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# 2020 UPDATES:
# IMMUNOTHERAPY IN GASTROESOPHAGEAL CANCER


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**Disclosures:** Dr Alan Burguete-Torres has received honoraria for participation in advisory boards for Roche and Bayer.

# BACKGROUND

- **Patients with metastatic gastric cancer**

  **mOS** = 3 months (with only supportive care) up to 16 months with chemotherapies in clinical trials settings[1]

There is still an unmet need to improve the treatment options for these patients

- **Benefit of ICI (anti-PD-1, -PD-L1, and -CTLA-4) therapies?**

  **Great success** in treatment of melanoma, non-small cell lung cancer, and urothelial cancers[1]

Initiation of investigations of these agents in gastroesophageal cancers

1. Terrero G and Lockhart AC, et al. Curr Oncol Rep. 2020;22(11):112

CTLA-4, cytotoxic T-lymphocyte-associated protein 4; ICI, immune checkpoint inhibitor; mOS, median overall survival; PD-1, programmed death 1; PD-L1, programmed death-ligand 1

# BACKGROUND: KEY CLINICAL TRIALS INVESTIGATING ICI IN ADVANCED GASTROESOPHAEGAL CANCERS (1/2)

| Treatment line | Name of trial | Trial phase | Drug(s) tested | Dose | Cancer type | N | Median PFS (m) | ORR (%) | Objective response (CR + PR) | Median OS (m) | 1-year OS (%) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| First-line | **KEYNOTE-062** | Phase 3 | **Pembrolizumab** | 200 mg IV Q3W | Advanced G/GEJ | **256** | **2, 2.9^** | **14.8, 25^** | NA | **10.6, 17.4^** | **47, 57^** |
| | | | **Pembrolizumab + chemo** | 200 mg IV Q3W + standard doses | | **257** | NA | **48.6, 52.5^** | NA | NA | NA |
| | | | **Chemo + placebo** | Standard doses | | **250** | **6.4, 6.1^** | **37.2, 37.8^** | NA | **11.1, 10.8^** | **46, 47^** |
| First-line | KEYNOTE-059 (cohort 2 and 3) | Phase 2 | **Pembrolizumab (cohort 3)** | 200 mg IV Q3W | Advanced G/GEJ | **31** | NA | 25.8 | NA | NA | NA |
| | | | Pembrolizumab + chemo (cohort 2) | 200 mg IV Q3W + standard doses | | 25 | NA | 60 | NA | NA | NA |
| Second-line | KEYNOTE-061* | Phase 3 | **Pembrolizumab** | 200 mg IV Q3W | Advanced G/GEJ | **196** | **1.5** | NA | NA | **9.1** | NA |
| | | | **Chemo** | Standard doses | | **199** | **4.1** | NA | NA | **8.3** | NA |
| Second-line | KEYNOTE-181† | Phase 3 | **Pembrolizumab** | 200 mg IV Q3W | Advanced ESCC | **85^** | **3.2^** | **22^** | NA | **10.3^** | **48^** |
| | | | **Chemo** | Standard doses | | **82^** | **2.3^** | **7^** | NA | **6.7^** | **23^** |
| Second-line | ATTRACTION-3 | Phase 3 | Nivolumab | 240 mg IV Q2W | Advanced ESCC | 210 | 1.7 | NA | NA | 10.9 | 47 |
| | | | Chemo | Standard doses | | 209 | 3.4 | NA | NA | 8.4 | 34 |
| Beyond second-line | KEYNOTE-180† | Phase 2 | **Pembrolizumab** | 200 mg IV Q3W | Advanced ESCC | **35^** | NA | **20^** | NA | NA | NA |
| Beyond second-line | KEYNOTE-059† (cohort 1) | Phase 2 | Pembrolizumab | 200 mg IV Q3W | Advanced G/GEJ | 259 | NA | NA | **15.5,** 6.4 | **5.8,** 4.9 | NA |
| Beyond second-line | ATTRACTION-2 | Phase 3 | Nivolumab | 240 mg IV Q2W | Advanced G/GEJ | 330 | NA | NA | NA | 5.26 | 26.2 |
| | | | Placebo | NA | | 163 | NA | NA | NA | 4.14 | 10.9 |
| Beyond second-line | CHECKMATE-032 | Phase1/2 | Nivolumab | 3 mg/kg Q2W | Advanced G/GEJ | 59 | NA | NA | 12 | NA | 39 |
| | | | Nivolumab + Ipilimumab | 1 mg/kg + 3 mg/kg Q3W | | 49 | NA | NA | 24 | NA | 35 |
| | | | Nivolumab + Ipilimumab | 3 mg/kg + 1 mg/kg Q3W | | 52 | NA | NA | 8 | NA | 24 |

^ = CPS ≥10; * Study did not show superiority of pembrolizumab to paclitaxel; † Led to FDA approval; **Bold** PD-L1-positive; at least CPS ≥1

1. Terrero G and Lockhart AC, et al. Curr Oncol Rep. 2020;22(11):112

CR, complete response; chemo, chemotherapy; CPS, combined positive score; ESCC, esophageal squamous cell carcinoma; FDA, Food and Drug Administration; G, gastric; GEJ, gastroesophageal junction; IV, intravenous; m, months; n, sample size; NA; not available; ORR, overall response rate; OS, overall survival; PD-L1, programmed death-ligand 1; PFS, progression-free survival; PR, partial response; Q2W, every 2 weeks; Q3W, every 3 weeks

# BACKGROUND: CLINICAL TRIALS INVESTIGATING ICI IN ADVANCED GASTROESOPHAEGAL CANCERS (2/2)

| Studies covered in the presentation | ICI under investigations | Target population |
|---|---|---|
| **CheckMate-649** | **Nivolumab**: human IgG4 monoclonal antibody that blocks PD-1 | in patients with advanced gastric cancer, gastroesophageal junction tumour, or adenocarcinoma of the oesophagus |
| **Keynote-590** | **Pembrolizumab**: IgG4 isotype antibody that blocks PD-1 | in patients with metastatic, recurrent, or advanced oesophageal and gastroesophageal junction cancer |
| **CheckMate-577** | **Nivolumab (as an adjuvant treatment)**: human IgG4 monoclonal antibody that blocks PD-1 | in patients with localised oesophageal and gastroesophageal junction tumours who received chemoradiotherapy followed by surgery and who showed residual pathology |

