

Clinical case: **Anti-PDL1 as 3^o line therapy in NSCLC**

Marco M Aiello, MD
A.O.U. Policlinico Vittorio Emanuele
Catania - Italy

Immunotherapy of cancer

19-20 November 2014, Lausanne, Switzerland

- 52 year-old male patient
- Smoker
- Comorbidities: chronic gastritis
- PS = 1 (ECOG)

January 2014	April 2014	April 2014
<ul style="list-style-type: none"> • Weight loss • Fatigue • Arrhythmia • Intense pain in the left chest and mesogastric region 	<p><u>CT scan:</u></p> <ul style="list-style-type: none"> • A mass (70 x 65 mm) in the upper lobe of the left lung • Adherent to the pleura • Involvement of the hilar region superior pulmonary vein and left atrium • Involvement of mediastinal lymph nodes, contralateral lung nodule 	<p><u>Lung Biopsy:</u></p> <ul style="list-style-type: none"> • Adenocarcinoma G3 • EGFR wild type • ALK not traslocated • TNM Stage = IV

April 2014

The patient started **Carboplatin AUC 5 d1** plus **Pemetrexed 500 mg/mq d1 q 21**



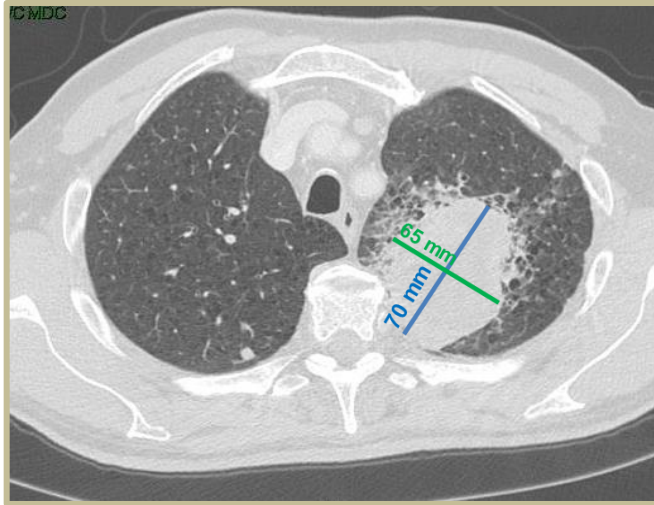
June 2014

After 3 cycles he performed a new CT scan that showed an increment of the upper lobe mass (84 x 70 mm) and stability of the mediastinal lymph nodes

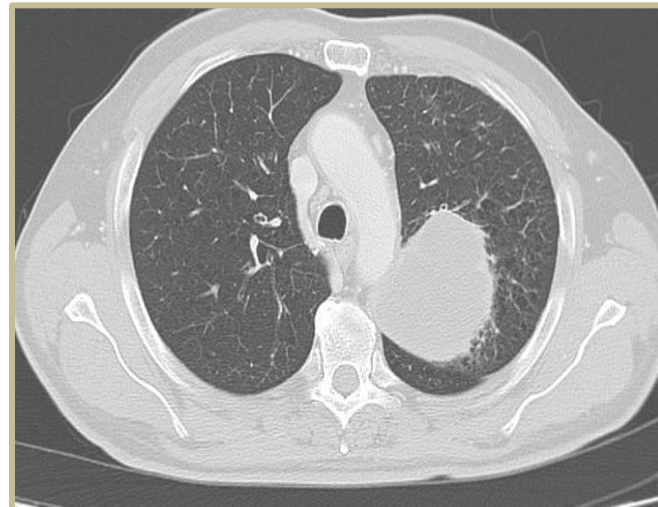
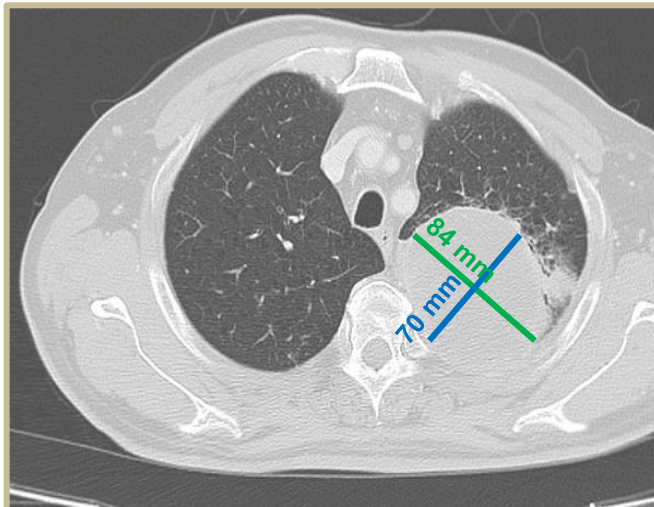
PS = 1 (ECOG) Worsening of the clinical condition: increased chest pain, fatigue G2.
Occurrence of dyspnea G1

