

# Patient Case (Tumor board): Esophageal SCC

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# Disclosure slide

- I have nothing to declare

# Case

■ **Age: 65 y.o.**

■ **Sex: male**

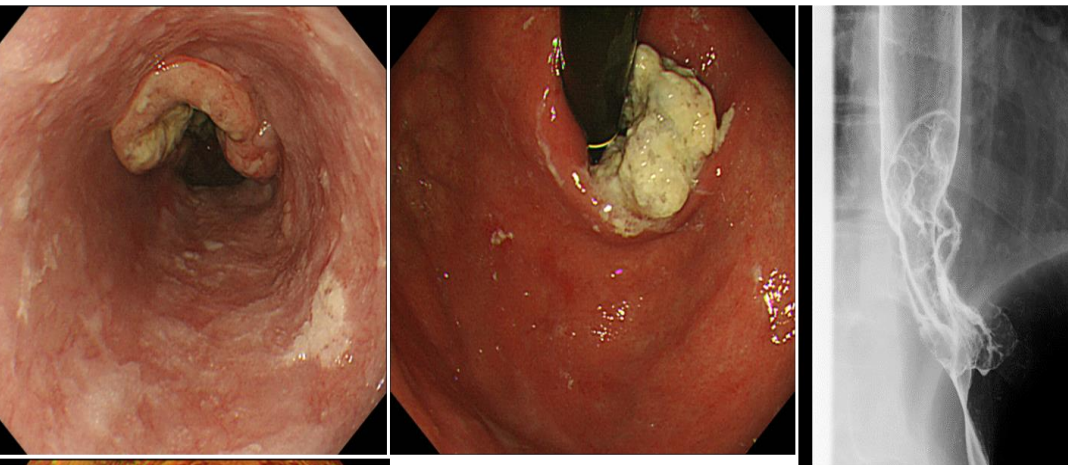
■ **Chief complaint: Dysphagia 2 months, Weight loss**

