

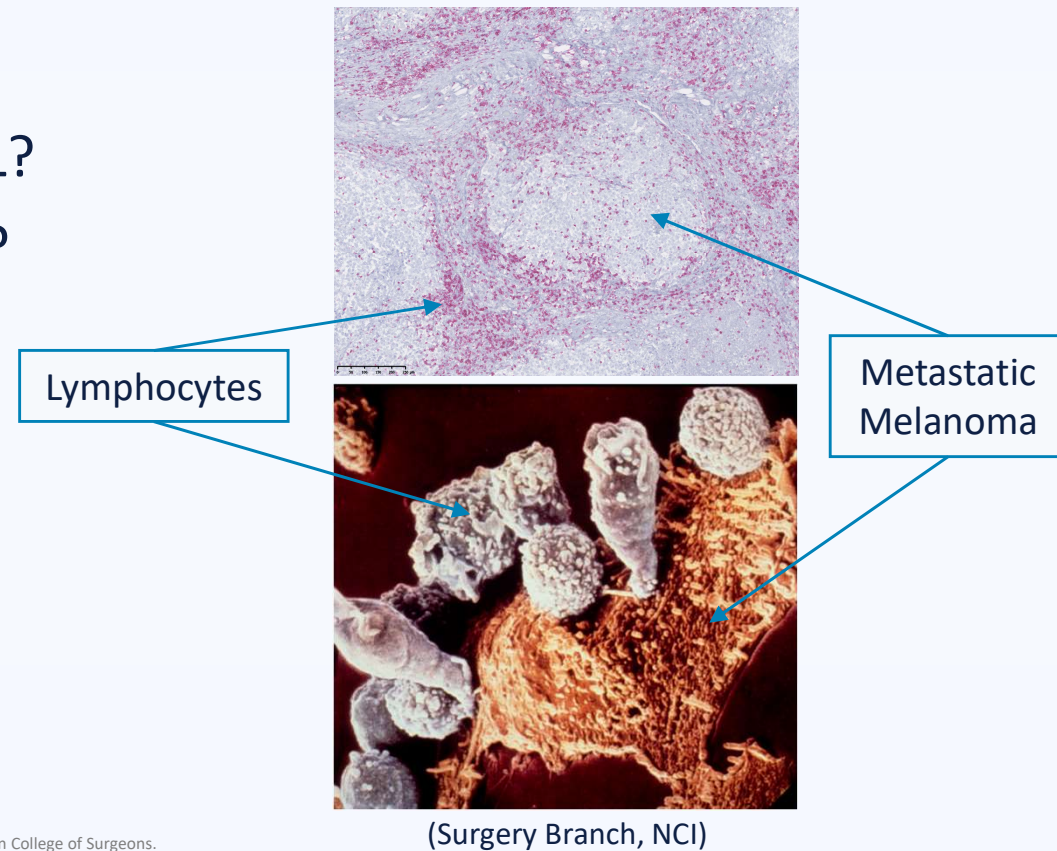
Surgical Resection for TIL

Marybeth S Hughes MD FACS

Given on behalf of Stephaine Goff MD

TIL Immunotherapy

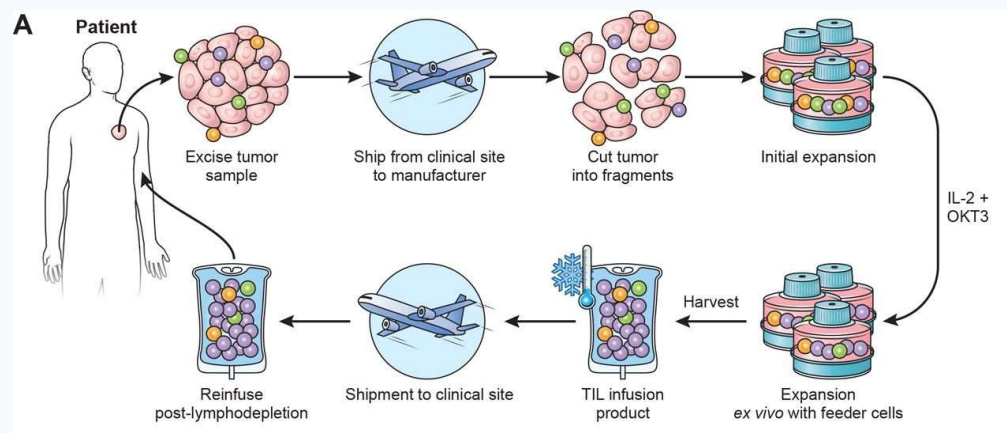
- What is TIL Immunotherapy?
- What are the outcomes using TIL?
- What is the surgeon's role in TIL?



© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

What is TIL Immunotherapy?

- Tumor Infiltrating Lymphocytes
- FDA-approved personalized cell therapy for metastatic melanoma (Lifileucel)
- A treatment regimen that includes preparative chemotherapy, TIL infusion, and IL-2

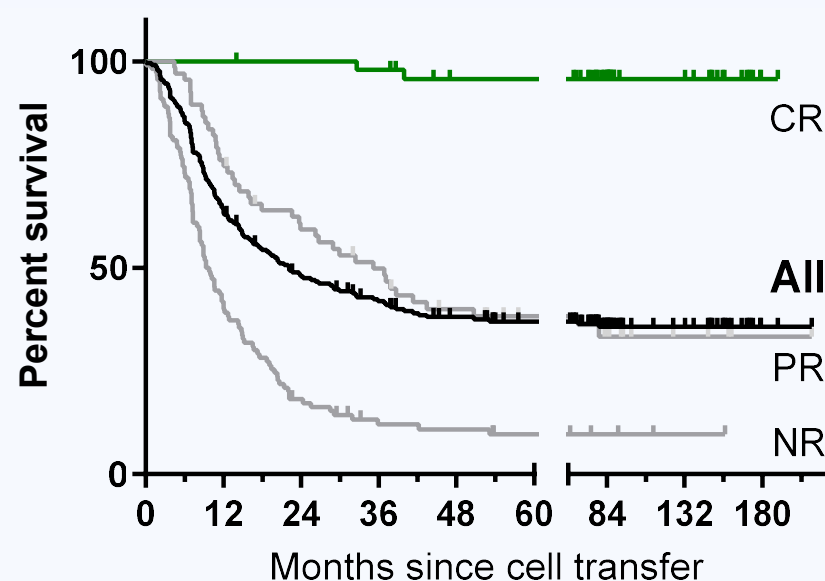


Turcotte et al *J Immunother Cancer* 2025

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

What are the outcomes using TIL immunotherapy?

- Initially developed before the era of checkpoint blockade
- Tumor response in over 50% of patients
- Complete response in ~25%
- Complete responders 10-year survival of 96%



Seitter SJ et al, *Clin Cancer Res*, 2021

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

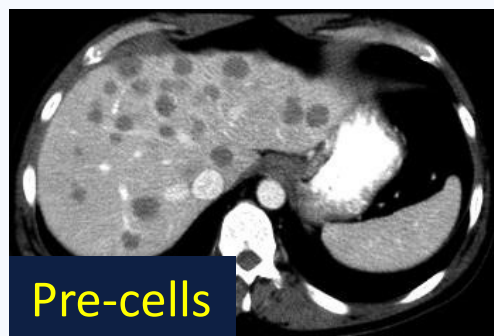
What are the outcomes using TIL immunotherapy?

Subcutaneous

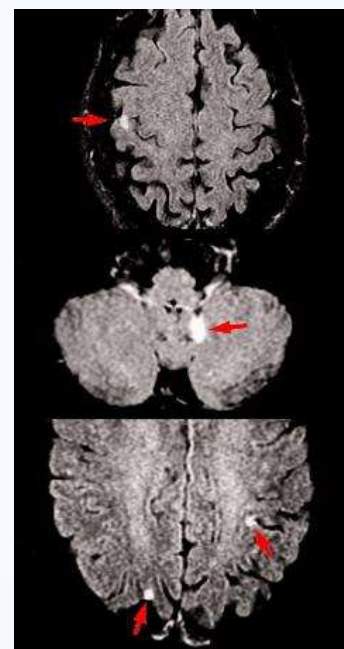


Pre-cells

Visceral (Liver)



