**Congress Presidents**
Axel Hauschild, Kiel, Germany
Claus Garbe, Tuebingen, Germany

# 9th European Post-Chicago Melanoma/Skin Cancer Meeting

## Results and Interpretations of ASCO Presentations 2019: Interdisciplinary Global Conference on News in Melanoma/Skin Cancer

**Preliminary Program** (updated: 21/05/2019)

**June 20th–21st, 2019**
**Munich, Germany**
**Hilton Munich Park**

**www.melanomaglobal2019.org**

EADO
Under the auspices of the European Association of Dermato-Oncology

# CONTENT

# WELCOME MESSAGE

Dear colleagues and friends,

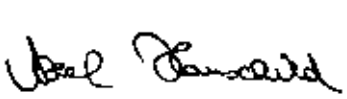
The first Post-Chicago Meeting on Melanoma/Skin Cancer took place 2011. In 2018, the meeting has attracted **nearly 700 participants from 41 countries.** The interactive congress offers a comprehensive overview on all new developments in melanoma diagnostics and therapy and a direct communication with the world´s leading experts in these fields.

**The aim of the Interdisciplinary Global Conference on News in Melanoma/Skin Cancer in Munich is to grant a deep overall insight into the development of new drugs for melanoma and other cutaneous malignancies.** The lively interaction of clinicians, as well as experts in translational and basic research, and representatives of the pharmaceutical industry, guarantees a successful outcome for every participant.

International key opinion leaders on melanoma will be invited to give an overview throughout specified presentations, to present latest clinical trial results, and to discuss on exciting new drugs with the audience. In addition to the scientific value of this meeting, every participant may seize the given opportunity to interact with experts in a familiar setting in one of the most interesting cities of Germany.

Please join us for this event and submit your own studies and case presentations as free communications and as posters.

**We look forward to welcoming you in Munich in June 2019!**



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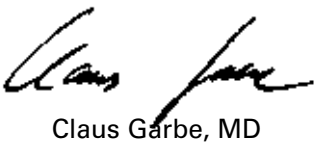
Congress President



Claus Garbe, MD
Congress President

# PROGRAM AT A GLANCE

## THURSDAY, JUNE 20TH

| | BALLROOM | RUMFORD |
|---|---|---|
| 8:00 | Opening of the conference | |
| | **SYMPOSIUM I**<br>My personal highlights at ASCO 2019 | |
| 9:00 | | |
| | **SATELLITE SYMPOSIUM I** | |
| 10:00 | | |
| | **KEY NOTE LECTURE** | |
| 11:00 | | |
| | COFFEE BREAK | |
| 12:00 | **SATELLITE SYMPOSIUM II** | |
| 13:00 | | |
| | **SYMPOSIUM II**<br>Adjuvant treatment of melanoma | **PARALLEL SESSION I**<br>Intralesional treatments: current clinical trials |
| 14:00 | | |
| | COFFEE BREAK | |
| 15:00 | **SATELLITE SYMPOSIUM III** | |
| 16:00 | **SATELLITE SYMPOSIUM IV** | **PARALLEL SESSION II**<br>Neoadjuvant treatment of melanoma |
| 17:00 | **SYMPOSIUM III**<br>Current controversies | |
| 18:00 | | |
| 19:00 | | |

# FRIDAY, JUNE 21ST

| | BALLROOM | RUMFORD |
|---|---|---|
| 8:00 | | FREE COMMUNICATIONS |
| 9:00 | KEY NOTE LECTURE | |
| | SATELLITE SYMPOSIUM V | |
| 10:00 | | |
| 11:00 | COFFEE BREAK | |
| | SATELLITE SYMPOSIUM VI | |
| 12:00 | | |
| 13:00 | SATELLITE SYMPOSIUM VII | |
| 14:00 | **SYMPOSIUM IV**<br>Systemic treatment of non-melanoma skin cancer and non-cutaneous melanoma | **PARALLEL SESSION III**<br>EADO Forum: Our most interesting melanoma cases |
| 15:00 | COFFEE BREAK | |
| | SATELLITE SYMPOSIUM VIII | |
| 16:00 | | |
| | **SYMPOSIUM V**<br>Biomarkers | |
| 17:00 | | |
| 18:00 | CLOSING REMARKS | |
| 19:00 | | |

SYMPOSIUM | SATELLITE SYMPOSIUM | KEY NOTE LECTURE | PARALLEL SESSION | FREE COMMUNICATIONS

# THURSDAY, JUNE 20TH

08:00
BALLROOM

## OPENING OF THE CONFERENCE

CHAIRPERSON: AXEL HAUSCHILD, KIEL, GERMANY

08:10–09:30
BALLROOM

## SYMPOSIUM I

My personal highlights at ASCO 2019

CHAIRPERSONS: GRANT MCARTHUR, MELBOURNE, AUSTRALIA
PAOLO ASCIERTO, NAPLES, ITALY

08:10–08:30 ... in melanoma
**Steven O'Day, Santa Monica, USA**

08:35–08:55 ... in non-melanoma skin cancer
**Celeste Lebbe, Paris, France**

09:00–09:20 ... in early clinical trials
**Reinhard Dummer, Zurich, Switzerland**

09:30–10:30
BALLROOM

## SATELLITE SYMPOSIUM I

*(see page 14)*

10:30–11:30
BALLROOM

## KEY NOTE LECTURE

CHAIRPERSONS: DIRK SCHADENDORF, ESSEN, GERMANY
STEVEN O'DAY, SANTA MONICA, USA

10:30–11:00 Cure of metastatic melanoma on the horizon?
**Grant McArthur, Melbourne, Australia**

11:00–11:30 Making a cold tumor hot for best response
**Olivier Michielin, Lausanne, Switzerland**

11:30–12:00

## COFFEE BREAK

12:00–13:30
BALLROOM

## SATELLITE SYMPOSIUM II

*(see page 14)*

# THURSDAY, JUNE 20TH

13:30–14:30
BALLROOM

## SYMPOSIUM II

Adjuvant treatment of melanoma

CHAIRPERSONS: FRIEDEGUND MEIER, DRESDEN, GERMANY
ERIKA RICHTIG, GRAZ, AUSTRIA

13:30–13:45 Who should receive adjuvant treatment for melanoma?
**James Larkin, London, United Kingdom**

13:50–14:05 BRAF-mutated stage III melanoma: which therapy?
**Jean Jacques Grob, Marseille, France**

14:10–14:25 Current clinical trials for stage II-IV melanoma
**Peter Mohr, Buxtehude, Germany**

13:30–14:30
RUMFORD

## PARALLEL SESSION I

Update on neoadjuvant/intralesional treatment for melanoma

CHAIRPERSONS: MERRICK ROSS, HOUSTON, USA
CELESTE LEBBE, PARIS, FRANCE

13:30–13:39 T-VEC alone and combinations
**Chistoph Höller, Vienna, Austria**

13:42–13:51 PV-10, Rose Bengal
**Merrick Ross, Houston, USA**

13:54–14:03 Darumun (L19-IL2/TNF) alone or in combination?
**Katharina Kähler, Kiel, Germany**

