

# HNSCC: KOL Insight [2017]

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## Abstracts

How will immunotherapy continue to shape the HNSCC treatment landscape?

The availability of Merck &Co.'s Keytruda and BMS' Opdivo has already transformed the second-line treatment of head and neck squamous cell carcinoma (HNSCC) in the US and further immunotherapy approvals are expected to fuel the continuing evolution of the treatment algorithm. KOL's weigh in on the prospects for expanded use of Keytruda and Opdivo, as well as the potential opportunity for newer immunotherapies such as AstraZeneca's durvalumab, Merck Group/Pfizer's avelumab and Tessa Therapeutics' T-cell therapy TT10. Meanwhile, how will Eli Lilly/Merck Group's Erbitux secure its market presence as the competitive environment heats up? How are key clinical trials set to shape treatment decisions in HNSCC?

6 US and 6 EU KOLs offer their candid insights on these issues and more

Take a tour of the report now:

The table of contents

The key business questions answered

The key KOL quotes

See the therapies covered

Find out who the 6 EU & 6 US KOLs are

Review an extract from the report - 1 drug profile

## Top Takeaways

Distinctly different approaches are being adopted by BMS and Merck & Co. in the race to capture the lucrative first-line recurrent/metastatic space. How do KOLs compare and contrast these approaches, and where could durvalumab fit in?

Immunotherapy has transformed the second-line treatment of recurrent/metastatic HNSCC. But how do the clinical profiles of Keytruda and Opdivo compare, and how will oncologists choose between them?

Could avelumab prove an effective treatment for locally advanced HNSCC? And could nasopharyngeal carcinoma provide an additional niche opportunity for this PD-L1 inhibitor?

Combination immunotherapy is seen as a high-risk, high-reward strategy. KOLs rate the potential of such treatment strategies against a backdrop of scarce data and high expectations.

The EXTREME regimen is firmly entrenched as the first-line standard of care for recurrent/metastatic HNSCC. But what opportunities and threats lie ahead for Erbitux?

Could EBV-specific T cells constitute an effective treatment for nasopharyngeal carcinoma? What potential barriers could curtail the widespread use of TT10 in HNSCC therapy and how could they be mitigated?

What place could predictive biomarkers have in guiding the use of immunotherapies in the treatment of HNSCC? Will cost and differential responses restrict the use of immunotherapy to specific patient subgroups in the longer term?

## Quotes

“Pembrolizumab and nivolumab are pretty much interchangeable; [but] the convenience of every three weeks trumps the every two week. It’s also potentially very likely that the payers will also find a preference for one or the other, depending on cost, potentially forcing the clinicians as to which one we choose.” US Key Opinion Leader

"I think immunotherapy will play a bigger role, and will be integrated into early therapy lines. It could be used in first line and in the curative intent setting, local regional advanced adjuvant or in combination with radiation. Immunotherapy will be at the forefront of development." US Key Opinion Leader

Sample of therapies covered

Marketed Therapies

Erbitux (cetuximab; Eli Lilly/Merck Group)

Keytruda (pembrolizumab; Merck & Co.)

Opdivo (nivolumab; Bristol-Myers Squibb)

Pipeline Therapies

Afatinib (Gilotrif/Giotrif; Boehringer Ingelheim)

Durvalumab (MEDI4736; AstraZeneca)

Avelumab (PF-06834635; Merck Group/Pfizer)

TT10 (EBV specific T cells; Tessa Therapeutics)

Plus 3 more - download the full list now

Sample of KOLs interviewed

KOLs from North America

Neal Ready, Associate Professor of Medicine, Member of the Duke Cancer Institute, Duke University School of Medicine, Durham, NC.

A. Dimitrios Colevas, Associate Professor of Medicine (Oncology) and Head and Neck Surgery, Stanford University Medical Center, Stanford, CA.

Bruce E. Brockstein, Division Head, Hematology/Oncology, Department of Medicine, Medical Director, Kellogg Cancer Center, Highland Park, IL.

#### KOLs from Europe

Caroline Brammer, Consultant in Clinical Oncology, The Clatterbridge Cancer Centre, Bebington, UK.

Bernie Foran, Consultant Clinical Oncologist and Honorary Senior Lecturer, Weston Park Hospital Sheffield, UK.

Anonymous German KOL, Professor, Division of Hematology and Medical Oncology and Deputy Director, Major University Hospital, Germany.

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