Poster 75: Outcomes and adverse events with immunotherapy use for patients with vulvovaginal melanoma

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Topic
Vulvar

Objectives
To evaluate the use, response, and adverse effects of immunotherapy (IO) in patients with vulvovaginal melanoma

Methods
This is a retrospective single-center cohort study including patients who received IO for treatment of vulvovaginal melanoma between 11/2018 - 11/2024. Patients with diagnosis of vulvar (n=6) or vaginal (n=5) melanoma and use of IO were identified retrospectively. Clinicopathologic characteristics were collected.

Results
11 patients with vulvovaginal melanoma received treatment with single or combination IO. Stage at diagnosis ranged from IIA to IVB. 8 patients (72.7%) previously underwent primary excision, 3 patients (27.3%) were treated for disease recurrence, and 5 patients received ≥2 lines of IO. The following IOs were used: nivolumab monotherapy (n=5), nivolumab & ipilimumab combination therapy (n=7), pembrolizumab (n=5), nivolumab & relatlimab-rmbw combination therapy (n=3), and XmAb2284 (CTLA-4/LAG-3 receptor target, n=1). Pembrolizumab was associated with the highest clinical response rate (80%). In patients with objective response, the shortest mean time to initial response was 2.3 months with nivolumab/ipilimumab, followed by 3.6 months in pembrolizumab. 10 of 11 patients experienced at least 1 irAE, with a cumulative 40 irAEs among all patients (mean of 3.6 irAE/patient). 47.5% (19) of irAEs were Grade I, 27.5% (11) were Grade II, 20.0% (8) were Grade III, and 5.0% (2) were Grade IV. The most common irAEs were as follows: GI (25.0%), thyroid dysfunction (15.0%), constitutional (15.0%), dermatologic (15.0%), hematologic (7.5%), and MSK (7.5%). The average number of irAEs per patient also did not vary significantly between vaginal and vulvar etiologies (2.3 vs 1.8, respectively). PDL-1 status was known in 7 of 11 patients, with 4 positive. Among these patients, PDL-1 positivity was not predictive of response. Median PFS was 7.6 months for IO use associated with a response and 4.2 months for all patients. OS was 90.9%, 45.5%, and 27.3% at 1, 3, and 5 years.

Conclusions
While combination IO was associated with more frequent irAEs, in this study vulvovaginal melanoma patients tolerated immunotherapy with an acceptable toxicity profile. PDL-1 status did not correlate with treatment response in this small cohort. Further clinical studies are needed to better characterize treatment response in these rare tumors.

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Abstract Table or Graph

Immunotherapy	Nivolumab	Nivolumab, Ipilimumab	Nivolumab, Relatlimab-rmbw	Pembrolizumab	XmAb2284
Frequency used	5	7	3	5	1
Grade I	4	5	3	7	0
Grade II	2	3	3	2	1
Grade III	1	6	0	1	0
Grade IV	0	2	0	0	0
Total #irAE	7	16	6	10	1
irAE/use	1.4	2.3	2.0	2.0	1.0
# patients with AE	3	5	3	3	1
% patients with AE	60.0%	71.4%	100.0%	60.0%	100.0%
Stopped for toxicity	2	1	0	1	0