



2025

DEBATES AND DIDACTICS in Hematology and Oncology



Where Science Becomes Hope

JULY 24 - 27, 2025 • SEA ISLAND, GEORGIA

This activity is jointly provided by



Best Neoadjuvant Option for Melanoma

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Best Neoadjuvant Option for Melanoma Pembrolizumab

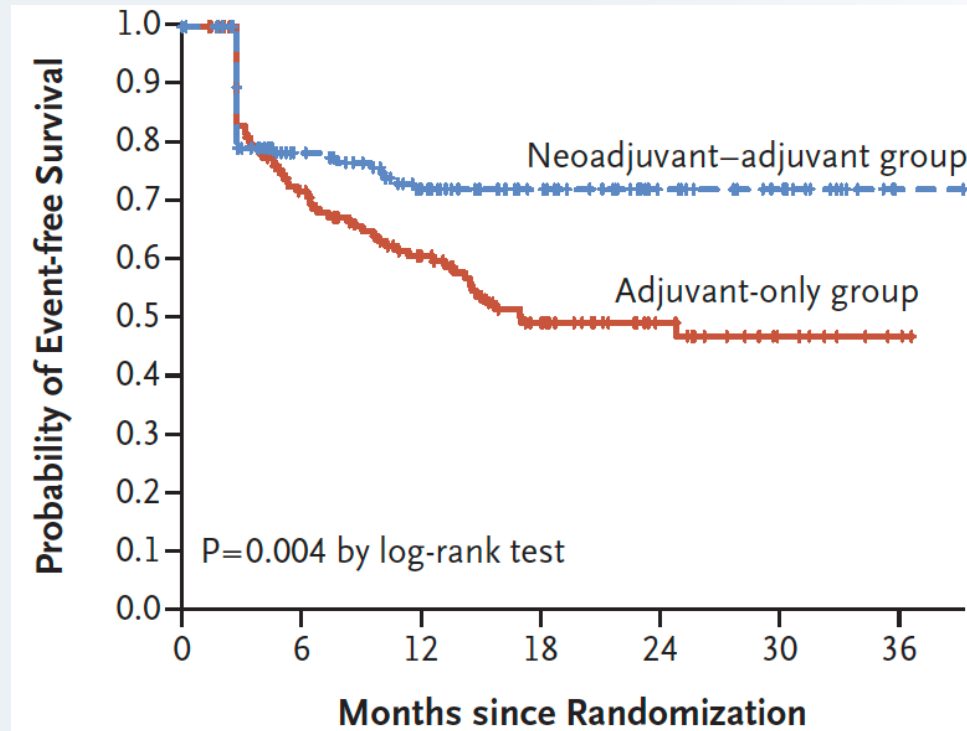
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Disclosures

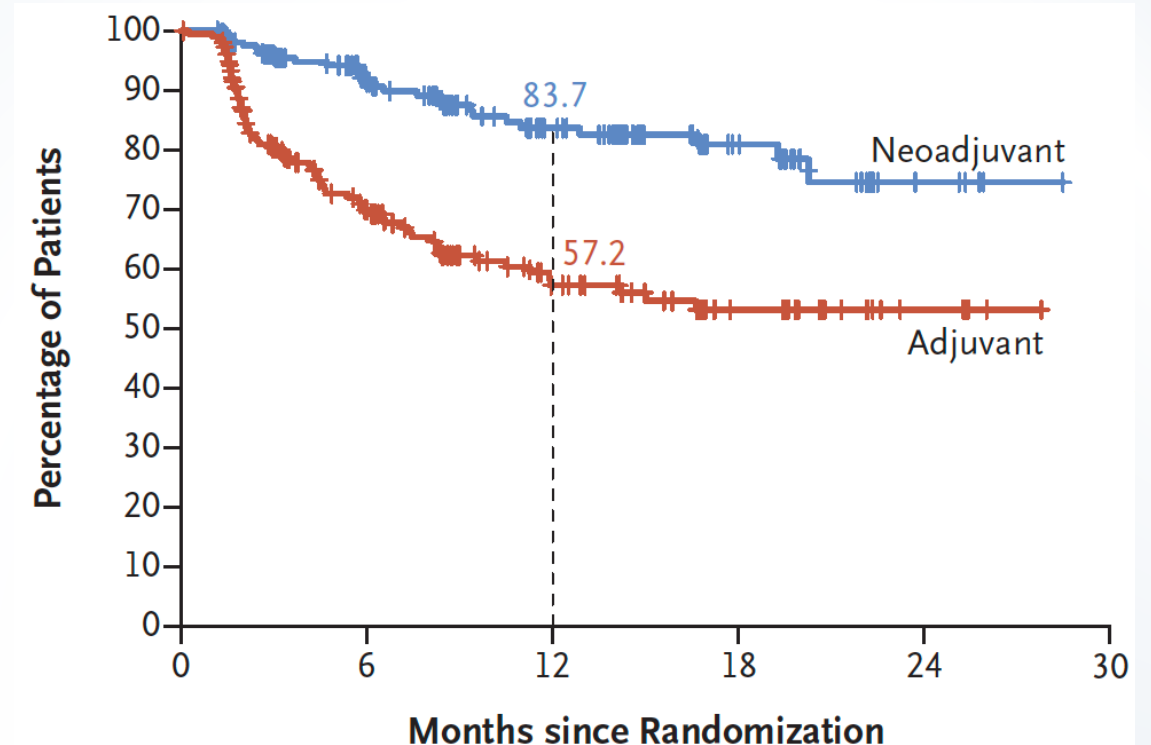
- Consultant to and research funding from *both* Merck and BMS

