Society for Immunotherapy of Cancer

Advances in Cancer Immunotherapy™

Case 1

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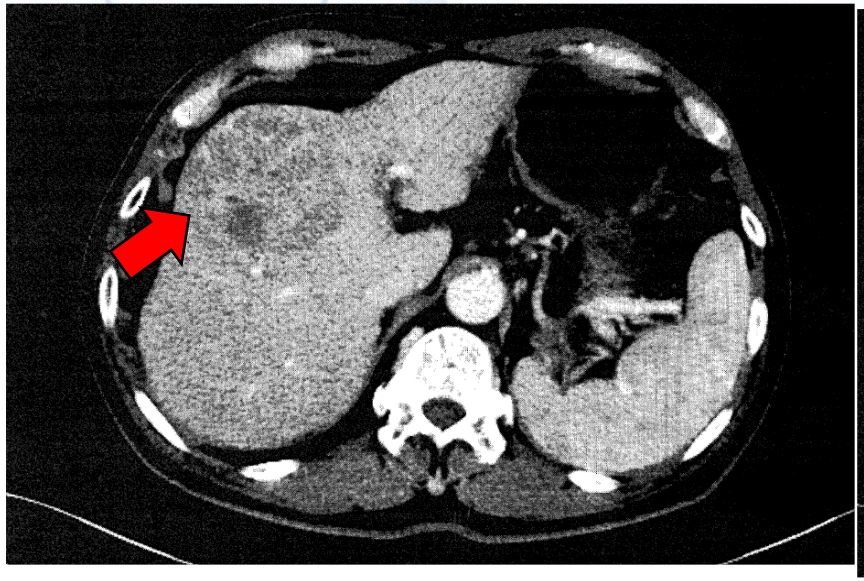
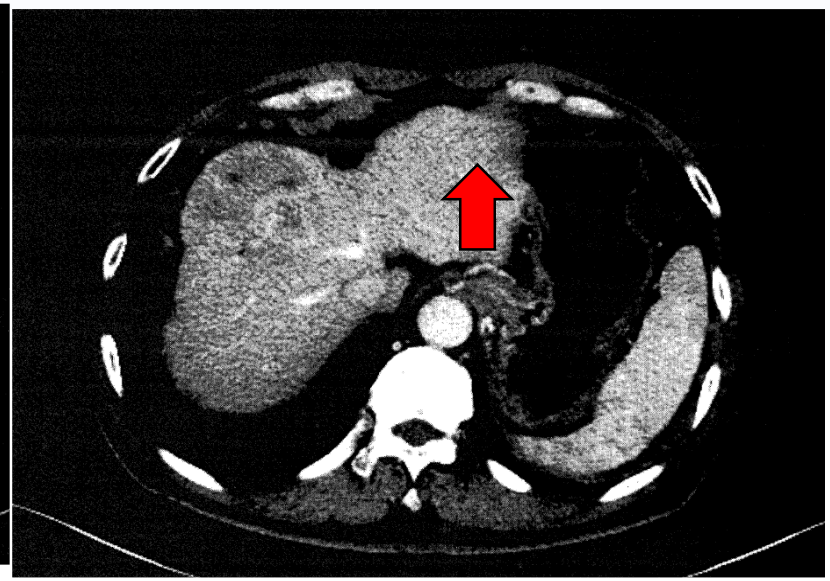
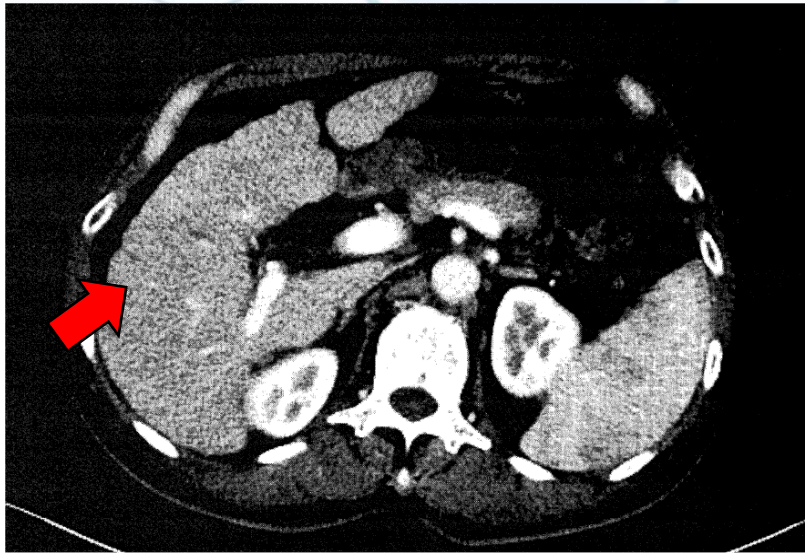
#LearnACI