Case Report

April 2014



June 2014



April 2014

The patient started **Carboplatin AUC 5 d1** plus **Pemetrexed 500 mg/mq d1 q 21**



June 2014

After 3 cycles he performed a new CT scan that showed an increment of the upper lobe mass (84 x 70 mm) and stability of the mediastinal lymph nodes

PS = 1 (ECOG) Worsening of the clinical condition: increased chest pain, fatigue G2.
Occurrence of dyspnea G1



The patient presented a disease progression (PD)

July 2014

He began 2^o line therapy with **Vinorelbine 25 mg/mq** d 1,8, q 21



August 2014

Increase of chest pain resistant to painkillers, dyspnea G2 and fatigue G3

PS = 2 (ECOG)

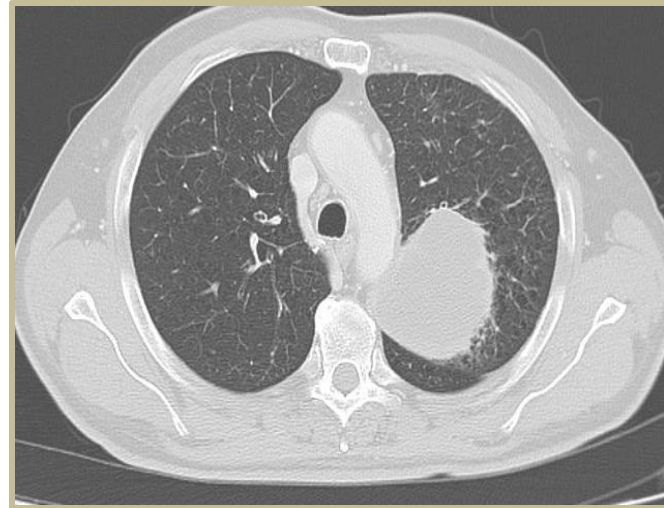
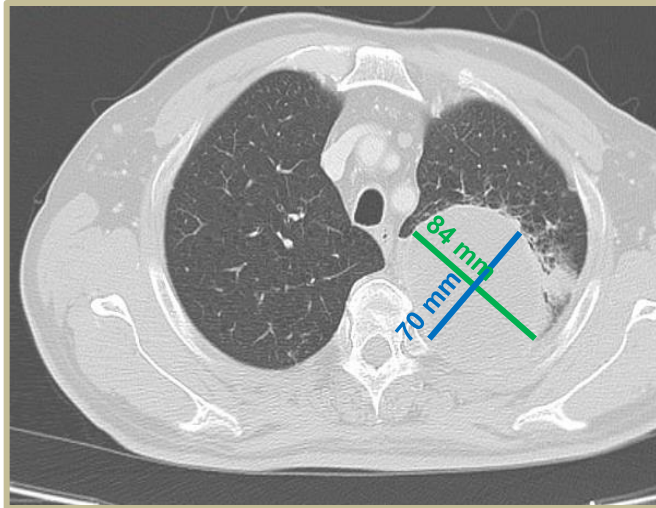


August 2014

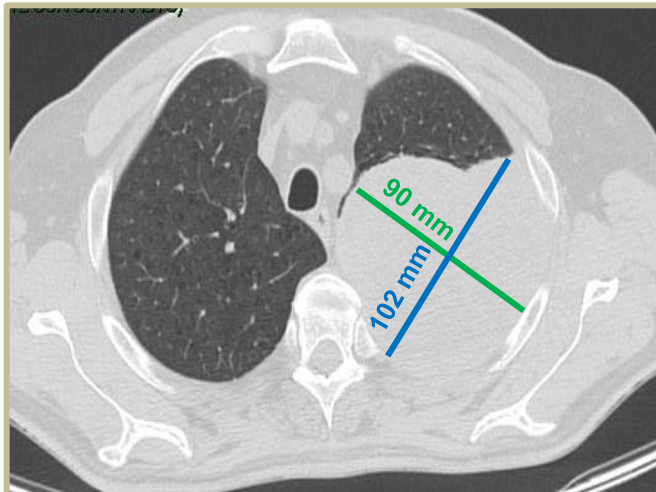
CT scan showed a progression of the upper left lung lesion

Case Report

July 2014



August 2014



August 2014

He began 2° line therapy with **Vinorelbine 25 mg/mq** d 1,8, q 21



August 2014

Increase of chest pain resistant to painkillers , dyspnea G2 and fatigue G3

PS = 2 (ECOG)



August 2014

CT scan showed a progression of the upper left lung lesion



The patient presented a new disease progression (PD)

August 2014

➤ Clinical progression:

Uncontrolled chest and mesogastric pain, dyspnea G2 and fatigue G3, PS = 2

➤ Radiological progression:

Increased upper left lung lesion (102 x 90 mm)

Which treatment options would you consider at this point?