Background

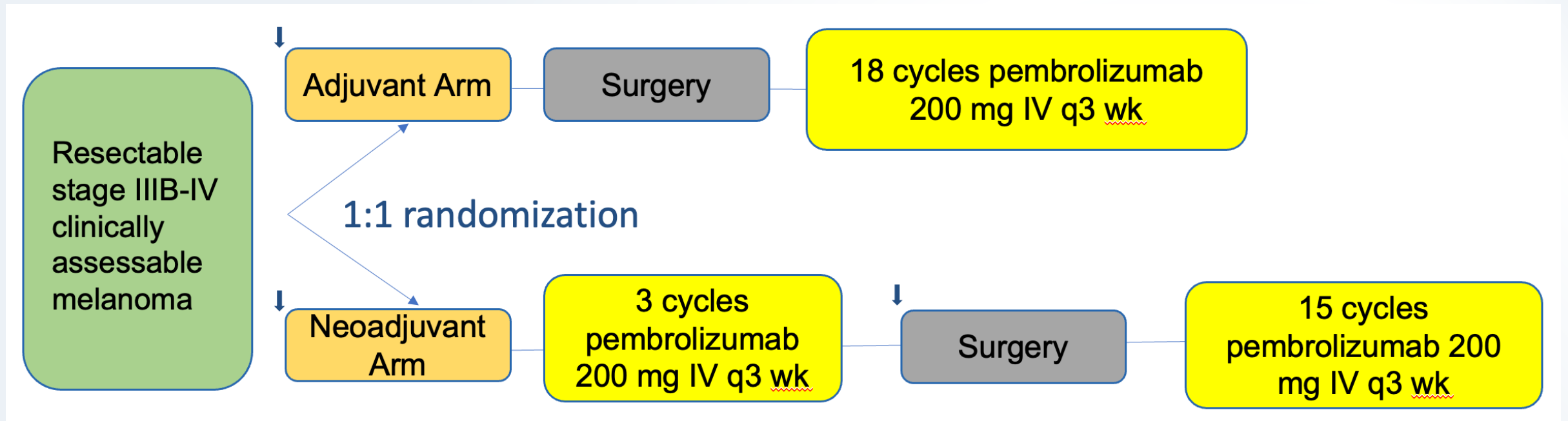
SWOG1801



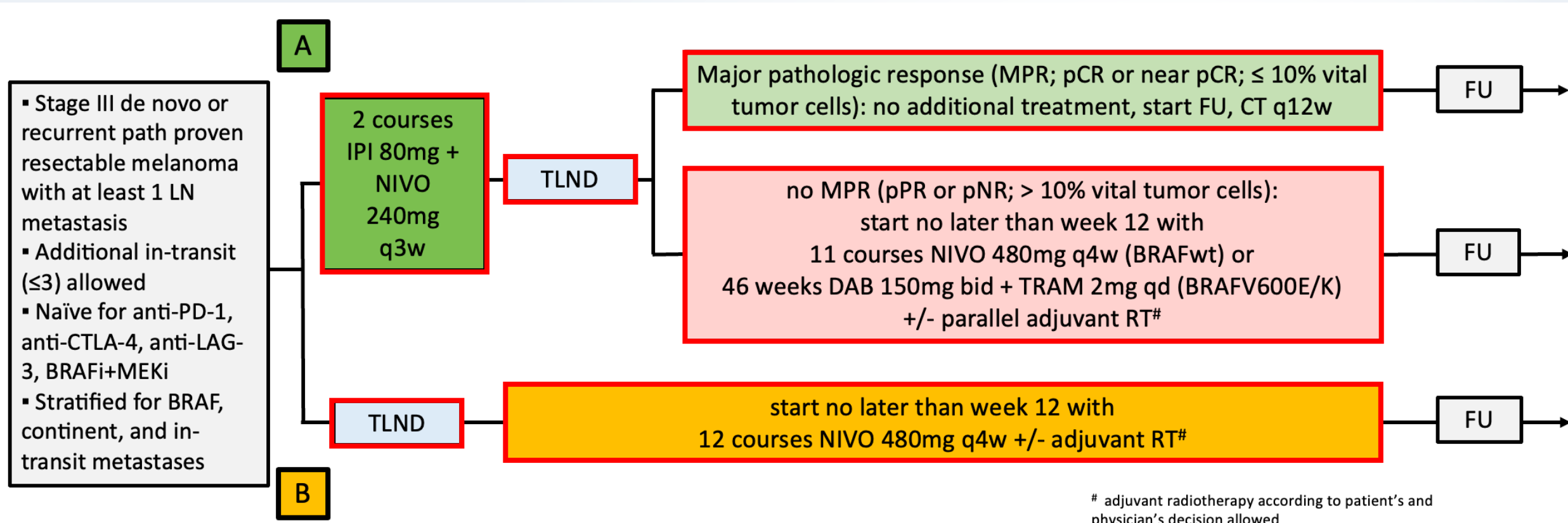
NADINA



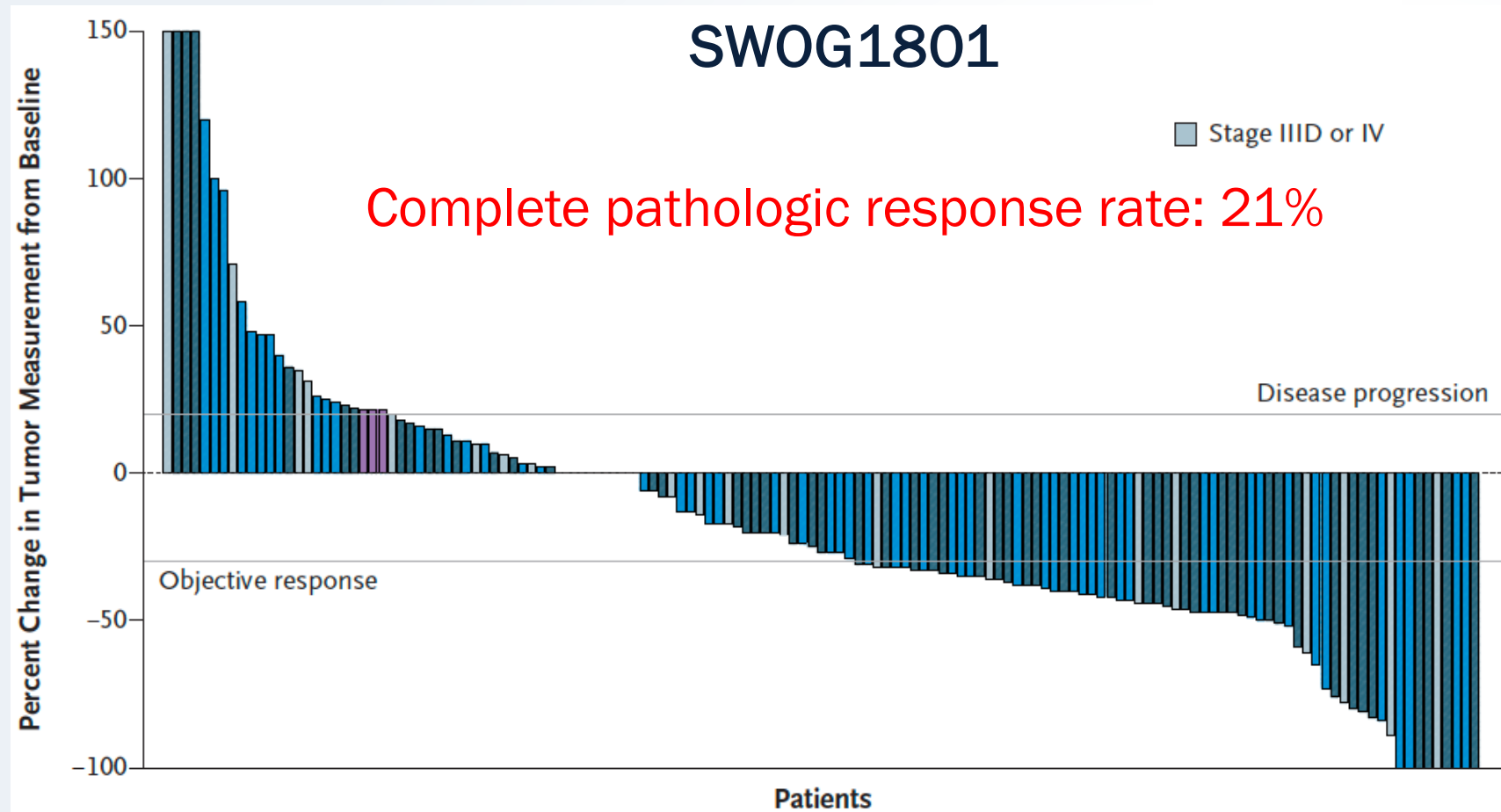
