



**Oesophagus
Karzinom**

Palliative Therapie

Peter Thuss-Patience

**Hämatologie, Onkologie und
Palliativmedizin**

Vivantes Klinikum im Friedrichshain

**Charité – Universitätsmedizin Berlin
Med. Klinik m S Hämatologie,
Onkologie und Tumorimmunologie**

Disclosures

- Employment in leadership position --
- Advisory role or expert testimony: — Lilly, BMS, MSD, Merck Serono, Roche, Servier, AstraZeneca, Pfizer, Astellas, Novartis, Daiichi, BeiGene
- Stock ownership —
- Patent, copyright, licensing —
- Honoraria —
- Financing of scientific research — Merck Serono, Novartis
- Other financial relationships —
- Immaterial conflicts of interest — Merck Serono, AstraZeneca Travel

Genetic subgroups of oesophagogastric tumors

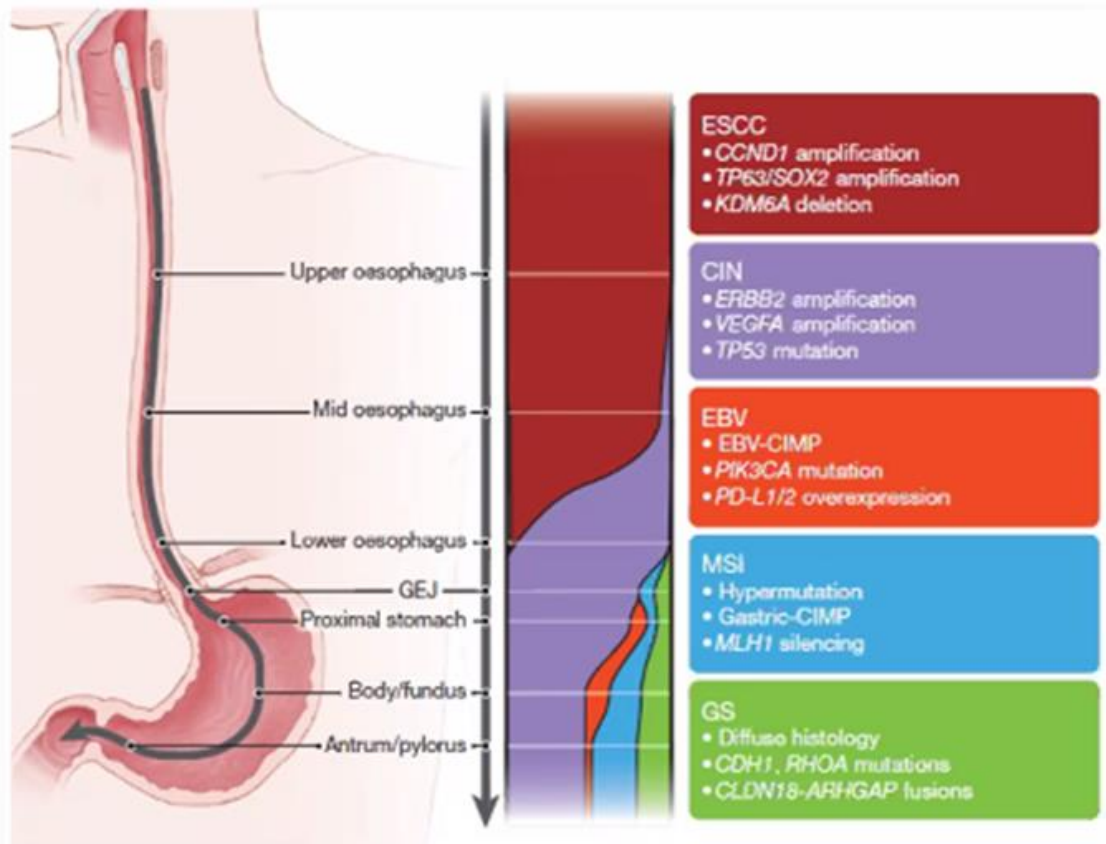
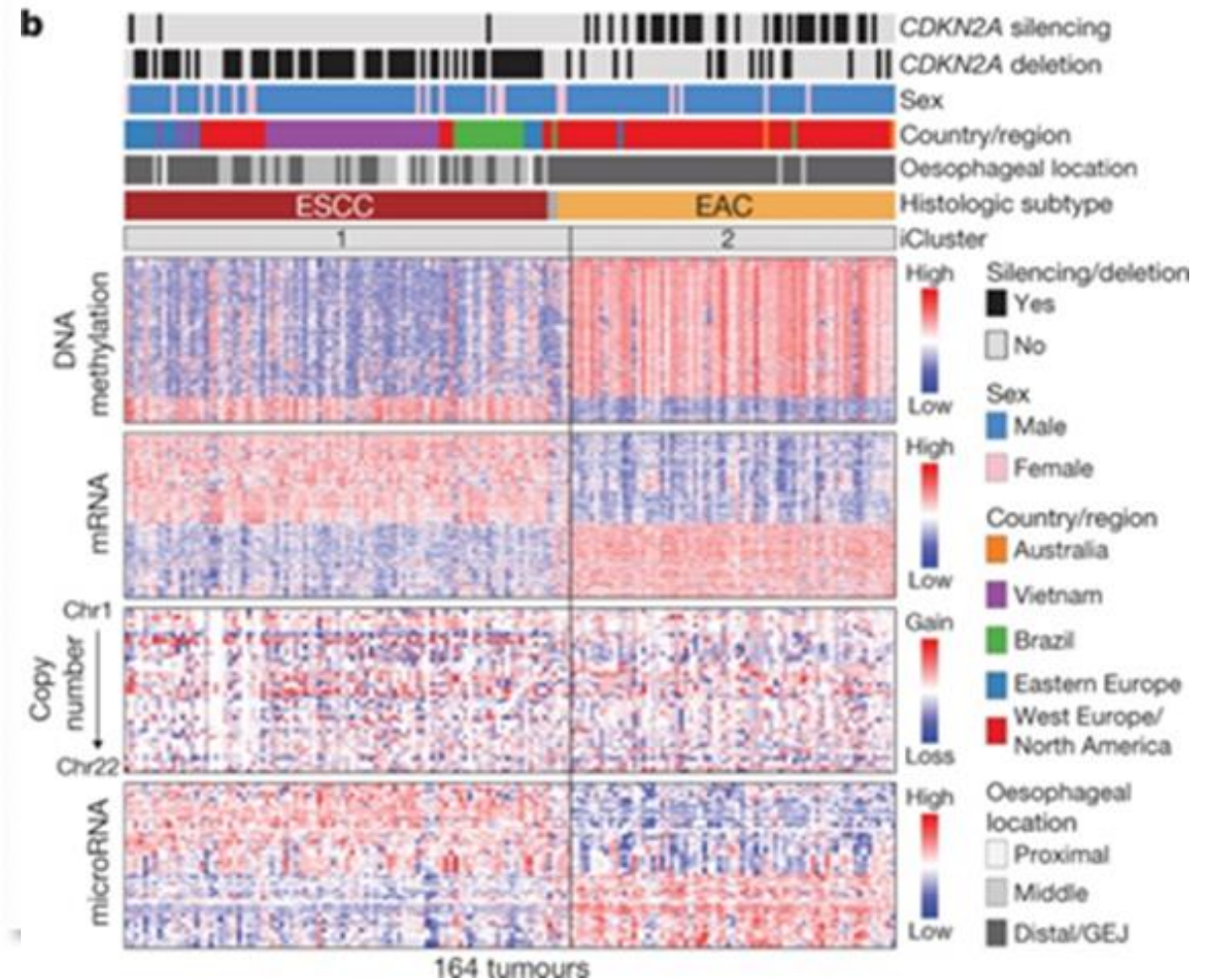
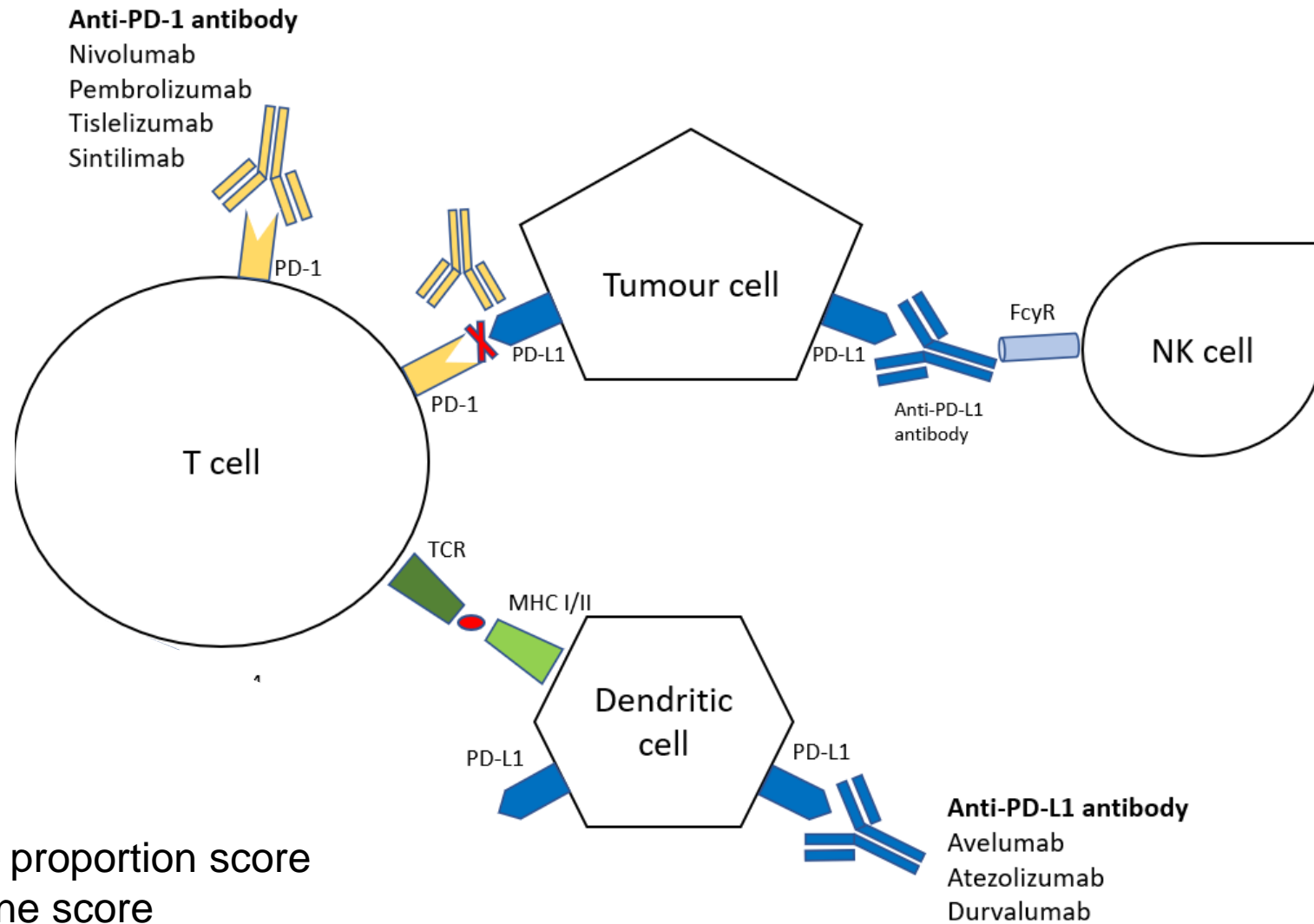


Figure 6 | Gradations of molecular subclasses of gastroesophageal carcinoma. Schematic representing shifting proportion of subtypes of



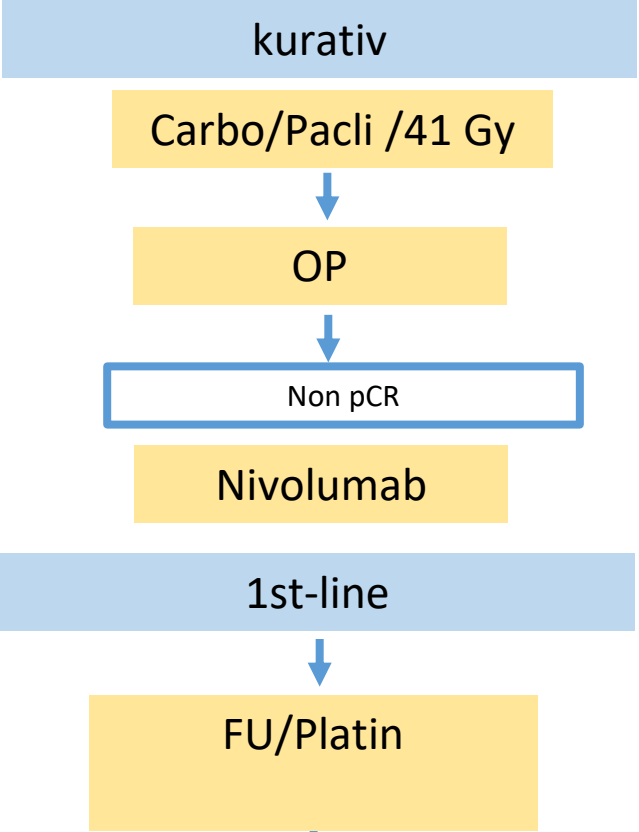
Checkpoint-Inhibitors




PD-L1 TPS=
PD-L1 IC=
PD-L1 CPS=

tumor proportion score
immune score
combined positivity score

**oesophageal
squamous cell cancer**



Ösophagus

						EMA approval
1st line 	KN 590	Pembro	SCC + AEG	Pembro FP vs FP	OS pos CPS \geq 10	yes
	CM 648	Nivo	SCC	Nivo FP vs FP vs Nivo Ipi	OS pos TPS \geq 1	yes
	ESCORT 1	Camrelizumb	SCC	Camre Cis/Pacli vs Cis/Pacli	OS pos	
	ORIENT-15	Sintilimab	SCC	Sinti Cis/Pacli vs Cis/Pacli	OS pos	
	JUPITER-06	Toripalimab	SCC	Tori Cis/Pacli vs Cis/Pacli	OS pos	
	RATIONALE 306	Tislelizumab	SCC	Tis Platin/FU (Platin/Pacli) vs Chemo	OS pos	