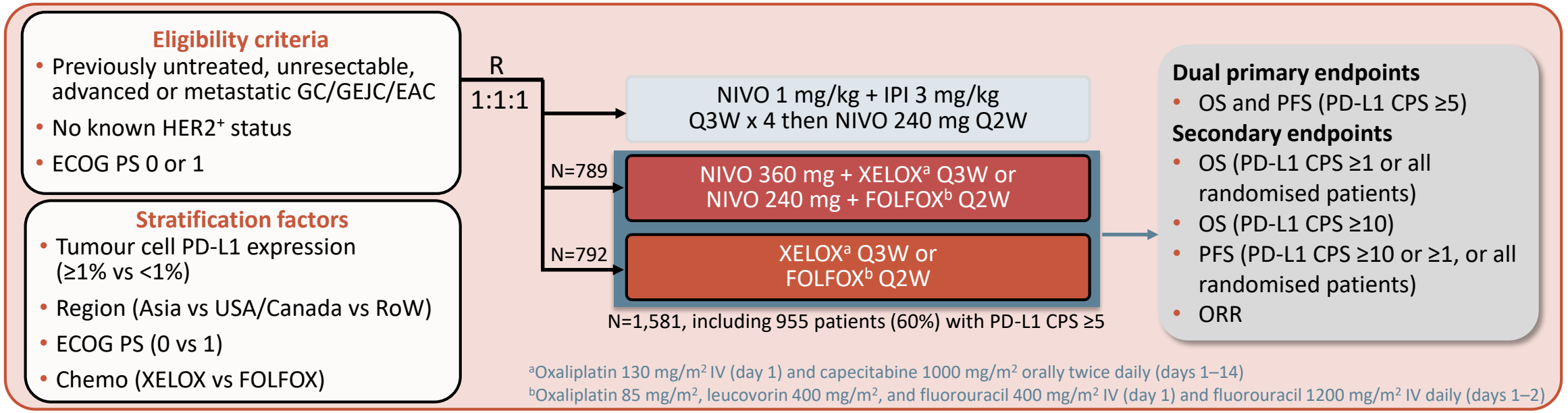
**Those 3 clinical trials results are presented in more detail in this presentat**

ICI, immune checkpoint inhibitor; IgG4, immunoglobulin G4; PD-1, programmed death 1

# CheckMate-649

# DESIGN OF THE STUDY

**CheckMate-649 study (NCT02872116):** randomised, open-label, Phase 3 study comparing OS in patients with GC or GEJC treated with nivolumab + ipilimumab or nivolumab + chemo compared with chemo alone




**Moehler M. et al, reported during ESMO 2020 the first results of NIVO + chemo vs chemo**

chemo, chemotherapy; CPS, combined positive score; EAC, oesophageal adenocarcinoma; ECOG, Eastern Cooperative Oncology Group; FOLFOX, folinic acid + fluorouracil + oxaliplatin; GC, gastric cancer; GEJC, gastro-oesophageal junction cancer; HER2, human epidermal growth factor receptor 2; IPI, ipilimumab; NIVO, nivolumab; ORR, objective response rate; OS, overall survival; PD-L1, programmed death-ligand 1; PFS, progression-free survival; PS, performance status; Q2W, every 2 weeks; Q3W, every 3 weeks; R, randomisation; RoW, rest of the world; XELOX, capecitabine + oxaliplatin – Source: Moehler M, et al. Ann Oncol. 2020;31(suppl_4):abstr LBA6

# RESULTS: OS AND PFS

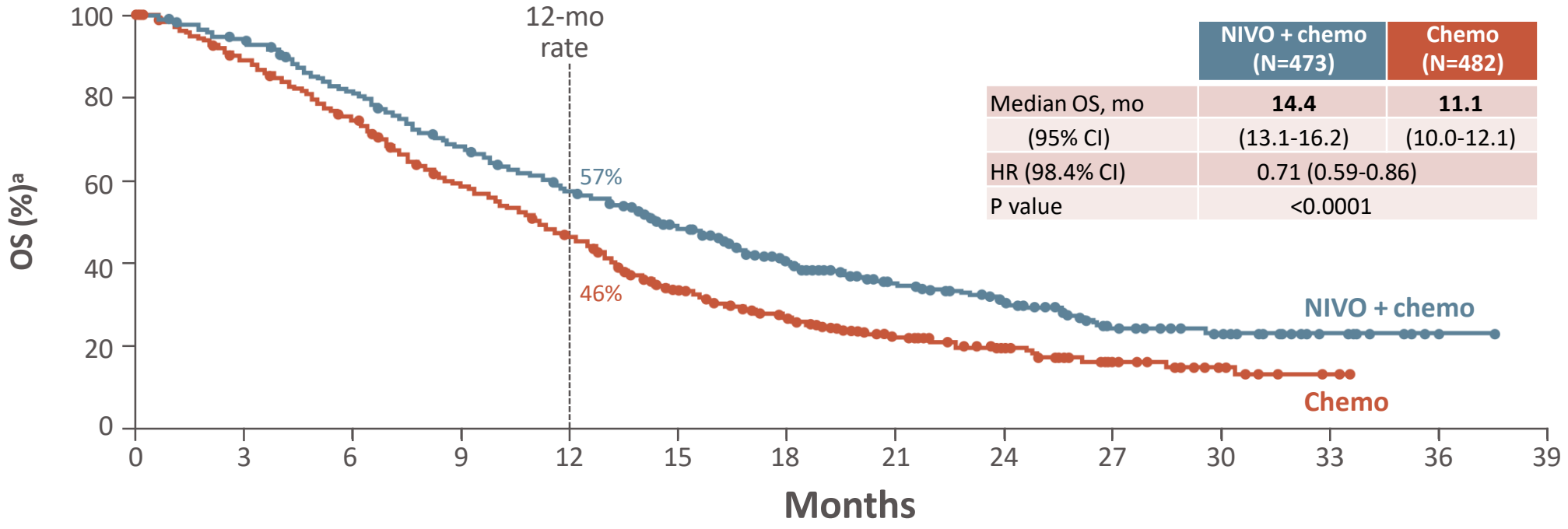
**Data cut-off date: 27 May 2020** – minimum follow-up duration 12.1 months