14:06–14:15 IMI-2125 (TLR-9 agonist)
**Selma Ugurel, Essen, Germany**

14:18–14:27 SD-101 (TLR-9 agonist)
**Robert Andtbacka, Boston, USA**

14:30–15:00 COFFEE BREAK

15:00–16:00
BALLROOM

## SATELLITE SYMPOSIUM III

*(see page 14)*

# THURSDAY, JUNE 20TH

16:00–17:00
BALLROOM

## SATELLITE SYMPOSIUM IV

*(see page 14)*

16:00–17:00
RUMFORD

## PARALLEL SESSION II

Neoadjuvant treatment of melanoma

CHAIRPERSONS: PAUL LORIGAN, MANCHESTER, UNITED KINGDOM
VAN ANH NGUYEN, INNSBRUCK, AUSTRIA

16:00–16:12 Neoadjuvant single agent PD-1 antibodies
**Jessica Hassel, Heidelberg, Germany**

16:15–16:27 Neoadjuvant Ipilimumab and Nivolumab
**Lisette Rozeman, Amsterdam, The Netherlands**

16:30–16:42 Neoadjuvant BRAF and MEK inhibition
**Paul Lorigan, Manchester, United Kingdom**

16:45–16:57 Are there currently conducted clinical trials?
**Felix Kiecker, Berlin, Germany**

17:00–19:00
BALLROOM

## SYMPOSIUM III

Current controversies

CHAIRPERSONS: STEVEN O'DAY, SANTA MONICA, USA
ROLAND KAUFMANN, FRANKFURT, GERMANY

17:00–17:24 Prevention of melanoma with sunscreens: feasible
**Yes: Jean Jacques Grob, Marseille, France**
**No: Claus Garbe, Tuebingen, Germany**

17:24–17:48 Population-based skin cancer screening is effective
**Yes: Alexander Katalinic, Luebeck, Germany**
**No: Philippe Autier, Glasgow, United Kingdom**

17:48–18:12 CLND for sentinel node positive patients
**Yes: Merrik Ross, Houston, USA**
**No: Roland Kaufmann, Frankfurt, Germany**

18:12–18:36 Adjuvant PD-1 antibodies for all comers
Biomarkers are ready for prime time
**Yes: Christian Blank, Amsterdam, The Netherlands**
**No: Dirk Schadendorf, Essen, Germany**

18:36–19:00 Adjuvant PD-1 antibodies for all comers
**Yes: James Larkin, London, United Kingdom**
**No: Caroline Robert, Paris, France**

# FRIDAY, JUNE 21ST

**08:00–09:00** — FREE COMMUNICATIONS

RUMFORD

CHAIRPERSONS: CHRISTOFFER GEBHARDT, HAMBURG, GERMANY
CARMEN LOQUAI, MAINZ, GERMANY

**09:00–09:30** — KEY NOTE LECTURES

BALLROOM

CHAIRPERSON: MICHAEL WEICHENTHAL, KIEL, GERMANY

09:00-09:30 The journey from nevus to melanoma
**Boris Bastian, San Francisco, USA**

**09:30–11:00** — SATELLITE SYMPOSIUM V

BALLROOM

*(see page 15)*

**11:00–11:30** — COFFEE BREAK

**11:30–13:00** — SATELLITE SYMPOSIUM VI

BALLROOM

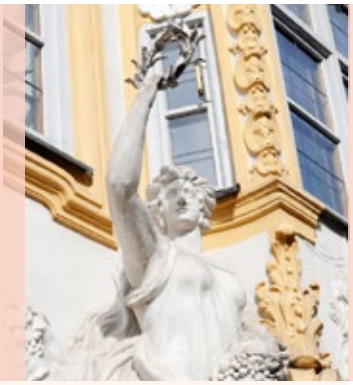
*(see page 15)*

**13:00–14:00** — SATELLITE SYMPOSIUM VII

BALLROOM

*(see page 15)*

# FRIDAY, JUNE 21ST



## 14:00–15:00
BALLROOM

## SYMPOSIUM IV
Systemic treatment of non-melanoma skin cancer and non-cutaneous melanoma

CHAIRPERSONS: LIDIJA KANDOLF SEKULOVIC, BELGRADE, SERBIA
CAROLA BERKING, MUNICH, GERMANY

14:00–14:10 Merkel cell carcinoma
**Celeste Lebbe, Paris, France**

14:12–14:22 Advanced cutaneous squamous cell carcinoma
**Ulrike Leiter, Tuebingen, Germany**

14:24–14:34 Basal cell carcinoma: hedgehog inhibitors and more
**Ralf Gutzmer, Hannover, Germany**

14:36–14:46 Mucosal melanoma
**Carola Berking, Munich, Germany**

14:48-14:58 Melanoma of unknown primary
**Thomas Eigentler, Tuebingen, Germany**

## 14:00–15:00
RUMFORD

## PARALLEL SESSION III
EADO Forum: Our most interesting melanoma cases

CHAIRPERSONS: ZELJKO MIJUSKOVIC, BELGRADE, SERBIA
PETR ARENBERGER, PRAGUE, CZECH REPUBLIC

14:00–14:06 Case 1
**Matilda Bylaitė-Bučinskienė, Vilnius, Lithunia**

14:07–14:13 Case 2
**Ricardo Vieira, Coimbra, Portugal**

14:14–14:20 Case 3
**Zeljko Mijuskovic, Belgrade, Serbia**

14:21–14:27 Case 4
**David Moreno-Ramirez, Seville, Spain**

14:28–14:34 Case 5
**Petr Arenberger, Prague, Czech Republic**

14:35–14:41 Case 6
**Judit Oláh, Szeged, Hungary**

14:42–14:48 Case 7
**Iris Zalaudek, Trieste, Italy**

14:49–14:55 Case 8
**Alessandro Di Stefani, Rome, Italy**

# FRIDAY, JUNE 21ST

15:00–15:30 COFFEE BREAK

15:30–16:30 SATELLITE SYMPOSIUM VIII
BALLROOM
*(see page 15)*

16:30–18:00 SYMPOSIUM V
BALLROOM
Biomarkers

CHAIRPERSONS: CHRISTIAN BLANK, AMSTERDAM, THE NETHERLANDS
LUCIE HEINZERLING, ERLANGEN, GERMANY

16:30 –16:42 Mutational tumor burden
**Bastian Schilling, Wuerzburg, Germany**

16:45 –16:57 PD-L-1
**Olivier Michielin, Lausanne, Switzerland**

17:00 –17:12 Markers for BRAF/MEK inhibitor resistance development
**Paolo Ascierto, Naples, Italy**

17:15 –17:27 Identification of risk patients by gene expression profiling
**Merrick Ross, Houston, USA**

17:30 –17:42 Markers for immune checkpoint resistance
**Christian Blank, Amsterdam, The Netherlands**

17:45 –17:57 What can we expect from panel sequencing?
**Klaus Griewank, Mainz, Germany**