Sun et al., Lancet 2021; Doki et al., NEJM 2022; Lio et al., JAMA 2021; Lu et al., BMJ 2022; Wang et al., Cancer Cell 2022; Xu Lancet Oncol 2023;24:483-495

Ösophagus – palliative 1st line

Keynote 590



Pembrolizumab + Cis / FU

Placebo + Cis / FU

n = 749

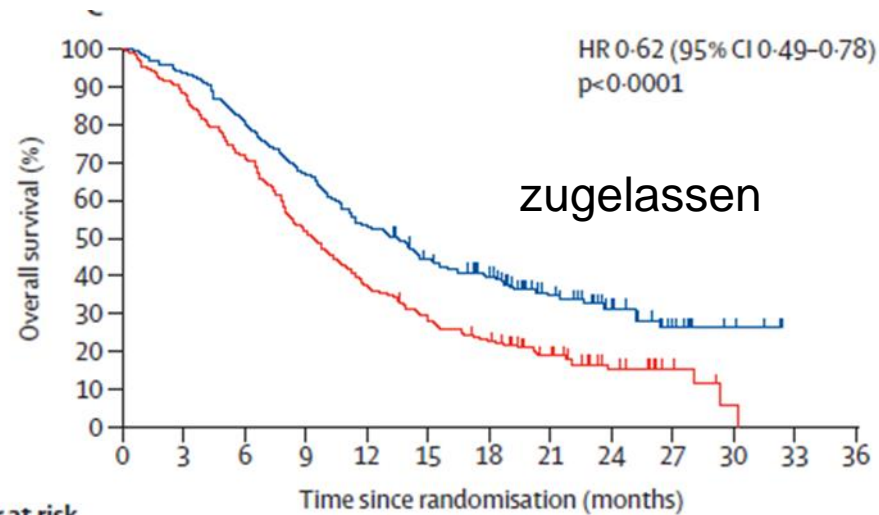
52% Asia

SCC 73%, Adeno 27%

PD-L1 CPS ≥ 10 = 50%

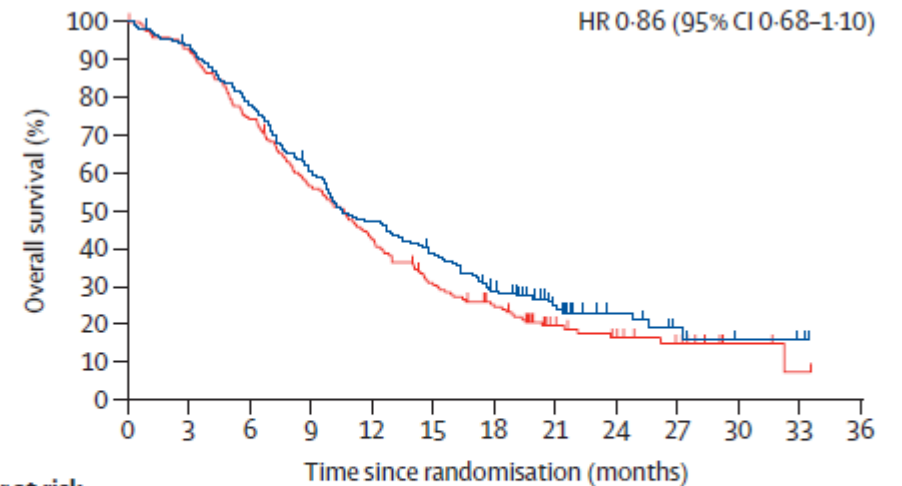
Overall Survival

SCC und Adeno CPS ≥ 10



	0	3	6	9	12	15	18	21	24	27	30	33	36
Number at risk	186	175	151	125	100	79	66	40	23	10	4	0	0
(number censored)	(0)	(0)	(0)	(0)	(0)	(4)	(9)	(28)	(42)	(52)	(58)	(58)	(58)
Pembrolizumab plus chemotherapy group	197	174	142	102	73	55	42	28	13	6	1	0	0
Placebo plus chemotherapy group	(0)	(0)	(0)	(0)	(0)	(1)	(3)	(11)	(22)	(29)	(32)	(32)	(32)

SCC und Adeno CPS < 10



	0	3	6	9	12	15	18	21	24	27	30	33	36
Number at risk	175	162	135	104	81	66	47	26	12	6	3	2	0
(number censored)	(0)	(2)	(2)	(3)	(3)	(5)	(7)	(22)	(34)	(38)	(40)	(41)	(41)
Pembrolizumab plus chemotherapy group	172	159	127	96	72	51	38	21	14	9	3	1	0
Placebo plus chemotherapy group	(0)	(1)	(1)	(2)	(2)	(4)	(8)	(17)	(21)	(25)	(31)	(32)	(32)

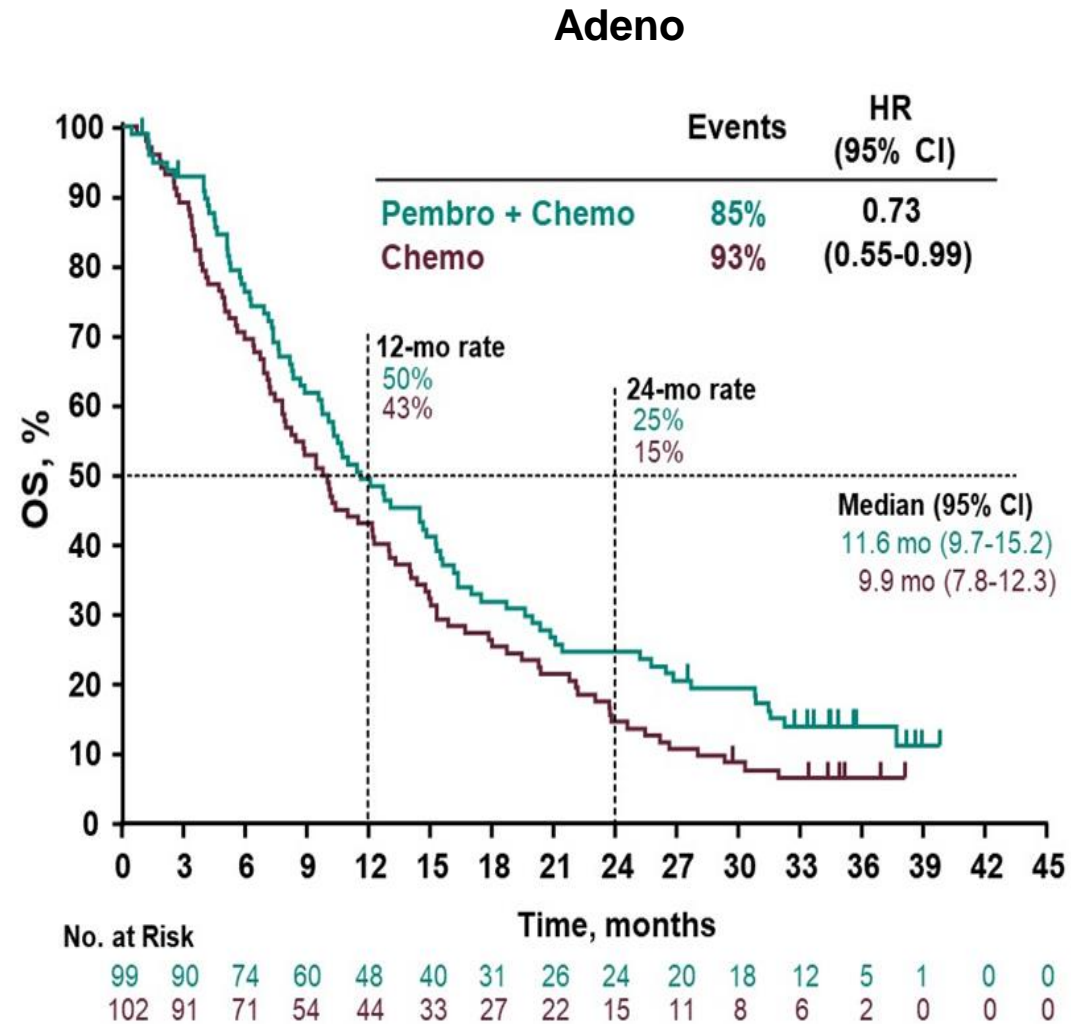
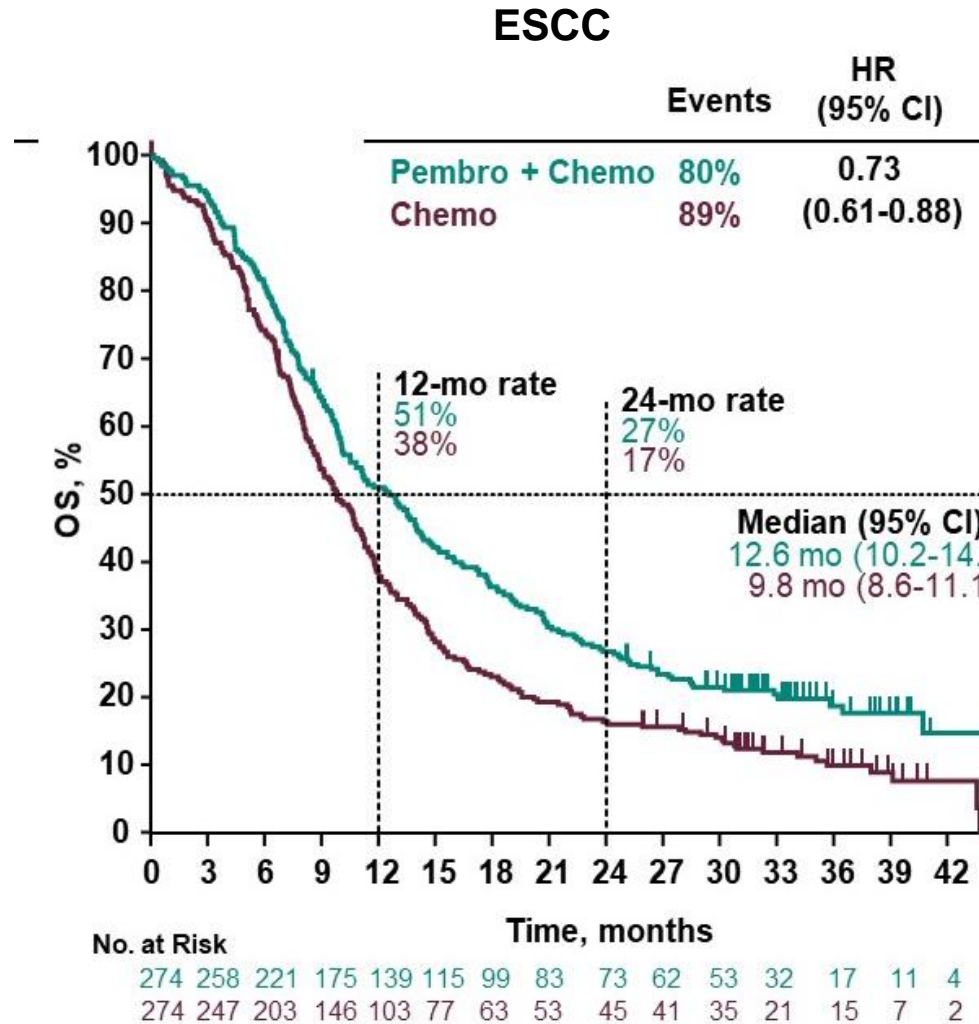
Kato et al., ESMO 2020

Sun et al., Lancet 2021

Ösophagus – palliative 1st line

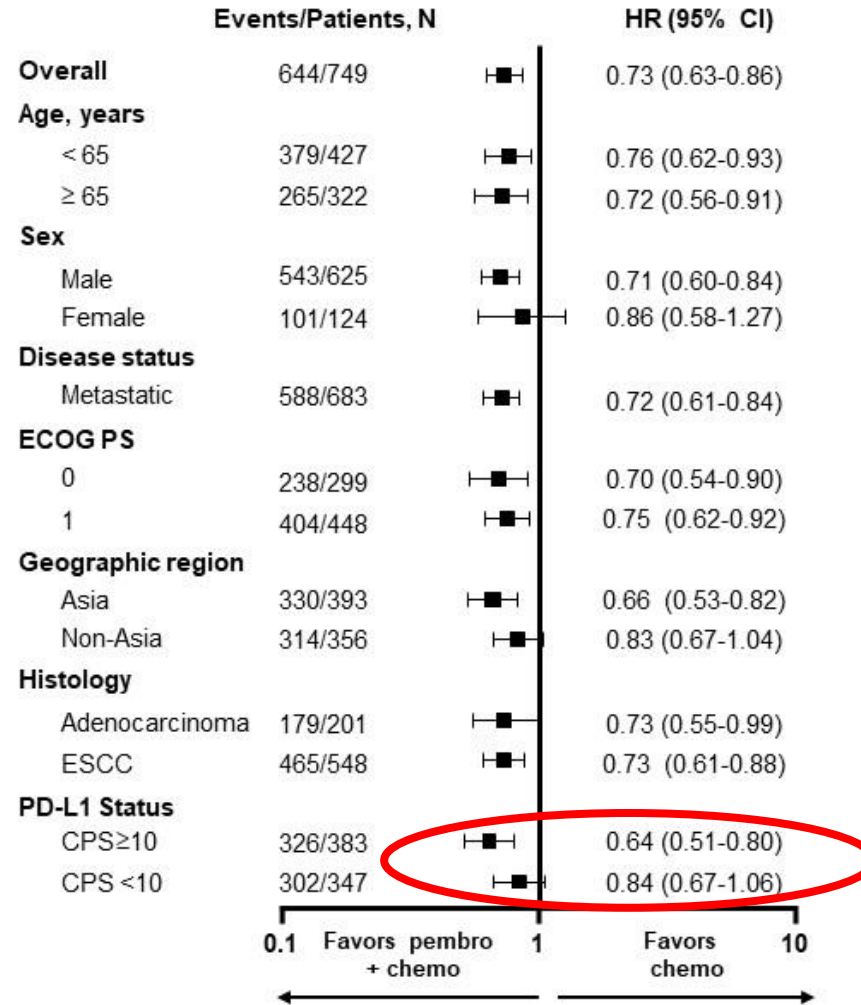
Keynote 590

Overall Survival – pre-specified subgroups



Keynote 590

Overall Survival –Subgruppen



benefit primarily
in CPS ≥ 10

Ösophagus – palliativ 1st line

Keynote 590

Response

Best response, n (%)	Pembro + Chemo N = 373	Chemo N = 376
ORR, n (%)	168 (45.0)	110 (29.3)
Complete response	25 (6.7)	9 (2.4)
Partial response	143 (38.3)	101 (26.9)
Stable disease	126 (33.8)	174 (46.3)
Disease control rate	294 (78.8)	284 (75.5)
Progressive disease	43 (11.5)	59 (15.7)
Not evaluable/no assessment	36 (9.6)	33 (8.7)
Median DOR (range), mo	8.3 (1.2+ to 41.7+)	6.0 (1.5+ to 34.9+)
≥ 24 months response duration, %	20.4	6.2

