

# Ipilimumab

The approval of ipilimumab-the first in class [immune checkpoint inhibitor](#)-in [2011](#) serves as a landmark period of time in the resurgence of [immunotherapy](#) for cancer.

Monoclonal antibody against cytotoxic T lymphocyte antigen-4 (CTLA-4) antigen. More effective in patients who do not require corticosteroids.

## Ipilimumab for melanoma brain metastases

[Ipilimumab for melanoma brain metastases](#).

## Case reports

A 57-year-old man presented with visual [deterioration](#) and [bitemporal hemianopsia](#). [MRI](#) of the [brain](#) demonstrated a [sellar mass](#) suspected to be [pituitary macroadenoma](#) with a displacement of the [stalk](#) and [optic nerve impingement](#). The patient underwent stereotactic [endoscopic transsphenoidal resection](#) of the mass. Postoperative [MRI](#) demonstrated [gross total resection](#). [Pathology](#) revealed a sparsely granulated [corticotroph adenoma](#) with [malignant transformation](#). [Immunohistochemistry](#) showed a loss of expression of [MLH1](#) and [PMS2](#) in the tumor cells. [Proton therapy](#) was recommended given an elevated [Ki67](#) index and [p53](#) positivity. Before [radiotherapy](#), there was no radiographic evidence of residual tumor. Temozolomide therapy was initiated after surveillance [MRI](#) showed recurrence at 16 months postoperatively. However, [MRI](#) demonstrated marked progression after 3 cycles. Next-generation sequencing using the MSK-IMPACT platform identified somatic mutations in [MLH1 Y548Ifs\\*9](#) and [TP53 R337C](#). Immunotherapy with [ipilimumab/nivolumab](#) was initiated, and [MRI](#) demonstrated no residual tumor burden 34 months postoperatively.

APA is a tumor with frequent [recurrence](#) and a short median expected length of [survival](#). Shah et al. demonstrated the utility of [immunotherapy](#) in a single case report of APA, with complete resolution of recurrent APA and improved survival compared with a life expectancy <sup>1)</sup>.

<sup>1)</sup>

Shah S, Manzoor S, Rothman Y, Hagen M, Pater L, Golnik K, Mahammedi A, Lin AL, Bhabhra R, Forbes JA, Sengupta S. Complete Response of a Patient With a Mismatch Repair Deficient Aggressive pituitary neuroendocrine tumor to [Immune Checkpoint Inhibitor](#) Therapy: A Case Report. [Neurosurgery](#). 2022 May 13. doi: 10.1227/neu.0000000000002024. Epub ahead of print. PMID: 35544035.

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