# Recurrent/Metastatic HNSCC

# Case presentation

60M, prev heavy tob use (dip x40y, quit 1y prior to dx), prev heavy EtOH use (6x/d, quit at time of dx), presented for routine dental care.

Dentist noted gingival lesion, iso 1-2y of gum recession, bleeding, loose teeth.

Bx: mod diff SCC

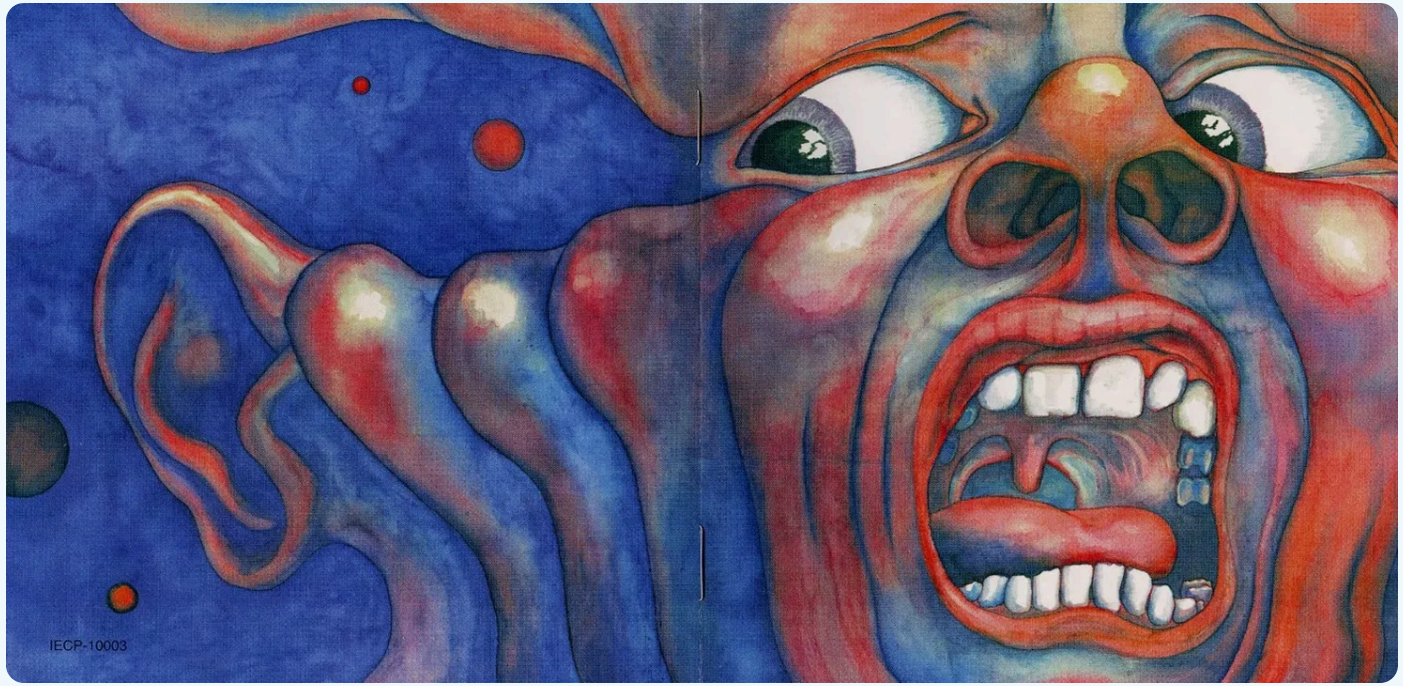
Staging -ve for distant disease.

