News Briefing: Highlights from the 2018 Multidisciplinary Head and Neck Cancers Symposium

Tuesday, February 13, 2018
News Briefing: Highlights from the 2018 Multidisciplinary Head and Neck Cancers Symposium

Moderator: Danielle Margalit, MD, Dana-Farber Cancer Institute

A Randomized, Open-Label, Multicenter, Global Phase 2 Study of Durvalumab (D), Tremelimumab (T), or D Plus T in Patients With PD-L1 Low/Negative Recurrent or Metastatic (R/M) Head and Neck Squamous Cell Carcinoma (HNSCC): CONDOR

Lillian Siu, MD, Princess Margaret Cancer Centre

Safety evaluation of nivolumab (Nivo) concomitant with platinum-based chemoradiotherapy (CRT) for intermediate (IR) and high-risk (HR) local-regionally advanced head and neck squamous cell carcinoma (HNSCC): RTOG Foundation 3504

Maura Gillison, MD, PhD, University of Texas MD Anderson Cancer Center

A Phase II Trial of Cabozantinib for the Treatment of Radioiodine (RAI)-refractory Differentiated Thyroid Carcinoma (DTC) in the First-line Setting

Marcia S. Brose, MD, PhD, Perelman School of Medicine, University of Pennsylvania

OPTIMA—A Phase II Trial of Induction Chemotherapy Response-Stratified RT Dose and Volume De-escalation for HPV+ Oropharynx Cancer: Efficacy, Toxicity, and HPV Subtype Analysis

Tanguy Seiwert, MD, University of Chicago Medicine
OPTIMA—A Phase II Trial of Induction Chemotherapy Response-Stratified RT Dose and Volume De-escalation for HPV+ Oropharynx Cancer: Efficacy, Toxicity, and HPV Subtype Analysis

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Disclosure

• I work for the University of Chicago

• Honoraria: AstraZeneca, Bristol-Myers Squibb, Innate, Oncolys, Merck, Nanobiotix

• Research Funding: Bristol-Myers Squibb, Jounce, Merck
Background

• HPV+ head and neck cancer:
  • Improved outcomes with curative intent radiation therapy
  • De-escalation approaches are feasible & efficacious
    • e.g. ECOG 1308, RAVD volume de-escalation
    • GOAL is to reduce long-term side effects
  • Despite good prognosis, some HPV+ tumors behave aggressively and are unlikely to be de-escalation candidates
  • Predominant pattern of failure is distant failure
The University of Chicago De-Escalation Approach

• Induction chemotherapy
  • Lower risk of distant failure
  • Identify adverse tumor biology

→ Stratify treatment by response (e.g. RAVD, RADD)

1. Reduce concurrent chemotherapy
2. Reduce RT dose and volume (or ongoing employ TORS selectively)
Low Risk

≤T3 &
≤N2B &
≤10 PYH

High Risk

T4 or
≥N2C or
>10 PYH

Induction
Chemotherapy x 3 Cycles

1) Carboplatin
AUC=6, d1
2) Nab-paclitaxel
100 mg/m²
d1/d18/d15

Radiologic Assessment of Response

≥ 50%

Low-dose RT
PTV1: 50 Gy

< 50%

Low-dose CRT
PTV1: 45 Gy
PTV2: 30 Gy

Standard CRT
PTV1: 75 Gy
PTV2: 45 Gy

Enrolled on Protocol (N = 62)

Low Risk (N = 28)

High Risk (N = 34)
## Methods

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Low Risk ((N = 28))</th>
<th>High Risk ((N = 34))</th>
</tr>
</thead>
<tbody>
<tr>
<td>T-Stage – No. (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td>23 (82.1)</td>
<td>19 (55.9)</td>
</tr>
<tr>
<td>3</td>
<td>5 (17.9)</td>
<td>8 (23.5)</td>
</tr>
<tr>
<td>4</td>
<td>--</td>
<td>7 (20.6)</td>
</tr>
<tr>
<td>N-Stage – No. (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-2a</td>
<td>3 (10.7)</td>
<td>4 (11.8)</td>
</tr>
<tr>
<td>2b</td>
<td>25 (89.3)</td>
<td>18 (52.9)</td>
</tr>
<tr>
<td>2c-3</td>
<td>--</td>
<td>12 (35.3)</td>
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</tbody>
</table>
Results

**Overall Survival**
- 2.5-year OS: 85.7%

**Progression-Free Survival**
- 2.5-year PFS: 91.0%
- 2.5-year PFS: 93.8%

- **Follow-Up**
  - 2.5-year OS: 97.0%
  - Mean 22.8 months
  - Range 9.1–39.4 months
Pathologic CR Rates:

- Low-dose RT: 94.7% (18/19)
- Low-dose CRT: 89.3% (25/28)
  - Low risk pts: 100% (6/6)
  - High risk pts: 86.4% (19/22)
## Treatment Arm vs Acute Toxicity (%)

<table>
<thead>
<tr>
<th>Treatment Arm</th>
<th>Grade ≥3 Mucositis (%)</th>
<th>P-Value</th>
<th>Grade ≥3 Dermatitis (%)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low dose RT</td>
<td>15.0</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Low dose CRT</td>
<td>46.7</td>
<td>0.01</td>
<td>10.0</td>
<td>0.002</td>
</tr>
<tr>
<td>Standard CRT</td>
<td>63.6</td>
<td></td>
<td>45.5</td>
<td></td>
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</table>

## PEG-Dependency (%)

<table>
<thead>
<tr>
<th>Treatment Arm</th>
<th>6 Mos.</th>
<th>12 Mos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low dose RT</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Low dose CRT</td>
<td>6.9</td>
<td>3.5</td>
</tr>
<tr>
<td>Standard CRT</td>
<td>18.2</td>
<td>9.1</td>
</tr>
</tbody>
</table>
Conclusion

• OPTIMA approach is feasible and efficacious

• Majority of patients received de-escalated treatment with limited-field 50Gy RT or 45Gy CRT including patients with high-risk nodal stages of disease
  • Excellent pCR and survival outcomes
  • No failures in omitted elective coverage

• Toxicity improved with de-escalation
Interview Requests and Other Questions

press@astro.org
703-286-1600

On-site Press Office in Scottsdale
  Parke Room, Westin Kierland
  February 15-16, 8am-4pm MT

A video of the recording will be available following the briefing at
  www.astro.org/AMpress