

# 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

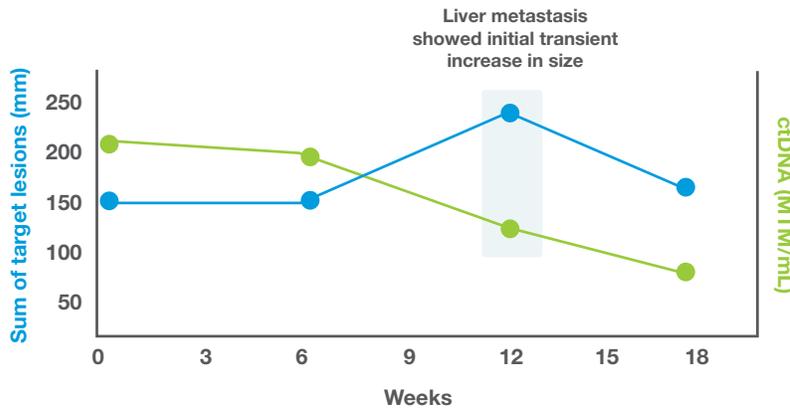
- Right iliac and inguinal adenopathy, and nodular lesions in the right thigh
- BRAF status: wild type
- LDH elevated (299 unit/L; normal <226 unit/L)



**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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