■ **PAST HISTORY: none**

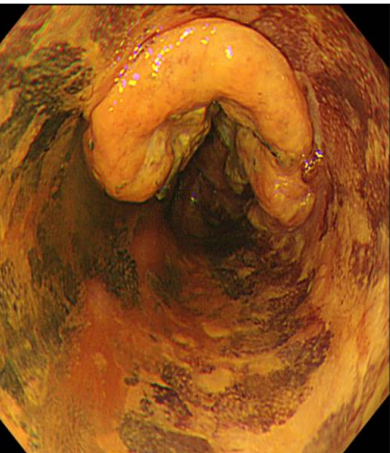
■ **Drug HISTROY: none**

■ **Personal history: non smoker, often drinker**

# EGD and Barium swallow



CT chest and abdomen



Pathological findings:  
Squamous cell carcinoma M/D



Esophageal squamous cell carcinoma

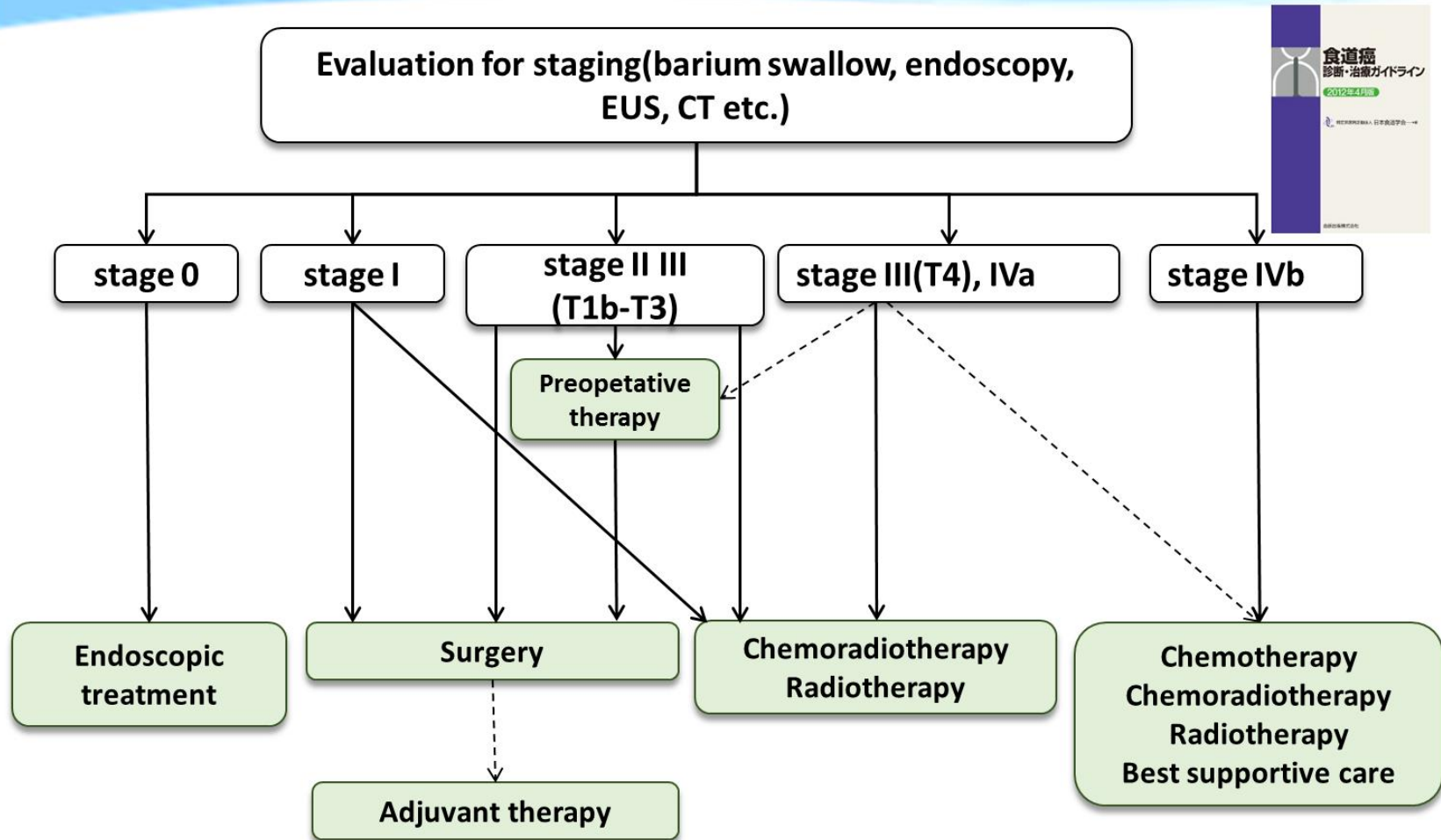
- UICC 6 edition cT3N1M0, stageIII

- UICC 7 edition cT3N1M0, stageIIIA

# Which treatment do you propose?

- 1) Preoperative chemoradiotherapy
- 2) Definitive chemoradiotherapy
- 3) Preoperative chemotherapy
- 4) Primary surgery (followed by adjuvant chemo)
- 5) Others

