What I Tell My Patients: Integrating New Research Information into Current Clinical Care

A Complimentary NCPD Hybrid Symposium Series Held During the 49th Annual ONS Congress

Head and Neck Cancer

Friday, April 26, 2024
6:00 AM – 7:30 AM

Faculty

Meetal Dharia, NP-C, AOCNP
Robert L Ferris, MD, PhD
Robert Haddad, MD
Lynsey P Teulings, APRN

Moderator

Neil Love, MD

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Faculty

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Institute Physician
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Professor of Medicine
Harvard Medical School
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Nurse Practitioner
Head and Neck Medical Oncology
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New Haven, Connecticut

Moderator

Neil Love, MD
Research To Practice
Miami, Florida

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Ms Dharia — Disclosures

No relevant conflicts of interest to disclose

Dr Ferris — Disclosures

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Clinical Trial, Research Funding	Bristol Myers Squibb

Dr Haddad — Disclosures

No relevant conflicts of interest to disclose

Ms Teulings — Disclosures

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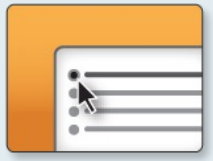
Clinicians in the Meeting Room

Networked iPads are available.

Review Program Slides: Tap the Program Slides button to review speaker presentations and other program content.



Answer Survey Questions: Complete the pre- and postmeeting surveys. Survey questions will be discussed throughout the meeting.

Ask a Question: Tap Ask a Question to submit a challenging case or question for discussion. We will aim to address as many questions as possible during the program.

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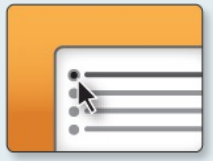

Answer Survey Questions: Complete the pre- and postmeeting surveys. Survey questions will be discussed throughout the meeting.

Ask a Question: Submit a challenging case or question for discussion using the Zoom chat room.

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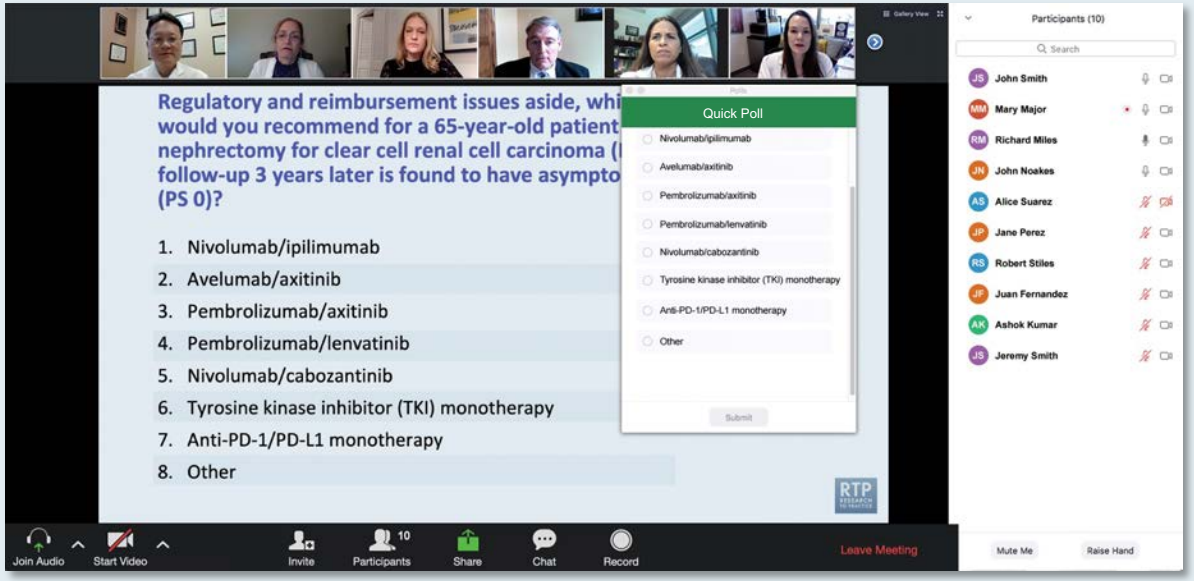
Clinicians, Please Complete the Pre- and Postmeeting Surveys



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About the Enduring Program

- The live meeting is being video and audio recorded.
- The proceedings from today will be edited and developed into an enduring web-based video/PowerPoint program.
  An email will be sent to all attendees when the activity is available.
- To learn more about our education programs, visit our website, **www.ResearchToPractice.com**

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“What I Tell My Patients”
Sixteenth Annual RTP-ONS NCPD Symposium Series

Wednesday April 24	**Hormone Receptor–Positive Breast Cancer** 6:00 PM – 8:00 PM ET
Thursday April 25	**Endometrial Cancer** 6:00 AM – 7:30 AM ET
	Antibody–Drug Conjugates 12:15 PM – 1:45 PM ET
	Chronic Lymphocytic Leukemia and Bispecific Antibodies in Lymphoma 6:00 PM – 8:00 PM ET
Friday April 26	**Head and Neck Cancer** 6:00 AM – 7:30 AM ET
	Non–Small Cell Lung Cancer with an EGFR Mutation 12:15 PM – 1:45 PM ET
	Ovarian Cancer 6:00 PM – 7:30 PM ET
Saturday April 27	**Hepatobiliary Cancers** 6:00 AM – 7:30 AM ET
	Myelofibrosis 12:15 PM – 1:45 PM ET
	Gastroesophageal and Colorectal Cancers 6:00 PM – 8:00 PM ET
Wednesday, May 1	**LIVE WEBINAR — Prostate Cancer** 7:00 PM – 8:00 PM ET

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Consulting Nurse Faculty

Jacqueline Broadway-Duren, PhD, DNP, APRN, FNP-BC
The University of Texas
MD Anderson Cancer Center
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Kathleen D Burns, RN, MSN, AGACNP-BC, OCN
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Baltimore, Maryland

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Rochester, Minnesota

Tiffany A Richards, PhD, ANP-BC, AOCNP
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MD Anderson Cancer Center
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https://www.ResearchToPractice.com/ONS2024Clips

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Introduction

Module 1: Biology of and Multidisciplinary Treatment Approach to Head and Neck Cancer

Module 2: Local Treatment for Head and Neck Cancer

Module 3: Emerging Treatment Strategies for Head and Neck Cancer

Module 4: Immunotherapy for Head and Neck Cancer

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Module 4: Immunotherapy for Head and Neck Cancer

Consulting Nursing Faculty Comments

Assessing the family/friend support system

Tiffany A Richards, PhD, ANP-BC, AOCNP

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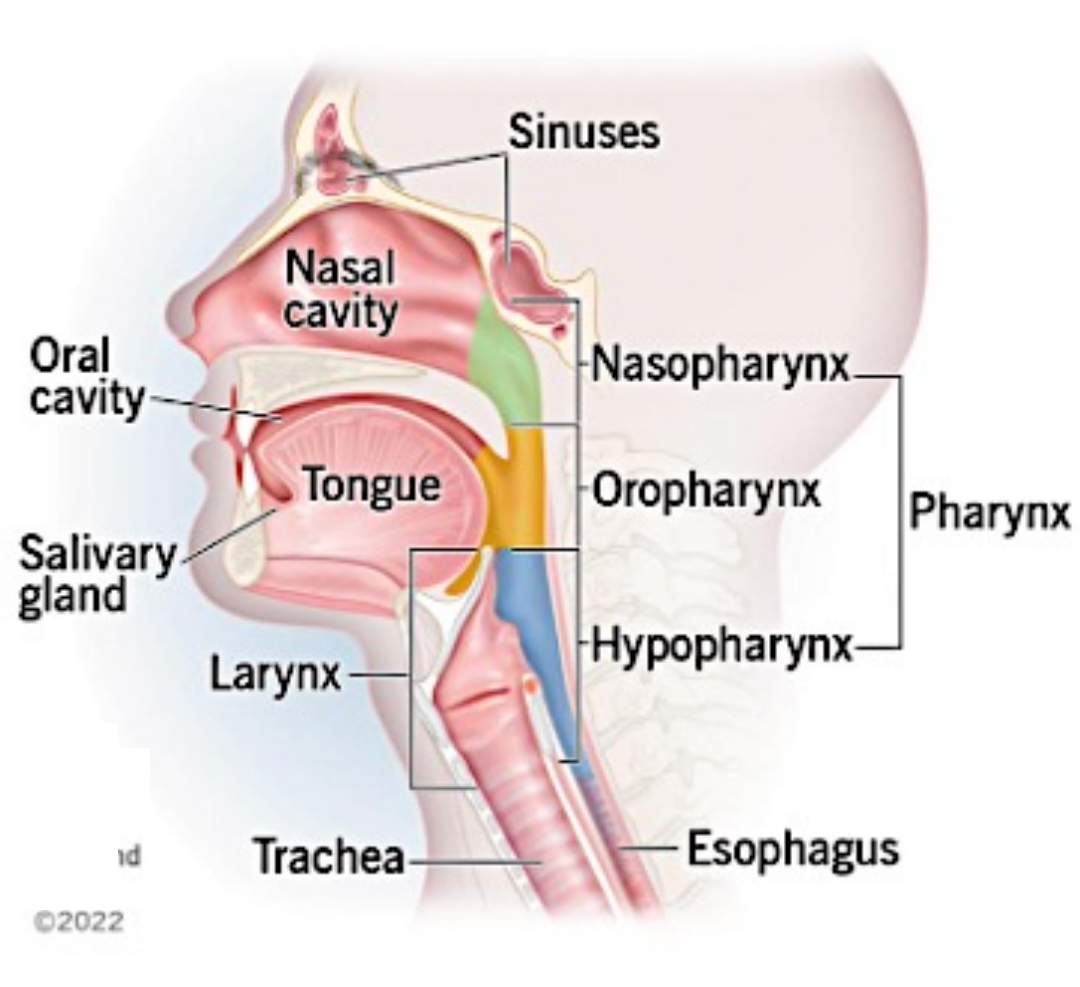
The Biology of Head and Neck Cancer

Dr Ferris
Pittsburgh, PA

Dr Haddad
Boston, MA

- **Anatomic locations in which head and neck cancer can occur (eg, larynx/hypopharynx, nasal cavity/paranasal sinus, nasopharynx, oral cavity/oropharynx, salivary gland); implications of primary tumor location for treatment planning**
- **Staging of head and neck cancer; significance of disease stage for prognosis and treatment**
- **Role of certain viruses, such as the human papillomavirus (HPV) and the Epstein-Barr virus, in head and neck cancer pathogenesis; ramifications of HPV status, if any, for patient outcomes and therapeutic decision-making**
- **Other risk factors for the development of head and neck cancer, such as tobacco use, heavy alcohol consumption, environmental or occupational inhalants and radiation exposure**

Head and Neck Cancer Regions and Staging



Definition of TNM				Stage groupings		
Stage I	T1	Tumor ≤ 2 cm in greatest dimension without extraparenchymal extension	N0	N0- No regional lymph node metastasis	T1	N0 M0
Stage II	T2	Tumor ≥ 2 cm but not more than 4 cm in greatest dimension without extraparenchymal extension	N0	N0- No regional lymph node metastasis	T2	N0 M0
Stage III	T3	Tumor ≥ 4 cm and/or tumor having extraparenchymal extension	N1 ≤3 cm	N1- Metastasis in a single ipsilateral lymph node, ≤ 3 cm in greateast dimension	T3 T1 T2 T3	N0 M0 N1 M0 N1 M0 N1 M0
Stage IVA	T4a	Tumor invades skin, mandible, ear canal, and or fascial nerve	N2 ≤6 cm	N2a- Metastasis in a single ipsilateral lymph node, >3 cm but ≤6 cm N2b- Metastasis in a multiple ipsilateral lymph node, none >6 cm N2c- Metastasis in a bilateral or contralateral lymph nodes, none >6 cm	T4a T4a T1 T2 T3 T4a	N0 M0 N1 M0 N2 M0 N2 M0 N2 M0 N2 M0
Stage IVB	T4b	Tumor invades skull base and/or pterygoid plates and/or encases carotid artery	N3 >6 cm	N3- Metastasis in a lymph node >6 cm in greatest dimension	T4b Any T	Any N M0 N3 M0
Stage IVC			M1		Any T	Any N M1

https://www.cancer.gov/types/head-and-neck/head-neck-fact-sheet;
https://my.clevelandclinic.org/health/diseases/14458-head-and-neck-cancer;
Khan SR et al. *Heliyon* 2023 May;9(5):e15894.