18:00 CLOSING REMARKS
BALLROOM
**Claus Garbe, Tuebingen Germany**

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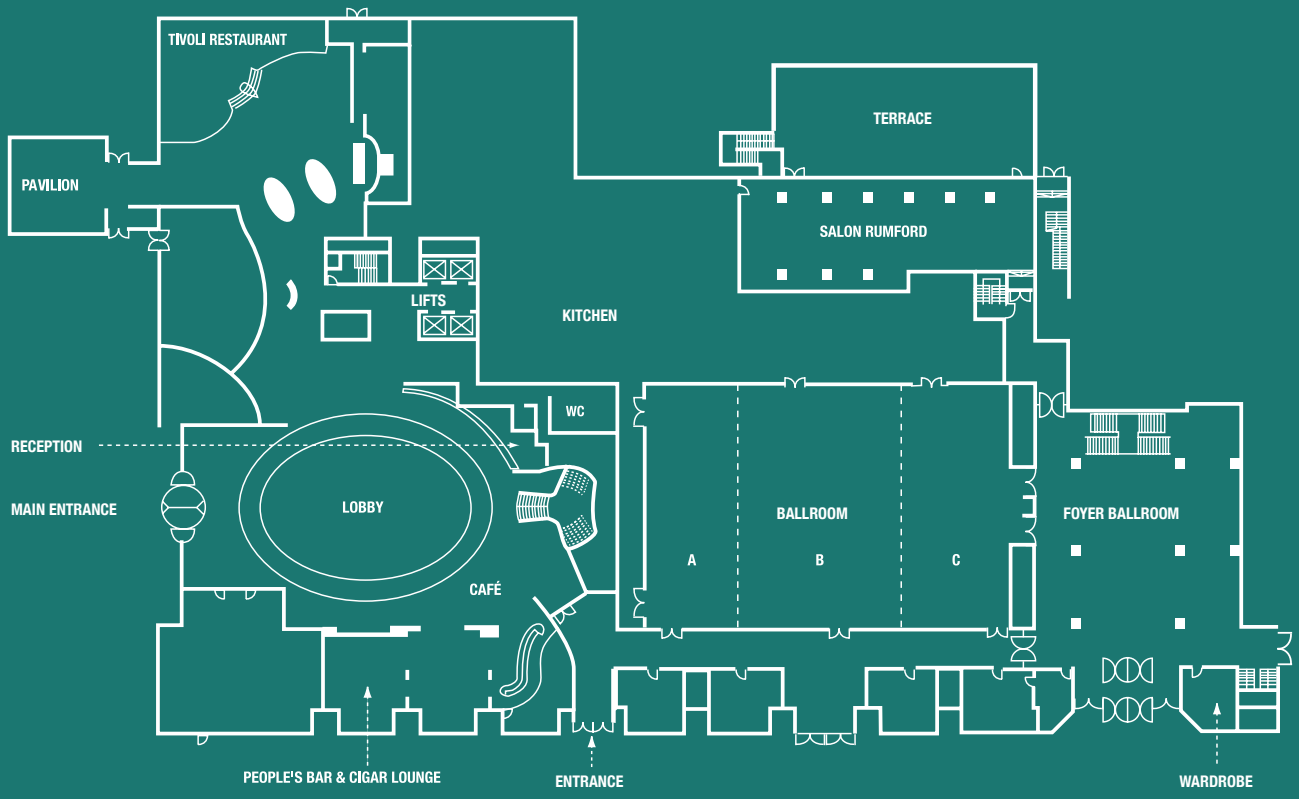
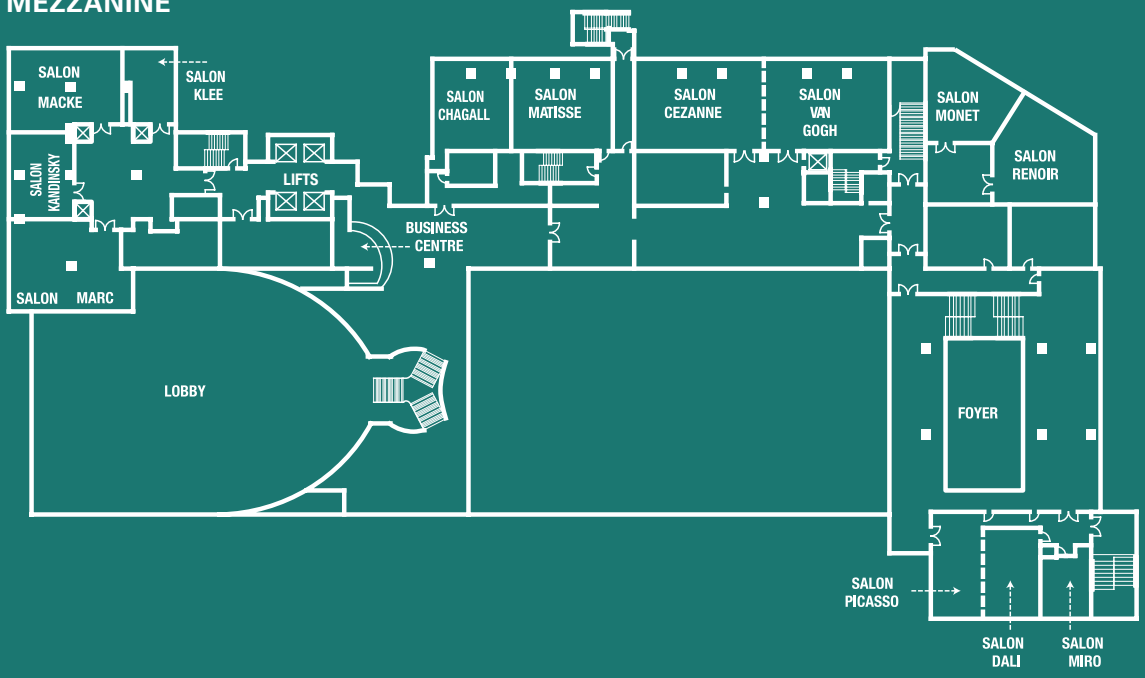
# FLOOR PLAN
## HILTON MUNICH PARK

### ERDGESCHOSS/GROUND FLOOR




### MEZZANINE



# SATELLITE SYMPOSIA OVERVIEW

## THURSDAY, JUNE 20TH

09:30–10:30 SATELLITE SYMPOSIUM I
**Sanofi** Gold Sponsor

12:00–13:30 SATELLITE SYMPOSIUM II

ROYAL BALLROOM

**Bristol-Myers Squibb** Platinum Sponsor

**The I-O-Treatment Continuum in Melanoma – How Close Are We to Cure?**

CHAIRPERSON: AXEL HAUSCHILD, KIEL, GERMANY

Lecture 1: Metastatic Melanoma – Recent Challenges and Future Role
**Dirk Schadendorf, Essen, Germany**

Lecture 2: Adjuvant Melanoma – Achievements and Open Questions
**Christoph Höller, Vienna, Austria**

Lecture 3: Melanoma Research – Thoughts on the Treatment Options for Tomorrow
**Olivier Michielin, Lausanne, Switzerland**

15:00–16:00 SATELLITE SYMPOSIUM III

ROYAL BALLROOM

**Roche** Gold Sponsor

**Cancer immunotherapy and targeted therapy combinations – the next evolution of metastatic melanoma treatment?**

CHAIRPERSON: AXEL HAUSCHILD, KIEL, GERMANY

15:00–15:10 Where are we now and what's next for metastatic melanoma?
**Axel Hauschild, Kiel, Germany**

15:10–15:25 Combination of immunotherapy and targeted therapy: a potential new approach on the horizon for metastatic melanoma?
**Paolo Ascierto, Naples, Italy**

15:25–15:40 CNS metastases: is there still an unmet need?
**Hussein Tawbi, USA**

15:40–15:55 Balancing benefit and risk when optimising therapy for metastatic melanoma patients
**Ana Arancem Barcelona, Spain**

15:55–16:00 Q&A and close
**Axel Hauschild, Kiel, Germany**

## 16:00–17:00 SATELLITE SYMPOSIUM IV

ROYAL BALLROOM

### **Philogen** Bronze Sponsor

**Daromun – a New Immunocytokine Product as Neoadjuvant in Resectable Stage III Melanoma**

CHAIRPERSON: CLAUS GARBE, TUEBINGEN, GERMANY

16:00–16:15 Lecture 1: Rationale for intralesional use of engineered cytokines
**Benjamin Weide, Tuebingen, Germany**

