

Non-Melanoma Skin Cancers

Case Discussion

Saturday March 16, 2024

24th Multidisciplinary Management of Cancers: A Case-based Approach

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COMMERCIAL SUPPORT

None

Panelists

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Disclosures

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DV: Advisory board fees from Regeneron and research funding from Genentech

Cutaneous Squamous Cell Carcinoma

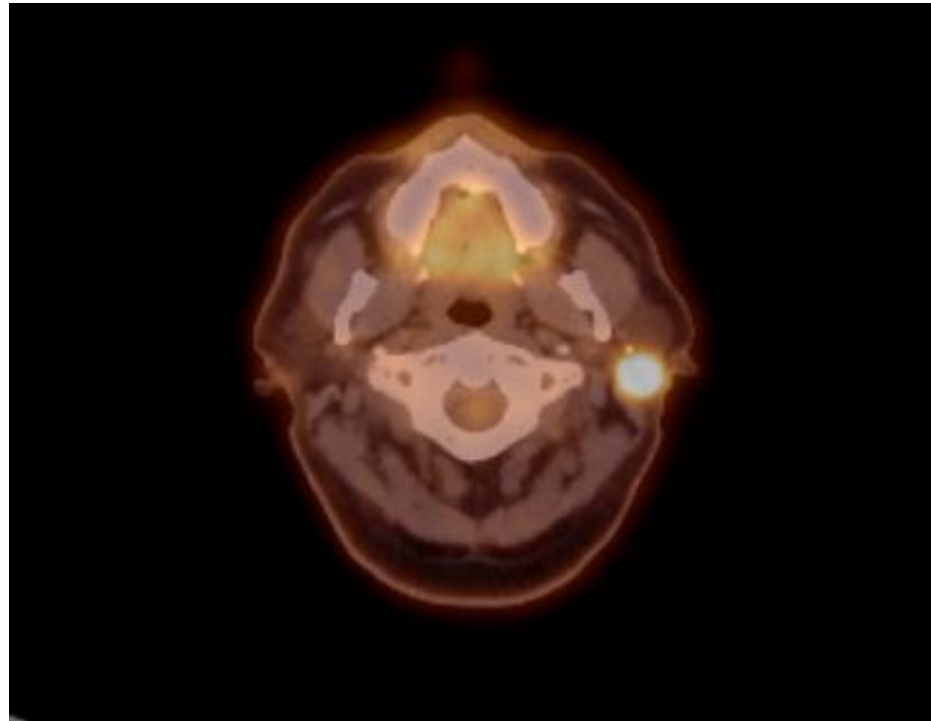
Case #1

70 yo M with hx multiple skin cancers, routinely followed by Dermatology

04/2023: Palpable L cervical LAD felt by dermatologist; referred for FNA which was positive for SCC

Case #1

04/27/2023: PET w/ hypermetabolic left intra-parotid node consistent with nodal metastasis (1.6 x 1.6 cm, SUVmax 10.2)



Case #1

FINAL CYTOLOGIC DIAGNOSIS:

A. Left neck, Level 2, ultrasound-guided fine needle aspiration biopsy:
Metastatic squamous cell carcinoma; see comment.

TMB 79 mutation/Mb

TERT promoter mutation

Inactivating mutations in CDKN2A, TP53, BLM, NOTCH2, RELA.

UV mutational signature

Case #1

05/11/2023: C1D1 neo-adjuvant cemiplimab (total 5 cycles)

07/26/2023: PET CT with largely unchanged intra-parotid node; 1.7 x 1.6 cm, SUV Max 25.9

08/10/2023: parotidectomy and LN dissection (Dr. Ha) followed by 2 additional cycles of cemiplimab

Case #1

Path from parotidectomy → Mike Tetzlaff

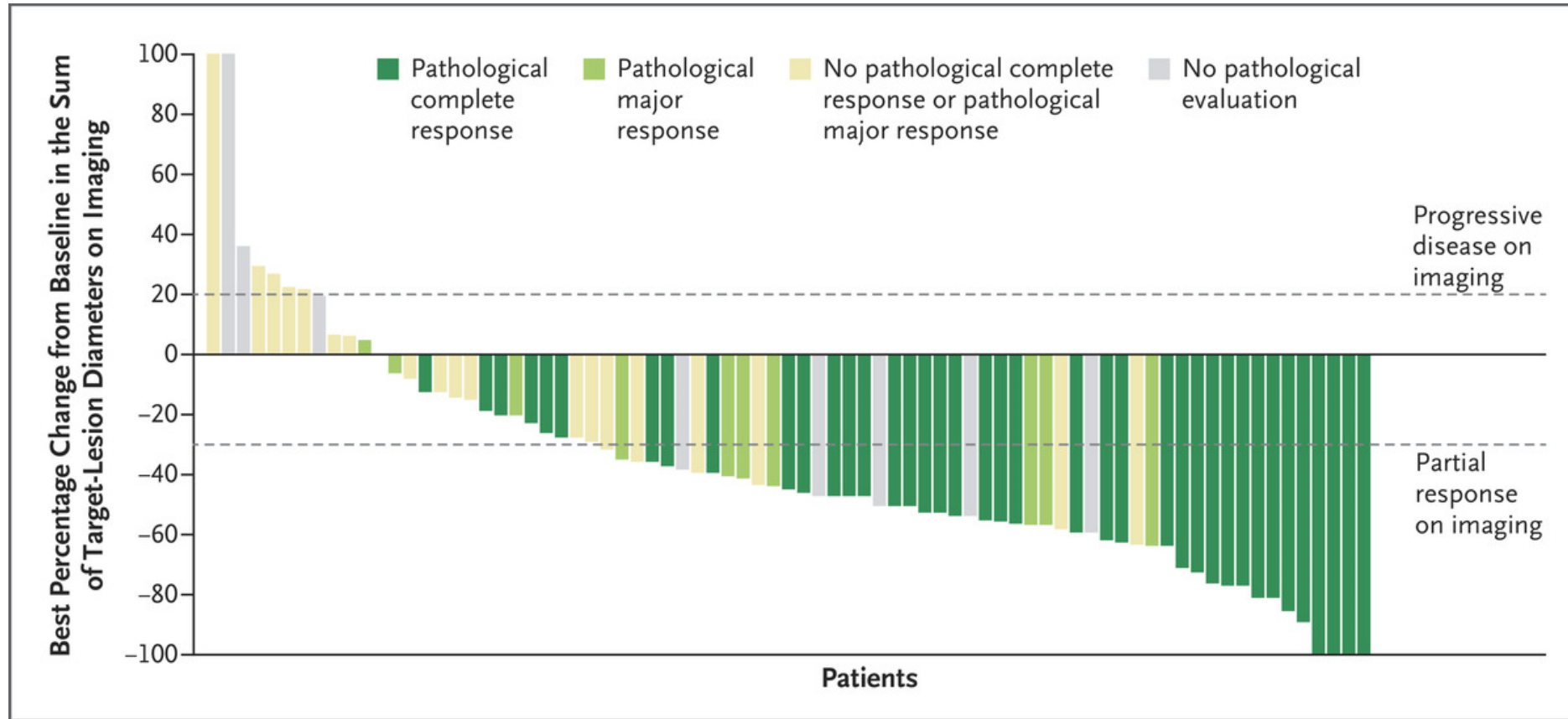
Case #1

Discussed at H/N tumor board; recommended adjuvant chemoRT

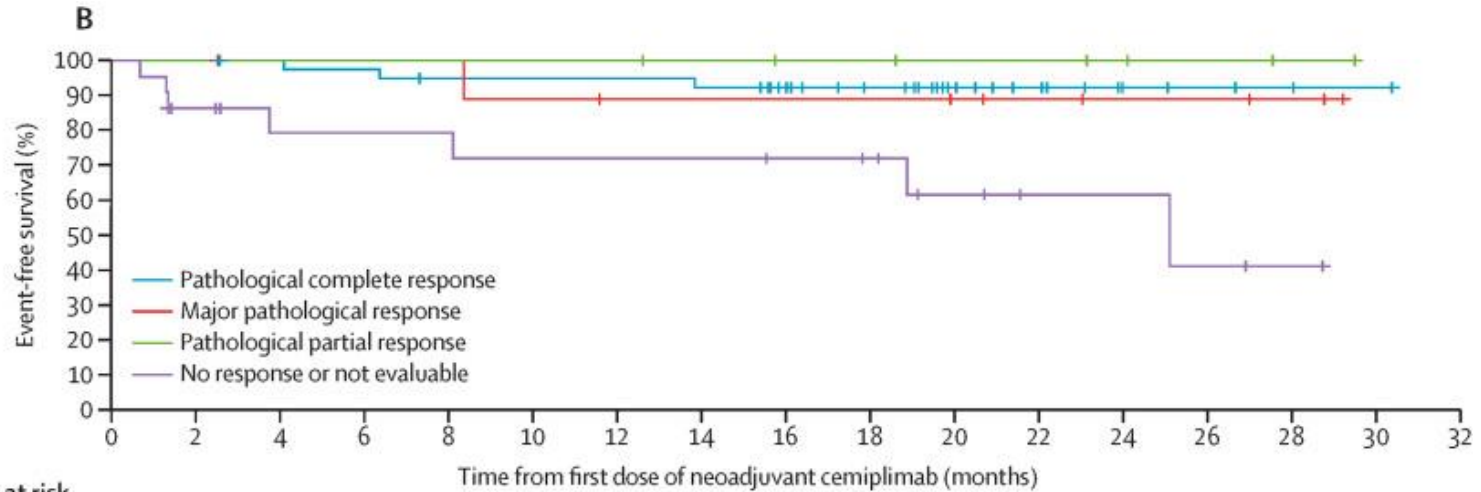
10/16/2023 to 12/01/2023: Carbo/Taxol + RT

Has since remained NED on surveillance

Discussion



Discussion



	Number at risk (number censored)																
	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32
Pathological complete response	40	40	39	38	36	36	36	35	28	21	13	9	4	3	2	1	0
	(0)	(0)	(1)	(1)	(2)	(2)	(2)	(2)	(10)	(16)	(24)	(28)	(33)	(34)	(35)	(36)	(37)
Major pathological response	10	10	9	9	9	8	7	7	7	7	6	4	3	3	2	0	0
	(0)	(0)	(1)	(1)	(1)	(1)	(2)	(2)	(2)	(2)	(3)	(5)	(6)	(6)	(7)	(9)	(9)
Pathological partial response	7	7	7	7	7	7	7	6	5	5	4	4	3	2	1	0	0
	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(1)	(2)	(2)	(3)	(3)	(4)	(5)	(6)	(7)	(7)
No response or not evaluable	22	14	11	11	11	10	10	10	9	8	5	3	3	2	1	0	0
	(0)	(5)	(7)	(7)	(7)	(7)	(7)	(7)	(8)	(9)	(11)	(13)	(13)	(13)	(14)	(15)	(15)

Discussion

Biomarkers?

