



Clinical Trial Eur J Cancer. 2020 Jan;125:114-120. doi: 10.1016/j.ejca.2019.10.033.

Long-term outcomes in patients with BRAF V600-mutant metastatic melanoma receiving dabrafenib monotherapy: Analysis from phase 2 and 3 clinical trials

Axel Hauschild¹, Paolo A Ascierto², Dirk Schadendorf³, Jean Jacques Grob⁴, Antoni Ribas⁵, Felix Kiecker⁶, Caroline Dutriaux⁷, Lev V Demidov⁸, Céleste Lebbé⁹, Piotr Rutkowski¹⁰, Christian U Blank¹¹, Ralf Gutzmer¹², Michael Millward¹³, Richard Kefford¹⁴, Tomas Haas¹⁵, Anthony D'Amelio Jr¹⁶, Eduard Gasal¹⁶, Bijoyesh Mookerjee¹⁶, Paul B Chapman¹⁷

Affiliations

PMID: 31864178 DOI: [10.1016/j.ejca.2019.10.033](https://doi.org/10.1016/j.ejca.2019.10.033)

Abstract

Background: Previous analyses of BREAK-2 and BREAK-3 showed that durable outcomes lasting ≥ 3 years are achievable with dabrafenib in some patients with BRAF V600-mutant metastatic melanoma (MM); however, additional follow-up is needed to fully characterise the long-term impact of dabrafenib in these patients.

Methods: BREAK-2 was a single-arm phase 2 study evaluating dabrafenib in treatment-naive or previously treated BRAF V600E/K-mutant MM. BREAK-3, a randomised (3:1) phase 3 study, assessed dabrafenib versus dacarbazine in previously untreated unresectable or metastatic BRAF V600E-mutant melanoma. Five-year analyses were performed.

Results: All BREAK-2 patients (N = 92 [V600E, n = 76; V600K, n = 16]) discontinued treatment by the data cutoff. Median follow-up was 13.0 months. In BRAF V600E patients, 5-year progression-free survival (PFS) and overall survival (OS) were 11% and 20%, respectively. Subsequent immunotherapy was received by 22% of patients. In BREAK-3, median follow-up was 17.0 and 12.0 months in the dabrafenib (n = 187) and dacarbazine (n = 63) arms, respectively. Thirty-seven patients (59%) receiving dacarbazine crossed over to dabrafenib following disease progression as per protocol. Five-year PFS was 12% in the dabrafenib arm; all dacarbazine-arm patients progressed or were censored by 5 years. Dabrafenib improved PFS versus dacarbazine, regardless of baseline lactate dehydrogenase levels. Five-year OS rates were 24% and 22% in the dabrafenib and dacarbazine arms, respectively. Subsequent therapy in each arm included anti-CTLA-4 (dabrafenib [24%] and dacarbazine [24%]) and/or anti-PD-1 (8% and 2%) treatment. No new safety signals were observed.

Conclusions and relevance: These data, representing extended follow-up for dabrafenib monotherapy, demonstrate that durable benefit lasting ≥ 5 years is achievable in a subset of patients.

Trial registration: ClinicalTrials.gov (BREAK-2, [NCT01153763](https://clinicaltrials.gov/ct2/show/study/NCT01153763); BREAK-3, [NCT01227889](https://clinicaltrials.gov/ct2/show/study/NCT01227889)).

Keywords: BRAF; Dabrafenib; Long-term outcomes; Melanoma; Metastatic.

Copyright © 2019 Elsevier Ltd. All rights reserved.

Related information

FOLLOW NCBI



Follow NLM

National Library of
Medicine
8600 Rockville Pike
Bethesda, MD 20894

Copyright
FOIA
Privacy

Help
Accessibility
Careers

NLM NIH HHS USA.gov

[MedGen](#)

[PubChem Compound \(MeSH Keyword\)](#)

LinkOut - more resources

Full Text Sources

[ClinicalKey](#)

[Elsevier Science](#)

Medical

[ClinicalTrials.gov](#)

[MedlinePlus Health Information](#)

Research Materials

[NCI CPTC Antibody Characterization Program](#)