

ADVANCED BASAL CELL CARCINOMA:

HOW TO NAVIGATE
CHALLENGING
CLINICAL SCENARIOS
WITH SYSTEMIC
TREATMENT

Update #2: June 2021



ANNENBERG CENTER FOR HEALTH SCIENCES

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As in medicine generally, the management of patients with locally advanced basal cell carcinoma is rapidly evolving. To help clinicians keep abreast of new information, this CME activity will be updated 4 times through October 2021. The first update included new information released between February 17, 2021, and April 7, 2021. This second update includes new information released between April 8, 2021, and June 1, 2021.



Cemiplimab in locally advanced basal cell carcinoma after hedgehog inhibitor therapy: an open-label, multi-centre, single-arm, phase 2 trial.

Stratigos AJ, et al. *Lancet Oncol.* 2021; doi:org/10.1016/S1470-2045(21)00126-1



Cemiplimab Monotherapy in Locally Advanced Basal Cell Carcinoma

- Goal: To assess the safety and efficacy of cemiplimab monotherapy in adults with locally advanced basal cell carcinoma (BCC)
- Key inclusion criterion:
 - Not a candidate for further hedgehog inhibitor (HHI) therapy due to intolerance, disease progression on HHI therapy, or having no better than stable disease after 9 months on HHI therapy
- Treatment with cemiplimab 350 mg IV every 3 weeks for 93 weeks or until disease progression, unacceptable toxicity, or withdrawal of consent



Cemiplimab Monotherapy in Locally Advanced Basal Cell Carcinoma (cont)

- 84 patients randomized
- 19 patients remained on treatment; 13 completed 93 weeks; 52 discontinued (n=29 due to disease progression)
- Median duration of exposure to cemiplimab: 47 weeks
- By independent central review:
 - Complete response (6%), partial response (25%), stable disease 49%
 - Median time to response: 4.3 months
 - Kaplan-Meier estimates for duration of response at:
 - 6 months: 91%
 - 12 months: 85%
 - Median Kaplan-Meier estimate of progression-free survival: 19 months
- No clinically meaningful association was observed between objective response and programmed death receptor- ligand 1 or major histocompatibility class 1 expression or tumor mutational burden
- Grade 3/4 treatment-emergent adverse event occurred in 48%
 - Most common: hypertension (5%), colitis (5%), fatigue (4%), urinary tract infection (4%), and visual impairment (4%)



Effectiveness, safety and utilization of vismodegib in locally advanced basal cell carcinoma under real-world conditions in Germany – The non-interventional study NIELS.

Gutzmer R, et al. *J Eur Acad Dermatol Venereol*. 2021;doi: 10.1111/jdv.17332.



Efficacy and Safety of Vismodegib in Locally Advanced Basal Cell Carcinoma: Real-World Conditions (NIELS)

- Goal: Non-interventional study to assess the effectiveness of vismodegib for treatment of locally advanced BCC in real-world practice
- 66 adults with mean age 71.5 years
- Mean study duration: 9.9 months
- Median duration of vismodegib treatment: 14.6 months



Efficacy and Safety of Vismodegib in Locally Advanced Basal Cell Carcinoma: Real-World Conditions (NIELS) (cont)

- Results:
 - Complete remission (38%), partial remission (36%), stable disease (17%), progressive disease (5%)
 - Median duration of response (complete and partial responders): 15.9 months
 - Overall survival: 48.3 months
 - Median time to response: 2.7 months
 - 60% recurrence rate 42 months after complete response
 - Median progression-free survival: 19.1 months
 - 96% experienced an adverse event
 - Serious in 23%



Vismodegib in neoadjuvant treatment of locally advanced basal cell carcinoma: First results of a multicenter, open-label, phase 2 trial (VISMONEO study): Neoadjuvant vismodegib in locally advanced basal cell carcinoma.

Bertrand N, et al. *EClinicalMedicine*. 2021;35:100884.



Neoadjuvant Vismodegib in Locally Advanced Basal Cell Carcinoma: VISMONEO Study

- Goal: To assess efficacy and safety of vismodegib in neoadjuvant treatment of locally advanced facial BCC
- Vismodegib 150 mg once daily administered for 4 to 10 months (mean 6.0 months) until best tumor response at which time surgery was performed
- 55 patients
 - 4 inoperable; 15 operable with major functional risk; 36 operable with minor functional risk or major aesthetic risk
 - Mean size of target lesion: 47.3 mm (± 27.2 mm)



Neoadjuvant Vismodegib in Locally Advanced Basal Cell Carcinoma: VISMONEO Study (cont)

- Results

- 44/55 (80%) presented with downstaging after vismodegib; 27 with complete response
- 71% overall response rate (RECIST 1.1)
 - Complete response 26%
 - Partial response 46%
- At 3 years of follow up:
 - 16/44 (36%) had known recurrence
 - 10/44 (23%) ongoing response
 - 12/44 (27%) lost to follow up without known recurrence
 - 6/44 (14%) died without known recurrence
- 98% experienced ≥ 1 adverse event; 6.4 adverse events per patient
 - Most frequent adverse events: dysgeusia, muscle spasms, alopecia, fatigue, weight loss



Other Publications

- Angnardo L, et al. Vismodegib as eye-sparing neoadjuvant treatment for locally advanced periocular basal cell carcinoma. *J Drugs Dermatol*. 2021;20(5):552-554.
- Kahana A, et al. Vismodegib for preservation of visual function in patients with advanced periocular basal cell carcinoma: The VISORB trial. *Oncologist*. 2021;doi:10.1002/onco.13820.
- Litvinov IV, et al. The transcriptional landscape analysis of basal cell carcinomas reveals novel signalling pathways and actionable targets. *Life Sci Alliance*. 2021;4(7):e202000651.
- Sabu DM, et al. Neo-adjuvant vismodegib followed by radiation in locally advanced basal cell carcinoma. *Curr Probl Cancer*. 2021;doi:10.1016/j.currprobcancer.2021.100736.

