

## Melanoma landscape in Asia-Pacific

2021



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## 1. Epidemiology overview and Clinical activity

Cancer of the skin is by far the most common of all cancers. Melanoma accounts for only about 1% of skin cancers but causes a large majority of skin cancer deaths. Melanoma is more common in men overall.

Melanoma incidence is lower in East and Southeast Asia as compared to North America or Europe with the result that melanoma remains overlooked and undertreated in Asian populations. However, East and Southeast Asia is home to almost one-third of the global population, and therefore a significant burden of disease exists in terms of absolute patient numbers. Furthermore, the clinical evidence indicates that Asian melanoma patients typically present with more advanced disease, and their prognosis is generally worse than Caucasian patients. Melanomas in Asian patients also appear to be thicker and are more likely to have ulcerations.

New Zealand and Australia have the world's highest rates of melanoma and it is often referred to as 'Australia's national cancer'. Melanoma is the third most common cancer in Australian men (after prostate and colorectal cancer) and women (after breast and colorectal cancer). Australians aged between 15-40 are the most affected. In 2019, about 15,000 Melanoma cases were diagnosed in Australia. Over 4,000 people are diagnosed with either melanoma in situ or invasive melanoma every year in New Zealand. In Australia, populations living closer to the equator show higher incidences of melanoma. Queensland for example, a predominately tropical state in Australia has higher melanoma rates than New South Wales.

### References-

*Sunrise in melanoma management: Time to focus on melanoma burden in Asia*

*Melanoma Institute Australia*

*Melanoma New Zealand*

### Estimated incidence, mortality and prevalence of melanoma in 2020, both sexes, all ages

\*Age standardized rate per 100,000

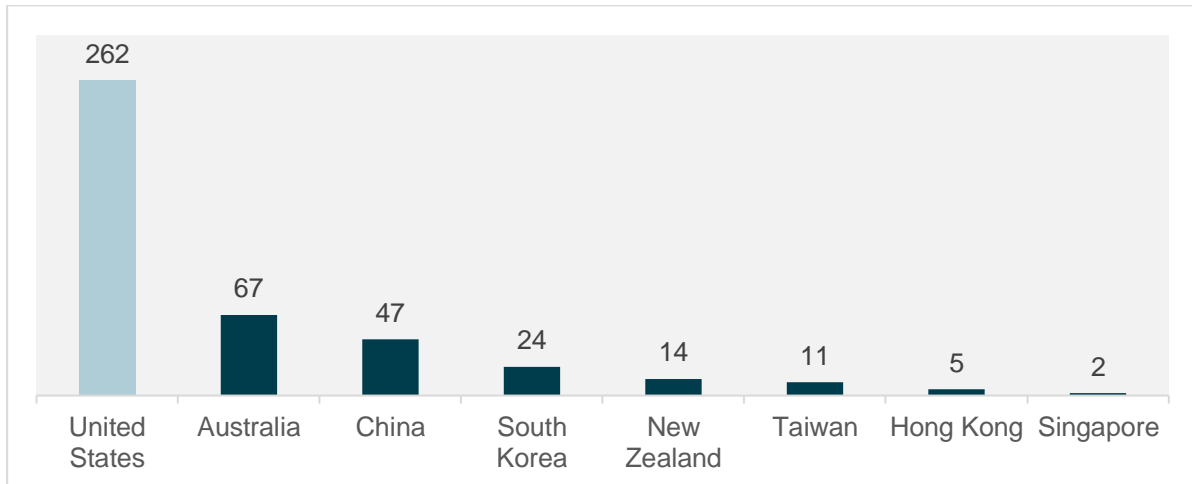
Region/Country	Incidence		Mortality		Prevalence	
	Number	ASR*	Number	ASR	Number	Proportion**
United States	96,445	16.6	7,201	1.1	337,530	102.0
Australia	16,171	36.6	1,408	2.4	57,669	226.2
Greater China	7,714	0.36	4,106	0.18	22,281	1.5
India	3,916	0.29	2,296	0.17	9,631	0.70
New Zealand	2,801	31.6	472	4.7	9,797	203.2
South Korea	734	0.74	347	0.31	2,533	4.9
Thailand	607	0.52	309	0.25	1,774	2.5
Philippines	418	0.45	251	0.27	1,131	1.0
Malaysia	162	0.47	81	0.24	494	1.5
Singapore	55	0.56	22	0.22	197	3.4


