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Advancing Cancer Care: Key Considerations for Subcutaneous Immunotherapies

Dr. Turck:

You're listening to *Project Oncology* on ReachMD. I'm Dr. Charles Turck, and joining me to discuss subcutaneously administered cancer immunotherapies is Dr. Matthew Hadfield. He's an Assistant Professor of Medicine at Brown University/Alpert School of Medicine and an early phase clinical trial oncologist. Dr. Hadfield, thanks so much for being here today.

Dr. Hadfield:

Thank you so much for the invitation to talk about this.

Dr. Turck:

So to start us off, Dr. Hadfield, what are the key advantages of subcutaneous versus intravenous administration of immunotherapy in terms of outcomes and efficacy?

Dr. Hadfield:

This is a trend that we've seen with other monoclonal antibodies in the past. The key advantages of subcutaneous administration of checkpoint inhibitors is that you are essentially decreasing the amount of infusion chair time for patients to receive these drugs. So if someone's coming in and they're getting an immune checkpoint inhibitor, typically, that requires a visit with a provider. They are cleared for treatment, and then they receive an infusion of a drug over an hour to two. If we have a subcutaneous formulation, that drug can be given in less than 10 minutes and it doesn't require chair time, so there's better resource utilization by our clinical staff and nurses. So that's really the benefit of this formulation.

Dr. Turck:

And from a safety standpoint, how do adverse event profiles and toxicity concerns differ between these two forms of administration?

Dr. Hadfield:

Yeah. So there's been several studies looking at checkpoint inhibitors and looking at both the safety and the pharmacokinetics. In at least what's been published so far among those that have received regulatory approval, there's no difference in the pharmacokinetics, so there's not as much concern that we're going to see different drug distribution or impacts on efficacy.

In terms of safety, the profiles are the same in the trials that have been conducted. One thing that is of concern in the community is whether or not increased skin toxicities will be of a concern, but so far that hasn't been noted in any of the trials.

Dr. Turck:

Looking specifically at subcutaneous administration, what else can you tell us about the impact it can have on patient adherence, treatment accessibility, and overall quality of life?

Dr. Hadfield:

Well, I think, thankfully, one of the things that started to enter the conversation with regards to treating these patient populations is their quality of life, which is something, unfortunately, we haven't really spent enough time thinking about or talking about in the past. And I think from that perspective, we will now be able to give these drugs much quicker, so in terms of time toxicity—patients coming in and

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spending time or having to wait for an infusion chair—that really minimizes or goes away when they can just come in and get an injection. It's much quicker for one of the team members to give an injection versus having to wait until an infusion chair is open, and that's huge. So I think in terms of quality of life and access to treatment, it's going to be a really important advancement.

Dr. Turck:

For those just tuning in, you're listening to *Project Oncology* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Matthew Hadfield about considerations for subcutaneous cancer immunotherapies. So, Dr. Hadfield, if we keep our focus on subcutaneous administration, are there specific patient populations that would benefit the most from this approach? And what factors should we consider when selecting patients?

Dr. Hadfield:

Yes, so I have mixed feelings about this in terms of the appropriate patient populations. To be completely clear, I think that subcutaneous checkpoint inhibitors are going to be really great advancements that are going to allow us to save time and treat more patients. I think it's going to make it easier to treat patients in rural communities that maybe don't have large academic or cancer centers or just have less resources in terms of nursing and support staff and things like that.

But one thing that I think we really have to keep in mind as we start to give these therapies is there is the benefit of patients being in the clinic. So for instance, if someone comes in and sees me and I say, "Okay, they're good to get treated," and then by sitting in the infusion chair for an hour or two, they get to know the nurses really well; they talk to them, and maybe they'll say, "Oh, by the way, I've had this rash on my back that I forgot to mention to the doctor," or "to my NP," and you find things. I do worry that when we make it quicker, things can get missed, and immunotherapy toxicity is something that I care an awful lot about, and the diagnosis and treatment of those can be very challenging, and I think we have to really keep that in mind as a community. Whether that's more telemedicine check-ins or whether that's more education to patients about looking for toxicities, I think it's an important thing to consider. In terms of patient populations, all will likely be eligible to get these formulations of checkpoint inhibitors, but we do just have to keep in mind toxicities because it's easy to have things kind of fall through the cracks.

Dr. Turck:

And looking ahead, what innovations or breakthroughs do you anticipate for subcutaneously administered cancer immunotherapies, and how might they transform clinical practice?

Dr. Hadfield:

Personally, I think this is going to allow quicker development of checkpoint inhibitors and other indications, again, because it's a less resource-intense way to give the drug that's now been shown in prospective clinical trials to have the same safety and pharmacokinetics, so I think that is a very important advancement that is coming. I also think that this is going to allow for immunotherapies to be distributed to resource-limited cancer centers, both in America and around the world. So from those aspects, I think it's really important and exciting.

Dr. Turck:

And before we wrap up, Dr. Hadfield, do you have any final insights you'd like to share with our audience?

Dr. Hadfield:

My biggest insight on this topic is just that subcutaneous checkpoint inhibitors are really going to make a huge difference for patients. They're going to reduce burden on our already very busy and burdened clinical staff. We have to keep very much in mind that with immunotherapy, toxicities can be very insidious; they are sometimes hard to pick up and hard to notice. And as we shorten the time we spend with patients in the name of efficiency, we do not want to sacrifice looking for and managing toxicities because I think that's something that could potentially happen with this formulation of immunotherapy, and with more and more indications every year, I think it's something that we just need to keep having conversations about because it's important.

Dr. Turck:

Great takeaways for us to consider as we wrap up our program. And I want to thank my guest, Dr. Matthew Hadfield, for joining me to discuss the role of subcutaneous immunotherapies in cancer treatment. Dr. Hadfield, it was great to have you on the program.

Dr. Hadfield:

Thank you so much. I really enjoyed our conversation.

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Dr. Turck:

For ReachMD, I'm Dr. Charles Turck. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.

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