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Lynsey P Teulings, APRN

What I tell my patients who are experiencing guilt/stigma about a diagnosis of head and neck cancer associated with HPV, tobacco use or alcohol consumption

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Head and Neck Cancers: Common Demographics and Clinical Characteristics

Cancer Site	Oral Cavity	Oropharynx	
		HPV(-)	HPV(+)
Demographics[5]	• Smoker/drinker • Older • More African-Americans • Lower SES • Lower education	• Smoker/drinker • Older • More African-Americans • Lower SES • Lower education	• Nonsmoker • Male • Younger • Caucasian • Multiple partners • Higher SES • Higher education
Common Locations[6]	• Oral Tongue	• Pharyngeal wall • Soft Palate	• Tonsil • Base of tongue
Common Presentations[6]	• Soreness with red or white spots	• Sore throat • Dysphagia • Otalgia	• Painless neck mass

https://www.headandneck.org/hpvthroatcancerstaging/

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The Multidisciplinary Treatment of Head and Neck Cancer

Dr Ferris
Pittsburgh, PA

Dr Haddad
Boston, MA

- **Importance of interdisciplinary coordination in formulating a treatment plan for patients with head and neck cancer**
- **Role of various specialists, such as surgeons, radiation oncologists, medical oncologists, nurses, dentists, speech therapists and nutritionists, in the care of patients with head and neck cancer**
- **Indications for surgery in head and neck cancer; types of surgical procedures employed for various disease subtypes**
- **Rationale for the use of radiation therapy and/or chemotherapy as adjuvant or neoadjuvant treatment for head and neck cancer in patients undergoing surgery or as primary therapy for those with potentially curable disease who are not surgical candidates**

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The Potential Short- and Long-Term Effects of Surgery for Head and Neck Cancer

Dr Ferris
Pittsburgh, PA

Dr Haddad
Boston, MA

- **Educating patients regarding wound care, potential need for feeding or tracheostomy tubes and, if applicable, tracheostomy care**
- **Potential for xerostomia, trismus, dysphagia, cranial nerve dysfunction, dental problems and other long-term effects in patients undergoing head and neck cancer surgery; appropriate interventions for each**
- **Likelihood of altered dietary intake among patients with head and neck cancer; strategies to address weight loss, dehydration and nutritional deficiencies**
- **Counseling patients who are struggling with the cosmetic outcomes of head and neck cancer surgery; role of and coordination with cosmetic surgeons and mental healthcare professionals**

Meetal Dharia, NP-C, AOCNP

What I tell my patients with head and neck cancer about strategies to maintain adequate nutrition

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Radiation Therapy and Chemotherapy Side Effects

Dr Ferris
Pittsburgh, PA

Dr Haddad
Boston, MA

- **Spectrum of adverse effects associated with radiation therapy (eg, fatigue, hearing loss, dysphagia, xerostomia, carotid stenosis, hypothyroidism, strictures, fistula formation, osteoradionecrosis)**
- **Potential for common and serious side effects with chemotherapy; appropriate monitoring strategies and patient education regarding when to contact the care team**
- **Relative timing of radiation therapy- and chemotherapy-associated toxicities**
- **Available supportive management strategies for side effects associated with radiation therapy and chemotherapy**

Lynsey P Teulings, APRN

What I tell my patients who are about to receive adjuvant chemotherapy with or without radiation therapy for head and neck cancer

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Consulting Nursing Faculty Comments

Listening to patients

Jacqueline Broadway-Duren, PhD, DNP, APRN, FNP-BC

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Emerging Treatment Strategies Aimed at Improving Outcomes Associated with Localized or Locally Advanced Head and Neck Cancer

Dr Ferris
Pittsburgh, PA

Dr Haddad
Boston, MA

- **Long-term outcomes observed with the traditional treatment paradigm for localized or locally advanced head and neck cancer; proportion of patients with locally advanced disease who develop locoregional recurrence or distant metastases**
- **Educating patients regarding the potential advantages of participating in a clinical research study of a novel investigational strategy**
- **Scientific justification for targeting inhibitors of apoptosis proteins for locally advanced SCCHN; mechanism of action of xevinapant**

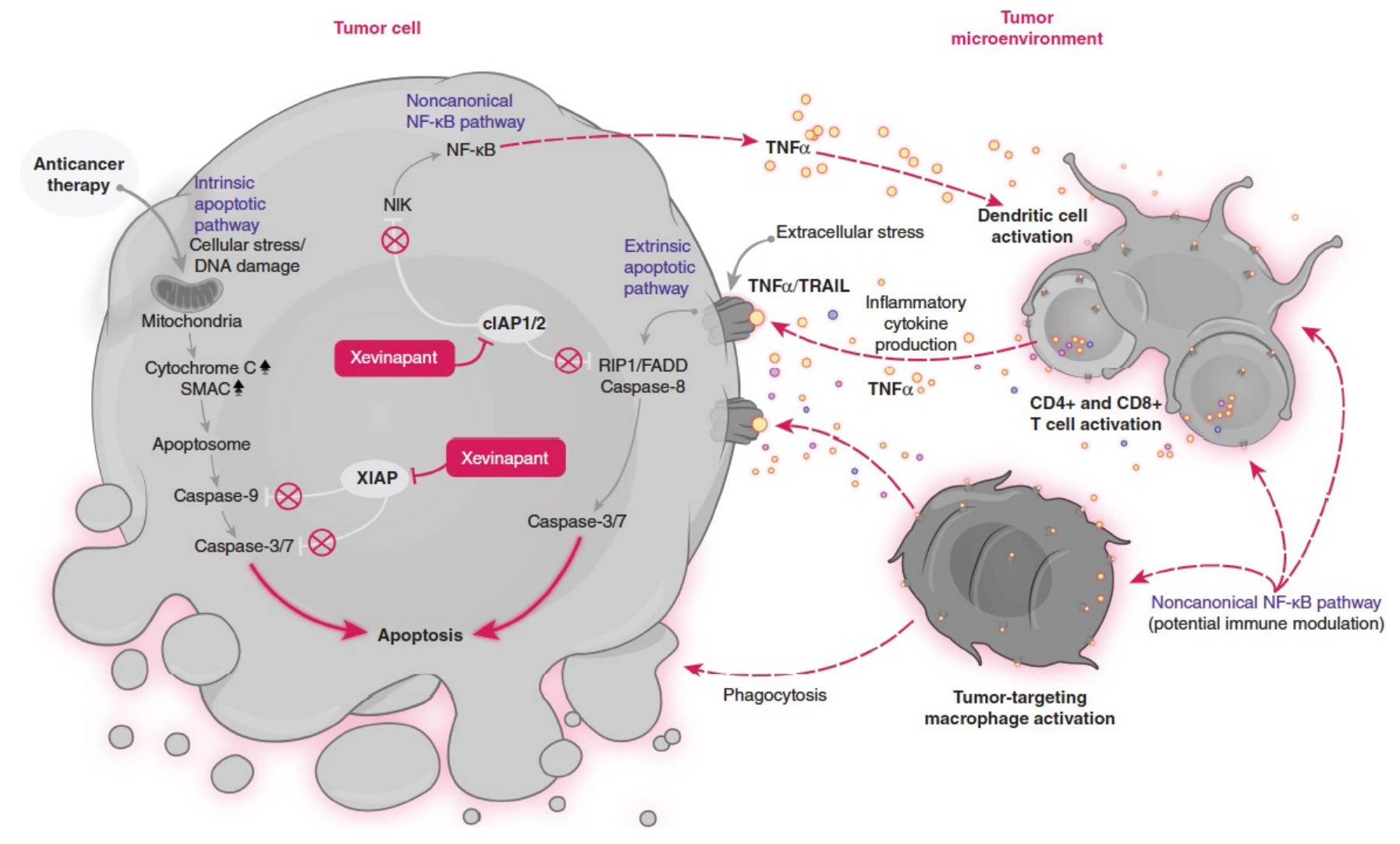
Emerging Treatment Strategies Aimed at Improving Outcomes Associated with Localized or Locally Advanced Head and Neck Cancer

Dr Ferris
Pittsburgh, PA

Dr Haddad
Boston, MA

- **Reductions in the risk of locoregional recurrence, disease progression and death observed with the addition of xevinapant to chemoradiation therapy among patients with locally advanced SCCHN in early clinical trials**
- **Ongoing and planned Phase III studies of xevinapant for locally advanced SCCHN; estimated completion dates**

Xevinapant: Proposed Mechanism of Action



Xevinapant is thought to:

- Restore apoptosis in cancer cells by blocking XIAP and cIAP1/2, leading to activation of caspases downstream of the intrinsic mitochondrial and extrinsic TNF receptor signaling pathways
- Enhance the inflammatory antitumor response in immune cells of the tumor microenvironment by activating noncanonical NF-κB signaling through blocking of cIAP1/2 downstream of the TNF receptor

Ferris RL et al. *Future Oncol* 2024 April;20(12):739-48.

Xevinapant

Mechanism of action

- First-in-class oral IAP (inhibitor of apoptosis protein) blocker

Indication

- Investigational

Key clinical trial

- Phase III XRAY VISION trial evaluating xevinapant versus placebo added to radiation therapy for high-risk patients with resected locally advanced SCCHN who are ineligible to receive cisplatin-based chemoradiation concurrently

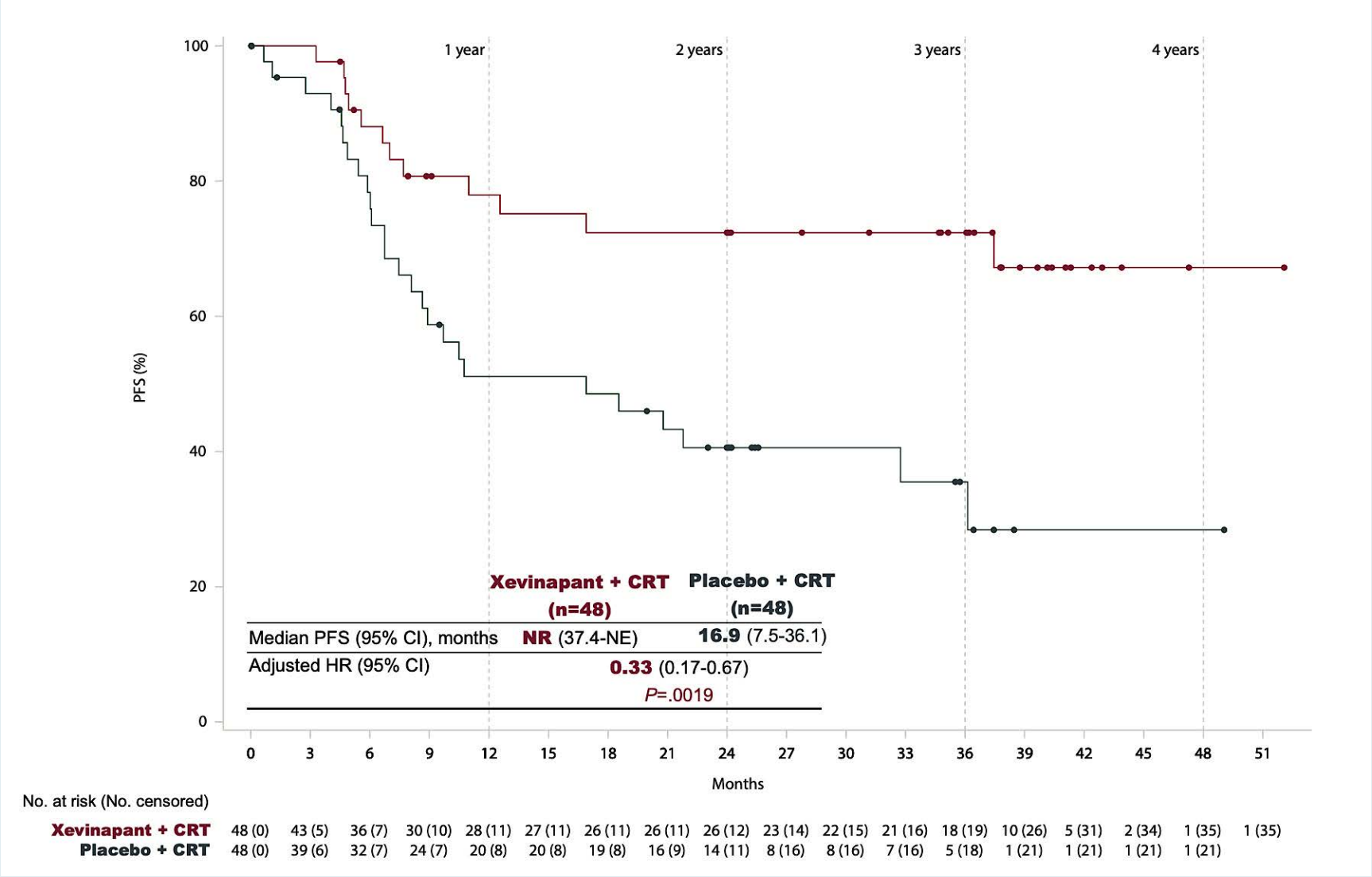
www.clinicaltrials.gov. NCT05386550. Accessed April 2024.

