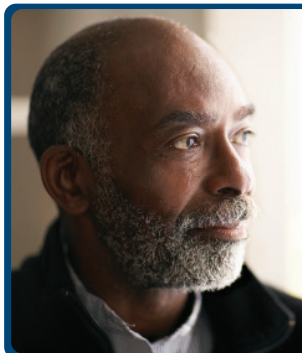


Early tumor progression during first-line immunotherapy treatment

Clinical Case Study



STAGE IV NSCLC PATIENT

Age: 65

Medical history: Non-smoker, otherwise healthy

Mutation status: No driver mutations

PD-L1 expression: 30%



Presentation

- Patient complained of a persistent cough
- Evaluation revealed a 3.4 cm mass in the left lower lobe and several small liver nodules
- ECOG PS: 1



Diagnosis

Advanced NSCLC with liver metastases



Treatment

Pembrolizumab (2 mg/kg q3w) was chosen as first-line therapy due to hesitancy of patient to start chemotherapy and low tumor burden, with plans to add on chemotherapy if patient isn't responding well



Pathology

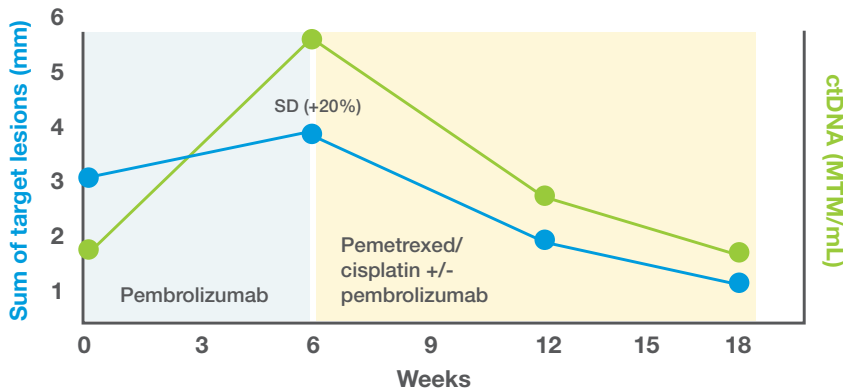
- Adenocarcinoma
- Tumor was negative for *EGFR*, *ROS1*, *RET*, *BRAF*, *HER2*, and *NTRK*, and immunohistochemistry showed no *ALK* rearrangements
- PD-L1 expression: 30%
- Normal creatinine levels and liver function



What solid tumor types would you start with single-agent immunotherapy and escalate to combination therapy after determining early non-response?

Signatera ctDNA can help with decisions on changes in therapy approach

What types of patients might you start with single-agent immunotherapy, and wait to decide whether to add another therapy?

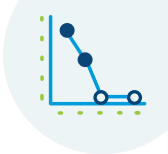


In what types of patients would you consider initiating front-line treatment with single-agent immunotherapy?

What clinical factors do you currently use to evaluate when a switch from single-agent immunotherapy to combination therapy is needed?

Patient perspective

The patient opted to initiate with single-agent immunotherapy at diagnosis due to concerns with chemotherapy toxicities. Rising Signatera ctDNA results convinced him that adding chemotherapy will give him the best chance at stabilizing the disease.



Key takeaway

Use Signatera ctDNA results to evaluate early response or non-response to single-agent immunotherapy approaches, and determine whether to pivot to a combination therapy approach.

Because of Signatera, I can put cancer in a box on a shelf with confidence and live in three month intervals between scans with more confidence.
LUANN, PATIENT

Learn more at nateraoncology.com