Annals of Clinical Case Reports

Editorial
Published: 11 Aug, 2021

Incredible Response to the Effectiveness of Cemiplimab in Squamous Cell Cancer

Eduardo Tejedor Tejada[1] and Ana Fernandez Freire[2]*

[1]Pharmacy Service, Torrecardenas University Hospital, Spain

[2]Oncology Service, Torrecárdenas University Hospital, Spain

Editorial

Squamous Cell Carcinoma (SCC) is the second most common skin cancer; only basal cell carcinoma has a higher incidence [1]. Risk factors for squamous cell carcinoma include chronic sun exposure, advanced age, skin sensitivity to ultraviolet radiation, and immunosuppression. In Europe, the age-standardized incidence is 9 to 96 per 100,000 men and 5 to 68 per 100,000 women [2,3]. The global risk of metastasis due to SCC is between 2% and 6% [4]. Although surgery represents the treatment of choice, radiotherapy has been positioned in the first line in those patients with rejection of surgery. Currently in this type of pathologies, chemotherapy is positioned in a second line, after relapse. On the other hand, advanced tumors at some sites respond better to concurrent chemotherapy and radiation therapy than to radiation therapy alone. The goal is the potential clinical effect to prolong the duration of the response [5-7]. On the other hand, the immune system plays a fundamental role in cutaneous squamous cell carcinoma. Inhibitors of the programmed cell death checkpoint (PD-1) are of interest, since the expression of the corresponding PD-L1 ligand is associated with regional recurrence and lymph node metastases. Cemiplimab is human recombinant monoclonal antibody that acts by blocking the interaction between PD-1 and its ligand. Neoplastic cells express the PD-1 and PD-2 ligand, which, when interacting with the PD1 receptor on T lymphocytes, inhibit the immune response. This drug prevents the inhibition of T lymphocytes by tumor cells; therefore it favors the activation of the immune system. We present a diagnosed case of advanced cutaneous squamous carcinoma, who was treated with cemiplimab with surprisingly successful results [7]. In December 2018, an 80-year-old patient came to the oncology consultation due to the presence of an ovoid skin piece measuring 3.7 cm × 3 cm, which presented on the surface a raised and ulcerated lesion on the scalp, grayish, keratotic and indurated, with a length of 2.4 cm in maximum diameter. A Computerized axial Tomography (CT) is requested to see the infiltration, and a biopsy is taken for pathological anatomy. He was diagnosed with poorly differentiated squamous cell carcinoma (g3), ulcerated, infiltrating with a penetration depth of 7 mm. The results of complementary immunohistochemical studies were: - CAMP 5.2, CK20, Synaptophysin and CD56: Positive; while CK7 and TTF1: Negative. As an action plan, the oncology committee decides on surgery by exeresis of the tumor area with subsequent application of radiotherapy (50 Gray for 5 weeks). In December 2019, after a progression-free interval of one year, the review CT revealed new hypermetabolic foci located in: in the right parietal region of the scalp, a hypermetabolic mass SUV 8.16 and right laterocervical adenopathy level II-B SUV 5.79. When considering disease progression, the possibility of referring the patient to the Palliative Unit is raised in the specialist committee. Finally, it was decided to start immunotherapy with an anti-PD1 drug, cemiplimab with the standard regimen of 350 mg every 21 days. From the second cycle a partial response is observed and after the fourth a total response of the affected area. After 22 cycles of cemiplimab, the patient continues in full response with very good tolerance. One of the hypotheses raised in light of the great response of this patient to immunotherapy is that some cancers with a high tumor rate, as in this case, have been associated with a higher response rate to anti-PD-1 therapy. Although this may vary depending on the type of cancer, we can predict that in cutaneous squamous carcinoma there is some correlation between the mutational burden of the tumor and the response to immunotherapy [8]. To conclude, cemiplimab may be a good option for patients with advanced squamous cell carcinoma, as it is a pathology as well as a limitation of treatments and whose outcome is the referral of the patient to the Palliative Unit Service. Although it is not clear how long treatment should be continued, recent recommendations suggest maintaining therapy until progression or unacceptable toxicity.

OPEN ACCESS

Correspondence:
Eduardo Tejedor Tejada, Pharmacy Service, Torrecardenas University Hospital, Almeria, Spain, E-mail: edutejedor91@gmail.com

Received Date: *26 Jul 2021*
Accepted Date: *06 Aug 2021*
Published Date: *11 Aug 2021*

Citation:
Tejada ET, Freire AF. Incredible Response to the Effectiveness of Cemiplimab in Squamous Cell Cancer. Ann Clin Case Rep. 2021; 6: 1964.

ISSN: 2474-1655

References

1. Migden MR, Rischin D, Schmults CD, Guminski A, Hauschild A, Lewis KD, et al. PD-1 blockade with cemiplimab in advanced cutaneous squamous-cell carcinoma. N Engl J Med. 2018;379(4):341-51.
2. Migden MR, Khushalani NI, Chang ALS, Lewis KD, Schmults CD, Hernandez-Aya L, et al. Cemiplimab in locally advanced cutaneous squamous cell carcinoma: Results from an open-label, phase 2, single-arm trial. Lancet Oncol. 2020;21(2):294-305.
3. Que SKT, Zwald FO, Schmults CD. Cutaneous squamous cell carcinoma. J Am Acad Dermatol. 2018;78(2):237-47.
4. Weinberg AS, Ogle CA, Shim EK. Metastatic cutaneous squamous cell carcinoma: An update. Dermatol Surg. 2007;33(8):885-99.
5. Hillen U, Leiter U, Haase S, Ralf G, Axel H, Peter M, et al. Advanced cutaneous squamous cell carcinoma: A retrospective analysis of patient profiles and treatment patterns—results of a non-interventional study of the DeCOG. Eur J Cancer. 2018;96:34-43.
6. Adelstein DJ, Lavertu P, Saxton JP. Mature results of a phase III randomized trial comparing concurrent chemoradiotherapy with radiation therapy alone in patients with stage III and IV squamous cell carcinoma of the head and neck. Cancer. 2000;88:876-83.
7. Esposito A, Criscitiello C, Curigliano G. Immune checkpoint inhibitors with radiotherapy and locoregional treatment: Synergism and potential clinical implications. Curr Opin Oncol. 2015;27(6):445-51.
8. Migden MR, Rischin D, Schmults CD. PD-1 blockade with cemiplimab in advanced cutaneous squamous-cell carcinoma. N Engl J Med. 2018;379(4):341-51.