Extended follow-up of a phase 2 trial of xevinapant plus chemoradiotherapy in high-risk locally advanced squamous cell carcinoma of the head and neck: a randomised clinical trial

Yungan TAO [a,1], Xu-Shan Sun [b,1], Yoann Pointreau [c], Christophe Le Tourneau [d], Christian Sire [e], Marie-Christine Kaminsky [f], Alexandre Coutte [g], Marc Alfonsi [h], Benôit Calderon [h], Pierre Boisselier [i], Laurent Martin [j], Jessica Miroir [k], Jean-Francois Ramee [l], Jean-Pierre Delord [m], Florian Clatot [n], Frederic Rolland [o], Julie Villa [p], Nicolas Magne [q], Olgun Elicin [r], Elisabeta Gherga [b], France Nguyen [a], Cédrik Lafond [c], Guillaume Bera [e], Valentin Calugaru [s], Lionnel Geoffrois [f], Bruno Chauffert [g], Lars Damstrup [t], Philippa Crompton [t], Abdallah Ennaji [t], Kathrin Gollmer [t], Heidi Nauwelaerts [t], Jean Bourhis [u,*]

Eur J Cancer **2023;183:24-37.**

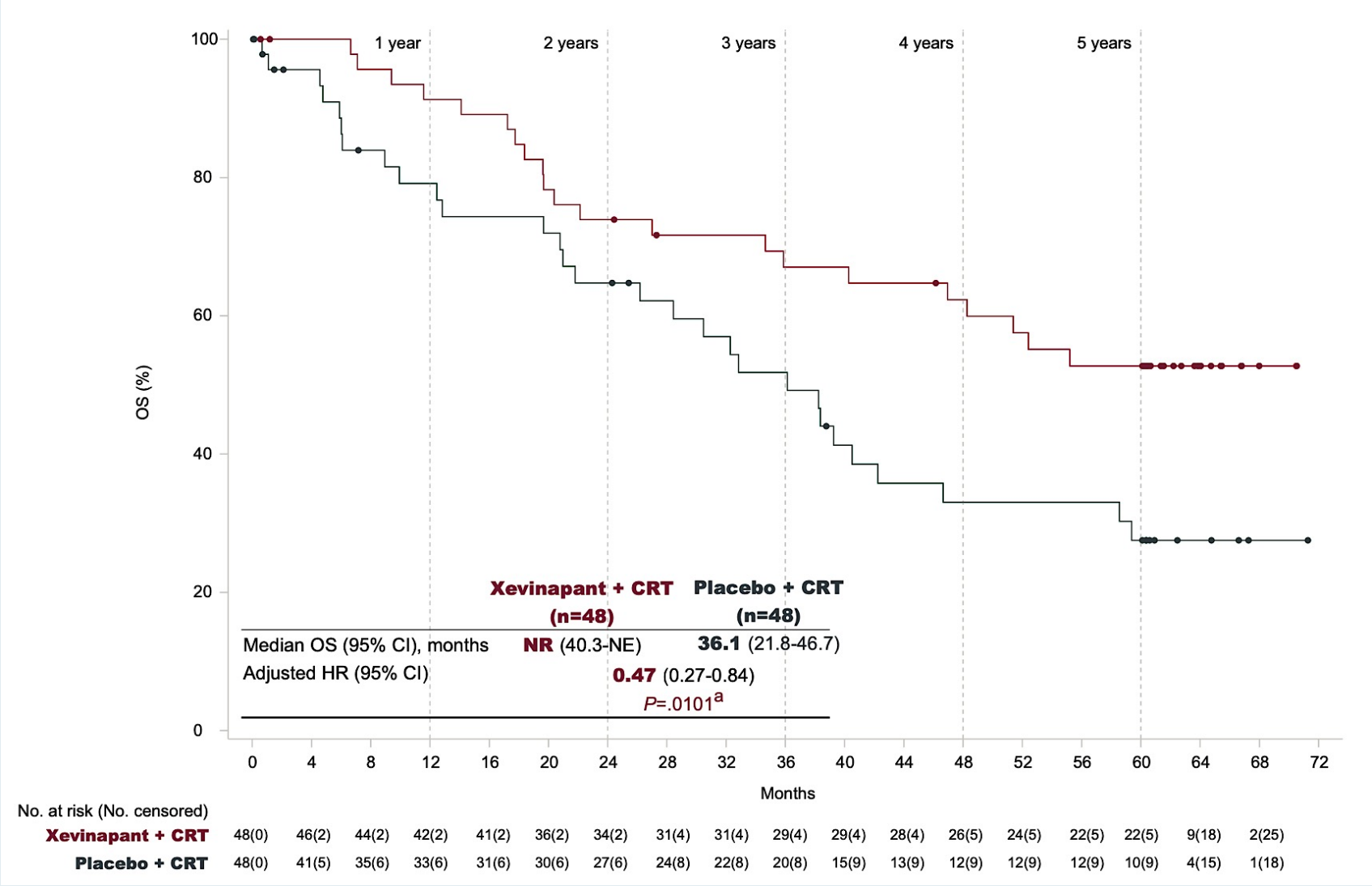
Results of a Phase II Trial of Xevinapant with Chemoradiation Therapy for High-Risk Locally Advanced SCCHN: Progression-Free Survival (PFS)



NR = not reached

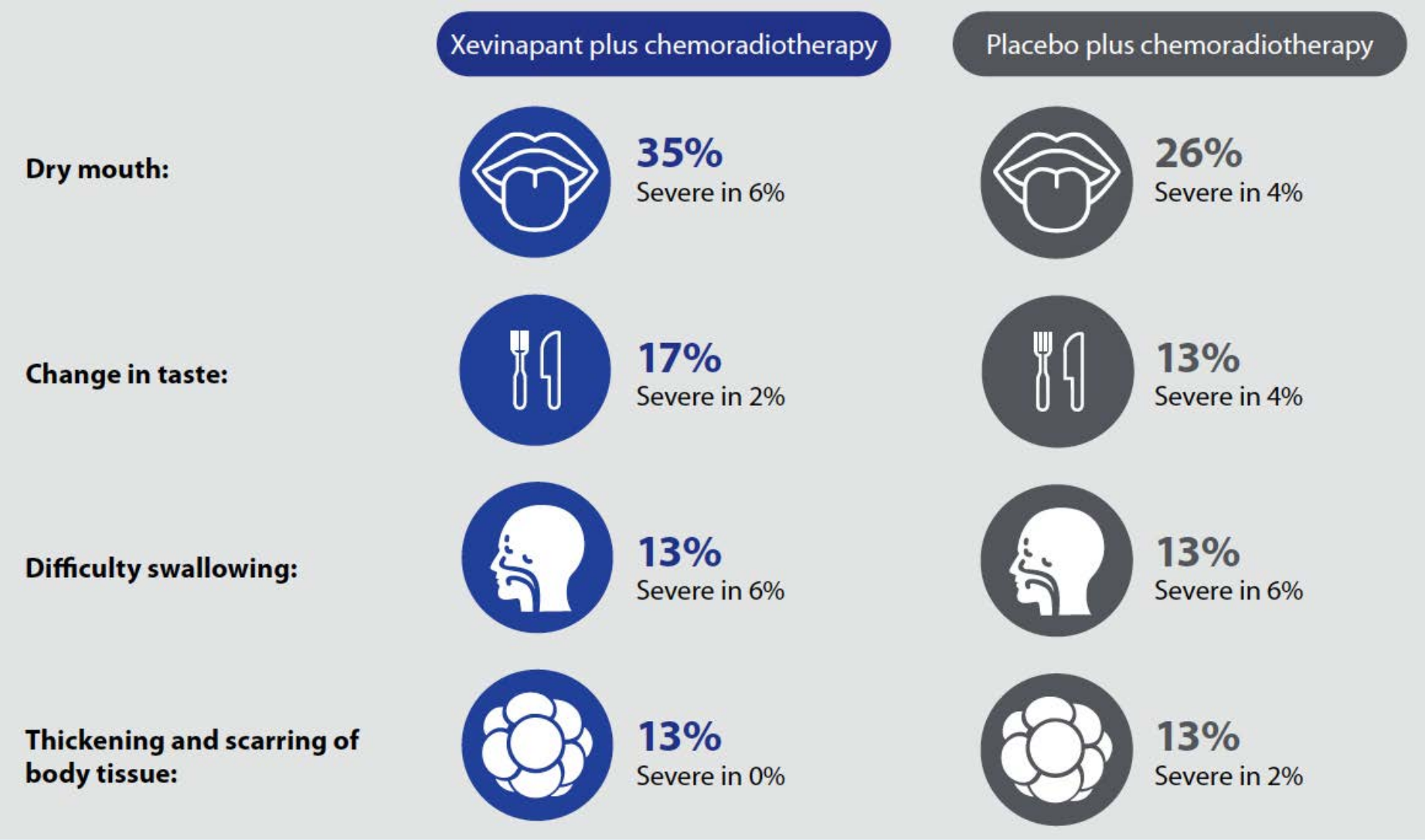
Tao Y et al. *Eur J Cancer* 2023;183:24-37.

Results of a Phase II Trial of Xevinapant with Chemoradiation Therapy for High-Risk Locally Advanced SCCHN: Overall Survival (OS)



Tao Y et al. *Eur J Cancer* 2023;183:24-37.

Results of a Phase II Trial of Xevinapant with Chemoradiation Therapy for High-Risk Locally Advanced SCCHN: Common Side Effects



Tao Y et al. *Future Oncol* 2023 August;19(26):1769-76.

