



Where Science Becomes Hope

Patient-Based Panel Discussion Head & Neck Malignancies

- All Speakers: Drs. Saba, Stocks, Kang
- Case presented by Emory University Hematology fellow: Abraham Attah MD

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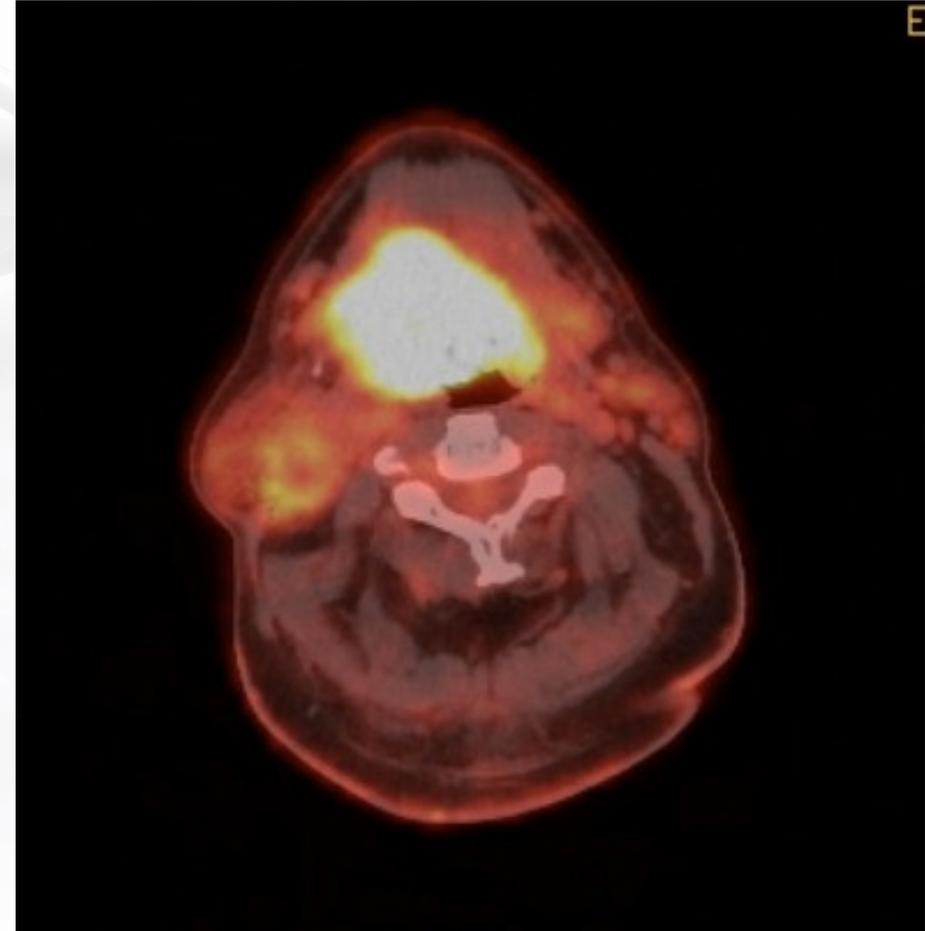
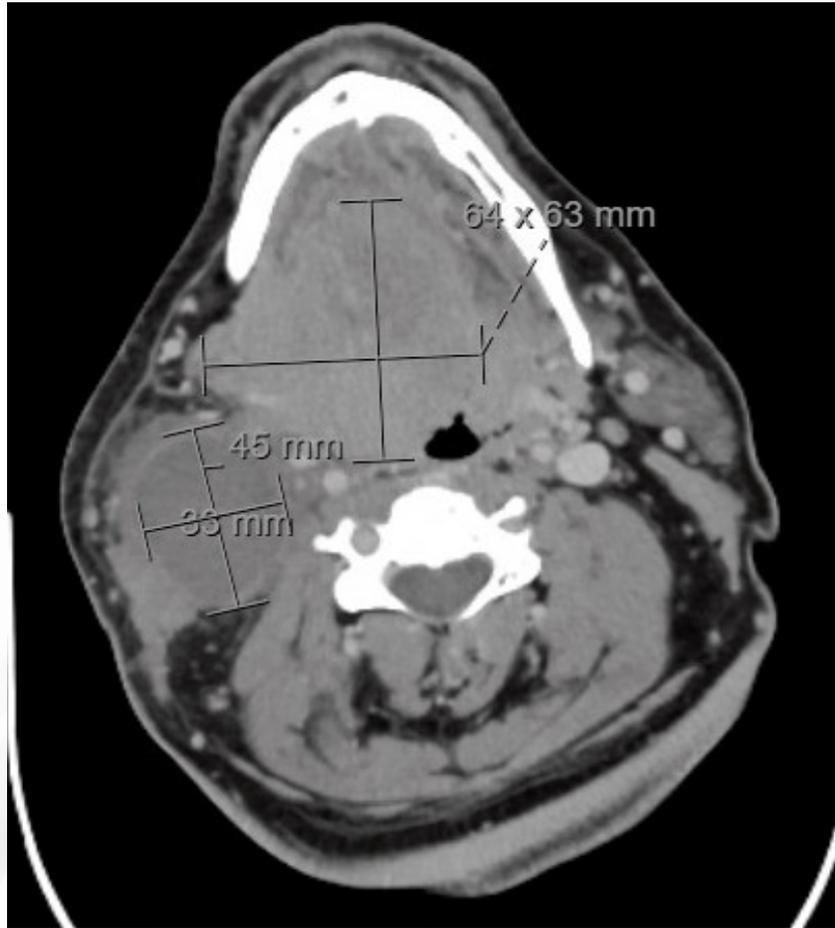


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Clinical Course

- 56M admitted for progressive dysphagia. Imaging with 7.4 BOT mass with local invasion, multiple cervical lymph nodes, no distant metastasis. PET CT with similar findings
- Biopsy confirmed SCC, HPV 16 +ve, PD L1 5%. Definitive CRT per tumor board
- completed cCRT with weekly cisplatin for stage III (cT4N2M0) disease
- PET post treatment with stable disease

Imaging



Panel discussion

- If this patient had resectable dx with high-risk features, what are your thoughts on the role of concurrent/adjuvant immunotherapy based on the NIVOPOSTOP trial? Would this treatment option apply to our patient?
- If our patient had persistent disease following cCRT and got resected, would he qualify for the concurrent/adj nivo based on the NIVOPOSTOP trial?

Clinical course

- Post treatment PET CT negative, he was continued on surveillance
- 7 months after, scans with PD in lungs, biopsy confirmed metastatic disease
- Started on pembro, most recent scans with stable disease

Panel discussion

- Can you discuss subsequent treatment options for this patient if he progressed on pembro? How would you sequence them?
- If this patient was a candidate for nivolumab per NIVOPOSTOP trial and later progressed, would you still consider another immunotherapy as part of subsequent treatment?