ECOG-ACRIN
cancer research group

E1609 Clinical Trial Results Summary

Ipilimumab or High-Dose Interferon Alfa-2b in Treating Patients with High-Risk Stage 3-4 Melanoma That Has Been Removed by Surgery

What did this trial involve and who was it for?

E1609 was for patients with stage 3-4 melanoma who had already undergone successful surgery to have their cancer removed but had a high risk of it coming back. At the time of the study, the drug interferon alfa-2b was an FDA-approved treatment commonly used to reduce the chances of the melanoma returning after surgery. However, this treatment was only effective for some patients.

The purpose of E1609 was to test another drug, ipilimumab, to see if it would be more successful at preventing melanoma from returning. At the time of the study, ipilimumab was not yet FDA approved for patients whose melanoma was already treated with surgery. The study also aimed to find out the most effective and safer dose of ipilimumab, should it be found to be more effective than interferon alfa-2b.

A total of 1670 adult patients with melanoma participated in E1609. Participants were randomly assigned by a computer to one of three treatment groups: the standard treatment of interferon alfa-2b for a maximum of 52 weeks; ipilimumab dosed at 3 mg/kg; or ipilimumab dosed at 10 mg/kg. Treatment in the ipilimumab arms continued for a maximum of 60 weeks.

What are the results?

Preliminary data for the two ipilimumab treatment groups was published in 2017; the findings at that time were as follows:

- At 3 years after the end of treatment, there was no significant difference in cancer-free status between the two ipilimumab groups: 54% of patients in the 10 mg/kg group and 56% of patients in the 3 mg/kg group did not experience a return of their cancer.
- However, patients who received the ipilimumab 10 mg/kg dosing were more likely to have serious treatment-related side effects: 57% in the 10 mg/kg group versus 36% in the 3 mg/kg group.
- Data for the interferon alfa-2b treatment group was not published at this time.

Long-term follow-up results were published in 2019, including data for the interferon alfa-2b treatment group:

- At 5 years after the end of treatment, patients who received ipilimumab at the 3 mg/kg dose had significantly improved overall survival compared with patients who received interferon alfa-2b.
- Ipilimumab at 10 mg/kg did not show a significant survival advantage versus the interferon alfa-2b. Patients receiving the 10 mg/kg dose also experienced more serious side effects than those in the 3 mg/kg ipilimumab group.
- Seventy-nine percent of patients who received interferon alfa-2b experienced serious side effects, significantly higher than either of the ipilimumab groups.

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What do the results mean for patients?

- Patients who received ipilimumab 3 mg/kg had significantly improved survival rates at 3 years and 5 years after the end of treatment and were less likely to experience serious side effects.
- Based on the study's findings, investigators recommended that interferon alfa-2b should no longer be the standard treatment for high-risk melanoma treated with surgery.
- In 2015, the FDA approved ipilimumab for patients whose melanoma was already treated with surgery but had a high risk of returning.

For more information, go to:

- United States National Institutes of Health (NIH) Library of Medicine: https://clinicaltrials.gov/study/NCT01274338
- *Journal of Clinical Oncology* (2017 results): https://doi.org/10.1200/JCO.2017.35.15_suppl.9500
- *Journal of Clinical Oncology* (2019 results): https://ascopubs.org/doi/full/10.1200/JCO.19.01381

About ECOG-ACRIN

This trial was led by the ECOG-ACRIN Cancer Research Group (ECOG-ACRIN). ECOG-ACRIN is a membership-based scientific organization that designs and conducts cancer research involving adults who have or are at risk of developing cancer. ECOG-ACRIN is a component of the National Cancer Institute's National Clinical Trials Network. Learn more at www.ecog-acrin.org.

To all the patients that participated in this trial, thank you. Without the involvement of patients like you, this research would not have been conducted.