

Real World Effectiveness and Safety Analysis of Resectable Esophageal Cancer Following Neoadjuvant Immunotherapy

Objectives: The prognosis of advanced esophageal cancer is poor. The advent of the neoadjuvant regimen has brought new hope for these patients. The present study aims to further demonstrate the efficacy of neoadjuvant chemoimmunotherapy. Materials and Methods: A real-world observational study was conducted concerning patients who received neoadjuvant pembrolizumab, camrelizumab, tislelizumab and sintilimab combined with chemotherapy between January 2019 and January 2022 in Tandu Hospital. The primary endpoint was major pathologic response (MPR), pathologic complete response (pCR) and the secondary endpoints were objective response rate (ORR), pathologic complete response (pCR), disease-free survival (DFS), overall survival (OS) and toxicity. Results: A total of 177 patients were analyzed with a median follow-up time of 14.0 months. Most patients (42.4%) had stage II disease, while 109 (61.6%) and 37 (20.9%) patients initially diagnosed clinical T3 and T2, respectively. Thirty-seven (20.9%), 37 (61.6%) and 20 (11.3%) patients received two, three and four cycles of neoadjuvant treatment, separately, achieving an ORR of 73.4%. None of them needed a reduced initial dose or delay due to intolerable adverse events. Ninety-six (58.1%) and 57 (32.3%) patients achieved MPR and pCR, respectively. Mean PFS was 12.6 months and mOS was 12.8 months. Postoperative complication rate is 34.6% according to Clavien-Dindo classification. One-hundred patients occurred treatment?related adverse event (TRAE), 18.1% are more than grade 2. Conclusion: The feasibility of neoadjuvant chemoimmunotherapy for resectable esophageal cancer was further validated, with a high MPR rate and manageable adverse events.

Lan Ke (1), Xiaolong Yan (2), Yunfneg Ni (3), Jinbo Zhao (4), (1) Department of Thoracic Surgery, Tangdu Hospital, Air Force Military Medical University, Xi 'an, (2) Department of Thoracic Surgery, Tangdu Hospital, Air Force Military Medical University, Xi 'an, NA, (3) Department of Thoracic Surgery, Tangdu Hospital, Air Force Military Medical University, Xi 'an, Shaanxi, (4) Tangdu Hospital, Xi'an, Shaan'xi



Fig 1 Flow chart of the study.