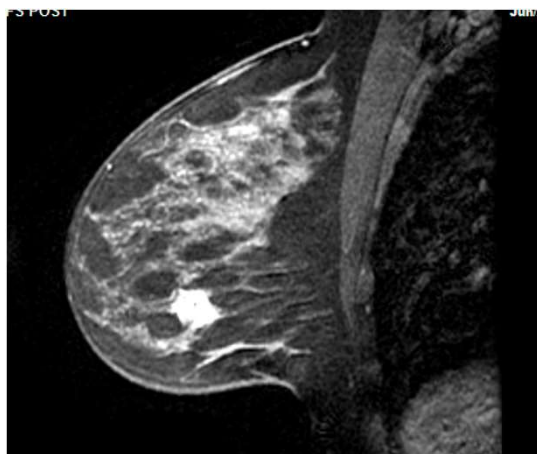




44 yo woman with T2N1 poorly differentiated triple negative breast cancer

- BRCA negative
- PET negative
- Keynote-522
 - ddAC-TC
 - Immune-related adverse event: hypothyroidism



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12/19/2022: Right lumpectomy and SLNB followed by axillary lymph node dissection

Pathology:

Breast:

Residual IDC ranging from a few scattered foci ranging from a few mm to 7mm
 Poorly differentiated
 Margins negative
 ER 10% PR 0 HER 20

Lymph nodes: 1 micrometastasis 1/15 LN

Discussion:

Prognosis of residual disease
 Escalation and de-escalation of adjuvant therapy
 Patient selection for checkpoint blockade

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Post-operative course

- 12/27/22-7/25/23: Pembrolizumab x 9 cycles
 - Immune-related adverse event: Vitiligo
- 3/9/23: Completed radiation
- 4/21/23: Initiate capecitabine
- 9/21/23: Mammogram - right breast 1.8 cm mass
 - TNBC
- 10/7/23: PET negative



Treatment of local recurrence

- 10/30/23: Right mastectomy with reconstruction
- Adjuvant Sacituzumab

Discussion points:

Prognosis for short disease-free interval

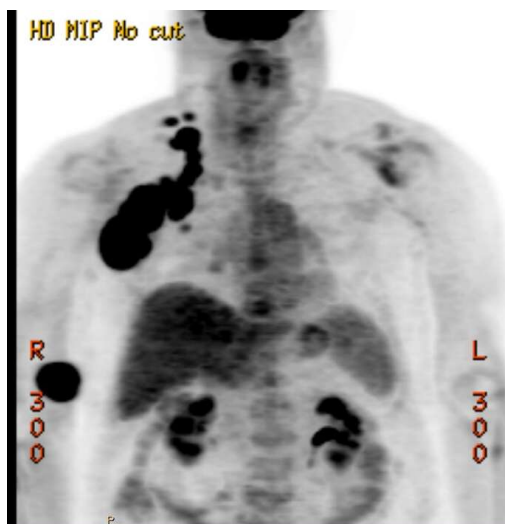
JC: 66-year-old man

PMH: HTN, left cheek BCC, ORIF humeral fracture.

- First noted small right epitrochlear nodule about 2 years ago – Golf injury?
- Gradual increase in size and development of axillary adenopathy
- Needle biopsy (July 2023) Merkel cell carcinoma
- Disease was extensive (see imaging), and his arm was quite edematous and painful.

Faries

JC: Merkel cell carcinoma

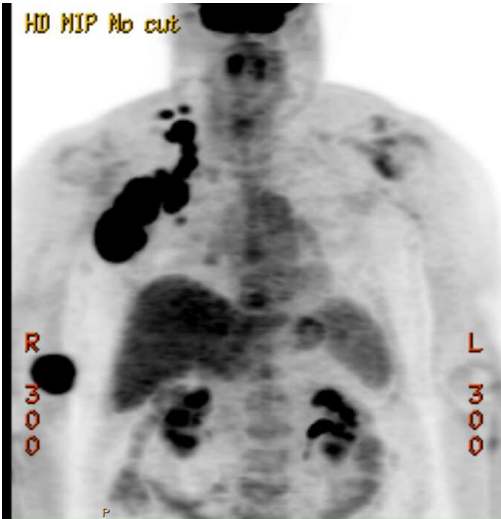


- Resectable?
- Elected systemic therapy:
 - July 2023 –7 cycles of pembrolizumab
 - Very well tolerated

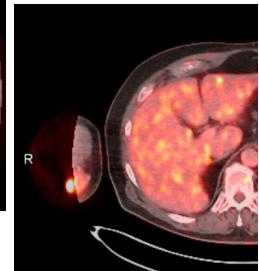
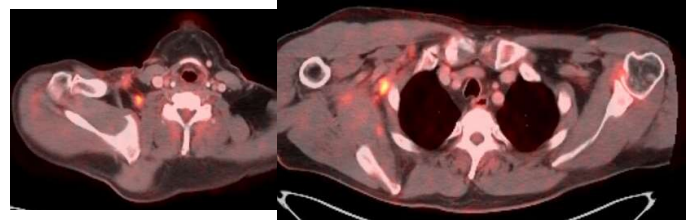
Faries