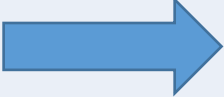
Ösophagus – palliative 1st line

Keynote 590

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oesophagus

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Sun et al., Lancet 2021; Doki et al., NEJM 2022; Lio et al., JAMA 2021; Lu et al., BMJ 2022; Wang et al., Cancer Cell 2022; Xu Lancet Oncol 2023;24:483-495

Ösophagus – palliative 1st line

Checkmate 648



Nivolumab + Cis / FU

Nivo 3mg/kg + Ipi 1mg/kg

Cis / FU

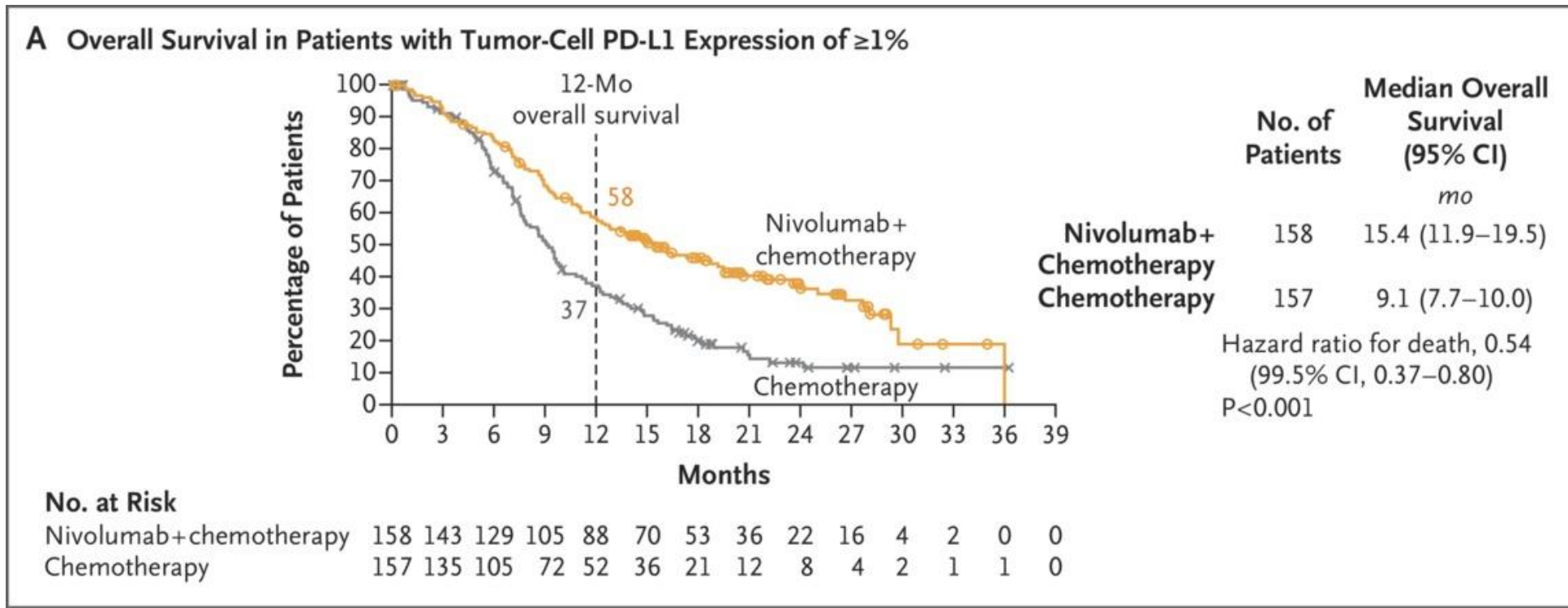
n = 970

SCC 100%,

Asia/non-Asia 70/30

TPS \geq 1% = 49%

Primary endpoint



Doki et al., NEJM 2022

Chau et al., ASCO 2021 LBA 4001

Ösophagus – palliativ 1st line

Checkmate 648



Nivolumab + Cis / FU

Nivo 3mg/kg + Ipi 1mg/kg

Cis / FU

Subgroup (Overall Population)	Median OS, mo		Unstratified Hazard Ratio for Death (95% CI)
	Nivolumab + Chemotherapy	Chemotherapy	
Overall (N = 645)	13.2	10.7	0.74 (0.61-0.89)
Age, years			
< 65 (n = 333)	11.8	10.2	0.80 (0.62-1.04)
≥ 65 (n = 312)	15.0	11.0	0.67 (0.51-0.88)
Sex			
Male (n = 528)	12.5	10.0	0.70 (0.57-0.86)
Female (n = 117)	15.2	14.8	1.02 (0.64-1.63)
Geographic region			
Asian (n = 451)	15.5	11.9	0.74 (0.59-0.94)
Non-Asian (n = 194)	10.5	8.5	0.74 (0.54-1.02)
ECOG PS*			
0 (n = 300)	17.3	12.4	0.71 (0.54-0.95)
1 (n = 344)	10.6	9.0	0.76 (0.59-0.97)
Tumor-cell PD-L1 expression†			
≥ 1% (n = 314)	15.4	9.2	0.55 (0.42-0.72)
< 1% (n = 329)	12.0	12.2	0.98 (0.76-1.28)
≥ 5% (n = 235)	13.7	9.5	0.61 (0.45-0.83)
< 5% (n = 408)	12.8	11.1	0.82 (0.65-1.04)
≥ 10% (n = 199)	14.7	9.5	0.62 (0.44-0.87)
< 10% (n = 444)	12.3	10.8	0.79 (0.63-0.99)
PD-L1 CPS expression‡§			
≥ 1 (n = 558)	13.8	9.8	0.69 (0.56-0.84)
< 1 (n = 51)	9.9	12.1	0.98 (0.50-1.95)
≥ 5 (n = 421)	15.2	11.1	0.69 (0.55-0.87)
< 5 (n = 188)	12.0	9.4	0.74 (0.52-1.04)
≥ 10 (n = 280)	16.1	11.6	0.63 (0.47-0.84)
< 10 (n = 329)	12.1	9.7	0.78 (0.60-1.01)

benefit primarily
in TPS ≥ 1%

Doki et al., NEJM 2022

Ösophagus – palliativ 1st line

Checkmate 648

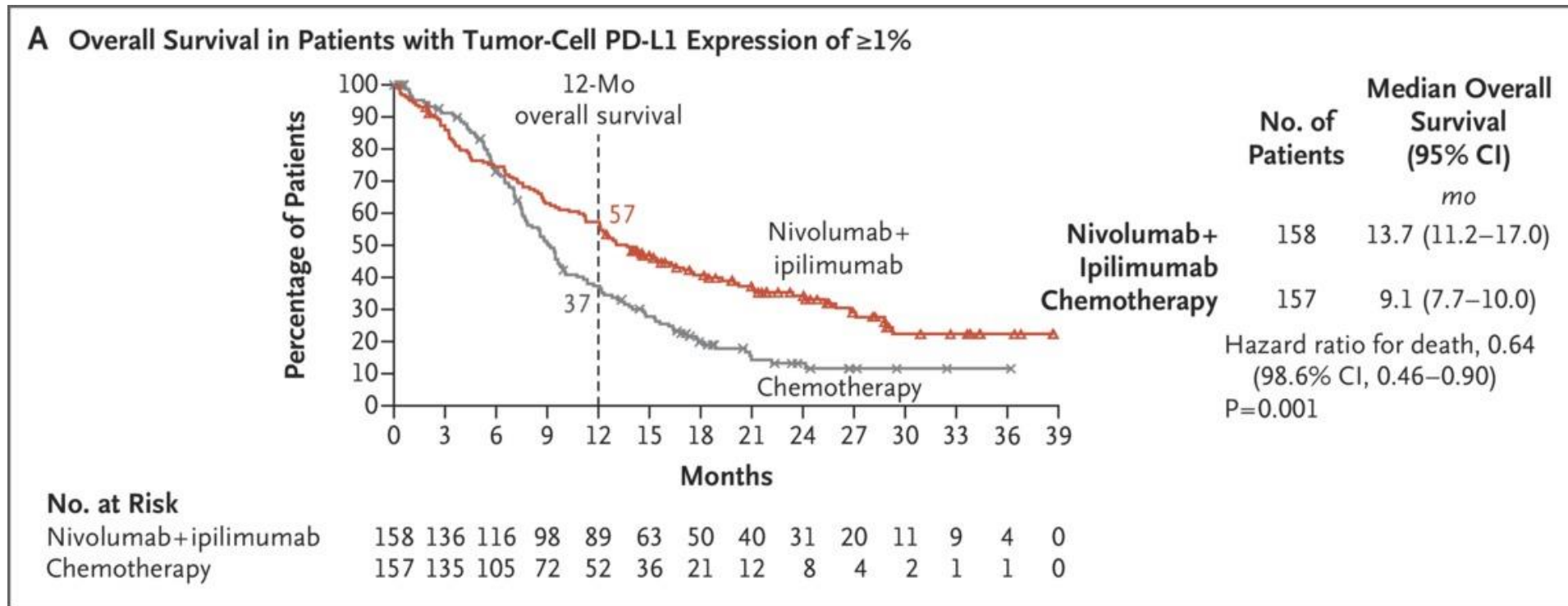


Nivolumab + Cis / FU

Nivo 3mg/kg + Ipi 1mg/kg

Cis / FU

Primary endpoint



Ösophagus – palliativ 1st line

Checkmate 648

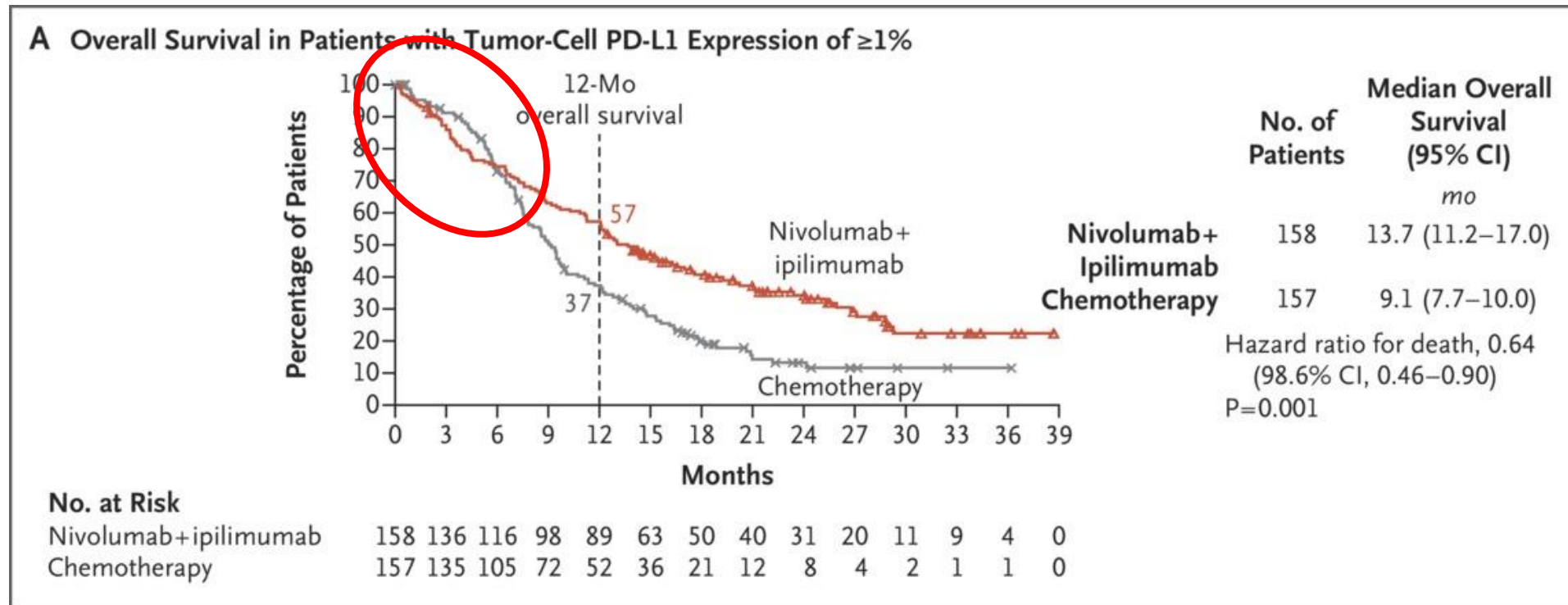


Nivolumab + Cis / FU

Nivo 3mg/kg + Ipi 1mg/kg

Cis / FU

Primary endpoint



Ösophagus – palliativ 1st line

Checkmate 648



Nivolumab + Cis / FU

Nivo 3mg/kg + Ipi 1mg/kg

Cis / FU

Subgroup (Overall Population)	Median OS, mo		Unstratified Hazard Ratio for Death (95% CI)
	Nivolumab + Ipilimumab	Chemotherapy	
Overall (N = 649)	12.7	10.7	0.78 (0.65-0.94)
Age, years			
< 65 (n = 351)	12.1	10.2	0.92 (0.72-1.18)
≥ 65 (n = 298)	16.0	11.0	0.63 (0.47-0.84)
Sex			
Male (n = 544)	13.7	10.0	0.70 (0.57-0.86)
Female (n = 105)	11.7	14.8	1.36 (0.85-2.20)
Geographic region			
Asian (n = 455)	13.7	11.9	0.83 (0.66-1.04)
Non-Asian (n = 194)	11.4	8.5	0.69 (0.50-0.96)
ECOG PS*			
0 (n = 300)	17.0	12.4	0.73 (0.55-0.98)
1 (n = 348)	9.7	9.0	0.81 (0.63-1.03)
Tumor-cell PD-L1 expression**			
≥ 1% (n = 314)	13.7	9.2	0.63 (0.48-0.82)
< 1% (n = 330)	12.0	12.2	0.96 (0.74-1.25)
≥ 5% (n = 235)	13.0	9.5	0.66 (0.48-0.90)
< 5% (n = 409)	12.4	11.1	0.86 (0.68-1.09)
≥ 10% (n = 200)	13.0	9.5	0.71 (0.51-1.00)
< 10% (n = 444)	12.5	10.8	0.82 (0.65-1.02)
PD-L1 CPS expression†§			
≥ 1 (n = 546)	12.7	9.8	0.76 (0.62-0.93)
< 1 (n = 55)	11.5	12.1	1.00 (0.52-1.94)
≥ 5 (n = 404)	14.5	11.1	0.72 (0.57-0.91)
< 5 (n = 197)	11.4	9.4	0.87 (0.62-1.21)
≥ 10 (n = 271)	16.7	11.6	0.64 (0.47-0.86)
< 10 (n = 330)	11.2	9.7	0.89 (0.69-1.14)



