS ranging from 7.1–13.9 mo; table). Similar results were noted with the naive pooling method. Reporting on prior therapies, pt characteristics, and neurological symptoms was inconsistent.

Conclusions: RWE for MBM is scarce and heterogeneous; further research is warranted on optimal treatment for these pts. This SLR and MA suggest a clinical advantage with NIVO + IPI versus other systemic agents in pts with MBM. However, data interpretation is limited by evidence heterogeneity, inconsistent reporting, and small sample sizes. More consistent reporting of pt characteristics and outcomes is needed.