



LOW DOSE NIVOLUMAB WITH METRONOMIC CHEMOTHERAPY FOR ADVANCED/METASTATIC HEAD AND NECK CANCERS: RETROSPECTIVE AUDIT FROM A TERTIARY CANCER CENTER

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BACKGROUND

- Immunotherapy (IO) is recommended with or without chemotherapy for advanced or metastatic head and neck squamous cell carcinoma (HNSCC). However, less than 5-10% of the eligible patients receive it owing to financial constraints.
- Clinical trial with low dose nivolumab (LD-NIVO) with metronomic chemotherapy (MCT) has yielded improved survival*
- We intend to report our clinical experience of palliative LD-NIVO + MCT in HNSCC.

METHODS

- We conducted a retrospective review of cohort of advanced or metastatic HNSCC (n=20) treated between January 2023-January 2024 with palliative intent LD-NIVO plus MCT.
- Nivolumab was given at a flat dose of 40 mg monthly along with MCT (methotrexate 10 mg/m² daily, celecoxib 200 mg twice a day and either Gefitinib 250 mg or Erlotinib 150 mg once a day).
- MCT was given continuously without any break. Patients were evaluated with clinical examination and monthly hematological investigations.
- Response assessment was done with contrast enhanced CT scan at 2-3 monthly interval.
- Acute toxicities were graded with CTCAE version 5.0.
- Endpoints observed were overall response rates (ORR), progression free survival (PFS) and overall survival (OS).

RESULTS

- Patient characteristics are summarised in table 1
- Grade 3 or higher anemia, neutropenia, thrombocytopenia, fatigue, rash, hyponatremia and hypothyroidism were observed in 14%, 5%, 5%, 9%, 15%, 17% and 5% respectively.
- Complete response, partial response, stable disease, progressive disease was noted in 5% (n=1), 45% (n=11), 30% (n=6) and 20% (n=4) respectively.
- Median PFS and OS was 5.5 months and 13.5 months respectively.

RESULTS

Patient Characteristics	Number of Patients (N=20)
Male : Female	15: 5
<u>Primary site :</u>	
Oral cavity	10
Oropharynx	04
Hypopharynx	03
Larynx	03
<u>Stage Distribution</u>	
IVA	12
IVB	08
<u>Treatment history</u>	
No. Patients received radiotherapy ± chemotherapy	15(75%)

Table 1 : Patient characteristics

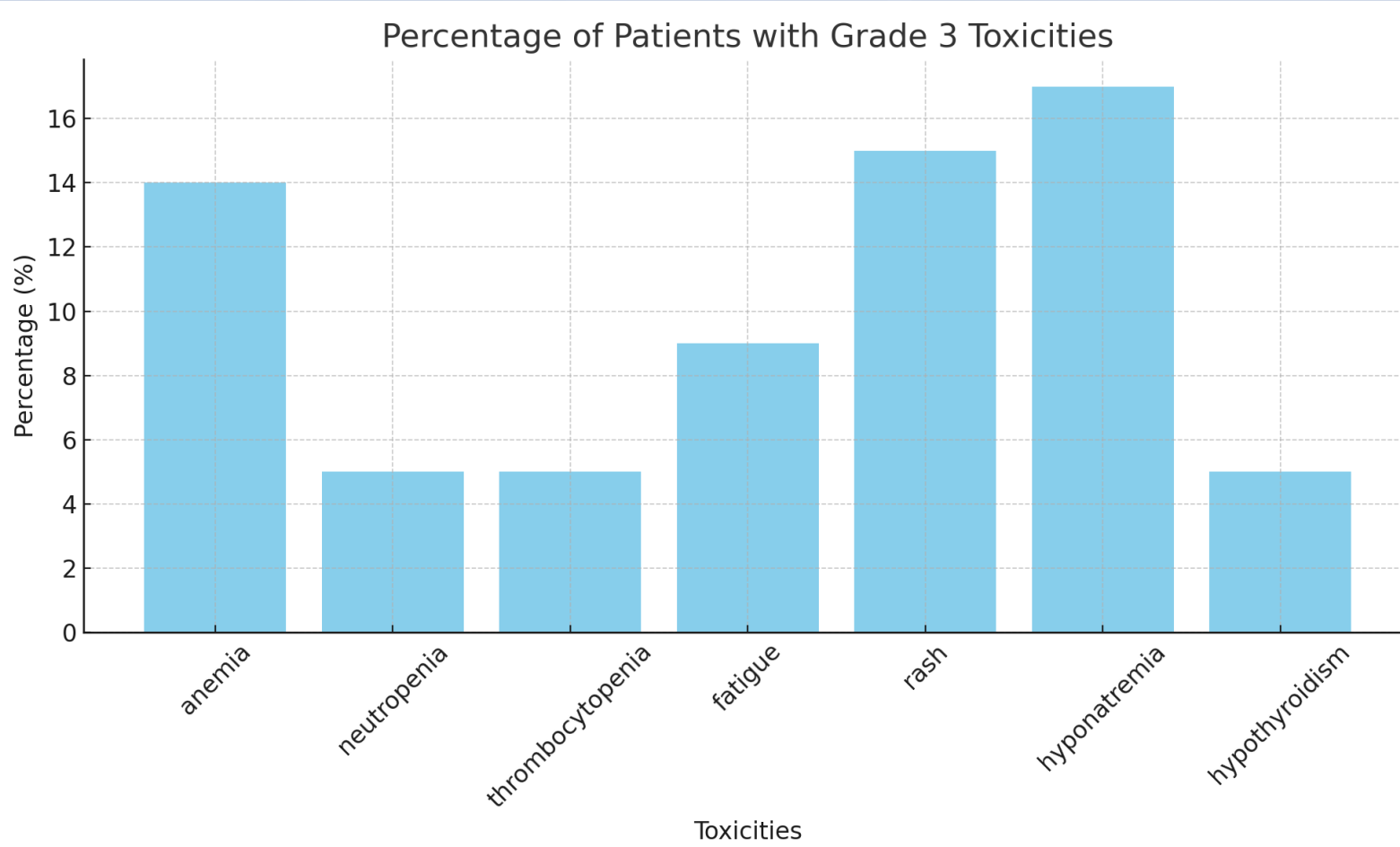


Figure 1: Demonstrates Grade 3 toxicities in the Current cohort of patients with most common being hematological toxicities

CONCLUSIONS

- LD-NIVO plus MCT in advanced/metastatic HNSCC was well tolerated in our cohort of patients with promising response rates and survival.
- This real-world data suggests the potential for this regimen to be effective and safe

REFERENCES

*Low-Dose Immunotherapy in Head and Neck Cancer: A Randomized Study. J Clin Oncol. 2023 Jan 10;41(2):222-232