# Algorithm of treatment for esophageal cancer



#2

*Japanese guidelines for esophageal cancer, 2012  
Japan Esophageal Society*

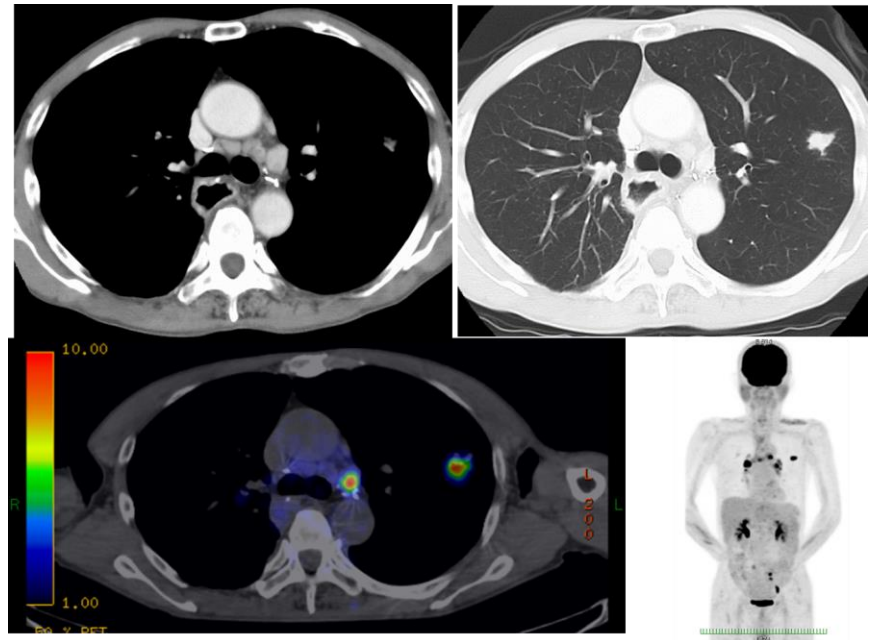
# Preoperative chemo followed by surgery

Total thoracic esophagectomy  
and regional lymphadenectomy.

Pathological findings:

**ypT3(Ad),pN0, total 0/110**

**2 years after surgery: CT and PET**



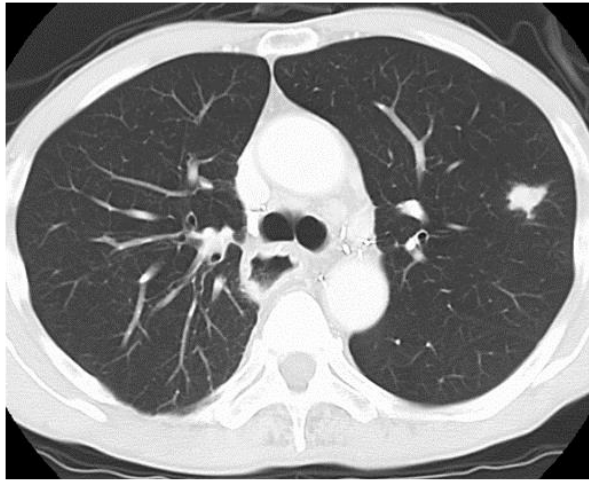
Recurrence in lung & LN

# Which treatment do you propose?: 1<sup>st</sup> line chemo

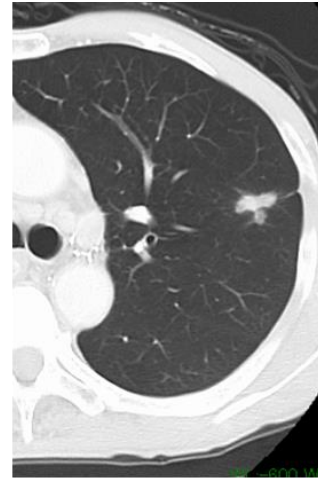
- 1) Cisplatin + fluorouracil
- 2) Cisplatin + irinotecan
- 3) Paclitaxel + carboplatin
- 4) Docetaxel + cisplatin + 5-FU
- 5) Others



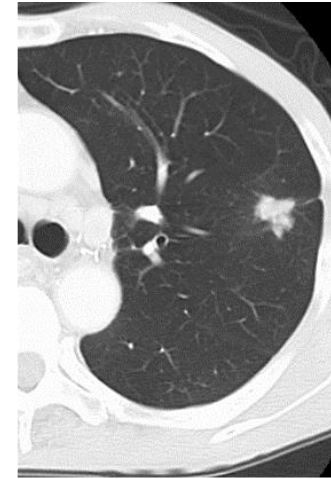
# 1st line chemotherapy: cisplatin + 5-FU