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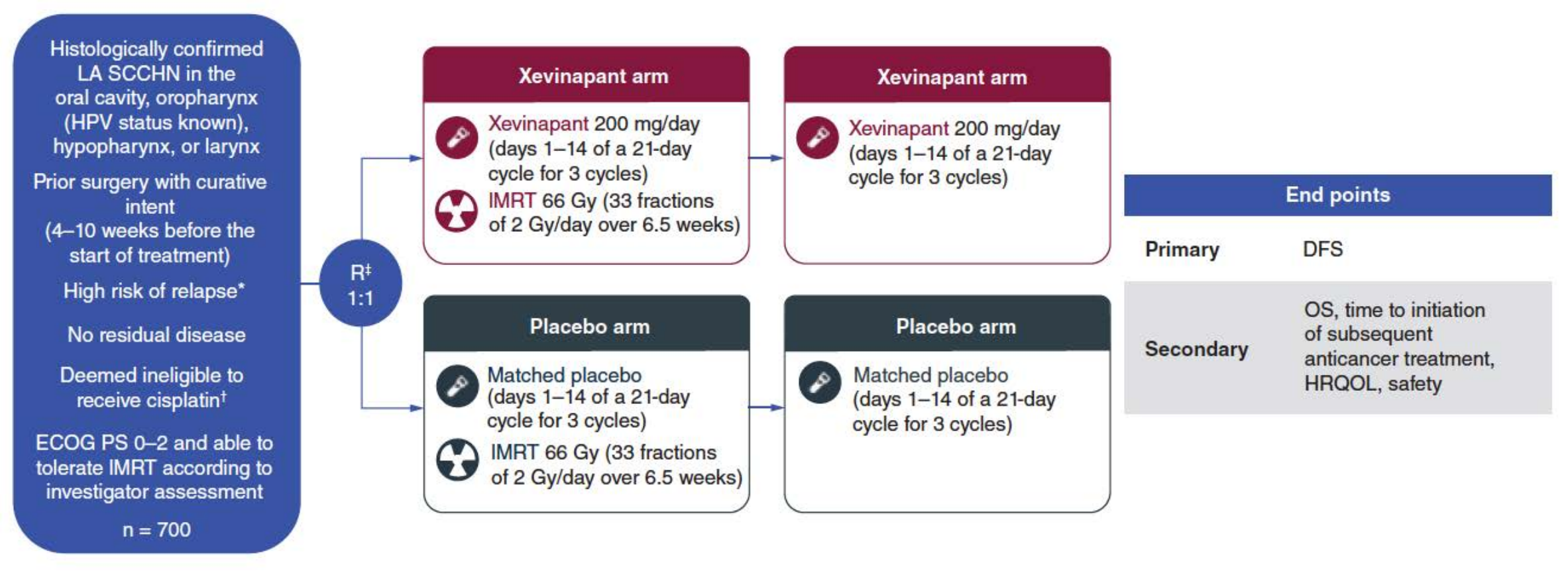
XRAY VISION: Phase III Study Design



LA = locally advanced; SCCHN = squamous cell carcinoma of head and neck; HPV = human papillomavirus; IMRT = intensity-modulated radiation therapy; DFS = disease-free survival; OS = overall survival; HRQOL = health-related quality of life

Ferris RL et al. *Future Oncol* 2024 April;20(12):739-48.

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Dr Ferris
Pittsburgh, PA

Tolerability Considerations with Xevinapant

Dr Haddad
Boston, MA

- **Common patient misperceptions regarding the safety of clinical trial participation and strategies to dispel these concerns**
- **Preparing interested patients with head and neck cancer for trial participation; instructions regarding adherence, monitoring requirements, adverse event (AE) reporting, et cetera**
- **Proportion of patients experiencing late-onset toxicities with xevinapant in combination with chemoradiation therapy versus chemoradiation therapy alone in published clinical trials**
- **Most common late-onset toxicities, such as dry mouth, dysgeusia, dysphagia and fibrosis, reported with xevinapant in combination with chemoradiation therapy**

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Meetal Dharia, NP-C, AOCNP

What I tell my patients about the logistics and potential benefits of enrolling on a clinical trial

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Lynsey P Teulings, APRN

What I tell my patients about the role of palliative/end-of-life care

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The Established Role of Anti-PD-1/PD-L1 Antibodies in Therapy for Advanced Head and Neck Cancer

Dr Ferris
Pittsburgh, PA

Dr Haddad
Boston, MA

- **Rationale for the activity of immune checkpoint inhibitors in head and neck cancer**
- **Principal findings with pembrolizumab as monotherapy or in combination with platinum/5-FU as first-line treatment for recurrent or metastatic SCCHN**
- **Indications for pembrolizumab monotherapy and pembrolizumab/chemotherapy for recurrent or metastatic SCCHN; impact of PD-L1 status and other factors on patient selection for these regimens**
- **Clinical trial database supporting the use of pembrolizumab and nivolumab for patients with relapsed metastatic SCCHN**

Nivolumab

Mechanism of action

- **Anti-PD-1 monoclonal antibody**

Indication as single agent

- **For patients with recurrent or metastatic SCCHN with disease progression on or after a platinum-based therapy**

Recommended dose as single agent

- **240 mg every 2 weeks or 480 mg every 4 weeks**

Nivolumab package insert, 3/2024.

Pembrolizumab

Mechanism of action

- Anti-PD-1 monoclonal antibody

Indications

- In combination with FU as first-line therapy for metastatic or unresectable recurrent SCCHN As a single agent as first-line therapy for metastatic or unresectable recurrent SCCHN with PD-L1 CPS ≥1
- As a single agent for recurrent or metastatic SCCHN with disease progression on or after platinum-containing chemotherapy

Recommended dose as single agent

- 200 mg every 3 weeks or 400 mg every 6 weeks

Pembrolizumab package insert, 3/2024.

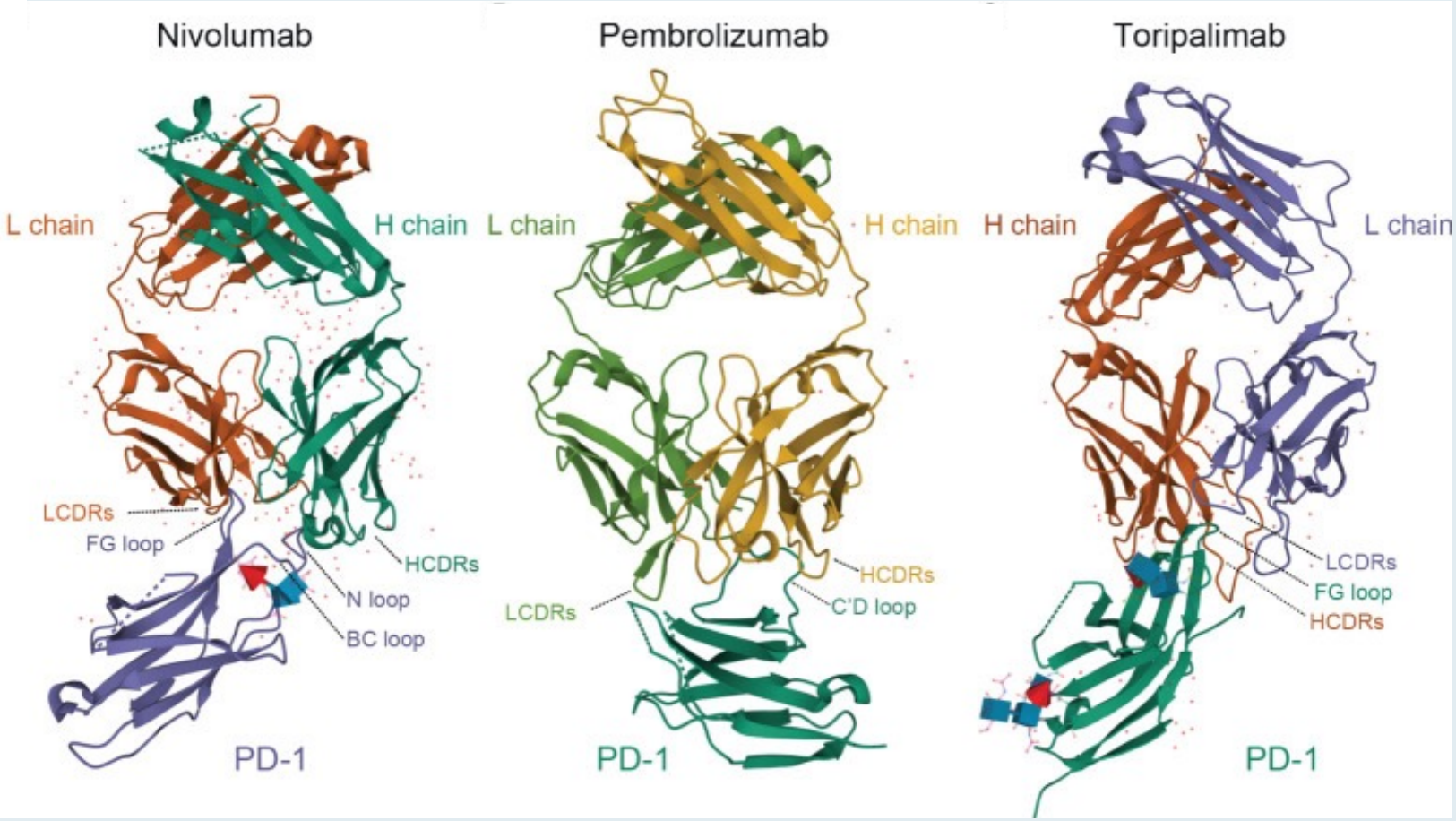
Newly Approved Immunotherapeutic Strategies for Nasopharyngeal Carcinoma

Dr Ferris
Pittsburgh, PA

Dr Haddad
Boston, MA

- **Unique histopathology, etiology, clinical behavior and natural history of nasopharyngeal carcinoma relative to other squamous cell carcinomas of the head and neck**
- **Similarities and differences between toripalimab and other anti-PD-1/PD-L1 antibodies**
- **Efficacy and safety findings reported with toripalimab in combination with platinum-based chemotherapy as first-line treatment for recurrent or metastatic nasopharyngeal carcinoma**
- **Key outcomes documented with toripalimab as monotherapy in the second-line setting and beyond**
- **Recent FDA approval of toripalimab for nasopharyngeal carcinoma and current clinical role**

Comparison of Structures of PD-1 in Complex with Nivolumab, Pembrolizumab and Toripalimab



- Toripalimab is able to bind to PD-1, efficiently blocking the interaction with its ligands; the blockade is mainly attributed to the stereospecific hindrance of the heavy chain.
- The interaction of toripalimab with PD-1 is mainly attributed to the complementarity-determining regions of the heavy chain of the former and the FG loop of the latter; the light chain complementarity-determining regions of toripalimab participate mainly in recognizing the epitopes on PD-1.
- Comparatively, nivolumab mainly binds to the N-terminal loop of PD-1, while the binding of pembrolizumab primarily involves the C'D loop.

Zhang L et al. *Front Immunol* 2022 January 12;12:730666.

