

# DANTE: Duration of Anti-PD1 therapy for melanoma

<b>Submission date</b> 15/01/2018	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 31/07/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 14/10/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

<https://www.cancerresearchuk.org/a-study-find-out-how-long-people-melanoma-treatment-pembrolizumab-nivolumab-dante>

## Contact information

### Type(s)

Scientific

### Contact name

Dr Sue Bell

### Contact details

Clinical Trials Research Unit  
Leeds Institute of Clinical Trials Research  
University of Leeds  
Leeds  
United Kingdom  
LS2 9JT  
+44 (0)113 343 1492  
[s.e.bell@leeds.ac.uk](mailto:s.e.bell@leeds.ac.uk)

## Additional identifiers

### EudraCT/CTIS number

2017-002435-42

### IRAS number

### ClinicalTrials.gov number

### Secondary identifying numbers

## Study information

### Scientific Title

DANTE: A randomised phase III trial to evaluate the Duration of ANti-PD1 monoclonal antibody Treatment in patients with metastatic mElanoma

### Acronym

DANTE

### Study objectives

This trial aims to determine whether anti-PD1 monotherapy to treat advanced melanoma can be stopped after 1 year, rather than the current standard practice (i.e. continuing to treat until disease progression/unacceptable toxicity, or for at least 2 years), and achieve and maintain as good an outcome (in terms of the cancer coming back).

The hypothesis is that continuing treatment beyond 1 year is unnecessary, as there is no biological evidence that justifies continuous therapy; many responses occur in the first year and can continue even after treatment is stopped. Also, continuing treatment exposes patients to an increased risk of developing immune-related toxicities and is a considerable burden to patients and the National Health Service.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

East Midlands – Leicester South Research Ethics Committee, 18/01/2018, ref: 17/EM/0440

### Study design

Randomised; Interventional; Design type: Treatment, Drug, Immunotherapy, Active Monitoring

### Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

Hospital

### Study type(s)

Treatment

### Participant information sheet

Not available in web format, please use the contact details to request a patient information sheet

### Health condition(s) or problem(s) studied

Metastatic melanoma

## **Interventions**

Population: Patients with advanced (unresectable stage III or IV) melanoma who are due to start (or are within 12 months of starting) anti-PD1 monotherapy as their 1st line treatment

Consenting patients will be registered with the CTRU within the first 12 months of starting anti-PD1 monotherapy. The registration phase is not considered part of this clinical trial. Patients will receive anti-PD1 monotherapy and undergo monitoring and scans as per standard of care. When they are approaching 12 months of treatment, patients who have not progressed and remain on treatment will be approached for formal eligibility assessment and be consented for randomisation into the trial.

Baseline (pre-randomisation) assessments:

1. CT scan at 12 months post start of treatment (standard practice)
2. Quality of life and health economics questionnaire completion

Intervention: Stop anti-PD1 therapy at randomisation (12 months after starting therapy)

Comparator (control): Continue anti-PD1 therapy until disease progression or unacceptable toxicity (or a minimum of 2 years in the absence of progression/unacceptable toxicity)

Follow-up assessments

1. Every 3 months for the first 12 months post randomisation, then every 6 months in years 2 to 4 post-randomisation. A CT and/or MRI scan will be performed at each timepoint (standard practice)
2. Patients will complete quality of life and health economic questionnaires every 3 months until 18 months post-randomisation

## **Intervention Type**

Other

## **Phase**

Phase IV

## **Primary outcome measure**

Progression-free survival is measured according to RECIST v1.1 at 12 months post-randomisation, using the pre-randomisation (12 month post-start of treatment) scan as the baseline

## **Secondary outcome measures**

1. Quality of life is measured using the participant self-reported EORTC QLQ-C30, QLQ-MEL38 and the EQ-5D-5L questionnaires at baseline (pre-randomisation), 3, 6, 9, 12, 15 and 18 months post-randomisation (key secondary outcome)
2. Overall survival is calculated from the date of randomisation to the date of death from any cause, or the date last known to be alive for patients who are not known to have died
3. Objective response rate is measured according to RECIST v1.1 at 12 months post-randomisation of the final participant, using the pre-randomisation (12 month post-start of treatment) scan as the baseline
4. Best tumour response rate is measured according to RECIST v1.1 at 12 months post-randomisation of the final participant, using the pre-randomisation (12 month post-start of treatment) scan as the baseline
5. Duration of response is measured according to RECIST v1.1 at 12 months post-randomisation of the final participant, using the pre-randomisation (12 month post-start of treatment) scan as

the baseline

6. Safety and toxicity is measured according to CTCAE v5.0 at 12 months and 4 years post-randomisation of the final participant

