Indeterminate imaging during immunotherapy treatment

Clinical Case Study

STAGE IV MELANOMA PATIENT

Age: 71

Medical history: History of stage IB melanoma on her right calf. Diabetes managed with metformin.

Mutation status: BRAF wildtype

Presentation
- Non-ulcerated, superficial, spreading malignant melanoma, 1.9 mm in thickness
- CT scan revealed multiple liver metastases
- ECOG PS: 1

Diagnosis
Recurrent malignant melanoma with liver metastases

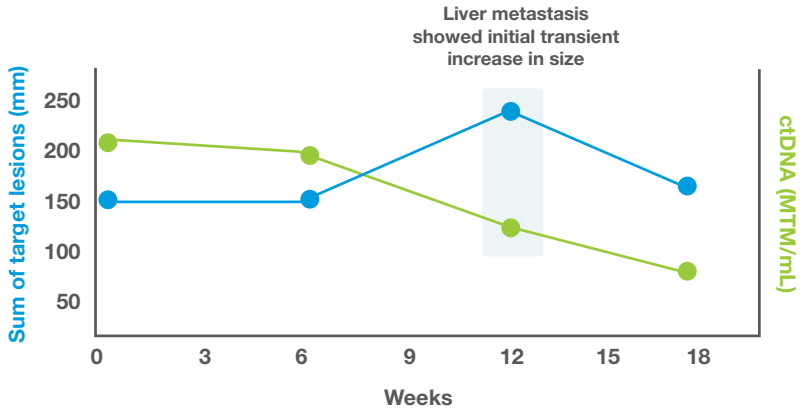
Treatment
Nivolumab (2 mg/kg q3w)

Pathology
- Right iliac and inguinal adenopathy, and nodular lesions in the right thigh
- BRAF status: wild type
- LDH elevated (299 unit/L; normal <226 unit/L)

Would you consider single-agent nivolumab for this patient? Would ctDNA monitoring be useful for deciding whether ipilimumab should be added?

Signatera ctDNA can bring clarity where imaging falls short

What do you currently do if tumor response from scans are indeterminate (eg, pseudo-progression, long-term stable disease)?



How do you currently rule out pseudoprogression?

What clinical factors do you use to evaluate patients treated past progression?

Patient perspective

Patient was relieved to know that her Signatera ctDNA levels were trending downwards, even though there was a transient increase in liver metastasis.

Key takeaway

In cases where pseudoprogression is suspected, or a suspicious lesion appears even though target lesions are shrinking, Signatera ctDNA results can help confidently determine response to immunotherapy.

> *To have as much confidence as possible to know our disease is being monitored with the most effective tools is priceless.*
>
> LUANN, PATIENT

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