

Complete response of stage IV pancreatic cancer combining low-dose checkpoint inhibitors with interleukin-2 (IL-2) and fever range hyperthermia

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Advanced stage inoperable pancreatic cancer has a poor prognosis and patients rarely enjoy durable complete response to treatment; progression free survival often is limited.

Materials and methods: The patient was a 45-year-old male newly diagnosed 05/2017 with adenocarcinoma of the pancreas with histological confirmation of primary invasive ductal adenocarcinoma of the pancreas with disseminated liver metastasis (>20 single lesions up to 2cm) and a single large peritoneal deposit (2.7×2.0×3.9 cm) close to the caecum. There was small volume malignant ascites. Histology revealed adenocarcinoma stage UICC IV T2 N2 M1 (hepar, peritoneum) with disseminated para-aortal and celiac lymph node metastasis. The patient underwent one-time neoadjuvant CHT with Gemcitabine–Abraxane prior. Therapy consisted of administration of combination protocol with Checkpoint inhibitor therapy (anti PD-1/CTLA-4) in combination with endogenous and exogenous

hyperthermia as described previously.

Results: First restaging 11/2017 three month following initiation of therapy with CT of abdomen and pelvis demonstrated major partial remission with decrease of the size of disseminated liver metastasis and no measurable primary pancreatic tumour, vanishing of the previously described lymphadenopathy. At that time the patient had started gaining weight again and was free of any cancer-related symptoms. Second restaging 05/2018 nine months following initiation of therapy with CT of the abdomen and indicated complete remission. Follow-up time now is 1½ years. Patient is healthy and free of any symptoms.

Conclusion: This is one of several cases of advanced stage cancer patients having a complete response to primary immunotherapy treatment. Clearly, this combination immune therapy warrants further clinical studies.

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