Cemiplimab Treatment of cutaneous Squamous Cell Carcinoma In An Older Adult Can Be Safe and Effective

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Background

Skin malignancies on the scalp have multifactorial causes, but most are related to environmental factors such as exposure to UV radiation, and host factors such as immunosuppression. Basal cell carcinoma is the leading cause of malignant scalp tumors, with cutaneous squamous cell carcinoma being the second most prevalent scalp malignancy. Individualized and careful consideration should be made for the treatment of squamous cell carcinoma of the scalp with consideration with eventual cosmesis being an important consideration. We present a case of a patient with an extensive history of cutaneous scalp malignancies complicated by poor performance status and advanced age.

Case

The patient is a 95-year-old male with a past medical history of melanoma of the scalp with resection in 1972, basal cell carcinoma and squamous cell carcinoma (SqCCa). Most recently the patient was managed in the dermatology clinic for a 5 x 5 cm fungating SqCCa on the left scalp. He was managed with two courses of intralesional 5-FU and several attempts at tumor debulking. Due to the history of extensive radiation of the scalp and other multiple foci of squamous cell carcinoma on the scalp, the patient was a candidate for additional radiation or resection. The patient was then referred to medical oncology for consideration of systemic therapy. After extensive discussion regarding risks and benefits of immunotherapy, the PD1-targeting cemiplimab. On one-month follow-up patient reported less drainage of the primary scalp lesion, with scalp lesion increasingly more scabbed and with apparent separation from the scalp (see poster figures). After two months of treatment, the left anterior scalp lesion decreased in size to 3 x 3 cm with no further drainage and no visible soft tissue. At six months of therapy with cemiplimab, dermatology successfully debulked the mass and was judged to be completely responsive (see poster figures). As maximum palliation was achieved the decision was made to stop immunotherapy with close clinical monitoring for disease progression.

Conclusion

This case presents a patient with a previous melanoma of the scalp that was resected in 1972 and a history of basal cell carcinoma before being diagnosed with cutaneous squamous cell carcinoma of the scalp at age 95. Older individuals are usually excluded from clinical trials due to several comorbidities, increased sensitivity and toxicity to chemotherapy or radiotherapy, and physiological changes such as decreased organ function. The risks often outweigh the benefits, especially when elderly patients may be frail and cannot withstand aggressive intervention. Surgical excision has been the gold standard treatment option for squamous cell carcinoma. To ensure the complete removal of malignancy, conventional excision must include the tumor, the surrounding erythema as well as a 4-6 mm margin of clinically normal-appearing skin for low-risk SqCCa (Combalia 2020). Surgical therapy is not indicated for all patients, therefore, photodynamic therapy, laser ablation, electrocoagulation, cryosurgery, topical imiquimod or 5-fluorouracil are nonsurgical treatment options for low-risk SqCCa. Drugs such as cetuximab and panitumumab are epidermal growth factor receptor inhibitors are used for the treatment of advanced, unresectable SqCCa but with limited efficacy. Cemiplimab and other PD1 targeting drugs are now considered the preferred first-line therapy for locally advanced and metastatic unresectable squamous cell carcinoma of the skin.