Discussion regarding when to use neo-adjuvant immunotherapy in patients with advanced cSCC?

Case #2

70 yo M presented with enlarging lesion on lower lip

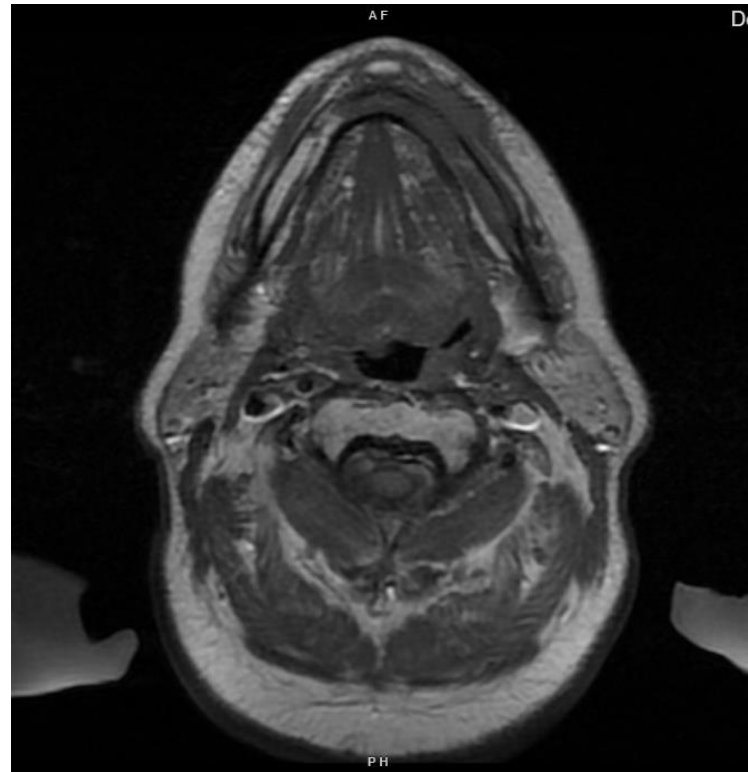
04/2019: S/p MMS + topical 5-FU

04/2021: Exam concerning for recurrent disease, biopsy confirmed SCC; underwent wedge resection

10/06/21: completion of radiation therapy 6000 cGy/30 Fx

Case #2

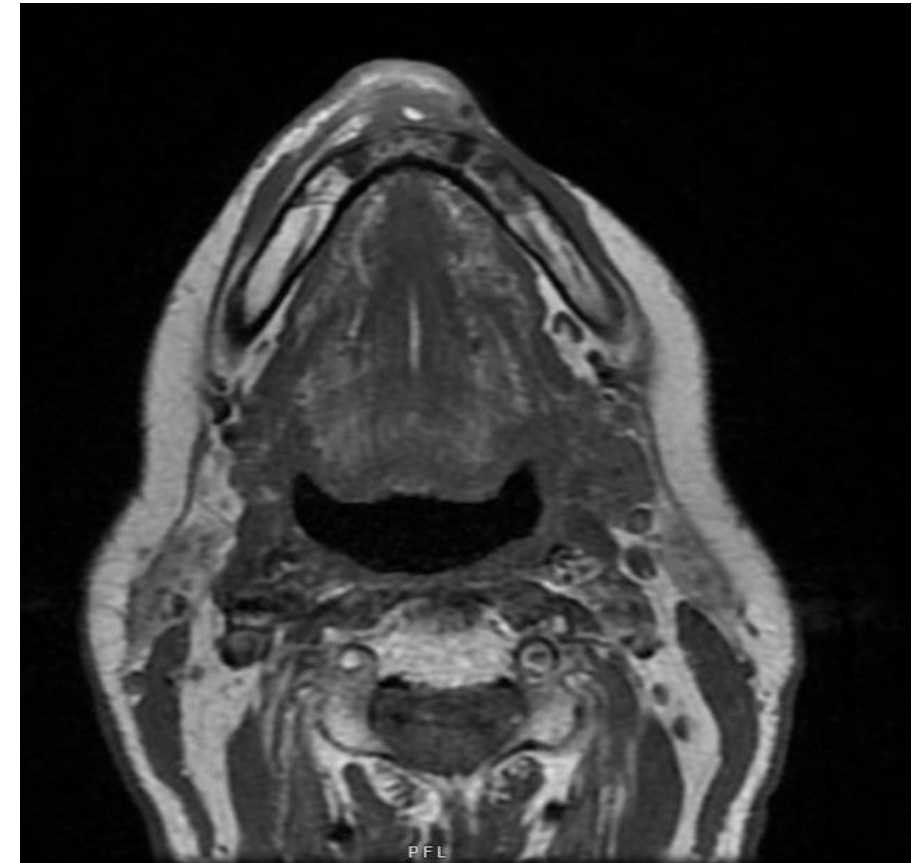
03/2022: Found to have L mandibular mass, biopsy consistent with SCC



Case #2

04/07/2022: C1D1 cemiplimab

09/2022: Compared to 4/4/2022, interval resolution of soft tissue along the buccal surface of the left mandibular gingiva. However, there is increased extent of signal abnormality within the left mandibular body, which now extends posteriorly to the left mandibular angle.



Case #2

09/22/22:

Source of Specimen: Soft tissue, left chin / mandible, palpation-guided fine needle aspiration biopsy

FINAL CYTOLOGIC DIAGNOSIS:

A. Soft tissue, left chin / mandible, palpation-guided fine needle aspiration biopsy: Keratin debris and associated giant cell reactive changes, no definite viable tumor cells; see comment.

Case #2

10/2022: Developed ~10 lb weight loss, excessive thirst, fatigue, frequent urination

Found to have glucose 398 with urinary glucose > 500; suppressed C-peptide (3.5 ng/mL)

10/06/2022: Diagnosed with latent autoimmune diabetes in adults (LADA) and started on insulin

Case #2

11/09/2022: Started Infliximab for CPI-DM, received 4 doses of 5mg/kg

12/20/2022: Able to wean off insulin; on dulaglutide and metformin

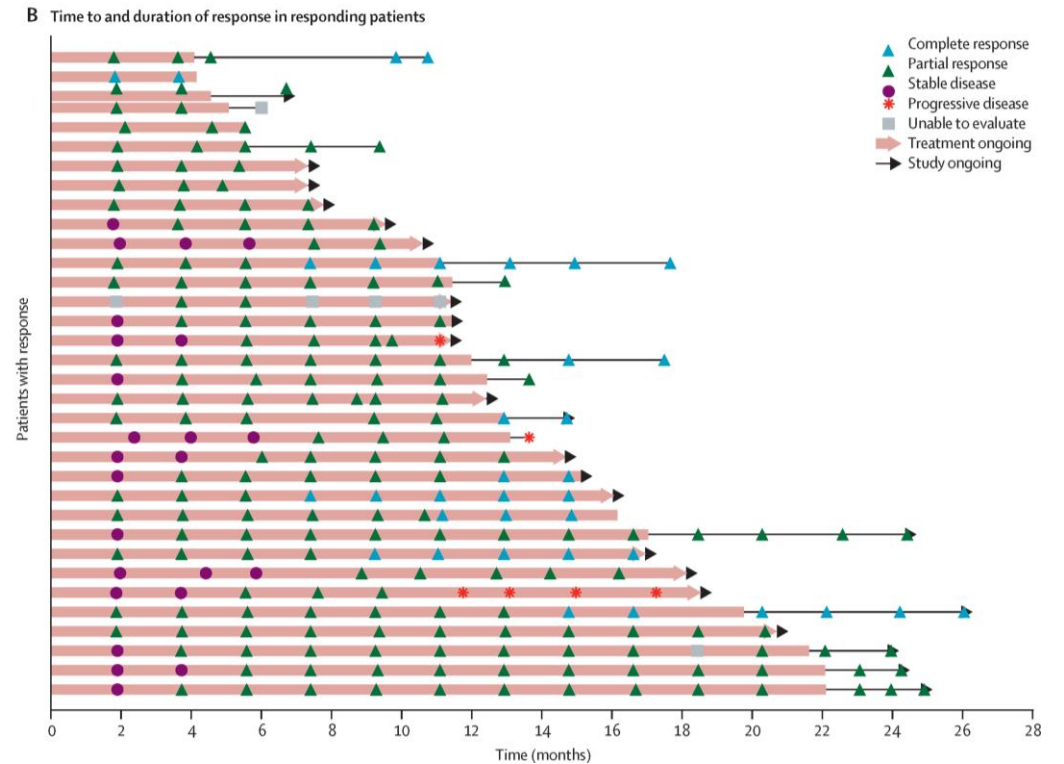
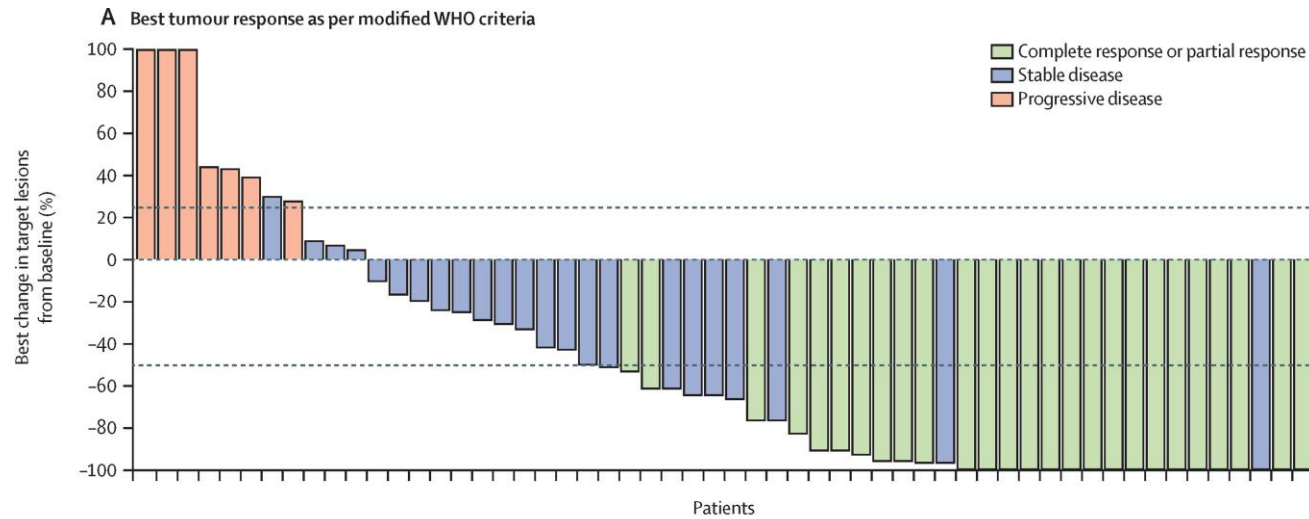
Held any further immunotherapy (total of 9 cycles)