JC: Merkel cell carcinoma

July 2023



Sept 2023

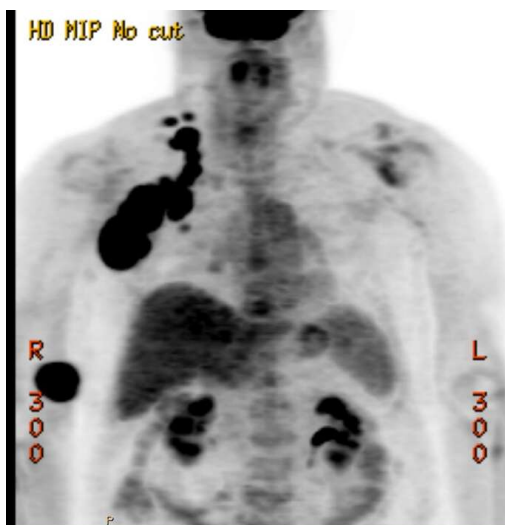


- When to operate?

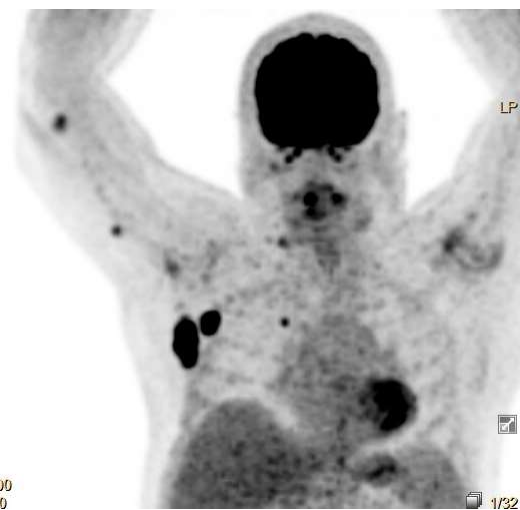
Faries

JC: Merkel cell carcinoma

July 2023



Jan 2023



Faries

JC: MCC

- Dissection January:
 - Epitrochlear: 3.2 cm metastasis, 60% fibrosis
 - Axilla: 4/28 nodes positive, largest 4.8 mm, no ECE, +fibrosis
 - Neck: 9/31 nodes positive, largest 2.4 cm, +ECE, + fibrosis
- Next Steps:
 - Radiation (to what?)
 - Additional systemic therapy?

Faries

25yoF with 1.4mm, ulcerated, 3 mits/mm² melanoma of upper mid back

- (+) fam hx of melanoma
- WLE and SLNB (L axilla)
- WLE with residual melanoma, fully excised to negative margins
- SLNB – 1 of 2 LNs (+) for melanoma
- Initial staging without distant disease (PET/CT and brain MRI)
- BRAF V600E mutant - adjuvant D + T, held due to uveitis
- 1 year later, new L back in transit metastasis noted on imaging

Boland

25yoF with 1.4mm, ulcerated, 3 mits/mm² melanoma of upper mid back

- Questions:
- Would you do neoadjuvant therapy for palpable and radiographically evident in transit node?
- If so, what agent (ICI naïve)?
- Would your decision change if she had both in transit and axillary recurrences?

Boland

25yoF with 1.4mm, ulcerated, 3 mits/mm² melanoma of upper mid back

- WLE – path c/w metastatic melanoma in lymph node (1/1)
- Started adjuvant pembro for 1 year
- Currently NED

Boland

32yoF with 1.3mm, non-ulcerated, 1 mit/mm² melanoma of left upper back

- BMI > 35
- WLE + SLNB (1 out of 1 + for metastatic melanoma, > 2 cm tumor deposit)
- PET/CT with additional PET avid nodes, bx proven metastatic melanoma, fiducial placed
- TMB low, variants in BRCA1, TP53, RB1, BRAF, MYC, and TERT
- Questions:
 - Would you do neoadjuvant therapy? Is this micro vs macroscopic disease?
 - If so, what agent(s)?

Boland

32yoF with 1.3mm, non-ulcerated, 1 mit/mm² melanoma of left upper back

- Neoadjuvant flip dose Ipi/Nivo
- Path: multi-nodular collection of metastatic melanoma involving matted nodes (at least 3 nodes, largest focus 3.5 cm) with extranodal extension and involvement of surrounding soft tissue. Tumor necrosis, fibrosis, and giant cell reaction c/w procedure. 40 additional LNs, some containing tattoo pigment without evidence of melanoma.
- 1 year adjuvant pembro
- Currently NED

Boland

Thank you!

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