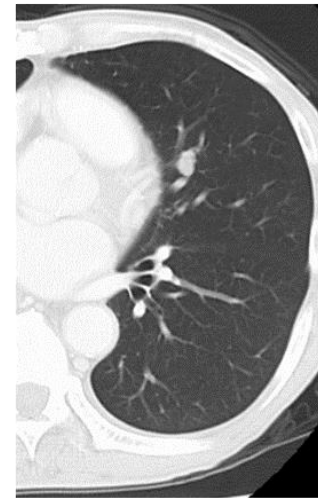
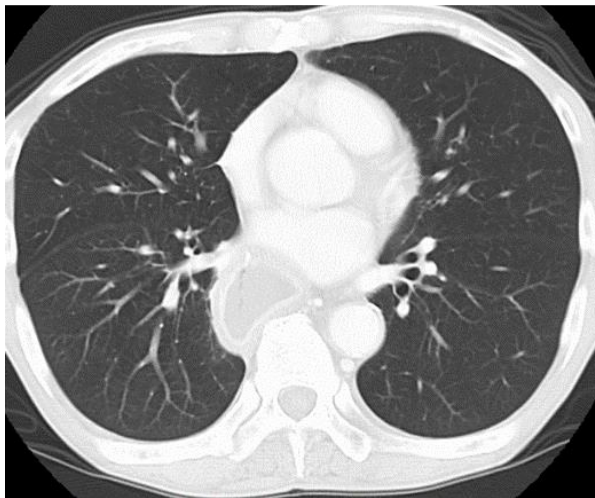
Baseline



8w: SD



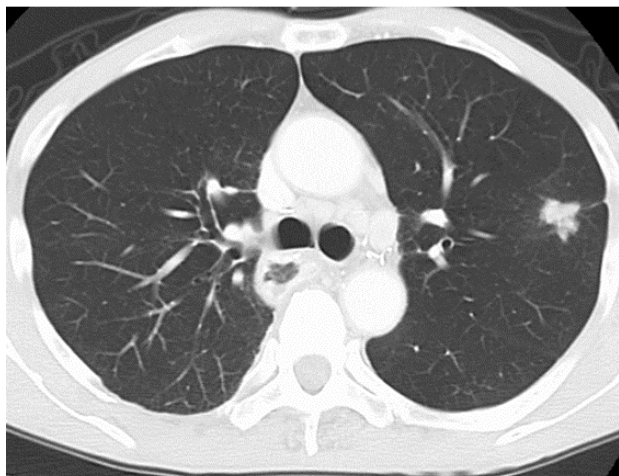
16w: PD



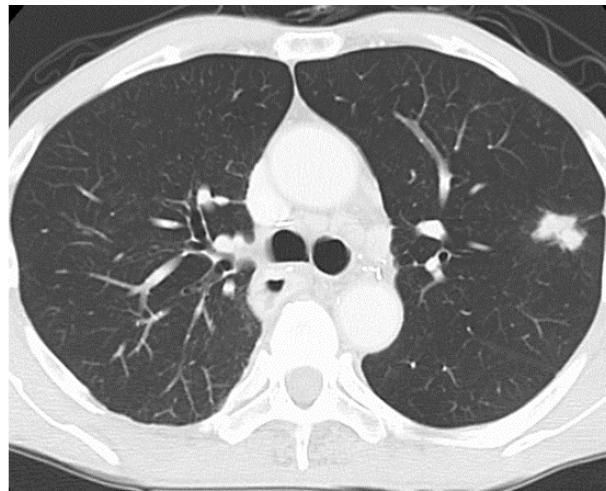
# Which treatment do you propose?: 2nd line chemo

- 1) paclitaxel
- 2) docetaxel
- 3) irinotecan
- 4) Molecular targeting agent
- 5) Immuno-oncology agent
- 6) Others

