Three Courses of Neoadjuvant Camrelizumab Combined with Chemotherapy in Locally Advanced Esophageal Squamous Cell Carcinoma (ESCC): A Prospective Phase II Clinical Trial

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Background

The efficacy and safety of two cycles of neoadjuvant immunochemotherapy in locally advanced ESCC have been investigated. However, it is unclear whether more cycles of neoadjuvant immunochemotherapy could improve the efficacy without increasing toxicity.

Methods

- Patients: newly diagnosed locally advanced ESCC (clinical stage T2-3, N0-3)
- Neoadjuvant therapy (3 cycles, every 3 weeks)
  - Immunotherapy: Camrelizumab 200mg ivgtt day1
  - Chemotherapy: nab-paclitaxel 260 mg/m² ivgtt day 1 plus capecitabine 1250 mg/m² days 1-14
- Surgery: 4-6 weeks after the last dose
- 47 patients were planned to enroll
- The primary endpoint: pCR rate
- The second endpoint: safety, 1-year OS, 1-year DFS

Results

- Three cycles of Camrelizumab plus chemotherapy was associated with tolerated side effects (figure 1).
- The ORR rate was 83.0% and the pCR rate was 33.3% (figure 2).
- 1-year OS and DFS was 97.3%, 92.1% respectively (figure 3).
- Higher abundance of CD56dim natural killer cells was associated with better pathological response in the primary tumor (figure 4).

Discussion

Three cycles of neoadjuvant camrelizumab plus nab-paclitaxel and capecitabine is safe, feasible and effective in locally advanced ESCC and is worth further investigation.