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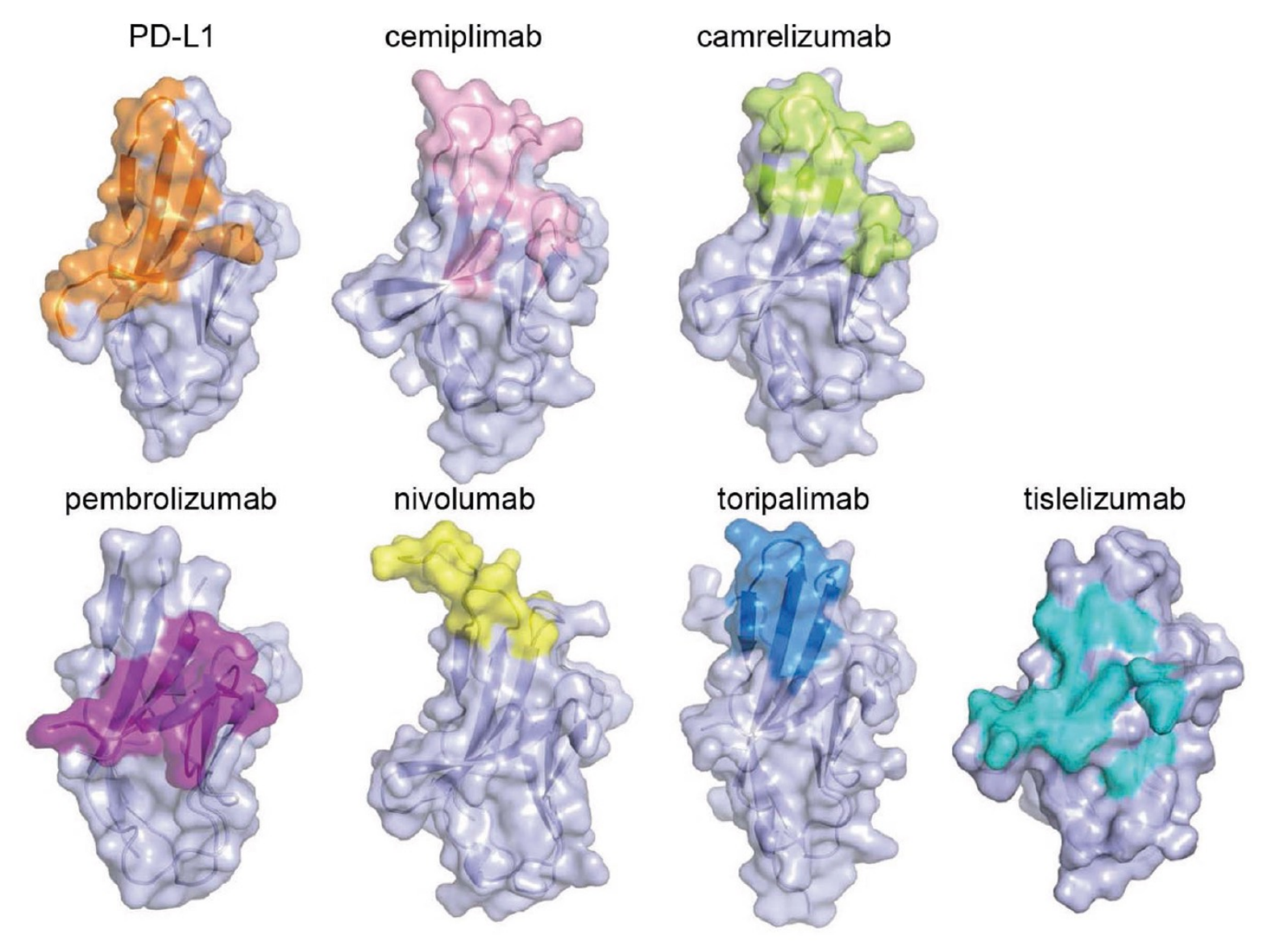
Each PD-1 Inhibitor Has a Different Binding Site to PD-1



Lu D et al. *Front Immunol* 2022;13:826045.

Toripalimab

Mechanism of action

- Anti-PD-1 monoclonal antibody

Indications

- In combination with cisplatin and gemcitabine as first-line therapy for patients with metastatic or with recurrent locally advanced nasopharyngeal carcinoma (NPC)
- As a single agent for patients with recurrent unresectable or metastatic NPC with disease progression on or after a platinum-containing chemotherapy

Recommended dose

- First-line NPC with chemotherapy: 240 mg IV every 3 weeks
- Recurrent NPC as monotherapy: 3 mg/kg IV every 2 weeks

Toripalimab package insert, 10/2023.

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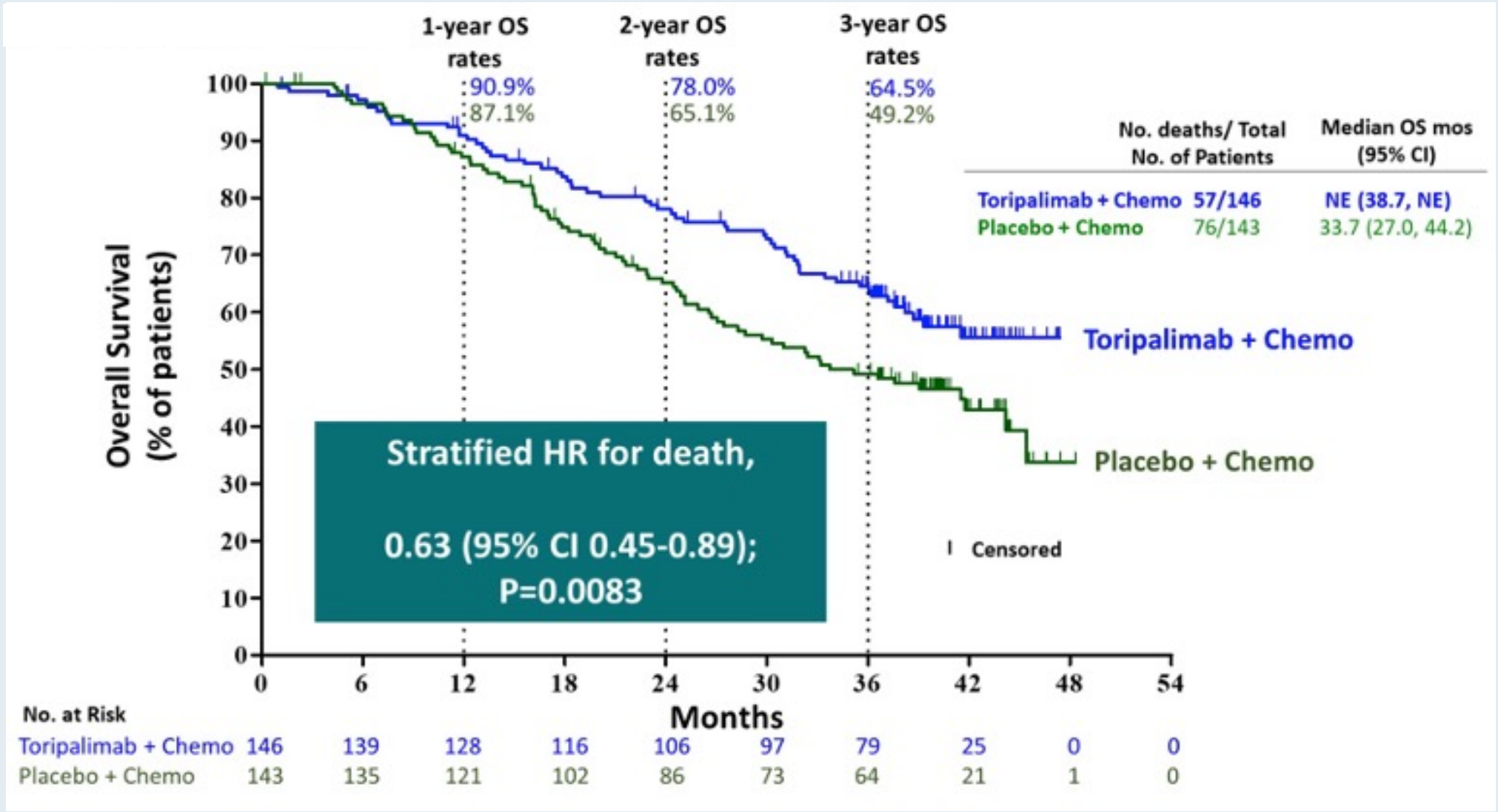
JAMA | Original Investigation

Toripalimab Plus Chemotherapy for Recurrent or Metastatic Nasopharyngeal Carcinoma
The JUPITER-02 Randomized Clinical Trial

Hai-Qiang Mai, MD, PhD; Qiu-Yan Chen, MD, PhD; Dongping Chen, MD; Chaosu Hu, PhD; Kunyu Yang, MD, PhD; Jiyu Wen, BS; Jingao Li, MD, PhD; Yingrui Shi, PhD; Feng Jin, MD; Ruilian Xu, MD; Jianji Pan, PhD; Shenhong Qu, MD; Ping Li, MD, PhD; Chunhong Hu, PhD; Yi-Chun Liu, MD; Yi Jiang, MD; Xia He, MD, PhD; Hung-Ming Wang, MD; Wan-Teck Lim, MBBS; Wangjun Liao, MD, PhD; Xiaohui He, MD; Xiaozhong Chen, MD; Siyang Wang, PhD; Xianglin Yuan, MD; Qi Li, PhD; Xiaoyan Lin, PhD; Shanghua Jing, MD; Yanju Chen, MD; Yin Lu, MD; Ching-Yun Hsieh, MD; Muh-Hwa Yang, MD, PhD; Chia-Jui Yen, MD, PhD; Jens Samol, MD; Xianming Luo, MD; Xiaojun Wang, MS; Xiongwen Tang, PhD; Hui Feng, PhD; Sheng Yao, PhD; Patricia Keegan, MD; Rui-Hua Xu, MD, PhD

2023 November 28;330(20):1961-70

JUPITER-02: Final Overall Survival in the ITT Population



ITT = intent-to-treat

Mai H-Q et al. ASCO 2023;Abstract 6009.

Data cutoff: November 18, 2022

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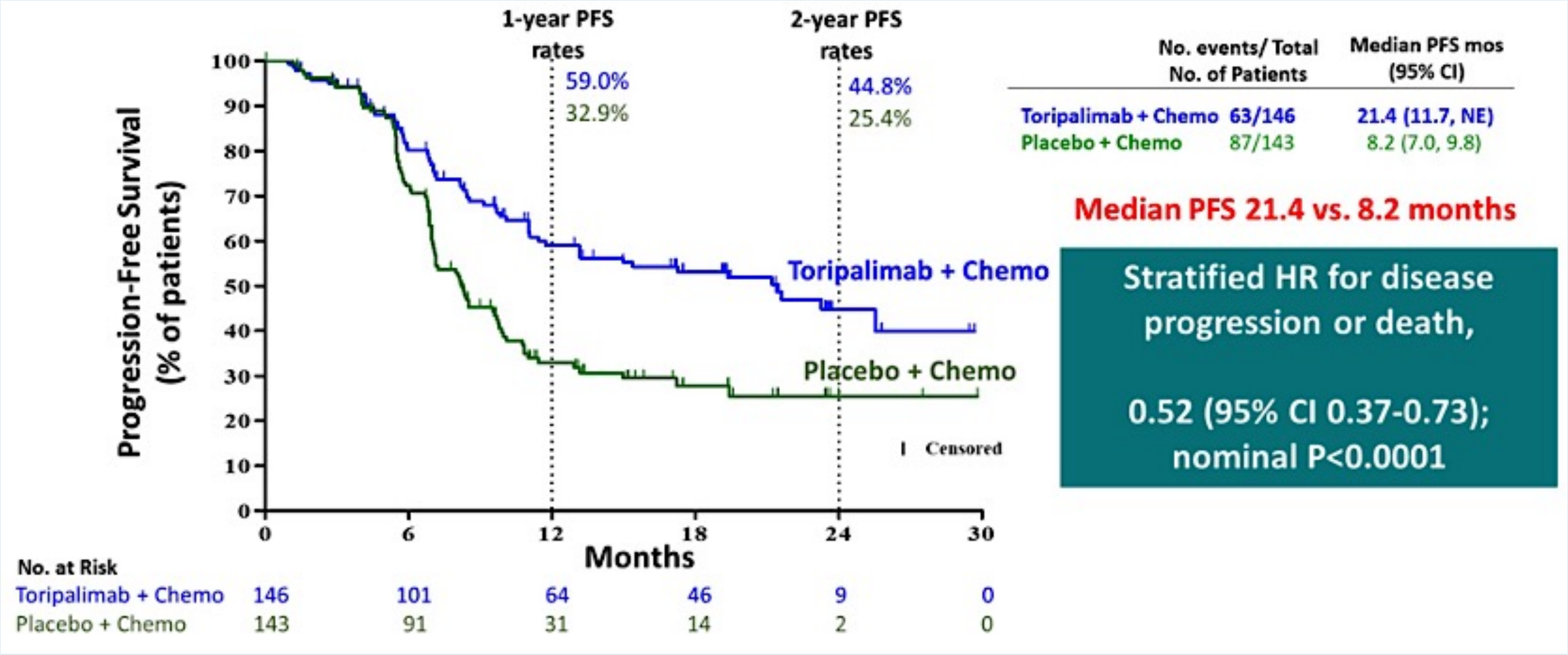
JUPITER-02: Final Progression-Free Survival in the ITT Population



	No. events/ Total No. of Patients	Median PFS mos (95% CI)
Toripalimab + Chemo	63/146	21.4 (11.7, NE)
Placebo + Chemo	87/143	8.2 (7.0, 9.8)

Median PFS 21.4 vs. 8.2 months

Stratified HR for disease progression or death,

0.52 (95% CI 0.37-0.73); nominal P<0.0001

Mai H-Q et al. ASCO 2023;Abstract 6009.

