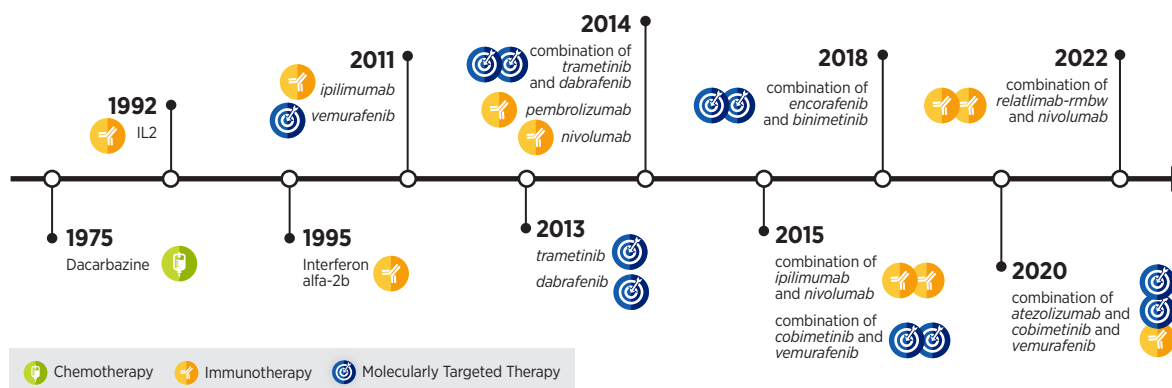


FIGURE 1

Increasing Treatment Options for Melanoma



Until 2000, the standard of care for patients with metastatic melanoma of the skin was a chemotherapeutic called dacarbazine and/or an immune system stimulant called aldesleukin (Proleukin); however, neither treatment had shown a significant effect on overall survival in clinical trials. From January 1, 2011, to July 31, 2022, the U.S. Food and Drug Administration (FDA) approved five immunotherapeutics for use alone or in combination with either another immunotherapeutic or with molecularly targeted therapeutics in the treatment of patients with metastatic melanoma; these immunotherapeutics are atezolizumab (Tecentriq), ipilimumab (Yervoy), nivolumab (Opdivo), pembrolizumab (Keytruda), and relatlimab-rmbw

commonly referred to as relatlimab (Opdualag). In addition, the agency approved six molecularly targeted therapeutics for use alone, or in combination with either another molecularly targeted therapeutic or an immunotherapeutic for treating certain patients with metastatic melanoma; these therapeutics are binimetinib (Mektovi), cobimetinib (Cotellic), dabrafenib (Tafinlar), encorafenib (Braftovi), trametinib (Mekinist), and vemurafenib (Zelboraf). Together, these innovative new therapeutics have helped improve the five-year relative survival rate for individuals diagnosed with metastatic melanoma from 18 percent (2006-2012) to 32 percent (2012-2018), the most recent time for which these data are available).

*This timeline focuses on systemic treatments for metastatic melanoma of the skin; other therapeutics have been approved for the prevention of disease recurrence or the treatment of localized lesions. Also not included are therapeutics that are approved for other rarer forms of melanomas. For example, in January 2022, FDA approved tebentafusp (Kimmtrak) for the treatment of certain patients with uveal melanoma, an aggressive cancer of the eye.