01/16/2024: PET CT with no evidence of recurrent or metastatic disease

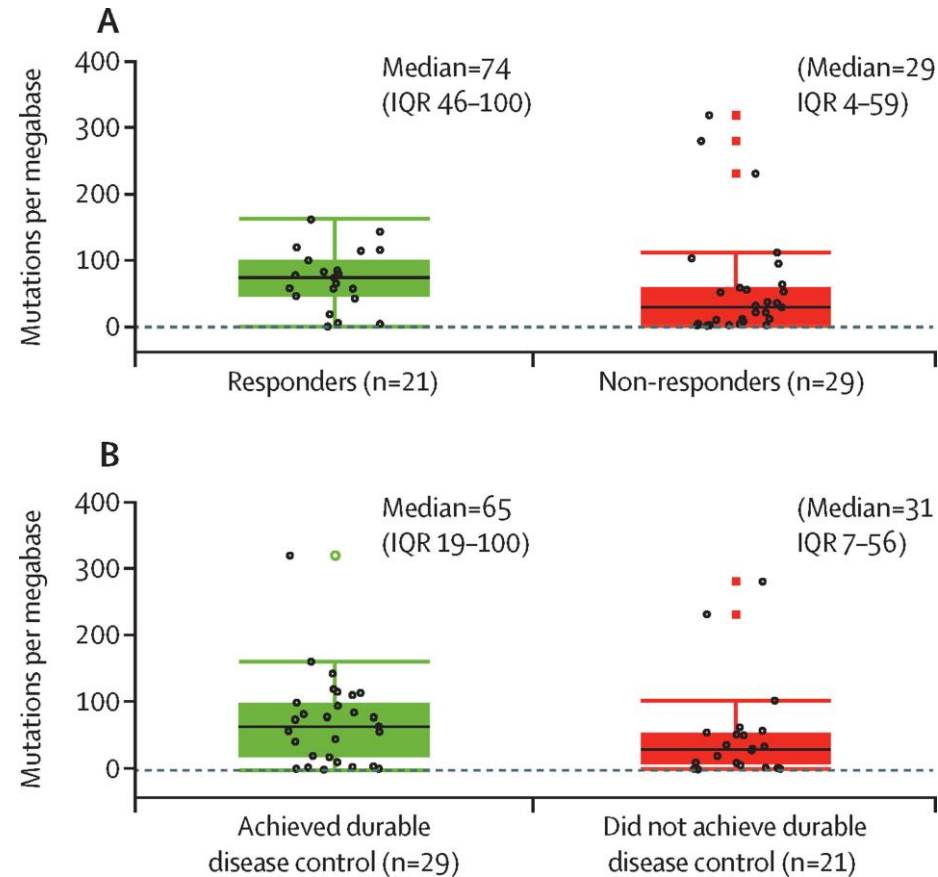
Discussion

Should this patient have been treated with RT alone,
chemoRT vs immunotherapy?

Discussion



Discussion



Discussion

- Further study/RCTs investigating infliximab in CPI-DM?
 - ~3 case reports published

Basal Cell Carcinoma

Case # 3

67 year old M with history renal transplant 2010

Many BCC and SCC since

02/2014: BCC L post auricular skin s/p MMS and STSG repair

2016: Recurrent BCC on the L postauricular scalp. MMS x 2 stages noting invasion into the parotid and muscle, followed by WLE on 11/13/16 and repaired by cervicofacial rotation advancement flap and cortical mastoidectomy. Then s/p full course of radiation (completed 3/13/17).

Case # 3

6/2023. Progressive BCC in the left ear canal with MRI showing involvement in the left facial nerve and PETCT showing R pleural effusion and nodular enhancement

07/2023: C1D1 Vismodegib

11/09/2023 MRI Face Naso Neck wwo Contrast: Compared to 6/10/2023, overall similar size of nodular mass in the left parotidectomy bed. No disease progression. Similar signal abnormality in the left mandible however with increased extent of T2 hyperintensity along the buccal greater than lingual surface soft tissues surrounding the left mandible

Case # 3

11/30/2023: s/p Left radical parotidectomy, auriculectomy, lateral temporal bone resection, left ALT free flap, left temporalis lengthening myoplasty, tensor fascia lata sling, left tight STSG to flap, left eyelid weight, left lateral tarsal strip canthoplasty, left eyelid coupling

Case # 3

Pathologic pics → Mike Tetzlaff

Discussion

Neo-adjuvant therapy studies in BCC (1-2 slides)

Discussion

CONTRAC-1 STUDY:

N = 12 patients with advanced cutaneous SCC

Cross-tapered from existing IS to an mTOR inhibitor (sirolimus or everolimus) with goal trough 4-6 ng/mL and prednisone 10 mg

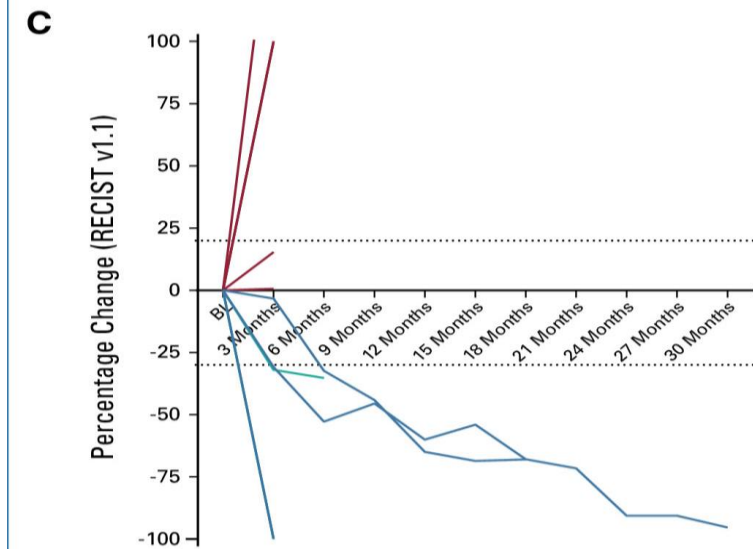
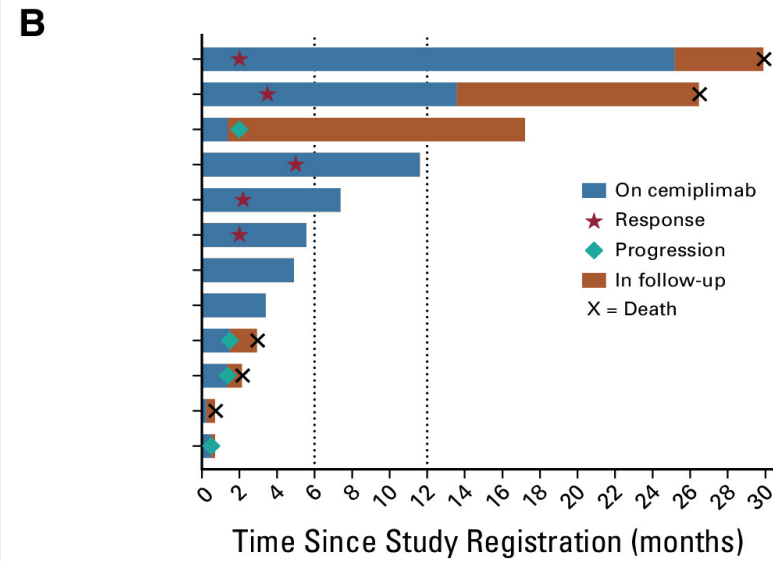
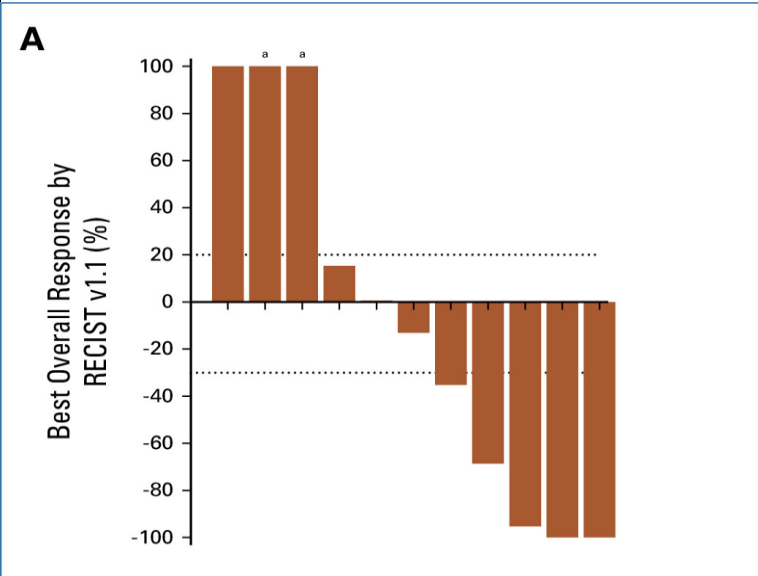
Cemiplimab 350 mg Q21d

