AEDV HIGHLIGHTS
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Oncologic Dermatology and Surgery

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Review and Updates: Clinical oncology: Lymphomas

- **PROspective Cutaneous Lymphoma International Prognostic Index (PROCLIPI) study**
  - Launched in 2015
  - Long-term goal: developing a prognostic index for cutaneous lymphoma.
  - Clinicopathological and genotypic data, treatment responses and quality of life are being collected, alongside a federated tissue biobank for translational studies.
  - Central clinicopathological review is performed to confirm diagnosis and stage.
  - 1108 patients collected
  - 46 worldwide sites, 5 continents.
  - 792 patients in early stage
    - IA (47.7%)
    - IB (25%)
    - IIA (7.6%)

*Julia Scarisbrick (Chair EORTC Cutaneous Lymphoma Taskforce),*
  • With allogeneic stem cell transplantation durable remissions have been achieved in CTCL and remains the only treatment option in MF/SS with curative intention.
• New gel formulation approved by EMA: LEDAGA (clormetine).
• Late-stage CTCL:
  • CD52 (alemtuzumab),
  • CD30 (brentuximab vedotin): Brentuximab vedotin or physician’s choice in CD30-positive cutaneous T-cell lymphoma (ALCANZA): an international, open-label, randomised, phase 3, multicentre trial. Lancet 390, 5 August 2017
    • Approved by FDA, August 2018 for mycosis fungoides or Sézary syndrome
    • Under review by EMA
Systemic therapies for BCC: state of the art.
- Vismodegib approved by FDA in 2012 for advanced BCC.
- New oral formulation of itraconazole open label phase 2 study in Gorlin patients (Hedgepath, Stanford).
- Patidegib, first topical HHI (double-blind phase 2 study in Gorlin, 25% complete response): Trial for prevention of BCC in Gorlin syndrome (Pellepharm).

Systemic therapies of SCC: state of the art.
  - 190 pts
  - Only 32% received systemic treatment: EGFR-inhibitor based regimens
  - Overall response: 27%, 49% died
- Most used EGFR-inhibitors: erlotinib/gefitinib
Review and Updates: Clinical oncology.
Non-melanoma skin cancer

• PD-1 Blockade with Cemiplimab in Advanced Cutaneous Squamous-Cell Carcinoma. NEJM 379;4 July 26, 2018

- Phase 1 study of cemiplimab for patients with laSCC and mSCC
- Phase 2 for patients with metastasic disease
- Intravenous dose of cemiplimab (3 mg/kg body weight) every two weeks.
- Assessed for response every 8 weeks. Results:
  - Phase 1: 50% response
  - Phase 2:
    - 28/59 47% response. Median follow up 7.9 months. 57% duration of response >6 months and 82% continued response.
    - Adverse events in metastatic –disease cohort: diarrhea, fatigue, nausea, constipation and rash.
    - 7% pts discontinued treatment.

- Conclusion:
  - Among patients with advanced cutaneous squamous-cell carcinoma, cemiplimab induced a response in approximately half the patients and was associated with adverse events that usually occur with immune checkpoint inhibitors. (Funded by Regeneron)

Under review by FDA and EMA
**Systemic therapies for Merkel cell carcinoma: state of the art.**

  - AntiPD-L1
  - Respuestas 33% (8 completas/10 parciales)
  - Durable effects (ASCO 2018)
- Efficacy and Safety of First-line Avelumab Treatment in Patients With Stage IV Metastatic Merkel Cell Carcinoma. JAMA Oncol 2018 Mar 22.
  - Chemotherapy naive
  - Chemotherapy naive, Response 56%, Durable effects (ASCO 2018).
- Ipilimumab as adjuvant: dissapointing (ASCO 2018).
- Nivolumab in naive RT Merkel cell carcinoma: complete response 47%, very impressive benefit!