

# EA6191/BAMM2

## For Patients with Advanced BRAF V600E/K Melanoma

### EA6191 Available Through ECOG-ACRIN Cancer Research Group

The BAMM2 (BRAf, Autophagy, MEK Inhibition in Melanoma) Study:  
A Randomized Double Blind Phase II Study of Dabrafenib and Trametinib with or without Hydroxychloroquine in Advanced BRAF V600E/K Melanoma with elevated LDH

#### Patient Population

See Section 3.0 for Complete Eligibility Details

- Age ≥18 years, ECOG PS 0-1, and adequate lab values
- Must have locally advanced unresectable stage IIIc-IV melanoma; must have BRAF V600E/K tumor genotype based on a CLIA approved assay
- Must have LDH > Upper limit per institution standards
- Must have measurable disease (RECIST 1.1)
- Must have been treated with prior immune checkpoint inhibitor therapy (anti-PD-1, anti-CTLA-4, or a combination regimen including either or both agents) in the adjuvant/metastatic setting (see protocol for timeframes)
- May have been treated with prior adjuvant therapy including combined BRAF and MEK inhibitor therapy (see protocol for details), or prior chemo/radiation therapy
- Must not be experiencing an objective partial response to immunotherapy at time of study enrollment
- No history of interstitial lung disease (ILD)/chronic pneumonitis (the patient is eligible if the ILD is clinically insignificant and asymptomatic)
- Must not have porphyria/psoriasis, unless it's well controlled and they are under the care of a specialist who agrees to monitor the patient for exacerbations
- No previously documented retinal vein occlusion
- No history/evidence of increased cardiovascular risk per protocol
- Must be able to swallow and retain oral medication and must not have any clinically significant gastrointestinal abnormalities that may alter absorption
- Must not be receiving concurrent therapy for their tumor (i.e., chemotherapeutics/investigational agents; see protocol for exceptions)
- Must not have received cytochrome P450 enzyme-inducing anticonvulsant drugs within 4 weeks of randomization; no current use of a prohibited medication
- HIV, HBV, and HCV patients are eligible per protocol

#### Treatment Plan

See Section 5.0 for Complete Treatment Details

One cycle= 28 days; patients are randomized to "Arm X"

##### Arm A:

- Dabrafenib 150 mg PO twice daily
- Trametinib 2 mg PO once daily
- Hydroxychloroquine (HCQ) 3 pills PO twice daily (200 mg each)

##### Arm B:

- Dabrafenib 150 mg PO twice daily
- Trametinib 2 mg PO once daily
- Placebo 3 pills PO twice daily

Dabrafenib and trametinib may be continued indefinitely until progression of disease. Due to the risk of retinal toxicity, HCQ/placebo will be administered for a maximum of 2 years, unless there is sufficient evidence from a comprehensive retinal exam that there are no early signs of retinal toxicity and the treating ophthalmologist provides a written monitoring plan more frequently than yearly

##### Notes:

- The patient will be required to keep a study diary for oral medication (to be submitted at each clinic visit)
- Dabrafenib and trametinib are administered on an empty stomach, whole
  - ◊ If dabrafenib is missed, it should not be taken if it is less than 6 hours until the next dose; if trametinib is missed, the dose can be taken if it is more than 12 hours until the next scheduled dose
- The HCQ/placebo dosing schedule may be adjusted as needed in order to minimize gastrointestinal side effects
- See protocol Section 5.1.6 for concomitant medications/procedures

**Study Chair:**  
Ravi K. Amaravadi, MD

**Study Co-Chair:**  
Janice Mehnert, MD

#### Patient Enrollment

All Sites: Oncology Patient Enrollment Network (OPEN), <https://open.ctsu.org>

#### Protocol Information

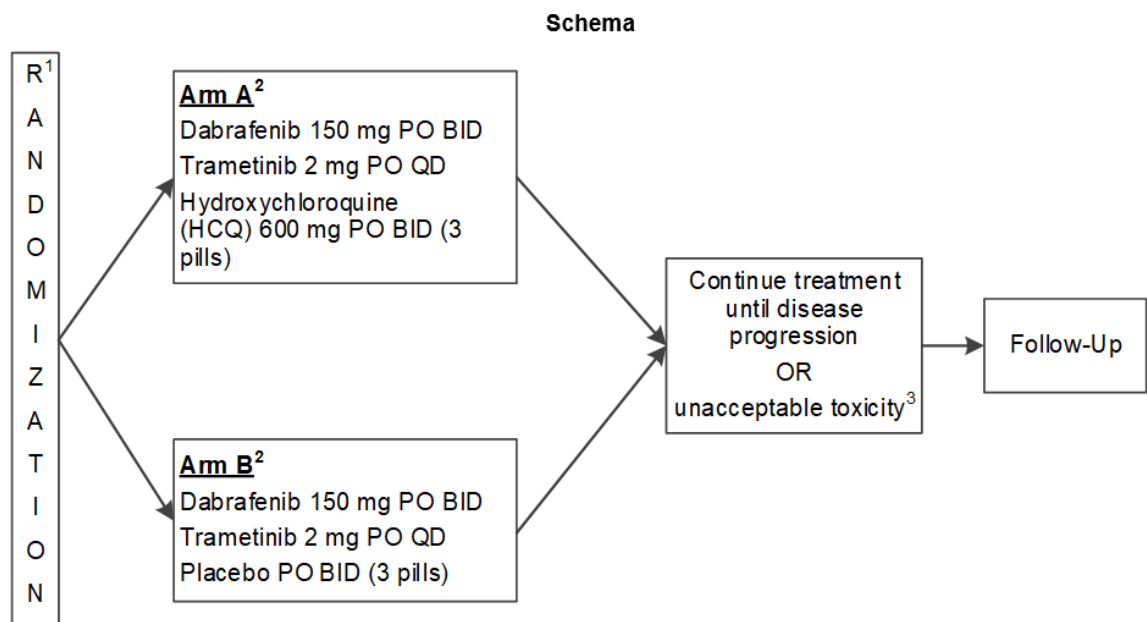
ECOG-ACRIN Operations-Boston: 857-504-2900, <http://ecog-acrin.org> (Member Login)

**Please Enroll Your Eligible Patients!**

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1. Randomization will be double blinded 1:1.
2. When a patient has been randomized, the confirmation of the registration will indicate that the patient is on Arm X. The patient will actually be on Arm A or B, however, since this is a double-blinded trial, that information cannot be displayed.
3. Dabrafenib and trametinib may be continued indefinitely until progression of disease. Due to the risk of retinal toxicity HCQ/placebo will be administered for a maximum of 2 years unless there is sufficient evidence from a comprehensive retinal exam that there are no early signs of retinal toxicity and the treating ophthalmologist provides a written plan of monitoring more frequently than yearly for treatment beyond 2 years