

## Tislelizumab (TIS) + Chemotherapy (Chemo)/Chemoradiotherapy (CRT) as Neoadjuvant Treatment for Resectable Esophageal Squamous Cell Carcinoma (R-ESCC)

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### Background

Implementation of preoperative CRT in patients (pts) with locally advanced R-ESCC is suboptimal for many reasons, including safety concerns. PET/CT scanning has shown positive predictive data and may help optimize neoadjuvant treatment in R-ESCC. We report the primary analysis of an ongoing, phase 2, multicenter study conducted in China, which investigated the efficacy and safety of PET/CT-guided neoadjuvant treatment with TIS, an anti-programmed cell death protein 1 antibody, plus Chemo/CRT in R-ESCC (NCT04974047).

### Methods

Therapy-naïve adult pts with AJCC 8th Ed. Stage cT1-2N+M0 or cT3NanyM0 R-ESCC received a PET/CT scan at baseline (BL), then one cycle of induction Chemo (cisplatin-paclitaxel [Cis-Pac]), and another PET/CT scan 15-21 days later. Pts were categorized into two cohorts per response to induction Chemo, based on the decrease from BL in PET maximum standardized uptake value in the primary tumor (responders [R]:  $\geq 35\%$ , nonresponders [NR]:  $< 35\%$ ). Both cohorts received three cycles of TIS 200 mg IV + two cycles of Chemo (Cis-Pac) Q3W for R or two cycles of CRT (investigator-chosen Cis-Pac or Cis-5-FU + radiotherapy [40 Grays in 20 fractions]) for NR. Pts then underwent surgery. The primary endpoint was postresection pathological complete response (pCR) rate; secondary endpoints included R0 resection rate and safety (adverse events [AEs]).

### Results

Of 70 pts enrolled, 15 (21%) and 48 (69%) had stage II and III disease at BL, respectively. Thirty pts were R and 40 were NR to induction Chemo. Of the R, 21 (70%) had undergone surgery; the pCR rate was 29% (n=6; 95% CI: 11, 52); the R0 resection rate was 95%. Of the NR, 33 (83%) had undergone surgery; the pCR rate was 33% (n=11; 95% CI: 18, 52); the R0 resection rate was 91%. Fourteen pts (47%) in the R cohort and 33 pts (83%) in the NR cohort had  $\geq$  grade 3 treatment-related AEs (TRAEs); AEs leading to treatment discontinuation occurred in one pt (3%) and four pts (10%), respectively. No pts had surgery canceled due to AEs. No TRAEs leading to death were reported.

### Conclusions

As neoadjuvant treatment in pts with R-ESCC, TIS + Chemo/CRT demonstrated promising pCR rates and tolerable safety in both R and NR (PET/CT- assessed).