benefit primarily
in TPS ≥ 1%

Doki et al., NEJM 2022

Ösophagus – palliativ 1st line

Checkmate 648



Nivolumab + Cis / FU

Nivo 3mg/kg + Ipi 1mg/kg

Cis / FU

response

Table 2. Antitumor Activity, as Assessed by Blinded Independent Central Review.*

Variable	Patients with Tumor-Cell PD-L1 Expression of $\geq 1\%$		
	Nivolumab plus Chemotherapy (N = 158)	Nivolumab plus Ipilimumab (N = 158)	Chemotherapy (N = 157)
Objective response rate			
No. of patients (%)	84 (53)	56 (35)	31 (20)
95% CI	45–61	28–43	14–27
Best overall response — no. (%)			
Complete response	26 (16)	28 (18)	8 (5)
Partial response	58 (37)	28 (18)	23 (15)
Stable disease	40 (25)	43 (27)	72 (46)
Progressive disease	22 (14)	48 (30)	24 (15)
Could not be evaluated	12 (8)	11 (7)	30 (19)
Median time to response (range) — mo†	1.5 (0.6–4.3)	1.5 (1.2–8.4)	1.5 (1.3–9.7)
Median duration of response (95% CI) — mo†	8.4 (6.9–12.4)	11.8 (7.1–27.4)	5.7 (4.4–8.7)
Patients with ongoing response — no. (%)†	11 (13)	14 (25)	1 (3)

Ösophagus – palliativ 1st line

Checkmate 648



Nivolumab + Cis / FU

Nivo 3mg/kg + Ipi 1mg/kg

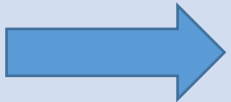
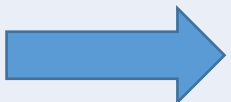
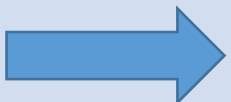
Cis / FU

response

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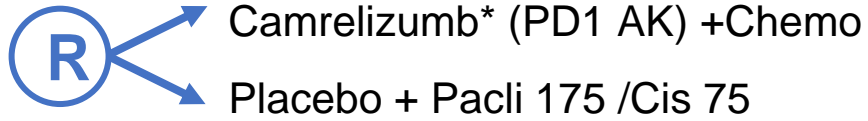
Variable	Patients with Tumor-Cell PD-L1 Expression of $\geq 1\%$		
	Nivolumab plus Chemotherapy (N = 158)	Nivolumab plus Ipilimumab (N = 158)	Chemotherapy (N = 157)
Objective response rate			
No. of patients (%)	84 (53)	56 (35)	31 (20)
95% CI	45–61	28–43	14–27
Best overall response — no. (%)			
Complete response	26 (16)	28 (18)	8 (5)
Partial response	58 (37)	28 (18)	23 (15)
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Median time to response (range) — mo†	1.5 (0.6–4.3)	1.5 (1.2–8.4)	1.5 (1.3–9.7)
Median duration of response (95% CI) — mo†	8.4 (6.9–12.4)	11.8 (7.1–27.4)	5.7 (4.4–8.7)
Patients with ongoing response — no. (%)†	11 (13)	14 (25)	1 (3)

oesophagus

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1st line	KN 590	Pembro	SCC + AEG	Pembro FP vs FP	OS pos CPS \geq 10	yes
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	ESCORT 1	Camrelizumb	SCC	Camre Cis/Pacli vs Cis/Pacli	OS pos	
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	RATIONALE 306	Tislelizumab	SCC	Tis Platin/FU (Platin/Pacli) vs Chemo	OS pos	

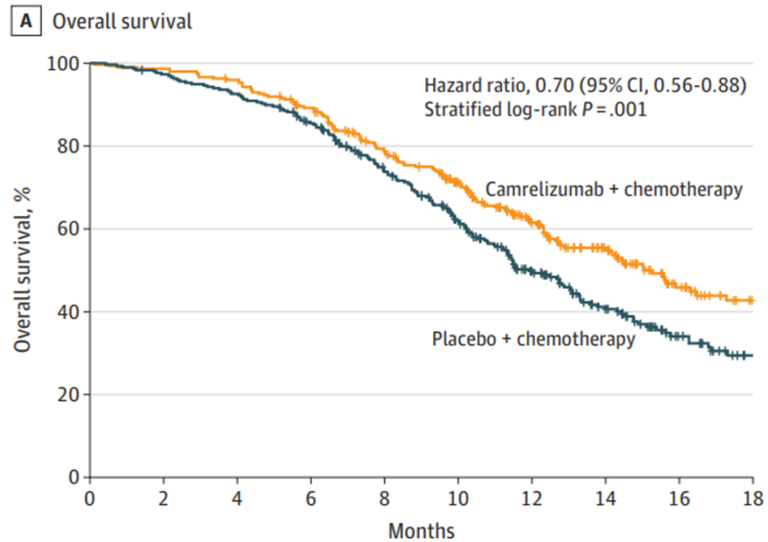
Sun et al., Lancet 2021; Doki et al., NEJM 2022; Lio et al., JAMA 2021; Lu et al., BMJ 2022; Wang et al., Cancer Cell 2022; Xu Lancet Oncol 2023;24:483-495

ESCORT 1



n = 596
100% SCC, 100% China

All pts



No. at risk

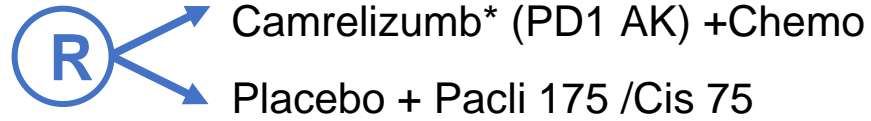
	0	2	4	6	8	10	12	14	16	18
Camrelizumab + chemotherapy	298	294	285	260	218	180	128	89	51	33
Placebo + chemotherapy	298	289	275	249	203	161	110	72	41	24

No.
Sint
Che

Xu et al., ASCO 2021 # 4000

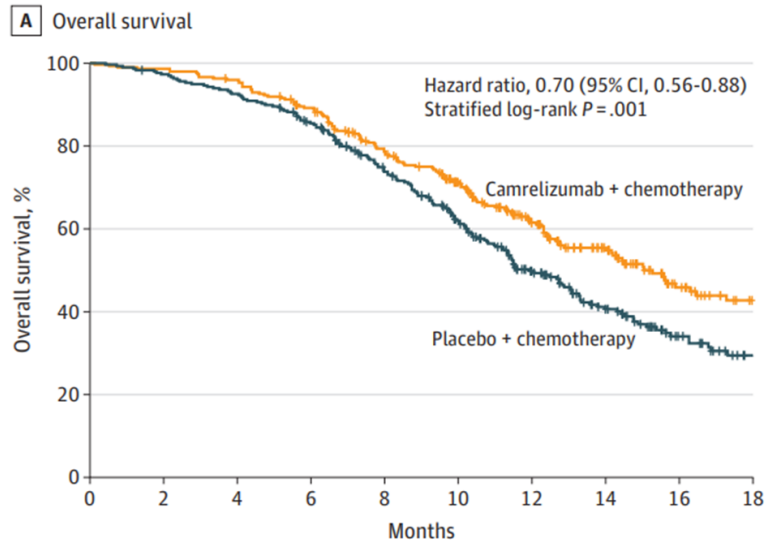
Lio et al., JAMA 2021

ESCORT 1



n = 596
100% SCC, 100% China

All pts

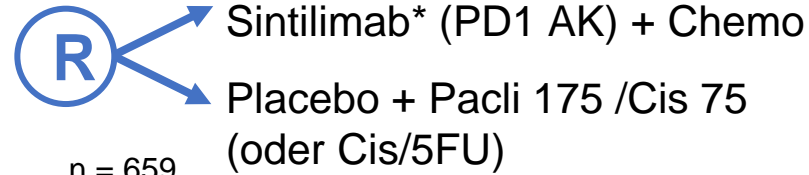


No. at risk

	0	2	4	6	8	10	12	14	16	18
Camrelizumab + chemotherapy	298	294	285	260	218	180	128	89	51	33
Placebo + chemotherapy	298	289	275	249	203	161	110	72	41	24

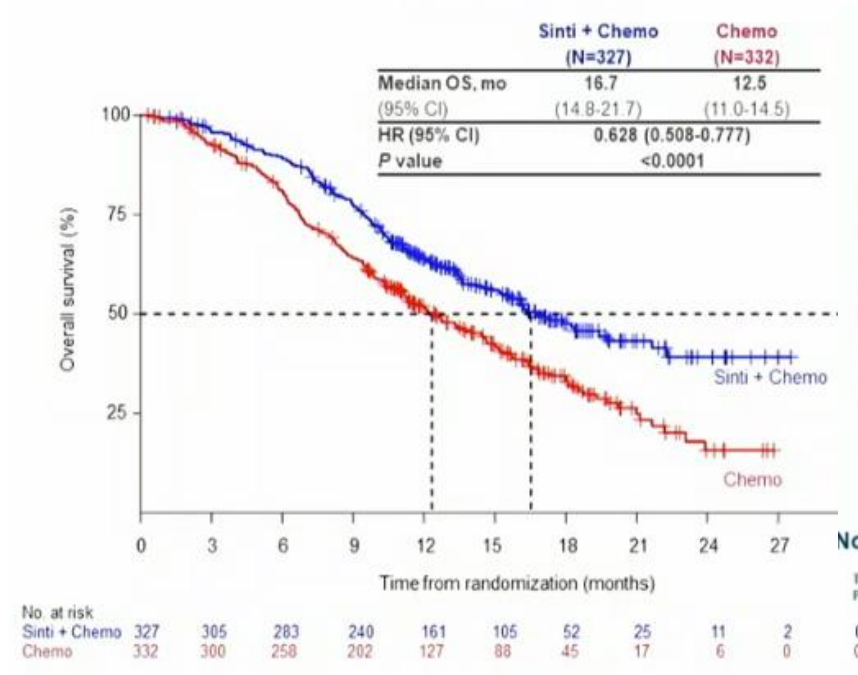
Xu et al., ASCO 2021 # 4000
Lio et al., JAMA 2021

ORIENT 15



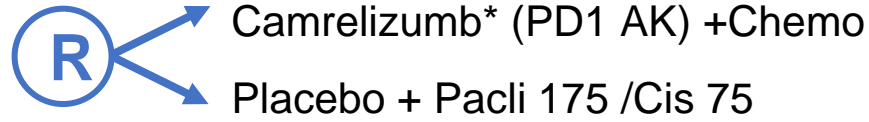
n = 659
100% SCC, >96% China

All patients



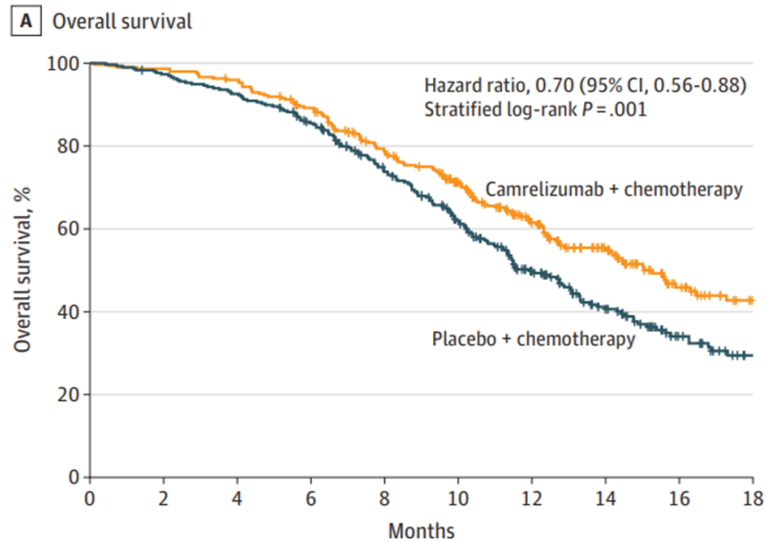
Shen et al., ESMO 2021, LBA53
Lu et al., BMJ 2022

