

## Letter to the Editor

## In Reply to Fabi

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We appreciate Fabi's thoughtful commentary on our study regarding the importance of future work to address the optimal timing of immune checkpoint inhibitors (ICIs) relative to radiation therapy (RT) for mucosal melanoma.<sup>1</sup> There is biologic rationale to suggest that both local control and systemic response may be affected by synergistic actions of RT and ICIs, although this remains to be proven in clinical practice.<sup>2</sup>

In our study, we chose to include patients who received ICIs before or concurrent with RT, after RT, or at the time of disease recurrence both because this reflects the heterogeneity of our experience and because of our interest in the sequencing of these therapies. Given our limited numbers, we believed there was not a reliable method to account for patient selection, evolution of treatment approach over time, and immortal time bias to enable statistical comparison of outcome by ICI timing. However, a recent study by Mitra et al of patients with anorectal melanoma undergoing surgery and adjuvant RT did not find an association between the use of neoadjuvant or of adjuvant systemic therapy and local or distant control, although <30% of patients receiving systemic therapy received ICIs.<sup>3</sup>

Notably, we observed favorable survival outcomes in patients who responded to ICIs, which is consistent with findings from Ho et al, who found improved event-free survival in patients with resectable mucosal melanoma treated with neoadjuvant ICIs.<sup>4</sup> In the absence of

prospective data to guide treatment choice and timing, these findings may suggest that the most effective strategy for localized or locally advanced mucosal melanoma is aggressive local and systemic therapy to address the significant risks of both local and distant failure.

## Disclosures

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## References

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