Pred 40 mg day -1 to day 3

20 mg once daily days 4-6

10 mg once daily on day 7 continuously to next cycle

Discussion



Discussion

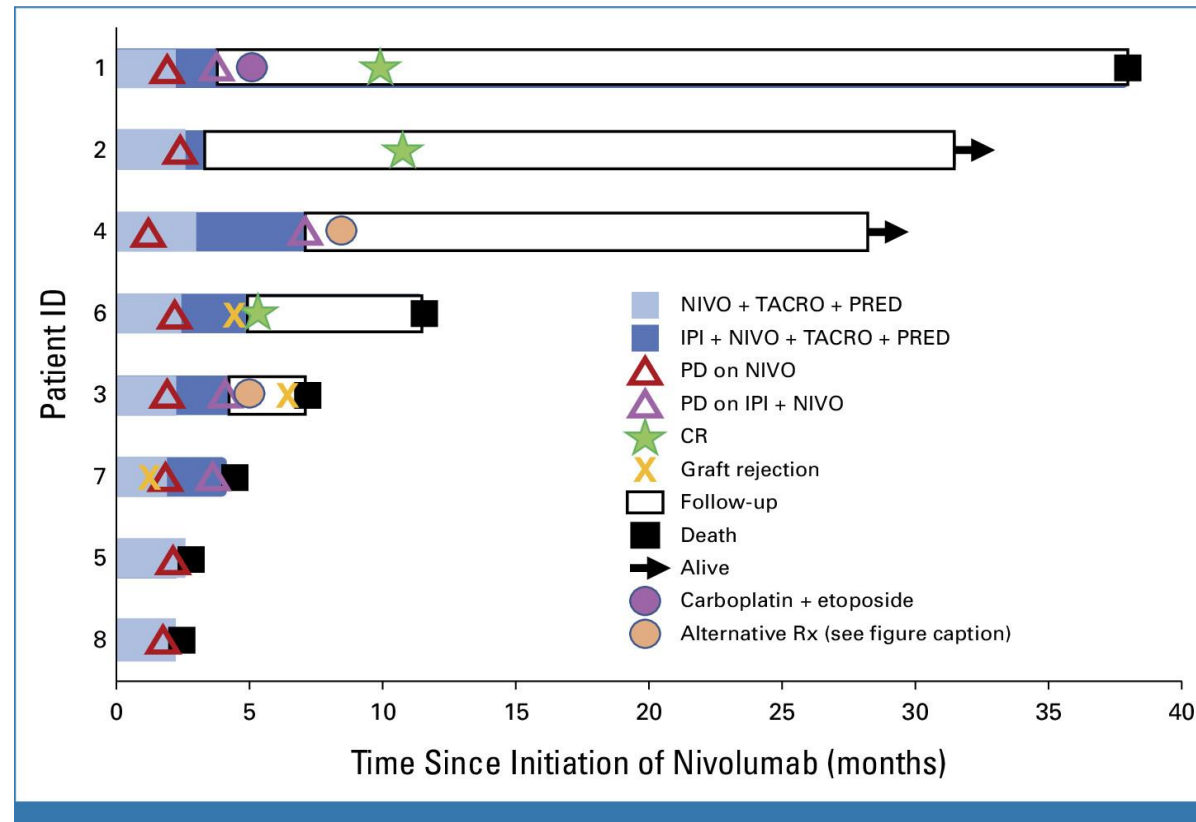
Phase 1 trial with n =8 evaluable patients s/p KT (5 CSCC, 2 MCC, 1 MEL)

