Have New Substances Changed How Patients Are or Will Be Treated? Real-World Experiences

Brian Slomovitz, MD
Patient Case #1

Presentation and Diagnosis

- Patient is a 42-year-old female
- 6-week history of vaginal bleeding
- She reports pelvic pain and dysuria
- She presents to her gynecologist who finds a 6 cm mass on bimanual exam
- Patient is referred to gynecologic oncology
- Gynecologic oncologist performs biopsy of cervical mass
- Pathology reveals squamous carcinoma of the cervix
- PD-L1 expression is evaluated, and CPS score is <1

Initial Therapy

- Patient is treated with chemosensitized radiotherapy (cisplatin), and she responds well

Metastatic Disease

- 8 months after the completion of radiotherapy, she presents to the clinic with a cough
- CT scan of the chest reveals multiple pulmonary nodules consistent with metastatic disease
Patient Case #1: Discuss

Q: What would be the appropriate treatment for this patient?

A. Carboplatin and paclitaxel
B. Carboplatin and paclitaxel and bevacizumab
C. Carboplatin and paclitaxel and bevacizumab and pembrolizumab
   (If KEYNOTE-826 was approved in your country)
D. Clinical trial enrollment
Liver Metastasis Emergence

- The patient does well on **carboplatin** and **paclitaxel** and **bevacizumab**
- Five months after completion of therapy, the patient has abdominal discomfort
- CT scan of the abdomen and pelvis reveals **liver metastasis**
Patient Case #1: Discuss

Q: In an ideal world, which of these would be an optimal treatment regimen if all of them were approved in your country in the future?

A. Single agent chemotherapy
B. Tisotumab vedotin
C. Pembrolizumab
D. Cemiplimab
E. Clinical trial (what is available)
Patient Case #2

Presentation and Diagnosis

- Patient is a 33-year-old female
- She has not had a pap smear in 15 years
- She presents to her gynecologist with pelvic pain and bleeding with intercourse
- A pelvic exam reveals 3 cm cervical mass
- Biopsy shows **adenosquamous carcinoma of the cervix**
- PD-L1 expression is evaluated, CPS score is $> 1$

Imaging

- MRI shows pelvic mass and bilateral pelvic lymphadenopathy
- PET/CT scan reveals no extrapelvic disease
  - However, lymph nodes are hypermetabolic as is the cervical mass
Patient Case #2
Future Outlook in 1L: Discuss

Q: Based on your observation of the INTERLACE data, would you consider administering the INTERLACE regimen to this patient, if it becomes available and receives approval?

A. Yes
B. No
Patient Case #2
Future Outlook in 1L: Discuss

Q: Based on your observation of the KEYNOTE-A18 data, would you consider administering the A18 regimen to this patient, if it becomes available and receives approval?

A. Yes
B. No
Patient Case #2 (Cont’d)

**Metastatic Discovery**

- The patient responds well to radiochemotherapy with cisplatin
- 8 months after treatment, the patient presents with a cough
- Imaging reveals *metastatic disease to the abdomen with carcinomatosis*
Patient Case #2: Discuss

Q: What is the next step in the management?

A. Carboplatin and paclitaxel
B. Carboplatin and paclitaxel and bevacizumab
C. Carboplatin and paclitaxel and bevacizumab and pembrolizumab
   (if pembrolizumab is approved for use in your country)
D. Clinical trial enrollment
Patient Case #2 (Cont’d)

Treatment Failure

- The patient does not respond to regimen KEYNOTE-826
- She has worsening disease after 3 cycles of therapy
Patient Case #2: Discuss

Q: In an ideal world, which of these would be an optimal treatment regimen if all of them were approved in your country in the future?

A. Pembrolizumab
B. Tisotumab vedotin
C. Cemiplimab
D. Clinical trial (what is available)
E. Single agent chemotherapy