\*\*Proportions per 100,000

Source- Cancer Today by WHO

Biopharma companies initiated over 450 trials in melanoma since 2018, about a third of which involved the Asia-Pacific (APAC) region. Australia, China, and South Korea were the most frequently involved countries with fewer competing trials compared to the US.

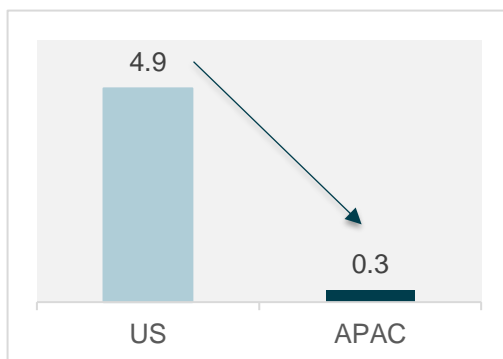
Top countries in Asia-Pacific in relation to the number of melanoma studies initiated by Biopharma companies between 2018-2020.



 Countries in which Novotech directly operates  
 Source – GlobalData [Accessed 5<sup>th</sup> January 2021]

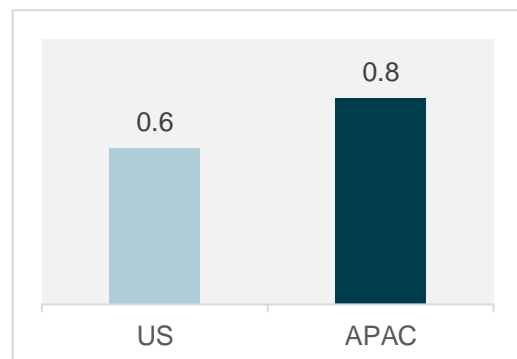
### **Lower Trial density (US vs. APAC)**

Number of recruiting sites for industry initiated melanoma trials per million of urban population in selected Asia-Pacific countries, 2020-2021.



### **Compelling Recruitment Rate**

Median recruitment rate (p/s/m) for industry sponsored melanoma trials in the Asia-Pacific and the US, initiated between 2016-2020.



Source – ClinicalTrials.gov [Accessed 6<sup>th</sup> January 2021]

## 2. Standard of Care

Five types of standard treatment are used for treating melanoma:

Treatment Option	Types
Surgery	<ul style="list-style-type: none"> <li>• Wide Local Excision</li> <li>• Biopsy – sentinel node biopsy</li> <li>• Lymph Node Dissection – axillary, inguinal and cervical lymph nodes</li> <li>• Reconstructive Surgery – skin grafts and flap repairs</li> </ul>
Radiation	<ul style="list-style-type: none"> <li>• External Beam Radiation Therapy</li> <li>• Palliative Radiation Therapy</li> <li>• Stereotactic Radiosurgery</li> <li>• Adjuvant Radiation Therapy</li> </ul>
Targeted therapy	<ul style="list-style-type: none"> <li>• Cobimetinib</li> <li>• Dabrafenib</li> <li>• Imatinib mesylate</li> <li>• Trametinib</li> <li>• Vemurafenib</li> </ul>
Immunotherapy	<ul style="list-style-type: none"> <li>• Pembrolizumab</li> <li>• Nivolumab</li> <li>• Ipilimumab</li> <li>• Interferon alfa</li> <li>• T-VEC</li> <li>• BCG and imiquimod cream</li> </ul>
Chemotherapy	<ul style="list-style-type: none"> <li>• Carboplatin</li> <li>• Cisplatin</li> <li>• Dacarbazine</li> <li>• Melphalan</li> <li>• Nab-paclitaxel</li> <li>• Paclitaxel</li> <li>• Temozolomide</li> <li>• Vinblastine sulfate</li> </ul>