Background – S1801 design



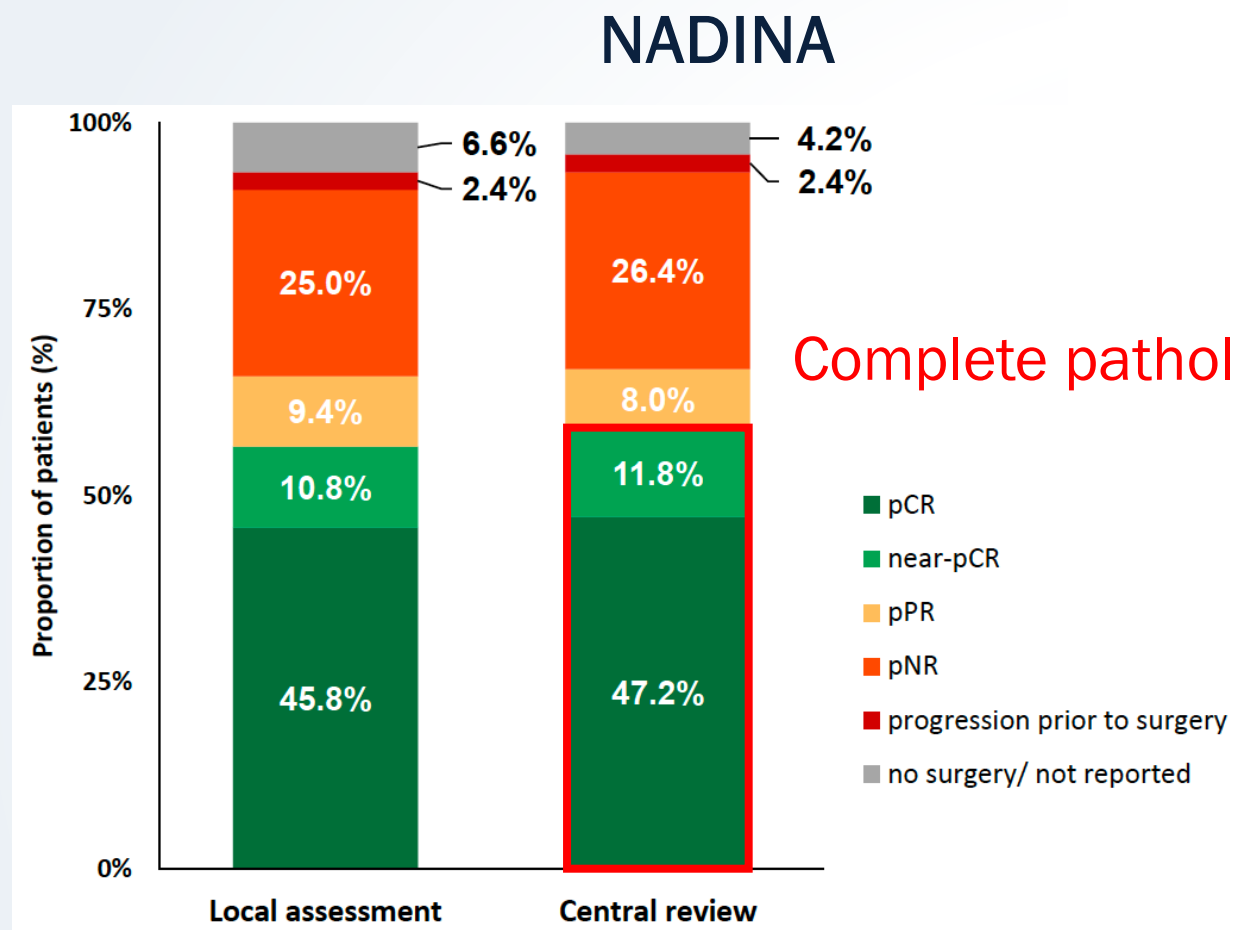
Background – NADINA design



Reasons to Give Nivo/Ipi: Higher pathologic response rate



