

Short Communication

Is PDL1 Assessment a Prime Time Predictor for Esophageal Cancer Management?

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Programmed Death-Ligand 1 (PD-L1) expression has been emerged as one of the key predictive marker of response to immunotherapy [1]. However, the timing of usage of Checkpoint Inhibitors (CPI) is not in global consensus. In United States, CPI is approved in third line setting, while in Japan it is approved upon progression from initial chemotherapy with no regard to biomarker expression [2]. The recent trial [3] comparing pembrolizumab with chemotherapy (paclitaxel monotherapy) for PDL1 CPS scores >1 did not significantly prolong overall survival (median 9.1 *versus* 8.3 months, HR 0.82, 95% CI 0.66-1.03), and the Objective Response Rate (ORR) was similar (16 *versus* 14 percent). However, the adverse event profile was favorable with pembrolizumab. Therefore, the combination of Ramucirumab and paclitaxel remains the preferred strategy for most patients with advanced oesophageal cancers who have progressed on first line fluoropyrimidine or platinum based regimen [4].

References

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