ESCORT 1



n = 596
100% SCC, 100% China

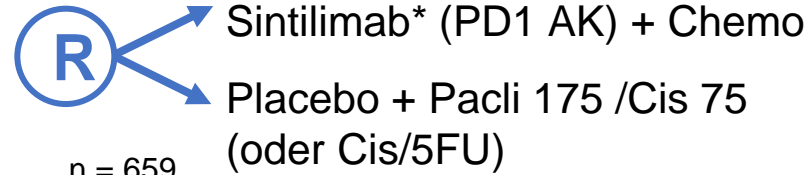
All pts



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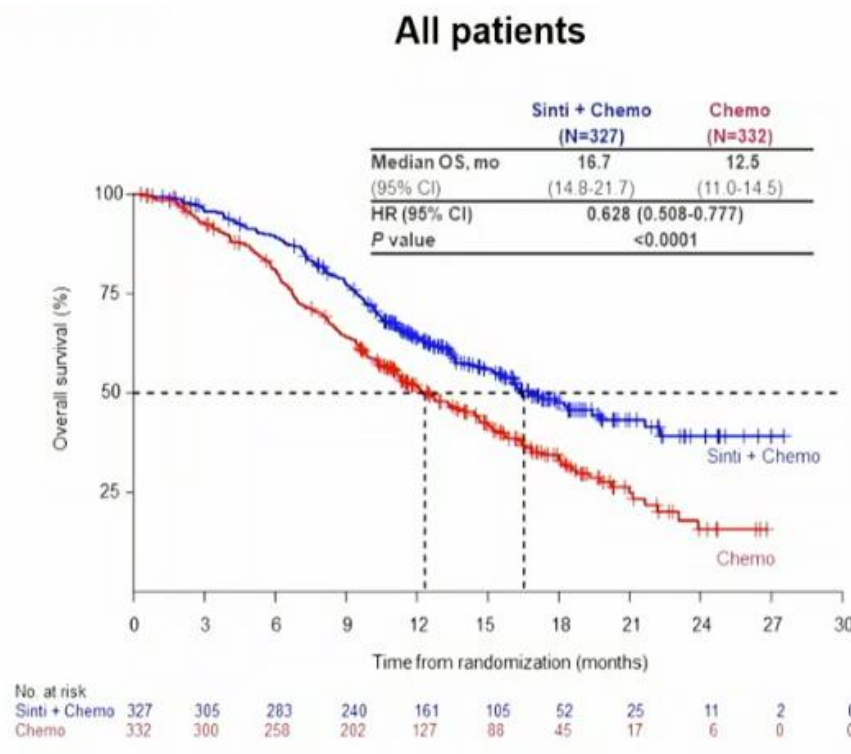
Xu et al., ASCO 2021 # 4000
Lio et al., JAMA 2021

ORIENT 15



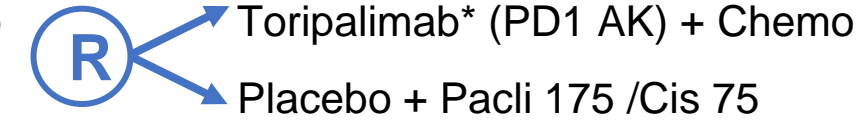
n = 659
100% SCC, >96% China

All patients



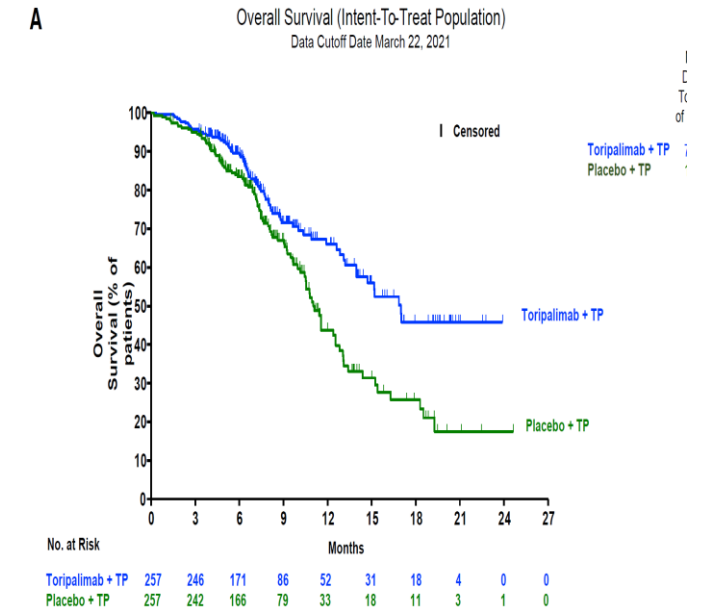
Shen et al., ESMO 2021, LBA53
Lu et al., BMJ 2022

JUPITER 06




n = 514
100% SCC, 100% China

All pts



Xu et al., ESMO 2021, 1373MO
Wang et al., Cancer Cell 2022

oesophagus

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Sun et al., Lancet 2021; Doki et al., NEJM 2022; Lio et al., JAMA 2021; Lu et al., BMJ 2022; Wang et al., Cancer Cell 2022; Xu Lancet Oncol 2023;24:483-495

oesophagus palliative – 1st line



Tislelizumab* + Chemo (Platin/FU od. Platin Pacli)

Chemo

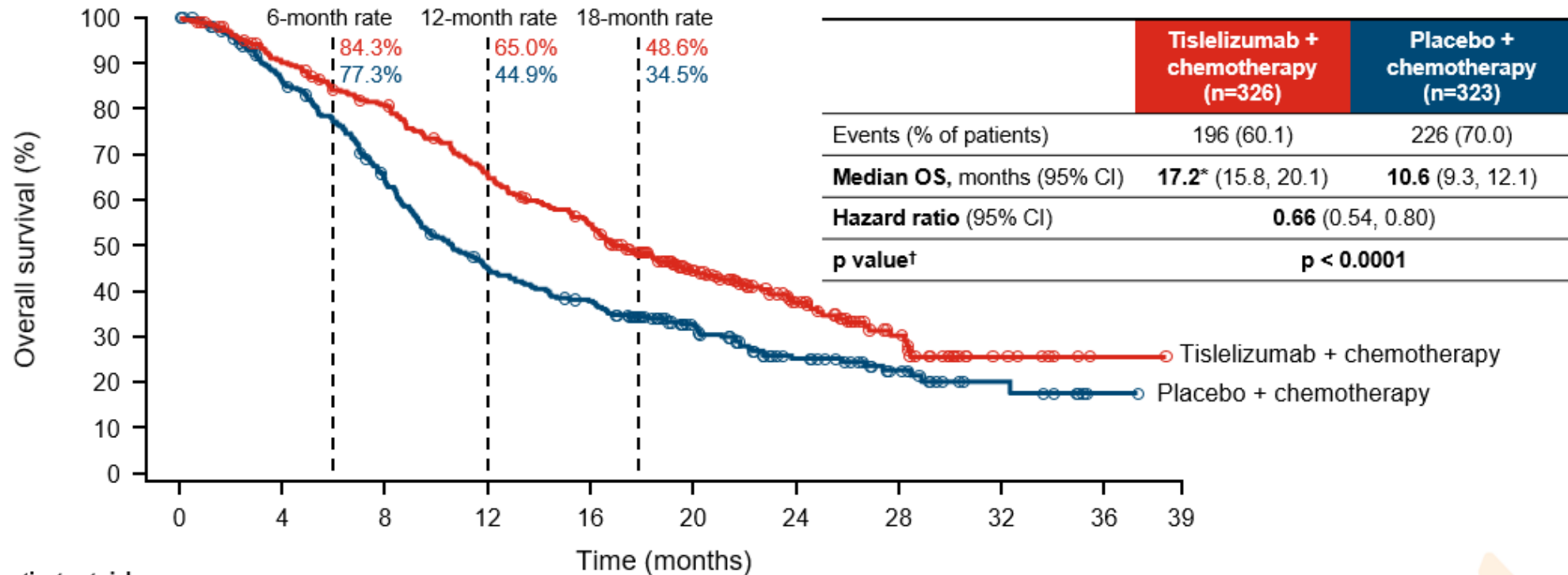
Phase III

N= 649

SCC, Asia 75%

TAP** ≥10: 37,7% (SP263)

OS in all randomized patients (primary endpoint)



Number of patients at risk

Time	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38
Tislelizumab + chemotherapy	326	311	287	264	253	227	201	183	167	136	101	79	58	41	28	14	8	4	1	1
Placebo + chemotherapy	323	304	268	239	195	158	135	122	112	91	71	54	40	32	22	11	8	6	1	0

**TAP= total percentage of tumor area

* not approved

Yoon, et al., ESMO GI # LBA1

Xu Lancet Oncol 2023;24:483-495



oesophagus palliative – 1st line



Tislelizumab* + Chemo (Platin/FU od. Platin Pacli)

Chemo

Phase III

N= 649

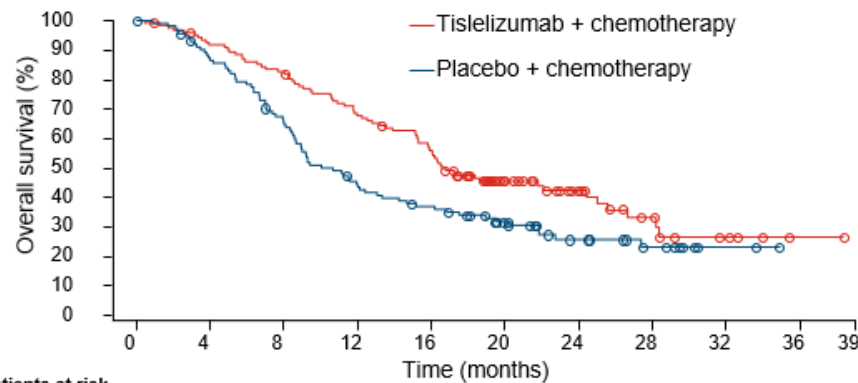
SCC

Asia 75%

TAP** ≥10: 37,7% (SP263)

OS by centrally-assessed baseline PD-L1 expression status

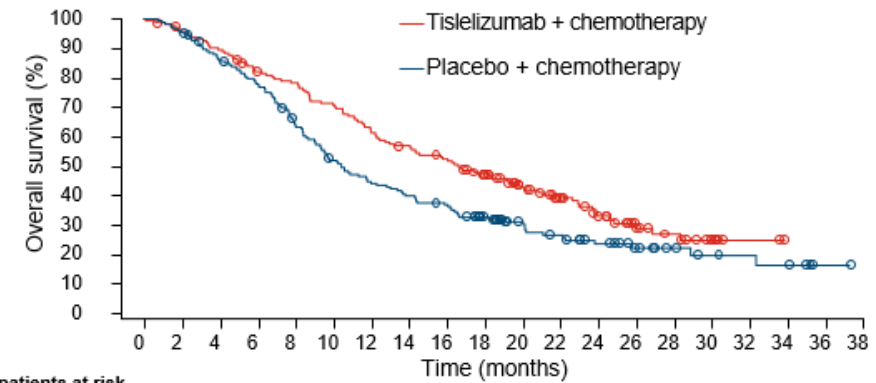
Patients with PD-L1 score ≥ 10% (secondary endpoint)



Number of patients at risk

Time	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38
Tislelizumab + chemotherapy	123	119	111	104	100	90	81	74	66	51	36	28	21	15	11	6	5	3	1	1
Placebo + chemotherapy	113	110	95	86	70	55	46	42	38	33	25	17	14	12	8	4	2	1	0	0

Patients with PD-L1 score < 10%



Number of patients at risk

Time	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38
Tislelizumab + chemotherapy	165	157	146	131	125	113	98	90	82	68	53	41	28	17	13	6	2	0	0	0
Placebo + chemotherapy	176	168	149	134	109	87	75	67	61	47	35	29	21	15	10	7	6	5	1	0

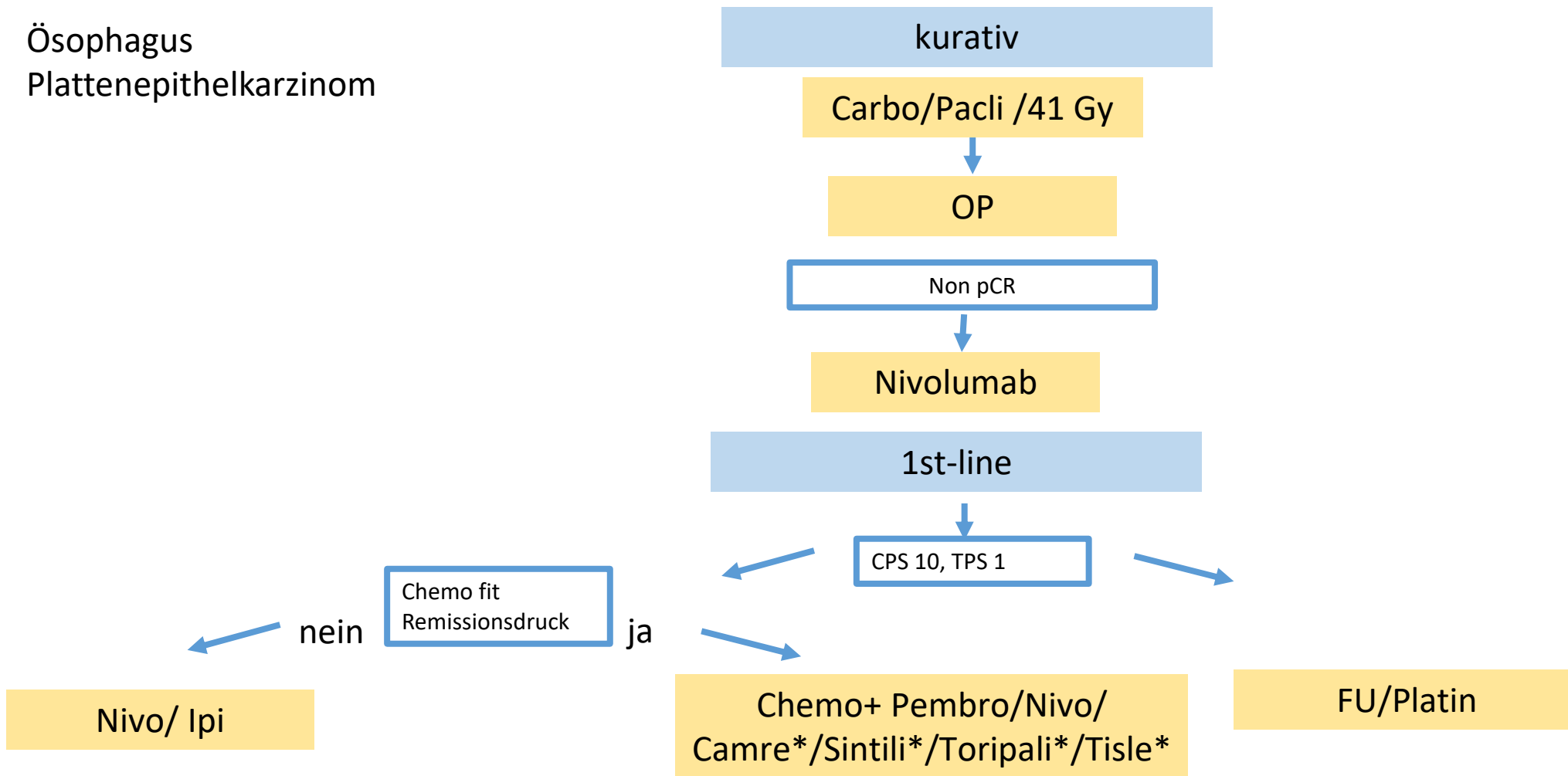
	Tislelizumab + chemotherapy (n=123)	Placebo + chemotherapy (n=113)
Events (% of patients)	73 (59.3)	79 (69.9)
Median OS, months (95% CI)	16.6 (15.3, 24.4)	10.0 (8.6, 13.0)
Hazard ratio* (95% CI); p value†	0.62 (0.44, 0.86); p=0.0020†	