Resected a couple of months later

L floor of mouth, buccal mucosa, mandible w glossectomy, L neck dissection

R0

# The Oral Cavity?



# The Oral Cavity?

localization can be tough

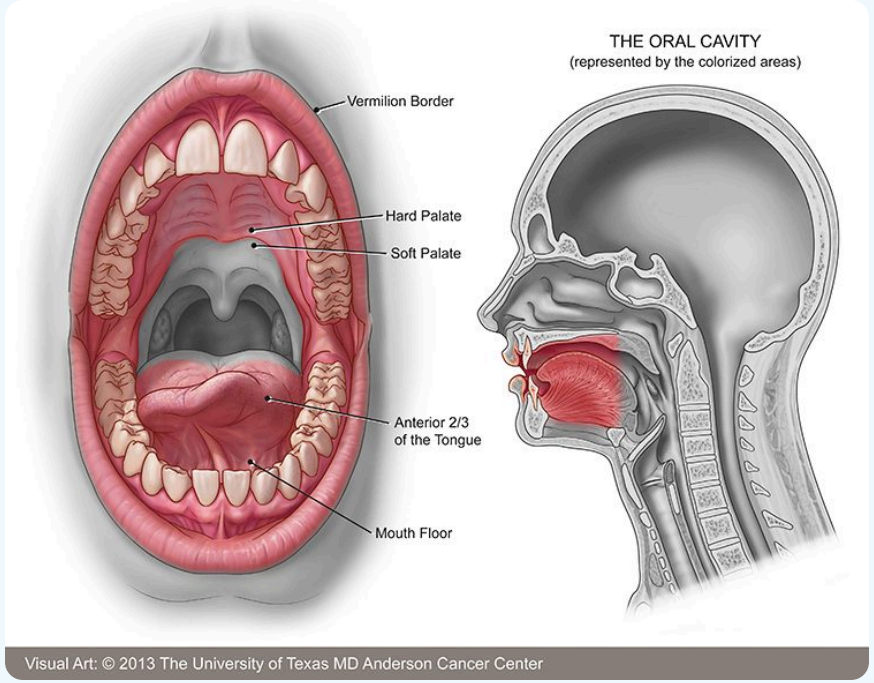
thank goodness for surgeons and pathologists

imaging alone may underdiagnose/be misleading

direct exam

resection

path matters (e.g. vermilion border SCC may be cSCC, not tx like OCC)



# Oral Cavity - TN(M) Staging

| T | N |
| --- | --- |
| T1 - <=2cm, DOI <=5mm | N1 - single ipsilateral, <=3cm, ENE- |
| T2 - <=2cm, DOI >5mm; >2cm <=4cm, DOI <=10mm | N2a - single ipsilateral and [<=3cm, ENE+] or [>3cm <6cm, ENE-] |
| T3 - >2cm <=4cm, DOI >10mm; >4cm, DOI <=10mm | N2b - multiple ipsilateral, <=6cm, ENE- |
| T4a - >4cm, DOI >10mm; invades adjacent structures only | N2c - bilateral/contralateral, <=6cm, ENE- |
| T4b - invades masticator space, pterygoid plates, skull base, encases internal carotid | N3a - >6cm, ENE- |
| | N3b - single ipsilateral >3cm, ENE+; multiple ipsi/contra/bilateral any ENE+; or single contralateral ENE+ |

# First resection results

pT4a pN1 (stage IVA)

offered but declined adjuvant CRT

# First recurrence

About 6mo later, local recurrence.

Re-resected, R0, rpT3 -> CRT (carbo -> cisplatin q7d)

# Second recurrence

Just <6mo later, another local recurrence.

Re-resected, R0, 2/5LN+ (1.7cm), +PNI

Pembro monotherapy recommended

Insurance said no

(TMB 9.5, MSS, CPS 5)

# Pembrolizumab approvals

2014-09-04: initial approval (for melanoma progressed on ipi or BRAF TKI - KEYNOTE-002)

2016-08-05: HNSCC: monotherapy for platinum-refractory RM-HNSCC (KEYNOTE-012)

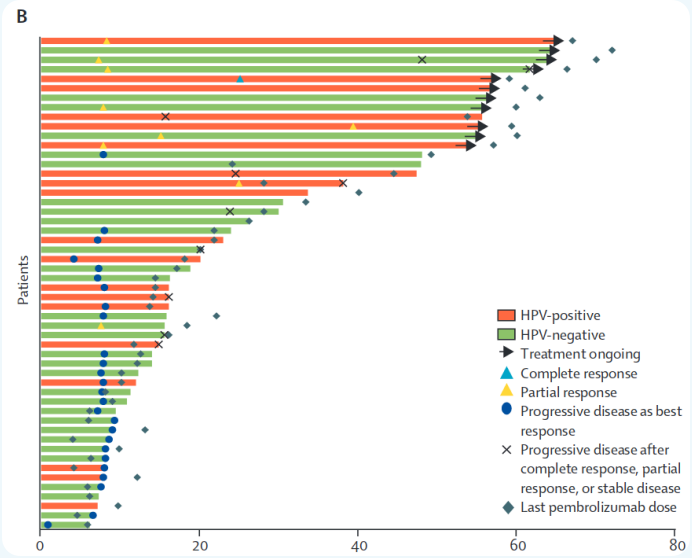
2017-05-23: all MSI-H/dMMR with POD and no other great tx

2019-06-10: HNSCC: +platinum + FU for all; monotherapy for CPS >=1 (KEYNOTE-048)

