CECOG ACADEMY

2nd TIGER Tumorboard, June 25th, 2018

Participants:

CECOG: Christoph Zielinski (Host)

Christiane Thallinger

Barbara Schaljo – Kapp

Ursula Fischer

Fabian Fischer

Bulgaria: Natalia Chilingirova, Aleksandar Gerasimov

Croatia: Natalija Dedic Plavetic

Czech Republic: Milan Vosmik

Greece: Joseph Sgouros

Hungary: Zsuzsanna Kahan, Gabriella Fabian, Laszlo Torday, Judit Olah

Romania: Tudor Ciuleanu, Adelina Dan

Slovakia: Peter Berzinec

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CASE CC_2018_0041

Presented by Adelina Dan, Romania

Date of birth: 09/1954

Ethnic origin: white/Caucasian

Sex: female

Diagnosis: Nodular Melanoma of the right thigh

TNM-Staging:T3b N1a M1

Previous therapy:

Question: Next treatment sequence: chemotherapy with dacarbazine or paclitaxel plus carboplatin or second-line immunotherapy (ipilimumab or nivolumab plus ipilimumab)

Discussion: Either give chemotherapy or maybe radiotherapy then immune therapy to strengthen the antigen presentation. Hyperfractionated or stereotactic radiosurgery or hyperfractionated or high dose radiotherapy could increase the efficacy of the immune therapy

Recommendation: Stereotactic radiotherapy plus ipilimumab.

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CASE CC_2018_0040

Milan Vosmik, Czech Republic

Date of birth: 09/1966

Ethnic origin: white/Caucasian

Sex: male

Diagnosis: Laryngeal cancer; after total laryngectomy and postoperative radiotherapy, recurrence in TRST and subcutaneously on thorax

Type of cancer: SCC (of supraglottic larynx)

Previous treatment: Surgery, radiation plus cisplatin given concomitantly; early recurrence within 6 months after this combined treatment followed by immune therapy

Q1: Is anti-PD-1 therapy indicated?

Q2: Indication of local palliative irradiation (to enhance effect of immunotherapy - Abscopal effect)?

Recommendation: see also case 2018_0041 - indication of local palliative irradiation.

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CASE CC_2018_0042

Joseph Sgouros, Greece

Date of birth: 03/1964

Ethnic origin: white/Caucasian

Sex: male

Diagnosis: rectal cancer (adenocarcinoma)

Following 3 cycles of Pembrolizumab every 3 weeks new scans revealed PD. There was an increase of the target lesions by 78% and new upper abdominal lymphadenopathy. CEA was increased to 12,2ng/ml.

As the patient remained in stable clinical condition, 2 more cycles of Pembrolizumab 200mg were administered. New scans (June 2018) revealed a further small increase in the size of the target lesions (increase by 100% compared to scans prior to the commencement of Pembrolizumab) with no new metastases. CEA is 23ng/ml.

Question: Is this a confirmed progressive disease and should immunotherapy be stopped or continued, as recent staging did not show massive PD?

Recommendation: Pembrolizumab combined with Chemotherapy.

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CASE CC_2018_0043

Peter Berzinec, Slovakia

Date of birth: 03/1960

Ethnic origin: white/Caucasian

Sex: female

Diagnosis: NSCLC, PD-L1 80%.

This initially PS2 patient improved to PS1 after chemotherapy and symptomatic therapy, CT shows stable disease.

Question: Pemetrexed maintenance or immune therapy?

Recommendation: Pemetrexed maintenance, in case of progression Pembrolizumab.

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CASE CC_ 2018_0044

Suzana Matkovic, Serbia

Date of birth: 04/1968

Ethnic origin: white/Caucasian

Sex: female

Diagnosis: Metastatic melanoma

Q1: We decided to continue treatment with immunotherapy because patient had no symptoms of disease, had good performance status (ECOG 0) and partial response. She received two more cycle of immunotherapy. Should we stop permanently immunotherapy in any case of AE grade 3?

Zielinski: there are no dynamics in the toxicities.

Go for steroid treatment and try to reinduce Pembrolizumab.

Ciuleanu: I agree with your point of view; however in clinical trials there are precise guidelines to stop at grade 3 and not reinduce.

In a regular setting treatment can be reinduced.

Recommendation: Reintroduction of treatment.