	Tislelizumab + chemotherapy (n=165)	Placebo + chemotherapy (n=176)
Events (% of patients)	105 (63.6)	127 (72.2)
Median OS, months (95% CI)	16.7 (13.0, 20.1)	10.4 (9.1, 13.0)
Hazard ratio* (95% CI)	0.72 (0.55, 0.94)	

**TAP= total percentage of tumor area

* not approved

Ösophagus
Plattenepithelkarzinom



*=not approved

Ösophagus

palliative Therapie

2nd line

Ösophagus

						EMA approval
1st line	KN 590	<u>Pembro</u>	SCC + AEG	<u>Pembro FP vs FP</u>	OS pos CPS \geq 10	<u>yes</u>
	CM 648	<u>Nivo</u>	SCC	<u>Nivo FP vs FP vs Nivo Ipi</u>	OS pos TPS \geq 1	<u>yes</u>
	ESCORT 1	<u>Camrelizumb</u>	SCC	<u>Camre Cis/Pacli vs Cis/Pacli</u>	OS pos	
	ORIENT-15	<u>Sintilimab</u>	SCC	<u>Sinti Cis/Pacli vs Cis/Pacli</u>	OS pos	
	JUPITER-06	<u>Toripalimab</u>	SCC	<u>Tori Cis/Pacli vs Cis/Pacli</u>	OS pos	
	RATIONALE 306	<u>Tislelizumab</u>	SCC	<u>Tis Platin/FU (Platin/Pacli) vs Chemo</u>	OS pos	
2nd line	KN 181	<u>Pembro</u>	SCC + AEG	<u>Pembro vs Pacli/Doce/Iri</u>	OS pos CPS \geq 10	
	<u>Attraction 03</u>	<u>Nivo</u>	SCC	<u>Nivo vs Doce/Pacli</u>	OS pos	<u>yes</u>
	Rationale 305	<u>Tislelizumab</u>	SCC	<u>Tisle vs Pacli/Doce/Iri</u>	OS pos	<u>yes</u>

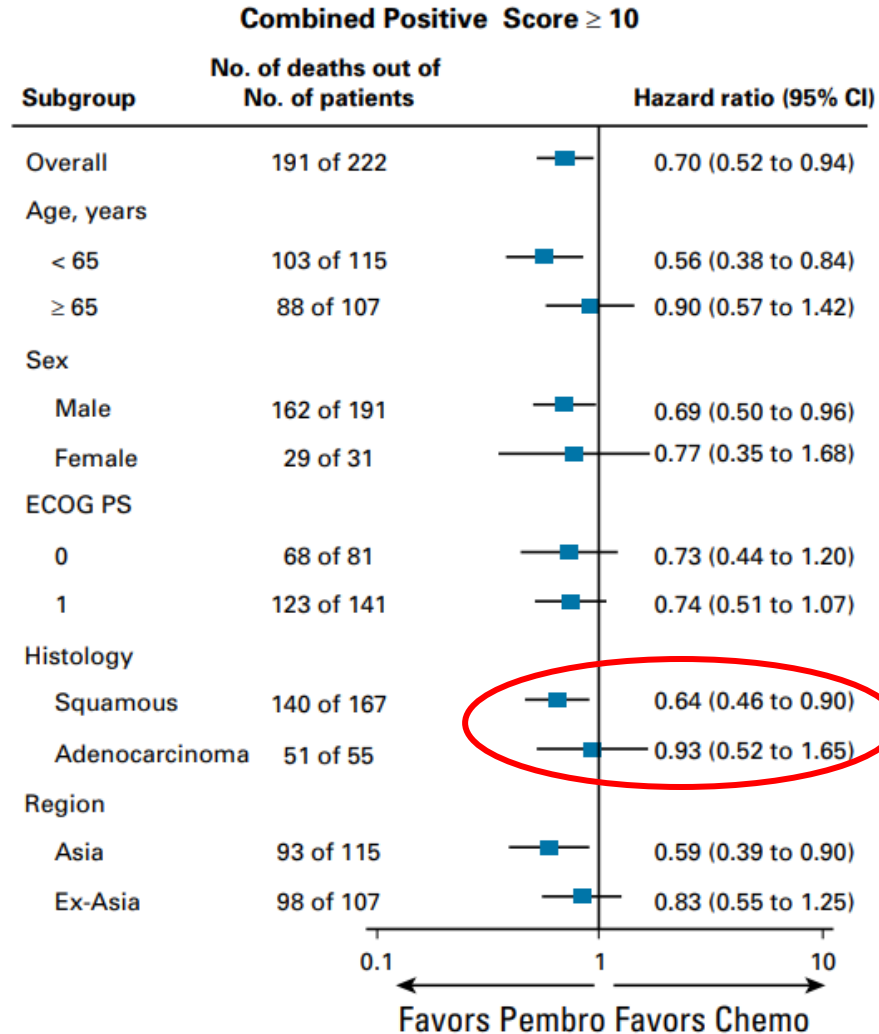
Ösophagus – 2nd line

Pembrolizumab* Keynote 181



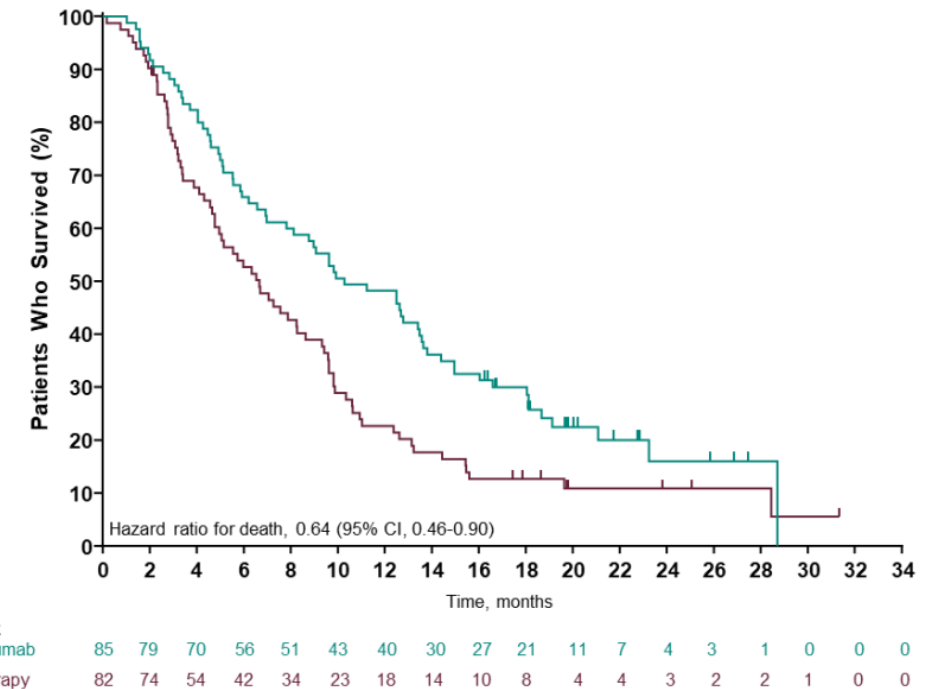
Pembrolizumab

Pacli-, Docetaxel, Irinotecan



No benefit for Adeno

FDA approval: SCC CPS ≥ 10

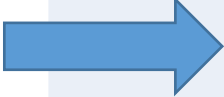


*not EMA approved

Kojima et al., J Clin Oncol 2020

Ösophagus

						EMA approval
1st line	KN 590	<u>Pembro</u>	SCC + AEG	<u>Pembro FP vs FP</u>	OS pos CPS \geq 10	yes
	CM 648	<u>Nivo</u>	SCC	<u>Nivo FP vs FP vs Nivo Ipi</u>	OS pos TPS \geq 1	yes
	ESCORT 1	<u>Camrelizumb</u>	SCC	<u>Camre Cis/Pacli vs Cis/Pacli</u>	OS pos	
	ORIENT-15	<u>Sintilimab</u>	SCC	<u>Sinti Cis/Pacli vs Cis/Pacli</u>	OS pos	
	JUPITER-06	<u>Toripalimab</u>	SCC	<u>Tori Cis/Pacli vs Cis/Pacli</u>	OS pos	
	RATIONALE 306	<u>Tislelizumab</u>	SCC	<u>Tis Platin/FU (Platin/Pacli) vs Chemo</u>	OS pos	

2nd line	KN 181	<u>Pembro</u>	SCC + AEG	<u>Pembro vs Pacli/Doce/Iri</u>	OS pos CPS \geq 10	
	<u>Attraction 03</u>	<u>Nivo</u>	SCC	<u>Nivo vs Doce/Pacli</u>	OS pos	yes
	Rationale 305	<u>Tislelizumab</u>	SCC	<u>Tisle vs Pacli/Doce/Iri</u>	OS pos	yes

Ösophagus – 2nd line

Nivolumab

Attraction 03



Nivolumab

Doce/ Paclitaxel

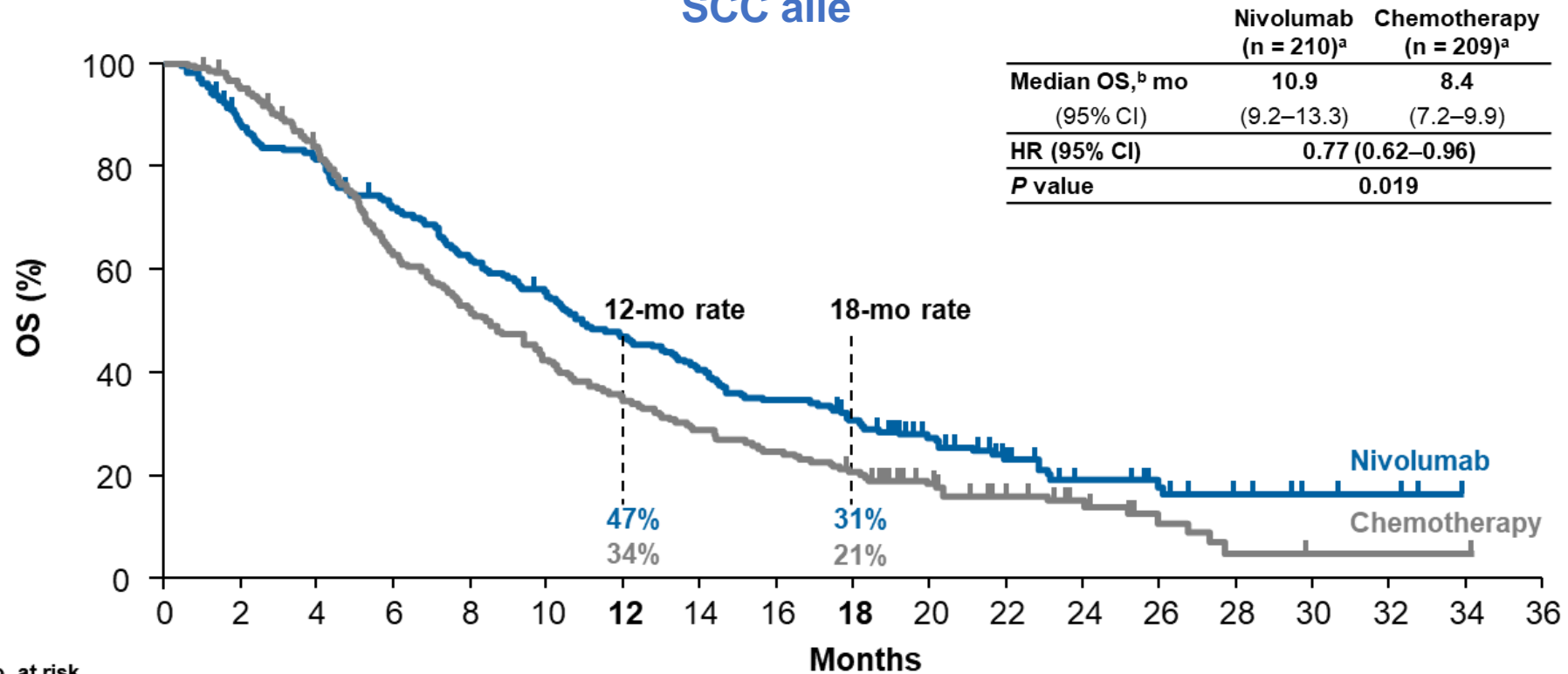
n = 419

2nd line

SCC, all PDL1

96% Asia

SCC alle



No. at risk

	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36
Nivolumab	210	182	167	147	126	11	95	82	70	60	43	25	17	13	7	4	3	0	0
Chemotherapy	209	196	169	126	105	84	68	57	49	40	27	17	12	6	2	1	1	1	0