History

- Male, 72-year-old
- Chronic hepatitis B infection with cirrhosis, on entecavir
- ECOG 0
- BW 62kg
- ALBI Grade 1, Child's A6
- Presented with elevated serum AFP
- CT scan showed multifocal HCC

Baseline scans (21 May 2019)

Whole abdomen:

Multiple hypervascular lesions are noted in both lobes of liver. These foci show arterial enhancement and washout in the portovenous and delayed phases. The largest lesion is noted in segment VIII/IVa and measures up to 6.7cm x 7cm in size. Non-enhancing foci are noted within the lesion, suggestive of tumoral necrosis. The maximum diameter of the viable component measures up to 7cm. The lesion is compressing onto the anterior branch of right portal vein.

Other smaller lesions are noted in segment VII/VIII (1.1cm), segment VII (5.1mm), segment II (6.2mm), segment V/VI (5.9mm; 8.5mm) and segment VI (1.1cm). Features are suggestive of multifocal bilobed HCC.

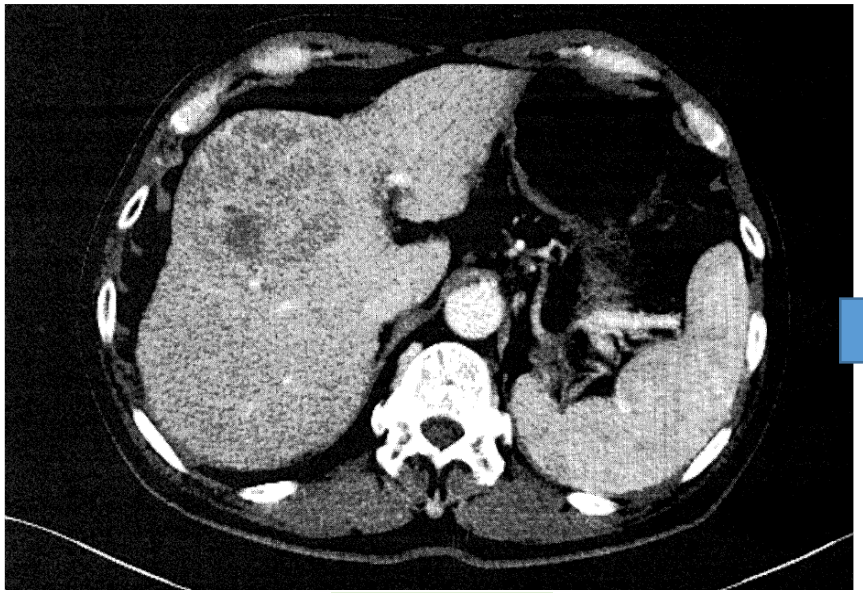
Hypoenhancing focus noted in dome of segment II (1.5cm), only identifiable in the delayed scan. No significant enhancement noted in arterial phase. Features are non-specific, suspicious of early HCC.

