



Recent therapeutic strategies for metastatic melanoma: introduction to invited articles

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Recently, new drug treatments for metastatic melanoma have been developed and are classified by two types of medication. One type consists of the immune checkpoint inhibitors, nivolumab, ipilimumab and pembrolizumab, which have brought the effect of anti-cancer immunity and long-term survival but have also brought the possibility of new severe adverse events in some cases. Moreover, the efficacy of their administration is relatively slow to appear. The other type consists of the selective molecular target inhibitors: the BRAF inhibitors vemurafenib and dabrafenib, and the MEK inhibitor trametinib. Their efficacy appears relatively early, but the probability of BRAF mutation is much lower in Japanese patients than in Caucasians and it is a severe problem that melanoma cells will gain resistance against the treatment with the selective molecular target inhibitors in several months.

Recently, combination therapy with nivolumab and ipilimumab has shown a high rate of efficacy in advanced melanoma cases, although it carries the high risk of severe adverse events [1]. Furthermore, adjuvant therapy with nivolumab has resulted in a significantly longer recurrence-free period of survival than adjuvant therapy with ipilimumab in resected stage III or IV melanoma cases [2].

Such recent therapeutic strategies for metastatic melanoma have advanced greatly, but much remains to be done because neither the response rate nor the control of adverse

events are yet satisfactory. It will be critical to determine not only the optimal treatment including combination therapy, but also how to select the optimal treatment for each patient before it is started. Of course, the control of adverse events is extremely important as well.

For these reasons, I invited two famous experts in Japan to describe their articles on such strategies for metastatic melanoma. Professor Kawakami is one of the most famous oncology-immunologists in Japan, who will explain the fundamental mechanism of immunologic strategies for metastatic melanoma. Professor Uhara is one of the most famous oncology-dermatologists in Japan, who will explain his clinical experiences and reports on recent therapeutic strategies for metastatic melanoma.

Compliance with ethical standards

Conflict of interest The author has no conflict of interest.

References

1. Wolchok JD, Chiarion-Sileni V, Gonzalez R et al (2017) Overall survival with combined nivolumab and ipilimumab in advanced melanoma. *N Engl J Med* 377:1345–1356
2. Weber J, Mandala M, Del Vecchio et al (2017) Adjuvant nivolumab versus ipilimumab in resected stage III or IV melanoma. *N Engl J Med* 377:1824–1835

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