

Melanoma, Metastasis, and Ipilimumab

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Melanoma: Stages of Growth

- Sixth leading type of cancer in the U.S.
- Melanocytes grow out of control
 - Between epidermis and dermis
- 1. Radial growth phase (tumor less than 1mm thick)
- 2. Invasive radial growth phase (tumor less than 1mm thick)
- 3. Vertical growth phase (tumor more than 1mm thick)
 - Host elicits immunological reaction
- 4. Regression

Diagnosis and Classification

- "ABCDE"
 - A: asymmetrical skin lesion
 - B: borders of the lesion are irregular
 - C: color (multiple)
 - D: diameter greater than 6mm
 - E: Enlarging or evolving
- Various categories of classification:
 - Superficial spreading, mucosal, nodular, soft tissue

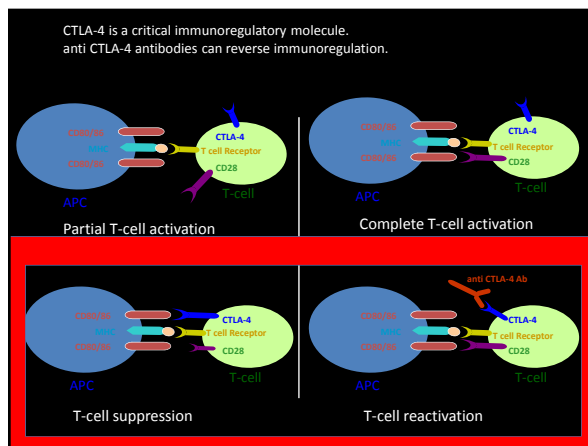


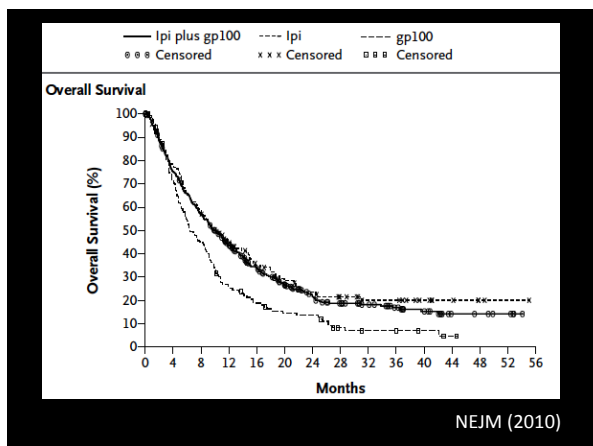
Therapy Options

- Surgery
 - Standard: complete surgical excision, assessment of detectable metastatic disease, followup
- Radiation therapy
 - After surgical excision for patients with locally or regionally advanced disease or for patients with unresectable melanoma
- Adjuvant therapy
 - Chemotherapy: dacarbazine (DTIC)
 - Immunotherapy: Interleukin-2, interferon

Ipilimumab (Yervoy)

- FDA approved monoclonal antibody developed by Bristol-Myers Squibb
 - Approved in March 2011 to treat patients with late-stage melanoma that has spread or cannot be removed by surgery
- Adverse effects due to T cell activation and proliferation
 - Mostly associated with GI tract
- Mode of action...

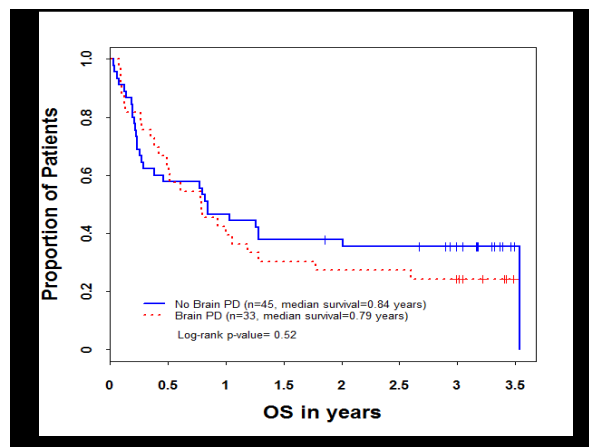




M.D. Anderson Study

- “Chart review” through patient database
- Data collected:
 - Prior systemic treatment: Y/N
 - Prior IL-2 treatment: Y/N
 - Lesions/Metastases
 - Soft tissue, lymph nodes, lungs, liver, bone, brain/meninges
 - Cancer stage
 - Serum LDH
 - Brain mets: Y/N
 - Date of brain mets/recurrence
 - PD in brain: Y/N
 - Brain response to IPI: Y/N
 - Overall survival from treatment

Disclaimer!



Other Results

- Technical difficulties...
- Median time to PD in patients who developed brain mets = 0.21 years, 95% CI = 0.17-0.24 years
- Nearly 42% of the treated patients had disease progression/recurrence on IPI treatment.

Conclusions

- Based on current study, metastases to brain did not significantly affect OS in melanoma patients
- Ipilimumab did not appear to prevent recurrence or disease progression in the brain
 - Is Ipilimumab more effective than chemotherapy?

Future Directions

- Completing data analysis
 - Data of patients not on ipilimumab to compare with our patient group
 - e.g. OS and PD in patients using IPI vs. not using IPI
- As is fairly recently approved, further studies to compare effectiveness to other available treatment protocols.

Questions?

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