



# Adjuvant and neoadjuvant therapies in melanoma

Kok Haw Jonathan Lim,<sup>1</sup> Teresa Amaral <sup>2</sup>

**To cite:** Lim KHJ, Amaral T. Adjuvant and neoadjuvant therapies in melanoma. *ESMO Open* 2020;5:e000849. doi:10.1136/esmoopen-2020-000849

Click here to listen to the Podcast

The therapeutic landscape in melanoma is evolving rapidly. In this podcast, Dr Jonathan Lim (a member of the ESMO Young Oncologists Committee) interviews Dr Teresa Amaral (the current chair of the ESMO Young Oncologists Committee and an expert in melanoma) for an update on the current practice and advances in adjuvant and neoadjuvant therapies in melanoma.

Dr Amaral summarises key practice-changing studies which have established the current recommendations in this field, including CheckMate 238, KEYNOTE 054, COMBI-AD, Combi-Neo, NeoCombi and opACIN-neo. We also deliberated on the toxicity profile of these therapies, and currently available evidence of neoadjuvant versus adjuvant therapies. Finally, we addressed how COVID-19 has affected the delivery of adjuvant and neoadjuvant therapies in patients with melanoma.

- ▶ Mixture-Cure Modelling in CheckMate 238 – <https://doi.org/10.1093/annonc/mdz255>
- ▶ COMBI-AD – <https://doi.org/10.1056/NEJMoa1708539>
- ▶ Combi-Neo – [https://doi.org/10.1016/S1470-2045\(18\)30015-9](https://doi.org/10.1016/S1470-2045(18)30015-9)
- ▶ NeoCombi – [https://doi.org/10.1016/S1470-2045\(19\)30331-6](https://doi.org/10.1016/S1470-2045(19)30331-6)
- ▶ OpACIN-neo – [https://doi.org/10.1016/S1470-2045\(19\)30151-2](https://doi.org/10.1016/S1470-2045(19)30151-2)

**Funding** The authors have not declared a specific grant for this particular research from any funding agency in the public, commercial or not-for-profit sectors. KHJL is currently funded by the Wellcome Imperial 4i Clinical Research Fellowship.

**Competing interests** TA receives personal fees and travel support from Bristol-Myers Squibb and Novartis, and personal fees from Pierre Fabre and CeCaVa.

**Patient consent for publication** Not required.

**Provenance and peer review** Not commissioned; internally peer reviewed.

**Open access** This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, any changes made are indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

## ORCID iD

Teresa Amaral <http://orcid.org/0000-0002-2516-5181>

© Author(s) (or their employer(s)) 2020. Re-use permitted under CC BY-NC. No commercial re-use. Published by BMJ on behalf of the European Society for Medical Oncology.

<sup>1</sup>Department of Medical Oncology, The Christie NHS Foundation Trust, Manchester, UK

<sup>2</sup>Interdisciplinary Skin Cancer Centre, University Medical Centre Tuebingen, Tuebingen, Germany

## Correspondence to

Dr Kok Haw Jonathan Lim;  
jonathan.lim@doctors.org.uk

## FURTHER READING

- ▶ CheckMate 238 – <https://doi.org/10.1056/NEJMoa1709030>
- ▶ KEYNOTE 054 – <https://doi.org/10.1056/NEJMoa1802357>
- ▶ EORTC18071 – [https://doi.org/10.1016/S1470-2045\(15\)70122-1](https://doi.org/10.1016/S1470-2045(15)70122-1)