Algorithm

Immunotherapy and Targeted Therapy for Advanced Gastroesophageal Cancer

Fluoropyrimidine- and platinum-PD-L1 CPS 0 based chemotherapy, without the addition of nivolumab Nivolumab in combination with fluoropyrimidine-and platinum-Patients with gastric PD-L1 CPS 1-5 adenocarcinoma based chemotherapy on a caseby-case basis Nivolumab in combination with PD-L1 CPS ≥ 5 fluoropyrimidine- and platinumbased chemotherapy Patients with advanced Fluoropyrimidine- and platinumgastroesophageal or GEJ PD-L1 CPS 0 / based chemotherapy, without the adenocarcinoma whose disease Ramucirumab plus paclitaxel PD-L1 TPS 0 addition of PD-1 inhibitors has progressed following first-line therapy Nivolumab in combination with **HER2-Negative** fluoropyrimidine- and platinum-PD-L1 CPS 1-5 based chemotherapy on a caseby-case basis Pembrolizumab in combination Patients with with fluoropyrimidine- and PD-L1 CPS 1-10 esophageal or GEJ platinum-based chemotherapy on adenocarcinoma a case-by-case basis Nivolumab in combination with PD-L1 CPS ≥ 5 fluoropyrimidine- and platinumbased chemotherapy Patients with advanced PD-L1 CPS ≥ 10 gastroesophageal cancer Pembrolizumab in combination with fluoropyrimidine-and platinum-based chemotherapy PD-L1 CPS ≥ 10 Patients with esophageal squamous cell carcinoma Nivolumab plus fluoropyrimidineand platinum-based chemotherapy PD-L1 TPS ≥ 1* Nivolumab plus ipilimumab Trastuzumab plus Patients with gastric or pembrolizumab in combination **HER2-Positive** Progression Trastuzumab deruxtecan GEJ adenomcarcinoma with fluoropyrimidine- and oxaliplatin-based chemotherapy

FIRST-LINE THERAPY

SECOND- OR THIRD-LINE

THERAPY

This algorithm is derived from recommendations in *Immunotherapy and Targeted Therapy for Advanced Gastroesophageal Cancer: ASCO Guideline*. This is a tool based on an ASCO Guideline and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the guideline and this tool are voluntary.

Notes. *Data from the primary analysis of CheckMate 648 supports Recommendation 1.3 in patients with ESCC and PD-L1 TPS ≥1%. Additional exploratory analyses from CheckMate 648 found

Abbreviations. CPS, combined positive score; GEJ, gastroesophageal junction; HER2, human epidermal growth factor receptor 2; PD-L1, programmed death-ligand 1; TPS, tumor proportion score

that 91% of patients across three study arms had PD-L1 CPS ≥1, therefore, CPS ≥1 may be used as a threshold for treatment decision-making if TPS is not available.