Original Abstract

CemiSkin – First interim analysis of a two-cohort registry study for patients with advanced cutaneous squamous cell carcinoma (CSCC) treated with cemiplimab or other approaches

R. Gutzmer[1], A. Geusau[2], M. Heppt[3], U. Leiter[4], O. Guntinas-Lichius[5], P. Dücker[6], J. Utikal[7], C.Loquai[8], S. Grabbe[9], P. Terheyden[10], F. Ziller[11], B. Tschechne[12], M. Gschnell[13], P. Mohr[14], L. Heinzerling[15], I. Grimmelmann[16], E. Dippel[17], JC. Hassel[18], M. Kaatz[19], JC. Simon[20], MO. Zahn[21], J. Ulrich[22], T. Gambichler[23], J. Welzel[24], E. Ramelyte[25], M. Weichenthal[26]

Backround and Rationale

Cutaneous squamous cell carcinoma (CSCC) is one of the most frequently diagnosed skin cancers worldwide. When detected early, the vast majority of patients with CSCC have a good prognosis. However, when CSCC has progressed to advanced stages (advanced CSCC), it is difficult to treat. Until recently, no standard treatment for advanced CSCC was established and tumours are mainly managed surgically or with radiotherapy alone or in combination with chemotherapy when curative surgery is not possible.

Cemiplimab (LIBTAYO®) was approved by the EMA in June 2019 for patients with advanced CSCC who are not eligible for curative surgery or curative radiation.

Given the profound shift in the therapy options for advanced CSCC with the approval of cemiplimab, it is important to gain a better understanding of the changing treatment paradigms of these patients. Within this study, data before and after the approval of cemiplimab will be gathered to allow for an assessment of therapy outcomes in a real-world setting.

Study Design

CemiSkin is an observational, international, multicenter study in Germany, Austria and Switzerland with two cohorts (prospective and retrospective) of adult patients with advanced CSCC. The prospective cohort includes cemiplimab treated patients under routine conditions. Patients will be followed for 36 months and data will be documented pseudonymously. Within the retrospective cohort, data of patients with a first diagnosis of advanced CSCC between January 2012 and August 2019 will be analysed. The primary objective for both cohorts is time to next treatment. Secondary objectives include health related outcomes such as objective response rate, progression-free and overall survival, treatment patterns and safety data. Furthermore, quality of life using the EORTC QLQ-C30 questionnaire will be assessed in the prospective cohort. Planned sample size is 400 patients (200 patients in each cohort).

Study Status

The first patient was enrolled in March 2021. As of 22 April, 2022, 24 German and 1 Austrian study sites (clinic and office-based physicians) of 50 planned study sites (40 in Germany, 5 each in Austria and Switzerland) included 35 prospective and 50 retrospective patients. Data from the first interim analysis one year after first patient in will be presented here.

This study was funded by Sanofi and carried out in cooperation with the registry of the Dermatologic Cooperative Oncology Group (DeCOG).

Zusammenfassung

CemiSkin – Erste Interimsanalyse einer Beobachtungsstudie für Patient*innen mit fortgeschrittenem kutanen Plattenepithelkarzinom (CSCC), die mit Cemiplimab oder anderen Therapien behandelt werden

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Hintergrund

Der PD-1-Inhibitor Cemiplimab wurde im Juni 2019 von der EMA zugelassen und ist damit die erste zugelassene Immuntherapie für Patient*innen mit fortgeschrittenem kutanen Plattenepithelkarzinom (CSCC), bei denen eine kurative Operation oder kurative Strahlentherapie nicht in Betracht kommt. Zuvor gab es keine zugelassene systemische Behandlung. Im Rahmen dieser Studie werden Daten für die Therapie des fortgeschrittenen CSCC vor und nach der Zulassung von Cemiplimab erfasst, um ein besseres Verständnis der veränderten Therapielandschaft sowie eine Beurteilung der Behandlungsergebnisse unter realen Bedingungen zu ermöglichen.

Methoden

CemiSkin ist eine internationale, multizentrische Beobachtungsstudie in Deutschland, Österreich und der Schweiz mit zwei Kohorten (prospektiv und retrospektiv) von erwachsenen Patient*innen mit fortgeschrittenem CSCC. Die prospektive Kohorte umfasst mit Cemiplimab behandelte Patient*innen unter Routinebedingungen. Im Rahmen der retrospektiven Kohorte werden Daten von Patient*innen mit einer Erstdiagnose von lokal fortgeschrittenem oder metastasiertem CSCC zwischen Januar 2012 und August 2019 analysiert.

