P501 Cemiplimab in Ultra-Octogenarian Patients with Cutaneous Squamous Cell Carcinoma: The Real-Life Experience of a Tertiary Referral Center

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Background: The incidence of cutaneous squamous cell carcinoma (cSCC) is rapidly increas- ing, paralleling the aging of the population. cSCC predominantly affects chronically sun-exposed areas, such as the head and neck region. At our tertiary center, a multidisciplinary approach to non- melanoma skin cancer is provided for locally advanced cSCC. Methods: We retrospectively revised all patients with locally advanced/metastatic cSCC treated with anti-PD1 antibody (Cemiplimab) at our Institution from January 2020 to March 2023 (minimum follow-up of 4 months on treatment).

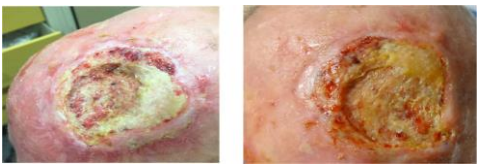
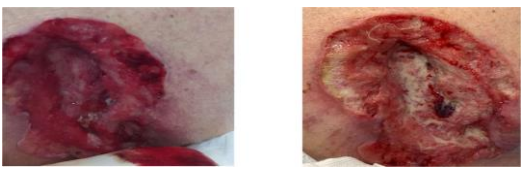


Figure 1. Patient 7. Before treatment, a 7-cm ulcerated nodule on the scalp, with infiltrated edges (**A**). After three cycles of Cemiplimab (**B**), the lesion was stable in its size, but slightly less infiltrated (Stable Disease).

Figure 2. Patient 9. A wide ulcerated lesion involving subcutaneous and muscle tissue, located in the lumbar region (**A**). After five cycles of Cemiplimab (**B**), the persistence of the ulcer can be appreciated, but deeper and moister. (Progressive disease).



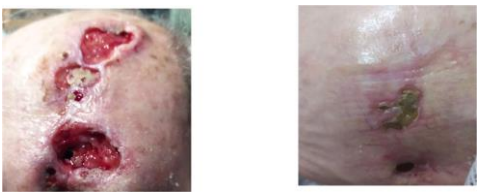
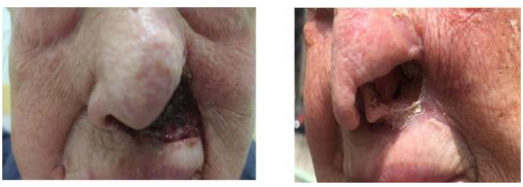


Figure 3. Patient 12. Three ulcerated nodules located on the scalp, of various sizes, one of which involves the cranial bone (**A**). After four cycles of Cemiplimab (**B**), two ulcers healed and were covered with yellowish crusts, while the third did not show signs of persistency at dermoscopy. (Partial response).

Figure 4. Patient 19. At the left nasolabial fold, a wide erythematous nodule, 5 cm in diameter, that destroyed the nasal cartilage (**A**). After four cycles of Cemiplimab (**B**), the nodule healed with a scar, while on the nasal fold, the loss of substance was visible in the absence of persistence of disease. (Complete response).



Results: Overall, we consecutively treated 20 ultra-octogenarian patients, of whom 15 were males and 5 were females (median age: 86.9 years). Despite age, a median number of concomitant drugs, and comor- bidities, efficacy, and safety were superimposable with the available literature. No patients reported treatment-related adverse events of grade 3 or higher. Grade 2 adverse events were reported in 25% of patients. Overall, the response rate was 65%, with 50% partial responses and 20% long-lasting stable disease. The median duration of response was 14 months. The G8 elderly score was assessed in all patients, and the median score was 12 (range 9–14). Conclusions: Among ultra-octogenarian patients, a clinical benefit from Cemiplimab was obtained in most, including tumor shrinkage and pain relief. Cemiplimab confirmed its effectiveness in elderly patients in a real-life setting, with no new safety concerns.