

Nivolumab治疗化疗后进展的晚期食管鳞状细胞癌患者的疗效分析：一项单臂回顾性研究

《现代肿瘤医学》[ISSN:1672-4992/CN:61-1415/R] 期数: 2019年18期 页码: 3233-3237 栏目: 论著 (胸部肿瘤) 出版日期: 2019-08-08

Title: The efficacy of Nivolumab in patients with chemotherapy-refractory metastatic esophageal squamous cell carcinoma:A single-arm retrospectively study

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关键词: PD-1单抗; Nivolumab; 晚期食管鳞状细胞癌

Keywords: PD-1 monoclonal antibody; Nivolumab; advanced esophageal squamous cell carcinoma

分类号: R735.1

DOI: 10.3969/j.issn.1672-4992.2019.18.016

文献标识码: A

摘要: 目的:回顾性分析PD-1单抗 (Nivolumab) 在化疗后进展的晚期食管鳞癌患者中的疗效及安全性。方法: 研究入组化疗后进展的食管鳞状细胞癌患者接受Nivolumab单药治疗, 3 mg/kg, 静脉输注大于30分钟, 每2周重复一次, 治疗至疾病进展或不能耐受。主要研究终点为客观缓解率 (ORR) 及安全性, 次要研究终点为无进展生存 (PFS) 和总生存 (OS) 。结果: 2016年1月至 2018年1月, 共27例患者接受了Nivolumab单药的治疗, 客观缓解率 (ORR) 为7%, 疾病控制率 (DCR) 为63%。治疗相关1-2级不良反应及发生率为: 皮疹4例 (15%)、转氨酶升高3例 (11%)、肺炎3例 (11%)、腹痛2例 (7%)、腹泻2例 (7%)、高胆红素血症2例 (7%)、皮肤血管瘤2例 (7%)、甲状腺功能减退2例 (7%)、血肌酐升高1例 (4%)。3-4级不良事件及发生率分别为: 皮肤血管瘤1例 (4%)、咳嗽1例 (4%)、血小板减少1例 (4%) 及贫血1例 (4%)。未观察到与治疗相关死亡事件的发生。中位无进展生存 (mPFS) 为2.8月 (95%CI: 2.2-3.4月), 中位总生存 (mOS) 为5.6月 (95%CI: 4.1-7.1月)。结论: 免疫检查点抑制剂Nivolumab在化疗后进展的晚期食管鳞癌的治疗中, 疾病控制率高, 不良事件发生率低, 可作为食管鳞癌患者后线治疗的选择进一步探索。

Abstract: Objective: To analyze the safety and efficacy of programmed death receptor-1 monoclonal (Nivolumab) in patients with metastatic esophageal squamous cell carcinoma who were confirmed progression after chemotherapy. Methods: Patients with metastasis esophageal squamous cell carcinoma who experience disease progression after chemotherapy received the treatment of Nivolumab, 3 mg/kg, intravenous infusion over 30 minutes, repeated every 2 weeks, until disease progression or intolerance. The primary endpoints were objective response rate (ORR) and safety. The secondary endpoints were progression-free survival (PFS) and overall survival (OS). Results: From January 2016 to January 2018, a total of 27 patients met the criteria. They received Nivolumab as subsequent treatment. The objective response rate (ORR) and disease control rate (DCR) was 7% and 63%, respectively. Treatment related grade 1-2 adverse events were rash (15%), elevated transaminase (11%), pneumonia (11%), abdominal pain (7%), diarrhea (7%), hyperbilirubinemia (7%), cutaneous hemangioma (7%), hypothyroidism (7%) and hypercreatinemia (4%). Grade 3-4 treatment related adverse events included cutaneous hemangioma (4%), cough (4%), thrombocytopenia (4%) and anemia (4%). No treatment-related death was observed. The median progression-free survival (mPFS) and median overall survival (mOS) was 2.8 months (95%CI: 2.2-3.4 months) and 5.6 months (95%CI: 4.1-7.1 months). Conclusion: Nivolumab had high disease control and low incidence of adverse events in chemotherapy-refractory metastatic esophageal squamous cell carcinoma. It could be an effective and safe treatment option for patients with advanced esophageal squamous cell carcinoma. And further exploration is essential in the future.