16:15–16:35 Lecture 2: Possible clinical impact of neoadjuvants in melanoma
**Axel Hauschild, Kiel, Germany**

16:35–16:55 Lecture 3: Rationale and design of a pivotal study of Daromun neoadjuvant in resectable Stage III melanoma
**Katharina Kähler, Kiel, Germany**

16:55–17:00 Q&A and close
**Claus Garbe, Tuebingen, Germany**

# SATELLITE SYMPOSIA OVERVIEW

## FRIDAY, JUNE 21ST

### 09:30–11:00 SATELLITE SYMPOSIUM V

ROYAL BALLROOM

**MSD** Platinum Sponsor

**Implications of a New Era in Melanoma Management**

CHAIRPERSON: AXEL HAUSCHILD, KIEL, GERMANY

09:00–09:35 Welcome and Introduction
**Axel Hauschild, Kiel, Germany**

09:35–09:45 Advances in Adjuvant Melanoma Treatment: Where Are We Today and What We Need for the Future
**Christoph Höller, Vienna, Austria**

09:45–10:00 Panel Discussion/Q&A

10:00–10:10 Long-term Survival in Advanced Melanoma: Implications for Practice
**Caroline Robert, Paris, France**

10:10–10:25 Panel Discussion/Q&A

10:25–10:40 Key Open Clinical Questions in a Advanced Melanoma Setting and Implications for Future Research
**Dirk Schadendorf, Essen, Germany**

10:40–10:55 Panel Discussion/Q&A

10:55–11:00 Closing Remarks
**Axel Hauschild, Kiel, Germany**

### 11:30–13:00 SATELLITE SYMPOSIUM VI

ROYAL BALLROOM

**Novartis** Platinum Sponsor

**Long-Term Updates in BRAF-Mutant Melanoma: Bringing the Big Picture Into Focus**

CHAIRPERSON: REINHARD DUMMER, ZURICH, SWITZERLAND

11:30–11:35 Welcome From the Chair
**Reinhard Dummer, Zurich, Switzerland**

11:35–12:05 Long-Term Outcomes and Biomarker Signals from Key Clinical Trials
**Caroline Robert, Paris, France**

12:05–12:25 Management Considerations for Patients Treated Long Term
**Jean-Jacques Grob, Marseille, France**

12:25–12:40 Emerging Novel Approaches
**Reinhard Dummer, Zurich, Switzerland**

12:40–12:55 Q&A and Discussion
**All faculty**

12:55–13:00 Closing Remarks From the Chair
**Reinhard Dummer, Zurich, Switzerland**

## 13:00–14:00 SATELLITE SYMPOSIUM VII

**Pierre Fabre** Gold Sponsor

## 15:30–16:30 SATELLITE SYMPOSIUM VIII

ROYAL BALLROOM

**Immunocore** Gold Sponsor

**Uveal melanoma: The evolving landscape and future prospects**

CHAIRPERSON: PAOLO ASCIERTO, NAPLES, ITALY

15:30–15:40 UM/CM: Course of the disease
- Explore the genetic, biological and clinical differences between CM and UM (mapped against the course of the disease)

**Paolo Ascierto, Naples, Italy**

15:40–15:45 Panel discussion
**Paolo Ascierto, Naples, Italy**

15:45–15:55 Current management of mUM
- Explore the latest data for treatments currently used in UM, highlighting the lack of consistent approach to managing UM compared to CM
- Highlight the lack of efficacy of therapies used in UM to date

**Carola Berking, Munich, Germany**

15:55–16:05 Audience Q&A/Panel discussion
**Paolo Ascierto, Naples, Italy**

16:05–16:15 Emerging therapeutics for mUM – what the future holds
- Explore the latest data from ongoing clinical trials in UM and mUM

**Reinhard Dummer, Zurich, Switzerland**

16:15–16:25 Audience Q&A/Panel discussion
**Paolo Ascierto, Naples, Italy**

16:25–16:30 Summary and close

# GENERAL INFORMATION


## Cancellation Policy

Cancellations must be received in writing by May 23rd, 2019. No refunds will be granted after that date. To cancel a registration, please send an email to info@medconcept.org and include "European Post-Chicago Melanoma Meeting 2019 Cancellation" in the subject line. A processing fee of 30 Euro will be deducted from each cancelled registration.

Substitutions (new ticket holder must come from the same institution) are possible and must be received in writing by June 17th, 2019. To substitute a registration please send an email including the name of the original registrant and the name of the person substituting to info@medconcept.org and include "European Post-Chicago Melanoma Meeting 2019 Substitution" in the subject line.

The participant acknowledges that he/she has no right to lodge damage claims against the organizers should the holding of the meeting be hindered or prevented by unexpected, political or economic events or generally by force, or should the non-appearance of speakers or other reasons need program changes. With registration, the participant accepts this proviso.

## CME Credits

An application for CME accreditation will be made.

### How to receive your CME Credits

To obtain CME credits, please fill in the evaluation form, which you will find in your congress bag and in the meeting rooms. To get your certificate of attendance with the CME credits, please return the evaluation form duly filled in to the registration desk

## Congress Date

June 20th–June 21st, 2019

## Congress Organization

MEDCONCEPT

Gesellschaft für medizinische Projekte mbH
Friedenstraße 58, 15366 Neuenhagen bei Berlin, Germany
info@medconcept.org
www.medconcept.org
Phone +49 (0)3342 42689-30
Fax +49 (0)3342 42689-40

www.melanomaglobal2019.org

## Congress Venue

HILTON MUNICH PARK
Am Tucherpark 7
80538 Munich, Germany
Phone: +49 (0)89 3845 0
Fax: +49 (0)89 3845 2588
E-Mail: info.munich@hilton.com
www.munich-park.hilton.com

## Exhibition

A commercial exhibition will be held at the congress venue, close to the main rooms.

### Exhibition Opening Hours

Thursday, June 20th, 2019 07:30–19:30
Friday, June 21st, 2019 07:30–18:00

## Insurance

The Organizer does not accept liability for individual medical, travel or personal insurance and participants are strongly advised to make their own arrangements in respect health and travel insurance.

## Language and Translation

The official language of the meeting will be English. Simultaneous translation will not be provided.

## Registration and Information Desk

The registration desk is situated at the ground floor of the Hilton Hotel to the right of the reception and in front of the meeting area entrance.

### Registration Desk Opening Hours

Wednesday, June 19th, 2019 17:00–19:00 (early check-in)
Thursday, June 20th, 2019 07:00–19:30
Friday, June 21st, 2019 07:30–18:00

## Registration

Please visit the congress website www.melanomaglobal2019.org for online registration or fill out the registration form on the last page of the program.

## Registration Fees

| | Early registration till April 5th | From April 6th till June 17th | On site |
|---|---|---|---|
| Full Delegates | 300 Euro | 400 Euro | 500 Euro |
| Doctors in training* and Eastern European countries | 200 Euro | 250 Euro | 300 Euro |
| Day Ticket | 150 Euro | 200 Euro | 250 Euro |

*Please forward appropriate documentary evidence via mail, email or fax to the congress office: MedConcept GmbH, Friedenstraße 58, 15366 Neuenhagen bei Berlin, Germany, info@medconcept.org, Fax: +49 (0)3342 42689-30

After June 17th, 2019 all registrations have to be made on-site at the meeting venue.