| | PD-L1 CPS ≥5 | | PD-L1 CPS ≥1 | | All randomised patients | |
|---|---|---|---|---|---|---|
| | NIVO + chemo (N=473) | Chemo (N=482) | NIVO + chemo (N=641) | Chemo (N=655) | NIVO + chemo (N=789) | Chemo (N=792) |
| **Median OS, months** (95% CI) | 14.4 (13.1-16.2) | 11.1 (10.0-12.1) | 14.0 (12.6-15.0) | 11.3 (10.6-12.3) | 13.8 (12.6-14.6) | 11.6 (10.9-12.5) |
| HR (98.4% CI)[a] p value | 0.71 (0.59-0.86) **<0.0001** | | 0.77 (0.64-0.92) **0.0001** | | 0.80 (0.68-0.94) **0.0002** | |
| 12-month OS rate, % | 57 | 46 | 56 | 47 | 55 | 48 |
| **Median PFS, months** (95% CI) | 7.7 (7.0-9.2) | 6.0 (5.6-6.9) | 7.5 (7.0-8.4) | 6.9 (6.1-7.0) | 7.7 (7.1-8.5) | 6.9 (6.6-7.1) |
| HR (98% CI)[b] p value | 0.68 (0.56-0.81) **<0.0001** | | 0.74 (0.65-0.85) NR | | 0.77 (0.68-0.87) NR | |
| 12-month PFS rate, % | 36 | 22 | 34 | 22 | 33 | 23 |

[a] In the PD-L1 CPS ≥1 group and the all randomised patients group, the CI was 99.3%; [b] In the PD-L1 CPS ≥1 group and the all randomised patients group, the CI was 95%
chemo, chemotherapy; CI, confidence interval; CPS, combined positive score; HR, hazard ratio; NIVO, nivolumab; NR, not reported; OS, overall survival;
PD-L1, programmed death-ligand 1; PFS, progression-free survival
Source: Moehler M, et al. Ann Oncol. 2020;31(suppl_4):abstr LBA6

# RESULTS: mOS IN PD-L1 CPS≥5

- Superior OS, 29% reduction in the risk of death, and a 3.3-month improvement in median OS with NIVO + chemo versus chemo in patients whose tumours expressed PD-L1 CPS ≥5




| | NIVO + chemo (N=473) | Chemo (N=482) |
|---|---|---|
| Median OS, mo | **14.4** | **11.1** |
| (95% CI) | (13.1-16.2) | (10.0-12.1) |
| HR (98.4% CI) | 0.71 (0.59-0.86) | |
| P value | <0.0001 | |

| No. at risk | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NIVO + chemo | 473 | 438 | 377 | 313 | 261 | 198 | 149 | 96 | 65 | 33 | 22 | 9 | 1 | 0 |
| Chemo | 482 | 421 | 350 | 271 | 211 | 138 | 98 | 56 | 34 | 19 | 8 | 2 | 0 | 0 |

[a] Minimum follow-up 12.1 months.

Source: Moehler M, et al. Ann Oncol 2020;31(suppl_4):abstr LBA6

chemo, chemotherapy; CI, confidence interval; CPS, combined positive score; HR, hazard ratio; NIVO, nivolumab; OS, overall survival; PD-L1, programmed death-ligand 1

# RESULTS: TREATMENT RELATED ADVERSE EVENTS

| All treated patients[a], n (%) | NIVO + chemo (N=782)[b] | | Chemo (N=767)[b] | |
|---|---|---|---|---|
| | Any grade | Grade 3-4 | Any grade | Grade 3-4 |
| **Any TRAEs[c]** | 738 (94) | 462 (59) | 679 (89) | 341 (44) |
| **Serious TRAEs[c]** | 172 (22) | 131 (17) | 93 (12) | 77 (10) |
| **TRAEs leading to discontinuation[c]** | 284 (36) | 132 (17) | 181 (24) | 67 (9) |
| **12-month PFS rate, %** | 12[d] (2) | | 4[e] (<1) | |

- **The most common any-grade TRAEs (≥25%) across both arms were nausea, diarrhea, and peripheral neuropathy**
- **The incidence of TRAEs in patients whose tumors expressed PD-L1 CPS ≥5 was consistent with all treated patients across both arms**

[a] Patients who received ≥ 1 dose of study drug; [b] Assessed in all treated patients during treatment and for up to 30 days after the last dose of study treatment; [c] There were 4 grade 5 events in the NIVO + chemo arm, 1 case each of cerebrovascular accident, febrile neutropenia, gastrointestinal inflammation, and pneumonia. There were no grade 5 events in the chemo arm; [d] One event each of febrile neutropenia, gastrointestinal bleeding, gastrointestinal toxicity, infection, interstitial lung disease, intestinal mucositis, neutropenic fever, pneumonia, pneumonitis, pulmonitis, septic shock (capecitabine-related), and stroke. [e] One event each of diarrhea-associated toxicity, asthenia and severe hiporexy, pulmonary thromboembolism, and interstitial pneumonia

chemo, chemotherapy; CPS, combined positive score; NIVO, nivolumab; PD-L1, programmed death-ligand 1; TRAEs, Treatment related adverse events

Source: Moehler M, et al. Ann Oncol. 2020;31(suppl_4):abstr LBA6

# RESULTS: BIOMARKER ANALYSIS

CheckMate-649

Secondary endpoints:
OS in PD-L1 CPS ≥1 and all randomised patients

| | n | Hazard ratio | Δ | p value | |
|---|---|---|---|---|---|
| CPS ≥5 | 953 | 0.71 (0.59-0.86) | 3.3 | <0.0001 | |
| CPS ≥1 | 1296 | 0.77 (0.64-0.92) | 2.7 | 0.001 | **> 70% CPS ≥5** |
| All patient | 1581 | 0.80 (0.68-0.94) | 2.2 | 0.002 | **> 60% CPS ≥5** |

- CPS ≥1 and "All patient" groups are enriched with immunogenic CPS ≥5 tumours
  - May not be representative of general GEA population[1]
  - May be more sensitive to nivolumab than regular CPS ≥1 and "All patient" groups outside trial

