

Case Presentations

Putney Conference, October 2025



Disclosures

- Dr. Mark Wax – has a financial disclosure as follows: Consultant with Cooper Medical, he does not have any non-financial disclosures.
- Dr. Michael Bobian - does not have any financial or non-financial disclosures
- Dr. John Kaczmar – has financial disclosures as follows: Advisory Board with Regeneron, EMD Serono*, Bicara Therapeutics; Consultant with PDS Biotechnology, Bicara Therapeutics; Travel with Regeneron, he does not have any non-financial disclosures.
- Dr. Dauren Adilbay – has financial disclosures as follows: Consultant with Evergreen Theragnostic Inc, he does not have any non-financial disclosures.

*Indicates the relationship has ended.

Panelists



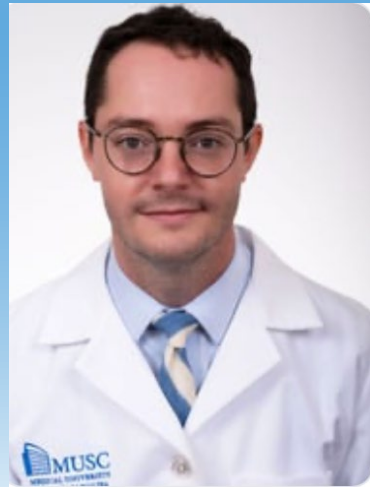
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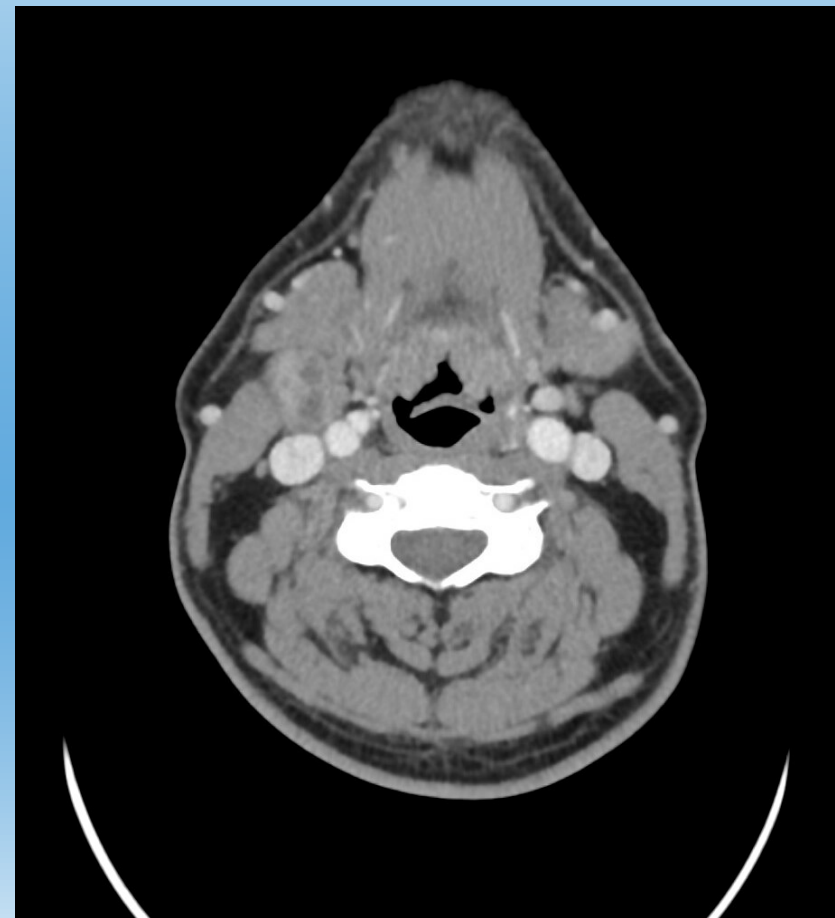


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Case 1

- 57yo M, right neck carcinoma of unknown primary
- No medical history, non-smoker
- Large lingual and palatine tonsils
- Palpable node in the right neck, mobile, about 2cm
- FNA c/w SCCa, HPV ISH positive.
- CtDNA strong positive

Case 1



Case 1

- What do you do now?

Case 1

- Underwent workup, including TORS for CUP
- Primary site found in ipsilateral palatine tonsil
- Underwent ND as well
- Final path- 8mm primary lesion in the right tonsil, 2 positive LNs (2/24), largest 1.6cm. No ENE.
- Post-op ctDNA negative (do you do this?)
- Now what?

Case 2- 010324768

- 44yo M, no significant medical history
- Betel nut chewer.
- Presents with large right sided buccal SCCa, invading mandible
- Left buccal space with extensive high grade dysplasia



Case 2



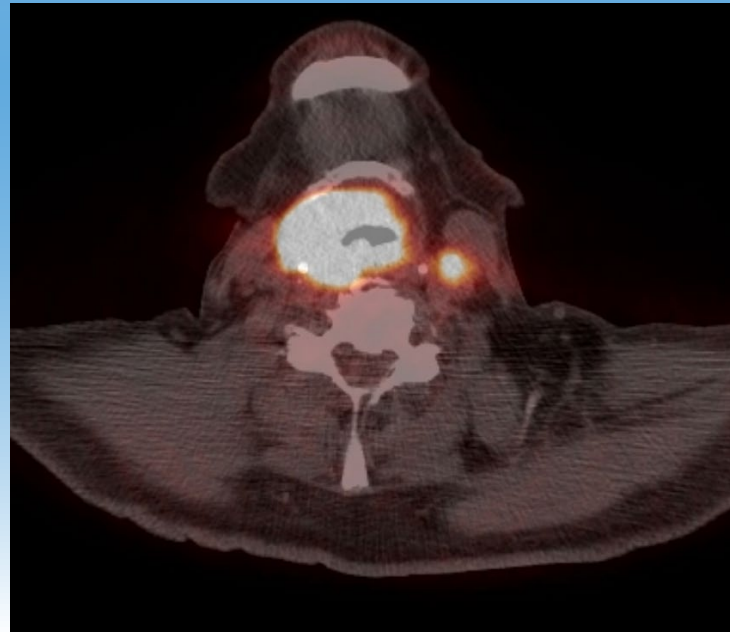
Case 2

- Candidate for neo-adjuvant therapy?
- We tried... Getting molecular testing and insurance.
 - How long to wait?
- How do you plan VSP?
- What is the extent of surgery?
 - Primary?
 - Neck?
- Margins in patients with high grade dysplasia

