

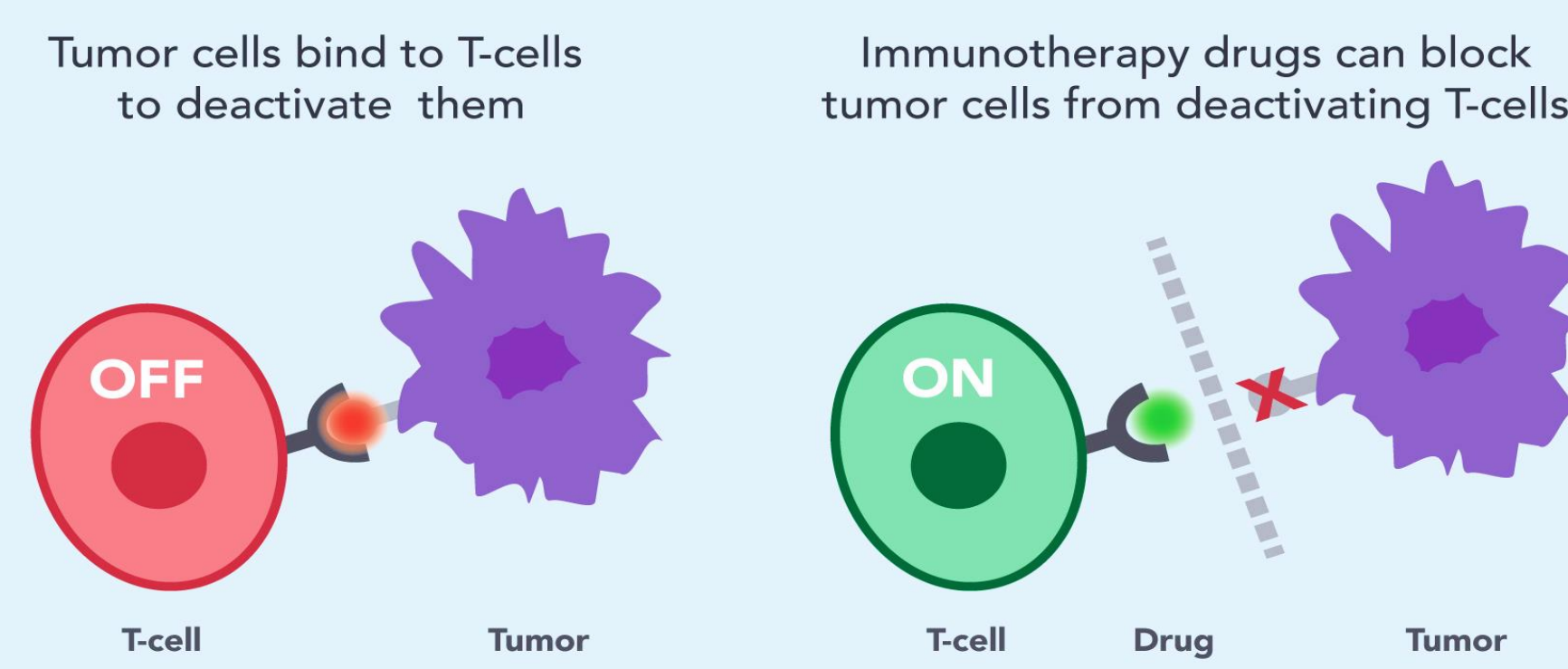
Cancer Immunotherapy Response Rates Across Ethnic Groups

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BACKGROUND

Cancer immunotherapy is a treatment that stimulates your own immune system to fight cancer cells. Today, the analysis of patients under this treatment could help researchers understand how well immunotherapy works and how safe it is, and to explore why some patients may respond better. Focusing on ethnicity across histology could reveal differences in response rates in ethnic groups. Across the multiple factors that could explain response rate, ethnicity is an important filter because it composes a multifactorial concept including, but not limited to genetic background.

How Does Immunotherapy Work?



