Demographics, Prior Therapies, and Reasons for Cemiplimab Treatment: Prospective CemiplimAb-rwlc Survivorship and Epidemiology (C.A.S.E.) Study in Patients with Advanced Cutaneous Squamous Cell Carcinoma

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Synopsis

Baseline demographics and disease characteristics

As of January 31, 2020, 67 patients were enrolled in the C.A.S.E. study. Median age was 76.0 years (interquartile range: 70–98); 73.6% were male and 36.7% were Caucasian (Table 1).

Table 1. Patients demographics

<table>
<thead>
<tr>
<th>Advanced CSCC (N=67)</th>
<th>Median age, years (range)</th>
<th>&lt;65 years</th>
<th>≥65 years</th>
<th>&lt;75 years</th>
<th>≥75 years</th>
</tr>
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<tr>
<td>67</td>
<td>76.0 (50–98)</td>
<td>9 (4.1%)</td>
<td>58 (84.8%)</td>
<td>18 (26.9%)</td>
<td>49 (72.6%)</td>
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</table>

This initial demographic analysis of patients with advanced CSCC receiving cemiplimab in real-world practice indicates that most patients were male and elderly, with ~20% being immunosuppressed or immunocompromised to varying degrees.

Only 54.1% of cases had multidisciplinary input in their disease management. These data suggest that there are varying factors affecting advanced CSCC treatment decisions in a real-world clinical setting. Future analyses will provide additional outcome measures from C.A.S.E. including patient experience, safety outcomes, and effectiveness of cemiplimab in the real-world setting.

Results

Baseline demographics and disease characteristics

- Fifty-six percent of the patients had locally advanced CSCC and 44.3% had metastatic CSCC (Table 1).
- Approximately 20% of patients were immunocompromised or immunosuppressed, including 4.9% who had solid organ transplant, allogeneic bone marrow transplant, or who have a history of treated or active hematologic malignancies.
- Fifty-four percent of patients had multidisciplinary input in their advanced CSCC management.

Summary and Conclusion

This initial demographic analysis of patients with advanced CSCC receiving cemiplimab in real-world practice indicates that most patients were male and elderly, with ~20% being immunosuppressed or immunocompromised to varying degrees.

Only 54.1% of cases had multidisciplinary input in their disease management. Future analyses will provide additional outcome measures from C.A.S.E. including patient experience, safety outcomes, and effectiveness of cemiplimab in the real-world setting.

Methods

- C.A.S.E. is a prospective, multicenter, longitudinal study evaluating the clinical activity, safety, disease evolution, survival, and QoL in adults with advanced CSCC who initiate treatment with cemiplimab, with the primary data collection in real-world clinical settings.

- Key endpoints include effectiveness of cemiplimab treatment, survival, patient-reported outcomes, treatment adherence, and healthcare utilization.

- Patient-reported outcomes collected: The European Organisation for Research and Treatment of Cancer (EORTC) QLQ-C30, EORTC QLQ-ELD14, Skin Care Index, Pain Numerical Rating Scale, and Sun Exposure Behaviour Inventory.

- The majority of patients, for whom staging tool data were provided, were classified using the American Joint Committee on Cancer Staging Manual, 8th edition. The most common cancer stages at initial diagnosis were T3 and T4a (9.6%) each.

- CSCC tumors were classified histologically as well as dermatologically in 23.5% of patients, moderately differentiated in 37.7%, poorly differentiated in 17.9%, and unknown in 17.9% (Table 2).

- Twenty-one percent of patients had perineural invasion and 8.2% had histological heterogeneity.

- Most patients had received prior CSCC therapy, 75.4% had prior CSCC-related surgery, and 41.0% received cemiplimab-related RT (Table 3).

- Multidisciplinary input and factors affecting cemiplimab treatment decisions

- Fifty-four percent of patients had multidisciplinary input in their advanced CSCC management.

- Reasons for cemiplimab treatment are provided in Figure 2.

Figure 1. Summary of advanced CSCC in patients in real-world practice

Figure 2. Reasons for cemiplimab initiation

- Only 54.1% of cases had multidisciplinary input in their disease management.
- Multidisciplinary input affecting various factors affecting advanced CSCC treatment decisions in a real-world clinical setting.

Table 2. Patient and tumor characteristics

<table>
<thead>
<tr>
<th>Tumor characteristics</th>
<th>Advanced CSCC (N=61)</th>
<th>p-value</th>
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</thead>
<tbody>
<tr>
<td>Tumor stage</td>
<td>1.0</td>
<td>0.10</td>
</tr>
<tr>
<td>T1</td>
<td>9 (14.8%)</td>
<td></td>
</tr>
<tr>
<td>T2</td>
<td>19 (30.9%)</td>
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<tr>
<td>T3</td>
<td>17 (27.9%)</td>
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<tr>
<td>T4a</td>
<td>16 (26.2%)</td>
<td></td>
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<tr>
<td>T4b</td>
<td>3 (4.9%)</td>
<td></td>
</tr>
<tr>
<td>T4c</td>
<td>1 (1.6%)</td>
<td></td>
</tr>
</tbody>
</table>

- Only 54.1% of cases had multidisciplinary input in their disease management. Future analyses will provide additional outcome measures from C.A.S.E. including patient experience, safety outcomes, and effectiveness of cemiplimab in the real-world setting.

References


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Slideshow