Slide Courtesy of Prof. E. Smyth

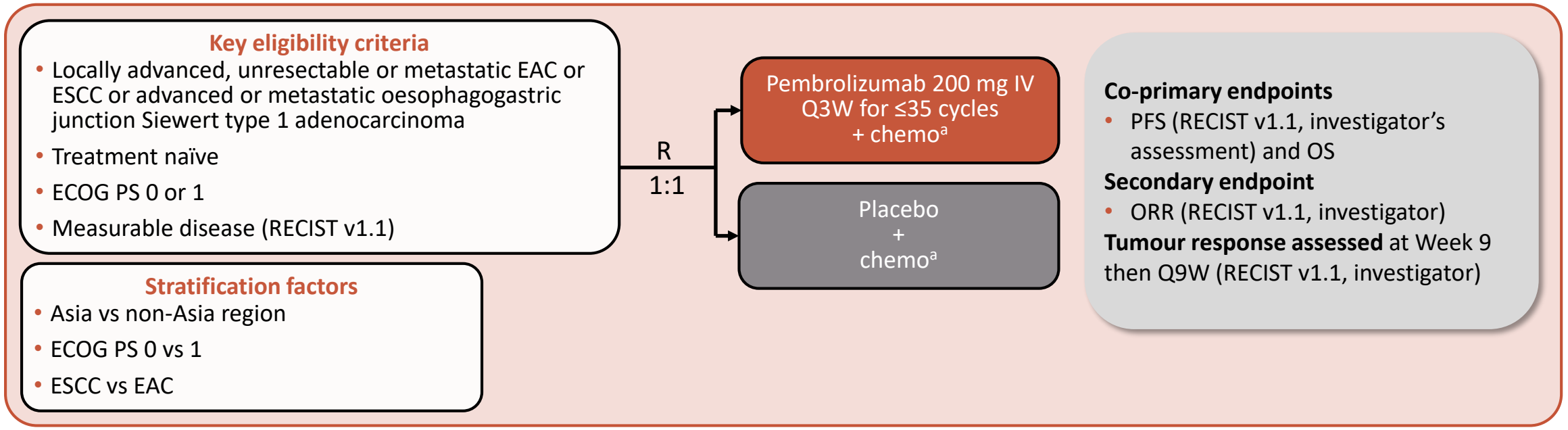
1. Hagi T, et al. Br J Cancer. 2020;123(6):965-972

CPS, combined positive score; GEA, gastroesophageal adenocarcinoma; OS; overall survival; PD-L1, programmed death-ligand 1

# KEYNOTE-590

# DESIGN OF THE STUDY

**KEYNOTE-590 study (NCT03189719):** a randomised, double-blind, placebo-controlled Phase 3 trial of first-line pembrolizumab + chemo vs placebo + chemo in advanced EAC or ESCC




**Kato K. et al, reported primary results of pembrolizumab + chemo vs placebo + chemo during ESMO 2020**

[a] 5-fluorouracil 800 mg/m$^2$ IV on days 1-5 Q3W for ≤35 cycles + cisplatin 80 mg/m$^2$ IV Q3W for ≤6 cycles
chemo, chemotherapy; EAC, oesophageal adenocarcinoma; ECOG, Eastern Cooperative Oncology Group; ESCC, oesophageal squamous cell carcinoma; IV, intravenously; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PS, performance status; Q3W, every 3 weeks; Q9W, every 9 weeks; R, randomisation; RECIST, Response Evaluation Criteria in Solid Tumours - Source: Kato K, et al. Ann Oncol. 2020;31(suppl_4):abstr LBA8

# RESULTS: OS AND PFS

**Data cut-off date:** 2 July 2020 – median follow-up duration 10.8 months

**Total population:** 749 patients randomly assigned → 370 patients treated per arm

| | ESCC | | ESCC PD-L1 CPS ≥10 | | PD-L1 CPS ≥10 | | All patients | |
|---|---|---|---|---|---|---|---|---|
| | Pembro + chemo (N=274) | Chemo (N=274) | Pembro + chemo (N=143) | Chemo (N=143) | Pembro + chemo (N=186) | Chemo (N=197) | Pembro + chemo (N=373) | Chemo (N=376) |
| **Median OS, months** (95% CI) | 12.6 (10.2-14.3) | 9.8 (8.6-11.1) | 13.9 (11.1-17.7) | 8.8 (7.8-10.5) | 13.5 (11.1-15.6) | 9.4 (8.0-10.7) | 12.4 (10.5-14.0) | 9.8 (8.8-10.8) |
| HR (95% CI) p value | 0.72 (0.60-0.88) **0.0006** | | 0.57 (0.43-0.75) **<0.0001** | | 0.62 (0.49-0.78) **<0.0001** | | 0.73 (0.62-0.86) **<0.0001** | |
| 12-month OS rate, % | 51 | 38 | 55 | 34 | 54 | 37 | 51 | 39 |
| 24-month OS rate, % | 29 | 17 | 31 | 15 | 31 | 15 | 28 | 16 |
| **Median PFS[a], months** (95% CI) | 6.3 (6.2-6.9) | 5.8 (5.0-6.1) | NR (NR-NR) | NR (NR-NR) | 7.5 (6.2-8.2) | 5.5 (4.3-6.0) | 6.3 (6.2-6.9) | 5.8 (5.0-6.0) |
| HR (95% CI) p value | 0.65 (0.54-0.78) **<0.0001** | | NR (NR-NR) NR | | 0.51 (0.41-0.65) **<0.0001** | | 0.65 (0.55-0.76) **<0.0001** | |
| 12-month PFS rate, % | 24 | 12 | NR | NR | 30 | 9 | 25 | 12 |
| 18-month PFS rate, % | 17 | 6 | NR | NR | 21 | 5 | 16 | 6 |

