



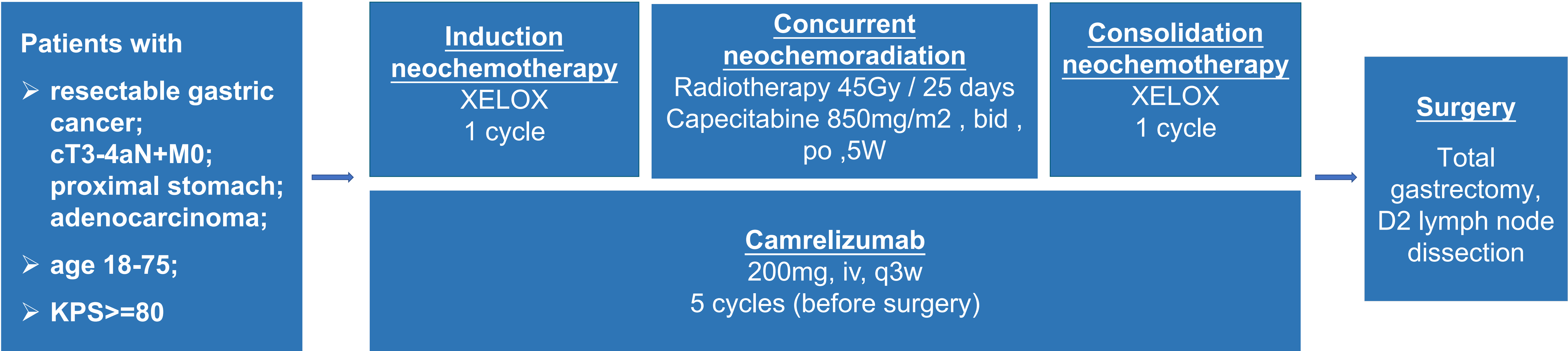
## BACKGROUND

Recent results from several clinical trials evaluating chemoimmunotherapy combination as neoadjuvant therapy have shown improved pathologic complete response (pCR) in some cancer types other than PGC. Thus, this phase II study (Neo-PLANET) was conducted to evaluate the efficacy and safety of camrelizumab plus chemoradiation as neoadjuvant therapy for locally advanced PGC.

## STUDY DESIGN

Neo-PLANET (NCT03631615) is a single center, single arm, open-label phase II study.

- **Primary endpoint:** pCR
- **Secondary endpoints:** MPR (major pathologic response) rate , PFS (progression-free survival), OS (overall survival), safety profile



## RESULTS

Table 1. Patient Characteristics

Characteristics	Patients, n (%) (n=36)
Median age, yrs (range)	65.5 (35-72)
Male	28 (77.8)
ECOG PS 0	36 (100.0)
cT	
▪cT3	6 (16.7)
▪cT4a	30 (83.3)
cN	
▪cN0	0
▪cN+	36 (100.0)
Location of primary tumor	
▪Gastroesophageal junction	19 (52.8)
▪Stomach body	17 (47.2)
Lauren classification	
▪Intestinal	19 (52.8)
▪Diffuse	5 (13.9)
▪Mixed	10 (27.8)
▪NA	2 (5.6)

### ➤ Patient Characteristics

Between September 2018 and December 2020, 36 patients were enrolled. Patients’ baseline characteristics are indicated in table 1.

### ➤ Completion of Neoadjuvant Treatment and Surgery

Thirty-two (88.9%) patients completed neoadjuvant camrelizumab as planned. One patient with progressive disease and three with adverse events failed to complete the full cycles of camrelizumab.

Beyond one patient with liver metastasis, one with peritoneal metastasis and one patient who refused surgery, 33 (91.7%) underwent radical surgery. R0 resection was achieved in all patients undergoing surgery.

### ➤ Efficacy

In the full analysis set, 12 (33.3%) patients achieved pCR in both primary tumor and lymph nodes; 28 (77.8%) achieved lymph node negative; 16 (44.4%) achieved MPR (table 2). Patients are still being followed up, and survival data such as PFS and OS will be further disclosed.

Table 2. Clinical Outcomes

Characteristics	Patients, n (%) (n=36)
Becker-TRG	
▪Ia	12 (33.3)
▪Ib	4 (11.1)
▪II	8 (22.2)
▪III	9 (25.0)
▪Missing	3 (8.3)
pCR	12 (33.3)
MPR	16 (44.4)
ypT	
▪ypT0	12 (33.3)
▪ypT1	4 (11.1)
▪ypT2	5 (13.9)
▪ypT3	8 (22.2)
▪ypT4	4 (11.1)
ypN	
▪ypN0	28 (77.8)
▪ypN1	3 (8.3)
▪ypN2	1 (2.8)
▪ypN3	1 (2.8)

### ➤ Safety

Among 36 patients who received at least one dose of the protocol treatment, treatment emergent adverse events (TEAEs) of any grade occurred in 36 (100%) patients and grade 3/4 were observed in 29 (80.56%) patients (table 3).

Table 3. TEAEs that occurred in ≥10% of patients

Adverse Events	Patients, n (%) (n=36)		
	Any Grade	Grade 3	Grade 4
Lymphocyte count decreased	35 (97.2)	24 (66.7)	3 (8.3)
White blood cell decreased	26 (72.2)	2 (5.6)	0
Anemia	25 (59.4)	0	0
Reactive capillary hyperplasia	25 (69.4)	1 (2.8)	0
Platelet count decreased	19 (52.8)	0	0
Neutropenia	17 (47.2)	0	0
Vomiting	16 (44.4)	0	0
Nausea	15 (41.7)	1 (2.8)	0
Hyperglycemia	6 (16.7)	1 (2.8)	0
Hypocalcaemia	6 (16.7)	0	0
Weight loss	5 (13.9)	0	0
Pruritus	5 (13.9)	0	0
Hypothyroidism	4 (11.1)	0	0

## CONCLUSIONS

Camrelizumab combined with chemoradiation in the neoadjuvant setting showed promising results in patients with locally advanced PGC, and further investigation is warranted in a phase III clinical trial.

## REFERENCES

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3. Zhao Q, Li Y, Wang J, et al. Concurrent neoadjuvant chemoradiotherapy for Siewert II and III adenocarcinoma at gastroesophageal junction. The American Journal of the Medical Sciences. 2015; 349(6):472-6.