

PODCAST

## Controversies in upper gastrointestinal oncology: neoadjuvant chemoradiotherapy versus neoadjuvant chemotherapy in oesophageal adenocarcinoma

A. Petrillo<sup>1\*</sup>, S. Lorenzen<sup>2</sup> & H. W. M. van Laarhoven<sup>3,4</sup>

<sup>1</sup>Medical Oncology Unit, Ospedale del mare, Naples, Italy; <sup>2</sup>Department of Hematology and Oncology, Technical University, Munich, Germany; <sup>3</sup>Department of Medical Oncology, Amsterdam University Medical Centers, Cancer Center Amsterdam, Amsterdam; <sup>4</sup>University of Amsterdam, Amsterdam, The Netherlands

Available online 7 November 2022

[Click here to listen to the Podcast](#)

Recent data have presented intriguing information about the treatment of patients with oesophageal adenocarcinoma. However, the actual standard of care in the neoadjuvant treatment for nonmetastatic tumour remains one of the hottest controversial topics in upper gastrointestinal tumours.

In this podcast, Dr Angelica Petrillo interviews Prof. Hanneke WM van Laarhoven and Prof. Sylvie Lorenzen about the best choice for neoadjuvant treatment for nonmetastatic oesophageal adenocarcinoma: chemoradiotherapy or chemotherapy? The two experts debate about the pros and cons of each approach alongside future perspectives, biomarkers and implication for patients' selection.

Prof. van Laarhoven comments in favour of neoadjuvant chemoradiotherapy in this setting, referring to the data from the CROSS trial and its update after 10 years. Those data clearly showed that neoadjuvant chemoradiotherapy improved the survival outcomes, along with good tolerability, when compared with neoadjuvant chemotherapy in patients with oesophageal adenocarcinoma even after long-term follow-up.

By contrast, Prof. Lorenzen discusses about the role of neoadjuvant chemotherapy, commenting on the data from the FLOT-4 trial, which also showed a benefit in survival in this subgroup of patients with a manageable safety profile.

They then discuss about the role of immunotherapy in this field, based on the results from the CHECKMATE 577 trial, and the use of biomarkers, such as human epidermal growth factor receptor 2 (HER2), programmed death-ligand

1 (PD-L1), circulating tumour DNA (ctDNA) and microsatellite status.

However, direct comparisons between the two debated strategies do not exist yet. Recently, the preliminary results from the NEO-AEGIS trial, which compared perioperative chemotherapy with chemoradiotherapy in this setting, were presented at the American Society of Clinical Oncology (ASCO) congress. The trial showed similar results in both arms in terms of disease-free survival. Of note, 85% of patients were treated with the insufficient MAGIC regimen epirubicin, cisplatin and fluorouracil or capecitabine (ECF/EOX) and not according to the current treatment recommendations with the docetaxel, oxaliplatin, and fluorouracil/leucovorin (FLOT) protocol. However, several phase III trials comparing head-to-head the two neoadjuvant strategies in oesophageal adenocarcinoma are ongoing; their results are awaited to provide a definitive recommendation about the best treatment choice, if any, in this setting.

### FUNDING

None declared.

### DISCLOSURE

AP reports receiving personal fees from Eli-Lilly, Servier, Merck, Amgen, Bristol Myers Squibb (BMS), and MSD and research funding from Roche. SL reports grants for research from Eli-Lilly, BMS; personal fees from BMS, Eli-Lilly, MCI Group, Merck Serono, MSD, Roche, and Servier; nonfinancial support from AIO, Amgen, BMS, BMBF, European Organisation for Research and Treatment of Cancer, German Cancer Aid; and advisory role and research grants from BMS GmbH & Co. KGaA. HWMvL reports playing a consultant or advisory role for Amphera, AstraZeneca, BeiGene, BMS, Daiichi Sankyo, Dragonfly, Eli Lilly, MSD, Nordic Pharma, and Servier; receiving research funding and/or medication

\*Correspondence to: Dr A. Petrillo, Medical Oncology Unit, Ospedale del mare, via E. Russo, Naples, Italy  
E-mail: [angelic.petrillo@gmail.com](mailto:angelic.petrillo@gmail.com) (A. Petrillo).

2059-7029/© 2022 The Author(s). Published by Elsevier Ltd on behalf of European Society for Medical Oncology. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

supply from Bayer, BMS, Celgene, Janssen, Incyte, Eli Lilly, MSD, Nordic Pharma, Philips, Roche, and Servier; acts as a speaker for Astellas, Benecke, Daiichi Sankyo, JAAP, Medtalks, Novartis, Travel Congress Management B.V; reports

employment and leadership roles with Amsterdam UMC, the Netherlands (Head of the Department of Medical Oncology); and has an honorary role in ESMO (chair upper GI faculty).