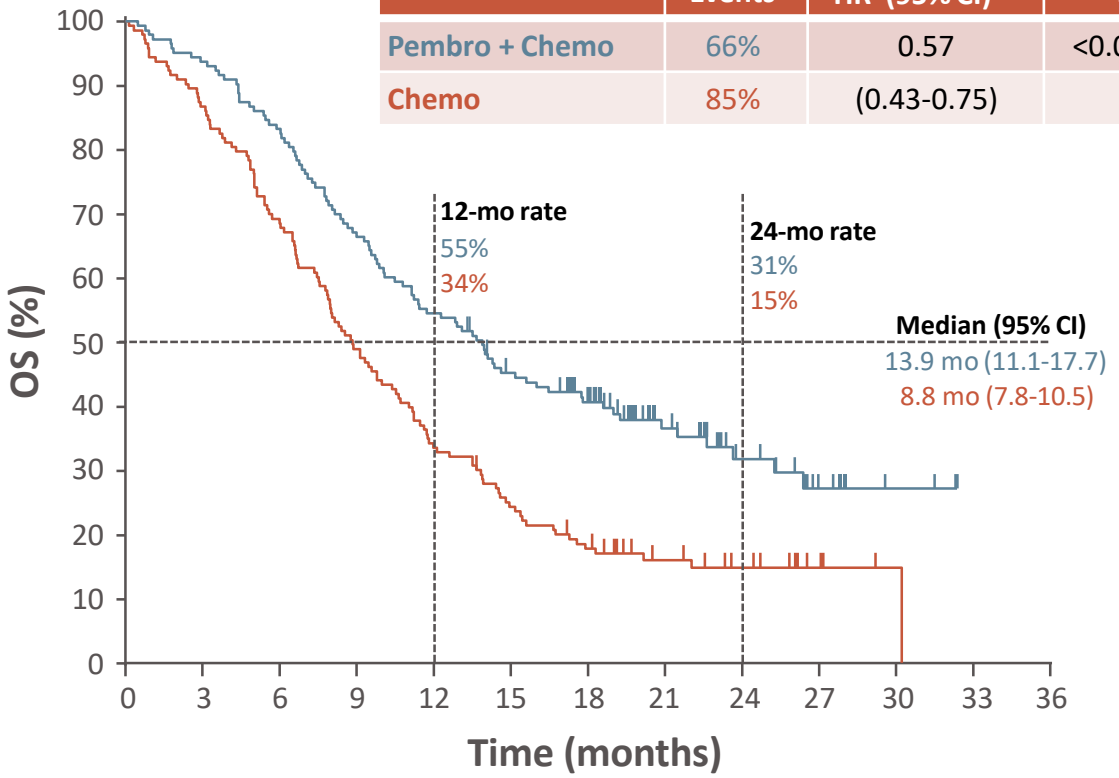
[a] Per RECIST v1.1, investigator

chemo, chemotherapy; CI, confidence interval; CPS, combined positive score; ESCC, oesophageal squamous cell carcinoma; HR, hazard ratio; NR, not reported; OS, overall survival; PD-L1, programmed death-ligand 1; Pembro, pembrolizumab; PFS, progression-free survival; RECIST, Response Evaluation Criteria in Solid Tumours - Source: Kato K, et al. Ann Oncol. 2020;31(suppl_4):abstr LBA8

# RESULTS: OS AND PFS

## OS IN ESCC PD-L1 CPS ≥10

| | Events | HR (95% CI) | P |
|---|---|---|---|
| Pembro + Chemo | 66% | 0.57 | <0.0001 |
| Chemo | 85% | (0.43-0.75) | |

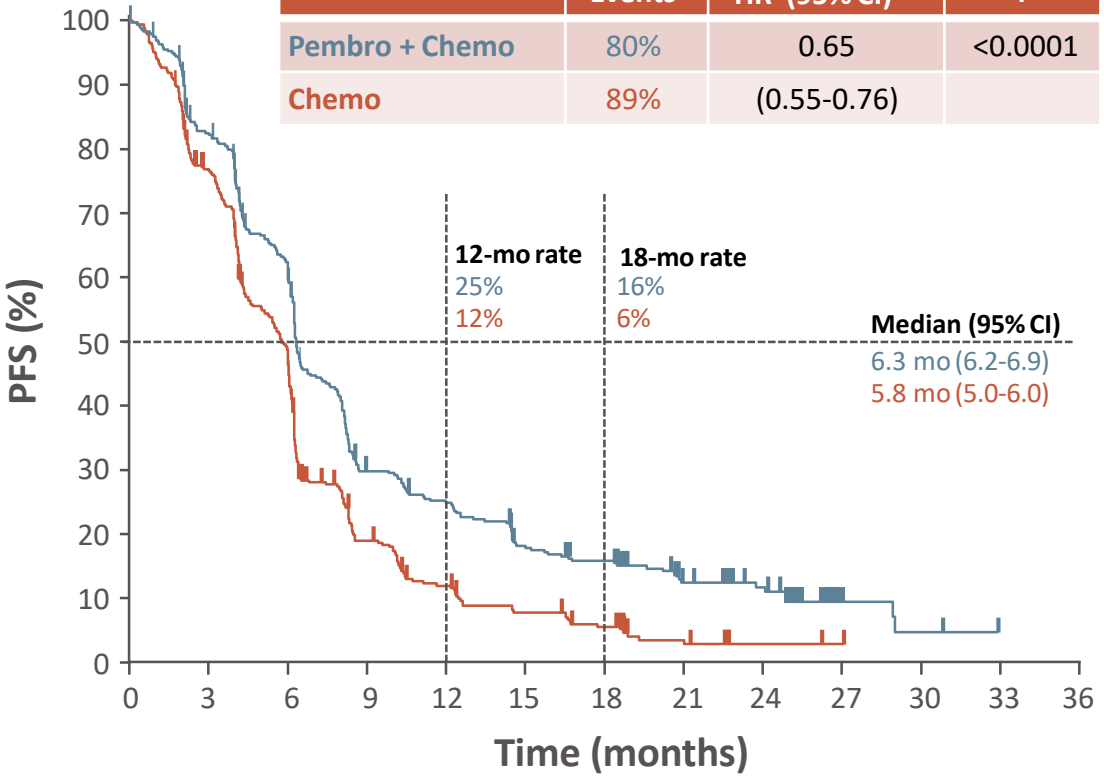



No. at risk

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 143 | 134 | 119 | 96 | 78 | 61 | 51 | 29 | 16 | 7 | 3 | 0 | 0 |
| 143 | 124 | 99 | 70 | 48 | 34 | 24 | 15 | 10 | 4 | 1 | 0 | 0 |

## PFS IN ALL PATIENTS

| | Events | HR (95% CI) | P |
|---|---|---|---|
| Pembro + Chemo | 80% | 0.65 | <0.0001 |
| Chemo | 89% | (0.55-0.76) | |




