



824P: Patterns of response/progression and management following progressive disease with anti-PD-(L)1 therapy in patients with advanced Merkel Cell Carcinoma

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Background

- Merkel cell carcinoma has historically demonstrated sensitivity to chemotherapy however response is short-lived¹.
- Anti-Programmed-Death Ligand 1 (PD-L1) and Anti-Programmed Death 1
 (PD-1) monoclonal antibodies have become first-line therapy for advanced
 Merkel Cell Carcinoma as they have been shown to provide durable
 response^{2,3}.
- More than half of patients will experience Innate Resistance (upfront progression or within 6 months) or Acquired Resistance (progression following initial response or stable disease of 6 months)^{2,3,4}.

Objectives

- (1) Evaluate site-specific patterns of response to anti-PD-(L)1 therapy.
- (2) Study the management following progression to anti-PD-(L)1 therapy.

Methods

- Retrospective observational study of patients with advanced MCC who received anti-PD-1 therapy or anti-PD-L1 therapy.
- Patient data was collected from 13 international centres.
- Data included demographics, baseline characteristics, outcomes and subsequent treatments.
- Descriptive Analyses were performed using standard methods and survival analyses using the Kaplan-Meier Method.

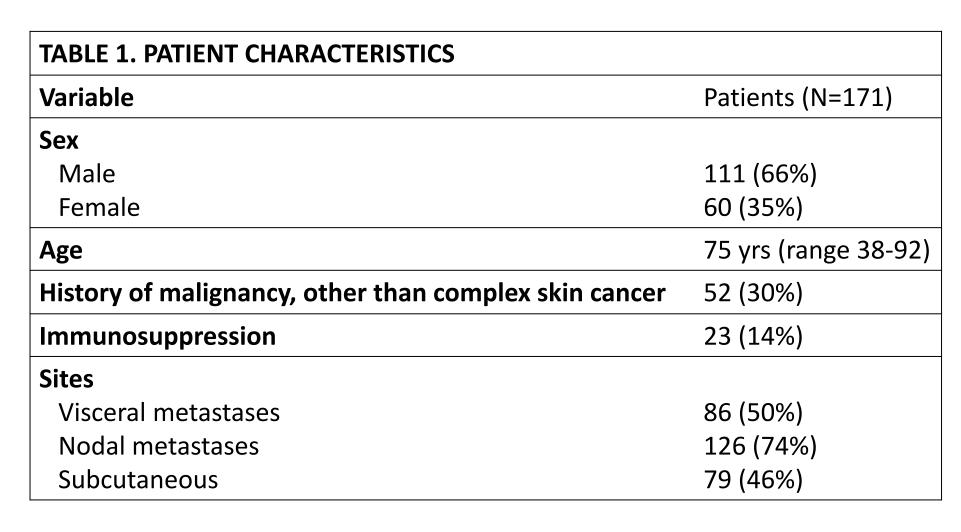
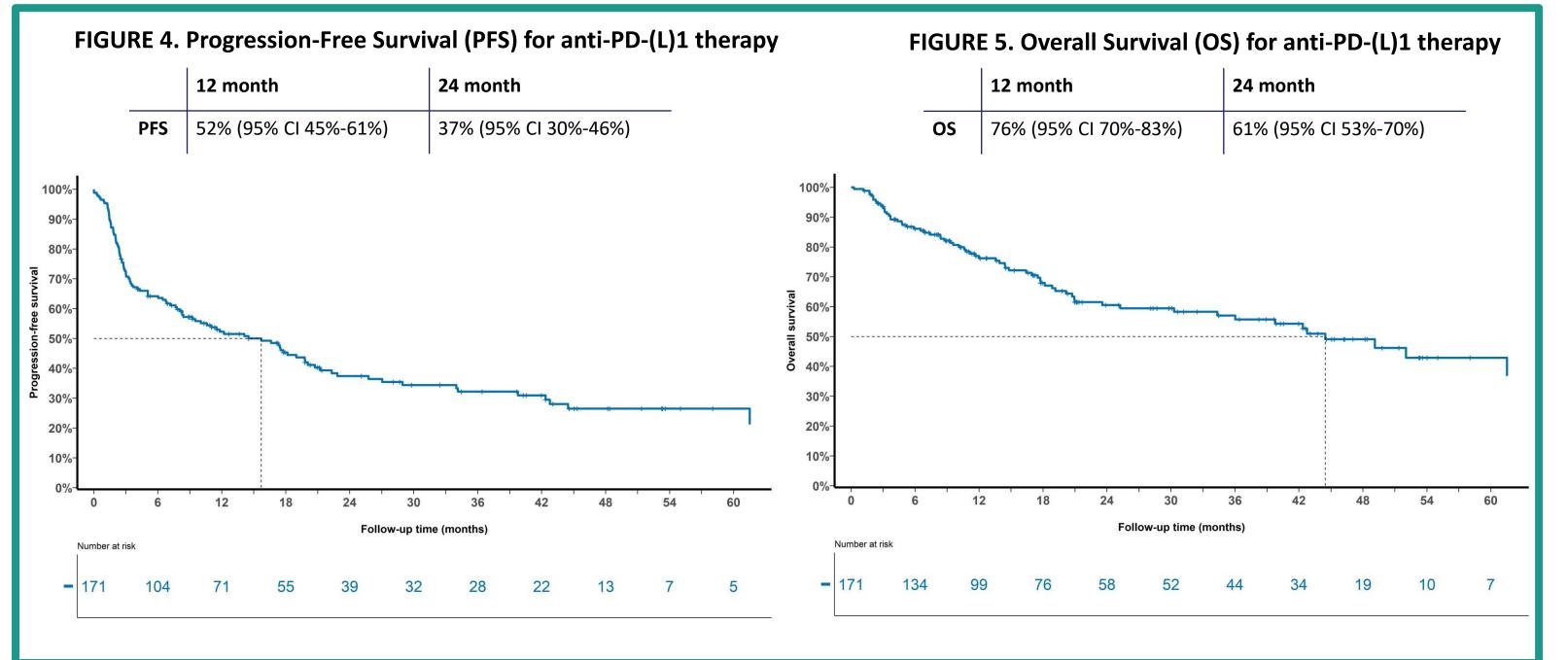
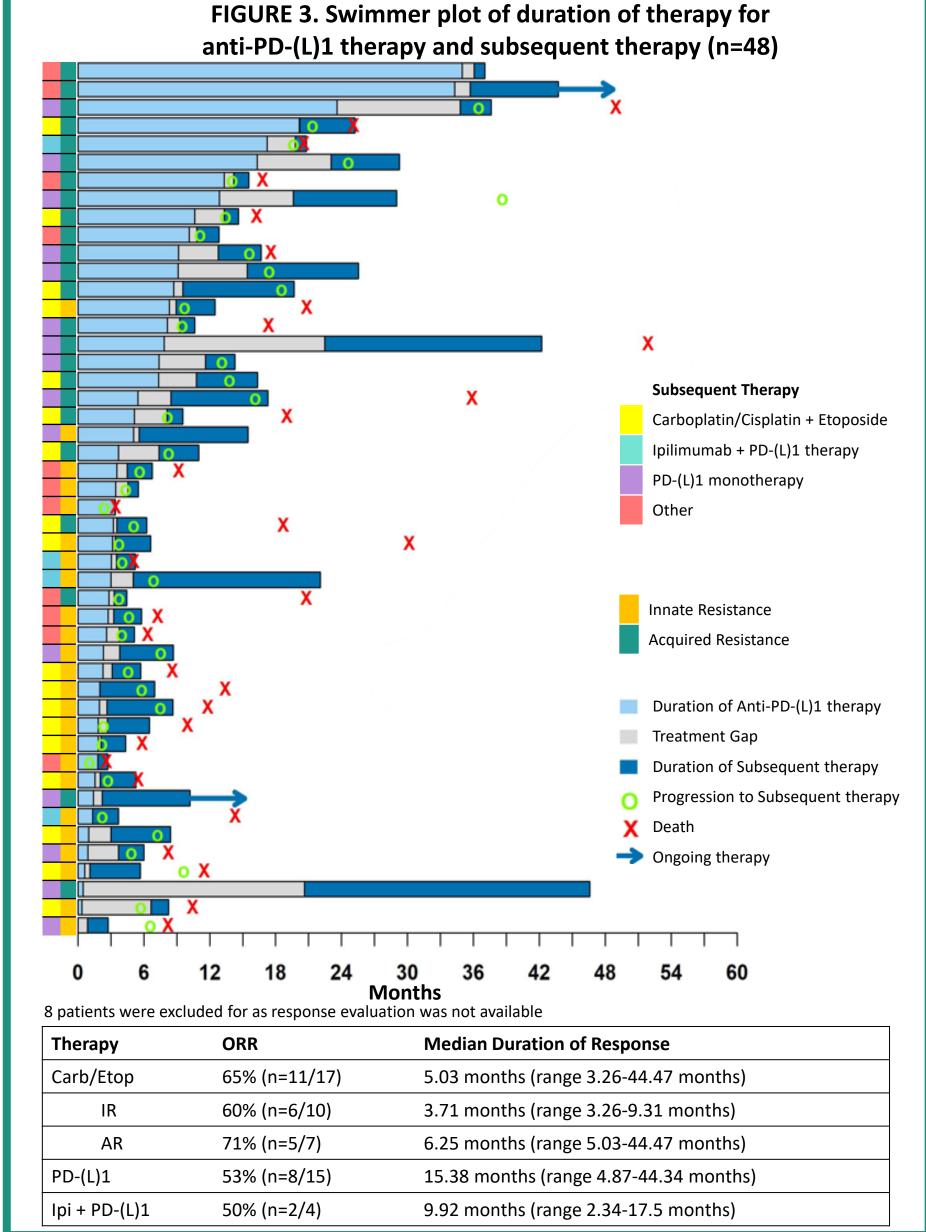


FIGURE 2. Best Objective FIGURE 1. Site specific response and progression to anti-PD-(L)1 therapy Response to anti-PD-(L)1 therapy Progressive **Complete** Disease Response 30% 30% Stable **Disease Partial** Response GI including Tissue 23% ■ Complete Response ■ Partial Response ■ Stable Disease ■ Progressive Disease ■ New disease





Conclusions

- Patterns of response to anti-PD(L)1 therapy in Merkel Cell Carcinoma differs from other skin cancers with greater response in liver and bone metastases versus nodal and subcutaneous disease, suggesting unique Merkel Cell Carcinoma biology.
- Subsequent therapy with either Carboplatin/Etoposide or re-challenge with anti-PD-(L)1 therapy demonstrated good response rates with re-challenging with anti-PD-(L)1 therapy having more durable response.

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Results

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