



# Neoadjuvant Management of Stage III Melanoma

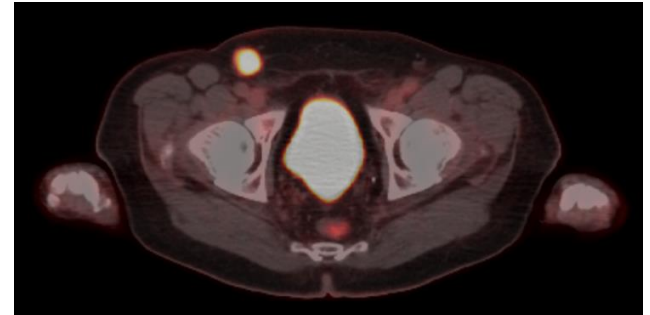
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Surgical Oncology

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# Case

- 64 y/o M with 1 yr h/o R flank lesion
- Shave biopsy: 7 mm thick nodular melanoma, + deep margin, + ulceration, 6 MF/mm<sup>2</sup>
- Had palpable R inguinal LN on PE
- PET/CT with FDG-avid R inguinal LN, no other metastatic disease
- R inguinal LN needle biopsy: metastatic melanoma
- Next steps
  - WLE + R inguinal LN dissection?
  - WLE + isolated R inguinal LN excision?
  - Systemic therapy alone?
  - Systemic therapy followed by WLE, R ILND?
  - Systemic therapy followed by WLE, R inguinal LN excision?



# SWOG 1801



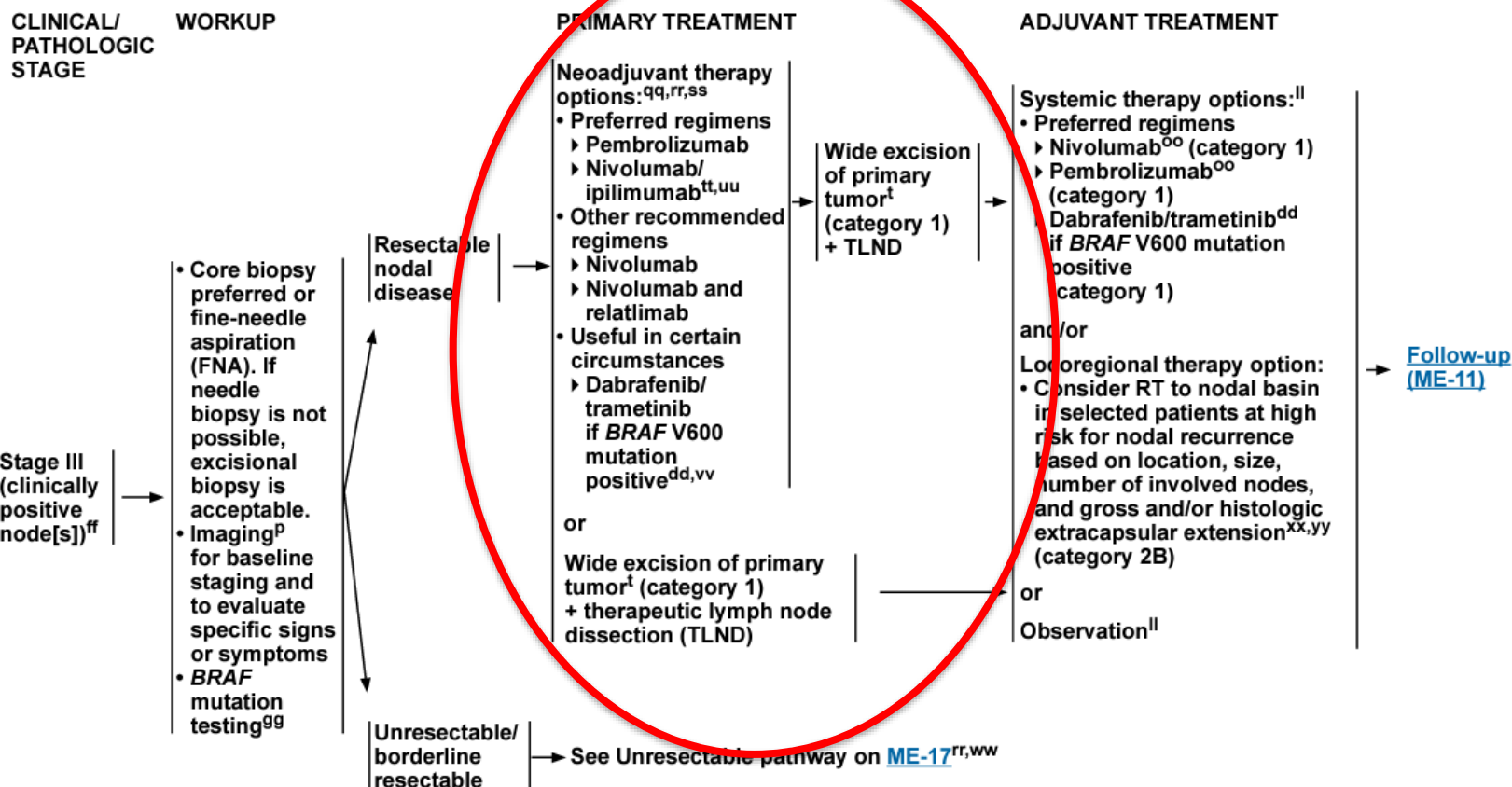
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## NCCN Guidelines Version 2.2024 Melanoma: Cutaneous