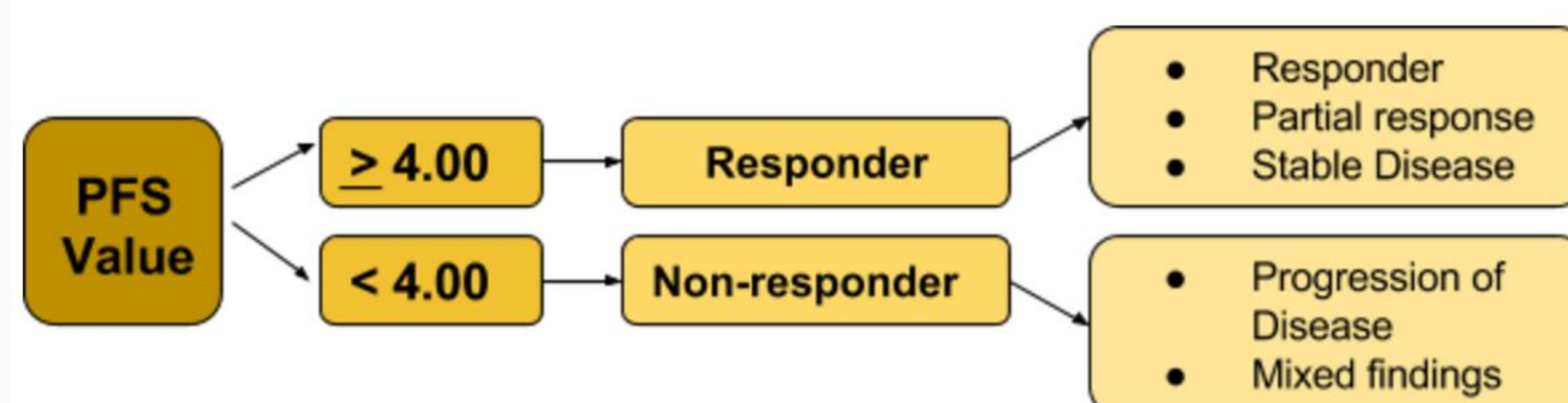
SPECIFIC AIMS

1. Illustrate the demographics of patients under cancer immunotherapy and retrospectively interpret clinical data from patients who obtained immunotherapy treatment.
2. Present how the response rate in Hispanic and Latino patients differs from the rest of the ethnic groups in this study: Asian, Black, White.
3. Display the response rate of histology across all ethnicities and present major differences among them.

METHODS

A retrospective chart review was conducted by collecting data from 164 patients. This information was coded with a study number to avoid disclosing the patient's name or identifying information. Clinical data included information such as demographics, cancer diagnosis, treatment histories, treatment outcomes, family history of cancer, and toxicity.

Progression Free Survival (PFS) is the length of time during and after the immunotherapy treatment of a disease, such as cancer, that a patient lives with the disease but it does not worsen or deteriorate. PFS was calculated in months from start date to the day they progressed or based on their most recent visit with their oncologist. The following concept map illustrates the criteria of categorizing a patient as responder or non-responder:



RESULTS

Fig. 1 Immunotherapy Patients Across Ethnicity

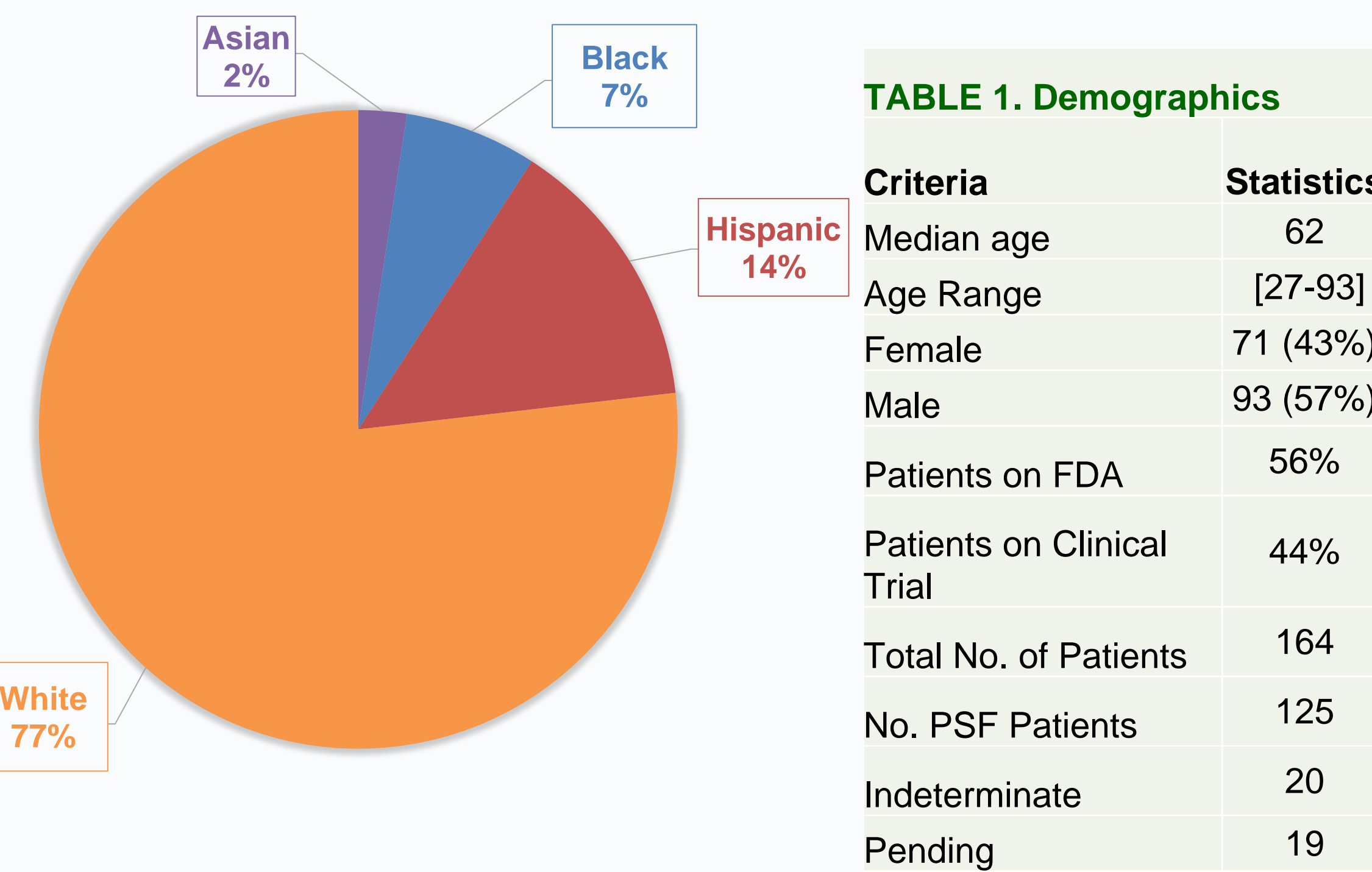


Fig. 2 Average PFS Across Ethnicities