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# REGISTRATION FORM

## June 20th–21st, 2019 · 9th European Post-Chicago Melanoma/ Skin Cancer Meeting 2019

**Results and Interpretations of ASCO Presentations 2019: Interdisciplinary Global Conference on News in Melanoma/Skin Cancer**

First Name: _____ Last Name: _____

Professional Title: _____ Degree: ☐ MD ☐ PhD ☐ RN ☐ PA-C Other _____

Gender: ☐ Male ☐ Female Speciality: _____

Institution: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Daytime Telephone: _____ Fax: _____ E-Mail: _____

### Fees (VAT included)

| | Early registration till April 5th | From April 6th till June 17th | On site |
|---|---|---|---|
| Full Delegates | ☐ 300 Euro | ☐ 400 Euro | ☐ 500 Euro |
| Doctors in training* and Eastern European countries | ☐ 200 Euro | ☐ 250 Euro | ☐ 300 Euro |
| Day Ticket ☐ June 20th ☐ June 21st | ☐ 150 Euro | ☐ 200 Euro | ☐ 250 Euro |

*Please forward appropriate documentary evidence via mail, email or fax to the congress office: MedConcept GmbH, Friedenstraße 58, 15366 Neuenhagen bei Berlin, Germany, info@medconcept.org, Fax: +49 (0)3342 42689-40
An invoice will be send by email to the address provided.

Total Amount: _____ Euro

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**Congress Organization**

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**Approved in EU*,[1]**

# Make OPDIVO® your first choice

OPDIVO® (nivolumab)

## The first PD-1 inhibitor to redefine standard of care in the adjuvant treatment of melanoma[1–3]

OPDIVO® as monotherapy is indicated for the adjuvant treatment of adults with melanoma with involvement of lymph nodes or metastatic disease who have undergone complete resection.[1]

- OPDIVO® achieved unprecedented efficacy vs. ipilimumab in a trial that included both *BRAF* mutant and wild-type patients[#,2,3]
- OPDIVO® was well tolerated, with very low rate of discontinuation[#,3]

Bristol-Myers Squibb

**bms-onkologie.de**

**OPDIVO®** 10 mg/ml Konzentrat zur Herstellung einer Infusionslösung. **Wirkstoff:** Nivolumab. **Sonst. Bestandteile:** Natriumcitratdihydrat, Natriumchlorid, Mannitol, Pentetsäure, Polysorbat 80, Natriumhydroxid, Salzsäure und Wasser für Injektionszwecke. **Anwendungsgebiete:** Melanom: OPDIVO® ist als Monotherapie oder in Kombination mit Ipilimumab bei Erwachsenen für die Behandlung des fortgeschrittenen (nicht resezierbaren oder metastasierten) Melanoms indiziert. Im Vergleich zur Nivolumab Monotherapie wurde in der Kombination Nivolumab mit Ipilimumab nur bei Patienten mit niedriger Tumor PD-L1-Expression ein Anstieg des progressionsfreien Überlebens (PFS) und des Gesamtüberlebens (OS) gezeigt. Adjuvante Behandlung des Melanom: OPDIVO® ist als Monotherapie bei Erwachsenen zur adjuvanten Behandlung des Melanoms mit Lymphknotenbeteiligung oder Metastasierung nach vollständiger Resektion indiziert. Nicht-kleinzelliges Lungenkarzinom (NSCLC): OPDIVO® ist als Monotherapie zur Behandlung des lokal fortgeschrittenen oder metastasierten nicht-kleinzelligen Lungenkarzinoms nach vorheriger Chemotherapie bei Erwachsenen indiziert. Nierenzellkarzinom (RCC): OPDIVO® ist als Monotherapie bei Erwachsenen zur Behandlung des fortgeschrittenen Nierenzellkarzinoms nach Vortherapie indiziert. OPDIVO® ist in Kombination mit Ipilimumab für die Erstlinientherapie des fortgeschrittenen Nierenzellkarzinoms bei Erwachsenen mit intermediärem/ungünstigem Risikoprofil indiziert. Klassisches Hodgkin-Lymphom (cHL): OPDIVO® ist als Monotherapie zur Behandlung des rezidivierenden oder refraktären klassischen Hodgkin-Lymphoms bei Erwachsenen nach einer autologen Stammzelltransplantation (ASCT) und Behandlung mit Brentuximab Vedotin indiziert. Plattenepithelkarzinom des Kopf-Hals-Bereichs (SCCHN): OPDIVO® ist als Monotherapie zur Behandlung des rezidivierten oder metastasierten Plattenepithelkarzinoms des Kopf-Hals-Bereichs bei Erwachsenen mit einer Progression während oder nach einer platinbasierten Therapie indiziert. Urothelkarzinom: OPDIVO® ist als Monotherapie zur Behandlung des lokal fortgeschrittenen nicht resezierbaren oder metastasierten Urothelkarzinoms bei Erwachsenen nach Versagen einer vorherigen platinhaltigen Therapie indiziert. **Gegenanzeigen:** Überempfindlichkeit gegen den Wirkstoff oder einen der sonstigen Bestandteile. **Nebenwirkungen: Sehr häufig: Nivolumab-Monotherapie:** Neutropenie, Diarrhoe, Übelkeit, Hautausschlag, Juckreiz, Fatigue, AST-Anstieg, ALT-Anstieg, Anstieg der alkalischen Phosphatase, Lipase-Anstieg, Amylase-Anstieg, Hypokalziämie, Kreatinin-Anstieg, Hyperglykämie, Lymphopenie, Leukopenie, Thrombozytopenie, Anämie, Hyperkalziämie, Hyperkaliämie, Hypokaliämie, Hypomagnesiämie, Hyponatriämie. **Nivolumab in Kombination mit Ipilimumab:** Hypothyreose, Hyperthyreose, verminderter Appetit, Kopfschmerzen, Dyspnoe, Kolitis, Diarrhoe, Erbrechen, Übelkeit, Bauchschmerzen, Hautausschlag, Juckreiz, Muskel- und Skelettschmerzen, Arthralgie, Fatigue, Pyrexie, AST-Anstieg, ALT-Anstieg, Anstieg des Gesamt-Bilirubins, Anstieg der alkalischen Phosphatase, Lipase-Anstieg, Amylase-Anstieg, Kreatinin-Anstieg, Hyperglykämie, Hypoglykämie, Lymphopenie, Leukopenie, Neutropenie, Thrombozytopenie, Anämie, Hyperkalziämie, Hypokalziämie, Hyperkaliämie, Hypokaliämie, Hypomagnesiämie, Hyponatriämie. **Häufig: Nivolumab-Monotherapie:** Infektionen der oberen Atemwege, infusionsbedingte Reaktion, Hypersensibilität, Hypothyreose, Hyperthyreose, verminderter Appetit, periphere Neuropathie, Kopfschmerzen, Schwindelgefühl, Hypertonie, Pneumonitis, Dyspnoe, Husten, Kolitis, Stomatitis, Erbrechen, Bauchschmerzen, Obstipation, trockener Mund, Vitiligo, trockene Haut, Erythem, Alopezie, Muskel- und Skelettschmerzen, Arthralgie, Pyrexie, Ödeme (einschließlich peripheres Ödem), Anstieg des Gesamt-Bilirubins, Hypoglykämie, Hypermagnesiämie, Hypernatriämie, Gewichtsverlust. **Nivolumab in Kombination mit Ipilimumab:** Pneumonie, Infektionen der oberen Atemwege, Konjunktivitis, Eosinophilie, infusionsbedingte Reaktion, Hypersensibilität, Nebennebennierenunterfunktion, Hypophysenunterfunktion, Hypophysitis, Thyroiditis, Diabetes mellitus, Dehydrierung, Hepatitis, periphere Neuropathie, Schwindelgefühl, Uveitis, verschwommenes Sehen, Tachykardie, Hypertonie, Pneumonitis, Pleuraerguss, Lungenembolie, Husten, Stomatitis, Pankreatitis, Obstipation, trockener Mund, Vitiligo, trockene Haut, Erythem, Alopezie, Urtikaria, Arthritis, Muskelspasmen, muskuläre Schwäche, Nierenversagen (einschließlich akutem Nierenversagen), Ödeme (einschließlich peripheres Ödem), Schmerzen, Schmerzen in der Brust, Schüttelfrost, Hypermagnesiämie, Hypernatriämie, Gewichtsverlust. **Gelegentlich: Nivolumab-Monotherapie:** Pneumonie, Bronchitis, Nebennebennierenunterfunktion, Hypophysenunterfunktion, Hypophysitis, Thyroiditis, Diabetes mellitus, Dehydrierung, metabolische Azidose, Hepatitis, Polyneuropathie, autoimmune Neuropathie (einschließlich Gesichtsnerv- und Abduzensparese), Uveitis, verschwommenes Sehen, trockene Augen, Tachykardie, perikardiale Erkrankungen, Vaskulitis, Pleuraerguss, Pankreatitis, Gastritis, Erythema multiforme, Psoriasis, Rosazea, Urtikaria, rheumatische Polymyalgie, Arthritis, tubulointerstitielle Nephritis, Nierenversagen (einschließlich akutem Nierenversagen), Schmerzen, Schmerzen in der Brust. **Nivolumab in Kombination mit Ipilimumab:** Bronchitis, aseptische Meningitis, Sarkoidose, diabetische Ketoazidose, metabolische Azidose, Guillain-Barré-Syndrom, Polyneuropathie, Neuritis, Peroneuslähmung, autoimmune Neuropathie (einschließlich Gesichtsnerv- und Abduzensparese), Myasthenia gravis, Enzephalitis, Arrhythmie (einschließlich ventrikulärer Arrhythmie), Vorhofflimmern, Myokarditis, Darmperforation, Gastritis, Duodenitis, Psoriasis, Stevens-Johnson-Syndrom, Erythema multiforme, Spondyloarthropathie, Sjögren-Syndrom, Myopathie, Polymyalgia rheumatica, Myositis (einschließlich Polymyositis), Rhabdomyolyse, tubulointerstitielle Nephritis. **Selten: Nivolumab-Monotherapie:** Histiozytär nekrotisierende Lymphadenitis (Kikuchi-Lymphadenitis), Eosinophilie, anaphylaktische Reaktion, diabetische Ketoazidose, Cholestase, Guillain-Barré-Syndrom, Demyelinisierung, myasthenes Syndrom, Enzephalitis, Arrhythmie (einschließlich ventrikulärer Arrhythmie), Vorhofflimmern, Myokarditis, Lungeninfiltration, Zwölffingerdarmgeschwür, toxische epidermale Nekrolyse, Stevens-Johnson-Syndrom, Sjögren-Syndrom, Myopathie, Myositis (einschließlich Polymyositis), Rhabdomyolyse. **Nivolumab in Kombination mit Ipilimumab:** Toxische epidermale Nekrolyse. **Nicht bekannt: Nivolumab-Monotherapie:** Abstoßung eines soliden Organtransplantats, Tumorlyse-Syndrom, Vogt-Koyanagi-Harada-Syndrom. **Nivolumab in Kombination mit Ipilimumab:** Abstoßung eines soliden Organtransplantats, Tumorlyse-Syndrom, Vogt-Koyanagi-Harada-Syndrom, perikardiale Erkrankungen.