Diagnosis

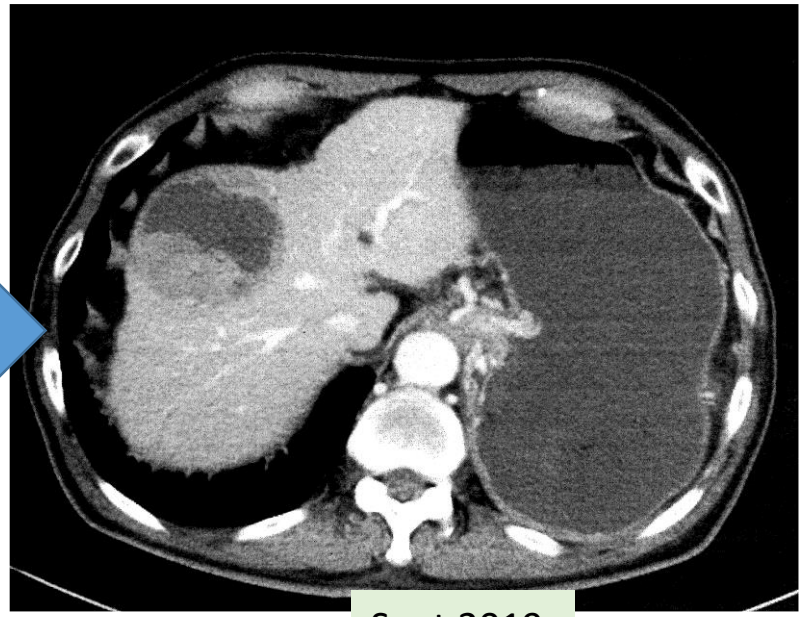
- BCLC stage B disease
- Beyond-up-to-7 (N=6; bilobed disease; largest size=7cm)
- ALBI Grade 1, Child's A6
- Treatment
  - ? TACE
  - ? Systemic therapy

Progress

- Lenvatinib 12mg daily, requiring dose reduction to 8mg QD at week 4 due to fatigue and diarrhoea



May 2019



Sept 2019

	Serum AFP < 7 ug/l
May 07 2019	5946 *
May 20 2019	5975 *
Jun 11 2019	3763 *
Jul 18 2019	2210 *
Aug 15 2019	1652 *

Progress

- Progressive intrahepatic disease Feb 2020 (10-month treatment from lenvatinib)
- Switched to pembrolizumab (clinical trial) Mar 2020; with PR after 4 cycles
- Incidental finding of CA sigmoid on Follow-up CT scan Feb 2021; underwent lap. Sigmoidectomy; T3N1 disease
- Joint discussion with family and MDT: opted not for adjuvant chemotherapy; to continue pembrolizumab up to 2 years
- Still receiving pembrolizumab today; CT scan Oct 2021: no viable disease of HCC/recurrence of CA sigmoid

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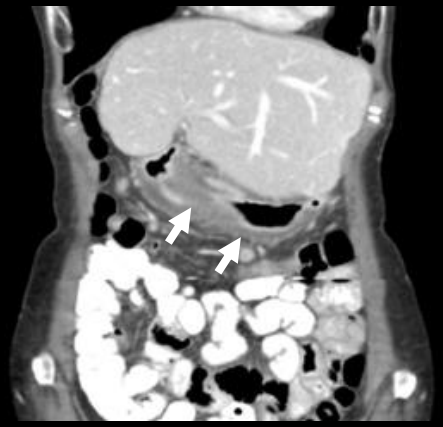
Case 2

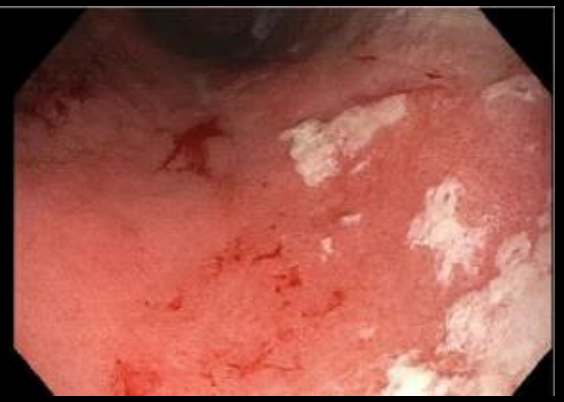
A patient with recurrent Stage IV HCC responding to Anti-PD-1 therapy

- 60 year cold chronic HBV
- Solitary 16 cm mass on routine surveillance (AFP 45,000)
- Resection with pathology c/w T3bNxM moderately differentiated HCC
- One year later recurrence to lung
- Initiated clinical trial and received single agent anti-PD-1 treatment
- Attained durable CR
- ~ 2 years into treatment noted several weeks of reflux, epigastric pain, and weight loss
- Diagnostic work-up included re-staging, EGD with biopsy, serologies

CT: Thickening of the Gastric Body



EGD: Inflammation characterized by friability and granularity in the entire examined stomach, + ulcers. BH. pylori negative; CMV negative



Path: Marked chronic and active mixed inflammatory infiltrate including intraepithelial lymphocytosis