Abstract #13781 — A single-center, prospective, open-label, single-arm trial of sintilimab with paclitaxel and carboplatin as neoadjuvant therapy for esophageal squamous carcinoma

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BACKGROUND

Although neoadjuvant chemotherapy has been recommended for resectable ESCC patients, the 5-year overall survival rate was less than 50%, and most of patients developed either locoregional progression or distant progression. It is therefore important to establish novel and effective treatment strategies for ESCC to further improve survival. Immune checkpoint inhibitors have been shown to be efficient for advanced ESCC, while few studies focus on the neoadjuvant immunotherapy combined with chemotherapy. Herein, we designed a trial to evaluate the safety and efficacy of Sintilimab, a PD-1 inhibitor, combined with paclitaxel and carboplatin for resectable ESCC.

METHODS

All patients had treatment-naïve resectable ESCC (stage IIC-III) that were confirmed by histopathology. Each patient received 2 cycles of combined therapy with sintilimab (200 mg), paclitaxel (135 mg/m2) and carboplatin (area under the curve = 5) followed by surgical resection about 3-6 weeks after the second cycle of neoadjuvant treatment. The primary endpoint was the major pathologic response (MPR). Secondary endpoints were disease-free survival (DFS), overall survival (OS), R0 resection rate and safety profile.

RESULTS

Between Oct. 1, 2019, and May. 01, 2021, we assessed 47 patients for screening, of whom 45 patients were enrolled. The median follow-up was 12.4months (range 1.7~ 26.1 months). The 6-month local relapse-free survival rate and 6-month overall survival were 89.3% and 95.8%, respectively. All patients were taken into the surgery, and 44 (97.7%) successfully underwent R0 resection.There was 1 treatment-related death because of respiratory and cardiac arrest after operation.

CONCLUSION

Neoadjuvant sinti
carboplatin had m
toxic effects. This
66.6% of resected
antitumor efficacy
Clinical trial inform

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