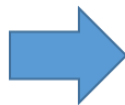
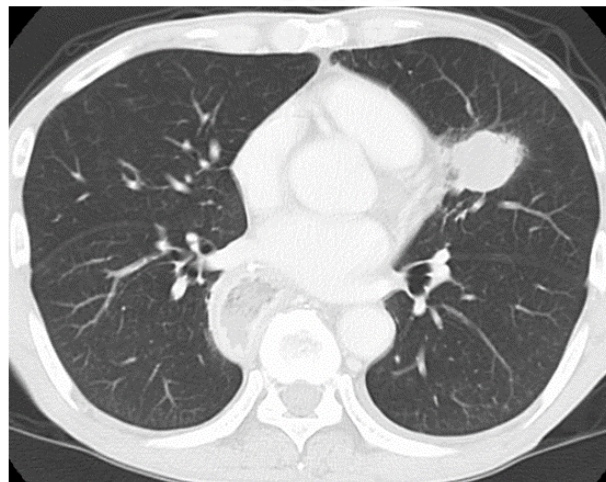
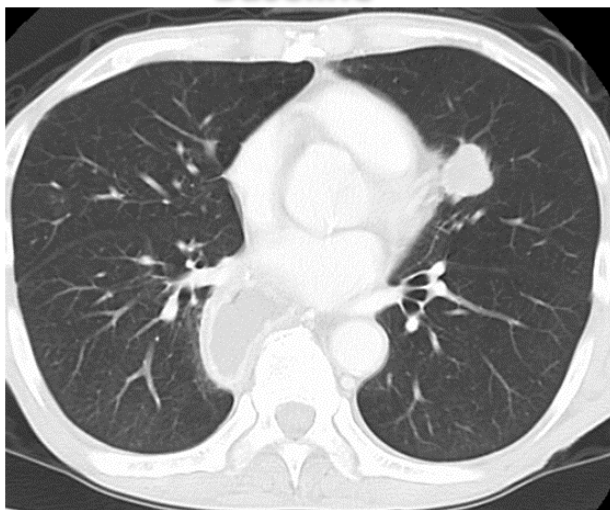
# 2nd line chemotherapy



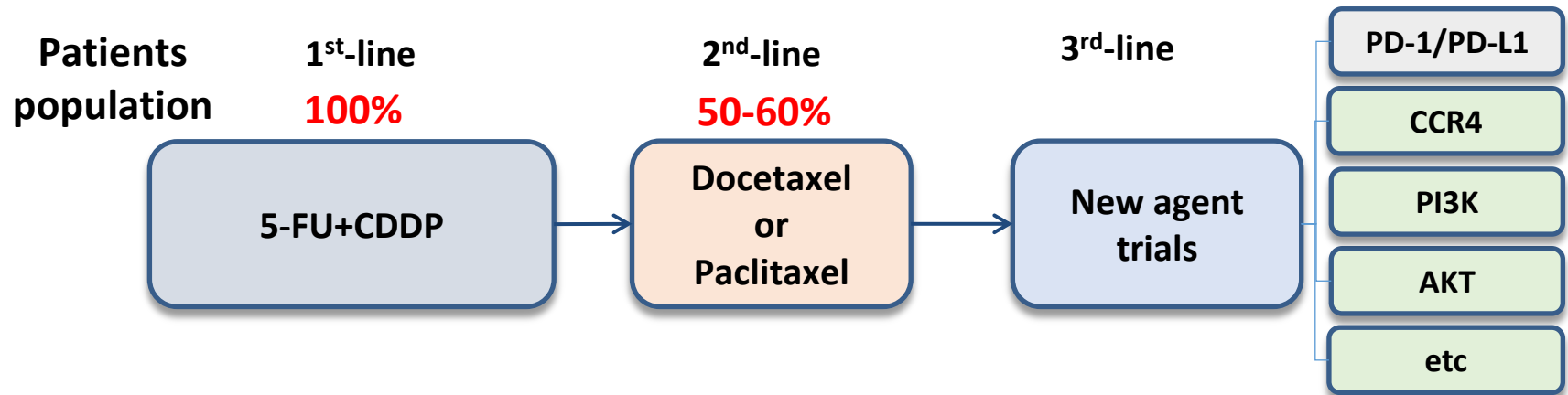
Baseline



8w: PD



# Standard chemotherapy in Japan



The standard regimen is FP, Phase III study of comparing FP with DCF is on-going.