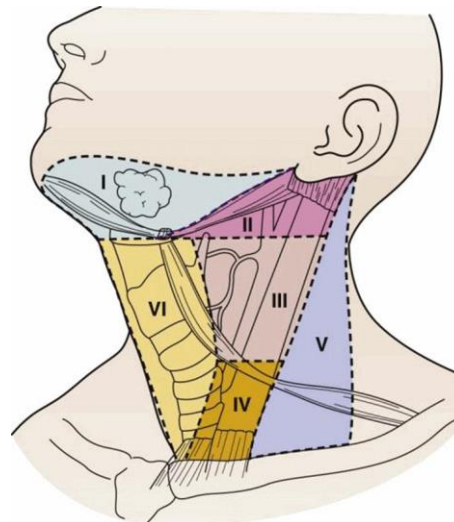
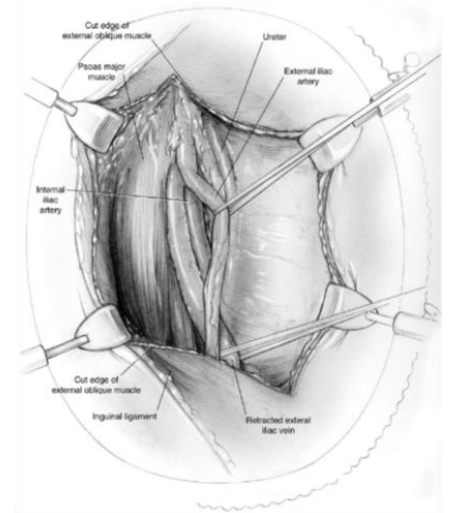
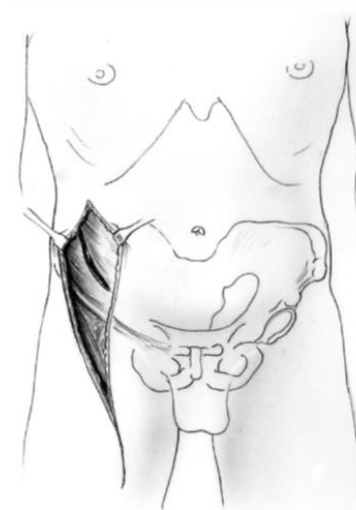
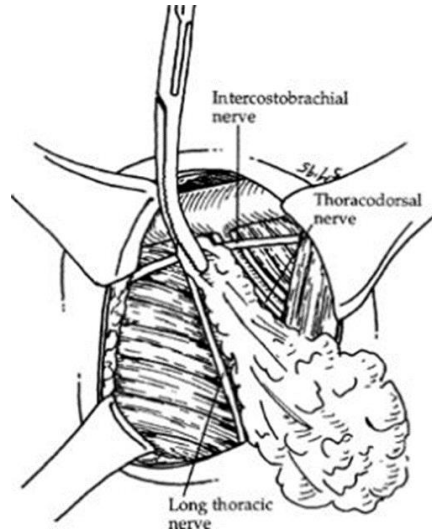
