Pyrexia-Related Outcomes Upon Application of an Adapted Pyrexia Management Algorithm in Patients With BRAF V600-Mutant Unresectable or Metastatic Melanoma Treated With Dabrafenib Plus Trametinib in the COMBI-I Trial

**INTRODUCTION**

- **Purpose:** The aim of this study was to evaluate the impact of an adapted pyrexia management algorithm in patients with BRAF V600-mutant metastatic melanoma treated with dabrafenib plus trametinib in the COMBI-I trial.
- **Setting:** The COMBI-I trial enrolled 265 patients with BRAF V600-mutant melanoma. The mean RDIs of dabrafenib and trametinib were similar (dabrafenib, 89.7%; trametinib, 90.1%), consistent with the induction of the first symptoms of pyrexia.
- **Objective:** To assess the impact of the adapted pyrexia management algorithm on pyrexia-related outcomes in the pbo-DabTram control arm of the COMBI-I trial.

**RESULTS**

- **Background:** The COMBI-I trial was a randomized, placebo-controlled study designed to evaluate the efficacy and safety of dabrafenib plus trametinib compared with placebo in patients with BRAF V600-mutant metastatic melanoma.
- **Methods:** The adapted pyrexia management algorithm was implemented in the Phase III COMBI-I trial (NCT02967692) with the goal of improving pyrexia-related outcomes through prompt interruption of treatment in patients with pyrexia (temperature ≥ 38.0°C) or its associated prodrome.
- **Key Findings:**
  - The adapted pyrexia management algorithm was associated with a decrease in the incidence of pyrexia-related outcomes in the COMBI-I control arm compared with historical data from the COMBI-d/v arm.
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**DISCUSSION**

- **Conclusion:** The adapted pyrexia management algorithm was associated with a decrease in pyrexia-related outcomes in the COMBI-I control arm compared with historical data from the COMBI-d/v arm.

**ACKNOWLEDGMENTS**

- The authors thank the patients and their families for their participation.
- The authors acknowledge the contributions of the investigators and site personnel involved in the COMBI-I trial.

**REFERENCES**

- *Disclaimer:* This study was sponsored by Novartis Pharma AG. For full details on the authors’ affiliations, acknowledgments, and financial disclosures, please refer to the full manuscript.