SCA Drug Formulary

Appendix A

Immune Checkpoint Inhibitor Therapy Monitoring and Disease Assessment

Immune checkpoint inhibitor drugs used for the treatment of advanced cancers include:

- atezolizumab
- avelumab
- cemiplimab
- durvalumab
- ipilimumab
- nivolumab
- pembrolizumab

The following monitoring guidelines and definitions for disease progression during immune checkpoint inhibitor therapy when used for treatment of locally advanced or metastatic cancers are important to ensure timely assessment of treatment benefit.

Monitoring Timelines

- imaging for disease assessment is required at least every 3 months during the first year of immune check point inhibitor therapy, then at a minimum every 6 months thereafter, or more frequently as clinically indicated

Definition of Disease Progression

- an additional 10% in tumor burden and/or development of new lesions compared to baseline disease status at the start of immune checkpoint inhibitor therapy
- if pseudo-progression is suspected (i.e., radiographic progression thought to be immune-related inflammation), a confirmatory radiologic scan must be done in 6 to 8 weeks to assess for true disease progression
- clinical evidence of disease progression (e.g., increased pain or other disease-related symptoms, need for supportive measures)