Brain



Pre-cells

Durable
Regression

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

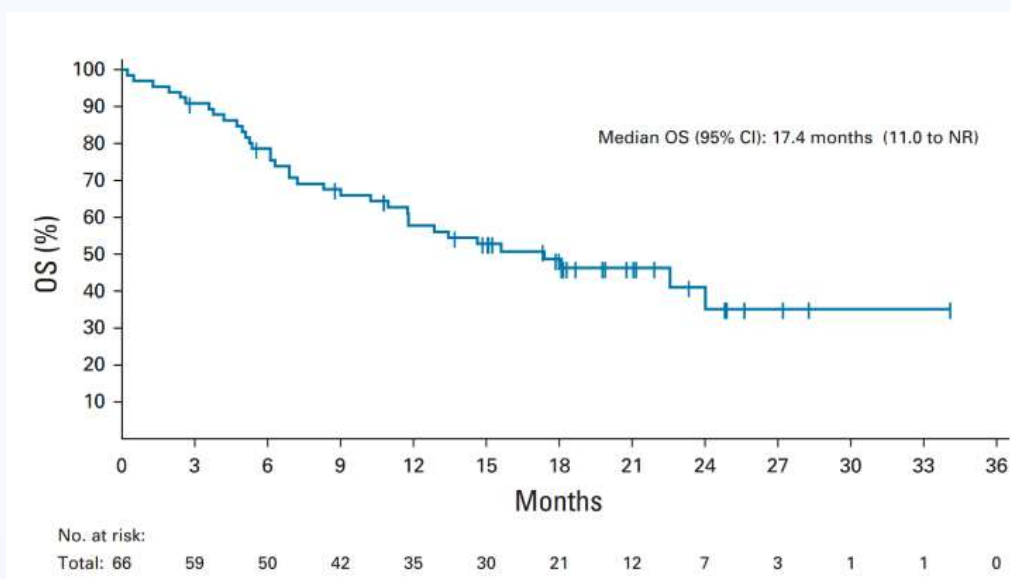
ACS Cancer Conference 2025 | March 12-14 | Phoenix, AZ

(Surgery Branch, NCI)

