3. Literature reviews

2SPD-008

**BACKGROUND**

ESCORT-1st trial reported a benefit for OS of camrelizumab plus chemotherapy (Cam+CT) combination over chemotherapy (CT) in September 2021. Regimens with platinum agents have been the standard first-line treatment for advanced or metastatic esophageal squamous cell carcinoma (mESCC) for decades.

**AIM**

To develop a network meta-analysis (NMA) to provide an efficacy comparison of treatments for untreated patients with mESCC.

**MATERIAL AND METHODS**

A review in Pubmed and UpToDate databases was conducted on 3 October 2021.

**Inclusion criteria**

- RCTs including immune checkpoints inhibitor therapies (camrelizumab, pembrolizumab, nivolumab and ipilimumab) as first-line treatment of mESCC

**Exclusion criteria**

- RCTs without a common comparator linking cited drugs

**Efficacy endpoint: OS.**

**NMA**

- NMA used combined direct and indirect evidence to estimate pooled hazard ratios (HR) by bayesian methods.
- Fixed- and random-effects were considered.
- Deviance information criteria (DIC) statistics were evaluated to compare models.
- I^2 determined the proportion of variability in outcomes due to heterogeneity.

**RESULTS**

- **Regimens:** Cam+CT, nivolumab plus ipilimumab (N+I), nivolumab plus chemotherapy (N+CT), pembrolizumab plus chemotherapy (Pem+CT) and CT.
- **Common comparator:** CT.
- **Inclusion criteria:** two RCTs included patients with 0-1 performance status (ECOG). Cam+CT: patients with life expectancy ≥12 weeks. Results of N+I and N+CT: congress abstract.
- **DIC:** Similar values of DIC (difference <5, no minimum relevance) for fixed- and random-effects models. Fixed-effects model selected due to the higher precision of data.
- **P:** 25%.

**Comparador: Cam+CT**

<table>
<thead>
<tr>
<th>Comparator</th>
<th>Hazard Ratio (95% CrI)</th>
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<tbody>
<tr>
<td>N+I</td>
<td>1.1 (0.81, 1.5)</td>
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<tr>
<td>N+CT</td>
<td>1.1 (0.78, 1.4)</td>
</tr>
<tr>
<td>Pem+CT</td>
<td>1.0 (0.76, 1.4)</td>
</tr>
<tr>
<td>CT</td>
<td>1.4 (1.1, 1.8)</td>
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</tbody>
</table>

"No statistically significant differences among Cam+CT, Pem+CT, N+CT and N+I"

"All schemes with immune checkpoints inhibitor drugs were superior to CT"

**CONCLUSION**

This NMA showed a greater efficacy benefit of combinations with immunotherapeutic agents over CT in untreated patients with mESCC. Standard first-line therapy could be modified. Safety and efficiency criteria should also be considered in the therapeutic positioning of drugs in this clinical context.

**CONTACT DATA**

E-mail: mangilsie@yahoo.com