

Discontinuing immunotherapy treatment due to prolonged, durable complete response

Clinical Case Study



STAGE IV NSCLC PATIENT

Age: 63

Medical history: Former smoker, otherwise healthy

Mutation status: No driver mutations

PD-L1 expression: 20%



Presentation

- Patient complained of dyspnea on exertion
- CT scan showed a left lung mass, multiple enlarged lymph nodes in both hilum and mediastinum
- ECOG PS: 1



Diagnosis

NSCLC with distant metastases in the right cervical lymph node and bilateral adrenal glands



Treatment

Pembrolizumab (2 mg/kg) + pemetrexed + carboplatin (Q3W) was chosen as initial therapy, followed by maintenance treatment with pembrolizumab monotherapy after stabilization of tumor response



Pathology

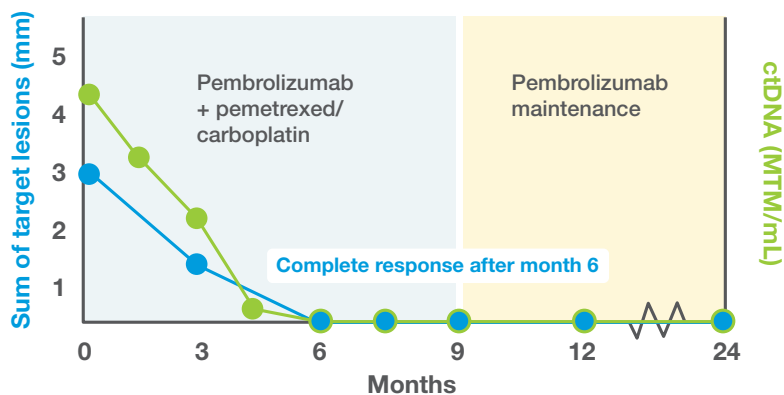
- Following puncture biopsy, adenocarcinoma was confirmed by pathology
- *EGFR* wild-type, and that *ALK* rearrangement and *ROS1* gene fusion were negative
- The expression of PD-L1 was 20%



What criteria do you use to define which advanced solid tumor patient treated with immunotherapy might be a long-term or exceptional responder?

Signatera ctDNA clearance confirms prolonged complete response

How do you currently manage a patient with prolonged complete response to immunotherapy?



What factors do you use to determine when a patient can stop immunotherapy?

What is your monitoring plan for recurrence and potential immunotherapy rechallenge?

Patient perspective

Patient inquired whether discontinuing immunotherapy would be possible due to her exceptional response to treatment, but is also worried about recurrence. Having Signatera available as an additional tool to monitor ctDNA for early signs of recurrence is helpful in the decision-making process with her physician.

Key takeaway

Signatera ctDNA clearance may provide additional insight into recurrence risk and help determine whether a treatment break or discontinuation is appropriate.

Signatera let's me live, smile and know I am doing all I can to catch any recurrence early and we all know. When it comes to cancer, early is good.

LUANN, PATIENT

Learn more at [nateraoncology.com](https://www.nateraoncology.com)

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