Tacrolimus (trough goal 2-5 ng/mL) + pred 5 mg daily

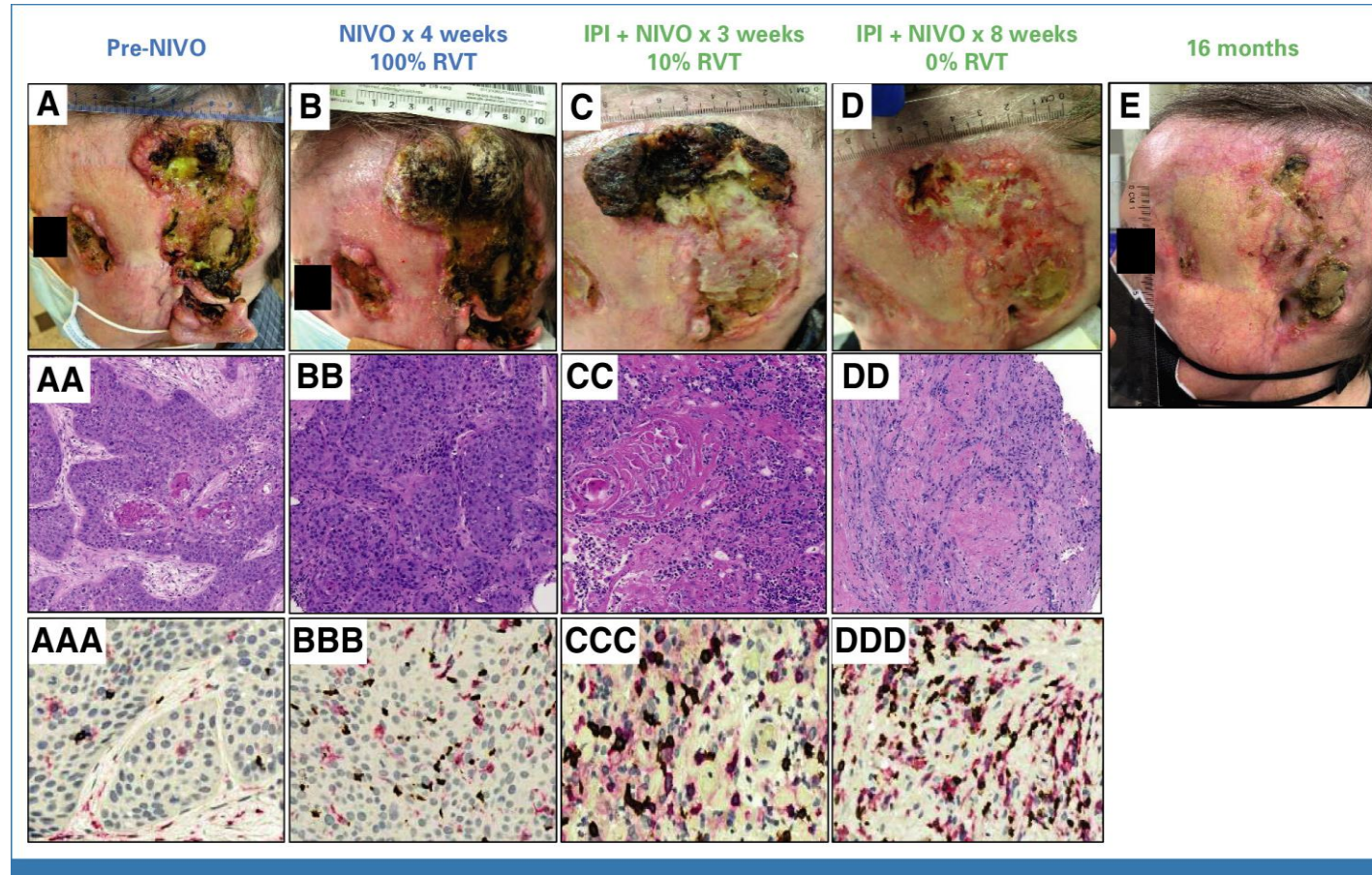
Nivo 480 mg IV q4w

If PD → ipi 1 mg/kg + nivo 3 mg/kg x4 followed by nivo monotherapy

Discussion



Case # 3



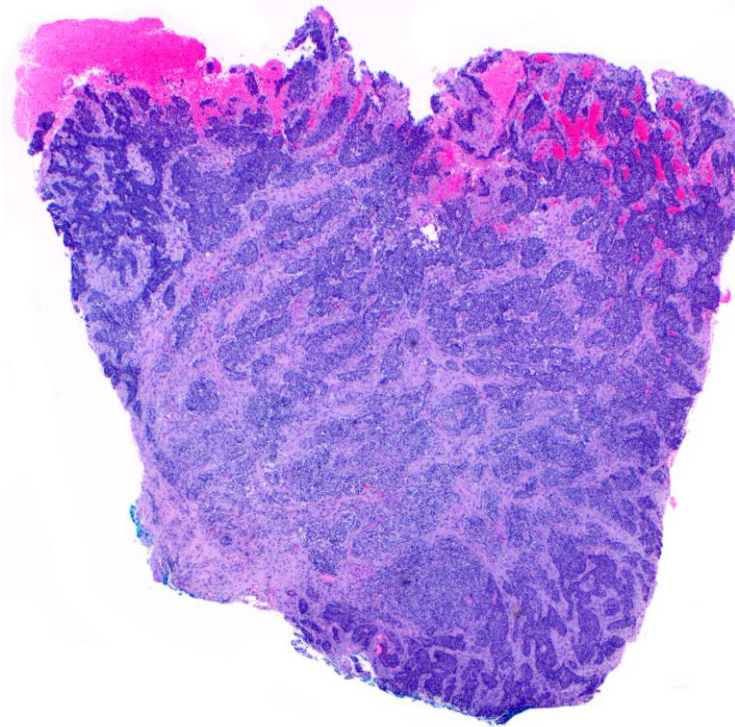
Case # 4

77 yo F with enlarging lesion on L forearm over several months

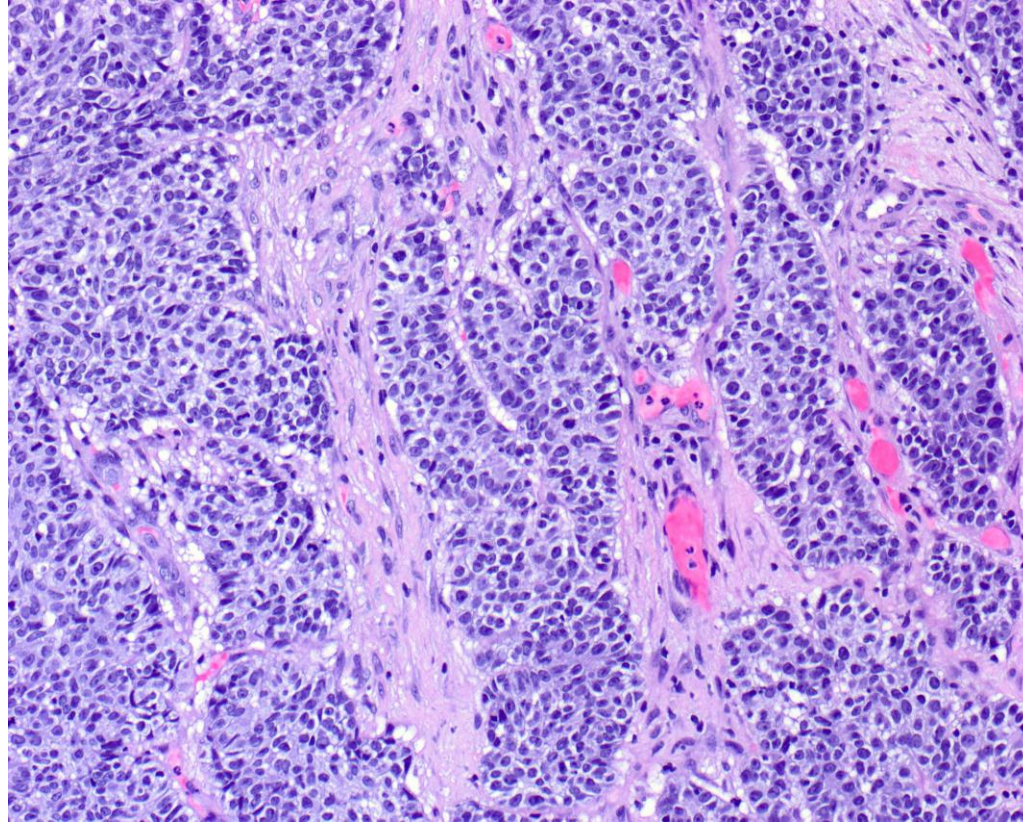


Case # 4

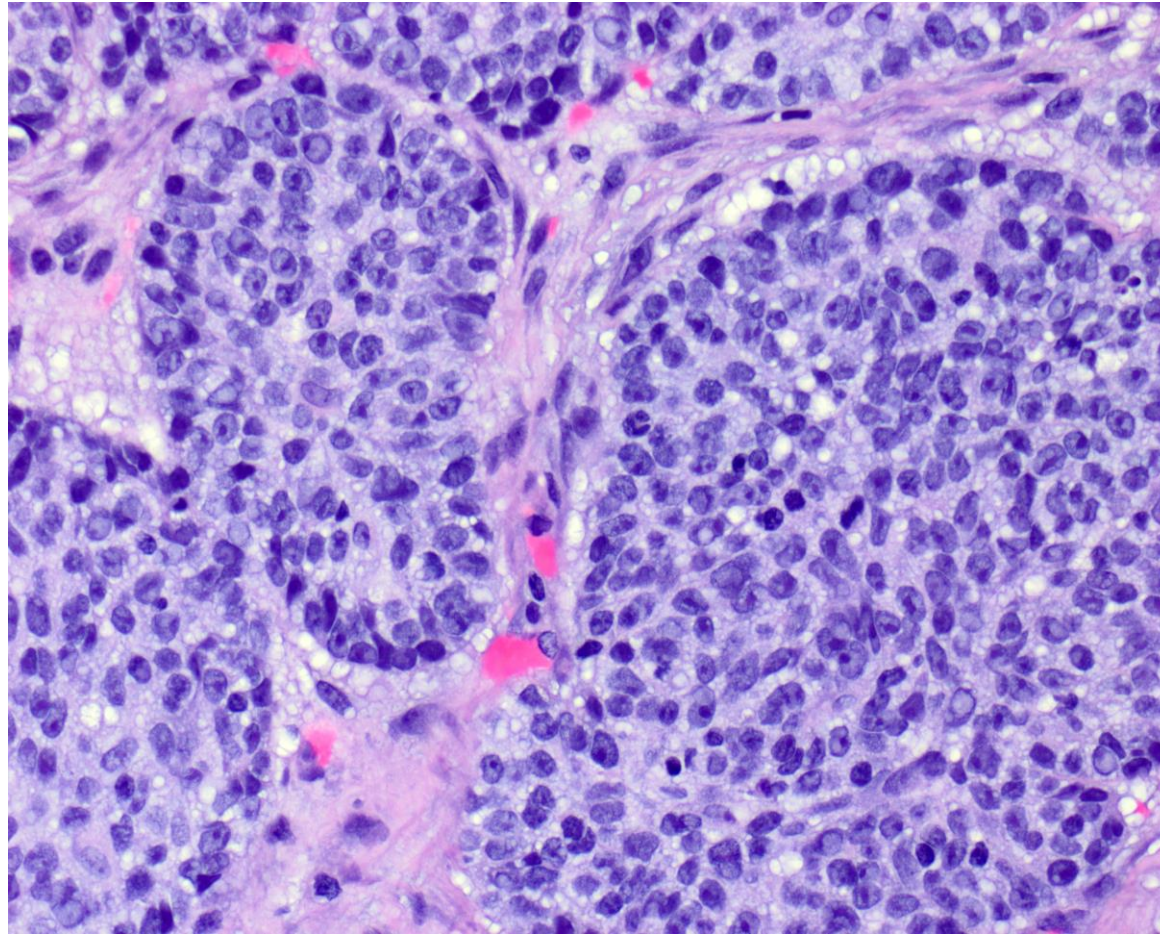
07/27/2021 L Forearm Skin Biopsy (for 10 cm large fungating mass). Path showing poorly differentiated carcinoma, favor basal cell carcinoma. Synaptophysin negative.



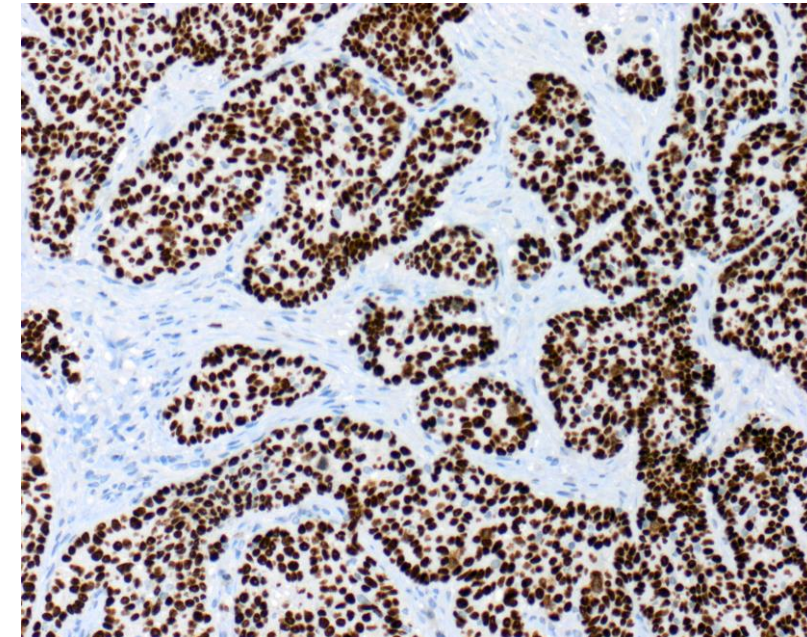
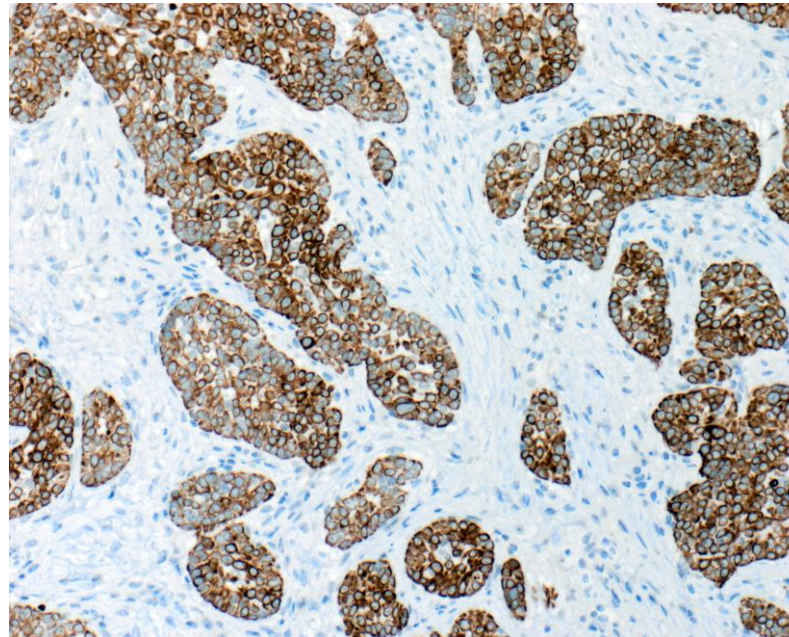
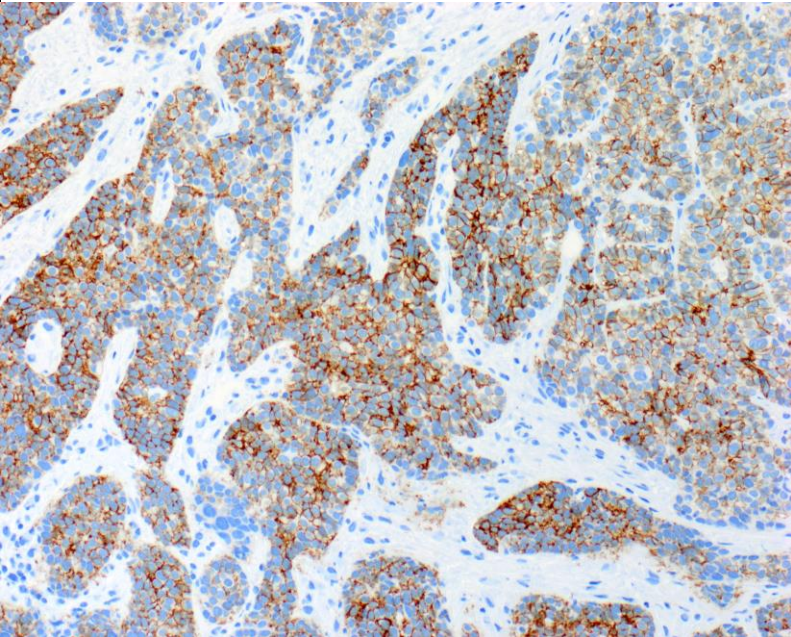
Case # 4



