Ipilimumab and Nivolumab in Rare Tumors S1609: Neuroendocrine—Response

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As Sonbol and Halfdanarson kindly point out, the lack of central pathology review with utilization of local pathology reports necessitated use of the 2010 WHO criteria for the neuroendocrine cohort in the S1609 DART study. We agree that central pathology review for these rare tumors would be best. In addition, MSI-status was not required, but will be tested on archival specimens as part of our translational objectives and is a focus of the dedicated high-grade neuroendocrine cohort currently underway within S1609.

Disclosure of Potential Conflicts of Interest

M. Othus is an employee/paid consultant for Merck, and reports receiving other remuneration from Celgene and Glycomimetics. Y.K. Chae reports receiving commercial research grants from Abbvie, Bristol-Myers Squibb, Freenome, Lexent Bio, and Biodesix, and speakers bureau honoraria from Bristol-Myers Squibb, Lilly Oncology, AstraZeneca, Genentech, Pfizer, Foundation Medicine, Biodesix, and Guardant Health. R. Kurzrock is an employee/paid consultant for Gaido, LOXO, X-Biotech, Actuate Therapeutics, Roche, NeoMed, Soluventis, Pfizer, and Merck, reports receiving commercial research grants from Incyte, Genentech, Merck Serono, Pfizer, Sequenom, Foundation Medicine, Guardant Health, Grifols, Konica Minolta, DeBiopharm, Boerhringer Ingelheim, and OmniSeq, speakers bureau honoraria from Roche, and other remuneration from IDbyDNA, CureMatch, Inc., CureMetrix, Inc., and Soluventis. No potential conflicts of interest were disclosed by the other authors.

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