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LBA42

Distant metastasis-free survival of neoadjuvant nivolumab plus ipilimumab versus adjuvant nivolumab in resectable, macroscopic stage III melanoma: The NADINA trial

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Background

At first interim analysis, with a median FU of 10 months, the phase 3 NADINA trial demonstrated a significantly improved event-free survival (EFS) of neoadjuvant (neoadj) ipilimumab (IPI) plus nivolumab (NIVO) as compared to adjuvant (adj) NIVO in resectable, macroscopic stage III melanoma (1-year EFS 83.7% vs 57.2%, HR 0.32 [99.9% CI 0.15-0.66, p<0.0001]). Here, we report the updated EFS and distant metastasis-free survival (DMFS).

Methods

Patients (pts) with resectable, macroscopic stage III melanoma were randomized to receive neoadj IPI 80mg + NIVO 240mg (2x, q3w) followed by therapeutic lymph node dissection (TLND; 212 pts) or to undergo upfront TLND followed by adj NIVO (480mg, 12x, q4w; 211 pts). In the neoadj arm, subsequent adj treatment was omitted in case of a major pathologic response (MPR; ≤10% viable tumor). EFS and DMFS were analyzed using a cox regression model. Melanoma stage (ypTNM) was assessed according to AJCC staging system (8th edition).

Results

Median FU was 15.4 months at data cutoff on 12 July 2024. At 18 months, EFS was improved for the neoadj compared to the adj arm (80.8% vs 53.9%, adjusted HR 0.32 [95% CI 0.22-0.48], nominal p<0.0001), as was DMFS (85.7% vs 62.4%, adjusted HR 0.37 [95% CI 0.24-0.57], nominal p<0.0001). Estimated recurrence-free survival (RFS) rates were higher for the neoadj arm within stage IIIB- (89.4% [95% CI 82.3-97.0] vs 64.1 [95% CI 54.3-75.7]) and IIIC-subgroups (78.0% [95% CI 68.8-88.4] vs 43.6% [95% CI 33.5-56.8]). The stage IIID subgroup was too small for analysis (11 vs 8 pts). Updated pathological and radiological response rates in the neoadj arm and corresponding RFS and DMFS data are shown in the table.Table: LBA42

Assessment	Category	No. of pts (%) (n=212)	18-month RFS (95% CI)	18-month DMFS (95% CI)
Pathology	MPR	129 (60.8%)	93.1% (88.2-98.3)	96.9% (93.4-99.9)

Assessment	Category	No. of pts (%) (n=212)	18-month RFS (95% CI)	18-month DMFS (95% CI)
Partial response (pPR; 11-50% viable tumor)	17 (8.0%)	80.5% (62.8-99.9)	80.5% (62.8-99.9)	
Non-response (pNR; >50% viable tumor)	58 (27.4%)	55.1% (39.6-76.5)	60.6% (44.7-82.1)	
Progression	5 (2.4%)	-	-	
No surgery	3 (1.4%)	-	-	
Radiology	Complete response (CR)	27 (12.7%)	88.8% (74.5-99.9)	92.3% (78.9-99.9)
Partial response (PR)	52 (24.5%)	93.0% (85.7-99.9)	95.6% (89.8-99.9)	
Stable disease	91 (42.9%)	78.2% (67.4-90.6)	84.0% (74.8-94.4)	
Progressive disease	34 (16.0%)	61.6% (45.2-83.9)	64.2% (45.2-91.1)	
Non-evaluable	8 (3.8%)	-	-	

Conclusions

Neoadj IPI + NIVO in resectable, macroscopic stage III melanoma results in improved DMFS and EFS as compared to adj NIVO. This EFS-benefit is observed within stage IIIB- and IIIC melanoma. High RFS and DMFS rates were observed for pts with a MPR or radiological CR or PR.

Clinical trial identification

NCT04949113.

Legal entity responsible for the study

The Netherlands Cancer Institute.

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Disclosure

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