

Dabrafenib plus trametinib versus anti-PD-1 monotherapy as adjuvant therapy in BRAF V600-mutant stage III melanoma after definitive surgery: a multicenter, retrospective cohort study



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The authors added detailed treatment data which may be valuable information for readers to their study “Dabrafenib plus trametinib versus anti-PD-1 monotherapy as adjuvant therapy in BRAF V600-mutant stage III melanoma after definitive surgery: a multicenter, retrospective cohort study”.

“In our study, amongst 205 PD-1 treated patients, there were 106 treated with nivolumab, 81 with pembrolizumab, and 18 with toripalimab.

We performed an *ad hoc* analysis using nivolumab as the reference, and no differences in terms of either RFS and OS were observed between different therapeutic agents in multivariate analysis adjusting for age, sex, ethnicity, BRAF mutation subtype, AJCC staging, SLNB, CLND, and adjuvant radiotherapy statuses:

RFS: pembrolizumab: HR 0.90 (95% CI, 0.56–1.43, P = 0.65), toripalimab: HR 0.63 (95% CI, 0.22–1.83, P = 0.40).

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OS: pembrolizumab: HR 0.80 (95% CI, 0.35–1.82, P = 0.59), toripalimab: HR 0.34 (95% CI, 0.07–1.57, P = 0.17).

The median on-treatment duration of different treatments: nivolumab 10.5 months, pembrolizumab

11.4 months, and toripalimab 11.0 months; all close to 12 months, with a median duration difference of <1 month, thus considered clinically insignificant.

This additional information does not affect any of the findings and conclusions in the original paper.