7. Cost-effectiveness is measured using the incremental cost effectiveness ratio (ICER) and compared against the NICE threshold of £20,000 per QALY. This will be done both within trial (using data collected to 18 months post-randomisation) and across patient lifetime using a Markov model (at 4 years post-randomisation of the final participant)

### **Overall study start date**

01/02/2017

### **Completion date**

15/10/2024

## **Eligibility**

### **Key inclusion criteria**

Eligibility for REGISTRATION

1. Histologically or cytologically confirmed unresectable AJCC stage III or stage IV (metastatic) melanoma, including cutaneous and non-cutaneous melanoma
2. Aged  $\geq 18$  years
3. Planned or currently receiving ( $<12$  months) treatment with first-line pembrolizumab or nivolumab
4. Written informed consent for registration

Inclusion criteria for RANDOMISATION

1. Registered in DANTE
2. Progression-free by RECIST v1.1 criteria at 12 months ( $\pm 4$  weeks) from the start of pembrolizumab or nivolumab
3. 12 months ( $\pm 4$  weeks) from start of pembrolizumab or nivolumab
4. ECOG performance status 0-2
5. Considered fit by the treating clinician to continue to receive ongoing treatment with pembrolizumab or nivolumab
6. Written informed consent for randomisation

### **Participant type(s)**

Patient

### **Age group**

Adult

### **Lower age limit**

18 Years

### **Sex**

Both

### **Target number of participants**

Planned Sample Size: 1208; UK Sample Size: 1208

## **Key exclusion criteria**

### **Exclusion criteria for RANDOMISATION**

1. Severe comorbidities, including severe autoimmune disease or pneumonitis
2. Active infection requiring systemic therapy
3. Known history of HIV, hepatitis B or C
4. Other malignancy within past 5 years, excluding adequately treated Stage 1 or Stage 2 basal /squamous cell carcinoma of the skin, carcinoma in situ of the cervix or breast, or other in situ cancers
5. Pregnant, breast-feeding or patients with reproductive potential (female and male) unwilling to use adequate contraception while receiving anti-PD1 therapy and for 6 months after the last dose. Women of reproductive potential are defined as: following menarche and until becoming post-menopausal, unless permanently sterile. Men of reproductive potential are defined as: post-pubescent and not sterile by vasectomy or bilateral orchidectomy.
6. Prior systemic treatment for advanced melanoma, including ipilimumab and combination ipilimumab and nivolumab, other than BRAF and MEK inhibitors and the current treatment for advanced melanoma. Prior adjuvant or neo-adjuvant therapy is allowed as long as it was completed at least 12 months prior to starting anti-PD1 therapy
7. Treated brain metastases with MRI evidence of progression and/or requirement for high doses of systemic corticosteroids that could result in immunosuppression (> 10 mg/day prednisolone equivalents)
8. Untreated brain metastases that are symptomatic and/or require local intervention (surgery, radiosurgery, corticosteroid therapy) or other systemic therapy

### **Date of first enrolment**

13/08/2018

### **Date of final enrolment**

15/09/2023

## **Locations**

### **Countries of recruitment**

England

Northern Ireland

Scotland

United Kingdom

Wales

### **Study participating centre**

#### **Weston Park Hospital (lead centre)**

Whitham Rd

Sheffield

United Kingdom

S10 2SJ

**Study participating centre**  
**Addenbrooke's Hospital**  
Hills Rd  
Cambridge  
United Kingdom  
CB2 0QQ

**Study participating centre**  
**Beatson West of Scotland Cancer Centre**  
1053 Great Western Rd  
Glasgow  
United Kingdom  
G12 0YN

**Study participating centre**  
**Belfast City Hospital**  
10 Jubilee Rd  
Belfast  
United Kingdom  
BT9 7JL

**Study participating centre**  
**Broomfield Hospital**  
Court Rd  
Broomfield  
Chelmsford  
United Kingdom  
CM1 7ET

**Study participating centre**  
**Castle Hill Hospital**  
Castle Rd  
Cottingham  
United Kingdom  
HU16 5JQ

**Study participating centre**  
**Charing Cross Hospital**  
Fulham Palace Rd

Hammersmith  
London  
United Kingdom  
W6 8RF

**Study participating centre**  
**Cheltenham General Hospital**  
Sandford Rd  
Cheltenham  
United Kingdom  
GL53 7AN

**Study participating centre**  
**Churchill Hospital**  
Old Rd  
Headington  
Oxford  
United Kingdom  
OX3 7LE

**Study participating centre**  
**City Hospital**  
Hucknall Rd  
Nottingham  
United Kingdom  
NG5 1PB

**Study participating centre**  
**Derriford Hospital**  
Derriford Rd  
Crownhill  
Plymouth  
United Kingdom  
PL6 8DH

**Study participating centre**  
**Freeman Hospital**  
Freeman Rd  
High Heaton

Newcastle upon Tyne  
United Kingdom  
NE7 7DN

**Study participating centre**  
**Gloucestershire Royal Hospital**  
Great Western Rd  
Gloucester  
United Kingdom  
GL1 3NN