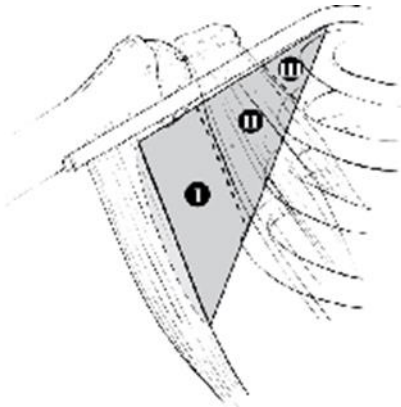
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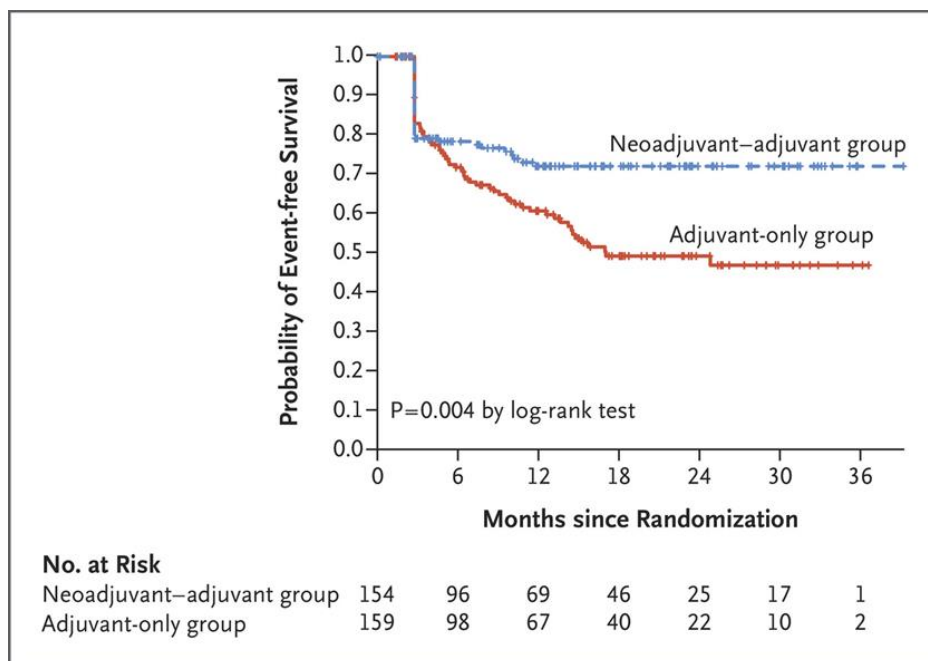


