



Society for Immunotherapy of Cancer

Advances in Cancer Immunotherapy™

ACI Head and Neck Cancers Case Studies

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Case Study #1

- Patient is a 68 year old man with DM2 was originally diagnosed with a T2N0M0 SCC of the left anterior larynx. Completed definitive radiation. Six months later was found to have a left level II lymph node that was SCC with ENE on neck dissection. He then underwent adjuvant chemoradiation. Four months after that CT chest showed two 1.5 cm pulmonary nodules. Biopsy confirmed SCC with PDL1 CPS expression of 10. He is asymptomatic and has no other areas of disease.

How would you approach his treatment?

- A) Surgical resection of lung metastases
- B) Pembrolizumab monotherapy
- C) Carboplatin, 5FU, pembrolizumab
- D) Carboplatin, 5FU, cetuximab

Case Study #2

- 56 y/o M presents with a history of T4N1 oral cavity cancer who underwent surgical resection, found to have positive margins and underwent adjuvant cisplatin and radiation completed 7 mo prior now has biopsy proven lung metastases. Metastases are bilateral and the largest is 4cm. He also has 2 liver metastases measuring 3cm. He has no local recurrence. He feels fairly well but does have a cough and mild SOB. No other significant medical history except smoking. He has a CPS of 5. What would you choose as his treatment?
 - A) Platinum, 5FU, pembrolizumab
 - B) Platinum, 5FU, cetuximab
 - C) Pembrolizumab monotherapy
 - D) Carboplatin and paclitaxel
 - E) Platinum, taxane, pembrolizumab



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Case Study #3

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- Patient is a 82 year old man with HTN and a T1N2M0 p16 positive R tonsillar squamous cell carcinoma. He was treated with concurrent chemoradiation with weekly cisplatin. Two years later, he developed pain in his lower back and was found to have new bony metastatic disease in addition to new small lung nodules concerning for metastases. Biopsy showed metastatic SCC, p16 positive, CPS 0.

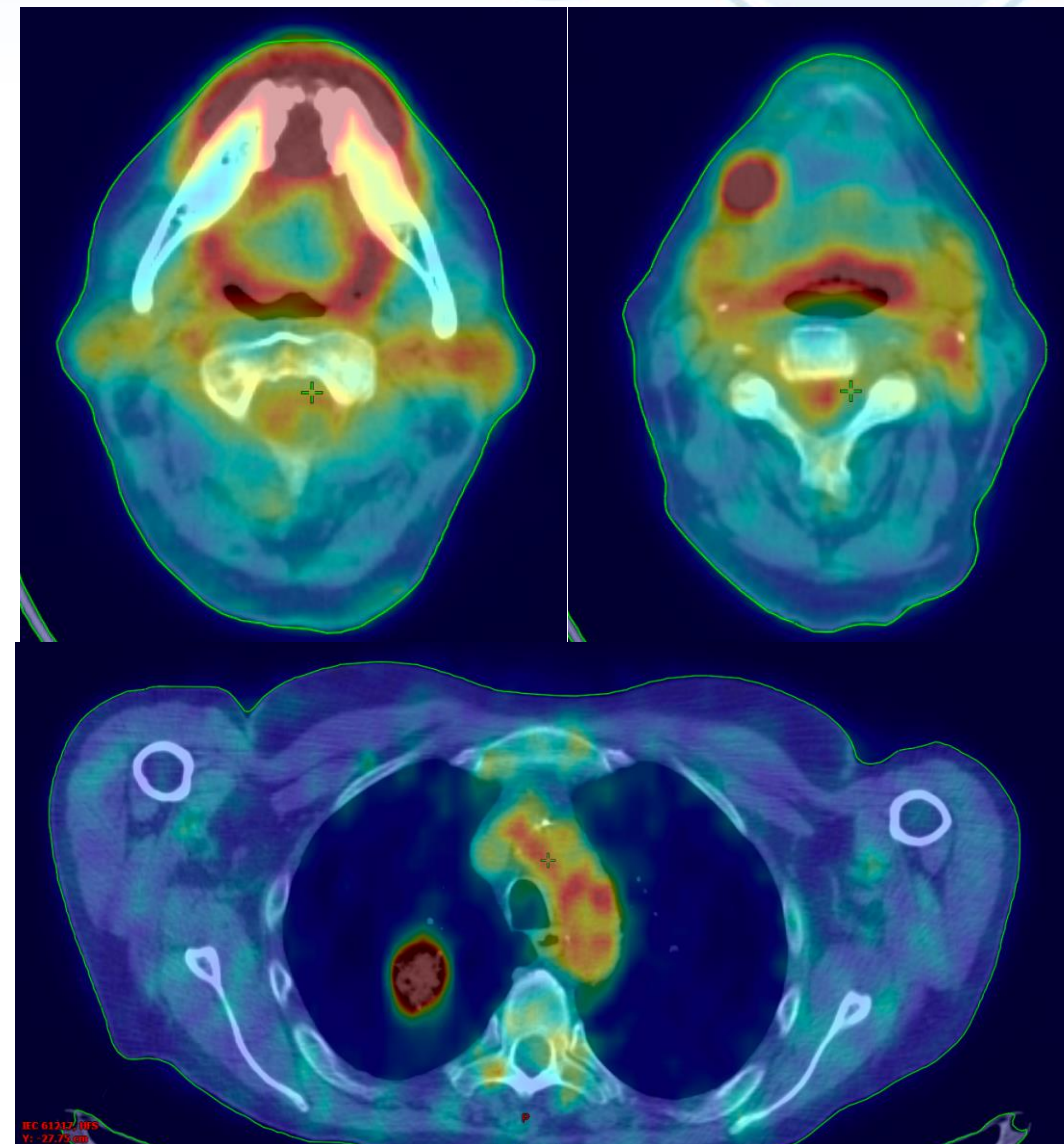
How would you approach his treatment?

- A) Pembrolizumab monotherapy
- B) Carboplatin, 5FU, pembrolizumab
- B) Carboplatin, paclitaxel, cetuximab
- D) carboplatin, paclitaxel, pembrolizumab

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Case Study #4

- 55 yo M with 25 py h/o cigarette smoking, stopped 15 yrs ago, p/w T4N1M1 FOM squamous cell carcinoma with oligometastatic disease to lung. Both p16 negative. CPS 90. Refuses mandibulectomy.
- How would you treat?
 - a. Conventional CRT to primary and node and SBRT to lung lesion
 - b. Conventional CRT to primary and node and resection of lung lesion
 - c. SBRT to all sites + IO (a-PD1 or a-PDL1)
 - d. Chemo with IO



Case Study #5

- 70 yo male veteran, h/o severe PTSD, paranoia, 6 pack year smoking, T2,N2,M0, p16 positive SCC of the oropharynx, h/o severe tinnitus. Refused surgery. After one week of carbo-RT, he wants to stop due to social issues. CPS is 70%. What would you offer him?
 - a. SBRT alone
 - b. IO: anti-PD1 or a-PDL1 alone
 - c. Chemo alone + IO
 - d. SBRT + IO

