Durable Remissions Associated with anti-CTLA-4 and anti-PD1 Checkpoint Inhibitors in a Single Center.

Bernardo Leon Rapoport^{1, 2}, Teresa Smit¹, Ronwyn Van Eeden¹

¹The Medical Oncology Centre of Rosebank, Johannesburg, South Africa, ² Department of Immunology,

Faculty of Health Sciences, University of Pretoria

Corresponding author: brapoport@rosebankoncology.co.za | bernardo.rapoport@up.ac.za



The Medical Oncology Centre of Rosebank Personalised Cancer Care

Background

Melanoma

- Treatment with the anti-CTLA-4 checkpoint inhibitor ipilimumab and anti-PD1 nivolumab are associated with durable remissions in patients with solid tumors.
- We describe the durable remissions associated with these agents.
- There were 19 patients treated with ipilimumab and 25 patients treated with nivolumab and 1 patient was treated with combination of ipilimumab and nivolumab. In this analysis we included patients with metastatic malignant melanoma, non-small cell lung cancer (NSCLC), renal cell carcinoma and Hodgkin's disease.

Methods

- The purpose of this analysis is to describe the durable remissions associated with ipilimumab and nivolumab on a variaty of solid tumors treated at a single centre.
- This is a retrospective data analisys from 45 patients treated either in an expanded access programme, clinical trial setting or post-registration protocol.

Results

- Total of 45 patients
- Gender (30 males/15 females).

Nivolumab group = 25 patients

- Metastatic malignant melanoma = 3
- Non-small cell lung cancer = 18
- Renal cell carcinoma = 2
- Hodgkin's disease = 2

Ipilimumab group = 19 patients

Metastatic malignant melanoma = 19

Ipilimumab + Nivolumab

Non-small cell lung cancer = 1

Number of cycles

- Nivolumab 167 cycles (median = 4, range 1-16)
- Ipilimumab 64 cycles (median = 4 cycles, range 1-4)

Metastatic malignant melanoma

- > There were 5 responses out 20 patients (25%) treated with ipilimumab including 3 patients with durable complete response (CR) of 74+, 46+ and 34+ months.
- One metastatic malignant melanoma patient treated with nivolumab has an ongoing partial response (PR) of 23 months.

Non-small cell lung cancer

In total 6 responses were documented among the 18 patients treated with nivolumab







Figure 6. Post-Ipilimumab.

Figure 4. Pre-Ipilimumab.

Melanoma Case Presentation 2





Figure 7. Pre-Ipilimumab.

Melanoma Case Presentation 3 Melanoma



Figure 9. Pre-Ipilimumab.

NSCLC

Figure 8. Post-Ipilimumab.



Figure 10. On-Nivolumab.



- (33%). One patient had a durable CR of 10+ months, a second patient had a durable PR of 18 months.
- A patient treated with the combination of ipilimumab and nivolumab had a durable PR of 12+ months.

Renal cell carcinoma

One patient treated with nivolumab has an ongoing PR of 13+ months.

Hodgkin's disease

Two heavily pretreated patients with Hodgkin's disease treated with nivolumab have very good PRs of 14+ and 13+ months.





Table 2. Overall survival.

Table 1. Ipilimumab Durable Remission.

Melanoma Case Presentation 1

Melanoma



Figure 1. Pre-Ipilimumab.



Figure 2. Pre-Ipilimumab.



Figure 3. Pre-Ipilimumab.





Figure 12. On-Ipilimumab.

Figure 11. Pre-Ipilimumab.

Renal Cell Carcinoma



Figure 13. Patient Renal Cell

Carcinoma Pre-Nivolumab.

Hodgkin's Disease



Figure 14. Patient Renal Cell

Carcinoma On-Nivolumab.







Figure 15. Patient Renal Cell Carcinoma On-Nivolumab.

Figure 16. Patient Renal Cell Carcinoma On-Nivolumab.



Figure 17. Hodgkin's disease patient Pre-Nivolumab.

Conclusions



Figure 18. Hodgkin's disease patient On-Nivolumab.

- Anti-PD1 and anti-CTLA4 antibody treatment is associated with durable remissions in patients with a variety of solid tumours.
- Among our patients durable remissions and durable responses were documented in pretreated patients with metastatic malignant melanoma, NSCLC, renal cell carcinoma and Hodgkin's disease.