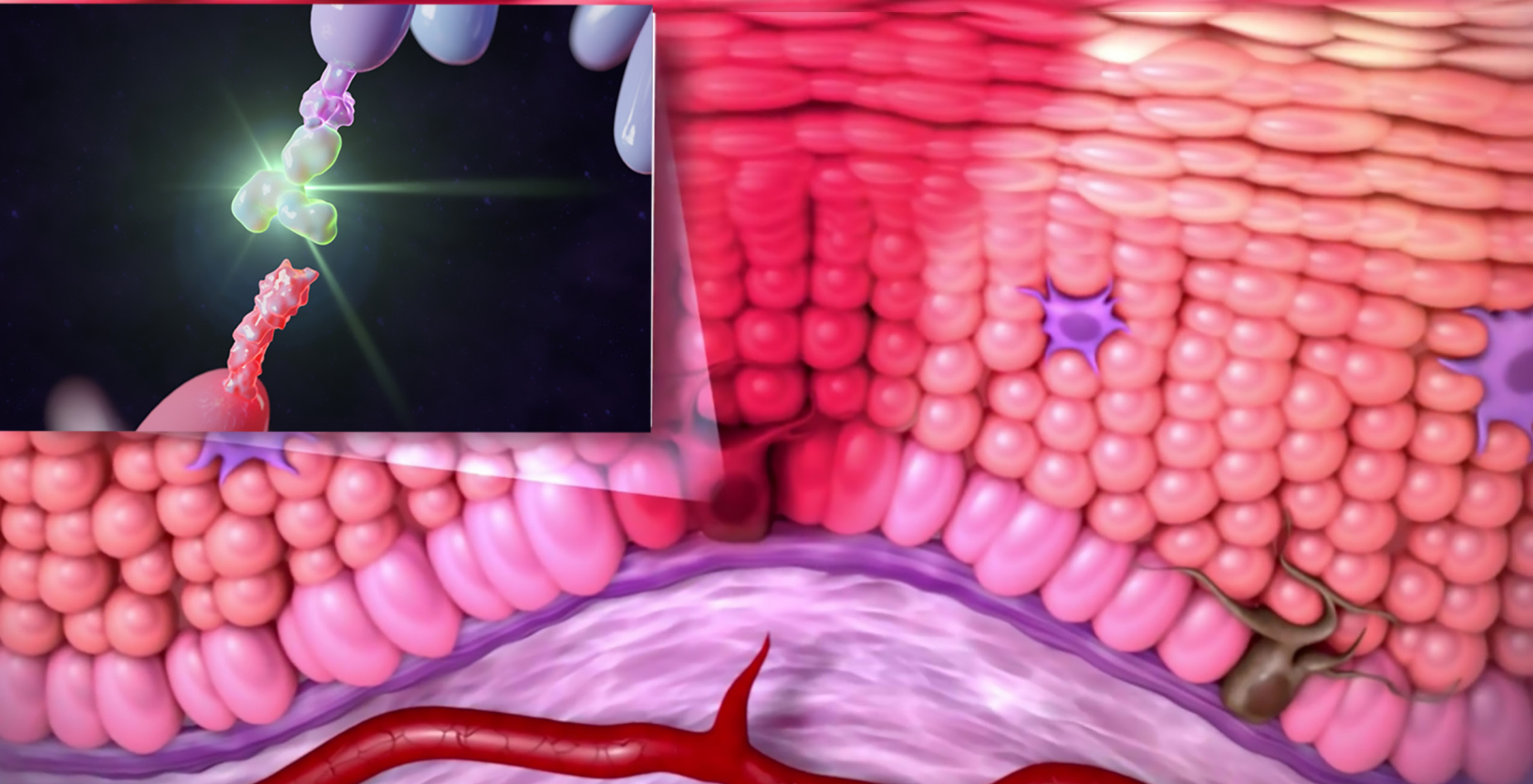




The Emerging Standard of Care:
Immunotherapy in
NON-MELANOMA SKIN CANCER

PRE-READ MATERIAL



**The Emerging Standard of Care:
Immunotherapy in
Non-Melanoma Skin Cancer**

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Disclosures

- **Dr Miller** received honoraria for participation on advisory boards for Castle Biosciences, Checkpoint Therapeutics, EMD Serono, Merck, Pfizer, Regeneron Pharmaceuticals, and Sanofi Genzyme. He has stock options from Avstera Therapeutics and Checkpoint Therapeutics. He has received research funding from ECOG-ACRIN, the American Skin Association, Kartos Therapeutics, NeoImmune Tech, Inc., Project Data Sphere, and Regeneron.
- **Dr Patel** serves as a paid consultant for Almirall, Jounce Therapeutics, PHD Biosciences, Regeneron and Sanofi. He serves on the speaker bureau for Almirall, Regeneron, and Sanofi and has ownership interest in Avstera Therapeutics, Lazarus AI, and Science 37.
- During the course of this lecture, the faculty may mention the use of medications for both US Food and Drug Administration (FDA)-approved and non-FDA-approved indications.

All relevant financial relationships have been mitigated.

This activity is supported by an independent medical education grant from
Regeneron Pharmaceuticals, Inc.

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Learning Objectives

- Discuss cutaneous squamous cell carcinoma (cSCC) tumor cell dissemination and postsurgical recurrence
- Evaluate the application of immune checkpoint inhibition (ICI) in the neoadjuvant setting of cSCC
- Review the efficacy and safety data of immunotherapy in patients with either advanced basal cell carcinoma (BCC) or advanced cSCC

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Overview of Keratinocyte Carcinomas

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Non-Melanoma Skin Cancer (NMSC)

- Basal cell carcinoma
 - Most common skin cancer
 - About 80% of all skin cancers
