Case Studies in Immunotherapy for the Treatment of Head and Neck Squamous Cell Carcinoma

January 26, 2022

2:00-3:00 p.m. EST

sitc Society for Immunotherapy of Cancer

Cancer Immunotherapy GUIDELINES

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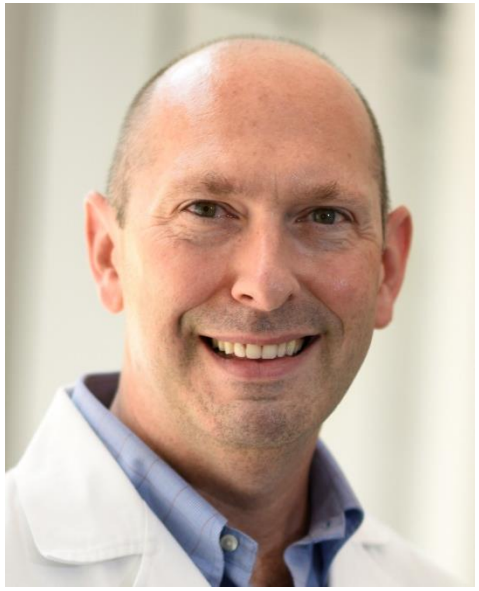
The Practical Management Pearls and Case Studies Webinars are part of the Cancer Immunotherapy Clinical Practice Guidelines Advanced Webinar Series supported, in part, by grants from Amgen and Merck & Co., Inc. (as of 9/15/2021)

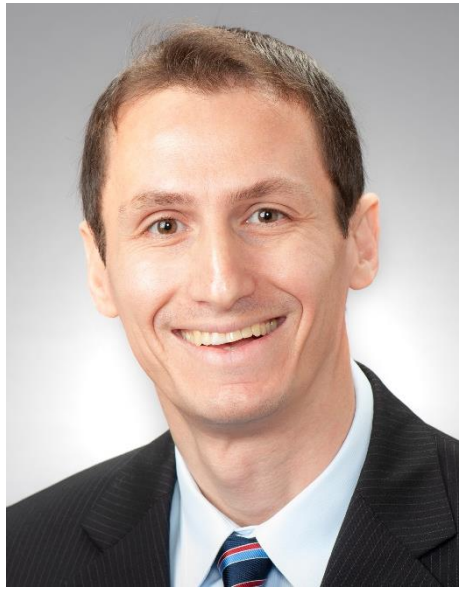
Webinar faculty

Ezra Cohen, MD, FRCPSC, FASCO – *UC San Diego*

Expert Panel Chair



Andrew G. Sikora, MD, PhD – *The University of Texas MD Anderson Cancer Center*



Dan P. Zandberg, MD – *UPMC Hillman Cancer Center*

Learning objectives

- Plan immunotherapy treatment regimens for challenging patient populations
- Identify management strategies for uncommon and/or atypically responsive toxicities
- Select appropriate treatment strategies for patients with relapsed and/or unresponsive disease
- Articulate the potential risks and benefits for proceeding with any other possible interventions specific to HNSCC in the context of an immunotherapy treatment plan

Webinar outline

- Development of the guideline
- Case presentations: presentation, diagnosis, treatment options
- Panel discussion
  - PD-L1 refractory
  - Disease progression after testing, imaging
  - Consideration of combo therapy with chemo
- Question and answer session
- Key takeaways

Development of the guideline

Cohen *et al. Journal for ImmunoTherapy of Cancer* (2019) 7:184
https://doi.org/10.1186/s40425-019-0662-5

Journal for ImmunoTherapy of Cancer

POSITION ARTICLE AND GUIDELINES Open Access

The Society for Immunotherapy of Cancer consensus statement on immunotherapy for the treatment of squamous cell carcinoma of the head and neck (HNSCC)

Ezra E. W. Cohen[1], R. Bryan Bell[2], Carlo B. Bifulco[2], Barbara Burtness[3], Maura L. Gillison[4], Kevin J. Harrington[5], Quynh-Thu Le[6], Nancy Y. Lee[7], Rom Leidner[2], Rebecca L. Lewis[8], Lisa Licitra[9], Hisham Mehanna[10], Loren K. Mell[1], Adam Raben[11], Andrew G. Sikora[12], Ravindra Uppaluri[13], Fernanda Whitworth[14], Dan P. Zandberg[8] and Robert L. Ferris[8*]

Development of the guideline

- Developed according to the Institute of Medicine's Standards for Developing Trustworthy Clinical Practice Guidelines
- Panel consisted of 19 experts in the field
- Recommendations are based upon published literature evidence, or clinical evidence where appropriate
- Consensus was defined at 75% approval among voting members

Webinar outline

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Case #1

63 yo male with pmh for Htn and DMII who was diagnosed with SCC of the oral tongue in 2019 s/p resection and adjuvant chemoradiation with Cisplatin for ENE. In September 2021 he presented with a new 4cm right neck mass and multiple lung and liver lesions. Biopsy of his neck mass was consistent with SCC. He complains of pain in his right neck. ECOG PS 1.

