Radiological patterns of tumor progression in patients treated with a combination of immune checkpoint blockers and antiangiogenic drugs

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BACKGROUND

• Immune checkpoint blockers (ICBs) are widely used in oncology and steadily more in combination, especially with antiangiogenic drugs (AD).
• Usual radiological assessment is based on the change in tumor burden with “Response evaluation criteria in solid tumors” (RECIST v 1.1).
• With ICB alone or in combination, new criteria are necessary due to the risk of lesions increases or appearance of new lesions at the treatment initiation (probably in line with T-cell activation with IFN-αCT and IFN-γ).
• Recently, atypical responses (AR) have been described with ICB. Patients treated with the combination of ICBs and antiangiogenic agents display atypical responses.

OBJECTIVE

Describe radiological patterns of the combination of ICB and AD.

CONCLUSION

• Patients treated with the combination of ICBs and antiangiogenic agents display atypical responses.
• Pseudoprogression and dissociated response rates were similar to previous studies.
• Overall survival might be longer in patients with atypical response compared with progressive disease and stable disease.
• Pseudoprogression might confer a better prognosis than dissociated response.

*This abstract has been approved by the committee members.