

# Efficacy of Immune Checkpoint Inhibitors for the Treatment of Advanced Melanoma (AM) in Patients with Concomitant Chronic Lymphocytic Leukemia (CLL)

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## BACKGROUND

- CLL is the most prevalent adult leukemia and is associated with an increased risk of melanoma
- CLL alters systemic immunity and can induce T-cell exhaustion, which may limit the efficacy of ICI in patients with CLL
- ICIs have revolutionized management of AM, but data on ICI effectiveness have largely been restricted to clinical trials, thereby excluding patients with co-existing malignancies

### AIM

We, therefore, sought to examine the efficacy of ICI for melanoma in patients with concomitant CLL and AM

## METHODS & PATIENTS

Patients with concomitant CLL & advanced melanoma treated with checkpoint inhibitor (n = 58 pts)

Advanced melanoma treated with ICI

MDACC

Mayo Clinic

Australia

Australia

n = 24 pts

n = 15 pts

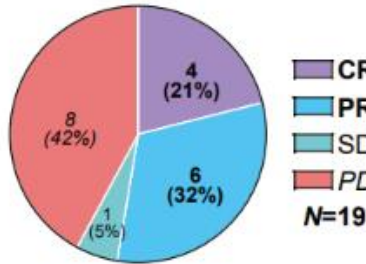
n = 19 pts

n = 148 pts

- Multicenter retrospective study
- Outcomes: Objective response rate (RECIST v1.1) and survival outcomes

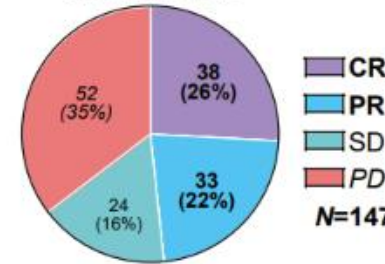
## RESULTS

AUS CLL & Melanoma



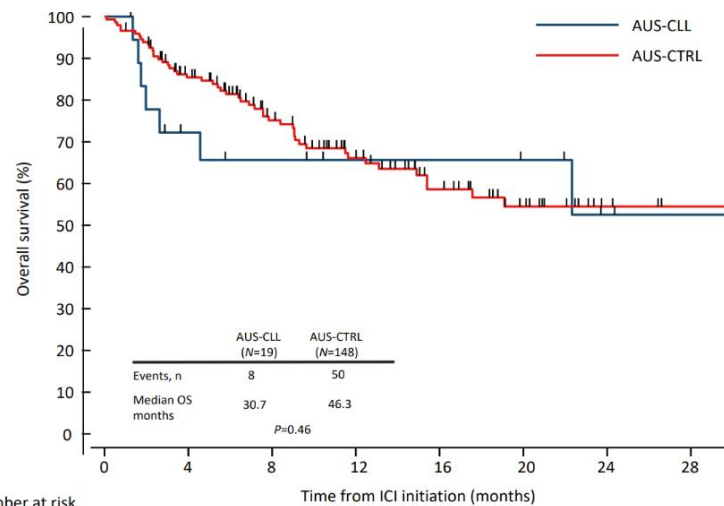
Response Rate (CR+PR) 53%

AUS Advanced Melanoma Alone



Response Rate (CR+PR) 48%

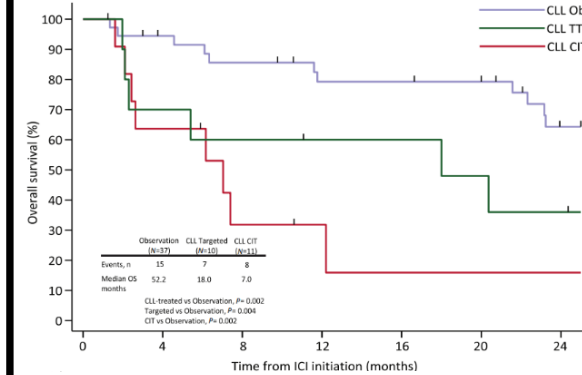
- ORRs (above) and OS (below) comparable between AUS-CLL/AM (n=19) and AM control cohorts (n=148)



Number at risk

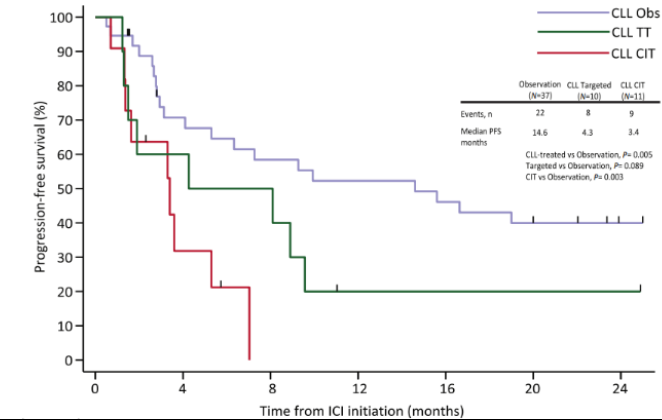
	0	4	8	12	16	20	24	28
AUS-CLL	19	11	9	7	7	6	3	2
AUS-CTRL	148	112	81	55	35	23	10	7

## RESULTS



- Left) OS stratified by prior treatment history for CLL

- Right) PFS stratified by prior treatment history for CLL



## CONCLUSIONS

- Patients with concomitant CLL and melanoma demonstrate frequent, durable clinical responses to ICI
- However, those with prior chemoimmunotherapy treatment for CLL had significantly worse outcomes.
- We also found that CLL disease course is largely unchanged by treatment with ICI.