



Melanoma Insights

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Europe and MelanomeFrance

IAS HIV Cure & Cancer Forum
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DISCLOSURES



MPNE is a volunteer based network whose activities are funded by balanced support for project and support funding from : Amgen, BMS, Merck MSD, Novartis and Roche. Support never includes editorial rights or influence on MPNE's program or activities





Why Melanoma at an HIV Meeting ?



Before 2012 Metastatic Melanoma patients lived 6-9 months

At ACCR2017 the OS with Combination Immunotherapies is 64% - Death to potential Cure in 5 years

Melanoma has high genetic instability, high heterogeneity and fast evolving tumors that are difficult to treat – similarities with **HIV**

The Immunotherapies “supercharge” the body’s own immune system – a scenario that might be useful in other fast-evolving conditions - **HIV**

We ALL want schemes that give us Evidence and Access



The 4 years that made the difference in Melanoma



OS 2yr
15%

OS 2yr
45%

OS 2yr
59%

OS 2yr
64%

Interleukin-2
approved by
FDA in 1998

Ipilimumab
approved by
FDA/EMA
(03-2011
/ 07-2011)

**Pembrolizumab,
Nivolumab**
approved by
FDA/EMA
(09-2014 / 07-2015;
12-2014 / 07-2015)

**Ipilimumab /
Nivolumab**
approved by
FDA/EMA
(10/15-03/16)

T-VEC
approved by
FDA/EMA
(10-2015)

IMMUNO-
THERAPIES

DTIC
approved
by FDA in
1975

Vemurafenib
approved by
FDA/EMA
(08-2011 /
12-2011)

Dabrafenib
approved by
FDA/EMA
(05-2013 /
06-2013)

Trametinib
approved by
FDA/EMA
(05-2013 /
04-2014)

**Dabrafenib/
Trametinib**
approved by
FDA/EMA
(09-2015)

**Vemurafenib/
Cobimetinib**
approved by
FDA/EMA
(11-2015)

TARGETED
THERAPIES





CHALLENGES



- New therapeutic class- we were the first
- Limited dose/effect relationship
- Unpredictable responses (led to irRECIST)
- “Once on immune therapy, always on immune therapy”
- Large benefit in a small proportion of patients but lack of predictive markers
- unfamiliar side effect profiles
- high cost



THE FUTURE



- Biomarkers: predictive for treatment response but also resistance to therapy
- Combination therapies - altering tumor environment,
- Enhancing tumor immunogenicity
- Treatment duration and schedules
- Limiting both clinical as well as financial toxicity



THANKYOU



MPNE : <http://www.melanomapatientnetworkeu.org/>

MELANOMEFRANCE : www.melanomefrance.com



MELANOMEFRANCE
Les Patients comme Partenaires

Article 8 Helsinki Declaration

While the primary purpose of medical research is to generate new knowledge, this goal can **NEVER take precedence over the rights and interests of individual research subjects.**



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MELANOMA PATIENTS NETWORK EUROPE

1. patients first
 2. solutions, not problems
 3. data, not opinions
- and*
4. if you don't do it- no one will

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