

PGCR 1:1, 2006 (Abstract 805)

Impact on Survival of Thromboembolic Phenomena Occurring Before and During Protocol Chemotherapy in Patients With Advanced Gastroesophageal Adenocarcinoma

Eric D. Tetzlaff

Arlene M. Correa

Jackie Baker

Joe Ensor

Jaffer A Ajani

University of Texas M. D. Anderson Cancer Center

Houston, Texas

Supported in part by grants from Dallas, Cantu, Caporella, Ziffer, Meyer, and Park Families

Background: Thromboembolic events (TEEs) are considered common in patients with gastroesophageal carcinoma, but the frequency of TEEs at baseline and during chemotherapy is not known. Since prophylactic anticoagulation results in improved overall survival (OS) of solid tumor patients, we hypothesized that TEEs (baseline and during chemotherapy) would adversely affect patients' OS.

Methods: We analyzed 191 patients with advanced gastroesophageal carcinoma treated on four prospective chemotherapy phase II/III trials. Baseline and subsequent TEEs were documented and correlated with OS.

Results: Patients in the four trials received single-agent or combination therapy with a taxane, camptothecin, platinum, or fluoropyrimidine. At baseline, TEEs occurred in 5.3% of untreated patients vs 8.5% of treated (one prior regimen) patients ($P = .519$). During chemotherapy, TEEs occurred in 6.8% of untreated patients and in 10.2% of treated patients ($P = .561$). Median OS was only 3.9 months for patients having a TEE at any time vs 8.7 months for patients who never developed a TEE ($P = .007$). TEEs at baseline

correlated with poor median OS in untreated patients, 4.9 months vs 8.9 months for those without a TEE ($P = .014$). TEEs during treatment correlated with median OS in all patients irrespective of therapy status, 4.8 months vs 8.5 months for those without a TEE ($P = .078$). There was no association between TEEs and the class of chemotherapy used.

Conclusions: In patients with advanced gastroesophageal carcinoma, TEEs at baseline and/or during chemotherapy are frequent and result in poor OS. Methods to aggressively treat or prevent TEEs are warranted to improve patient outcomes.