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From Data to Decision: Patient Selection and Real-World Application

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Dr. Oliva:
Welcome to CE with GLC. I'm Dr. Marc Oliva, and I'm here today with Dr. Christophe Le Tourneau. Hi, Christophe.

Dr. Le Tourneau:
Hi, Marc.

Dr. Oliva:
So let's start our discussion by looking at a case. Dr. Le Tourneau, what can you tell us about this patient?

Dr. Le Tourneau:
So, in fact, this was a patient of the clinic that was like 65 years old. It was a male, a tobacco consumer 40 pack-years, alcohol consumer as well. That patient had high blood pressure as well. He was ECOG 1, and that patient had, as you can see, squamous cell carcinoma of the hard palate that was T4 N2c, so with lymph nodes on both sides on the PET-CT.

For that patient, actually, the first thing that we did is to ask for a PD-L1, since we thought he might be a good candidate for perioperative immunotherapy. So PD-L1 came back with a score of 12. So then we decided that this patient should undergo perioperative immunotherapy, so he got the first injection of pembrolizumab in the chemo, was reassessed by the surgeons and us as well. So the tumor shrunk a little bit, but not that much, around 15% to 20%, I would say, but I mean, this was still something, so we decided to inject the patient again with a second injection.

The patient then had a restaging imaging showing like almost a partial response on the T. On the neck, we couldn't see the lymph nodes anymore, so that patient then underwent surgery. So that patient had not a pathological complete response, but he had non-invaded margins, so he was R0. Actually, he had no invaded lymph nodes, and the tumor was like 30 mm.

So based on that, the patient then went to radiation alone, combined with pembrolizumab and adjuvant pembrolizumab. So here this is basically the case of a patient who had a response, but not a deep response, but everything went smoothly to receive the whole course of the treatment, so we had to deal with hypothyroidism, which was fine. I'm happy to give hormone replacement, but other than that, the treatment with immunotherapy was well tolerated.

Yes, that's an example of a patient who underwent perioperative immunotherapy. So I would say here we didn't give cisplatin to the patient because he had no high-risk pathological features. We know from the KEYNOTE-689 that in the experimental arm, 10% less patients received cisplatin as compared to the standard of care arm because of the efficacy of the immunotherapy, actually. If that patient had not received immunotherapy, would this patient have got high-risk pathological features? Nobody knows. But in that case, he began to receive cisplatin. I didn't mention that that patient was HPV negative, which you could think, since it's not an oropharynx cancer. But yes, I guess this is a good example of a patient who underwent successful perioperative immunotherapy.

Dr. Oliva:
Well, definitely an exciting case. Yes, I think you mentioned hard palate, so probably oral cavity primary, I'm assuming HPV negative, so which is the majority of the patient population that was included in the KEYNOTE-689 as you mentioned, and then HPV-related oropharynx was underrepresented in this study. But definitely this is the reason why we want to implement the immunotherapy in the locally advanced setting, because of that successful outcome. So definitely thank you for sharing this case.

And, well, I think our time is up for today. So we hope you found this quick case very useful, and we'll see you next time.

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