Case # 4



Case # 4



Case # 4

Pathogenic or Likely Pathogenic SOMATIC ALTERATIONS				
VARIANT	TRANSCRIPT ID	CLASSIFICATION	READS	MUTANT ALLELE FREQUENCY
KMT2C p.Q1224*	NM_170606.2	Pathogenic	1017	39%
KMT2D p.Q2576*	NM_003482.3	Pathogenic	1651	39%
KMT2D p.A1161fs	NM_003482.3	Pathogenic	1763	40%
NF1 p.E1264*	NM_001042492.2	Pathogenic	915	67%
STK11 exons 2-9 homozygous deletion	NM_000455.4	Pathogenic	N/A	N/A
TP53 p.C238W	NM_000546.5	Pathogenic	987	81%
KDM5C p.E189*	NM_004187.3	Likely Pathogenic	823	37%
NIPBL p.R1842*	NM_133433.3	Likely Pathogenic	966	36%
SMO p.E224K	NM_005631.4	Likely Pathogenic	693	18%

Reads indicates the number of unique DNA molecules sequenced. *Mutant Allele Frequency* indicates the percentage of the reads with the respective *Variant* and is affected by the degree of normal cell

Case # 4

08/09/2021 FDG PET-CT:

- L forearm mass: 7.6 x 3.0 cm, SUV max 15.3
- L axillary LN: 1.6 x 0.8 cm, SUV Max 3.5
- L adrenal mass: 3.0 x 2.5 cm, SUV Max 10.1
- Multiple cavitory/non-cavitory pulmonary nodules, largest of which are hypermetabolic, c/f metastases.
- Uptake along R acetabulum near hip joint (inflammatory vs. Metastasis)
- Hypermetabolic exophytic L forearm mass; hypermetabolic R paraspinal muscle metastasis, SUV max 5.6; minimally hypermetabolic R lower breast mass, SUV max 2.7.

Case # 4

R Breast Bx (US-Guided Core Bx):

Solid papillary carcinoma with neuroendocrine mucinous differentiation, low to intermediate nuclear grade. ER+/PR+. Negative HER2 by FISH

L Axillary Superficial and Deep US-Guided FNA:

Path showing reactive pattern lymphadenopathy; negative for metastatic carcinoma

Biopsy of the paraspinal mass

Soft tissue, right paraspinal mass, ultrasound-guided fine needle aspiration biopsy: Metastatic carcinoma, consistent with poorly differentiated basal cell carcinoma

Case # 4

09/30/2021: C1D1 cemiplimab

12/22/2021 PET/CT

1. Compared to 8/9/2021, interval resection of left forearm mass and right lower breast mass with associated postsurgical changes.
2. Marked reduction in hypermetabolism within the left forearm, left adrenal mass, bilateral lung nodules, and right paraspinal musculature mass. Interval decrease in size of left axillary lymph nodes and slight decrease in hypermetabolism which may, at least in part, be due to postsurgical/inflammatory changes.