No. at risk

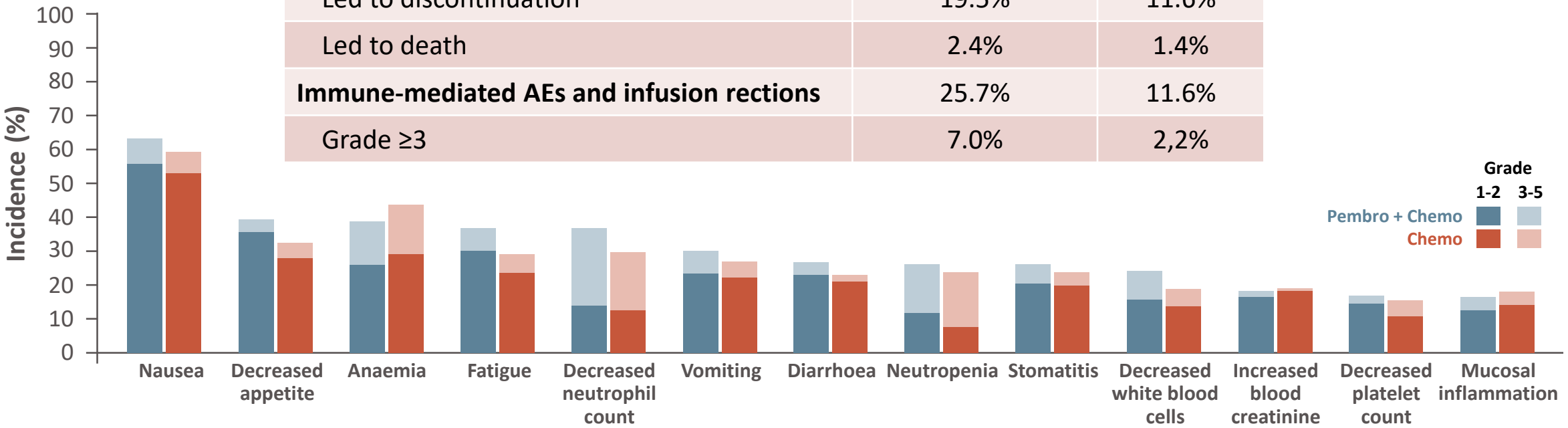
| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 373 | 289 | 210 | 96 | 79 | 55 | 45 | 25 | 17 | 4 | 2 | 0 | 0 |
| 376 | 278 | 172 | 62 | 36 | 22 | 14 | 6 | 2 | 1 | 0 | 0 | 0 |

chemo, chemotherapy; CI, confidence interval; CPS, combined positive score; ESCC, oesophageal squamous cell carcinoma; HR, hazard ratio; OS, overall survival; PD-L1, programmed death-ligand 1; Pembro, pembrolizumab; PFS, progression-free survival

Source: Kato K, et al. Ann Oncol. 2020;31(suppl_4):abstr LBA8

# RESULTS: ADVERSE EVENTS IN ALL TREATED PATIENTS

| AEs | Pembro+Chemo (N=370) | Chemo (N=370) |
|---|---|---|
| **Any** | 100% | 99.5% |
| **Treatment-related** | 98.4% | 97.3% |
| Grade ≥3 | 71.9% | 67.6% |
| Led to discontinuation | 19.5% | 11.6% |
| Led to death | 2.4% | 1.4% |
| **Immune-mediated AEs and infusion rections** | 25.7% | 11.6% |
| Grade ≥3 | 7.0% | 2,2% |



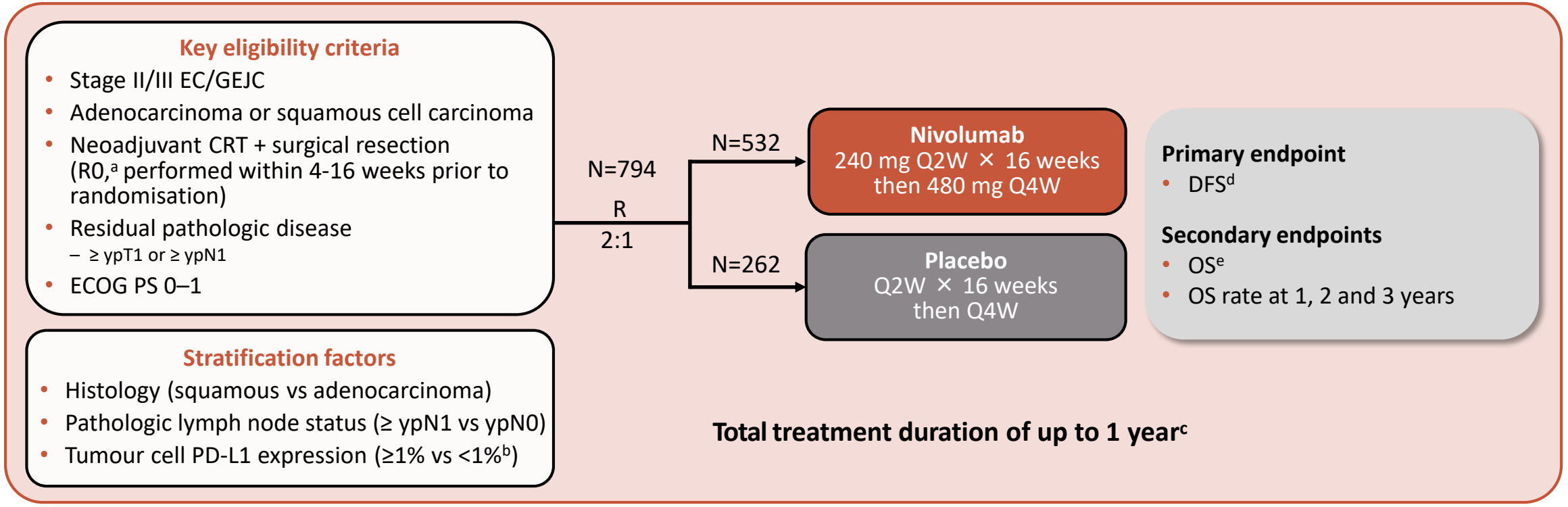

[a] Treatment related events with ≥15% incidence in any treatment arm; Data cut-off: July 2, 2020.