Agent	Hx	N	RR(%)	TTP(m)	OS(m)	Ref
Docetaxel	SCC/AC	35/3	16	4.7	8.1	Muro
Paclitaxel	SCC	52	44.2	3.9	10.4	Kato

*Muro, K., et al., Ann Oncol, 2004*

*Kato K, et al., Cancer Chemother Pharmacol. 2011*

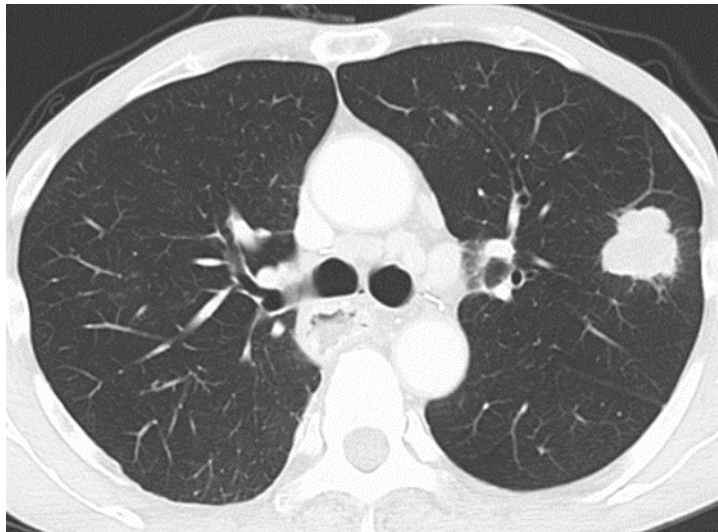
Exploratory agents are one of the treatment option

ESCC is not so major disease in the Western countries because of difference of histology.  
There are not so many SIT for ESCC.

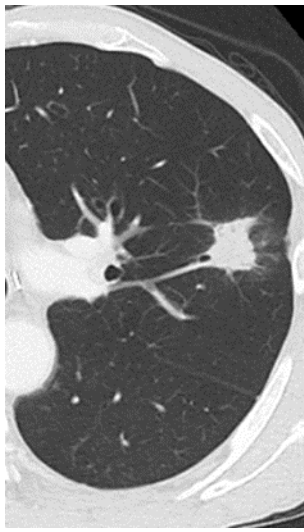
**Doublet 1st-line followed by 2<sup>nd</sup>-line is standard**