Weitere Hinweise siehe Fachinformation. Verschreibungspflichtig. Dieses Arzneimittel unterliegt einer zusätzlichen Überwachung. Angehörige von Gesundheitsberufen sind aufgefordert, jeden Verdachtsfall einer Nebenwirkung über das nationale Meldesystem anzuzeigen. Pharmazeutischer Unternehmer: Bristol-Myers Squibb Pharma EEIG, Plaza 254, Blanchardstown Corporate Park 2, Dublin 15, D15 T867, Irland. Stand des Textes: v15.

* OPDIVO®'s licensed dosing for the adjuvant treatment of melanoma in the EU is 3 mg/kg IV every 2 weeks over 60 minutes. # The primary endpoint was RFS. Ipilimumab was the active comparator in CheckMate 238 and is not licensed for use in the European Union in the adjuvant melanoma setting.

PD-1 = programmed death-1; IV = intravenous; RFS = recurrance-free survival

1. OPDIVO® Summary of Product Characteristics. 2. Weber J et al. ASCO, 2018; Abstract #9502. 3. Weber J et al. N Engl J Med, 2017; 377: 1824–35.

**Approved Summary of Product Characteristics of OPDIVO® is available at the Bristol-Myers Squibb booth.**

# NOTES

IMMUNOCORE

# UVEAL MELANOMA: THE EVOLVING LANDSCAPE AND FUTURE PROSPECTS

## Friday 21 June 2019 • 15:30–16:30

Room: Ballroom

Hilton Munich Park, Munich, Germany

### Dear Colleagues,

It gives me great pleasure to invite you to the Immunocore-sponsored satellite symposium, **Uveal melanoma: The evolving landscape and future prospects**, which will take place at the 9th European Post-Chicago Melanoma/Skin Cancer Meeting in Munich on Friday 21 June 2019. In this highly interactive symposium we will cover an overview of:

- Uveal melanoma and cutaneous melanoma: how they are distinct diseases with distinct treatment options
- How patients with uveal melanoma, and in particular with metastatic uveal melanoma, have very few effective treatment options
- The range of treatments in development for uveal melanoma

We look forward to welcoming you to our symposium.

**Professor Paolo A. Ascierto**
*Unit of Melanoma, National Tumor Institute Fondazione G. Pascale, Naples, Italy*

**Chair: Professor Paolo A. Ascierto,** *Unit of Melanoma, National Tumor Institute Fondazione G. Pascale, Naples, Italy*

**Faculty: Professor Carola Berking,** *Medical Center of the University of Munich, Munich, Germany;* and **Professor Reinhard Dummer** *University Hospital of Zürich, Zürich, Switzerland*

| Time | Session | Speaker |
|---|---|---|
| 15:30 | Welcome and introductions | Paolo Ascierto |
| 15:30–15:40 | UM/CM: Course of the disease | Paolo Ascierto |
| 15:40–15:45 | Panel discussion | All |
| 15:45–15:55 | Current management of mUM | Carola Berking |
| 15:55–16:05 | Audience Q&A and panel discussion | All |
| 16:05–16:15 | Emerging therapeutics for mUM: What the future holds | Reinhard Dummer |
| 16:15–16:25 | Audience Q&A and panel discussion | All |
| 16:25–16:30 | Summary and close | Paolo Ascierto |

## DON'T FORGET TO VISIT US AT THE IMMUNOCORE BOOTH (M-07)

This symposium is wholly funded and organised by Immunocore

UM: uveal melanoma; CM: cutaneous melanoma; mUM: metastatic uveal melanoma; mCM: metastatic cutaneous melanoma.