AE, adverse event; Chemo, chemotherapy; Pembro, pembrolizumab

# CHECKMATE-577

# DESIGN OF THE STUDY

**CheckMate-577 study (NCT02743494):** randomised, multicentre, double-blind, Phase 3 study of adjuvant nivolumab or placebo in subjects with resected oesophageal, or gastroesophageal junction cancer



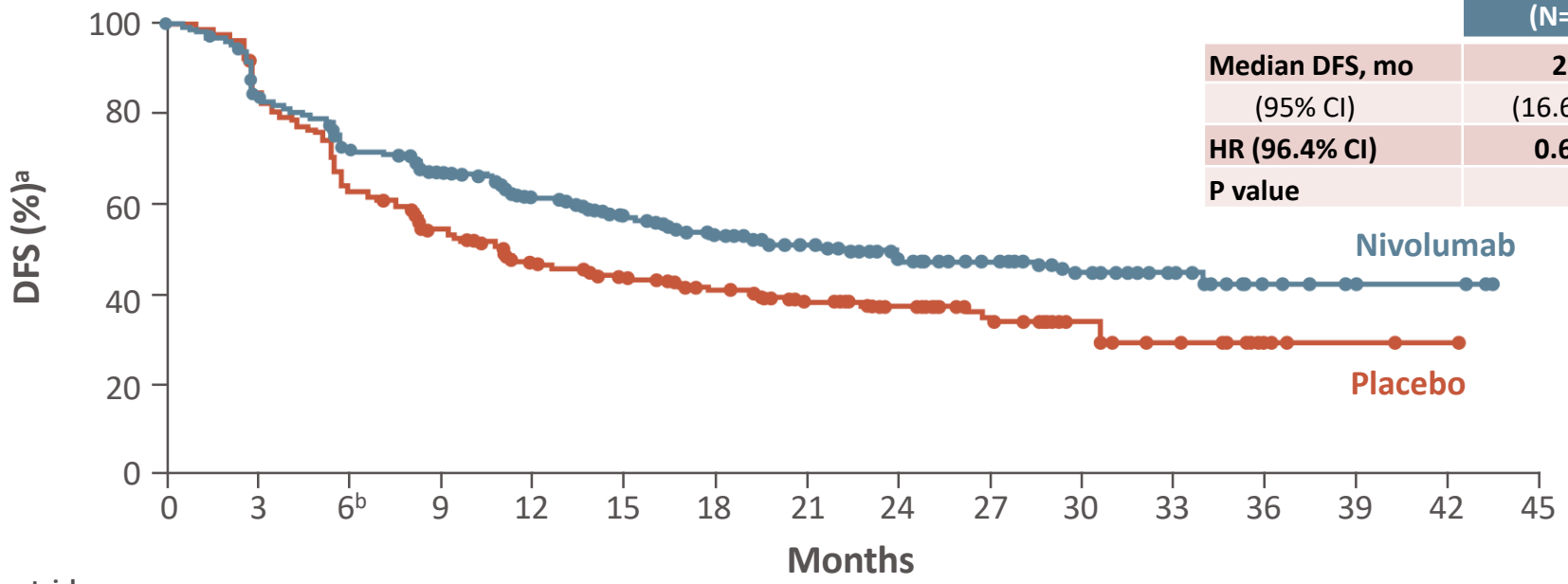

[a] Patients must have been surgically rendered free of disease with negative margins on resected specimens defined as no vital tumour present within 1 mm of the proximal, distal, or circumferential resection margins; [b] <1% includes indeterminate/non evaluable tumour cell PD-L1 expression; [c] Until disease recurrence, unacceptable toxicity, or withdrawal of consent; [d] Assessed by investigator, the study required at least 440 DFS events to achieve 91% power to detect an average HR of 0.72 at a 2-sided α of 0.05, accounting for a pre-specified interim analysis; [e] The study will continue as planned to allow for future analysis of OS.

CRT, chemoradiotherapy; DFS, disease-free survival; EC, oesophageal cancer; ECOG PS, Eastern Cooperative Oncology Group performance status; GEJC, gastroesophageal junction cancer; HR, hazard ratio; OS; overall survival; PD-L1, programmed death ligand-1; Q2W, once every 2 weeks; Q4W, once every 4 weeks; R, randomisation; R0, curative resection - Source: Kelly RJ, et al. Ann Oncol. 2020;31(suppl_4):abstr LBA9

# RESULTS: DFS

**Clinical data cut-off date:** 12 May 2020 (median follow-up 24.4 months (range, 6.2-44.9)

| | Nivolumab (N=532) | Placebo (N=262) |
|---|---|---|
| **Median DFS, mo** | **22.4** | **11.0** |
| (95% CI) | (16.6-34.0) | (8.3-14.3) |
| **HR (96.4% CI)** | **0.69 (0.56-0.86)** | |
| **P value** | **0.0003[c]** | |




| No. at risk | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Nivolumab** | 532 | 430 | 364 | 306 | 249 | 212 | 181 | 147 | 92 | 68 | 41 | 22 | 8 | 4 | 3 | 0 |
| **Placebo** | 262 | 214 | 163 | 126 | 96 | 80 | 65 | 53 | 38 | 28 | 17 | 12 | 5 | 2 | 1 | 0 |

→ Nivolumab provided superior DFS with a 31% reduction in the risk of recurrence or death and a doubling in median DFS versus placebo

[a] Per investigator assessment; [b] 6-month DFS rates were 72% (95% CI, 68-76) in the nivolumab arm and 63% (95% CI, 57-69) in the placebo arm; [c] The boundary for statistical significance at the pre-specified interim analysis required the P value to be less than 0.036.

