Cemiplimab for locally advanced cutaneous squamous cell carcinoma in elderly patients: real-life data from the Dermato-Oncology Unit of Trieste

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BACKGROUND

Cemiplimab is a human IgG4 monoclonal antibody directed against the programmed death 1 (PD-1) receptor, approved for the treatment of metastatic (mcSCC) or locally advanced cutaneous squamous cell carcinoma (lacSCC)[1]. Despite information from the registration trials, only few real-life data on the effectiveness and safety profile of cemiplimab are currently available. For this reason, we describe our experience with cemiplimab in a cohort of 7 elderly patients with several comorbidities, treated for lacSCC at the Dermato-Oncology Unit of Trieste.

METHODS

We retrospectively analyzed the medical records of 7 patients treated with cemiplimab between March 2021 and June 2022 in our Unit. All individuals were affected by lacSCC, none had mcSCC. For each patient, epidemiological data, as well as response to treatment (according to RECIST criteria)[2] and adverse events were collected.

RESULTS

The group (Table 1) included 4 men (57.2%) and 3 women (42.8%), with a mean age of 86.6 years (range 83-92). Many patients had several comorbidities, including heart disease and chronic kidney disease. Almost all lesions were located in the head and neck area (n = 6/7, 85.7%), only one case arising on the inferior limb (1/7, 14.3%). All patients received cemiplimab at the dosage of 350 mg every 3 weeks intravenously, most of them as first-line therapy (n = 5/7). Five patients (71.4%) achieved complete response (CR), while 2 patients (28.6%) achieved partial response (PR). Overall, we observed rapid and significant results in all patients. The median time of response consisted in 3 cycles of therapy. Adverse events were few and mild in severity, including only fatigue (n =1/7, 14.3%) and skin toxicity with grade 2 pruritus, rash and fever (n =1/7; 14.3%).

CONCLUSIONS

In our cohort, we observed 5 CRs (71.4%) and 2 PRs (28.6%), therefore our data showed an overall response rate (100%) higher than previously reported in controlled trials and other real-world series (overall response rate: 31-76.7%)[3]. Tumor location in the head and neck area and use of cemiplimab as first-line therapy in the majority of patients could also have led to improved results, since these two features are predictors of better response[3,4]. Our case series demonstrates that cemiplimab can be effective and safely used in real-life patients with poor performance status and relevant comorbidities, improving their quality of life.

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TABLE 1. Data from patients with advanced squamous cell carcinoma treated with cemiplimab

N	Age	G	Comorbidity	Other NMSC	Type of cSCC	Localization	Histologic al grading	Number & Diameter	Node, sites	Previous TP	CR	PR	Discontinuation	AE; grade	AE onset
1	92	M	AF, previous colonrectal K	Multiple BCCs of the face	lacSCC	Left temporal region	G2-G3	N = 1; D = 30 mm	Intraparotideal	No	After 3 c		After 3 c		
2	83	F	Stroke, arterial hypertension, renal disease	BSC right chest, SCC left forearm	lacSCC	Right leg	G3	N = 1; D = 35 mm		No		After 5 c		Itching, rash, fever; 2	After 2 c
3	85	F	Cognitive impairment, heart disease, arterial hypertension, SLE, Rheumatoid arthritis, Graves' disease, previous breast k	Previous epitheliomas	lacSCC	Right cheek and neck	G3	N = 1; D = 130 mm		No		After 3 c	After 3 c	Asthenia; 1	After 3 c
4	84	M	Heart disease, arterial hypertension	BCCs trunk and limbs	lacSCC	Left cheek (parotid gland)	G3	N = 1; D = 15 mm	Retroauricular	No		After 3 c			
5	84	M	Heart disease, arterial hypertension, hypercholesterolemia	Previous epitheliomas	lacSCC	Right preauricular (parotid gland) and laterocervical	G2-G3	N = 1; D = 24 mm	Laterocervical	Surgery		After 3 c			
6	88	M	Atrial fibrillation	Previous epitheliomas	lacSCC	Frontal (scalp)	G2-G3	N = 1; D = 50 mm		No	After 3 c		After 3 c		
7	90	F	Multiple cerebral aneurysms, arterial hypertension	Previous epitheliomas	lacSCC	Right cheek, eyelid and nose	G3	N = 1; D = 17 mm		surgery	After 4 c				

Legend. G: gender, F: female, M: male, NMSC: non-melanoma skin cancer, k: carcinoma, SLE: systemic lupus erythematosus, BCC: basal cell carcinoma, BSC: basosquamous carcinoma, cSCC: cutaneous squamous cell carcinoma, lacSCC: locally advanced cutaneous squamous cell carcinoma, N: number, D: diameter, TP: therapy, CR: complete response, PR: partial response, c: cycles of therapy, AE: adverse event.