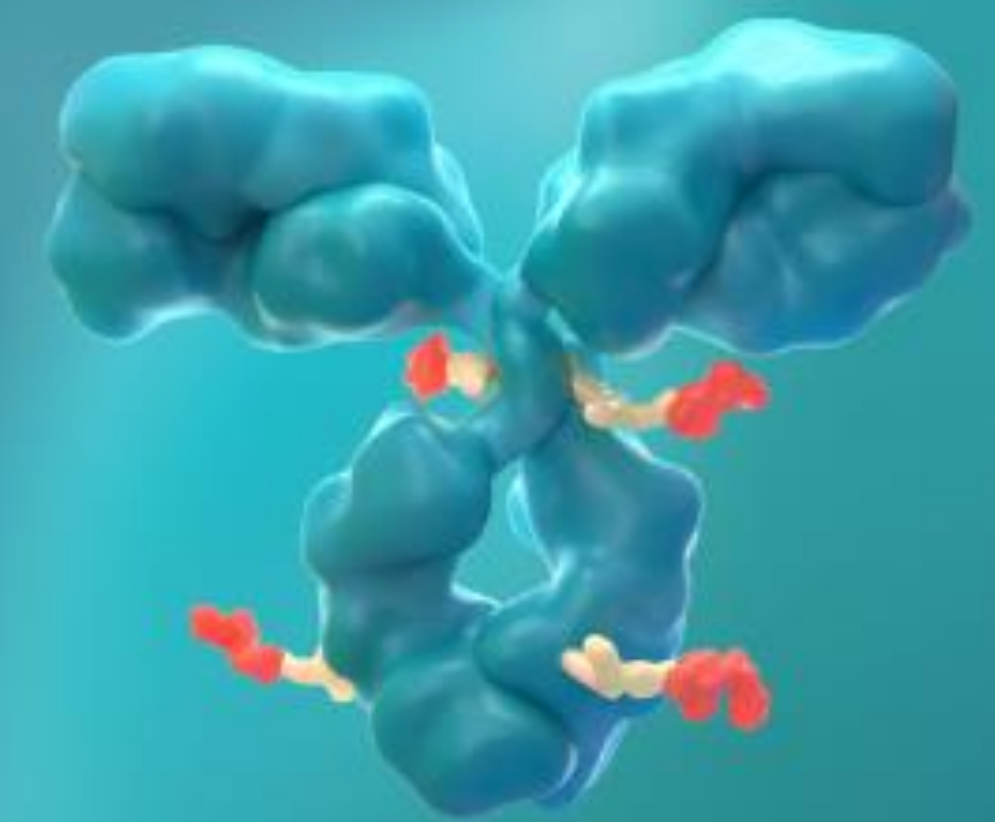




Have New Substances Changed How Patients Are or Will Be Treated? Real-World Experiences

