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ANALYSIS OF TREATMENT WITH VEMURAFENIB AND DABRAFENIB IN PATIENTS WITH METASTASIC MELANOMA IN A TERTIARY HOSPITAL

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BACKGROUND

In recent years new drugs have been approved for metastatic melanoma. The BRAF gene is the most common mutation in cutaneous melanomas and is present in 50% of melanomas. Vemurafenib and dabrafenib are used for the treatment of adult patients with unresectable or metastatic melanoma with BRAF V600 mutation positive.

PURPOSE

Analyze the use of targeted therapies anti B-RAF, vemurafenib or dabrafenib, combined or not with the MEK inhibitor trametinib or cobimetinib in a tertiary hospital in patients diagnosed with metastatic melanoma.

MATHERIAL AND METHODS

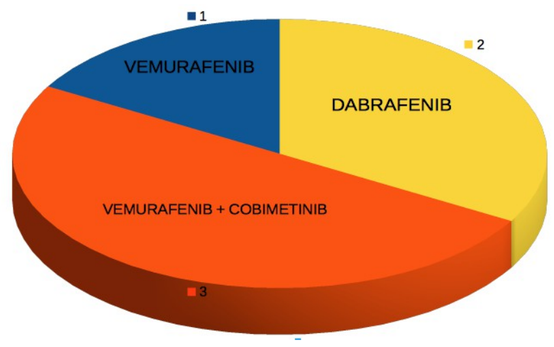
Retrospective observational study including all patients treated with vemurafenib or dabrafenib associated or not with trametinib or cobimetinib from May 2014 to April 2016.

RESULTS

6 patients, 50% male, were evaluated with an average age of 63 years (84-46).SAP software was used for medical history, nursing and dispensations record.

1 received vemurafenib alone, 3 patients received vemurafenib associated with cobimetinib, and the other 2 received trametinib with dabrafenib.

One of the patients with dabrafenib and trametinib (2 cycles, ECOG: 2), and the patient who received vemurafenib alone (3 cycles, not reflected ECOG) are exitus.



The remaining patients continued on treatment, receiving 17 cycles the patient with dabrafenib-trametinib, 5 cycles two patients with vemurafenib-cobimetinib and 4 the other, with ECOG:0.1 patient had lung, lymph nodes and liver metastases, other lung, another mediastinal metastases, another skin and peritoneal, and two patients had lymph node progression when they started anti-BRAF therapy. At that moment, LDH levels were increased in 50% of patients.

Adverse reactions included fever in the case with dabrafenib-trametinib, acne, mild abdominal pain, and asthenia in another patient with dabrafenib-trametinib. In the case of vemurafenib, eritrodermia requiring discontinuation, and in the cases of vemurafenib-cobimetinib, skin toxicity (sores) in a associated with vemurafenib patient, which reaches grade III forced to lower the dose to half of both drugs, and likely drug-induced fever, causing the hospitalization of a patient.

CONCLUSIONES

It seems that the number and location of metastases, the value of LDH, ECOG 0, and the combination of drugs antiBRAF with the MEK inhibitor determines survival and tolerance to the drug, but it will take further follow-up to see the evolution of patients.

References and/or Acknowledgements
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