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Are Subcutaneous Immunotherapies Expanding Access and Efficiency in Cancer Care?

Ryan Quigley:
You're listening to *Project Oncology* on ReachMD, and this is an *Audio Abstract*. I'm Ryan Quigley, and today, we're taking a look at a provocative commentary published in *JCO Oncology Practice* that questioned whether subcutaneous immunotherapies are expanding access and efficiency in cancer care.

For decades, intravenous, or IV, delivery has been the primary route of administration for immune checkpoint inhibitors. But all of that is beginning to change. With the recent FDA approvals of subcutaneous atezolizumab and nivolumab for all existing adult indications with IV administration, there's growing interest in whether this shift could not only streamline care, but also redefine how, where, and when patients receive life-extending immunotherapies.

Let's start with the science. The transition to subcutaneous delivery hinges on one non-negotiable: itMUST be just as effective and safe as IV. So far, the data says yes—and the evidence is compelling. In the IMscin001 trial, subcutaneous atezolizumab showed noninferior efficacy compared to IV, with similar progression-free survival and response rates. Similarly, the CheckMate-67T trial found that subcutaneous nivolumab was noninferior across efficacy, safety, and immunogenicity.

From an operational standpoint, administration time for subcutaneous versions clocks in under 10 minutes, compared to over five hours for traditional IV infusions. Let's take HER2-positive breast cancer as an example. One study showed that switching from IV to subcutaneous trastuzumab saved more than an hour of chair time. Similar findings came out of a study on non-small cell lung cancer. With these time savings, infusion centers can potentially treat three to five times more patients in the same window, easing scheduling bottlenecks and reducing nurse burnout.

So that's how infusion centers could benefit; but what about delivering these subcutaneous therapies at home? Early data from studies like BELIS and the CCBW program at Mayo Clinic suggest it's not only possible but widely accepted by patients and clinicians alike. These preliminary findings seem to point towards the potential to offer more decentralized, patient-centered cancer care, but these studies are still ongoing.

But even with these benefits, there are still a lot of unresolved issues to consider.

For instance, the data on using subcutaneous immunotherapies alongside IV chemotherapy is currently scarce. And so the question becomes: what happens when you combine routes of administration? Could that add an acceptable complexity—or an unnecessary hurdle—for patients and providers?

Another challenge is that Medicare and Medicaid reimburse subcutaneous injections at nearly half the rate of IV infusions. That can be a huge financial barrier for smaller oncology practices relying on infusion revenue. Further complicating this issue is the fact that subcutaneous versions often require higher drug doses to achieve bioequivalence, and so the financial equation is still under debate.

And then lastly, there's the issue of biosimilars. As IV checkpoint inhibitors lose exclusivity, low-cost alternatives may undercut the appeal of subcutaneous delivery unless pricing models evolve. And while subcutaneous delivery reduces indirect costs like travel and time off work, it may inadvertently increase out-of-pocket burdens if not covered equitably.

So with all of this being said, are we truly expanding access and efficiency with subcutaneous immunotherapies? Today, the answer is not yet, but it seems like we're certainly headed in that direction. This delivery method offers a compelling trifecta of noninferior outcomes, faster administration, and streamlined operations. But to fully unlock its potential and enhance patient-centric care, we must

first tackle the challenges of reimbursement, dosing, and real-world logistics.

This has been an *Audio Abstract* for *Project Oncology*, and I'm Ryan Quigley. To access this and other episodes in our series, visit ReachMD dot com, where you can Be Part of the Knowledge. Thanks for listening!

Reference

Ibodeng GO, Jensen C, Soefje SA, Desai A. Subcutaneous Immunotherapies in Solid Tumors: Are We Truly Expanding Access and Efficiency? JCO Oncol Pract. Published online July 14, 2025. doi:10.1200/OP-25-00052