Nivolumab/Relatlimab: Adis Evaluation

Clinical Considerations

- A fixed dose combination targeting two checkpoint receptors, PD-1 (with nivolumab) and LAG-3 (with relatlimab)
- Significantly reduces the risk of disease progression or death in comparison with nivolumab monotherapy
- Immune-related reactions may be managed with treatment discontinuation or systemic immunosuppressants

Plain Language Summary

Background and rationale

- Immune responses against cancer may become ineffective, in part due to the expression of inhibitory checkpoint receptors.
- Checkpoint inhibitors have been successfully used in the treatment of cancer by stimulating the immune system. However, not all patients respond to current treatment due to drug resistance.
- Nivolumab and relatlimab-rmbw (Opdualag™; hereafter referred to as nivolumab/relatlimab) is approved for the treatment of advanced melanoma in patients aged ≥ 12 years.
- Nivolumab/relatlimab contains two antibodies, with nivolumab targeting programmed cell death protein-1 and relatlimab targeting lymphocyte-activation gene 3 (LAG-3); both targets are inhibitory checkpoint receptors and relatlimab is the first approved treatment targeting LAG-3.

Clinical findings

- In a clinical trial, nivolumab/relatlimab significantly decreased the risk of disease progression or death in comparison with nivolumab treatment alone.
- Adverse events of greater severity (i.e. grade 3 or 4) occurred more often in patients receiving nivolumab/relatlimab than nivolumab alone, although no new safety concerns were reported with nivolumab/relatlimab treatment.
- Reactions related to the immune system were managed by discontinuing treatment or with drugs that suppress the immune system.

Conclusion

Nivolumab/relatlimab expands the number of available treatments for patients aged ≥ 12 years with advanced melanoma.