Reasons to Give Nivo/Ipi: Higher pathologic response rate



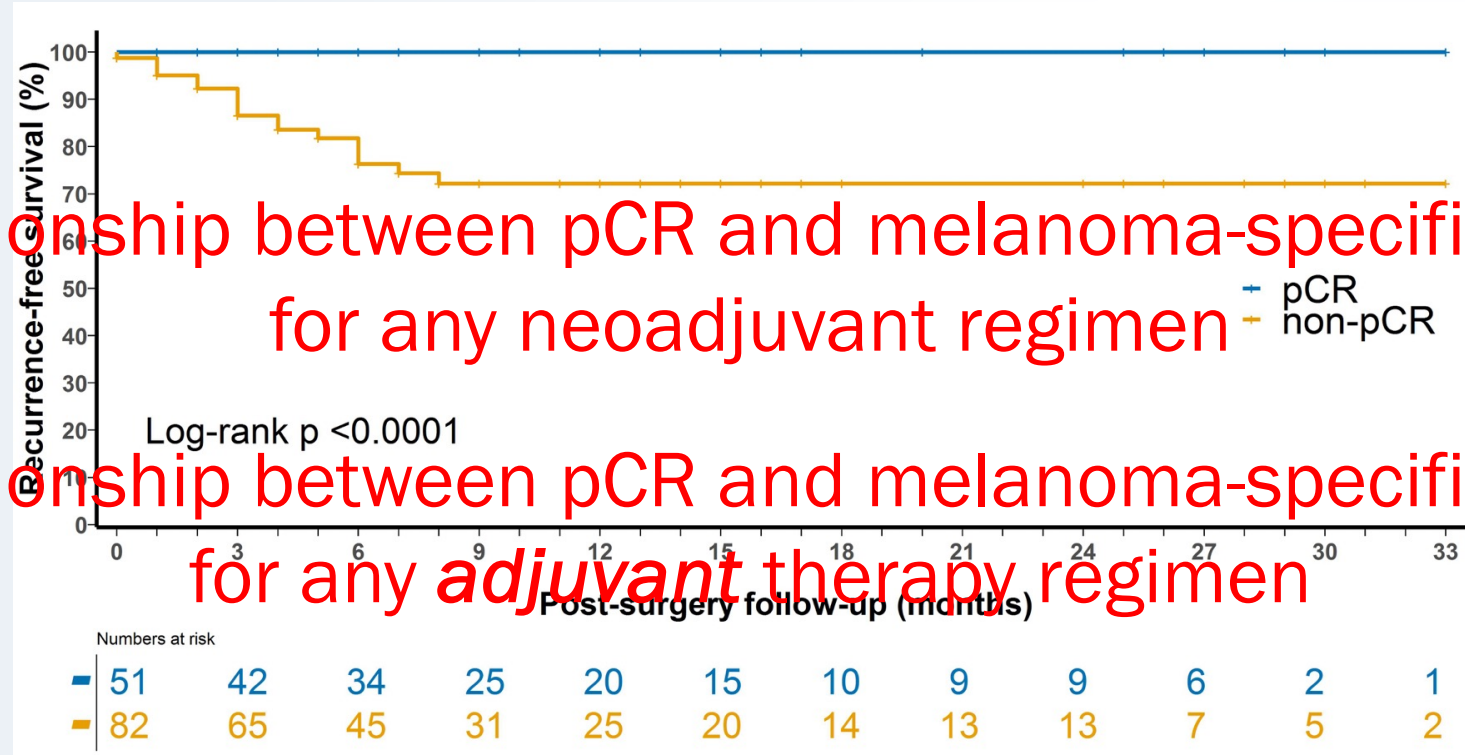
Reasons to Give Nivo/Ipi: Higher pathologic response rate

Trial	Rate of MPR (central)
SWOG-S1801	53%
NADINA	59%

Patel, et al. *NEJM*. 2023;388;813-823. Blank, et al. *NEJM*. 2024;391:1696-1708.

