#4039: THE ADJUDICATION RATES BETWEEN READERS IN BLINDED INDEPENDENT CENTRAL REVIEW (BICR) OF ADVANCED ESOPHAGEAL CANCER TRIALS WITH OR WITHOUT IMMUNE CHECKPOINT INITIATORS AS FIRST LINE THERAPY

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BACKGROUND

Using RECIST 1.1 for the response assessment in esophageal cancer is challenging:

- ✓ It excludes certain examines such as the use of barium meal and endoscopy.
- ✓ Esophageal lesions could be infiltrative in a cavity organ, and difficult to measure reliably especially after treatment.
- ✓ It can even be more difficult for independent central readers, as they are often blinded to patient clinical symptoms and outcomes.

OBJECTIVES

- TO DOCUMENT THE PROPORTION OF READER DISCREPANCIES
- TO EVALUATE READER PERFORMANCE
- TO PROVIDE SUGGESTIONS FOR THE REDUCTION OF READ INCONSISTENCY

METHODS

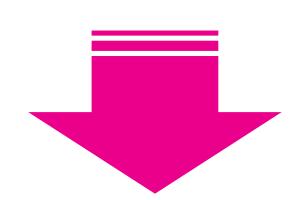
We analyzed:

- ✓ 4 esophageal cancer BICR trials including
 1,875 patients (8,501 time-points), involving
 14 radiologists;
- ✓ The adjudication rates and the endorsement rates of the pooled dataset

CONCLUSIONS

We provided **benchmarks** for monitoring reader performance with double reads in novel esophageal cancer trials with or without immune checkpoint inhibitors.

The discordances of baseline lesion selection and lesion measurement in follow up visits are the main reasons triggering adjudications in esophageal cancer central reading.

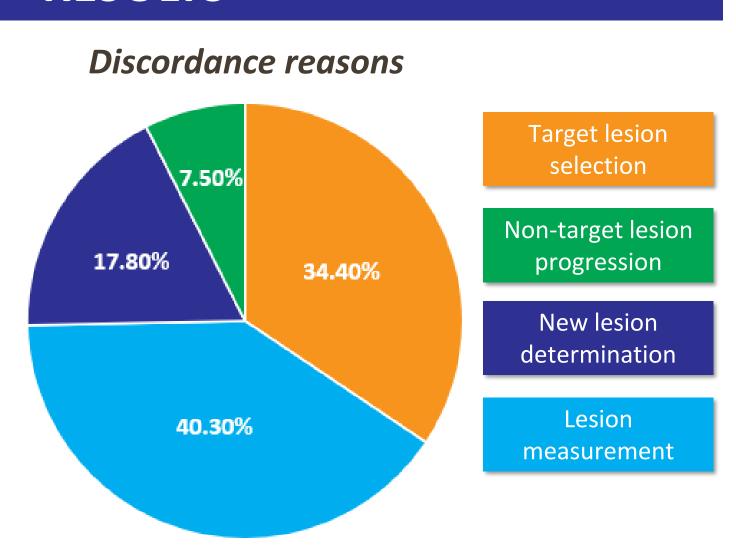


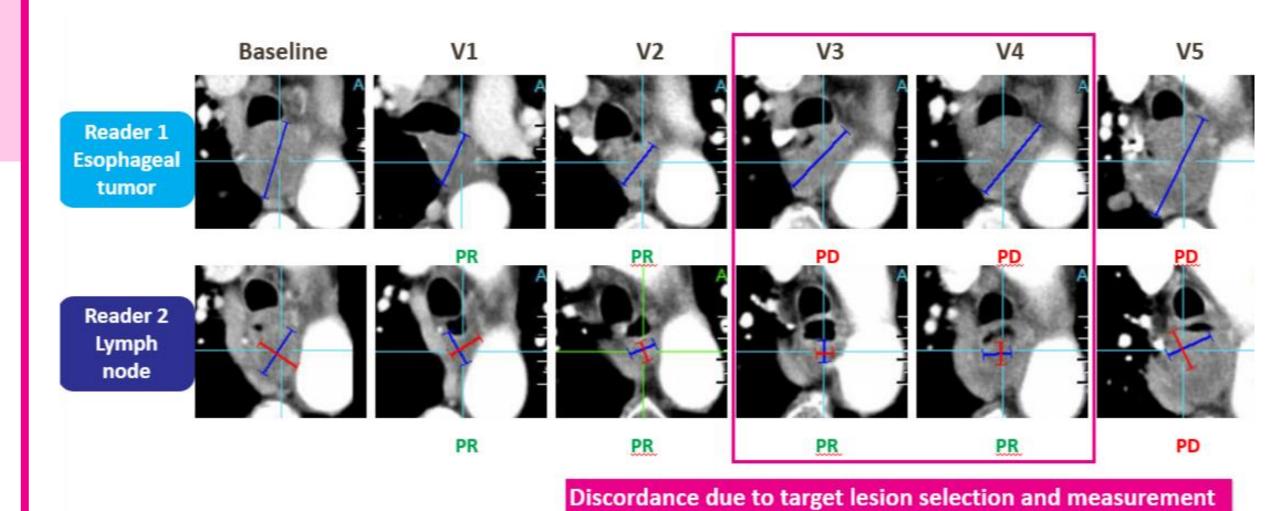
Appropriate reader training and monitoring are solutions which cannot only mitigate a large portion of the commonly encountered reading errors but also help to reach higher consensus on lesion selection and measurement between readers.

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RESULTS

Trials had an average adjudication rate of **45.28%** [42.60%-47.99%], while readers endorsement rates ranged [23.1%-81.6%].





FUTURE DIRECTIONS FOR RESEARCH

- To investigate the root cause of discordance on primary tumor (esophageal lesion) selection and assessment
- To evaluate the impacts of such discordance on the overall response per RECIST 1.1