10/2022: CR to cemiplimab following ongoing tumor shrinkage

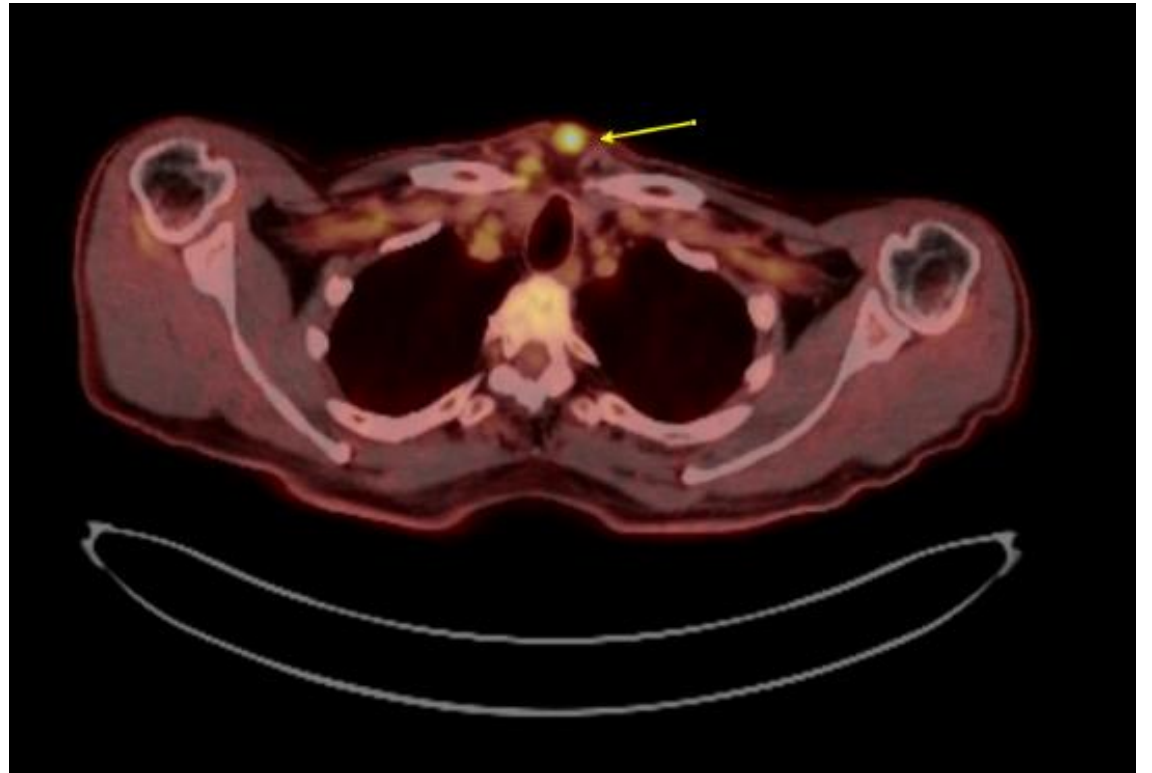
Discussion

Merkel Cell Carcinoma

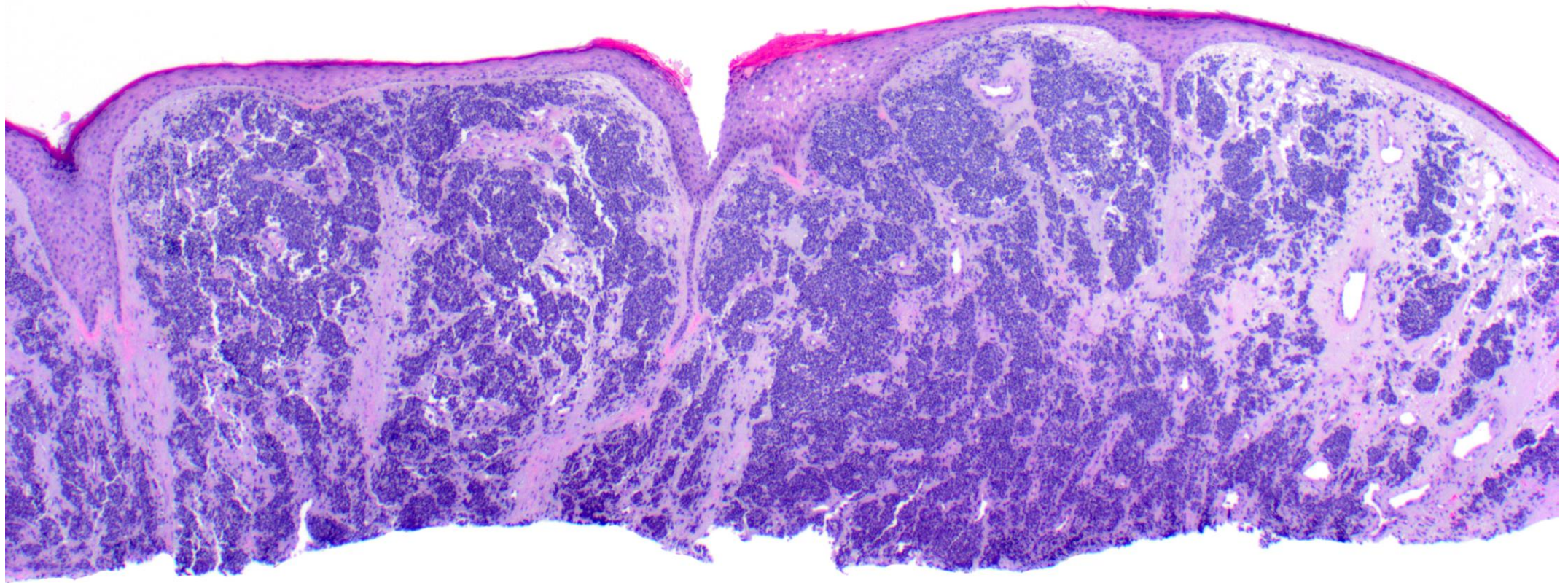
Case #5

76 yo M noted enlarging lesion on his sternum

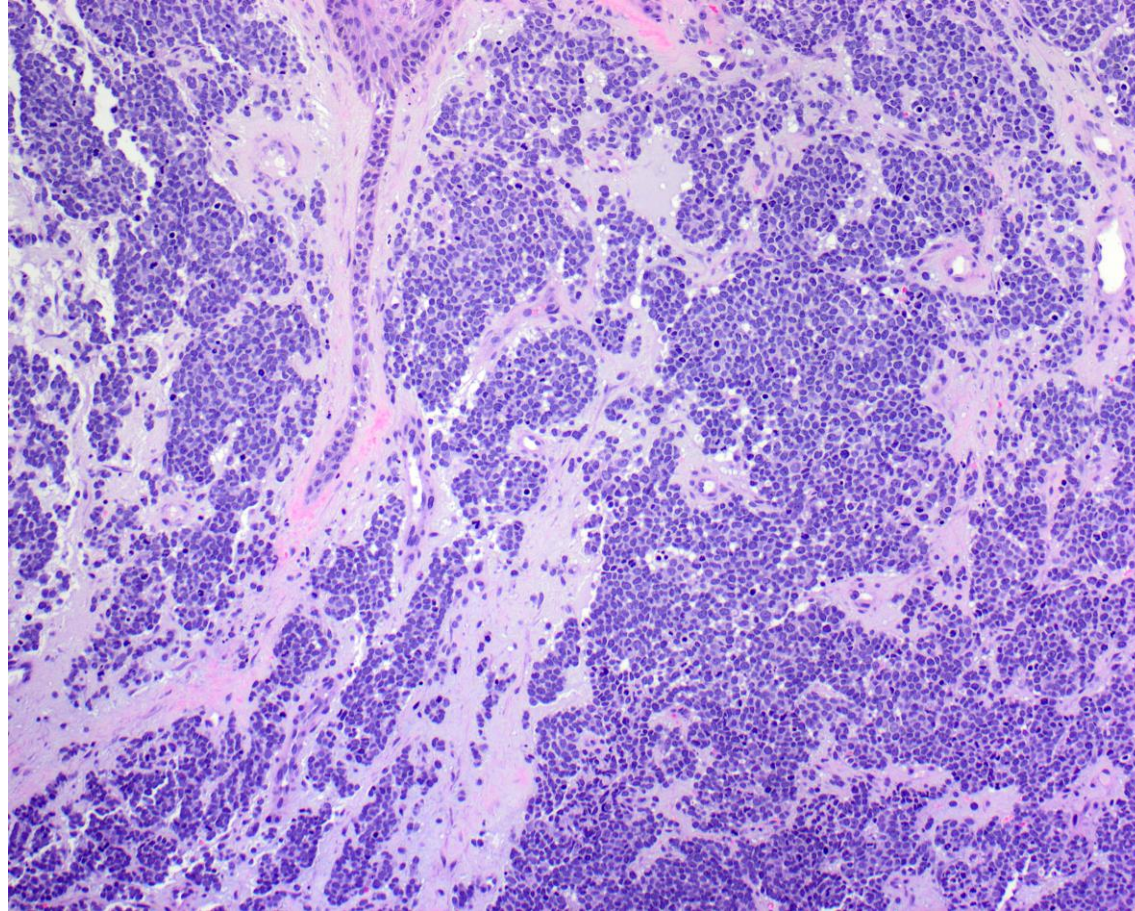
01/2023: Biopsy consistent with Merkel cell carcinoma