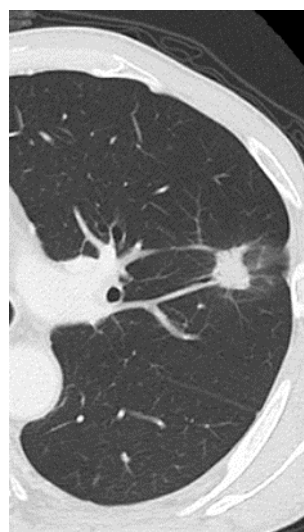
# New agent X under clinical trial



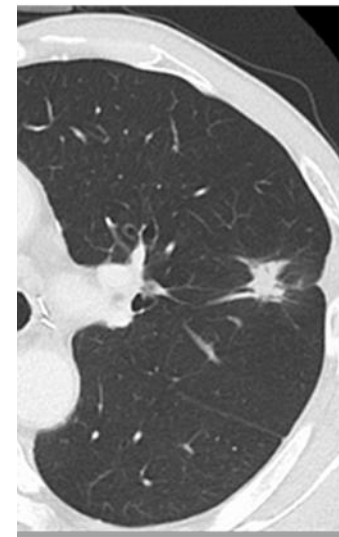
**Baseline**



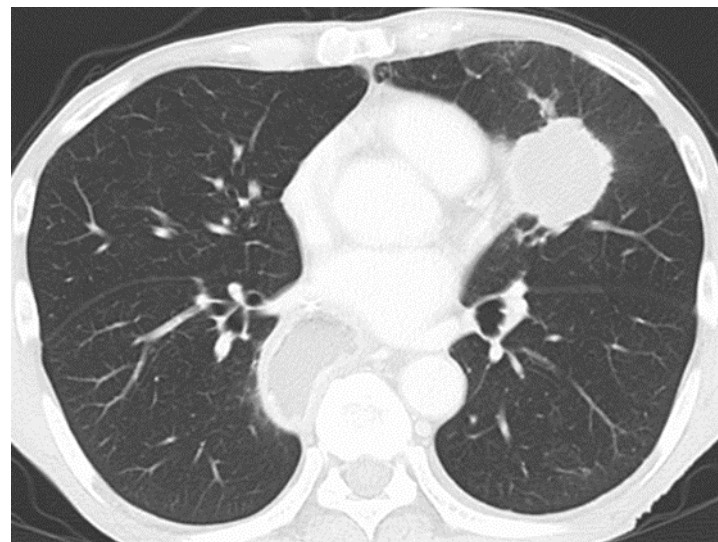
**8w: SD**



**16w: PR**



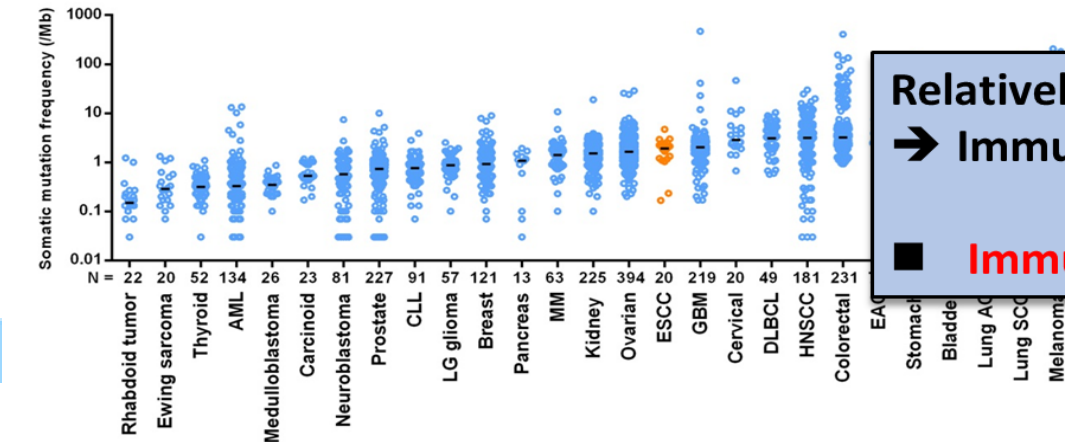
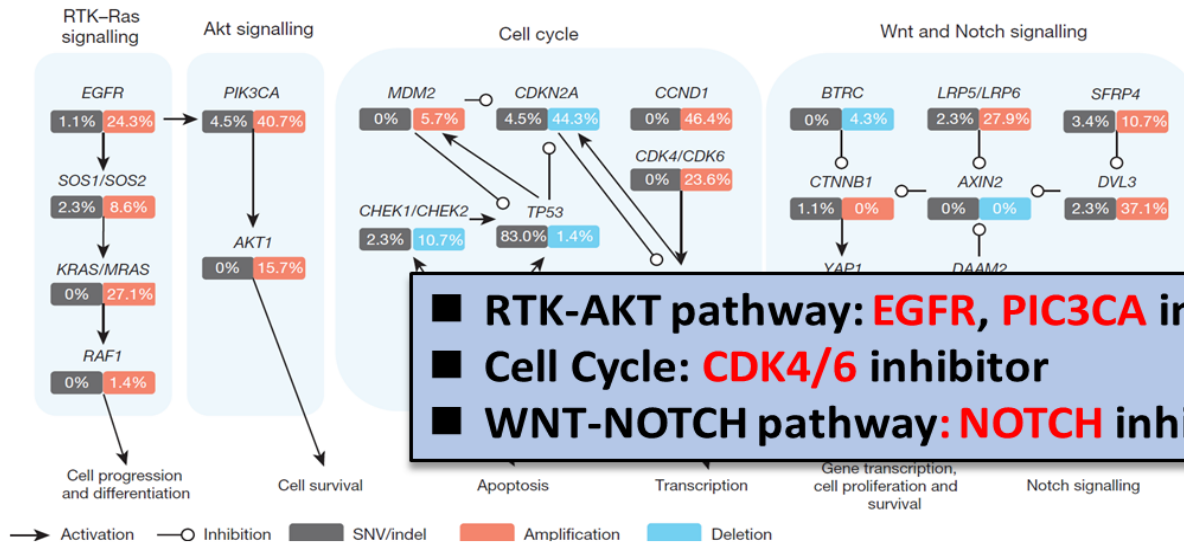
**14m: PR**