Reasons to Give Nivo/Ipi: Higher pathologic response rate

Relationship between pCR and RFS



No relationship between pCR and melanoma-specific survival for any neoadjuvant regimen

No relationship between pCR and melanoma-specific survival for any *adjuvant* therapy regimen

Reasons to Give Nivo/Ipi: Higher event-free survival rate

Trial	1-year EFS (neoadj arm)	2-year EFS (neoadj arm)
SWOG-S1801	72%	72%
NADINA	84%	N/A

Patel, et al. *NEJM*. 2023;388;813-823. Blank, et al. *NEJM*. 2024;391:1696-1708.

Reasons to Give Nivo/Ipi: Higher recurrence-free survival rate

Trial	1-year RFS for MPR
SWOG-S1801	91%
NADINA	95%

Patel, et al. *NEJM*. 2023;388;813-823. Blank, et al. *NEJM*. 2024;391:1696-1708.

Reasons to Give Nivo/Ipi: Higher recurrence-free survival rate

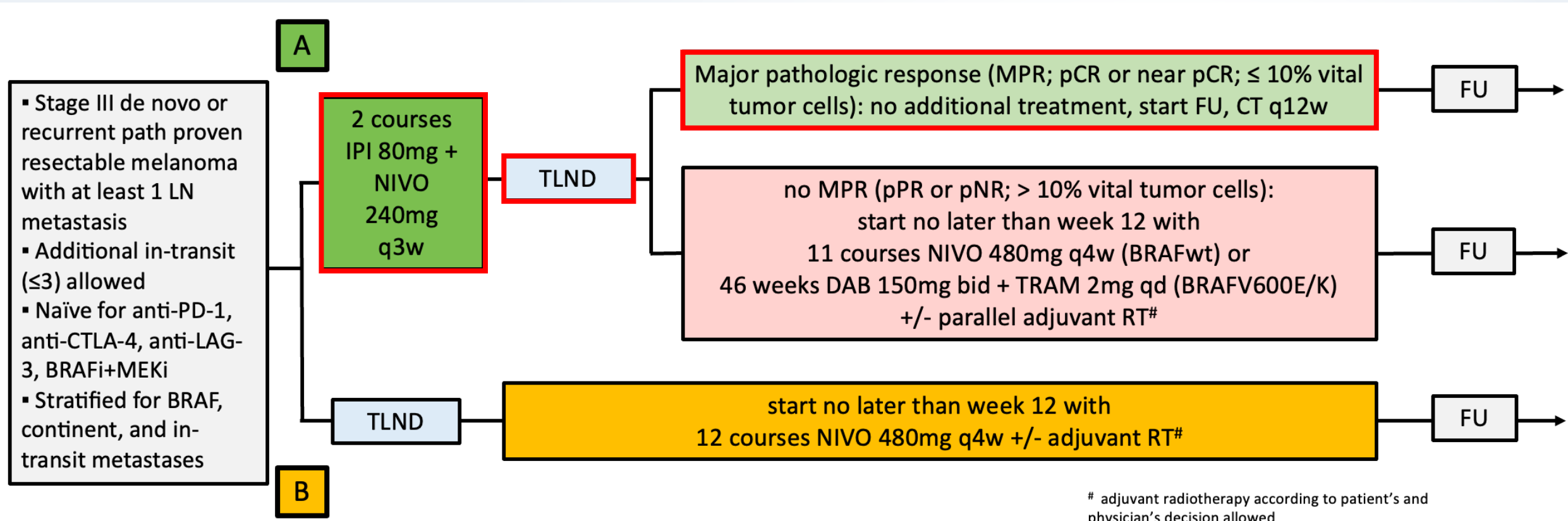
Trial	1-year RFS for MPR	1-year RFS for pPR	1-year RFS for pNR
SWOG-S1801	91%	93%	76%
NADINA	95%	76%	57%

Patel, et al. *NEJM*. 2023;388;813-823. Blank, et al. *NEJM*. 2024;391:1696-1708.