Data cutoff: June 8, 2021

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JUPITER-02: Select Treatment-Emergent Adverse Events

	Toripalimab + gemcitabine-cisplatin (n = 146)		Placebo + gemcitabine-cisplatin (n = 143)	
Adverse event, No. of patients (%)[a]	Any grade	≥Grade 3[b]	Any grade	≥Grade 3
Any treatment-emergent adverse event[c,d]	146 (100)	131 (89.7)	143 (100.0)	129 (90.2)
Leukopenia	133 (91.1)	90 (61.6)	135 (94.4)	84 (58.7)
Anemia	130 (89.0)	72 (49.3)	135 (94.4)	58 (40.6)
Neutropenia	126 (86.3)	86 (58.9)	133 (93.0)	91 (63.6)
Nausea	103 (70.5)	2 (1.4)	121 (84.6)	4 (2.8)
Vomiting	99 (67.8)	3 (2.1)	94 (65.7)	3 (2.1)
Thrombocytopenia	94 (64.4)	49 (33.6)	88 (61.5)	41 (28.7)
Decreased appetite	81 (55.5)	1 (0.7)	90 (62.9)	0
Constipation	58 (39.7)	0	66 (46.2)	0
Aspartate aminotransferase increased	58 (39.7)	2 (1.4)	45 (31.5)	2 (1.4)
Alanine aminotransferase increased	56 (38.4)	2 (1.4)	57 (39.9)	0
Fatigue	54 (37.0)	3 (2.1)	54 (37.8)	3 (2.1)
Hypothyroidism	53 (36.3)	1 (0.7)	25 (17.5)	0
Rash	51 (34.9)	5 (3.4)	39 (27.3)	3 (2.1)
Pyrexia	47 (32.2)	2 (1.4)	35 (24.5)	1 (0.7)
Diarrhea	45 (30.8)	2 (1.4)	33 (23.1)	0
Neuropathy peripheral	45 (30.8)	0	45 (31.5)	1 (0.7)

Mai H-Q et al. *JAMA* 2023 November 28;330(20):1961-70.

FDA Approves Toripalimab-tpzi for Nasopharyngeal Carcinoma

Press Release – October 27, 2023

"The Food and Drug Administration approved toripalimab-tpzi with cisplatin and gemcitabine for the first-line treatment of adults with metastatic or recurrent, locally advanced nasopharyngeal carcinoma (NPC). FDA also approved toripalimab-tpzi as a single agent for adults with recurrent unresectable or metastatic NPC with disease progression on or after a platinum-containing chemotherapy.

Efficacy of toripalimab-tpzi with cisplatin and gemcitabine was evaluated in JUPITER-02 (NCT03581786), a randomized, multicenter, single region, double-blind, placebo-controlled trial in 289 patients with metastatic or recurrent, locally advanced NPC who had not received previous systemic chemotherapy for recurrent or metastatic disease.

Efficacy of toripalimab-tpzi as a single agent was evaluated in POLARIS-02 (NCT02915432), an open-label, multicenter, single country, multicohort trial in 172 patients with unresectable or metastatic NPC who had received prior platinum-based chemotherapy or had disease progression within 6 months of completion of platinum-based chemotherapy administered as neoadjuvant, adjuvant, or definitive chemoradiation treatment for locally advanced disease."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-toripalimab-tpzi-nasopharyngeal-carcinoma

The Tolerability of Immune Checkpoint Inhibitors

Dr Ferris
Pittsburgh, PA

Dr Haddad
Boston, MA

- **Pathophysiology, incidence and spectrum of immune-mediated and other AEs observed with anti-PD-1/PD-L1 antibodies**
- **Impact on the tolerability of anti-PD-1/PD-L1 antibodies when administered in combination with chemotherapy**
- **Optimal monitoring and management of immune-related and other AEs with anti-PD-1/PD-L1 antibodies**
- **Relative and absolute contraindications to the use of immune checkpoint inhibitor therapy; role, if any, for patients with preexisting autoimmune complications**

Meetal Dharia, NP-C, AOCNP

What I tell my patients about to begin treatment with an anti-PD-1/PD-L1 antibody

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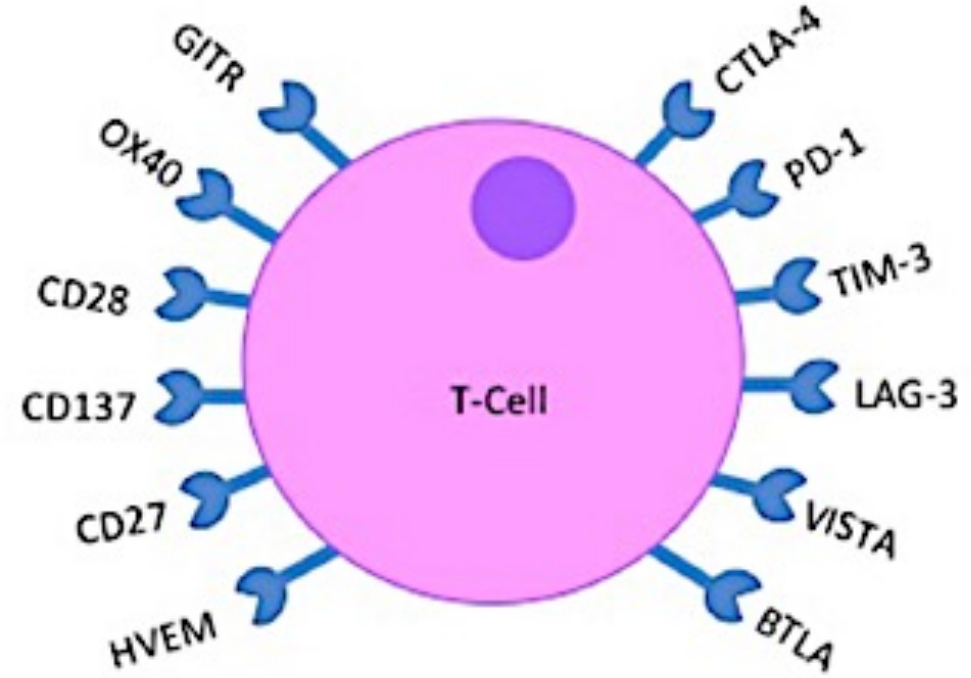
APPENDIX

Coinhibitory and Costimulatory Checkpoints: Key Elements of T-Cell Immune Regulation



ABBREVIATION	NAME
GITR	Glucocorticoid-induced TNFR family related protein
OX40	Tumor necrosis factor receptor superfamily, member 4
CD28	Cluster of Differentiation 28
CD137	Tumor necrosis factor receptor superfamily, member 9
CD27	Cluster of Differentiation 27
HVEM	Herpes Virus Entry Mediator
CTLA-4	Cytotoxic T-Lymphocyte Associated protein 4
PD-1	Programmed Death Receptor 1
TIM-3	T-Cell Immunoglobulin domain and mucin domain 3
LAG-3	Lymphocyte Activating Gene 3
VISTA	V-Domain Ig Suppressor of T cell activation
BTLA	B and T Lymphocyte Attenuator

Forster MD, Devlin MJ. *Front Oncol* 2018 August 29;8:310.

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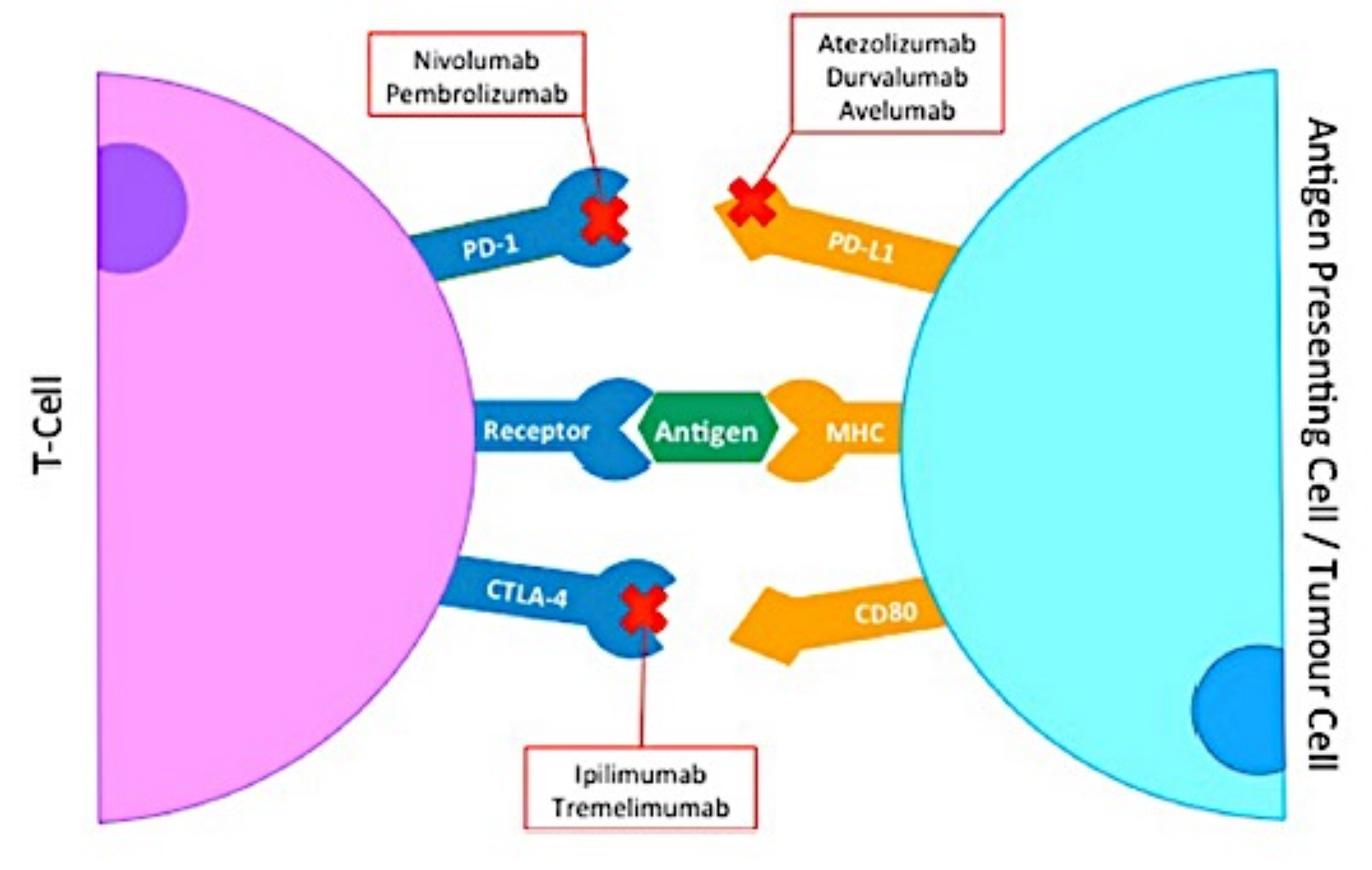
Monoclonal Antibodies Engineered to Enhance Activation of Immune Response to Tumor Cells



Forster MD, Devlin MJ. *Front Oncol* 2018 August 29;8:310.