Primäres Ziel:

- Zeit bis zur nächsten Behandlung

Sekundäre Ziele:

- Objektive Ansprechrate (ORR)
- Progressionsfreies Überleben (PFS)
- Gesamtüberleben (OS)
- Behandlungsmuster
- Sicherheit und Verträglichkeit
- Lebensqualität

Status der Studie

Zum Stichtag (02.08.2022) waren 106 von 400 geplanten Patient*innen (26,5 %) in 29 Studienzentren in die Studie eingeschlossen.
Für die Interimsanalyse wurden 47 Patient*innen aus der prospektiven und 49 Patient*innen aus der retrospektiven Kohorte ausgewertet.

Fazit

- Die Mehrheit der Patient*innen in beiden Kohorten war männlich und das Durchschnittsalter lag bei über 79 Jahren. Das CSCC war hauptsächlich im Kopf-/Hals-Bereich lokalisiert. Mehr als 60 % der Patient*innen in jeder Kohorte hatten ein lokal fortgeschrittenes (Ia)CSCC.
- Die Patient*innen- und Tumor-Charakteristika der hier eingeschlossenen Patient*innen sind repräsentativ für eine reale Patientenpopulation mit fortgeschrittenem CSCC.
- Die noch ausstehende Analyse der Therapiemodalitäten und -ergebnisse wird ein besseres Verständnis der veränderten Therapielandschaft bei der Behandlung von Patient*innen mit fortgeschrittenem CSCC ermöglichen.

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WISSENSCHAFTLICHE INFORMATION

CSCC kutanes Plattenepithelkarzinom

CEMIPLIMAB beim CSCC

ADO 2022

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All data based on 1st interim analysis

Background and Rationale

- Cutaneous squamous cell carcinoma (CSCC) is one of the most frequently diagnosed skin cancers worldwide [1]. The lifetime risk for developing CSCC is estimated to be 7-11%, with dramatic increases observed over recent decades [2].
- The PD-1 inhibitor Cemiplimab was the first approved immunotherapy for patients with advanced CSCC who are not candidates for curative surgery or curative radiation (approval by the EMA in June 2019).
- The approval of Cemiplimab marked a drastic shift in the therapy options for advanced CSCC, for which no approved systemic treatment existed previously [3].
- Gathering data in the time-frame before and after the approval of Cemiplimab for the therapy of advanced CSCC will allow a better understanding of the changing paradigms and therapy outcomes in treatment of these patients in a real-world setting.

Study Design

- Observational, international, multicenter study in Germany (GER), Austria (AT), and Switzerland (CH) with two cohorts of adult patients with advanced CSCC
  - Retrospective cohort: Data of patients with a first diagnosis of advanced CSCC between January 2012 and August 2019
  - Prospective cohort: Cemiplimab-treated patients under routine conditions
- Primary objective: Time to next treatment, secondary objectives: health-related outcomes such as objective response rate, progression-free and overall survival, treatment patterns and safety data; quality of life
- Planned number of 50 study sites (GER: 40 sites; A: 5 sites; CH: 5 sites)
- Figure 1 summarizes the course of the study

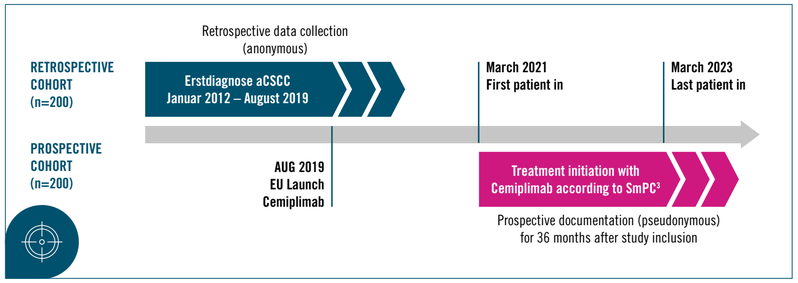

Figure 1: ***Study outline***

References: 1. Hillen et al., Eur J Cancer, 96: 34–43, 2018; **2.** Miller DL and Weinstock MA. J Am Acad Dermatol. 1994; 30:774-778; **3.** Summary of product characteristics LIBTAYO® (Cemiplimab), as of July 2022.