- ✓ **DOCETAXEL**
- ✓ **GEMCITABINE**
- ✓ **ERLOTINIB**
- ✓ **CLINICAL TRIAL (if available)**

September 2014

The patient started immunotherapy with **MPDL3280A** (Anti PDL-1 mAb) 1200 mg d1 every three weeks
(Clinical trial)

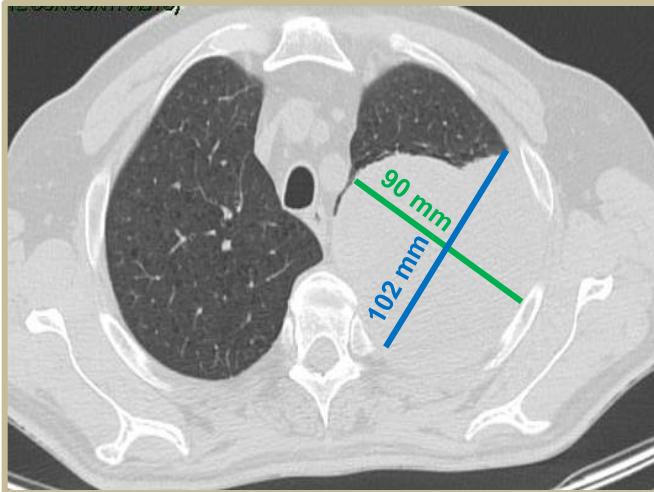


October 2014...after 2 cycles of treatment

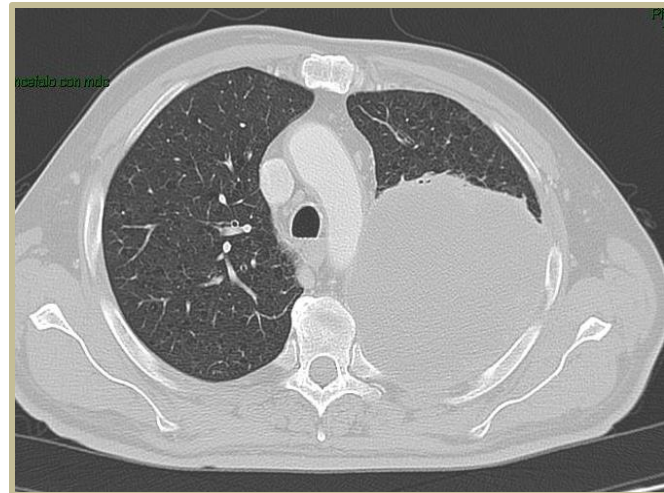
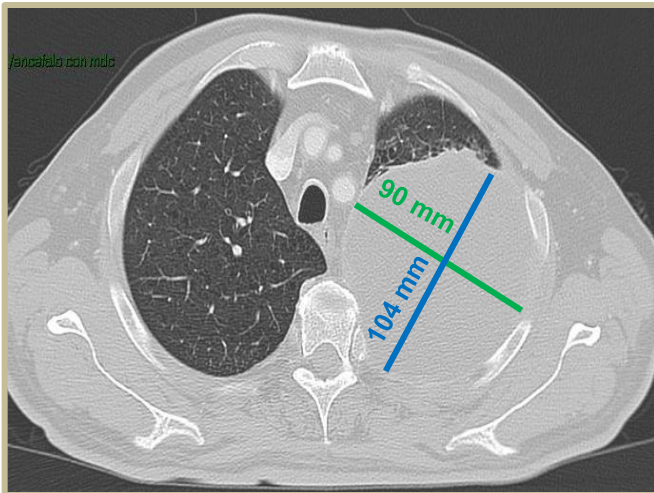
- *Clinical response* → good pain control (patient reduced pain-killers), no dyspnea, no fatigue, **PS = 0 (ECOG)**
- Patient recovered a normal lifestyle

Case Report

August 2014



October 2014



September 2014

The patient started immunotherapy with **MPDL3280A** (Anti PDL-1 mAb) 1200 mg d1 every three weeks
(Clinical trial)



October 2014...after 2 cycles of treatment

- *Clinical response* → good pain control (patient reduced pain-killers), no dyspnea, no fatigue, **PS = 0 (ECOG)**
- Patient recovered a normal lifestyle

The patient presented stable disease (SD)

- **Rapid symptoms control with immunotherapy**
- **SD in platinum-refractory patient**
 - ✓ OS of platinum-refractory patients is about 5 months
(Giroux Leprieur E et al, lung cancer 2012)
 - ✓ Excellent toxicity profile