POSTER PRESENTATION

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Image guided cryoablation of cancer with intratumoral injection of anti-CTLA-4 and PD-1 immune check-point inhibitors

Mark A Rosenberg¹, Jason Williams^{2*}

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Background

Image guided cryoablation of cancer destroys tumor tissue and can activate tumor-specific T cells by increasing

the presentation of tumor antigens and causing the release of "Danger signals" to stimulate the immune system. However, the development of a systemic anti-cancer



Image above demonstrates FDG PET/CT with abnormal uptake in two right upper lobe nodules.

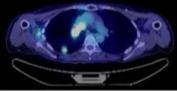


Image above demonstrates FDG PET/CT with abnormal uptake in right supra-hilar lymph nodes, right upper lobe nodule and right axillary lymph node.

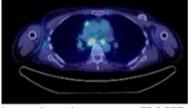


Image above demonstrates FDG PET/CT with abnormal uptake in bilateral infrahilar and right peri-aortic lymph nodes.

Figure 1

²Cancer Immune Biologics, Dunwoody, GA, USA Full list of author information is available at the end of the article



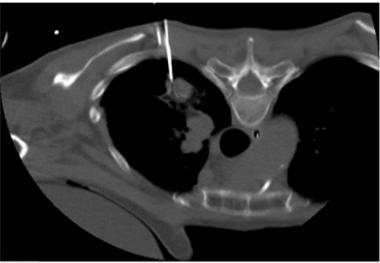
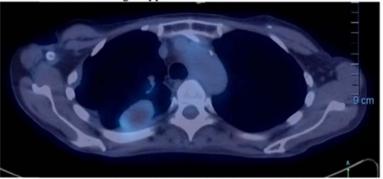
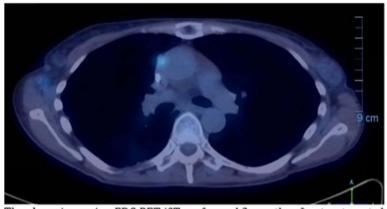


Image above is a CT scan performed during the ablation procedure demonstrating ablation needle with a right upper lobe lesion.



The image above demonstrates a FDG PET/CT scan performed 2 months after treatment with minimal peripheral FDG uptake of the ablated tumor site.

Figure 2



The above image is a FDG PET/CT performed 2 months after treatment showing resolution of infra-hilar adenopathy, with minimal residual uptake in peri-aortic adenopathy.

Figure 3

Patient #2

Patient is a 68 year old male with a 2 year history of a left renal mass. The patient underwent a left nephrectomy with a diagnosis of renal cell carcinoma. A subsequent CT scan demonstrated numerous lung nodules (>20) and a large L5 vertebral body mass. The patient was then treated with Cryoablation of the L5 mass with intra-tumoral injection of Ipilimumab and Nivolumab into the ablated tumor site. A follow up CT scan 7 weeks after treatment demonstrated complete resolution of the lung nodules with a stable L5 mass.



The image above demonstrates a CT scan of the chest with a lung nodule

Figure 4



CT scan of the chest demonstrates multiple bilateral lung nodules.



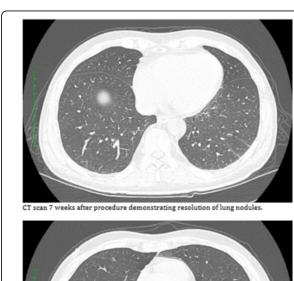
CT scan of the chest demonstrating additional lung nodule.

Figure 5

immune response may be restrained by immune checkpoint inhibitors. In recent years, the U.S. Food and Drug Administration—approved antibody drug ipilumimab, nivolumab and pembrolizumab as inhibitors of CTLA-4



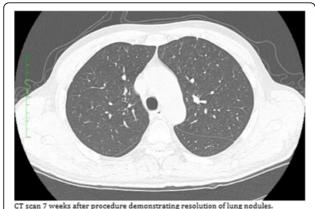
Figure 6





CT scan 7 weeks after procedure demonstrating resolution of lung nodules.

Figure 7



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Figure 8

and PD-1 blockade, by direct injection into the ablated tumor, will enhance anti-tumor immunity and rejection of tumor metastases.

Authors' details

¹Cancer Immune Biologics, Boca Raton, FL, USA. ²Cancer Immune Biologics, Dunwoody, GA, USA.

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Figure 9

and PD-1. By blocking these immune check-point receptors, these antibodies can promote tumor rejection, but their full application has yet to be fully determined.

Methods

In our human case studies, we offer a proof-of-concept in multiple tumor types that intra-tumoral CTLA-4 and PD-1 blockade combined with cryoablation of a primary tumor can cause regression of secondary tumors at a distant site.

Results

From past clinical experience, we know that secondary tumors are unlikely to be affected by cryoablation alone, the combination treatment was sufficient to cause complete cancer regression and tumor rejection. Cryoablation is currently used to treat a targeted tumor, our results suggest that combination therapy with CTLA-4

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Expression of concern: Image guided cryoablation of cancer with intratumoral injection of anti-CTLA-4 and PD-1 immune check-point inhibitors

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This abstract was published in the *Journal for ImmunoTherapy of Cancer* on 4 November 2015. In 2022, concerns were raised with the editors regarding unclear information regarding the primary site, inaccurate description and depiction of the treatment and the treatment response. The authors were invited to respond to these concerns but did not provide a complete explanation. This expression of concern notice is intended to alert readers to these ongoing concerns regarding the integrity of this abstract.

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