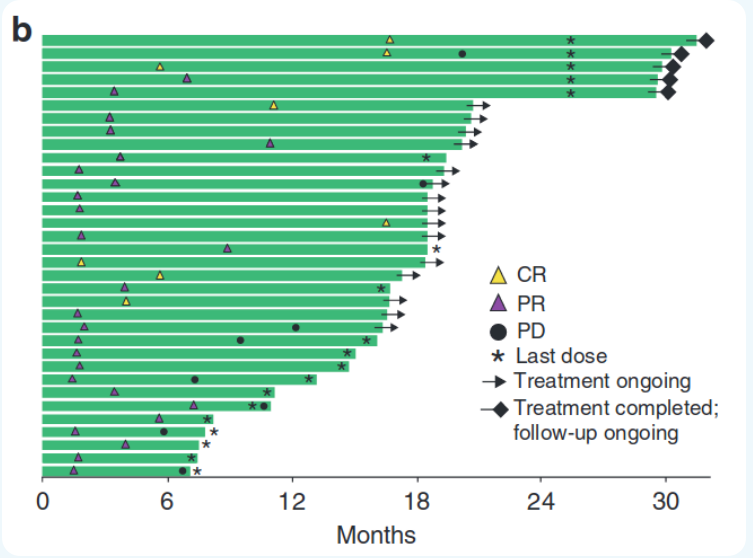
2020-06-16: all TMB >=10 with POD and no other great tx

2024-01-12: newest indication (pembro + CRT for stage III-IVA cervical cancer)

# KEYNOTE-012




Lancet Oncology 2016




British Journal of Cancer 2018

# Progression

Seeking insurance approval delayed start of therapy x1mo.

Developed dermal mets, overall rapidly progressive disease.

--> KEYNOTE-B10 + Quad-Shot RT

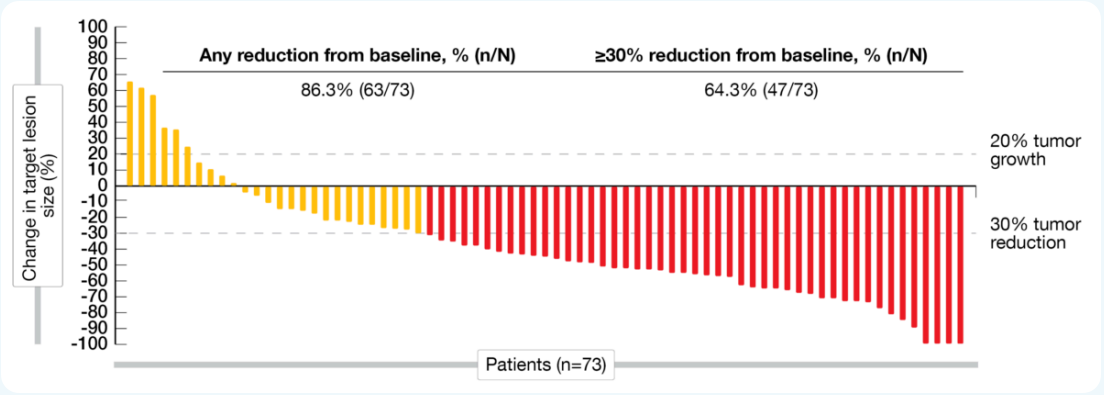
# KEYNOTE-B10 (1L R/M, carbo+taxol+pembro)

Table: 651O

| | pembro + carbo + pacli |
|---|---|
| | Total N = 82 |
| ORR per BICR, % (n) [95%% CI] | 43 (35) [32-54] |
| CR per BICR, % (n) | 5 (4) |
| PR per BICR, % (n) | 38 (31) |
| PD-L1 CPS ≥1, n | 68 |
| ORR in PD-L1 CPS ≥1 per BICR, % (95% CI) | 38 (27-51) |
| PD-L1 CPS ≥20, n | 35 |
| ORR in PD-L1 CPS ≥20 per BICR, % (95% CI) | 34 (19-52) |
| DOR, median, (range), months | 5.5 (1.1+ - 9.8+) |
| PFS, median, months (95% CI) | 5.6 (4-7) |
| OS, median, months (95% CI) | 12.1 (10-NR) |
| 6-month OS rate, % (95% CI) | 73 (61-82) |
| 12-month OS rate, % (95% CI) | 58 (42-71) |

BICR, blinded independent central review; NR, not reached.
"+" indicates there is no progressive disease by the time of last disease assessment

Annals of Oncology 2022




ESMO 2022

# Current

dermal mets no longer apparent

primary appears to be shrinking (clinically and by PET)

delayed C6 d/t mucositis -> AKI ~10d after quad-shot

planning pembro maintenance and close observation

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