# Lymph Node Dissection



# SWOG 1801

- Phase II RCT of stage IIIb-IVc melanoma patients to 3c neoadjuvant pembro + LND + 15c adjuvant pembro v. LND + 18c adjuvant pembro
- Primary endpoint: event-free survival - disease progression or toxicity precluding surgery, inability to resect all gross disease, complications/toxicity precluding adjuvant therapy (w/i 84d), recurrence, death



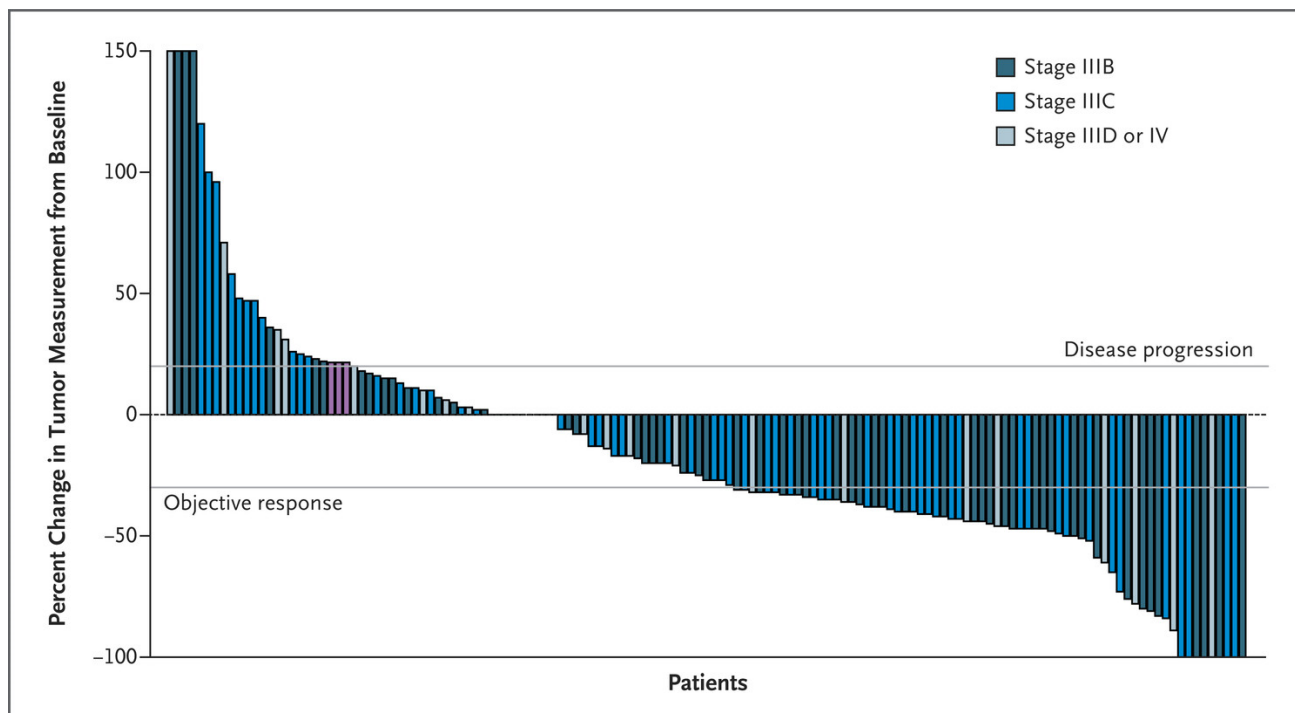
2 yr EFS

-NA group: 72%

-adjuvant group: 49%

# SWOG 1801

- Among patients receiving NA treatment (n=142)
  - 6% radiologic CR, 41% PR
  - 21% pathologic CR (pCR)



# OpACIN trials

- Clinical stage III melanoma
- OpACIN: RCT of 20 pts to LND + 4c adjuvant ipi/nivo v. 2c NA ipi/nivo + LND + 2c adjuvant ipi/nivo
- OpACIN-neo: RCT of 86 pts to 2c NA ipi1/nivo3 v. ipi3/nivo1 v. ipi3/nivo3 (sequential), followed by LND
- Pathologic response per INMC criteria
  - pCR: 0% residual viable tumor
  - near-pCR: 0-10% residual viable tumor
  - pPR: 10-50% residual viable tumor
  - pNR: > 50% residual viable tumor