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

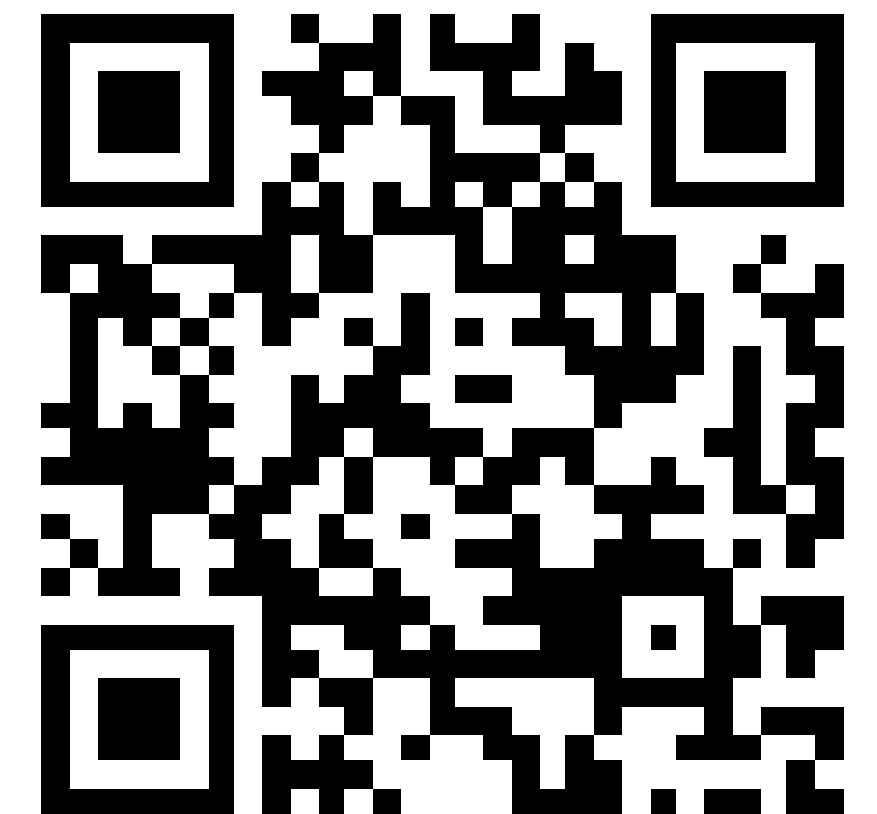
Metastatic Disease

- 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



Patient Case #1 (Cont'd)

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

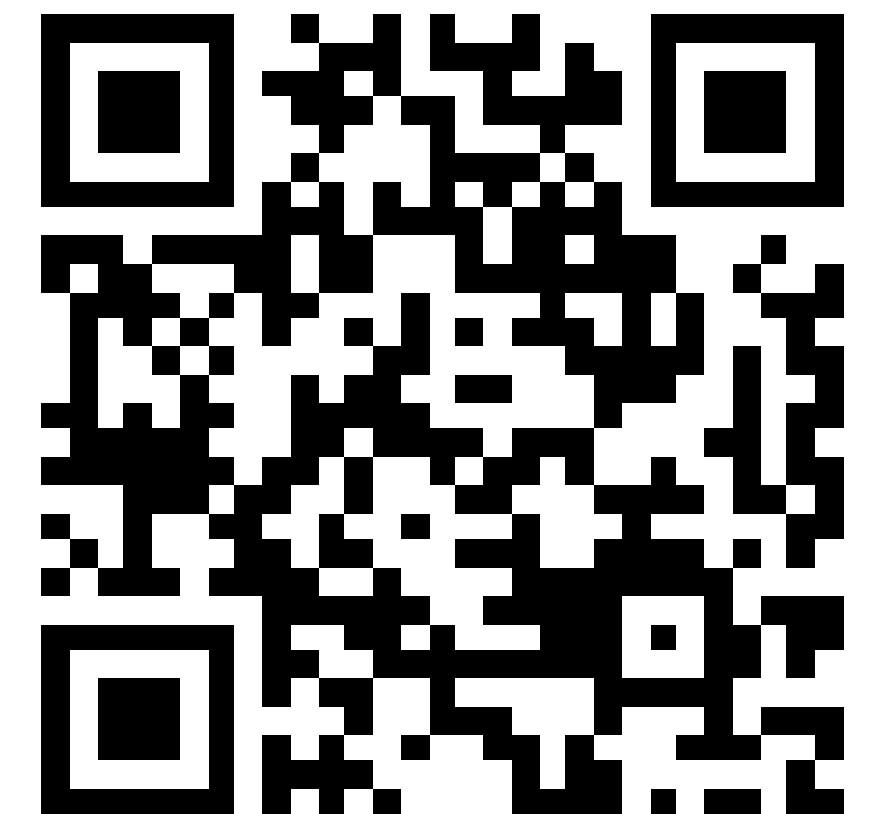
- MRI shows pelvic mass and bilateral pelvic lymphadenopathy
- PET/CT scan reveals no extrapelvic disease
 - However, lymph nodes are hypermetabolic as is the cervical mass

