were developed to predict time-to-event outcomes based on patient-level data from pooled CheckMate-067 &-069 trials. Risk equations were inserted into a discrete event simulation to estimate the average life-years (LYs) and quality-adjusted life-years (QALYs) that can be gained with various treatment sequences over a lifetime horizon. Treatment sequences and corresponding efficacy data sources are presented below (table 1). Utility weights for quality-adjustment of LYs were obtained from published literature.

Results Treatment sequences starting with IO followed by BRAF+MEK were associated with 2.9–4.3 years of additional survival and 2.2–3.3 years of quality-adjusted survival versus sequences starting with BRAF+MEK followed by anti-PD-1. After 1L IO, the time spent in the treatment-free interval (TFI) is 3.3–5.0 years. LYs, QALYs, and time spent in TFI were higher with sequences starting with anti-PD-1+anti-CTLA-4 vs. anti-PD-1 alone.

Abstract 219 Table 1 Clinical outcomes on treatment sequences for BRAF MT melanoma

		Life Years					QALYs
1L therapy:	2L therapy:	1L	TFI	2L	Post 2L	Total	Total
BRAF+MEK[1]	Anti-PD1[2]	1.3	--	0.6	1.9	3.8	3.0
Anti-PD1+Anti-CTLA4[3]	BRAF+MEK[3]	1.5	5.0	0.6	1.0	8.1	6.3
Anti-PD1[3]	BRAF+MEK[3]	1.2	3.3	0.8	1.4	6.7	5.1

[1]COMBI-v & COMBI-d (maximum follow-up 76 months), COLUMBUS (median follow-up 48.8 months)
[2]CheckMate 037 (maximum follow-up 24 months)
[3]CheckMate 067 (minimum follow-up 60 months) & CheckMate 069 (median follow-up 24 months)
BRAF+MEK = dabrafenib+trametinib/encorafenib+binimetinib; Anti-PD-1+Anti-CTLA-4 = nivolumab+ipilimumab; Anti-PD-1 = nivolumab

Conclusions In this sequencing model with 5-year data from randomized clinical trials, initiating 1L treatment with IO provided prolonged survival compared to initiating 1L treatment with BRAF+MEK. Time spent in TFI represents a significant proportion of survival time for patients on IO initiating sequences. Limitations of the study are the reliance on published information for BRAF+MEK, which could lead to biases due to unmeasured differences in the patient populations or trial conduct and the absence of data on 2L combination IO. Anti-PD-1+anti-CTLA-4 as second line option has not been included because of a lack of clinical evidence. Findings from this analysis will require validation in ongoing prospective randomized clinical trials.

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220 REAL-WORLD OUTCOMES OF PATIENTS WITH RESECTED STAGE IIIA MELANOMA TREATED WITH ADJUVANT NIVOLUMAB

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Background Nivolumab is approved in the US and EU for the adjuvant treatment of resected stage III-IV melanoma based on results from the CheckMate-238 clinical trial.[1,2] However, the trial did not enroll any patients with Stage IIIA disease per the American Joint Committee on Cancer (AJCC) 7th edition criteria and included a limited number of patients with stage IIIA disease per the AJCC 8th edition.[3,4,5]Recognizing the need for real-world data to assess outcomes of patients with resected stage IIIA melanoma treated with adjuvant nivolumab, a non-interventional study was conducted to investigate treatment patterns and outcomes among patients receiving adjuvant nivolumab within the US community practice setting.

Methods A retrospective analysis of the US Oncology Network's iKnowMed medical data was conducted to examine patients with resected stage IIIA melanoma treated with adjuvant nivolumab between 01-Jan-2018 and 31-Dec-2019 with a follow-up period through 31-Mar-2020. Patients were followed for up to 27 months after their sentinel lymph node biopsy. Baseline demographic/clinical characteristics and treatment patterns were examined descriptively. Duration of treatment (DOT) and overall survival were analyzed using the Kaplan-Meier method.

Results A total of 58 patients with stage IIIA melanoma treated with adjuvant nivolumab were identified. Median age was 57.8 years (range 21.5–93.5), 62.1% were male, and 75.9% were Caucasian. Among patients with a documented Eastern Cooperative Oncology Group (ECOG) performance status (51.7%), all had an ECOG score of 0 or 1. Median follow-up time was 12.6 months (range 0.3–25.1). Median DOT was 10.6 months (range 6.8–12.0). Overall survival rates at 12 and 24 months were 97.7% (95% CI 84.6–99.7) and 92.2% (95% CI 69.6–98.2), respectively.

Conclusions This real-world analysis of patients with stage IIIA melanoma treated with adjuvant nivolumab showed that a large proportion of patients were alive at the end of the study period, suggesting these patients have a favorable prognosis. Further investigation and follow-up is warranted to assess clinically relevant outcomes among patients with resected stage IIIA melanoma.

Ethics Approval The study was approved by US Oncology Inc's Institutional Review Board, approval number 20-020E-2020-0224-01.

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221 POOR PERFORMANCE STATUS NEGATIVELY AFFECTS SURVIVAL BENEFIT OF IMMUNOTHERAPY IN NON-SMALL CELL LUNG CANCER

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Background Immunotherapy has shown survival benefit as both frontline and subsequent therapy in multiple cancers. However, its efficacy in patients with poor performance status is unknown since they are excluded from the clinical trials. We conducted a retrospective study to investigate the effect of poor performance status (PS) on survival in patients with non-small cell lung cancer (NSCLC) who received immunotherapy as a subsequent line of treatment.