99P Sintilimab plus nab-paclitaxel in platinum-refractory head and neck squamous cell carcinoma: A phase II trial

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Background: The prognosis of patients with platinum-refractory head and neck squamous cell carcinoma (HNSCC) was poor. Sintilimab is an immune checkpoint inhibitor. Nab-paclitaxel is a nanoparticle taxane that showed activity in platin-resistant HNSCC. This study aimed to evaluate the efficacy and safety of sintilimab plus nab-paclitaxel in patients with platinum-refractory HNSCC.

Methods: This study is a single-arm, open-label, single-center phase II clinical study. Patients with R/M HNSCC who have failed platinum-based therapy were enrolled. All patients were treated with sintilimab(200mg iv d1) and nab-paclitaxel(120mg/m2 iv d1 and d8) every 3 weeks up to 6 cycles and then maintained with sintilimab until disease progression, death, or dose-limiting toxicities. The primary endpoint was the objective response rate (ORR). The secondary endpoints included progression-free survival (PFS), overall survival(OS), and safety.

Results: From April 2019 to April 2022, 15 patients were enrolled. The median age was 55 years (range34-67), and 11 patients were male. Primary site included the oropharynx (1, 6.7%), nasopharynx (6, 40.0%), larynx/hypopharynx (5, 33.3%) and oral cavity (3, 20.0%). Presence of distant metastases(11, 73.3%); prior platinum-based chemotherapy(15, 100%), radiation (11, 73.3%), EGFR targeted therapy (6, 40.0%); ECOG PS =1 (15, 100%); PD-L1 CPS≥10 (6, 40.0%), not applicable (7, 46.7%). The ORR was 20.0% (95% CI, 7.1-45.2%), DCR was 80.0% (95%CI 54.8-92.9%). With a median follow-up time of 12.1 months, 8 patients experienced disease progression, and 5 died. The median PFS was 14.4 (95% CI, 4.0-24.7) months. The median OS was not reached. Common treatment-related adverse events (TRAEs) were hypothyroidism(26.7%), leukopenia(20.0%), pneumonia (20.0%), and nausea (13.3%). Most of the TRAEs were grade 1 or 2. Only one patient experienced grade 3 hypothyroidism.

Conclusions: Sintilimab plus nab-paclitaxel is well-tolerated with very encouraging clinical activity in platinum-refractory HNSCC and warrant further exploration in this disease.

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100P Immunotherapy around the clock: Impact on stage IV melanoma

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Background: Immunotherapy is currently the standard of care in the treatment of metastatic melanoma. Immune cells in the tumor microenvironment play a decisive role in tumor growth and response to therapy. NK and dendritic cells, monocytes, T and B lymphocytes exhibit circadian oscillations in the peripheral blood, as well as PD-L1 expression. Recent data from MEMOIR study suggests the effectiveness of immune checkpoint inhibitors in melanoma is lower when more than 20% of infusions are in the late afternoon.

Methods: Retrospective, unicentric, cohort study of stage IV melanoma patients under immunotherapy (ipilimumab, nivolumab or pembrolizumab) with PS 0-1, followed at our center between July 2016 and March 2022. Infusion times were obtained and dichotomized as morning (8am-2pm) or afternoon (2pm-8pm). Time to event outcomes were calculated using the Kaplan Meier method and tested using Cox regression model, using a 95% confidence interval (IC). Objective: To determine the impact of immunotherapy administration timing on the overall survival (OS) of patients with metastatic melanoma.

Results: In this time period, 73 patients were treated, and 37.0% of patients had at least three fourths (75%) of the immunotherapy infusions in the afternoon period. The median OS of the population was 24.2 months [CI 95%, 9.04 to 39.8), with a median follow-up time of 15.3 months. No significant demographic or tumor burden differences were found between the morning and afternoon groups. Having more than 75% of immunotherapy infusions in the afternoon results in a shorter median OS (13.8 vs 38.1 months; HR 1.94 [CI 95% 1.01 to 3.74]; p<0,01).

Conclusions: This study suggests that increasing the number of treatments in the afternoon period worsens the outcome of metastatic melanoma patients. Chrono-immunotherapy is a developing topic and could lead to higher survival rates in metastatic melanoma. Prospective randomized studies on immunotherapy timing should be performed.

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101P Safety and effectiveness of pembrolizumab combined with albumin-bound paclitaxel and nedaplatin as first-line treatment in advanced esophageal squamous cell carcinoma patients

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Background: The value of immune checkpoint inhibitor (ICI) combined with chemotherapy in the first line treatment of locally advanced/metastatic esophageal cancer has been confirmed by several clinical studies with the regimens of 5-fluorouracil plus cisplatin (FP) or Paclitaxel plus cisplatin (TP) which were most commonly used in the protocol. However, retrospective study had shown that nedaplatin combined with nab-paclitaxel was more effective than other chemotherapy regimens with fewer adverse events. Here we report the efficacy and safety of ICI combined with nedaplatin and nab-paclitaxel in ESCC.

Methods: Clinical outcomes of 35 patients with metastatic ESCC in Changhai hospital from March 2020 to September 2021 were included in this study. All patients received pembrolizumab 200mg on day 1, albumin-bound paclitaxel 130 mg/m^2 on day 1 and 8, and nedaplatin 70 mg/m^2 on day 1. The treatment was repeated every 21 days. Evaluation of tumor response was performed according to Response Evaluation Criteria in Solid Tumors 1.1 (RECIST1.1). Toxicities were graded using version 5.0 of the National Cancer Institute Common Toxicity Criteria (NCI-CTC).

Results: All patients were available for evaluation. Of the 35 patients, 4 patients (11.4%) had complete response(CR), 21 patients (60.0%) were partial response (PR), 10 patients (28.6%) achieved stable disease (SD) and no patients had progression disease (PD). The objective response rate (ORR) and disease control rate (DCR) were 71.4% and 100% respectively. The median progression free survival (PFS) was 13.4 months. Main toxicities include hematological toxicity, thyroid dysfunction, rash, fever, arthralgia, myalgia and alopecia. Treatment-related adverse events of grade 3 or higher occurred in 3 patients (8.6%).

Conclusions: Pembrolizumab plus albumin-bound paclitaxel and nedaplatin as first-line treatment demonstrated promising anti-tumor activity and manageable safety in patients with advanced ESCC. Randomized trials to evaluate this new combination strategy are warranted.

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102P A multicenter retrospective cohort study comparing the efficacy and safety of lenvatinib in combination with PD-1 inhibitor with or without transarterial chemoembolization in patients with unresectable hepatocellular carcinoma

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Background: Through clinical practice, lenvatinib-based combination treatments are commonly used in patients with unresectable hepatocellular carcinoma (uHCC), but their curative effect warrants further investigation. This study compares the efficacy and safety of lenvatinib plus PD-1 inhibitor and TACE (LPT) vs. lenvatinib plus PD-1 inhibitor (LP) in uHCC.