# NOTES

**BRAFTOVI in combination with MEKTOVI is indicated for the treatment of adult patients with unresectable or metastatic melanoma with a BRAF V600 mutation**

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## NOW APPROVED IN THE EU*

## Visit the Pierre Fabre Booth to know more about BRAFTOVI + MEKTOVI

**Braftovi® 50 mg/75 mg Hartkapseln Wirkstoff:** Encorafenib. **Zusammensetzung:** 1 Hartkapsel enthält 50 mg/75 mg Encorafenib. Sonstige Bestandteile: Kapselinhalt: Copovidon (E1208), Poloxamer 188, mikrokristalline Cellulose (E460i), Bernsteinsäure (E363), Crospovidon (E1202), hochdisperses Siliciumdioxid (E551), Magnesiumstearat (E470b). Kapselhülle: Gelatine (E441), Titandioxid (E171), Eisen(III)-oxid (E172), Eisen(III)-hydroxid-oxid x $H_2O$ (E172), Eisen(II,III)-oxid (E172). Druckertinte: Schellack (E904), Eisen(II,III)-oxid (E172), Propylenglykol (E1520). **Anwendungsgebiete:** Encorafenib in Kombination mit Binimetinib wird angewendet zur Behandlung von Erwachsenen mit nicht-resezierbarem oder metastasiertem Melanom mit einer BRAF V600 Mutation. **Gegenanzeigen:** Überempfindlichkeit gegen den Wirkstoff oder einen der sonstigen Bestandteile. **Nebenwirkungen bei gleichzeitiger Anwendung von Braftovi und Binimetinib:** Sehr häufig: Anämie, periphere Neuropathie, Schwindelgefühl, Kopfschmerzen, Sehstörungen, Ablösung retinales Pigmentepithel, Blutungen, Hypertonie, Abdominalschmerz, Diarrhoe, Erbrechen, Übelkeit, Obstipation, Hyperkeratose, Hautausschlag, trockene Haut, Pruritus, Alopezie, Arthralgie, Muskelerkrankungen/Myalgie, Rückenschmerzen, Schmerzen in den Extremitäten, Pyrexie, peripheres Ödem, Fatigue, Anstieg Kreatinkinase im Blut, Anstieg Transaminasen, Anstieg Gamma-Glutamyl-Transferase. Häufig: Plattenepithelkarzinom der Haut, Basalzellkarzinom, Papillom der Haut, Überempfindlichkeit, Geschmacksstörung, Uveitis, linksventrikuläre Dysfunktion, venöse Thromboembolie, Kolitis, akneiforme Dermatitis, palmar-plantares Erythrodysästhesiesyndrom, Erythem, Pannikulitis, Photosensitivität, Nierenversagen, Anstieg Kreatinin im Blut, Anstieg alkalische Phosphatase im Blut, Anstieg Amylase, Anstieg Lipase. Gelegentlich: Gesichtslähmung, Pankreatitis, Rhabdomyolyse. **Bei alleiniger Anwendung von Braftovi im Rahmen von klinischen Studien:** Sehr häufig: Papillom der Haut, melanozytärer Nävus, verminderter Appetit, Schlaflosigkeit, Kopfschmerzen, periphere Neuropathie, Geschmackstörung, Übelkeit, Erbrechen, Obstipation, palmar-plantares Erythrodysästhesie-Syndrom, Hyperkeratose, Hautausschlag, trockene Haut, Pruritus, Alopezie, Erytheme, Hyperpigmentierung der Haut, Arthralgie, Myalgie, Schmerzen in den Extremitäten, Rückenschmerzen, Fatigue, Pyrexie, Anstieg Gamma-Glutamyl-Transferase. Häufig: Plattenepithelkarzinom der Haut, neues primäres Melanom, Überempfindlichkeit, Gesichtslähmung, supraventrikuläre Tachykardie, akneiforme Dermatitis, Exfoliation der Haut, Photosensitivität, Arthritis, Nierenversagen, Anstieg Transaminasen, Anstieg Kreatinin im Blut, Anstieg Lipase. Gelegentlich: Basalzellkarzinom, Uveitis, Pankreatitis, Anstieg Amylase. Nicht über 30°C lagern. Arzneimittel für Kinder unzugänglich aufbewahren. Verschreibungspflichtig. Weitere Hinweise: siehe Fachinformation. Stand: November 2018 Pierre Fabre Pharma GmbH, Jechtinger Str. 13, 79111 Freiburg.

**Mektovi® 15 mg Filmtabletten Wirkstoff:** Binimetinib. **Zusammensetzung:** 1 Filmtablette enthält 15 mg Binimetinib. Sonstige Bestandteile: Tablettenkern: Lactose-Monohydrat, mikrokristalline Cellulose (E460i), hochdisperses Siliciumdioxid (E551), Croscarmellose-Natrium (E468), Magnesiumstearat (E470b). Überzug: Poly(vinylalkohol) (E1203), Macrogol 3350 (E1521), Titandioxid (E171), Talkum (E533b), Eisen(III)-hydroxid-oxid x $H_2O$ (E172), Eisen(II,III)-oxid (E172). **Anwendungsgebiete:** Binimetinib in Kombination mit Encorafenib wird angewendet zur Behandlung von Erwachsenen mit nicht-resezierbarem oder metastasiertem Melanom mit einer BRAF V600 Mutation. **Gegenanzeigen:** Überempfindlichkeit gegen den Wirkstoff oder einen der sonstigen Bestandteile. **Nebenwirkungen:** Sehr häufig: Anämie, periphere Neuropathie, Schwindelgefühl, Kopfschmerzen, Sehstörung, Ablösung retinales Pigmentepithel, Blutungen, Hypertonie, Abdominalschmerz, Diarrhoe, Erbrechen, Übelkeit, Obstipation, Hyperkeratose, Hautausschlag, trockene Haut, Pruritus, Alopezie, Arthralgie, Muskelerkrankungen/Myalgie, Rückenschmerzen, Schmerzen in den Extremitäten, Pyrexie, peripheres Ödem, Fatigue, Anstieg Kreatinkinase im Blut, Anstieg Transaminasen, Anstieg Gamma-Glutamyl-Transferase. Häufig: Plattenepithelkarzinom der Haut, Basalzellkarzinom, Papillom der Haut, Überempfindlichkeit, Geschmackstörung, Uveitis, linksventrikuläre Dysfunktion, venöse Thromboembolie, Kolitis, akneiforme Dermatitis, palmar-plantares Erythrodysästhesie-Syndrom, Erythem, Pannikulitis, Photosensitivität, Nierenversagen, Anstieg Kreatinin im Blut, Anstieg alkalische Phosphatase im Blut, Anstieg Amylase, Anstieg Lipase. Gelegentlich: Gesichtslähmung, Pankreatitis, Rhabdomyolyse. Enthält Lactose. Packungsbeilage beachten. Arzneimittel für Kinder unzugänglich aufbewahren. Verschreibungspflichtig. Weitere Hinweise: siehe Fachinformation. Stand: November 2018. Pierre Fabre Pharma GmbH, Jechtinger Str. 13, 79111 Freiburg.