Xevinapant

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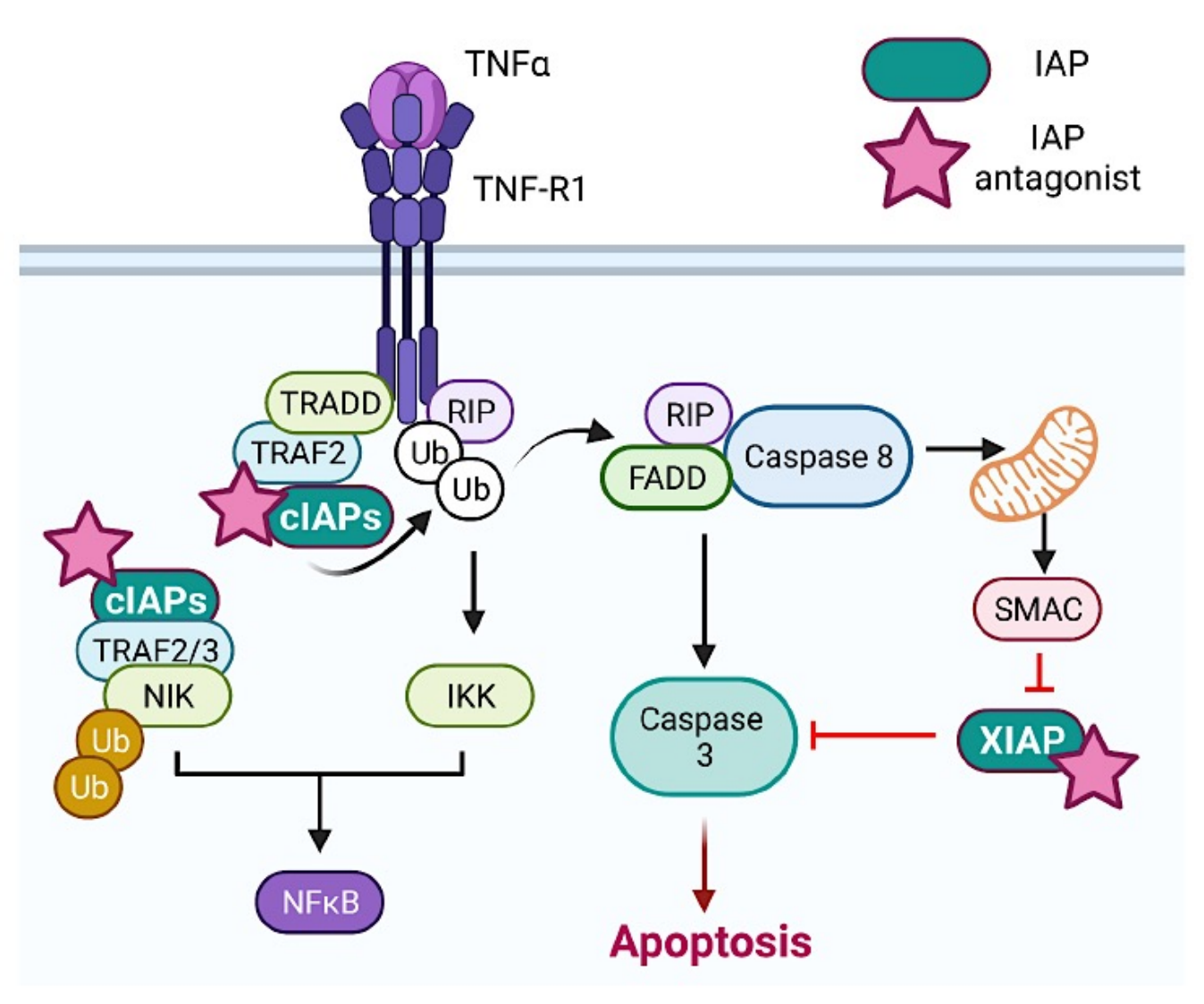
Inhibitors of Apoptosis Protein (IAP) Pathways and Activity of IAP Antagonists



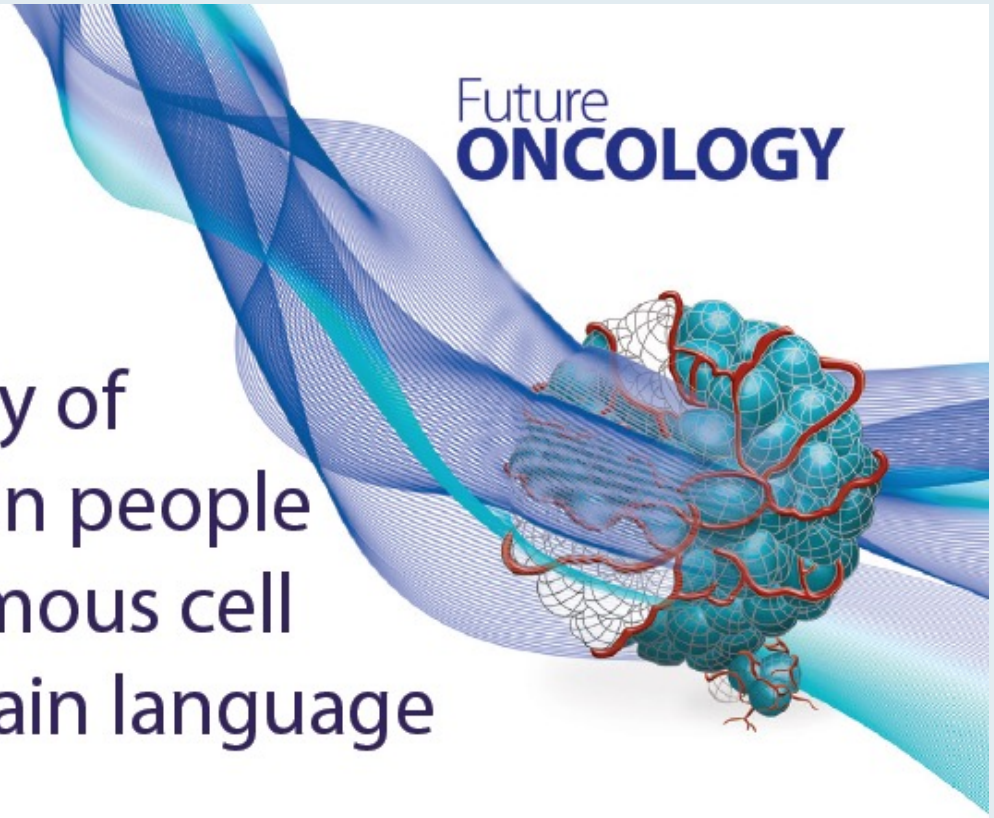
Kansal V et al. *Cancer Med* 2023 July;12(13):13958-65.

What to Tell My Patients with Head and Neck Cancer About Xevinapant and the Phase III XRAY VISION Study

- Xevinapant is a first-in-class, potent, oral, small-molecule IAP inhibitor that is thought to restore cancer cell sensitivity to apoptosis and thereby enhance the efficacy of chemotherapy and radiation therapy (RT)
- Xevinapant significantly improved efficacy with chemoradiotherapy versus placebo with chemoradiotherapy in a Phase II study of patients with unresected locally advanced SCCHN and has shown promising synergistic activity with RT in preclinical models of SCCHN, providing the rationale for evaluating xevinapant in combination with RT
- XRAY VISION is an international, randomized, double-blind, placebo-controlled, Phase III study
- Approximately 700 patients with histologically confirmed resected locally advanced SCCHN who are at high risk of relapse and are deemed ineligible to receive cisplatin will be randomized 1:1 to receive 6 cycles of treatment with oral xevinapant 200 mg/day or matched placebo (days 1-14 of a 21-day cycle), in combination with intensity-modulated RT (66 Gy [33 fractions of 2 Gy/day], 5 days per week over 6.5 weeks) for the first 3 cycles
- The primary study end point is disease-free survival
- As of August 2023, XRAY VISION was the only Phase III study that has the specific objective of improving outcomes in patients with resected locally advanced SCCHN who are at high risk of relapse and are deemed ineligible to receive cisplatin

Ferris RL et al. *Future Oncol* 2024 April;20(12):739-48.

Future ONCOLOGY

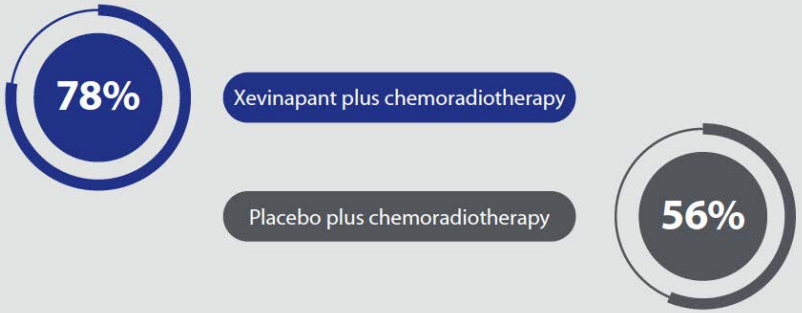


Long-term results from a clinical study of xevinapant plus chemoradiotherapy in people with high-risk locally advanced squamous cell carcinoma of the head and neck: a plain language summary

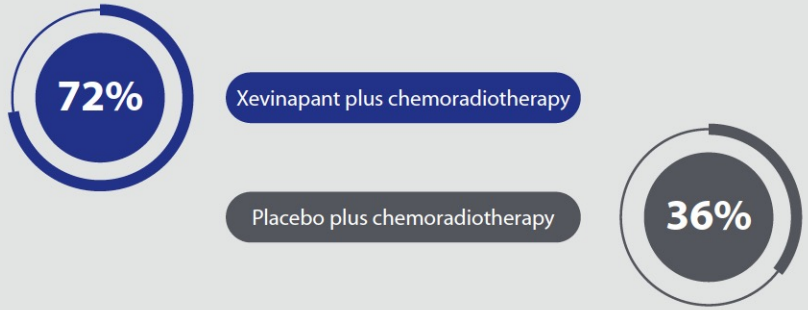
Yungan TAO[1], Xu-Shan Sun[2], Yoann Pointreau[3], Christophe Le Tourneau[4], Christian Sire[5], Kathrin Gollmer[6], Philippa Crompton[6] & Jean Bourhis[7]

2023 August;19(26):1769-76

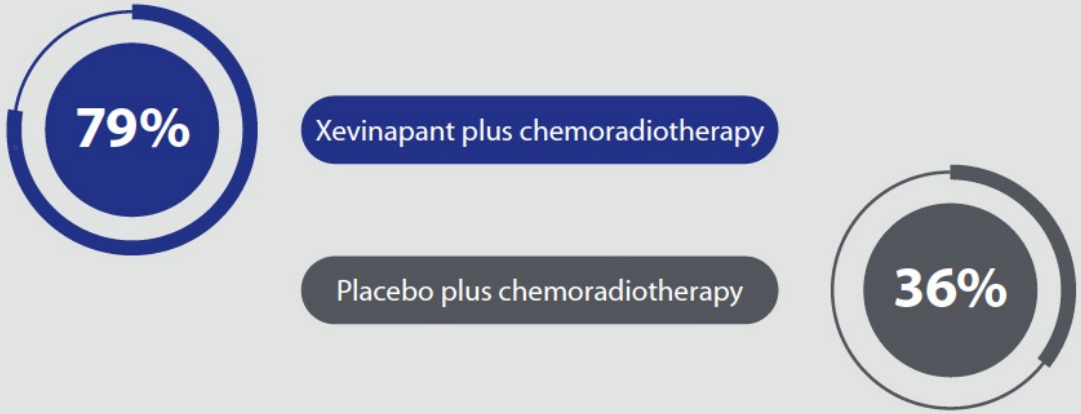
Results of a Phase II Trial of Xevinapant with Chemoradiation Therapy for High-Risk Locally Advanced SCCHN: Survival



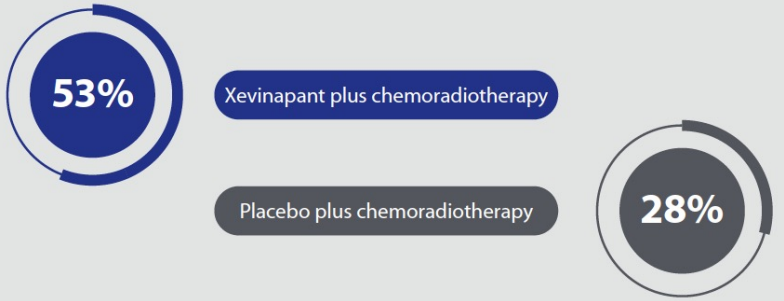
People who received **xevinapant plus chemoradiotherapy** were **54% less likely** to have their cancer grow back or get worse in the part of the body where it was first found than people treated with **placebo plus chemoradiotherapy**.