Source – 2018 NCCN Guidelines for treatment of Melanoma

### 3. Key Opinion Leaders in Melanoma

#### **Prof. GEORGINA LONG**

*Melanoma Institute Australia – AUSTRALIA*

Prof. Long is Co-Director of Melanoma Institute Australia (MIA), and Chair of Melanoma Medical Oncology and Translational Research at MIA and Royal North Shore Hospital. Her team is focused on targeted therapies and immuno-oncology of Melanoma. She is the President of International Society for Melanoma Research, and Oncology lead for the Australian Melanoma Management Guidelines Committee. She engaged in more than 50 Melanoma trials and co-authored numerous publications in journals including *J Clin Oncol*, *Br J Cancer* and *Nat Rev Clin Oncol*.



#### **A/Prof. VICTORIA ATKINSON**

*Princess Alexandra Hospital – AUSTRALIA*

Prof Atkinson is a Senior Staff Specialist at the Princess Alexandra Hospital and Visiting Medical Oncologist at Greenslopes Private Hospital where she is PI for Melanoma trials in collaboration with Gallipoli Medical Research Foundation. She is an Associate Professor at the University of Queensland. She is on the Executive Board Member of the ANZ Melanoma Trials Group and Melanoma Patients Australia. She has co-authored close to 100 publications in journals including *Eur J Cancer* and *N Engl J Med*.

#### **Dr. CATHERINE BARROW**

*Wellington Hospital – NEW ZEALAND*

Catherine is an Oncologist at the Bowen Icon Cancer Centre and Wellington Regional Melanoma Clinic based at the Plastic Surgical Unit at Hutt Hospital. She is the principal investigator of Melanoma clinical trials at Wellington Hospital including phase I/II study collaborations with the Malaghan Institute and Clinical Trials New Zealand. Catherine is a member of the Executive Committee for the New Zealand Melanoma Network.



#### **Prof. JUN GUO**

*Peking University – CHINA*

Prof. Jun Guo is a Professor and the Medical Director of the Dept. of Melanoma and Renal Cancer in Peking University Cancer Hospital & Institute. Prof. Guo is the chair of Asian melanoma group and president of Melanoma Branch of CSCO. He is the writing panel chair of “Chinese Guidelines on the Diagnosis and Treatment of Melanoma”. Guo established the first melanoma centre in China. He published more than 100 academic papers in research journals including *J Clin Oncol*, *Clin Cancer Res*, *Eur J Cancer*, *Blood*.

#### **A/Prof. MUN JE-HO**

*Seoul National University Hospital – SOUTH KOREA*

Prof. Mun Je-Ho is an Associate Professor in at the Seoul National University. He is also Chief of Skin Cancer/Chemotherapy Centre at the University Hospital. Prof. Mun is an active member of the Korean Dermatologic Association and the Korean Society for Skin Cancer. His clinical practice and research focus on malignant Melanomas, Melanonychia, Dermoscopy, and Dermatosurgery.



## 4. Novotech Overview

Novotech is internationally recognized as the leading regional full-service contract research organization (CRO) in Asia-Pacific. Novotech has been instrumental in the success of over a thousand Phase I - IV clinical trials for biotechnology companies.

Novotech was established in 1996, with offices in 11 locations across the region, and site partnerships with major health institutions.

Novotech provides clinical development services across all clinical trial phases and therapeutic areas including: feasibility assessments; ethics committee and regulatory submissions, data management, statistical analysis, medical monitoring, safety services, central lab services, report write-up to ICH requirements, project and vendor management. Novotech obtained the ISO 27001 certification which is the best-known standard in the ISO family providing requirements for an Information Security Management System. Together with the ISO 9001 Quality Management system, Novotech aims at the highest IT security and quality standards for patients and biotechnology companies

<https://novotech-cro.com/>