Case 3

- 67yo M, h/o CAD, DM, 50 pack year smoker
- Presents to ED for airway concerns, undergoes trach and DL with biopsy showing a large SCCa of the supraglottis.
- PEG placed for 30 lbs wt loss.

Case 3

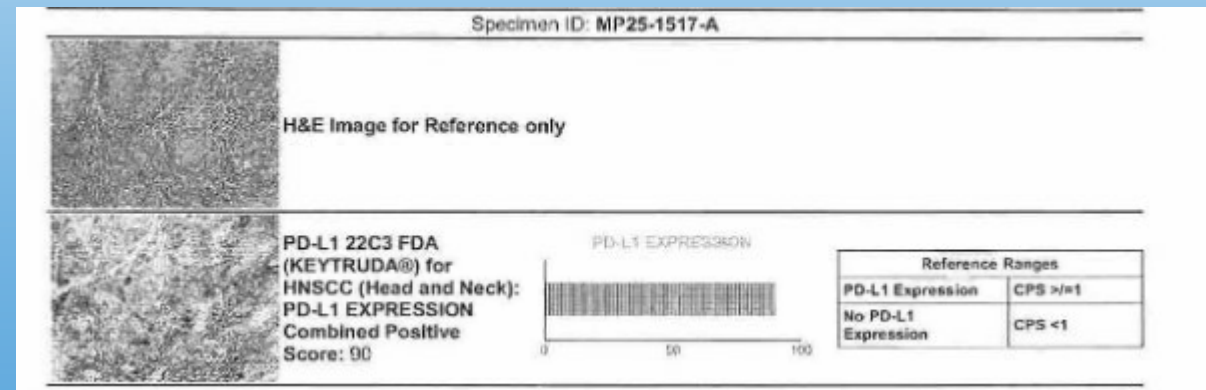


Case 3

- Staged T3N2CM0
- How to treat?
- KN689?

Case 3

- Refuses surgery
- Recurs 8 months later
- Local recurrence limited to the supraglottis
- Options?
- Refuses Surgery
- Role for re-irradiation? Immunotherapy?



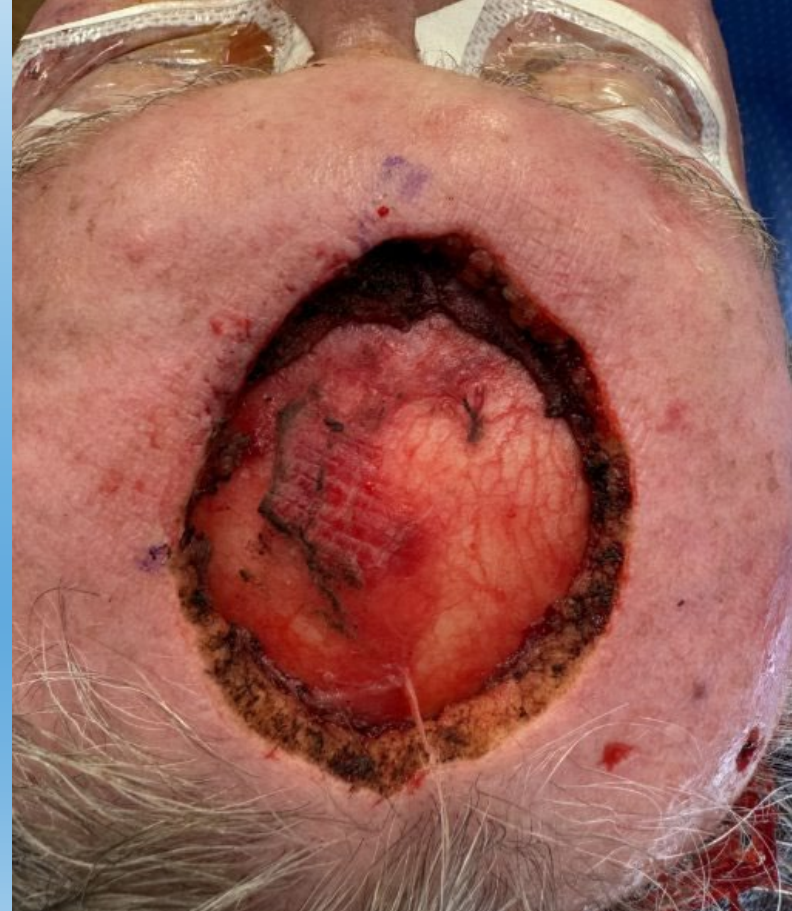
Case 4

- 68yo M previous kidney transplant for IgA nephropathy
- PMH: HTN, Chronic heart failure, chronic anemia
- On tacrolimus
- Long h/o recurrent cSCCa
- Now with new cSCCa on central forehead



Case 4

- Undergoes surgery
- Multiple rounds of positive margins, in all directions, including deep
- Aborted surgery at this stage



Case 4

- Now what?