Source: Kelly RJ, et al. Ann Oncol. 2020;31(suppl_4):abstr LBA9
CI, confidence interval; DFS, disease-free survival, HR; hazard ratio

# RESULTS: SAFETY-NIVOLUMAB WELL TOLERATED

| Patients, n (%) | Nivolumab[a] (N=532) | | Placebo[a] (N=260 | |
|---|---|---|---|---|
| | Any grade | Grade 3-4 | Any grade | Grade 3-4 |
| **Any AEs[b]** | 510 (96) | 183 (34) | 243 (93) | 84 (32) |
| Serious AEs | 158 (30) | 107 (20) | 78 (30) | 53 (20) |
| AEs leading to discontinuation | 68 (13) | 38 (7) | 20 (8) | 16 (6) |
| **Any TRAEs[b,c]** | 376 (71) | 71 (13) | 119 (46) | 15 (6) |
| Serious TRAEs[c] | 40 (8) | 29 (5) | 7 (3) | 3 (1) |
| TRAEs leading to discontinuation[c] | 48 (9) | 26 (5) | 8 (3) | 7 (3) |
| **TRAEs in ≥10% of treated patients in either arm[b]** | | | | |
| Fatigue | 90 (17) | 6 (1) | 29 (11) | 1 (<1) |
| Diarrhoea | 88 (17) | 2 (<1) | 39 (15) | 2 (<1) |
| Pruritus | 53 (10) | 2 (<1) | 9 (3) | 0 |
| Rash | 52 (10) | 4 (<1) | 10 (4) | 1 (<1) |

[a] Patients who received ≥1 dose of study treatment; [b] Events reported between first dose and 30 days after last dose of study drug ; [c] Only 1 grade 5 TRAE was recorded in either arm (cardiac arrest in the nivolumab arm that was reported as not treatment related after database lock).
Source: Kelly RJ, et al. Ann Oncol. 2020;31(suppl_4):abstr LBA9
AE, adverse event; TRAE, treatment-related adverse event

# CONCLUSIONS

## KEY FINDINGS

- Based on CheckMate-649 results, NIVO + chemo represents a **new potential standard of care in the first-line treatment of advanced GC/GEJC/EAC in patients with CPS ≥5**
- Based on KEYNOTE-590 results, Pembro + chemo could be considered a **new potential first-line treatment option for patients with locally advanced and metastatic oesophageal cancer, especially ESCC** (70% of the population) **or tumours with PD-L1 CPS ≥10** (50% of the population)
- Based on CheckMate-577 results, **NIVO as adjuvant therapy** in patients treated with chemo-radiotherapy and curative surgery has the potential to become a **new standard of care**
- The **safety profile** of the 3 therapies seems **acceptable and well tolerated**

chemo, chemotherapy; CPS; combined positive score; EAC, oesophageal adenocarcinoma; ESCC, oesophageal squamous cell carcinoma; GC, gastric cancer; GEJC, gastro-oesophageal junction cancer; NIVO, nivolumab; PD-L1, programmed death-ligand 1; Pembro, pembrolizumab

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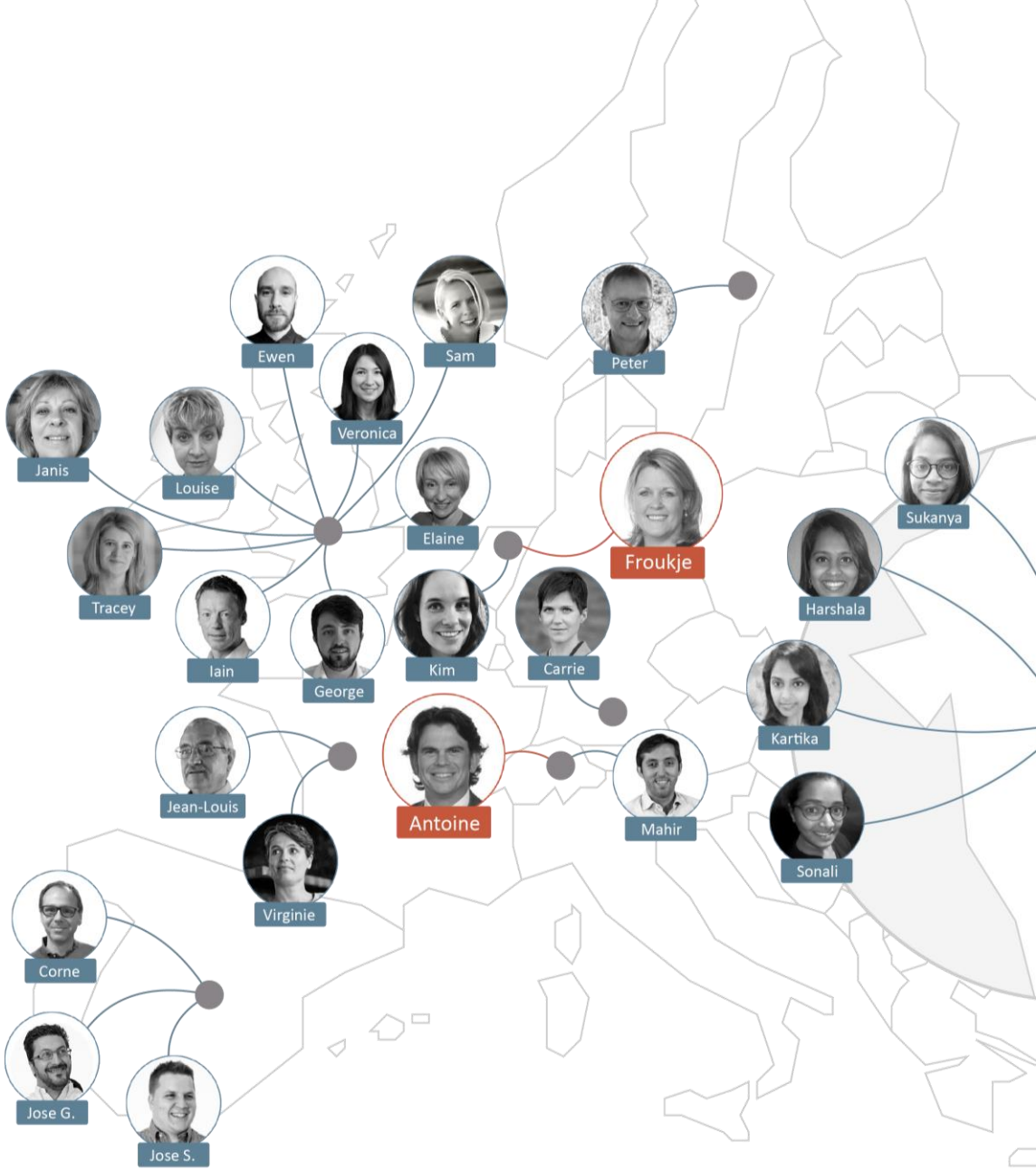


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