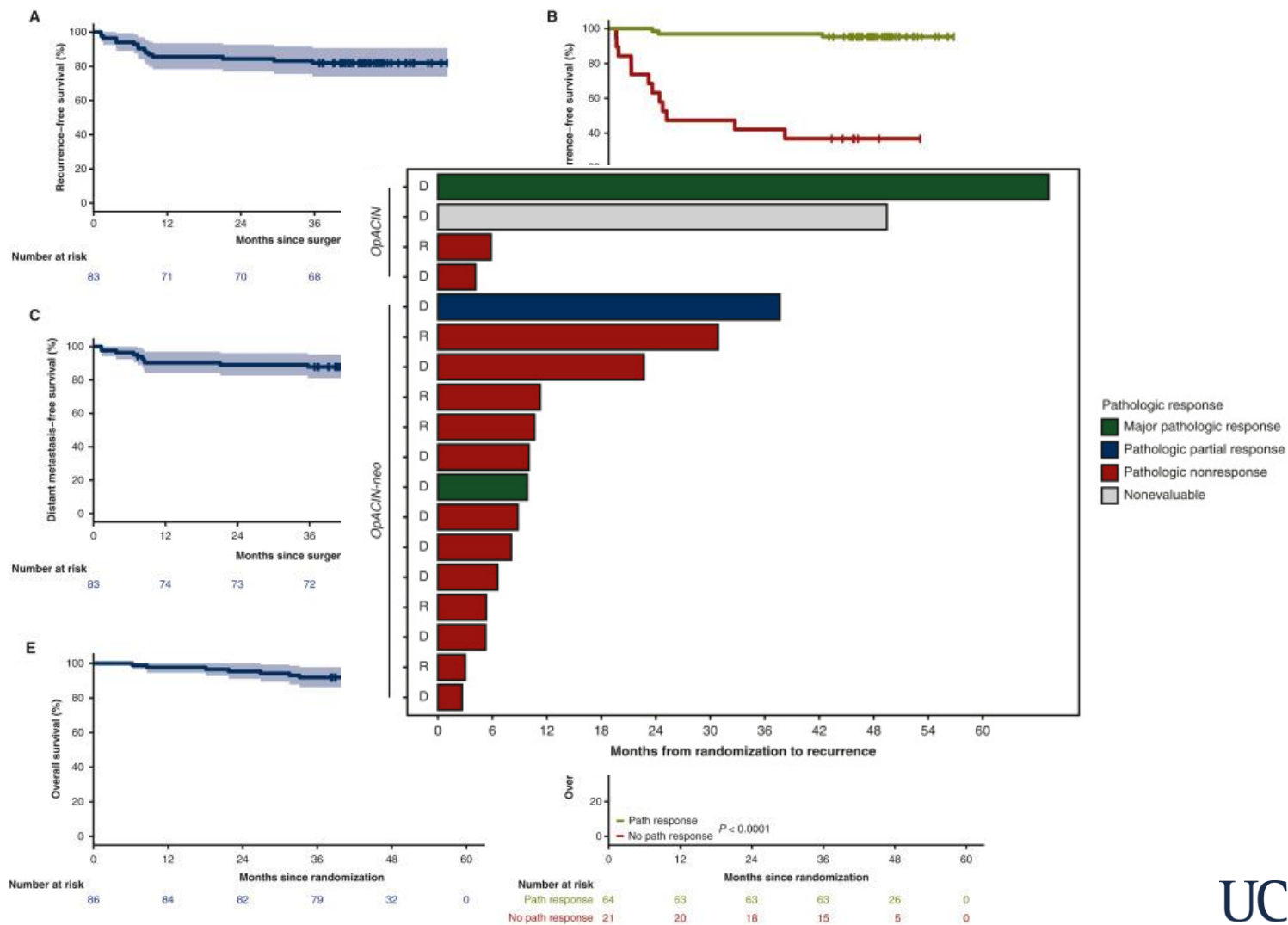
} major pathologic response (MPR)

# OpACIN trials

- Among 96 pts who received NA treatment
  - 60% had MPR
    - 97% no recurrence
    - 3% recurrence
  - 14% had pPR
    - 92% no recurrence
    - 8% recurrence
  - 24% had no PR
    - 30% no recurrence
    - 61% recurrence