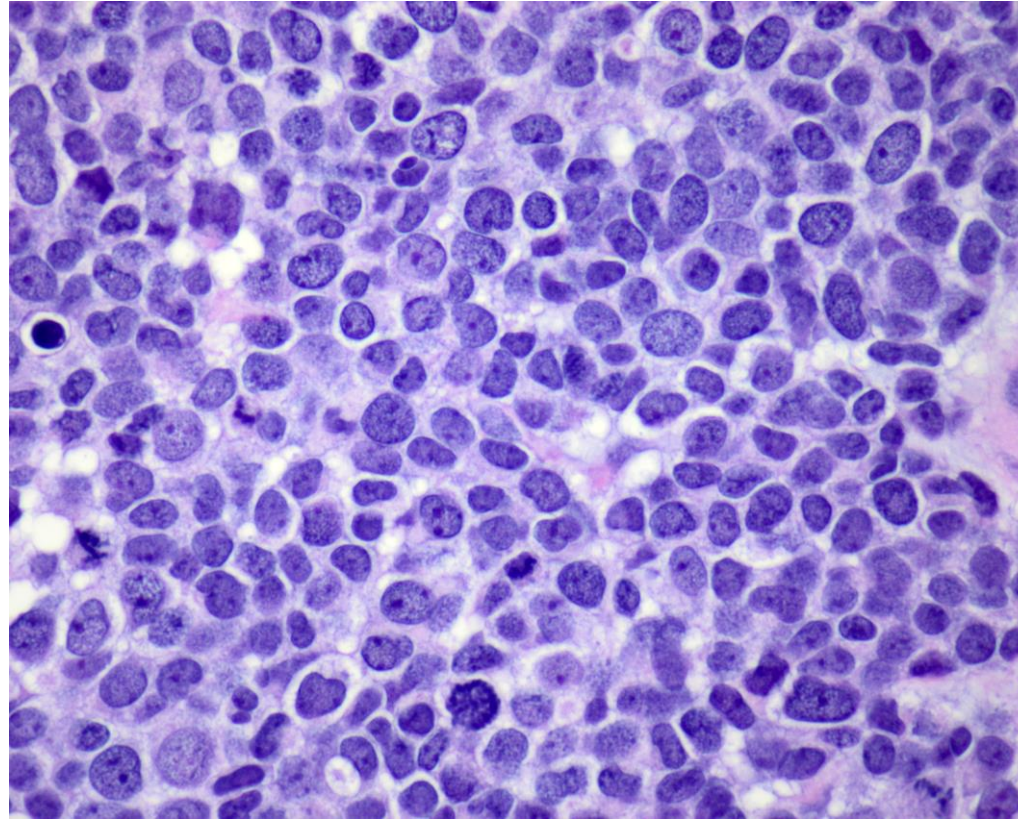
Case #5



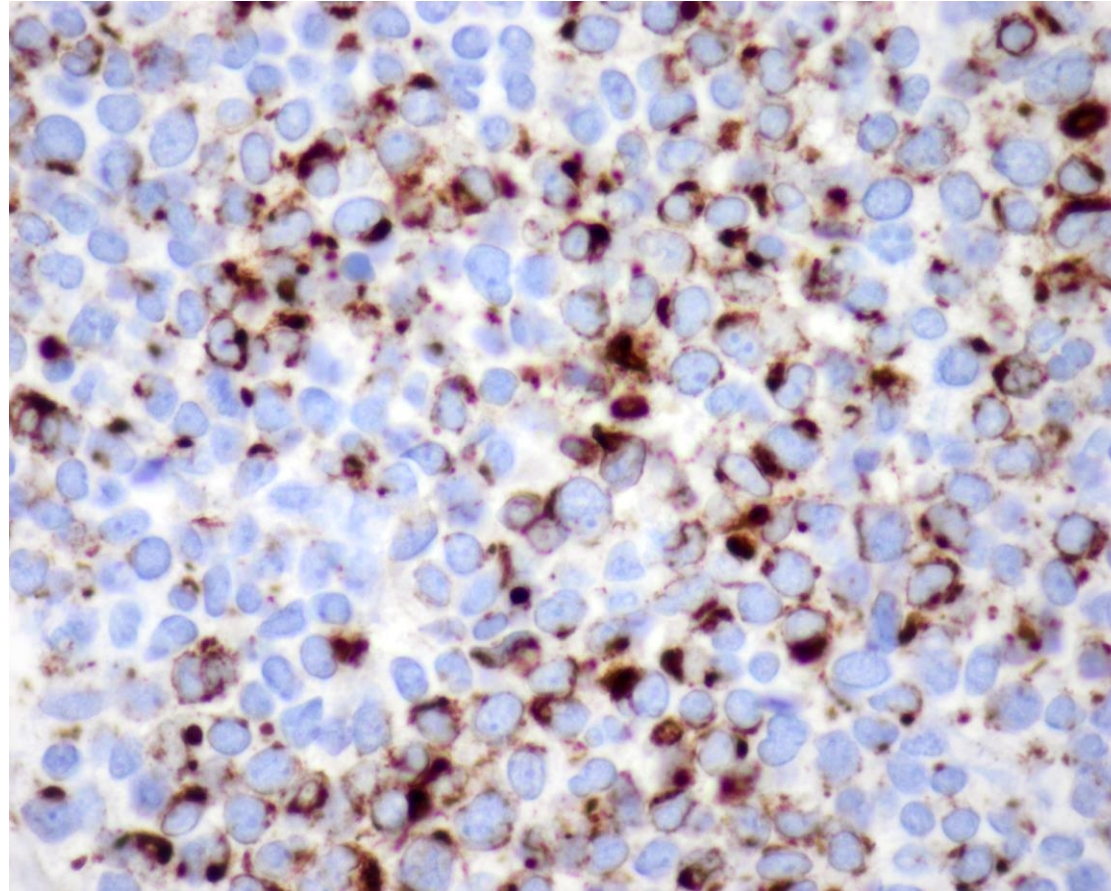
Case #5



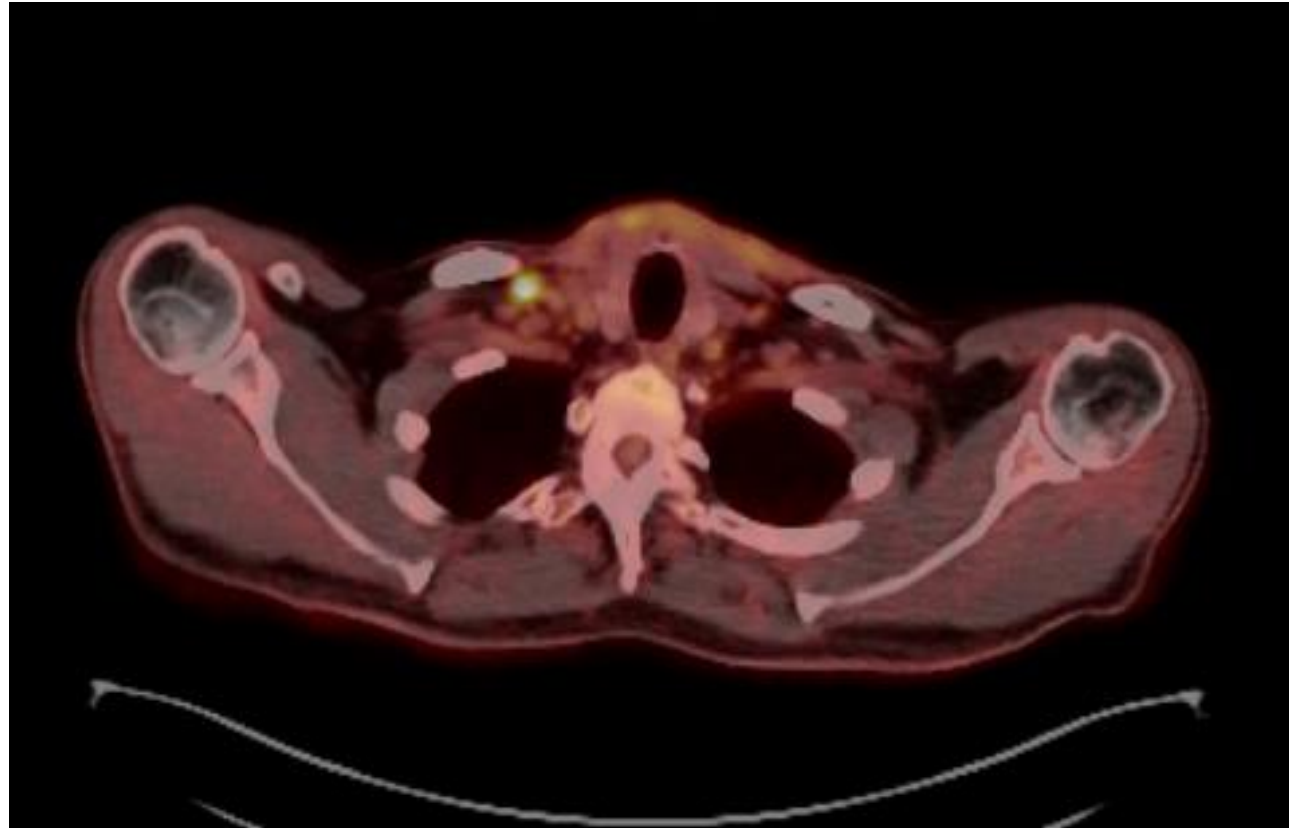
Case #5



Case #5



Case #5



Case #5

04/24/2023: C1D1 pembro

Developed auto-immune myositis/myasthenia gravis

Management of this

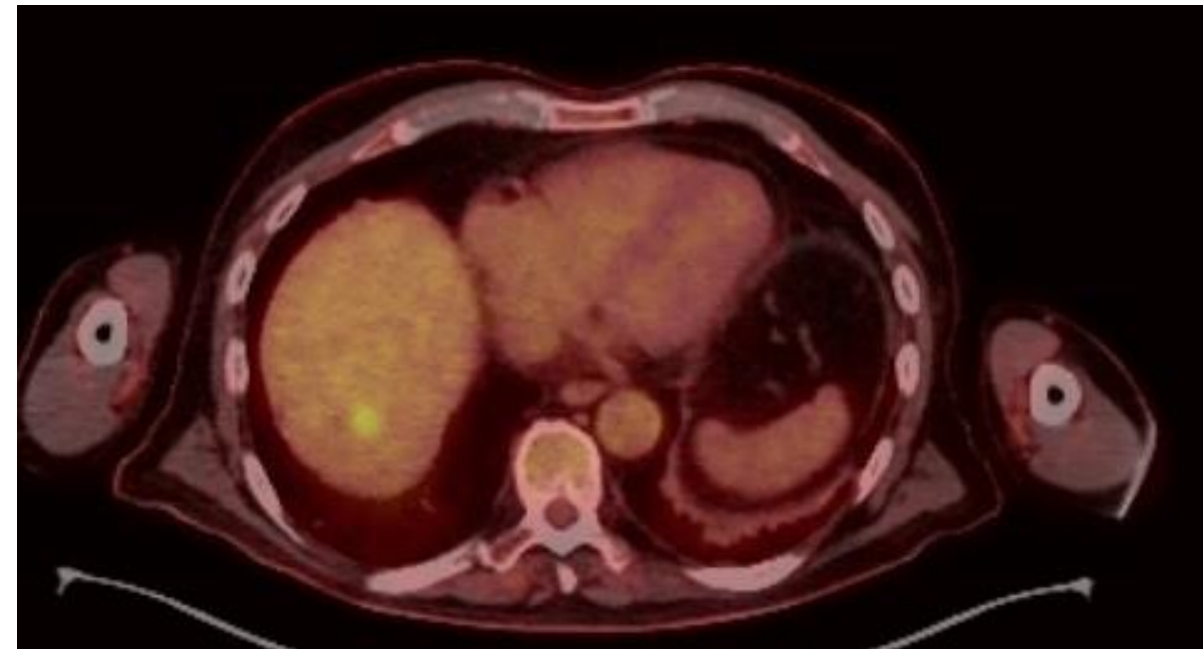
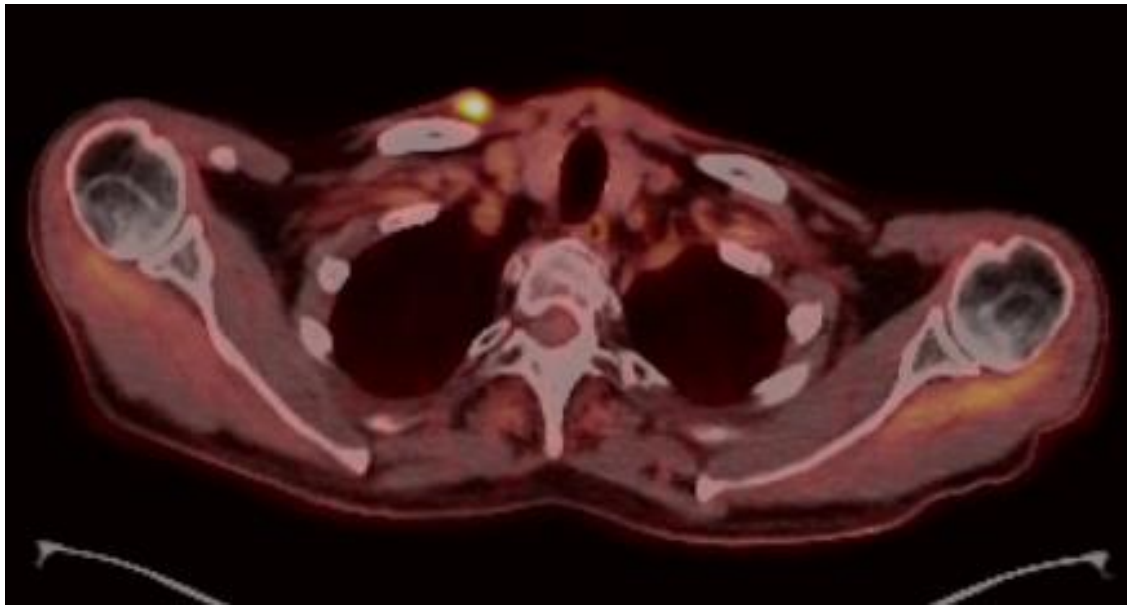
Case #5

05/2023: CT with decreased size of R supraclavicular node

08/2023: PET CT NED

Case #5

11/02/2023 PET CT



Case #5

12/11/2023: Started treatment with Carbo/Taxol

01/23/2024 PET CT:

1. Right supraclavicular soft tissue nodule: Mildly enlarged 1.7 x 1.1 cm previously 1.4 x 1.1 cm, SUV Max 9.2, previously 8.0
2. Focal hypermetabolism in the right scapular glenoid: decreased hypermetabolism with SUV max 3.9, previously SUV Max 8.9
3. Focal hypermetabolism in the hepatic dome: Decreased hypodensity; decreased hypermetabolism with Max SUV 3.9, previously SUV Max 5.2

Discussion