ACS Cancer Programs
American College of Surgeons

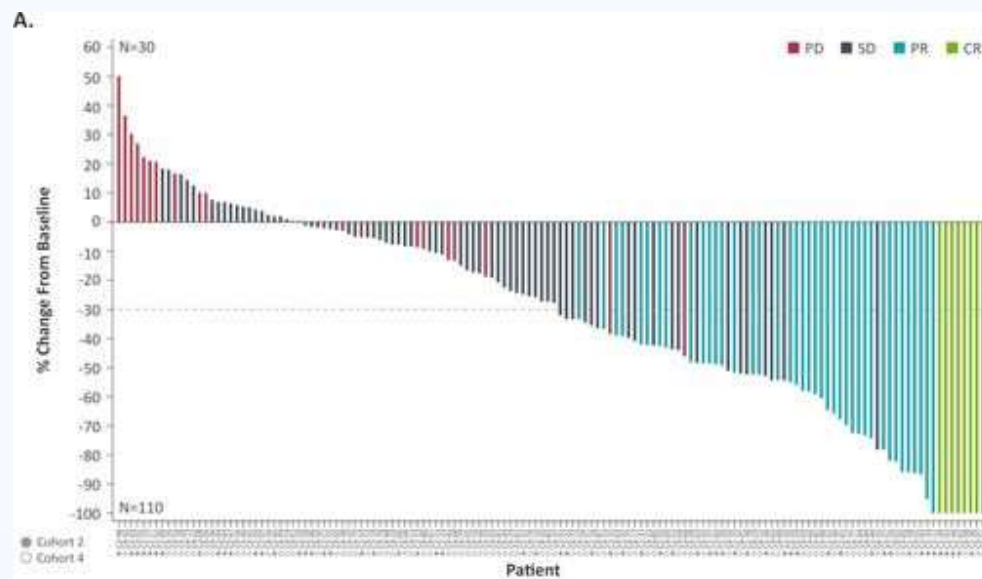
Modern outcomes and FDA approval

- Post-checkpoint era



Sarnaik et al, *J Clin Oncol*, 2021

-

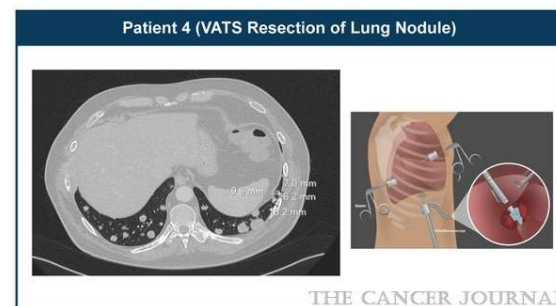
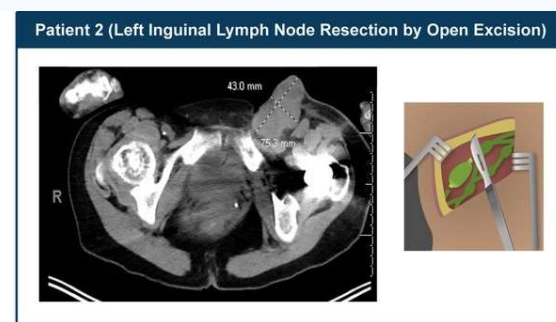
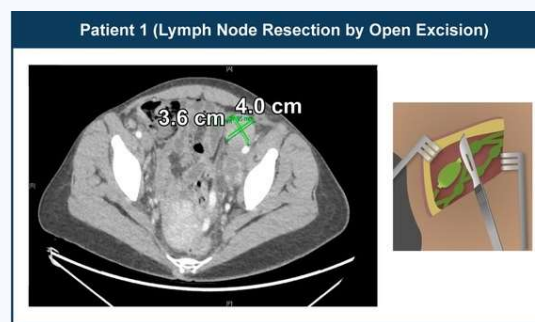


Chesney et al, *J Immunother Cancer*, 2022

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

What is the surgeon's role?

- Multidisciplinary cancer care
- New indication for resection of metastatic disease
 - Consider risk/benefit of proposed site
 - Minimal risk procedures
 - Avoid colonized/contaminated tumors
 - GI tract
 - Oropharyngeal
 - Infected masses



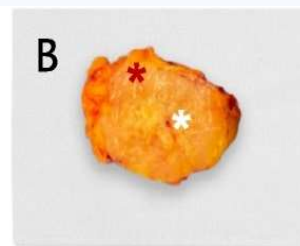
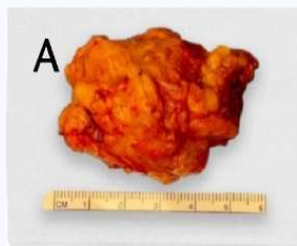
Mullinax et al, *Cancer J*, 2022

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

What is the surgeon's role?

- Back table preparation of specimen

- Trim normal tissue
- Excise necrotic tissue
- +/- fragmentation



Ideal (Red Asterisk)

- Prosect tumor with attention to areas of highly infiltrated T cells
 - Peripheral tumor mass
 - Close to blood or lymphatic vessels
 - Lymphoid structures
- Recommended tumor tissue should be ≥ 1.5 cm in aggregate diameter but < 4 cm

Avoid (White Asterisk)

- Areas of necrosis, hemorrhage, and fatty tissue
- Areas of high bioburden (e.g., bowel, GI, mucosal lesions)
- Ulcerated/contaminated tumors
- Superficial tumors requiring prolonged time for wound healing
- Risk of contamination

THE CANCER JOURNAL

Mullinax et al, *Cancer J*, 2022

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

TIL Immunotherapy

- Exciting new treatment modality for patients
- Requires careful coordination with manufacturing center
- TIL Immunotherapy is not possible without input and participation from surgeons in the melanoma community
- FDA-approved for checkpoint-refractory melanoma
- Active research:
 - 1st line metastatic melanoma
 - NSCLC
 - Cervical cancer
 - Gastrointestinal cancer
 - Breast cancer

© American College of Surgeons. Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.