



The Melting Face: Pembrolizumab in Locally Advanced Squamous Cell Carcinoma

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Clinical image description

A 56-year-old female from Ukraine presented with enlarging mass on her left cheek. Mass had appeared one year ago and significantly increased in size over the last three months. Physical exam demonstrated a large, friable, firm, exophytic mass, 8-10 cm in size on the left cheek with surrounding erythema extending up to eyelid and nasal ala. There was no palpable lymphadenopathy. On CT neck with contrast, mass was seen to extend from left maxillary sinus to the left anterior mandible measuring 8.8 cm. Enlarged Level IB neck lymph nodes were also noted. Laboratory data was unremarkable except for mild

hypercalcemia of 11 mg/dl. Shave biopsy of the mass was obtained which was positive for squamous cell carcinoma of the skin. Given large and extensive mass patient was not felt to be a candidate for curative surgery or radiation. Medical Oncology assessed the patient for neoadjuvant therapy. Cemiplimab was not available at our hospital thus Pembrolizumab 200mg intravenous every 21 days was started as monotherapy. Patient had a dramatic clinical response after her first cycle and more so after completing 4 cycles. CT neck after completion of treatment only showed residual skin thickening and fat stranding where there was a prior 8.8 cm lesion.



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Figure 1: Initial encounter prior to treatment of locally advanced SCC (Squamous Cell Carcinoma) of the skin: Firm, non-tender, exophytic mass on left cheek (8.8 x 3.8 x 4.5 cm) with surrounding erythema extending up to eyelid and nasal ala.



Figure 2: Post 1 cycle of Pembrolizumab: About 1 week after treatment with Pembrolizumab 200 mg IV. Mass appeared larger to the naked eye (about 15 cm). Foul smell was present along with sites of necrotic and granular tissue as seen above.



Figure 3: Skin lesion 2 days prior to receiving cycle 2 of Pembrolizumab showing dramatic response.



Figure 4: Locally advanced SCC status post 4 cycles of Pembrolizumab alone without RT (Radiation Therapy).

Discussion

In 2018, Cemiplimab, a novel PD-1 inhibitor, was approved as first line systemic therapy in locally advanced cutaneous squamous cell carcinoma for patients who are not candidates for curative surgery or radiation. More recently, on July 6th, 2021, the FDA approved an expanded label for Pembrolizumab for the same indication. In this submission, we attempt to highlight the importance of Pembrolizumab in treating our patient with squamous cell cancer who had excellent results. This is particularly important since availability of Cemiplimab is limited in certain care settings while Pembrolizumab is widely accessible.