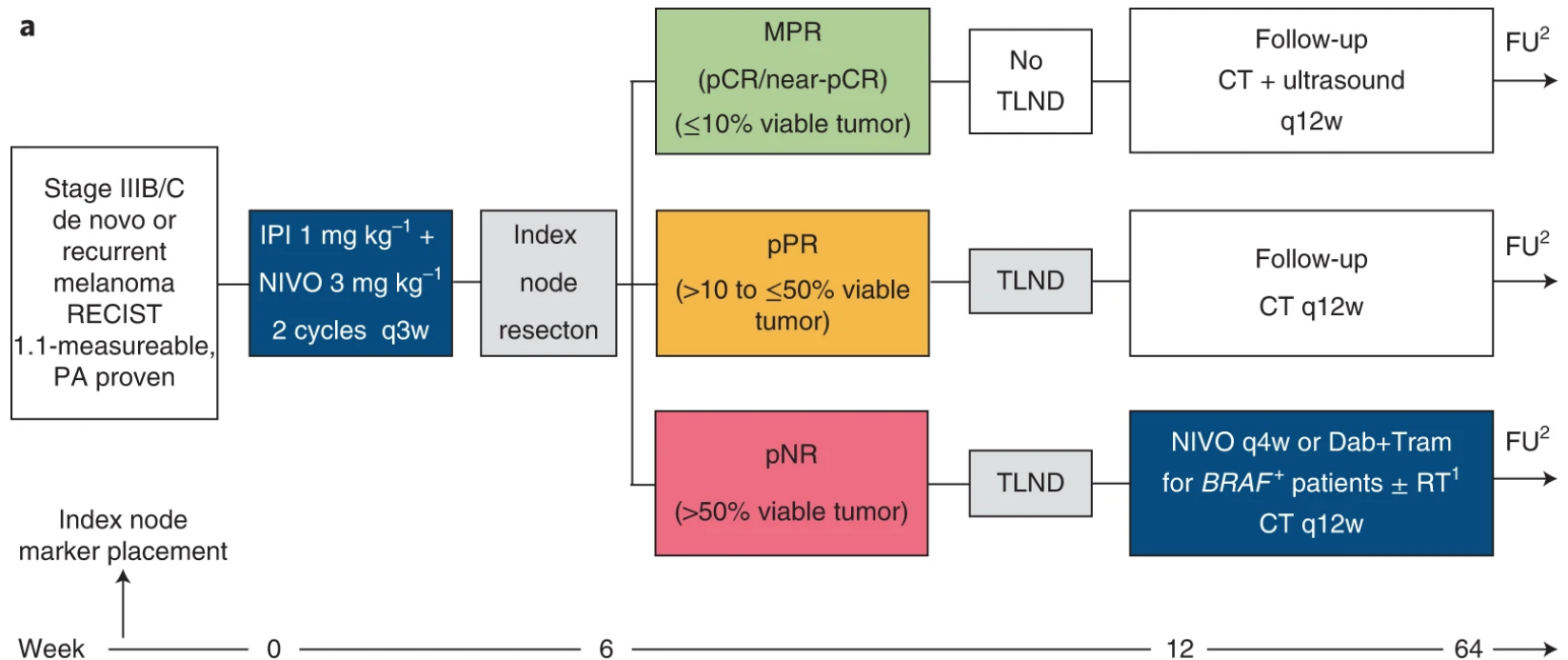


# OpACIN trials

