**Background & Introduction**

To include the evaluation of events after progression on PD-1 inhibitors, a 30-day treatment has been established as a standard to exclude the potential contribution of delayed responses to prior anti-PD-1 therapy. This study evaluated the duration of response in patients with advanced melanoma progressing on anti-PD-1 therapy. The authors included patients with progressive disease after prior anti-PD-1 monotherapy or combination therapy, and assessed the impact of prior therapy on response duration.

**Results**

- **Table 1. Patient Demographics and Disease Characteristics**
  - The table shows the distribution of patient demographics and disease characteristics, including age, sex, race, and prior therapies.
  - The data suggest a high proportion of patients with prior treatments and a diverse range of characteristics.

- **Figure 1. Confirmation of Disease Progression is Required for Eligibility on VRRN**
  - The figure illustrates the confirmation of disease progression as a criterion for eligibility in the study.

- **Figure 2. Intratumoral Electroporation of Plasmid IL-12 Increases Tumor Immunoreactivity**
  - The figure demonstrates the mechanism by which intratumoral electroporation of plasmid IL-12 increases tumor immunoreactivity.

- **Figure 3. Systemic Tumor Response in Visceral Lesion(s)**
  - The figure shows the systemic tumor response in visceral lesions, highlighting the potential benefits of the treatment.

- **Table 2. Minimal Cytotoxic-Associated Systemic Toxicity With Local Production of IL-12 Combined With Pembrolizumab**
  - The table outlines the minimal cytotoxic-associated systemic toxicity observed with local production of IL-12 combined with pembrolizumab.

- **Figure 4. Patients With Documented Confirmed Progression on Prior Anti-PD-1 Therapy Have a Median DOR Not Reached and Median OS of 23.5 Months**
  - The figure illustrates the median duration of response (DOR) and median overall survival (OS) for patients progressing on anti-PD-1 therapy.

- **Figure 5. 87% of Responding Patients (16/19) Did Not Have RECENT n.1 Progression**
  - The figure shows the percentage of responding patients who did not have recent progression.

**Non-Viral Cytotoxic Gene Therapy Using the Tumor to SafelyHarmonize the Power of IL-12**

- Intratumoral electroporation of plasmid IL-12 increases tumor immunoreactivity.

**Table 3. Minimal Cytotoxic-Associated Systemic Toxicity With Local Production of IL-12 Combined With Pembrolizumab**

**Summary**

- Durable responses with intratumoral electroporation of plasmid interleukin 12 plus pembrolizumab in patients with advanced melanoma progressing on an anti-PD-1 antibody: updated data from Keynote 695

**References**

