CEMIPLIMAB FOR THE TREATMENT OF RELAPSE OF A CUTANEOUS SQUAMOUS CELL CARCINOMA IN AN ADULT PATIENT: A CASE REPORT

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1. Background

Cutaneous squamous-cell carcinoma (CSCC) is the second most common skin cancer. Risk factors for CSCC include chronic sun exposure, advanced age, skin that is sensitive to ultraviolet radiation, and immunosuppression. Patients who have undergone solid-organ transplantation and are receiving immunosuppressive therapy have high risk of cutaneous squamous-cell carcinoma, which suggests that immune surveillance is critical for preventing CSCC in immunocompetent people.
Immune checkpoint inhibitors, such as the anti-PD1 monoclonal antibody cemiplimab, have proven efficacy as first- line therapy for the treatment of adult patients with metastatic or locally advanced CSCC, not candidates for curative surgery or radiation.

2. Objective

We report a case of a patients who suffers from CSCC in treatment with cemiplimab.

3. Material and Methods

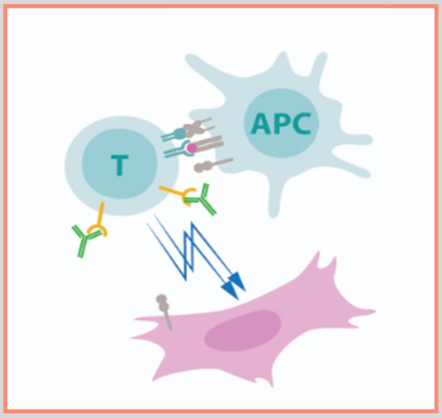
This was an observational retrospective study of the use of cemiplimab in a 66-years-old man diagnosed with CSCC. Data were obtained of the electronic medical records.

4. Results

The patient was diagnosed with nose CSCC in May-2019, who suffered from some comorbidities: B-cell chronic lymphocytic leukaemia (B-CLL), hypothyroidism and atrial fibrillation. This CSCC was resected completely, June-2019 but a CT scan was done, December-2019, which revealed, minimal but progressive, splenomegaly and supraclavicular lymphadenopathy and posterior biopsy confirmed CSCC. Other abnormal adenopathy were observed (posterior cervical and axilla likely in relation to B-CLL). He started with cemiplimab, 350 mg every-cycle (21-day cycles), on 6th of February-2020. After 6 cycles, a new CT scan was done, observing increase in the size of supraclavicular adenopathy but it was decided to go on with the treatment for three cycle more to re-evaluate pseudo-progression versus disease progression. In cycle 9 a new CT scan revealed stability of disease and therefore the patient continued with his treatment.

As to side effects, this patient only suffered from grade 1 maculopapular rash related to medication during three days.

Anti-PD-1



5. Conclusion

Immunotherapy, having its own pattern of response totally different from the pattern of conventional responses, makes the evaluation of the response complicated. In this case, we observe the effect of the pseudo-progression that is then followed by response, and complicates the estimation of the real effect of Cemiplimab, which showed to be safe and effective achieving stability of disease.