

Pseudoprogession under checkpoint inhibition therapy

Mona Passler

Department of Gynecology, Competence Center for Ovarian Cancer (EKZE), Charité - University Medicine, Berlin 13353, Germany,
E-mail: mona.passler@charite.de

A novel agent called checkpoint inhibitor therapy has revolutionized not only the treatment for several tumor entities but also our general understanding of oncology. As more and more patients with solid tumors undergo this promising immune therapy, new phenomena like pseudoprogession challenge the clinician.

Pseudoprogession is a temporary increase in tumor size due to infiltrating leucocytes and edema during checkpoint inhibitor therapy, which can be mistaken with real progession. Subsequently, tumor size decreases due to tumor cell destruction. Pseudoprogession is described in 1,5% - 17% of all cases - depending on the tumor entity and study.

Identifying pseudoprogession plays a decisive part in successfully using checkpoint inhibition therapy, because the misinterpretation of tumor growth might lead to the discontinuation of an effective treatment, as pseudoprogession indicates a high likelihood of > 1year survival.

In order to guarantee the best possible treatment, it is crucial to be informed about pseudoprogession and to know techniques to distinguish between pseudo- and real progession when tumor size increases under checkpoint inhibition therapy. While there are several indicators to differentiate between the two, ultimately only infiltrating growth – which solely occurs in malign tumor growth – proves real progession.

Biography:

Mona Passler graduated from Charité Medical University, Berlin, Germany. She is a junior researcher and has worked for several years with Dr. Pietzner and Professor Sehouli from Charité University Berlin specializing with malignant ascites in ovarian cancer and checkpoint inhibition therapy.