Which of the following tests would you order to guide systemic treatment?

- A: PD-L1 by Combined positive score (CPS)
- B: PD-L1 by Tumor proportion score (TPS)
- C: PD-L1 on immune cells alone
- D: None of the above

Case #1 (continued)

The patient undergoes testing for PD-L1 and PD-L1 CPS is 9.

What would you recommend for initial treatment of this patient?

- A: Carbo/5FU/Pembrolizumab
- B: Pembrolizumab monotherapy
- C: Carbo/Paclitaxel/Pembrolizumab
- D: Ipilimumab plus Nivolumab

Case #2

The patient is a 55 yo male with T2N2M0 HPV positive oropharyngeal SCC s/p chemoradiation with cisplatin in 1/2020 now presents with a 2cm LUL lung mass and a RUL 1.5 cm lung lesion. The patient is a never smoker. Biopsy of the LUL lung lesion is consistent with SCC, p16 and HPV ISH positive. PD-L1 CPS is 30.

What would you recommend for treatment?

- A. Pembrolizumab monotherapy
- B. Surgical resection of the lung lesions followed by observation.
- C. SBRT plus pembrolizumab
- D. Carbo/5FU/Pembro followed by SBRT to the lung lesions if no progression.
- E. SBRT to the lung lesions followed by observation

Case #3

The patient is a 65 yo male with an HPV negative oropharyngeal SCC T3N2bM0 s/p chemoradiation completed in 2019. Two years later he develops a recurrence in the oropharynx (2cm) as well as multiple lung lesions (4 total) ranging from 1-3cm. He has some pain with swallowing but denies dysphagia. PD-L1 CPS is 18. The patient is started on Pembrolizumab monotherapy. First imaging done 3 months after starting pembrolizumab shows progression of disease by RECIST (30% growth). Specifically, the oropharyngeal lesion has grown by 1.5 cm along with two of the lung lesions. The patient complains of some increased pain with swallowing but no dysphagia.

What would you recommend next?

- A: Continue pembrolizumab with repeat imaging in 1 month
- B: Continue pembrolizumab with repeat imaging in 2-3 months
- C: Discontinue pembrolizumab and change to carbo/taxol
- D: Discontinue pembrolizumab and change to cetuximab

Case #3 (continued)

The patient continues on pembrolizumab and undergoes repeat imaging 2 months later. Repeat imaging shows further progression and then decision is made to stop pembrolizumab. The patient has more pain with swallowing and some dysphagia to solids.

What would you recommend as a next step?

- A. Cetuximab
- B. Carboplatin plus Paclitaxel
- C. Paclitaxel Monotherapy
- D. Combination immunotherapy on trial.

Case #4

The patient is a 75 yo female who presents for recurrent oral cavity SCC. In 2018 the patient underwent right partial glossectomy and neck dissection for oral tongue SCC with pathology T2N2 without ENE. Patient declined adjuvant radiation. In 2020 patient underwent resection of a left oral tongue SCC followed by observation. She now presents with a T3N0 SCC of the right FOM. She is not interested in surgery or definitive radiation/chemoradiation, but she wants some type of therapy. She complains of pain and requires oxycodone. PD-L1 CPS is 25. ECOG PS 2

What would you recommend for this patient?

- A. Pembrolizumab monotherapy
- B. Palliative radiation alone
- C. Pembrolizumab and palliative radiation
- D. Carboplatin monotherapy

Case #5

The patient is a 50 yo male 20 pack year smoker with pmh for Htn presents with a SCC of the supraglottic larynx T3 and two ipsilateral LN in the right neck. On PET/CT for staging the patient is found to have a 3 cm RUL mass and a 1 cm RML mass. Biopsy of the RUL mass is consistent with SCC. PD-L1 CPS is 20.

What would you recommend for management?

- A. Carbo/5FU/Pembro followed by definitive chemoradiation to the head and neck and SBRT to the lung lesions if no progression.
- B. Chemoradiation to the head and neck and SBRT to the lung lesions
- C. Pembrolizumab monotherapy alone
- D. Carbo/5FU/Pembrolizumab alone

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