**Study participating centre**  
**Kent & Canterbury Hospital**  
Ethelbert Rd  
Canterbury  
United Kingdom  
CT1 3NG

**Study participating centre**  
**Mount Vernon Hospital**  
Rickmansworth Rd  
Northwood  
United Kingdom  
HA6 2RN

**Study participating centre**  
**Ninewells Hospital**  
James Arrott Dr  
Dundee  
United Kingdom  
DD2 1SY

**Study participating centre**  
**Norfolk and Norwich University Hospital**  
Colney Ln  
Norwich  
United Kingdom  
NR4 7UY



**Study participating centre**  
**Queen Alexandra Hospital**  
Southwick Hill Rd  
Cosham  
Portsmouth  
United Kingdom  
PO6 3LY

**Study participating centre**  
**Queen Elizabeth Hospital**  
Mindelsohn Way  
Birmingham  
United Kingdom  
B15 2TH

**Study participating centre**  
**Queen Elizabeth Queen Mother Hospital**  
St Peter's Rd  
Margate  
United Kingdom  
CT9 4AN

**Study participating centre**  
**Raigmore Hospital**  
Old Perth Rd  
Inverness  
United Kingdom  
IV2 3UJ

**Study participating centre**  
**Royal Cornwall Hospital**  
Treliske  
Truro  
United Kingdom  
TR1 3LQ

**Study participating centre**  
**Royal Derby Hospital**  
Uttoxeter Rd

Derby  
United Kingdom  
DE22 3NE

**Study participating centre**  
**Royal Devon and Exeter Hospital**  
Barrack Rd  
Exeter  
United Kingdom  
EX2 5DW

**Study participating centre**  
**Royal Free Hospital**  
Pond St  
Hampstead  
London  
United Kingdom  
NW3 2QG

**Study participating centre**  
**Royal Preston Hospital**  
Sharoe Green Lane North  
Fulwood  
Preston  
United Kingdom  
PR2 9HT

**Study participating centre**  
**Royal Stoke University Hospital**  
Newcastle Rd  
Stoke-on-Trent  
United Kingdom  
ST4 6QG

**Study participating centre**  
**Royal Sussex County Hospital**  
Eastern Rd  
Brighton  
United Kingdom  
BN2 5BE

**Study participating centre**  
**Southampton General Hospital**  
Tremona Rd  
Southampton  
United Kingdom  
SO16 6YD

**Study participating centre**  
**St Helens Hospital**  
Marshalls Cross Rd  
Saint Helens  
United Kingdom  
WA9 3DA

**Study participating centre**  
**St James's University Hospital**  
Beckett St  
Leeds  
United Kingdom  
LS9 7TF

**Study participating centre**  
**The Christie**  
Wilmslow Rd  
Manchester  
United Kingdom  
M20 4BX

**Study participating centre**  
**The Clatterbridge Cancer Centre**  
Clatterbridge Rd  
Birkenhead  
Wirral  
United Kingdom  
CH63 4JY

**Study participating centre**  
**Velindre Hospital**  
Velindre Rd

Cardiff  
United Kingdom  
CF14 2TL

**Study participating centre**  
**William Harvey Hospital**  
Kennington Rd  
Willesborough  
Ashford  
United Kingdom  
TN24 0LZ

## **Sponsor information**

**Organisation**  
Sheffield Teaching Hospitals NHS Foundation Trust

**Sponsor details**  
c/o Dr Dipak Patel  
Northern General Hospital  
Herries Road  
Sheffield  
England  
United Kingdom  
S5 7AU  
+44 (0)114 2265941  
Dipak.Patel@sth.nhs.uk

**Sponsor type**  
Hospital/treatment centre

**ROR**  
<https://ror.org/018hjpz25>

## **Funder(s)**

**Funder type**  
Government

**Funder Name**  
National Institute for Health Research

**Alternative Name(s)**

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United Kingdom

## Results and Publications

**Publication and dissemination plan**

The study protocol will be published. Planned publication of the study results in a high-impact peer reviewed journal. Primary analysis publication anticipated February 2025. Long-term results publication anticipated February 2028.

**Intention to publish date**

01/02/2025

**Individual participant data (IPD) sharing plan**

The data sharing plans for the current study are unknown and will be made available at a later date.

**IPD sharing plan summary**

Data sharing statement to be made available at a later date

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>		01/07/2021	05/07/2021	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No