People who received **xevinapant plus chemoradiotherapy** were **67% less likely** to die or have their cancer get worse than people who received **placebo plus chemoradiotherapy**.



When people whose cancer shrunk or disappeared at first with treatment had received **xevinapant plus chemoradiotherapy**, they had a **79% lower risk** of their cancer getting worse or dying than people treated with **placebo plus chemoradiotherapy**.



Over 5 years of follow-up, people who were treated with **xevinapant plus chemoradiotherapy** were more than **twice as likely** to be alive than people who were treated with **placebo plus chemoradiotherapy**.

Tao Y et al. *Future Oncol* 2023 August;19(26):1769-76.

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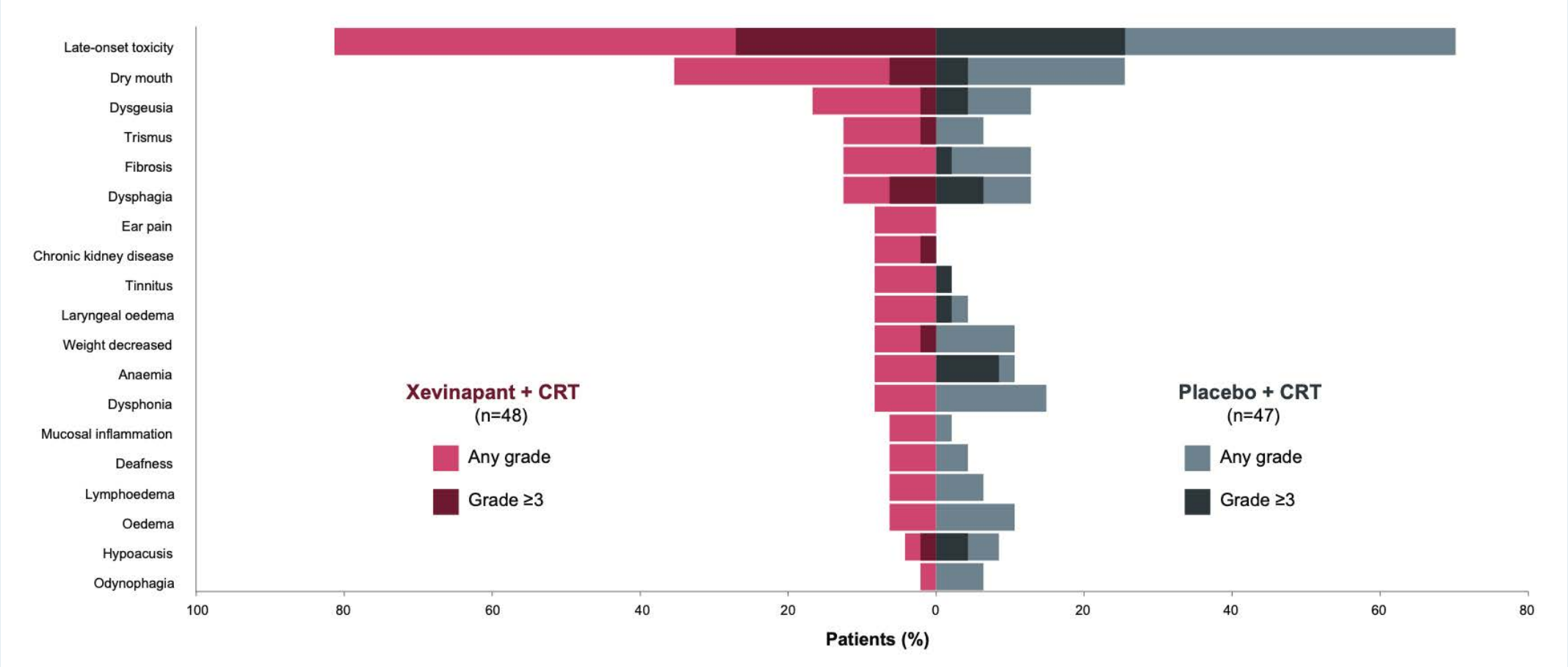
Results of a Phase II Trial of Xevinapant with Chemoradiation Therapy for High-Risk Locally Advanced SCCHN: Safety



Tao Y et al. *Eur J Cancer* 2023;183:24-37.

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Toripalimab

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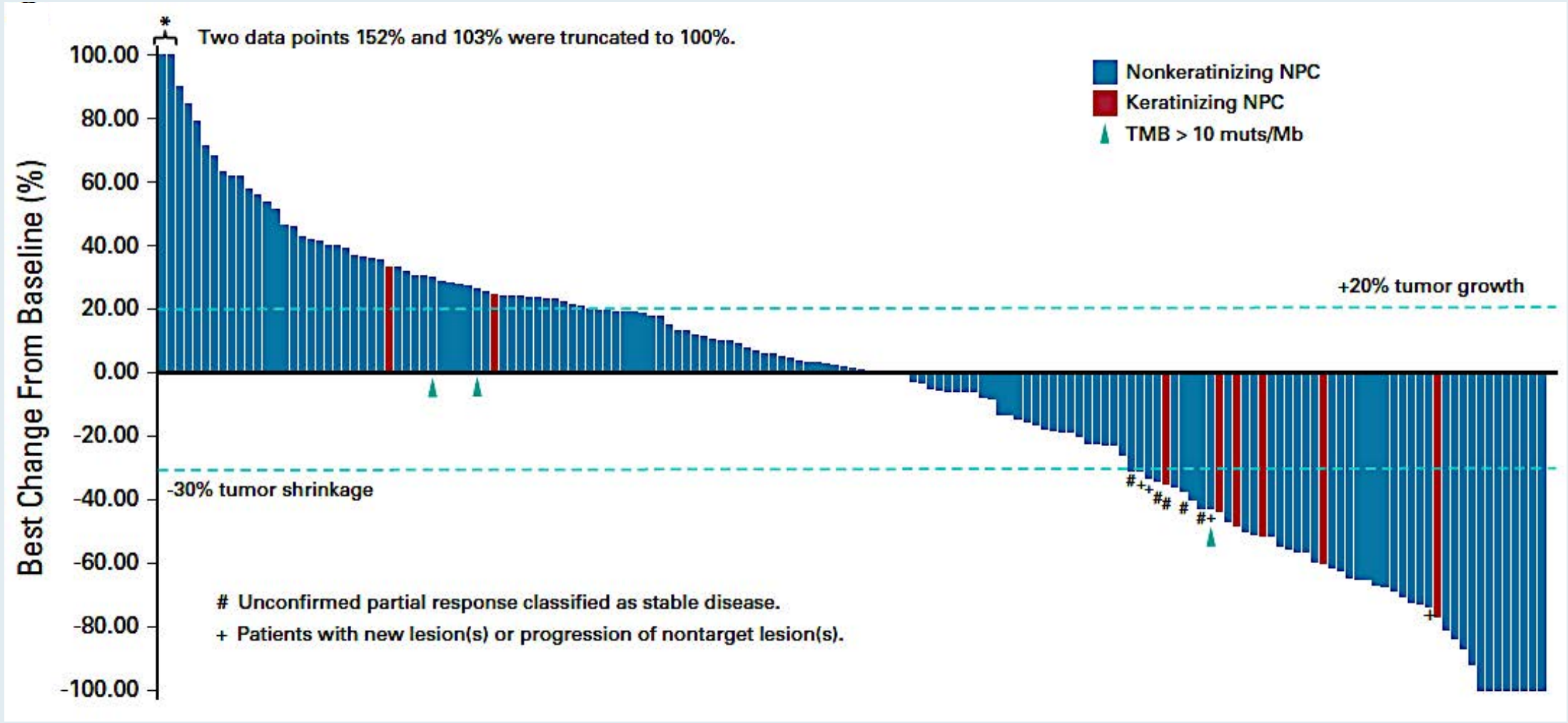
rapid communications

Efficacy, Safety, and Correlative Biomarkers of Toripalimab in Previously Treated Recurrent or Metastatic Nasopharyngeal Carcinoma: A Phase II Clinical Trial (POLARIS-02)

Feng-Hua Wang, MD, PhD[1]; Xiao-Li Wei, MD[1]; Jifeng Feng, MD, PhD[2]; Qi Li, MD, PhD[3]; Nong Xu, MD, PhD[4]; Xi-Chun Hu, MD, PhD[5]; Wangjun Liao, MD, PhD[6]; Yi Jiang, MD, PhD[7]; Xiao-Yan Lin, MD, PhD[8]; Qing-yuan Zhang, MD, PhD[9]; Xiang-Lin Yuan, MD, PhD[10]; Hai-Xin Huang, MD, PhD[11]; Ye Chen, MD, PhD[12]; Guang-Hai Dai, MD, PhD[13]; Jian-Hua Shi, MD, PhD[14]; Lin Shen, MD, PhD[15]; Shu-Jun Yang, MD, PhD[16]; Yong-Qian Shu, MD, PhD[17]; Yun-Peng Liu, MD, PhD[18]; Weifeng Wang, PhD[19]; Hai Wu, PhD[20]; Hui Feng, PhD[20]; Sheng Yao, PhD[20]; and Rui-Hua Xu, MD, PhD[1,21]

J Clin Oncol 2021 March 1;39(7):704-12

POLARIS-02: Maximal Change of Tumor Size from Baseline



Wang F-H et al. *J Clin Oncol* 2021 March 1;39(7):704-12.

POLARIS-02: Common Treatment-Related Adverse Events

N (%)	All	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
All TRAEs	141 (74.2)	55 (28.9)	59 (31.1)	17 (8.9)	4 (2.1)	6 (3.2)
Hypothyroidism	45 (23.7)	19 (10.0)	26 (13.7)	0	0	0
Anemia	29 (15.3)	15 (7.9)	12 (6.3)	2 (1.1)	0	0
AST increased	29 (15.3)	26 (13.7)	3 (1.6)	0	0	0
ALT increased	26 (13.7)	21 (11.1)	5 (2.6)	0	0	0
Asthenia	25 (13.2)	18 (9.5)	5 (2.6)	2 (1.1)	0	0
Proteinuria	24 (12.6)	24 (12.6)	0	0	0	0
Leukopenia	19 (10.0)	8 (4.2)	11 (5.8)	0	0	0
Pyrexia	18 (9.5)	13 (6.8)	5 (2.6)	0	0	0
Pruritus	16 (8.4)	14 (7.4)	2 (1.1)	0	0	0
Rash	12 (6.3)	8 (4.2)	4 (2.1)	0	0	0
Neutropenia	10 (5.3)	6 (3.2)	3 (1.6)	1 (0.5)	0	0

Wang F-H et al. *J Clin Oncol* 2021 March 1;39(7):704-12.

What I Tell My Patients: Integrating New Research Information into Current Clinical Care

A Complimentary NCPD Hybrid Symposium Series Held During the 49th Annual ONS Congress

Head and Neck Cancer

Friday, April 26, 2024
6:00 AM – 7:30 AM

Faculty

Meetal Dharia, NP-C, AOCNP
Robert L Ferris, MD, PhD
Robert Haddad, MD
Lynsey P Teulings, APRN

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

What I Tell My Patients: Integrating New Research Information into Current Clinical Care

A Complimentary NCPD Hybrid Symposium Series Held During the 49th Annual ONS Congress

Non-Small Cell Lung Cancer with an EGFR Mutation

Friday, April 26, 2024
12:15 PM – 1:45 PM

Faculty

Marianne J Davies, DNP, ACNP, AOCNP, FAAN
Alexander I Spira, MD, PhD
Jillian Thompson, MSN, ANP-BC, AOCNP
Helena Yu, MD

Moderator

Neil Love, MD

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Thank you for joining us! Please take a moment to complete the survey currently up on Zoom. Your feedback is very important to us. The survey will remain open up to 5 minutes after the meeting ends.

To Claim NCPD Credit

In-person attendees: Please refer to the program syllabus for the NCPD credit link or QR code.

Virtual attendees: The NCPD credit link is posted in the chat room.

NCPD/ONCC credit information will be emailed to each participant within 1 to 2 business days.

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