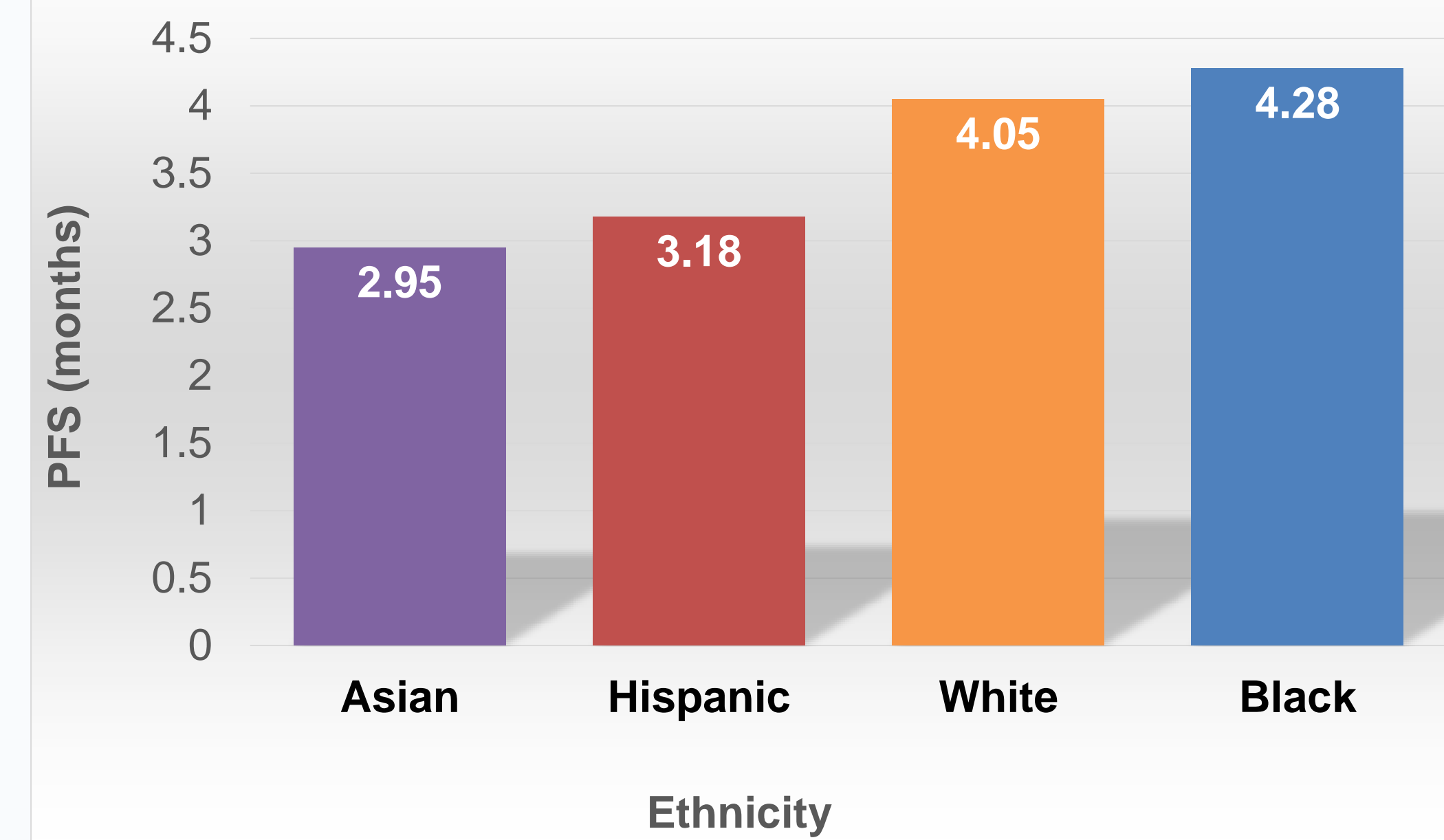
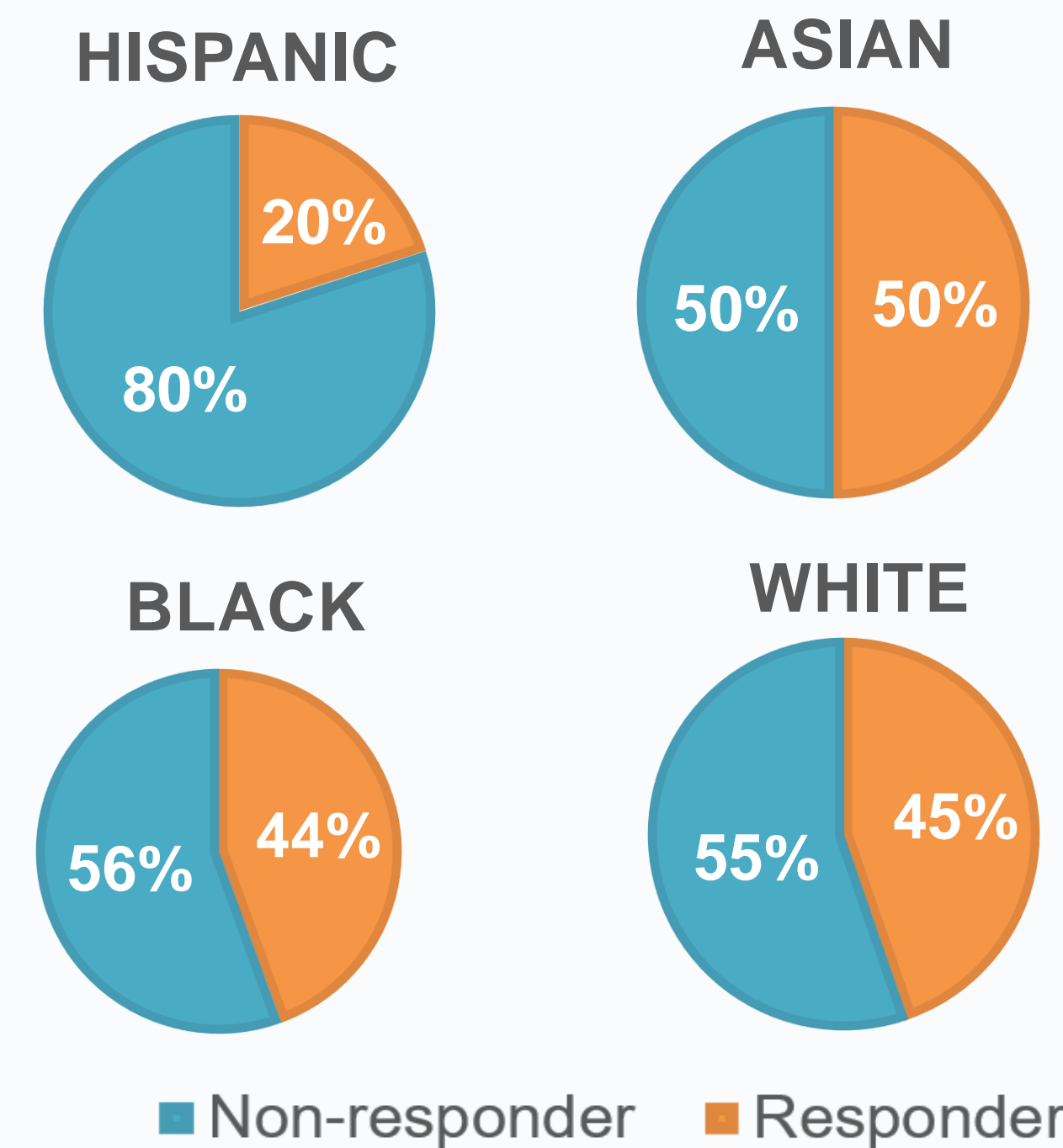