参考文献/REFERENCES

- [1] Malhotra GK,Yanala U,Ravipati A,et al.Global trends in esophageal cancer [J] .J Surg Oncol,2017,115(5):564-579.
- [2] Chen W,Zheng R,Baade PD,et al.Cancer statistics in China,2015 [J] .CA Cancer J Clin,2016,66(2):115-132.
- [3] Zhang X,Shen L,Li J,et al.A phase II trial of paclitaxel and cisplatin in patients with advanced squamous-cell carcinoma of the esophagus [J] .Am J Clin Oncol,2008,31(1):29-33.
- [4] Pico de Coana Y,Choudhury A,Kiesling R.Checkpoint blockade for cancer therapy:revitalizing a suppressed immune system [J] .Trends Mol Med,2015,21(8):482-491.
- [5] Keir ME,Butte MJ,Freeman GJ,et al.PD-1 and its ligands in tolerance and immunity [J] .Annu Rev Immunol,2008(26):677-704.
- [6] Brahmer JR,Drake CG,Wollner I,et al.Phase I study of single-agent anti-programmed death-1 (MDX-1106) in refractory solid tumors:safety,clinical activity,pharmacodynamics, and immunologic correlates [J] .J Clin Oncol,2010,28(19):3167-3175.
- [7] Robert C,Long GV,Brady B,et al.Nivolumab in previously untreated melanoma without BRAF mutation [J] .N Engl J Med,2015,372(4):320-330.
- [8] Larkin J,Hodi FS,Wolchok JD.Combined nivolumab and ipilimumab or monotherapy in untreated melanoma [J] .N Engl J Med,2015,373(1):1270-1271.
- [9] Sharma P,Callahan MK,Bono P,et al.Nivolumab monotherapy in recurrent metastatic urothelial carcinoma (CheckMate 032):A multicentre,open-label,two-stage,multi-arm,phase 1/2 trial [J] .Lancet Oncol,2016,17(11):1590-1598.
- [10] Brahmer J,Reckamp KL,Baas P,et al.Nivolumab versus docetaxel in advanced squamous-cell non-small-cell lung cancer [J] .N Engl J Med,2015,373(2):123-135.
- [11] Kudo T,Hamamoto Y,Kato K,et al.Nivolumab treatment for oesophageal squamous-cell carcinoma:An open-label,multicentre,phase 2 trial [J] .Lancet Oncol,2017,18(5):631-639.
- [12] Doi T,Piha-Paul SA,Jalal SI,et al.Safety and antitumor activity of the anti-programmed death-1 antibody pembrolizumab in patients with advanced esophageal carcinoma [J] .J Clin Oncol,2018,36(1):61-67.
- [13] Dutton SJ,Ferry DR,Blazebi JM,et al.Gefitinib for oesophageal cancer after chemotherapy(COG):A phase 3,multicentre double-blind,placebo-controlled randomised trial [J] .Lancet Oncol,2014,15(8):894-904.
- [14] Janjigian YY,Vakiani E,Ku GY,et al.Phase II trial of sorafenib in patients with chemotherapy refractory metastatic esophageal and gastroesophageal (GE) junction cancer [J] .PLoS One,2015,10(8):e0134731.
- [15] Schmitt JM,Sommers SR,Fisher W,et al.Sunitinib plus paclitaxel in patients with advanced esophageal cancer:A phase II study from the Hoosier Oncology Group [J] .J Thorac Oncol,2012,7(4):760-763.
- [16] Kang YK,Boku N,Satoh T,et al.Nivolumab in patients with advanced gastric or gastro-oesophageal junction cancer refractory to,or intolerant of,at least two previous chemotherapy regimens (ONO-4538-12,ATTRACTION-2):A randomised,double-blind,placebo-controlled,phase 3 trial [J] .Lancet,2017,390(10111):2461-2471.
- [17] Hwang SJ,Carlos G,Wakade D,et al.Cutaneous adverse events (AEs) of anti-programmed cell death (PD)-1 therapy in patients with metastatic melanoma:A single-institution cohort [J] .J Am Acad Dermatol,2016,74(3):455-461.
- [18] Seymour L,Bogaerts J,Perrone A,et al.iRECIST:guidelines for response criteria for use in trials testing immunotherapeutics [J] .Lancet Oncol,2017,18(3):e143-e152.
- [19] Topalian SL,Taube JM,Anders RA,et al.Mechanism-driven biomarkers to guide immune checkpoint blockade in cancer therapy [J] .Nat Rev Cancer,2016,16(5):275-287.
- [20] Wu P,Wu D,Li L,et al.PD-L1 and Survival in solid tumors:A Meta-analysis [J] .PLoS One,2015,10(6):e0131403.
- [21] Kollmann D,Ignatova D,Jedamzik J,et al.PD-L1 expression is an independent predictor of favorable outcome in patients with localized esophageal adenocarcinoma [J] .Oncoimmunology,2018,7(6):e1435226.
- [22] Joshi SS,Maron SB,Catenacci DV.Pembrolizumab for treatment of advanced gastric and gastroesophageal junction adenocarcinoma [J] .Future Oncol,2018,14(5):417-430.
- [23] Hellmann MD,Callahan MK,Awad MM,et al.Tumor mutational burden and efficacy of nivolumab monotherapy and in combination with ipilimumab in small-cell lung cancer [J] .Cancer Cell,2018,33(5):853-861.

备注/Memo: National Natural Science Foundation of China(No.81201954);国家自然科学基金 (编号: 81201954) ; 河南省医学科技攻关计划项目(编号: 201701033)

更新日期/Last Update: 1900-01-01