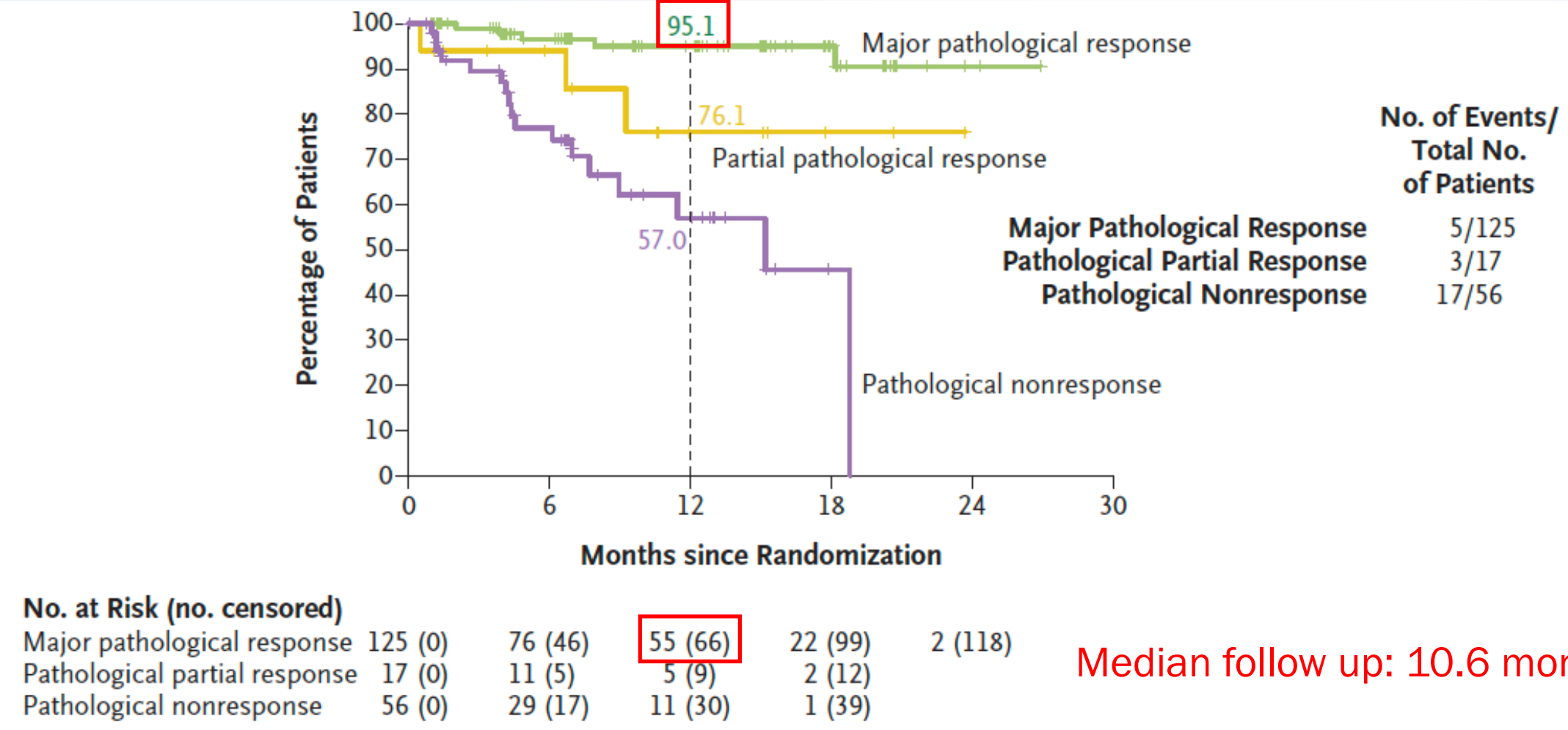
Pembro is better than Nivo/ipi

Reasons to Give Nivo/Ipi: Avoid adjuvant therapy for MPR

Reminder – NADINA design



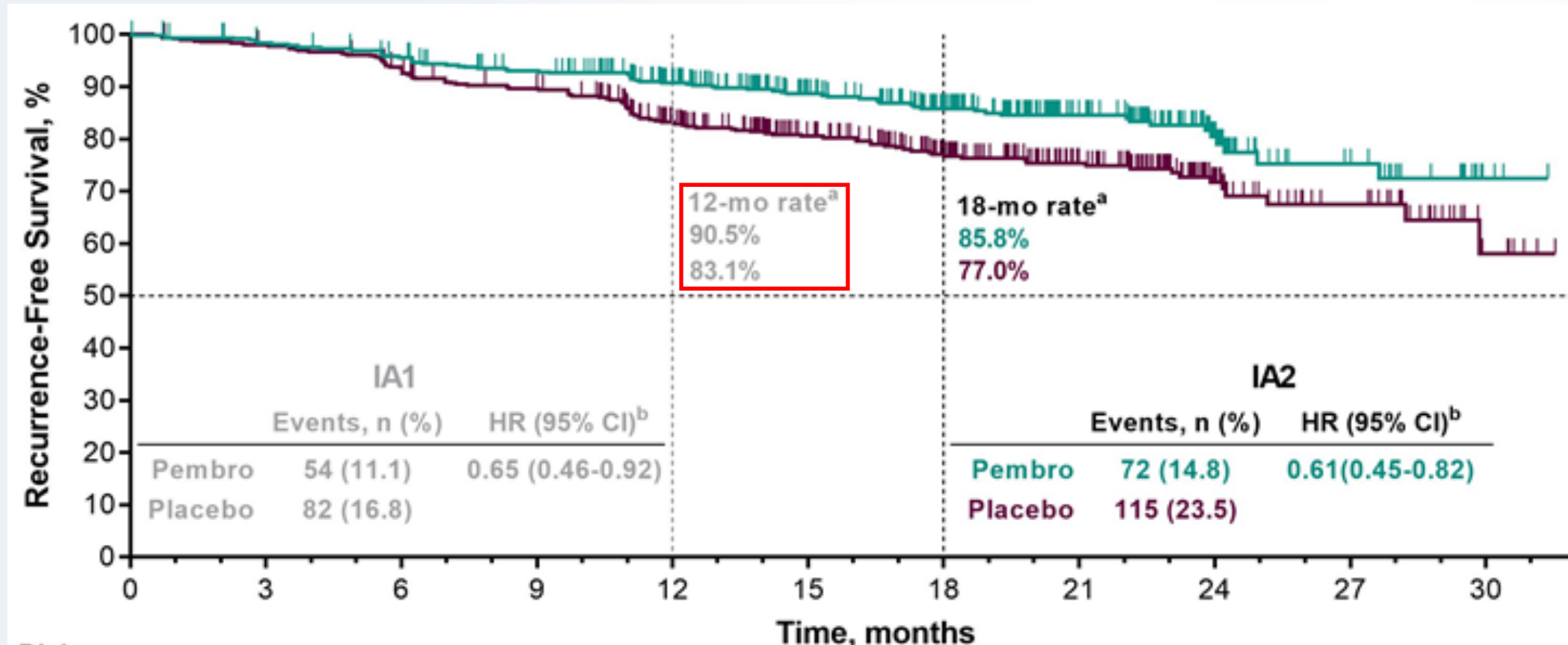
Reasons to Give Nivo/Ipi: Avoid adjuvant therapy for MPR



Blank, et al. *NEJM*. 2024;391:1696-1708.

Reasons to Give Nivo/Ipi: Avoid adjuvant therapy for MPR

Keynote 716: Adjuvant pembrolizumab for high-risk stage II melanoma



Luek, et al. *Lancet*. 2022;399: 1718-1729.

Reasons to Give Pembro: Lower toxicity

- SWOG1801
 - Treatment-related grade 3/4 toxicity: 12.0%
- NADINA
 - Treatment-related grade 3/4 toxicity: 29.7%

2.475x higher

Event	Neoadjuvant Group (N=212)
Any adverse event — no. (%)	204 (96.2)

Best Neoadjuvant Option for Melanoma: Pembrolizumab

- Near equivalent pathologic response rate
 - No clear connection between response rate and survival
- Near equivalent event-free survival rate
 - When accounting for differences in definitions of EFS
- Near equivalent recurrence-free survival rate
 - Superior RFS for non-responders
- No randomized data proving its safe to forego adjuvant therapy for major pathologic responders
- 2.5 times lower rate of toxicity



Good Luck, Melinda...

Yours Truly,

Michael Lowe, MD, MA, FACS, FSSO
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Emory University School of Medicine