Ösophagus – 2nd line

Nivolumab

Attraction 03



Nivolumab

Doce/ Paclitaxel

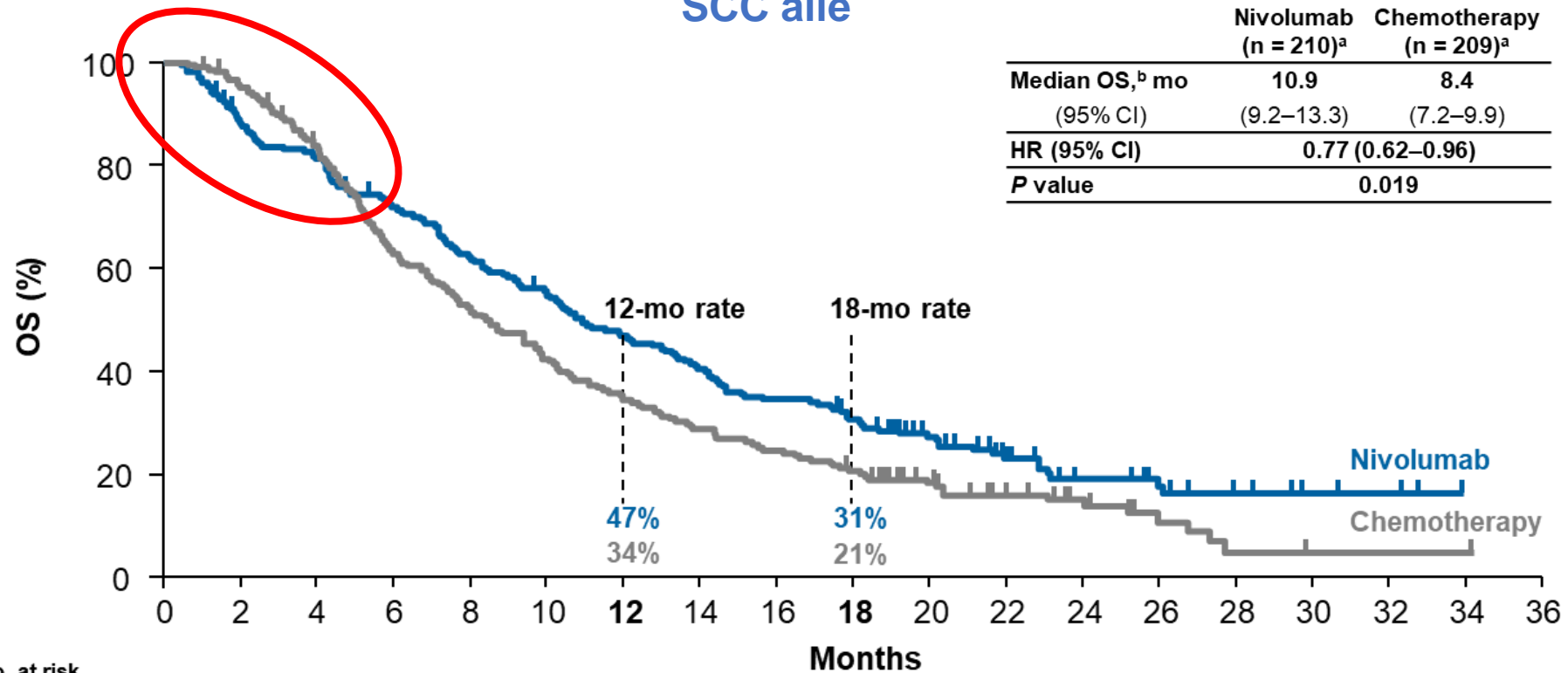
n = 419

2nd line

SCC, all PDL1

96% Asia

SCC alle



No. at risk

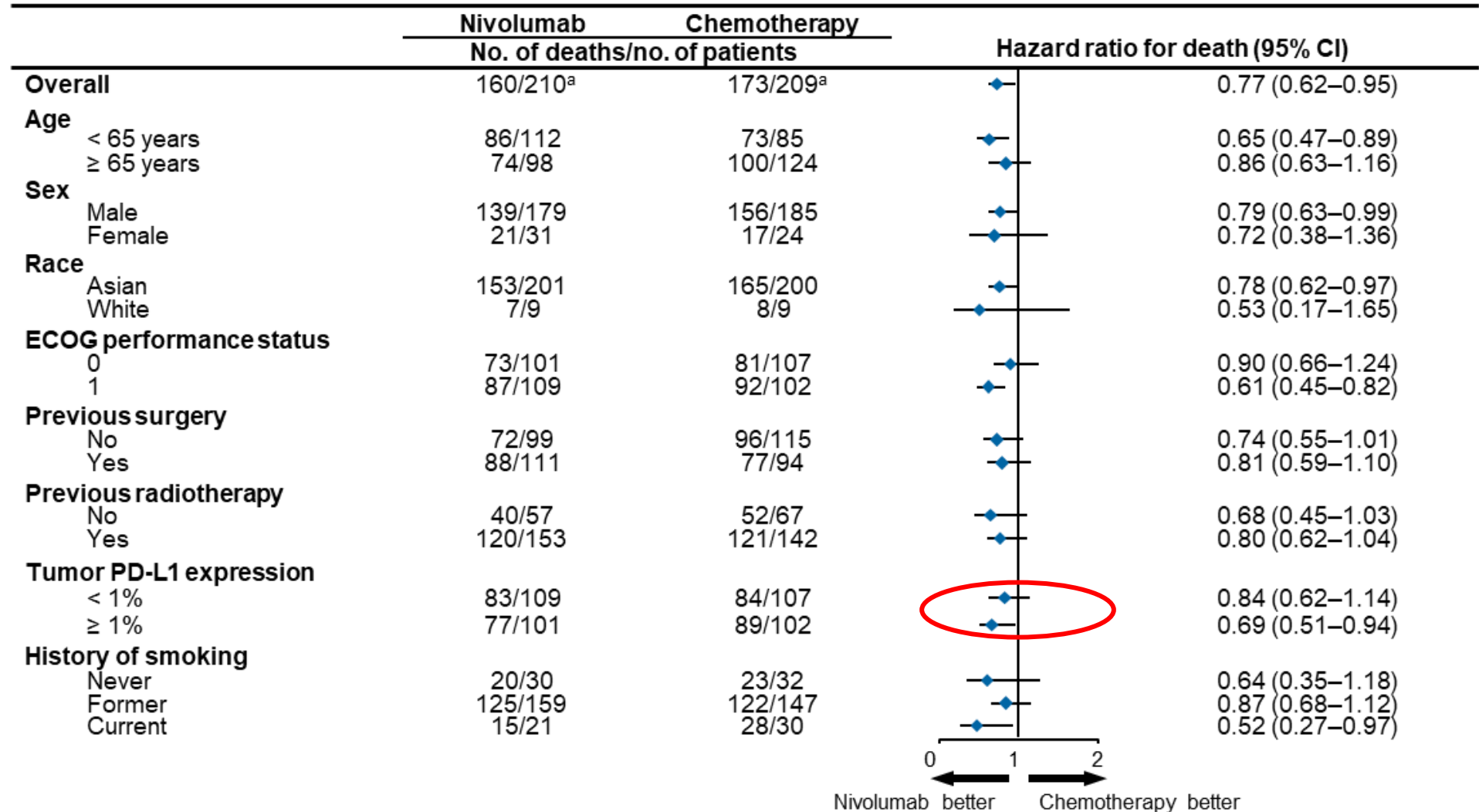
	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36
Nivolumab	210	182	167	147	126	11	95	82	70	60	43	25	17	13	7	4	3	0	0
Chemotherapy	209	196	169	126	105	84	68	57	49	40	27	17	12	6	2	1	1	1	0

Ösophagus – 2nd line

Nivolumab
Attraction 03



Nivolumab
Doce/Paclitaxel



PD-L1
abhängig

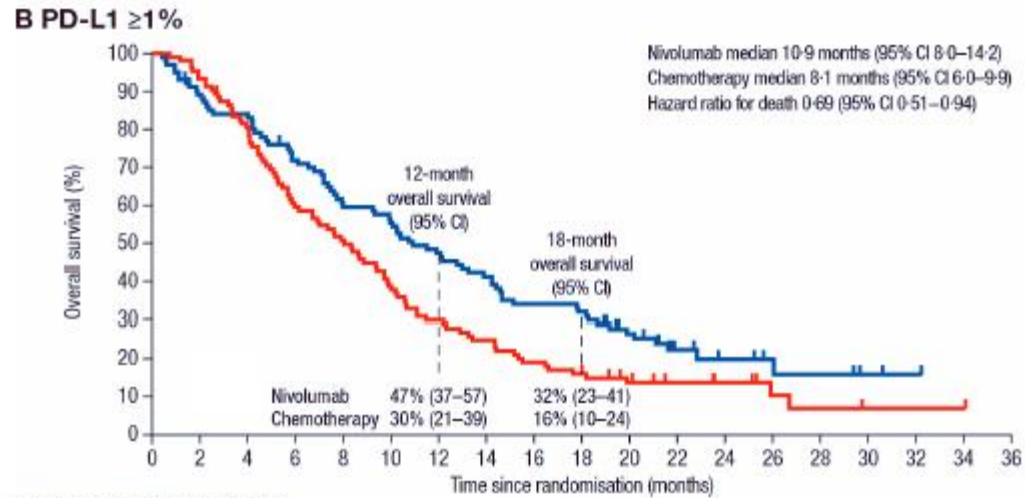
Ösophagus – 2nd line

Nivolumab
Attraction 03

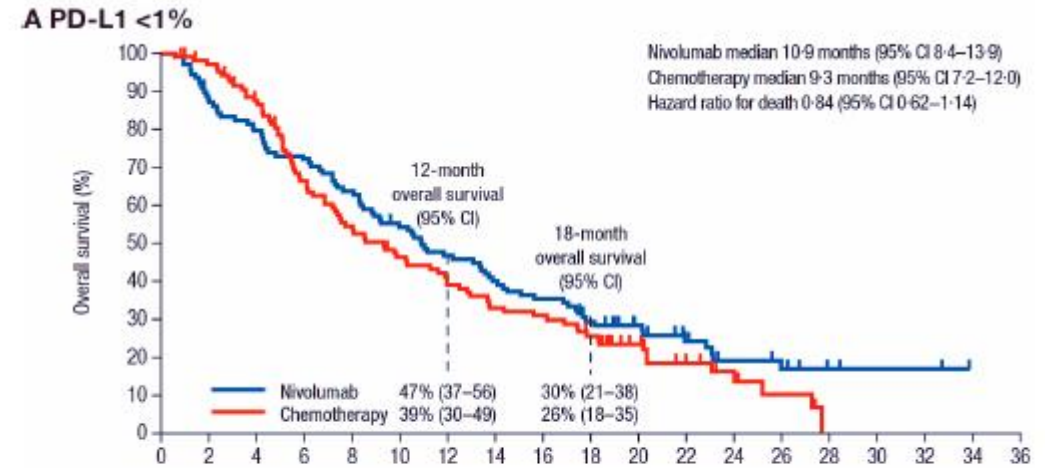


Nivolumab
Doce/Paclitaxel

overall survival relative to PD-L1 TPS



Number at risk (number censored)	
Nivolumab	101 (0) 88 (2) 82 (2) 70 (3) 58 (3) 54 (3) 46 (3) 40 (3) 33 (3) 31 (3) 21 (8) 10 (16) 7 (18) 5 (20) 4 (20) 2 (22) 1 (23) 0 (24) 0 (24)
Chemotherapy	102 (0) 95 (0) 81 (1) 60 (1) 51 (1) 39 (1) 30 (1) 25 (1) 19 (1) 16 (1) 11 (4) 8 (7) 6 (9) 3 (11) 2 (11) 1 (12) 1 (12) 1 (12) 0 (13)



Number at risk (number censored)	
Nivolumab	109 (0) 94 (2) 85 (2) 77 (2) 68 (2) 57 (3) 49 (3) 42 (3) 37 (3) 29 (5) 22 (11) 15 (15) 10 (17) 8 (18) 3 (23) 2 (24) 2 (24) 0 (26) 0 (26)
Chemotherapy	107 (0) 101 (3) 88 (6) 66 (7) 54 (7) 45 (8) 38 (8) 32 (8) 30 (8) 24 (9) 16 (15) 9 (19) 6 (21) 3 (22) 0 (23) 0 (23) 0 (23) 0 (23) 0 (23)

oesophagus

						EMA approval
1st line	KN 590	<u>Pembro</u>	SCC + AEG	<u>Pembro FP vs FP</u>	OS pos CPS \geq 10	yes
	CM 648	<u>Nivo</u>	SCC	<u>Nivo FP vs FP vs Nivo Ipi</u>	OS pos TPS \geq 1	yes
	ESCORT 1	<u>Camrelizumb</u>	SCC	<u>Camre Cis/Pacli vs Cis/Pacli</u>	OS pos	
	ORIENT-15	<u>Sintilimab</u>	SCC	<u>Sinti Cis/Pacli vs Cis/Pacli</u>	OS pos	
	JUPITER-06	<u>Toripalimab</u>	SCC	<u>Tori Cis/Pacli vs Cis/Pacli</u>	OS pos	
	RATIONALE 306	<u>Tislelizumab</u>	SCC	<u>Tis Platin/FU (Platin/Pacli) vs Chemo</u>	OS pos	

2nd line	KN 181	<u>Pembro</u>	SCC + AEG	<u>Pembro vs Pacli/Doce/Iri</u>	OS pos CPS \geq 10	
	<u>Attraction 03</u>	<u>Nivo</u>	SCC	<u>Nivo vs Doce/Pacli</u>	OS pos	yes
	Rationale 305	<u>Tislelizumab</u>	SCC	<u>Tisle vs Pacli/Doce/Iri</u>	OS pos	yes