AT, Austria; CH; Switzerland; CSCC, cutaneous squamous cell carcinoma; ECOG, Eastern Cooperative Oncology Group; FAS, full analysis set; FPI, first patient in; GER, Germany; laCSCC, locally advanced CSCC; LPI, last patient in; mCSCC, metastatic CSCC; pts, patients; SD, standard deviation; SmPc, summary of product characteristics.

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(Alcedis GmbH, Gießen, Deutschland).

Study Status

- At the cut-off date (02.08.2022), 106 of 400 planned pts (26.5 %) had been enrolled in 29 study sites. Figure 2 shows the number of enrolled patients per site. The following centers are open but have not enrolled pts yet: Bayreuth, Halle (Saale), Hamburg, Gießen, Greifswald, Kiel, Landshut, Münster, Nürnberg, Oberhausen, Rostock, Zwickau. For the interim analysis, 47 pts in the prospective and 49 pts in the retrospective cohort were evaluated in the FAS.

Figure 2: ***Enrolled prospective and retrospective patients per site.***
All open sites are shown. * Neustadt am Rübenberge

Results

- Patient and tumor characteristics

	Prospective cohort		Retrospective cohort	
	mCSCC (n = 13)	laCSCC (n = 34)	mCSCC (n = 19)	laCSCC (n = 30)
Age at diagnosis of primary tumor (years)				
Mean ± SD	78.08 ± 7.20	79.32 ± 9.86	75.63 ± 13.54	77.78 ± 10.01
Median (range)	81.00 (68-89)	82.00 (55-96)	79.00 (45-91)	78.00 (60-100)
Sex, N (%)				
Male	10 (76.92)	28 (82.35)	14 (73.68)	28 (93.33)
Female	3 (23.08)	6 (17.65)	5 (26.32)	2 (6.67)
ECOG at primary diagnosis, N (%)				
Grade 0	8 (61.54)	13 (38.24)	9 (47.37)	15 (50.00)
Grade 1	2 (15.38)	5 (14.71)	0 (0.00)	3 (10.00)
Grade 2	1 (7.69)	4 (11.76)	2 (10.53)	0 (0)
Grade ≥ 3	0 (0)	1 (2.94)	0 (0)	4 (13.33)
Unknown	2 (15.38)	11 (32.35)	8 (42.11)	8 (26.67)
Tumor localization at baseline diagnosis (prospective)/index* date (retrospective), N (%)				
Head/Neck	10 (76.92)	27 (72.97)	10 (52.63)	20 (66.67)
Ear/Lip	1 (7.69)	4 (10.81)	5 (26.32)	9 (30.00)
Trunk/Arm/Hand/Leg/Foot	2 (15.38)	3 (8.11)	3 (15.79)	1 (3.33)
Unknown primary site	0 (0)	0 (0)	1 (5.26)	0 (0)
Metastase type, N (%)				
Locoregional	7 (53.85)	5 (14.71)	7 (36.84)	6 (20.00)
Distant	2 (15.38)	3 (8.82)	5 (26.32)	1 (3.33)
Locoregional and distant	4 (30.77)	0 (0)	7 (36.84)	0 (0)
Not applicable	0 (0)	26 (76.47)	0 (0)	23 (76.67)
Immunosuppression at timepoint of Cemiplimab start, N (%)				
Yes	1 (7.69)	2 (5.88)	-	-
No	9 (69.23)	25 (73.53)	-	-
Missing	3 (23.08)	7 (20.59)	-	-

* For the retrospective cohort index date is defined as follows: Pts with at least one systemic therapy = day of start of first systemic therapy. Pts without systemic therapy = day of primary diagnosis of advanced CSCC.

Conclusion

- For this interim analysis, 47 and 49 patients enrolled in 29 centers in the prospective and retrospective cohort, respectively, were analyzed.
- The great majority of pts in both cohorts were male and the median age was above 79 years. Localization of CSCC was mainly head/neck. More than 60 % of pts in each cohort had laCSCC.
- Patient and tumor characteristics of the enrolled patients are representative of a real-world population of advanced CSCC patients.
- Pending analysis of treatment modalities and outcomes will allow a better understanding of the changing paradigms in the treatment of patients with advanced CSCC.

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