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

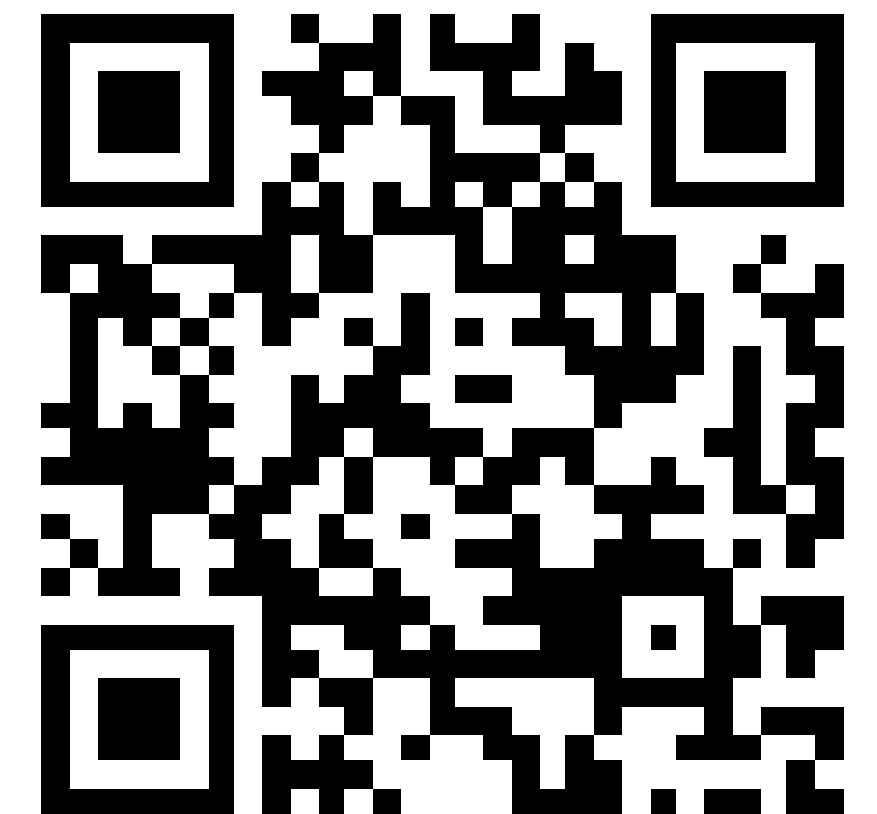


Patient Case #2

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)

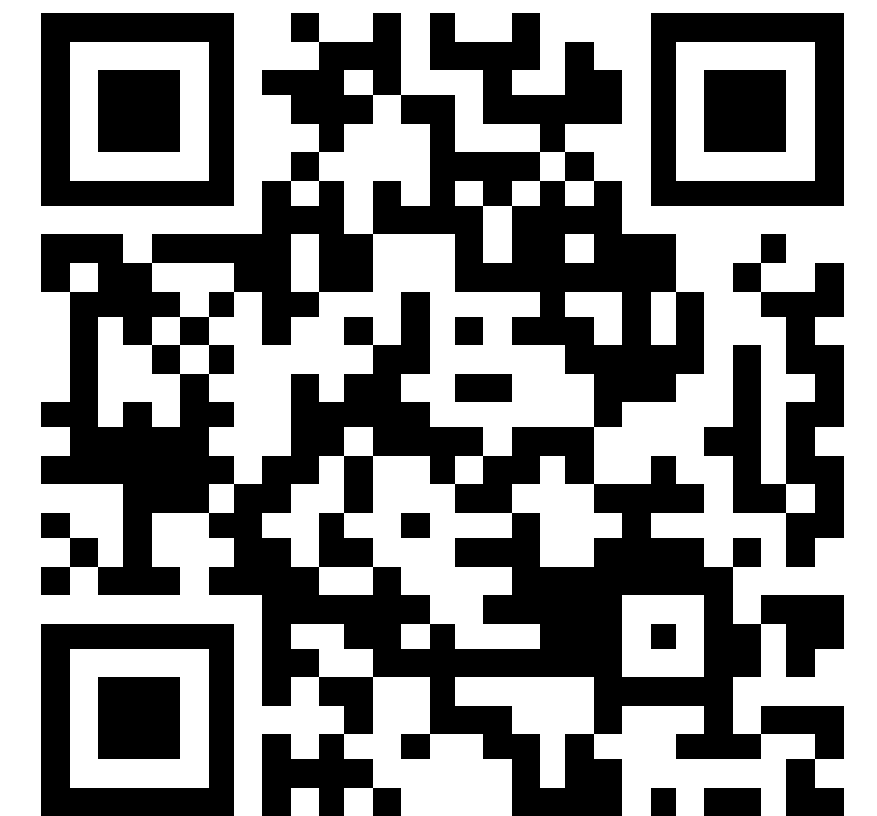
Metastatic Discovery

- 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