Ösophagus – palliative 2nd line

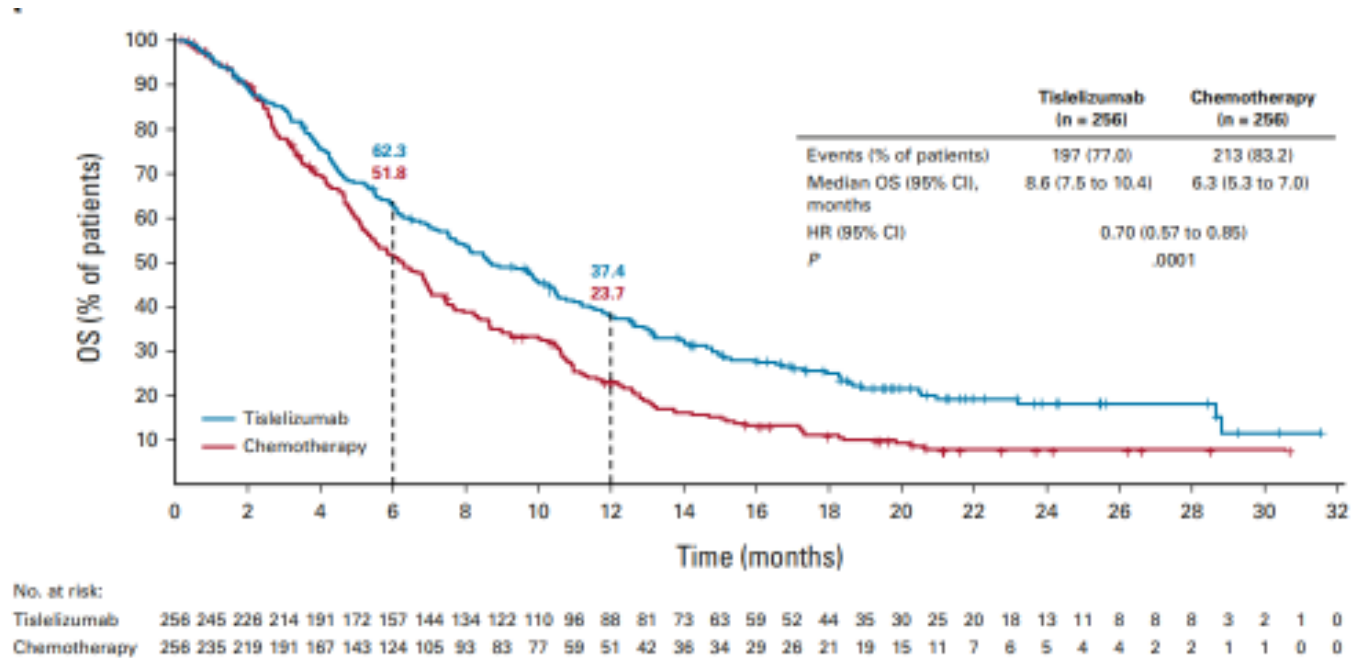
RATIONALE 302



Tislelizumab*
Pacli/ Doce/ Irino

n = 512
SCC 100%
Asia 80%, non Asia 20%
ca 30% of pts TAP (vCPS) ≥ 10

Overall Survival all pts



* EMA approval, for platinum pretreated ESCC

Ösophagus – palliativ 2nd line

RATIONALE 302



Tislelizumab

Pacli/ Doce/ Irino

n = 512

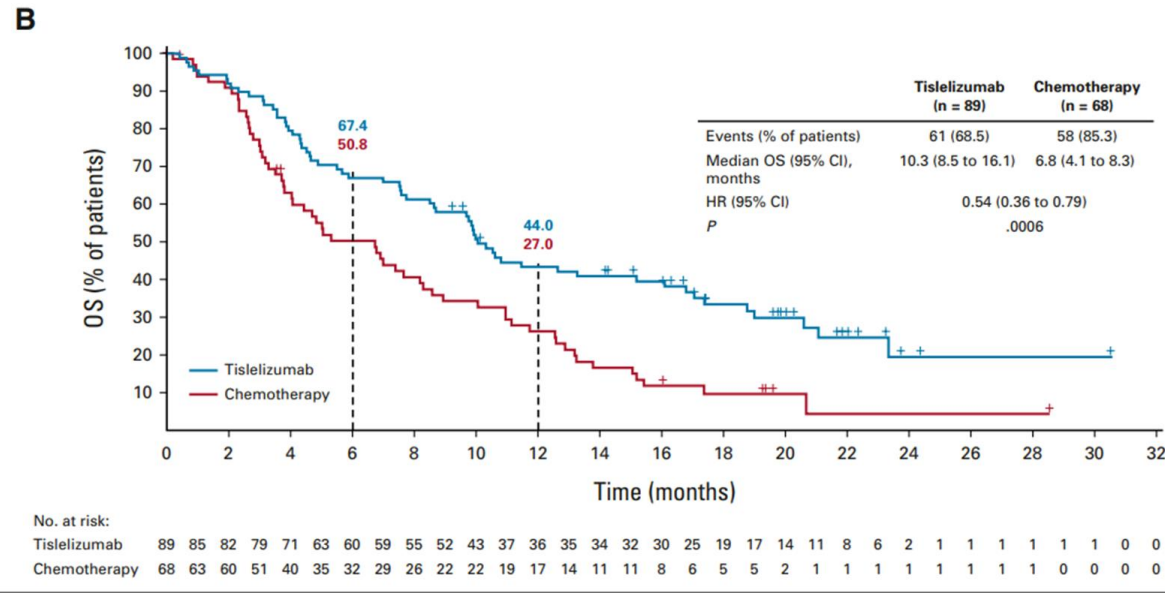
SCC 100%

Asia 80%, non Asia 20%

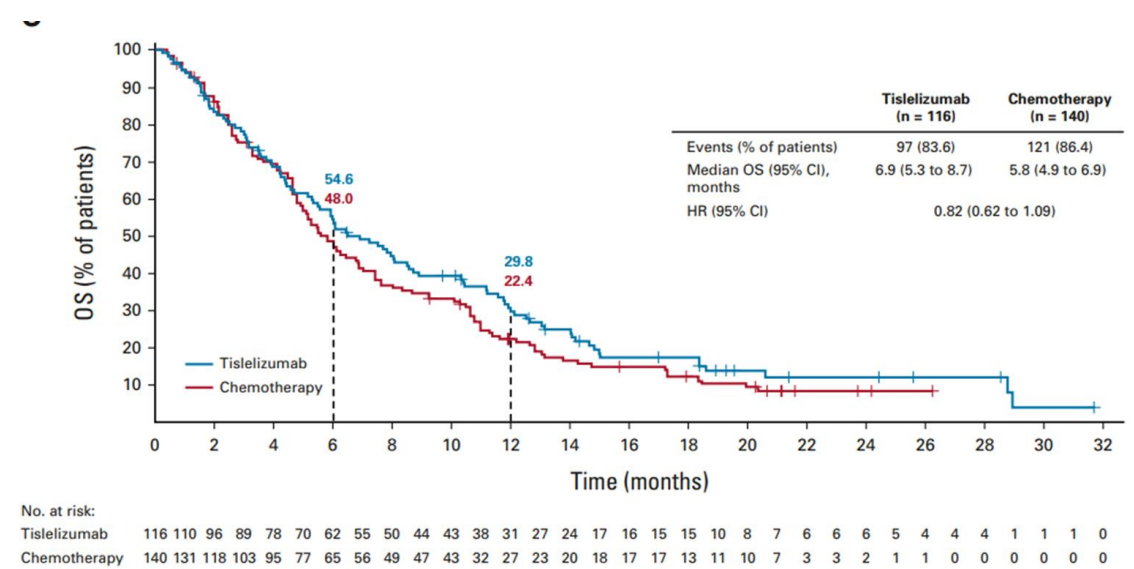
ca 30% of pts TAP (vCPS) ≥ 10

Overall Survival

TAP ≥ 10



TAP < 10



Ösophagus – palliativ 2nd line

RATIONALE 302



Tislelizumab

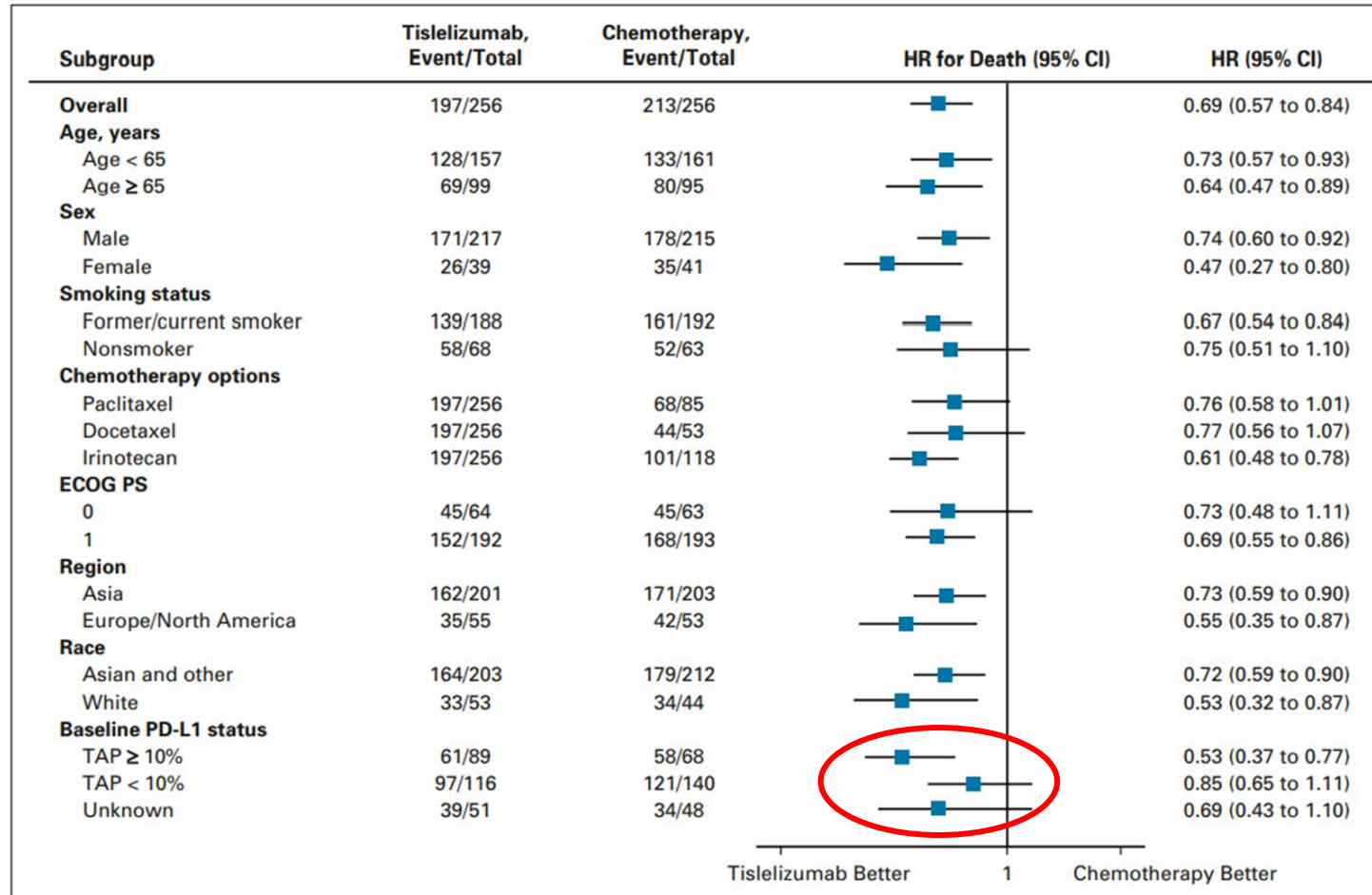
Pacli/ Doce/ Irino

n = 512

SCC 100%

Asia 80%, non Asia 20%

ca 30% of pts TAP ≥ 10



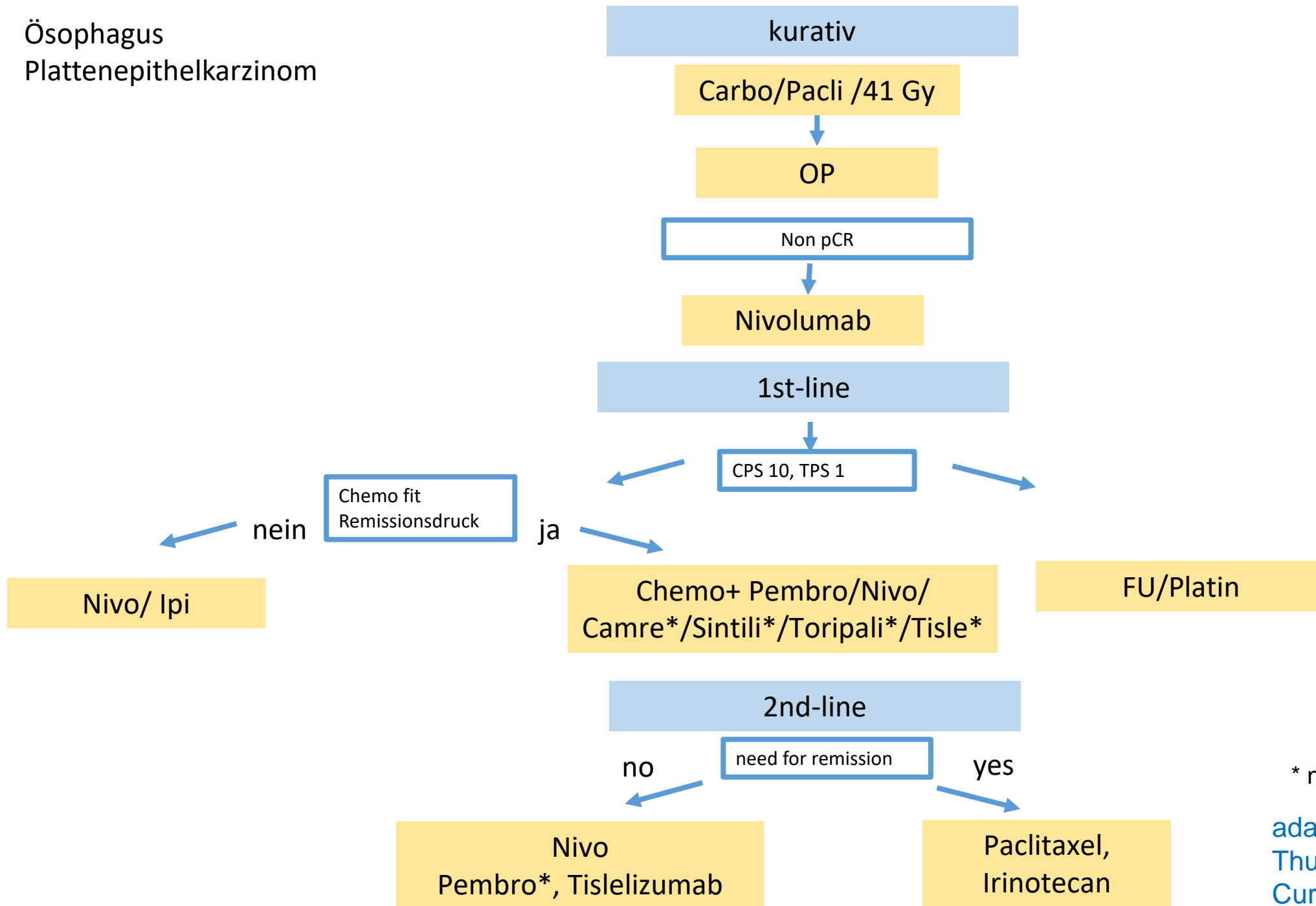
Ventana PD-L1 SP263

PD-L1
dependent

Shen et al., ASCO 2021 # 4012

Shen et al., J Clin Oncol 2022

Ösophagus
Plattenepithelkarzinom



* no EMA approval

adapted from
Thuss-Patience and Stein,
Curr Oncol 2022

Vielen Dank für die Aufmerksamkeit