Fig.3 Response Rate Across Ethnicity



Ethnicity:	Asian	Black	Hispanic	White
Responders	1	4	5	42
Non-responders	1	5	20	52

Fig. 4 Average Progression Free Survival of Hispanic/Latino vs. Whites

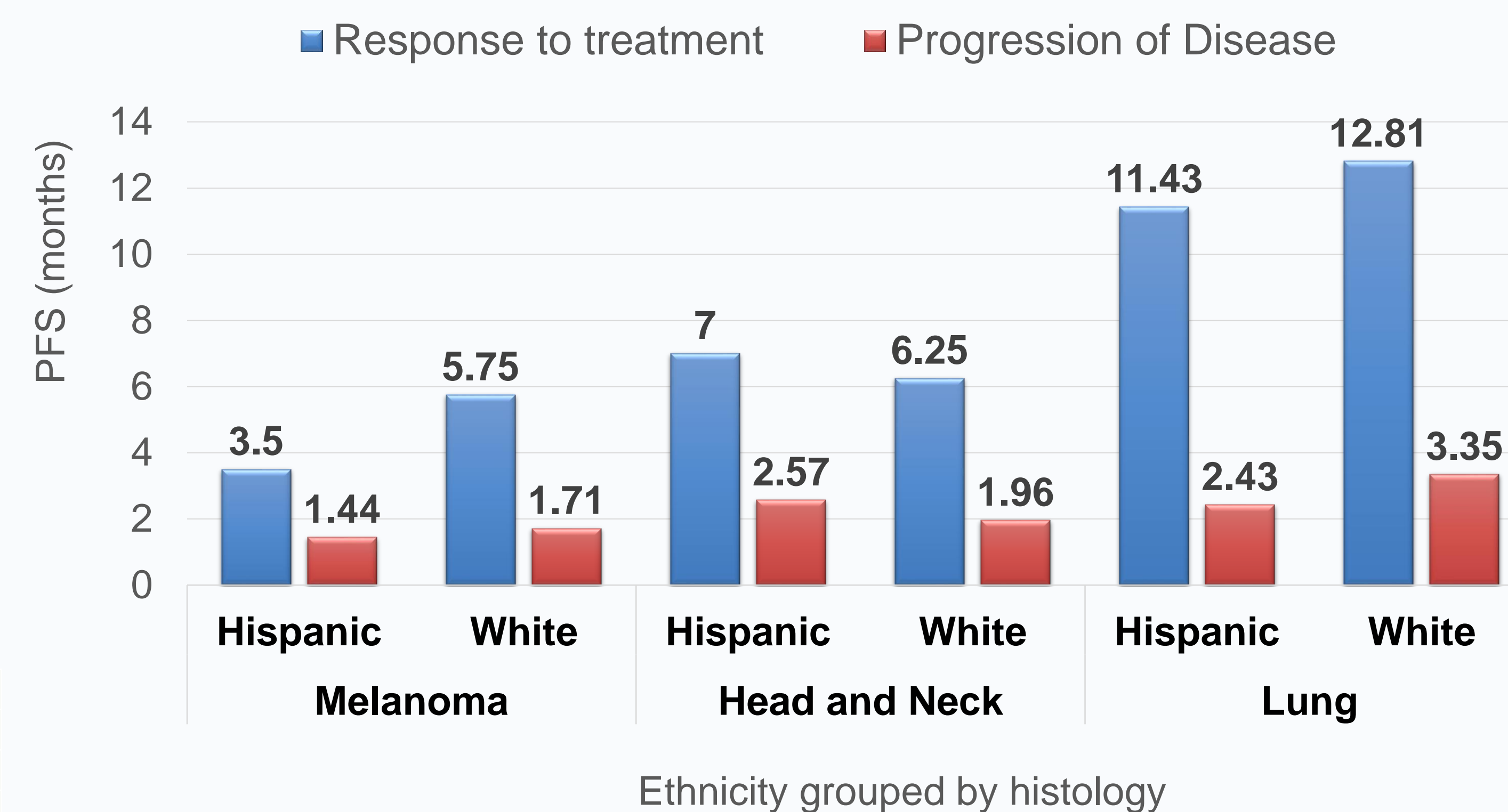


Fig. 5 Average Progression Free Survival Across Histology

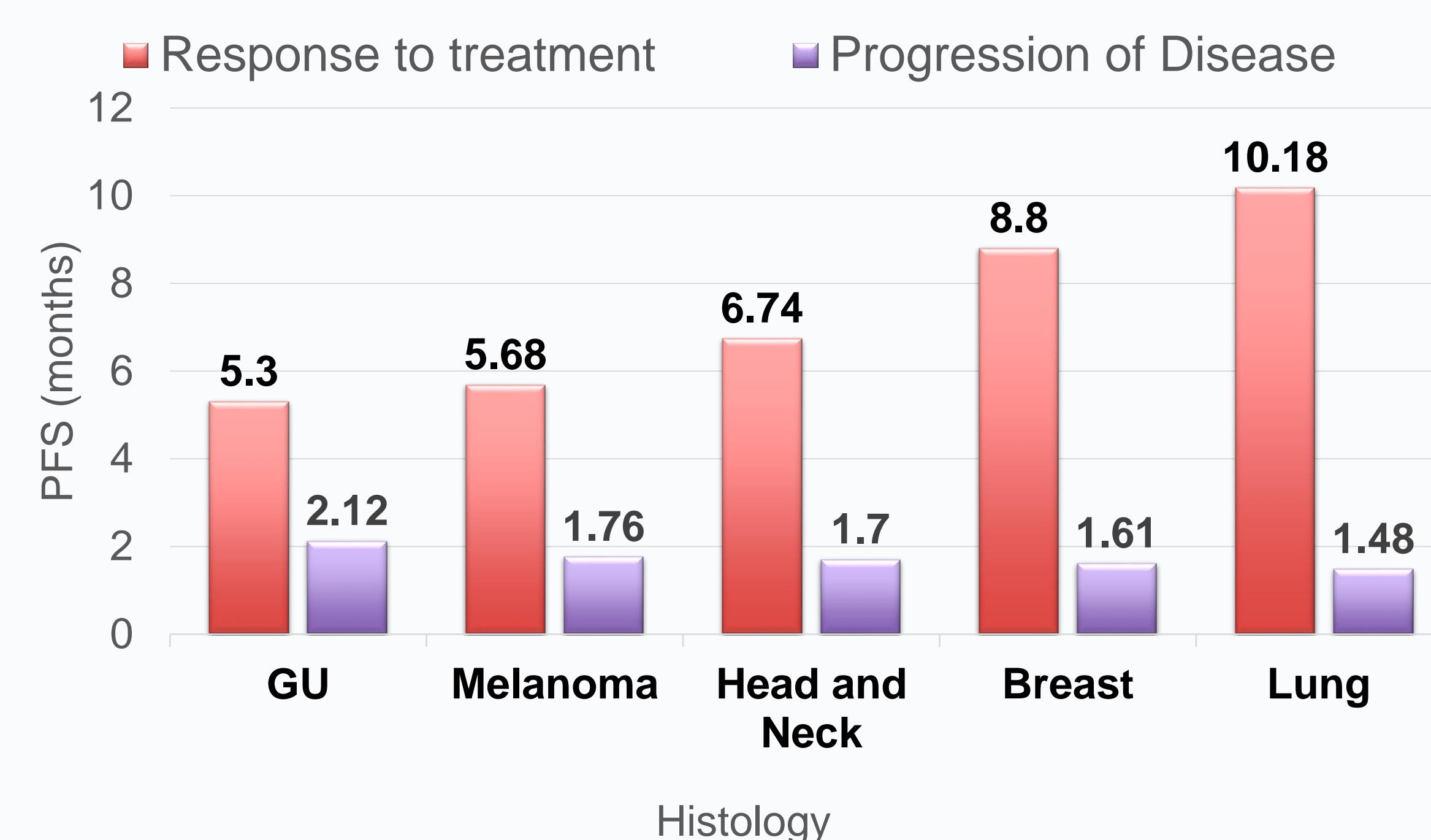


TABLE 4. Overview of Progression Free Survival (PFS) across Histology

Histology	Total Number Patients	Number of Responders	Number of non-Responders	% Response
Head and neck	38	14	15	36.8%
Melanoma	36	15	13	41.7%
Lung	30	10	16	30.0%
GI	28	2	16	7.1%
GU	16	4	5	25.0%
Breast	8	4	3	50.0%
Hematologic	5	3	2	60.0%

All data was updated as of August 1st 2017

CONCLUSIONS

Figure 1 illustrates the majority of immunotherapy patients under the White ethnic group. According to **Figure 2**, the Black population had an overall longer PFS average across histology compared to other ethnicities. Across all ethnicities, the Hispanic/Latinos had the lowest response rate to cancer immunotherapy treatment (20%) compared to other ethnicities (**Figure 3**). There was only enough patient data to make a comparison between two ethnic groups: Hispanic/Latinos and Whites. **Figure 4** illustrates their comparison across the three most common cancer histology: melanoma, head and neck, and lung. It is observed that PFS is longer in Whites (except for head and neck cancers). This means that their disease could remain stable or respond to treatment without progressing. **Figure 5** displays the PFS average across some of the most common types of cancers, comparing the responder patients vs. the non-responder patients. Lung and breast cancer evidently have the leading PFS across histology for the responders, and simultaneously, the shortest PFS for non-responders.

