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The Significance of Thromboembolic Phenomena Occurring Before and During Chemoradiotherapy for Localized Carcinoma of the Esophagus and Gastroesophageal Junction

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Background: Thromboembolic event (TEE) is the most common complication and the second highest cause of mortality in cancer patients. Multiple hypotheses for the occurrence of TEE have been proposed. There are no reports on the frequency/impact of TEE in localized gastroesophageal cancer patients. We hypothesized that TEE at baseline and during chemoradiotherapy (CRT) in gastroesophageal cancer patients would have an impact on the overall survival (OS) of these patients.

Methods: All consecutive patients with gastroesophageal cancer undergoing CRT from 2001-2004 were eligible for this analysis. Baseline and subsequent TEEs were documented and correlated with patient characteristics and OS.

Results: Among 198 patients analyzed, TEEs were documented in 9.6% of the patients. At baseline, TEEs were documented in 4.0% of the patients. During CRT, TEEs were documented in 6.1% of the patients. Pulmonary embolism (43.5%) and lower extremity venous thromboses (39%) were the most frequent TEEs. Median OS for patients with a

TEE occurring at any time was 17.7 months vs. 32.0 months for patients who never developed a TEE ($P=.014$). TEEs at baseline correlated with poor median survival: 13.1 months vs. 30.7 months for those without a TEE ($P=.029$). In a multivariable analysis, TEE at baseline and/or during CRT was an independent predictor of OS (hazard ratio, 1.818; $P=.040$).

Conclusions: Our data are the first to document the frequency of TEE in gastroesophageal cancer patients undergoing CRT and that TEE is an independent prognosticator of OS. Active research to prevent and treat TEEs is needed to improve survival of patients with localized gastroesophageal cancer.

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