# Potential therapeutics targets from biologics



## ■ Exome sequencing identifies mutational signatures and potential targets



**Relatively high mutation rate**  
→ **Immunogenicity**

■ **Immune check point inhibitor**

*Song et al. Nature 2014*  
*Lin et al. Nat Genet 2014*

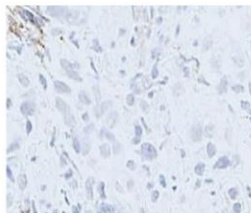
# Anti-PD-1 Ab for esophageal cohort

## Analysis of PD-L1 Expression

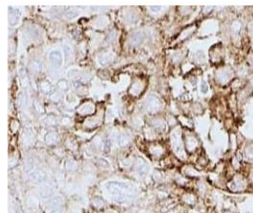


- Tumor samples: archival or newly obtained core or excisional biopsy of a nonirradiated lesion
- Immunohistochemistry: assessed at a central laboratory using a prototype assay and the 22C3 antibody clone (Merck)
- Positivity: membranous PD-L1 expression in  $\geq 1\%$  of cells in tumor nests or positive bands in stroma

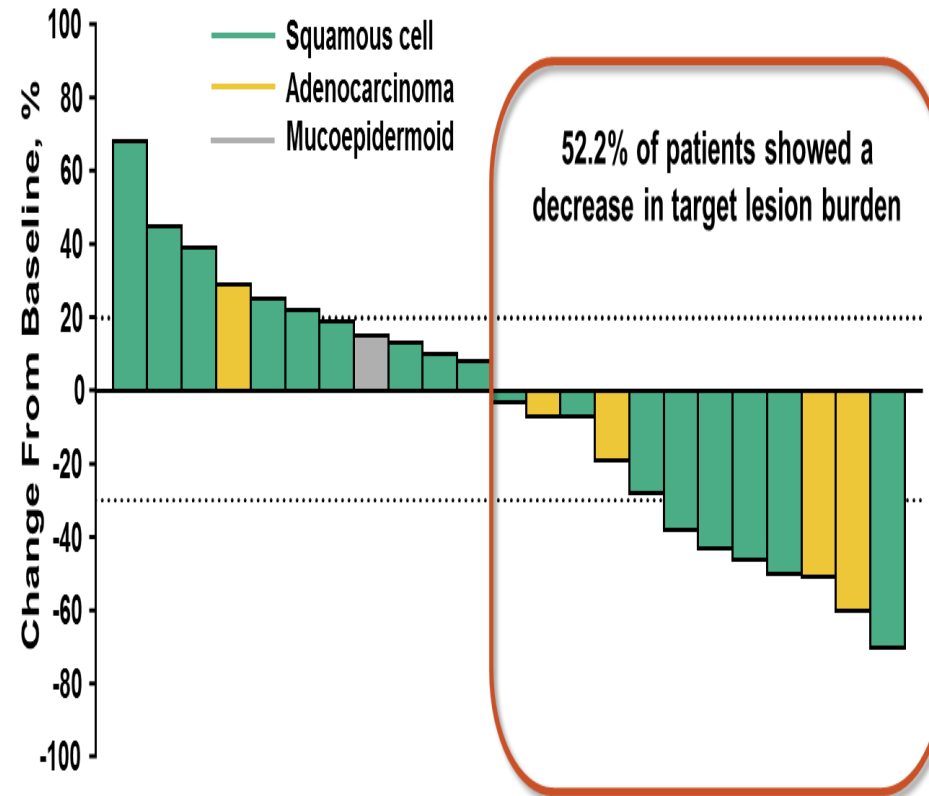
### Examples of PD-L1 Staining in Esophageal Specimens from KEYNOTE-028



PD-L1 Negative



PD-L1 Positive



Data cutoff date: March 13, 2015.

Doi T et al; ASCO 2015