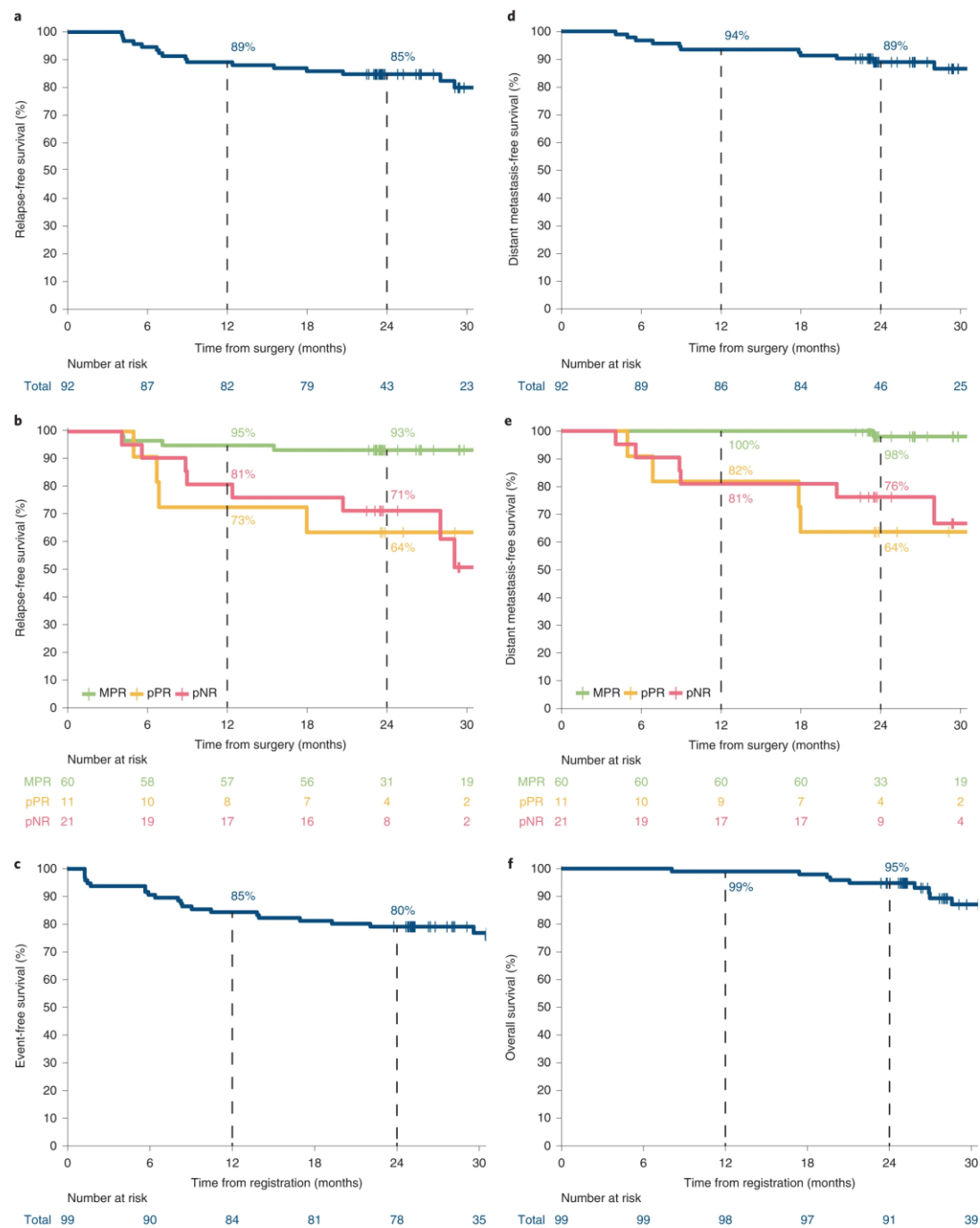
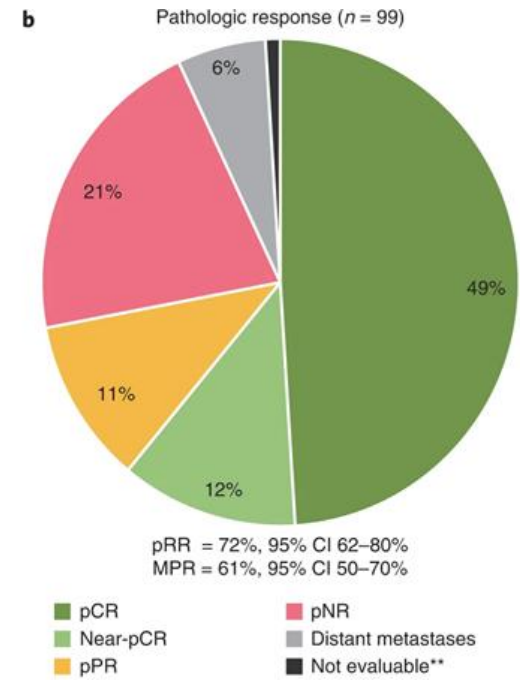


