ABSTRACT BOOK ABSTRACTS



A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

MELANOMA AND MELANOCYTIC NAEVI

HYPERPROGRESSION UNDER ADJUVANT ANTI-PD1 AGENTS IN A PATIENT WITH MELANOMA

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Background: The advent of immune checkpoint inhibitors (ICI) has revolutionized the therapeutic approach of advanced melanoma. The anti-programmed cell death 1 protein (anti-PD-1) agents have recently demonstrated their efficacy in the adjuvant setting. We report a case of hyperprogression of BRAFV600E mutant stage III melanoma treated with adjuvant nivolumab after resection of cervical lymph node metastases.

Case report: A 40-year-old female with BRAFV600E mutant stage III melanoma was referred to our centre for disease management after cervical lymph node resection. Adjuvant nivolumab was initiated. The patient developed 10 days after the initiation of the treatment a compressive cervical mass. CT-scan revealed hepatic metastases. The treatment was interrupted and switched for BRAF and MEK inhibitors (dabrafenib and trametinib). The scheduled biopsy was not performed as the tumour mass decreased rapidly. However, three weeks later, the patient presented again tumour progression with compressive cervical mass for which the treatment was switched for encorafenib and binimetinib and radiation. The patient eventually died from respiratory failure due to compressive cervical mass at home.

Conclusion: This case illustrates the risk of hyperprogression under anti-PD-1 agents. Pseudoprogression has not been ruled out as we switched the treatment and could not perform the biopsy. Hyperprogression has never been reported in the adjuvant setting. Understanding the mechanism underlying the occurrence of hyperprogression under anti-PD-1 therapy is necessary to select patients who will benefit from the treatment. The case will be illustrated with clinical and CT-scan findings.



24TH WORLD CONGRESS OF DERMATOLOGY MILAN 2019



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