Case Study:
Immunotherapy in NSCLC
• 60-70 patients with check point inhibitors
  – Clinical studies & Named patient use program
  – Many patients rapid progression
  – Many patients stabilised
  – Some patients good response

• Immediate response
• Delayed response
• Side effects
Case 1

• 45 years old woman
  – Taxi-driver
  – Children

• Diagnosed with lung cancer (adenocarcinoma) Feb 2015
  – Metastases to adrenal gland, liver and bone
  – Lost 25 kg since diagnoses
• Primary treated with standard chemotherapy
  – Carboplatinum and navelbine
  – Progression during treatment
• Referred to radiotherapy of painful bone metastases
• Upon arrival, - much pain, ECOG 2
• Palliative unit involved
• Offered PD1-inhibitor in named patient use program late June 2015

• Started treatment nivolumab

• No side effects
• Gained weight
• Reduced pain killers
• Has now received 12 cycles
• Less pain
• Has started working again
Case 2

• 60 years old man
• Diagnosed with NSCLC (adenocarcinom) summer 2014
• Primarily 3 cycles carboplatinum-navelbine
• Spring 2015: progression and started taxotere-treatment
• Progression June 2015
• Referred to us
• July: reduced performance status
• Had lost 20 kg
• No appetite
• Anemia
• Received one cycle nivolumab late July
• Thereafter reduced PS, ECOG 3, hospitalised
  Further cycles canceled
• Late September: notice of significant improvement in PS
• CT-proven reduction in tumour volume
• Weight gain
Side effects

• Woman, 60 years old, squamous cell carcinoma
• Treated with carbo-navelbine, progression
• Included in 017-study, randomised to docetaxel, received >10 cycles
• Quit due to side effects
• Cross-over to nivolumab May 2015
• Leg cramps, dehydration, electrolytes
• Admitted hospital
  – Poor condition
  – Dehydrated
  – Blood analyses indicated adrenal failure
• Received prednisolon 5 mg -> improved condition
Conclusions

• Some patients benefit from treatment
  – Immediate
  – Delayed
• Generally well tolerated
  – Serious side effects occur