

# Optimizing the patient journey in CSCC through multidisciplinary collaboration

# Disclaimer

- Unapproved products or unapproved uses of approved products may be discussed by the faculty; these situations may reflect the approval status in one or more jurisdictions
- The presenting faculty have been advised by USF Health and touchIME to ensure that they disclose any such references made to unlabelled or unapproved use
- No endorsement by USF Health and touchIME of any unapproved products or unapproved uses is either made or implied by mention of these products or uses in USF Health and touchIME activities
- USF Health and touchIME accept no responsibility for errors or omissions

# Assessing patient suitability for surgery or radiotherapy in CSCC

Radiation Oncologist

Dr Agata Rembielak

The Christie NHS Foundation Trust,  
Manchester, UK



Head & Neck Surgeon

Prof. Francesco Bussu

Università degli Studi di Sassari,  
Sassari, Italy



# Patient case: History and diagnosis

## Patient history

**83-year-old male**

### Comorbidities

- Alzheimer's disease
- Left ventricular hypertrophy

### Relevant medical history

- **2015** – BCC of nasolabial fold
- **2018** – CSCC on the left temporal area (lymphoepithelial features)
  - **February 2018** – resected by dermatologic surgery (pT1R0 primary closure)
  - **May 2018** – swelling in the left parotid gland



## Diagnosis

- **June 2018** – FNAC
  - Cytology report finding suspicious for CSCC metastasis

### Cytology report – June 2018

**Sample:** left preauricular tumefaction

### Diagnosis:

- Abundant necrotic-haemorrhagic tissue
- Lymphocytes and histocytes
- Acinar cells of the salivary gland
- Numerous epithelial cells of atypical morphology, compatible with carcinoma

# Patient case: Treatment

## Surgical resection

July 2018

- Left parotidectomy with preservation of the facial nerve
- Left functional neck dissection of level II, III and IV lymph nodes
- Radiotherapy was not administered due to comorbidities (severe Alzheimer's disease)



## Histology report

July 2018

### Histology report on surgical sample

- Moderately differentiated CSCC metastasis
- Necrotic areas in two intraparotid lymph nodes
- Remaining lymph nodes (n=18) not reactive
- Section of the parotid gland, fibroconnective and adipose tissue free from neoplastic infiltration

# Patient case: Follow-up

## Radiographic examination

### May 2020: ~2-year follow-up

- Face, neck and chest CT scan

### December 2021: ~3.5-year follow-up

- Last ultrasound and chest X-ray



## Long-term outcome



- **No evidence of recurrence**
- **No long-term morbidities**  
(e.g. facial deficit, Frey syndrome, cranial XI nerve deficit)

# Evaluating the role of systemic therapies in inoperable CSCC

Dermatologist

Prof. Caroline Robert  
Gustave Roussy,  
Villejuif, France



Dermato-oncologist

Dr Joël Claveau  
Laval University  
Quebec City, Canada

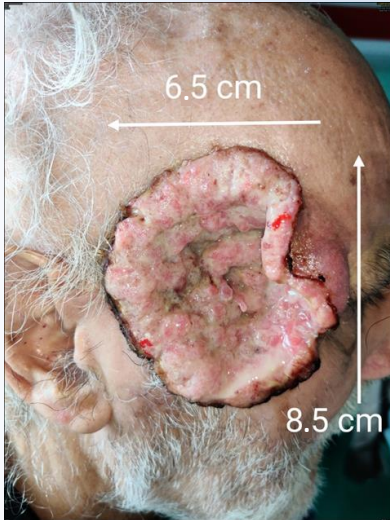


# Patient case: History, diagnosis and treatment

## Clinical patient presentation

### 88-year-old male

- Rapidly growing lesion on the left temporal area
- No pain



## Clinical assessment and diagnosis

### Biopsy

- Invasive, aggressive CSCC with perineural invasion

### Lymph node FNA

- No metastasis

### CT scan

- No distant metastases

### Clinical evaluation

- Systolic murmur revealing a tight aortic stenosis
- Small regional lymph nodes

### Cardiac evaluation

- Myocardial ejection fraction (left): 55%
- Transcatheter aortic valve implantation to be programmed after treatment of CSCC

### Treatment decision

- Patient ineligible for surgery
- Systemic treatment with cemiplimab





# Patient case: Cardiovascular event

48 hours after the first cemiplimab infusion



- Elevated troponin levels, which were normal before infusion
- Ejection fraction: 44%
- Myocardial akinesia (anteroseptal and inferior)



Intensive cardiology unit

## Coronarography

- Bitroncular lesions – stent

## Myocardium MRI

- No myocarditis but an extended ischaemic area

## Myocardial biopsy not performed

- Deemed too dangerous for the patient

# Patient case: Treatment outcome



Baseline



2-month follow-up



10-month follow-up



- CR after 12 months
- CR maintained at 32 months