MEL-190507-DE

*BRAFTOVI + MEKTOVI have been approved by the European Commission (EC) on the 20th September 2018.
Detailed information on this medicinal products are available on the website of the European Medicines Agency.
For complete information, please refer to : BRAFTOVI SmPc: http://ec.europa.eu/health/documents/community-register/html/h1314.htm, and MEKTOVI SmPc: http://ec.europa.eu/health/documents/community-register/html/h1315.htm



Pierre Fabre

# NOTES

# Cancer immunotherapy & targeted therapy combinations: the next evolution of metastatic melanoma treatment?

**Thursday 20 June 2019**
**15:00 – 16:00**
Ballroom, Hilton Munich Park

## Transforming the management of melanoma

**Axel Hauschild**
*University Hospital Schleswig-Holstein, Kiel, Germany*

## Raising the treatment bar: will targeted & cancer immunotherapy combinations help us get there?

**Paolo Ascierto**
*Istituto Nazionale Tumori Fondazione, Milan, Italy*

## Improving outcomes for patients with CNS metastases: cancer immunotherapy, targeted therapy or both?

**Hussein Tawbi**
*The University of Texas MD Anderson Cancer Center, Houston, USA*

## Balancing the benefits/risks of targeted & cancer immunotherapy combinations: how to achieve this goal?

**Ana Arance**
*Hospital Clinic of Barcelona, Barcelona, Spain*

Roche-sponsored Satellite Symposium at the
**9th European Post-Chicago Melanoma/ Skin Cancer Meeting**
*Hilton Munich Park, Munich, Germany, 20–21 June 2019*

NP/COBI/1905/0002b

# NOTES

**For patients with metastatic melanoma*,[1,2]**

# Start strong with OPDIVO® + YERVOY®

OPDIVO® (nivolumab) + YERVOY® (ipilimumab)

## 53 % of all patients treated with OPDIVO® + YERVOY® were alive at 4 years in CheckMate 067[3]

OPDIVO® as monotherapy or in combination with ipilimumab is indicated for the treatment of advanced (unresectable or metastatic) melanoma in adults.[1]

Relative to nivolumab monotherapy, an increase in progression-free survival (PFS) and overall survival (OS) for the combination of nivolumab with ipilimumab is established only in patients with low tumour PD-L1 expression.[1]

Bristol-Myers Squibb

**bms-onkologie.de**

**OPDIVO®** 10 mg/ml Konzentrat zur Herstellung einer Infusionslösung. **Wirkstoff:** Nivolumab. **Sonst. Bestandteile:** Natriumcitratdihydrat, Natriumchlorid, Mannitol, Pentetsäure, Polysorbat 80, Natriumhydroxid, Salzsäure und Wasser für Injektionszwecke. **YERVOY®** 5 mg/ml Konzentrat zur Herstellung einer Infusionslösung. **Wirkstoff:** Ipilimumab. **Sonst. Bestandteile:** Trometamolhydrochlorid, Natriumchlorid, Mannitol, Pentetsäure, Polysorbat 80, Natriumhydroxid, Salzsäure und Wasser für Injektionszwecke. **Anwendungsgebiet: OPDIVO®/ YERVOY®** ist in Kombination mit Ipilimumab/Nivolumab bei Erwachsenen für die Behandlung des fortgeschrittenen (nicht resezierbaren oder metastasierten) Melanoms indiziert. Im Vergleich zur Nivolumab Monotherapie wurde in der Kombination Nivolumab mit Ipilimumab nur bei Patienten mit niedriger Tumor PD-L1-Expression ein Anstieg des progressionsfreien Überlebens (PFS) und des Gesamtüberlebens (OS) gezeigt. **OPDIVO®/ YERVOY®** ist in Kombination mit Ipilimumab/Nivolumab für die Erstlinientherapie des fortgeschrittenen Nierenzellkarzinoms bei Erwachsenen mit intermediärem/ungünstigem Risikoprofil indiziert. **Gegenanzeigen:** Überempfindlichkeit gegen den Wirkstoff oder einen der sonstigen Bestandteile. **Nebenwirkungen: Sehr häufig:** Hypothyreose, Hyperthyreose, verminderter Appetit, Kopfschmerzen, Dyspnoe, Kolitis, Diarrhoe, Erbrechen, Übelkeit, Bauchschmerzen, Hautausschlag, Juckreiz, Muskel- und Skelettschmerzen, Arthralgie, Fatigue, Pyrexie, AST-Anstieg, ALT-Anstieg, Anstieg des Gesamt-Bilirubins, Anstieg der alkalischen Phosphatase, Lipase-Anstieg, Amylase-Anstieg, Kreatinin-Anstieg, Hyperglykämie, Hypoglykämie, Lymphopenie, Leukopenie, Neutropenie, Thrombozytopenie, Anämie, Hyperkalziämie, Hypokalziämie, Hyperkaliämie, Hypokaliämie, Hypomagnesiämie, Hyponatriämie. **Häufig:** Pneumonie, Infektionen der oberen Atemwege, Konjunktivitis, Eosinophilie, infusionsbedingte Reaktion, Hypersensibilität, Nebenniereninsuffizienz, Hypophyseninsuffizienz, Hypophysitis, Thyroiditis, Diabetes mellitus, Dehydrierung, Hepatitis, periphere Neuropathie, Schwindelgefühl, Uveitis, verschwommenes Sehen, Tachykardie, Hypertonie, Pneumonitis, Pleuraerguss, Lungenembolie, Husten, Stomatitis, Pankreatitis, Obstipation, trockener Mund, Vitiligo, trockene Haut, Erythem, Alopezie, Urtikaria, Arthritis, Muskelspasmen, muskuläre Schwäche, Nierenversagen (einschließlich akutem Nierenversagen), Ödeme (einschließlich peripheres Ödem), Schmerzen, Schmerzen in der Brust, Schüttelfrost, Hypermagnesiämie, Hypernatriämie, Gewichtsverlust. **Gelegentlich:** Bronchitis, aseptische Meningitis, Sarkoidose, diabetische Ketoazidose, metabolische Azidose, Guillain-Barré-Syndrom, Polyneuropathie, Neuritis, Peroneuslähmung, autoimmune Neuropathie (einschließlich Gesichtsnerv- und Abduzensparese), Myasthenia gravis, Enzephalitis, Arrhythmie (einschließlich ventrikulärer Arrhythmie), Vorhofflimmern, Myokarditis, Darmperforation, Gastritis, Duodenitis, Psoriasis, Stevens-Johnson-Syndrom, Erythema multiforme, Spondyloarthropathie, Sjögren-Syndrom, Myopathie, Polymyalgia rheumatica, Myositis (einschließlich Polymyositis), Rhabdomyolyse, tubulointerstitielle Nephritis. **Selten:** Toxische epidermale Nekrolyse. **Nicht bekannt:** Abstoßung eines soliden Organtransplantats, Tumorlyse-Syndrom, Vogt-Koyanagi-Harada-Syndrom, perikardiale Erkrankungen.

Weitere Hinweise siehe jeweilige Fachinformation. Verschreibungspflichtig. OPDIVO® unterliegt einer zusätzlichen Überwachung. Angehörige von Gesundheitsberufen sind aufgefordert, jeden Verdachtsfall einer Nebenwirkung über das nationale Meldesystem anzuzeigen. Pharmazeutischer Unternehmer: Bristol-Myers Squibb Pharma EEIG, Plaza 254, Blanchardstown Corporate Park 2, Dublin 15, D15 T867, Irland. Stand des Textes: V4.

* OPDIVO® + YERVOY®'s recommended dose in the EU is 1 mg/kg OPDIVO® in combination with 3 mg/kg YERVOY® administered intravenously every 3 weeks for the first 4 doses. This is then followed by a second phase in which OPDIVO® monotherapy is administered intravenously at either 240 mg every 2 weeks or at 480 mg every 4 weeks. Please see your local OPDIVO® Summary of Product Characteristics before prescribing.[1]

PD-L1 = programmed death ligand-1

1. OPDIVO® Summary of Product Characteristics. 2. YERVOY® Summary of Product Characteristics. 3. Hodi FS et al. Lancet Oncol, 2018; 19(11): 1480–92.

**Approved Summary of Product Characteristics of OPDIVO® and YERVOY® are available at the Bristol-Myers Squibb booth.**