# PRADO Trial

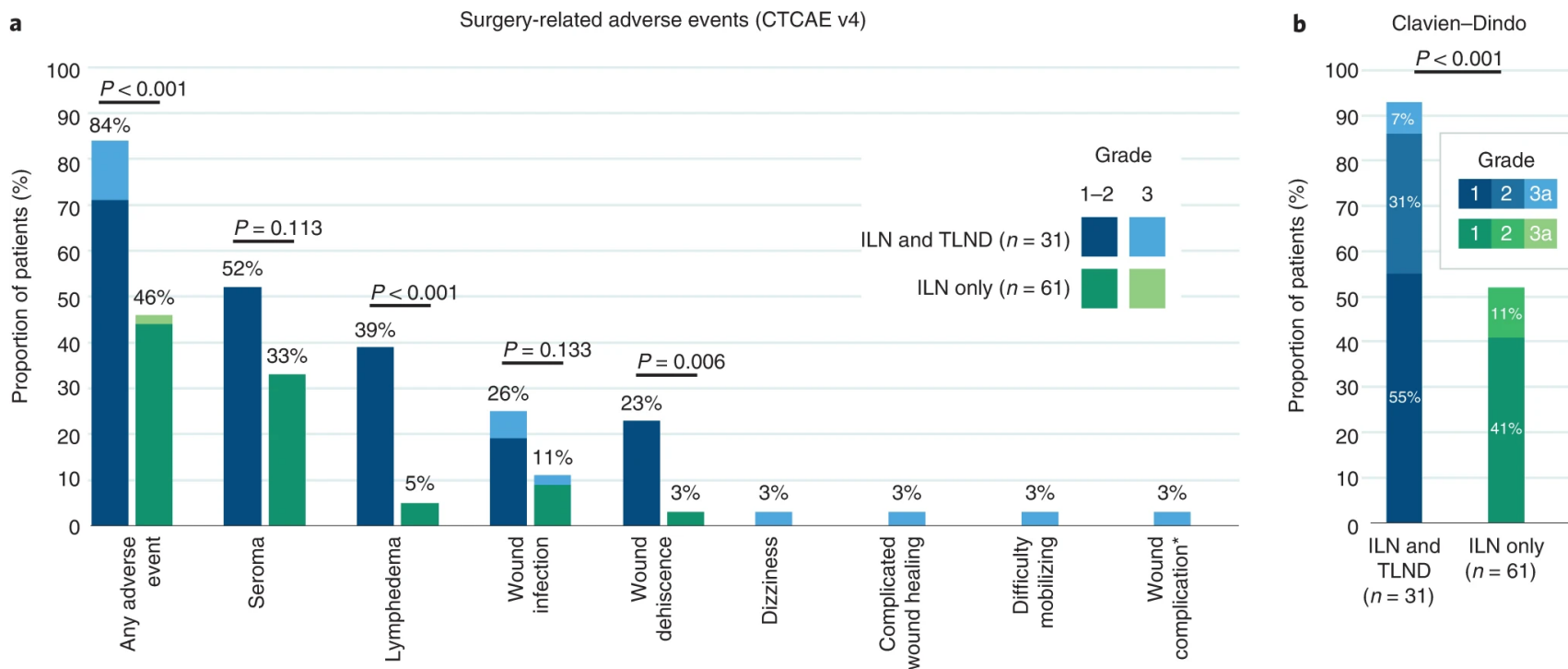
- Extension cohort of the OpACIN-neo trial in 99 clinical stage III pts



# PRADO Trial

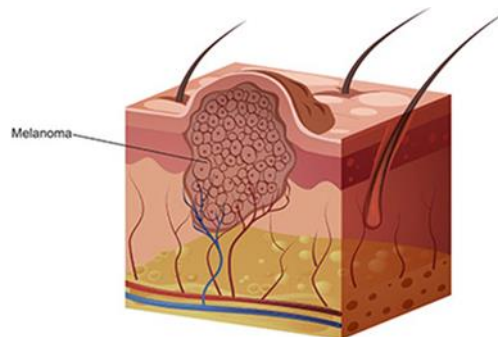


# PRADO Trial



# Neoadjuvant treatment summary for stage III melanoma

- Improved event-free survival v. adjuvant treatment alone
- Pathologic response is major predictor of outcome
- Pathologic response is greater with ipi/nivo than single agent pembro
- Resection of index LN is feasible, and can direct further surgical and systemic therapy (including de-escalation), and is less morbid than LND
- Unanswered questions
  - Is there a survival benefit with NA treatment?
  - Is tailored LN excision sufficient in those receiving NA treatment?





**Thank You!**

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