**INTRODUCTION**

- Adjuvant Treatment with targeted therapy or immune checkpoint inhibitors has contributed to prolonged/malignancy-free survival (RFS) in patients with high-risk metastatic melanoma.
- Dabrafenib plus trametinib has demonstrated long-term RFS benefit in the COMBI-D trial, with a median follow-up of 7 years[1], compared with 30% of patients who received placebo (hazard ratio, 0.31; 95% CI, 0.22-0.44). Patients who attained a complete response (33%; 95% CI, 22%-45%) experienced a composite pyrexia event rate of 27.4% [95% CI: 20.9%-34.9%] in COMBI-AD[2].

**RESULTS**

**Patient characteristics**

- At the data cutoff (Oct 31, 2020), all 552 patients had completed up to 12 months of treatment (Figure 3; median duration of follow-up was 12 months). Demographics and baseline disease characteristics are shown in Table 1.

**Pyrexia characterization**

- Among the 374 patients who experienced pyrexia, 51.9% had grade 1 pyrexia events, 4.5% had grade 2, 4.5% had grade 3, and 1.6% had grade 4 (Table 2).

**Safety**

- The most common AEs (≥ 20% patients) were pyrexia (67.8%), headache (31.7%), and creatine phosphokinase increase (27.3%). Grade 3 and 4 AEs included pyrexia (21.0%), chills (26.4%), fatigue (14.2%), and arthralgia (21.0%).

**Preliminary efficacy**

- The estimated 12-month RFS rate was 91.8% (95% CI, 89.0%-93.9%).

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**Disclosures**

- The authors have no conflicts of interest to declare.

**REFERENCES**


**Methods**

- COMBI-APlus is an open-label, Phase IIb trial evaluating an adjuvant pyrexia management algorithm in patients with high-risk resected stage III BRAF V600E/K-mutant melanoma treated with up to 12 months of adjuvant dabrafenib plus trametinib (Figure 1).