

# DABRAFENIB AND TRAMETINIB: COMBINATION THERAPY FOR METASTATIC MELANOMA

Carriles Fernández, C, Arias A, Rosado María C, Zapico García I, Zarate Tamames B, Menárguez Blanc R, Lozano-Blázquez A.

Pharmacy. Hospital Universitario Central de Asturias. Oviedo (Spain)

The BRAF inhibitor dabrafenib and the MEK inhibitor trametinib are indicated for the treatment of patients with unresectable or metastatic melanoma with a BRAF (V600) mutation. Combination of both drugs has shown more effectiveness and an increase on the survival. These are used in first line treatment for patients with mutated BRAF, and in second line for patients with no-mutated BRAF.

❑ **Objective:** to evaluate the effectiveness and tolerability of both dabrafenib and trametinib, based on the overall survival (OS) and progression free survival (PFS) for metastatic melanoma.

❑ **Material and methods**

- ❑ Age and gender
- ❑ Wild or mutated BRAF
- ❑ Dose reductions
- ❑ Progression and death date
- ❑ Adverse effects

Retrospective study that included patients receiving combination of dabrafenib and trametinib.

Period of study was from May , 2015 until September , 2018.

Kaplan-Meier method was used to analyze PFS and OS. Statistical analysis was made with STATA.14®

❑ **Results**

- ❑ 14 men and 18 woman. Median age 59.4 years (range 34.4-82.7)
- ❑ V600-BRAF was mutated in all patients
- ❑ Only 6 patients are still receiving the treatment. 25 stopped due progression and 2 due adverse effects
- ❑ 38% of patients had to reduce dose due to toxicity.

Median Progression Free Survival: **7.38 months (IC95%: 5.51-11.44)**  
Median Overall Survival: **16.23 months (IC95%: 14.52–not reached)**

Side effects
Fever and asthenia
Dermatologic effects: eczema, rash, edemas
Neurological toxicity: cephalaea, confusion, dizzines, loss of memory
Visual alterations: photophobia, visual reduction

❑ **Conclusions**

Dabrafenib and trametinib are a good alternative for patients diagnosed of metastatic melanoma with BRAF mutation. Despite the toxicity, that is a serious conditioning for patients' life, the results of PFS and OS are significant for patients without other options for years. More studies comparing dabrafenib and trametinib with other therapies in advanced melanoma, such as immunotherapy, are needed to choose the best option for treating patients.