 - Increasing rates, particularly in young women due to tanning
- Cutaneous squamous cell cancer
 - Second most common form of skin cancer
 - Lifetime risk of 9% to 14% for men and 4% to 9% for women
- **About 64,000 people worldwide die of NMSC every year**

Sung H, et al. CA Cancer J Clin. 2021;71:209-249. Verhulstereen JAC, et al. Br J Dermatol. 2017;177:359-372. Olsen CM, et al. Aust N Z J Public Health. 2015;39:471-476. Karia PS, et al. J Am Acad Dermatol. 2013;68:927-936. Washberg AS, et al. Dermatol Surg. 2007;23:985-989. Alim M, et al. J Am Acad Dermatol. 2018;79(3):560-576.

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Ineligible for Surgery or Radiation Therapy

>98% are treated surgically.

cSCC patient population

~1% to 3% are ineligible for surgery/RT.

- 13% have incomplete excision
- ~5% will experience recurrence, depending on tumor characteristics, as well as surgical approach/outcomes

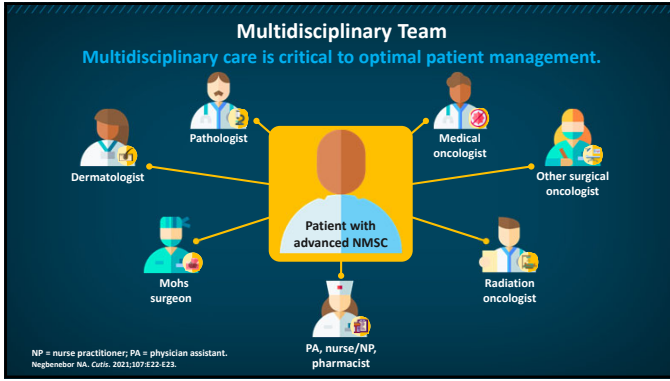
Poor outcomes

Previously, no FDA-approved therapies

Small population, great medical need

RT = radiation therapy. Hauschild A. European Society for Medical Oncology (ESMO). E-learning module on cSCC. 2022 [https://oncology.esmo.org/education-library/esmo-e-learning-and-e-learning/autaneous-squamous-cell-carcinomas-csc]. Access 5.1.2023. Schmults CD, et al. JAMA Dermatol. 2013;149:541-547. Rowe DE, et al. J Am Acad Dermatol. 1992;26:976-990.

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The Need for a Multidisciplinary Approach

- Advanced cSCC and BCC (particularly locally advanced) are multifaceted
- Wide range of presentations and responses to treatment
- Requires skills and expertise across many subspecialists who need to work in coordination
- Patient perspective is important to ensure treatment choices match patient goals of therapy

BCC = basal cell carcinoma; cSCC = cutaneous squamous cell carcinoma.
Nagelhorst NA. *Cutis*. 2021;107:422-423.

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