Radionecrosis (RN) is a complication of cerebral radiotherapy (RT) and anti-PD-1 antibodies (PD1) that may have synergistic improvement in efficacy.

Methods

Population: Patients treated with anti-PD-1 + WBRT/SRS, who survived > 1 year, we sought to explore:

The incidence of radionecrosis
Predictive factors of radionecrosis
Features of radionecrosis
Management of radionecrosis

Cohorts:

A. Consecutive patients from 8 centers (n=135)
B. Cohort A + additional cases of RN from 3 centers (n=148)

Results

1. INCIDENCE OF RADIONECROSIS (COHORT A)

In melanoma patients treated with anti-PD-1 + WBRT/SRS, who survived >=1 year, we sought to explore:

The incidence of radionecrosis
Predictive factors of radionecrosis
Features of radionecrosis
Management of radionecrosis

2. FACTORS ASSOCIATED WITH RADIONECROSIS (COHORT B)

In melanoma patients treated with anti-PD-1 + WBRT/SRS, who survived > 1 year, we sought to explore:

The incidence of radionecrosis
Predictive factors of radionecrosis
Features of radionecrosis
Management of radionecrosis

3. FEATURES AND MANAGEMENT OF RADIONECROSIS

Conclusions

17% of patients surviving >=12 months with brain metastases treated with radiotherapy and anti-PD-1 develop radionecrosis

Factors associated with radionecrosis: Elevated LDH, Prior IPI and more fractions of WBRT

No significant difference in radionecrosis risk with SRS or WBRT

Need to better define:

Who to test and manage radionecrosis

Who can avoid radiotherapy

References

4. ABC trial (Abstract No: 9508)
5. CheckMate-204 trial (Abstract No: 9507)

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