Hispanics seem to have similar benefit to cancer immunotherapy to other ethnic groups, however the overall response rate in Hispanics is more than 20% lower than the rest. However, those patients that did respond tended to have prolonged survival, especially if they had lung or head and neck cancer. Research into biomarkers to determine which patients benefit from cancer immunotherapy are crucial in determining which patients benefit from cancer immunotherapy, and research efforts into explaining the lower rate of response to cancer immunotherapy in Hispanic patients should focus on social as well as biologic. Another following step in this research would be to consider a more diverse population or analyze more patients that fall under the minority population: Hispanics, Asian and Blacks. It would be important to consider community outreach efforts to make sure Hispanic cancer patients are aware of cancer immunotherapy as a treatment option. Furthering these studies would help us understand what factors influence response rates across different ethnicities.

REFERENCES

- "Background of Cancer Immunotherapy." *ImmunoScience - Cancer Immunotherapy Background*, immunoscience.com/en/cancer-background.html.
- Crew, Douglas. *Human senescence: evolutionary and biocultural perspectives*. Cambridge University Press, 2010. Print.
- "Immunotherapy: New Hope for Patients with Advanced Lung Cancer." *Columbia University Medical Center*, 20 Jan. 2016, newsroom.cumc.columbia.edu/blog/2015/03/12/immunotherapy-new-hope-patients-advanced-lung-cancer/.
- UCSD Human Protections Program -New Biomedical Application Research Plan: ImmunoScape: Immune monitoring of Cancer Patients Undergoing Treatment with Immunotherapy.
- UCSD Moors Cancer Center ImmunoScape Database.

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