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[Esophageal Cancer](#)

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Concurrent Docetaxel-Based Chemoradiotherapy in Squamous Cell Esophageal Cancer

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Background: The incidence of esophageal cancer has risen worldwide in recent decades.

In Romania, the incidence is 5.3/100,000 population in males and 0.7/100,000 in females, with mortality rates of 4.8/100,000 and 0.5/100,000 in males and females, respectively. Esophageal cancer is a treatable but rarely curable cancer, as many patients have advanced-stage disease at diagnosis. We evaluated a multimodality approach of preoperative radiochemotherapy for patients with squamous cell esophageal carcinoma in terms of safety, tumor response, and resectability rate.

Methods: From January 2004 to May 2007, 87 patients were included in the study. Inclusion criteria were histologically confirmed squamous esophageal cancer not amenable to curative surgery, no distant metastases, ECOG performance status ≤ 2 , and no previous anticancer therapy. The preoperative treatment schedule was conformal radiotherapy (40 Gy) with concomitant weekly docetaxel (25 mg/m²) and carboplatin (AUC=2). Patients were evaluated at baseline, after having received 40 Gy radiotherapy, and 3 months after treatment ended. Endoscopy, barium swallow X-ray, and CT scan of the chest and upper abdomen were used to evaluate patients. Patients whose tumors were resectable underwent surgery; those with unresectable tumors continued radiotherapy to a total dose of 60 Gy and received four cycles of docetaxel (75 mg/m²) and carboplatin (AUC=6) (q3wk regimen). The resected patients received adjuvant chemotherapy with four cycles of the same docetaxel/carboplatin q3wk regimen.

Results: The median patient age was 53.6 years (range, 32-70 years); 78 of the patients were males and 9 were females. Median follow-up time was 35 months. Survival rate at 1 year was 57.5% and at 2 years, 44.8%. After patients had received 40 Gy radiotherapy, 39 were determined to have resectable disease and 30 underwent surgery (6 patients refused surgery and 3 had contraindications for surgery); 48 patients had

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tumor regression with clinical benefit but were not operable. No patient progressed. Six of the 30 patients undergoing surgery had complete remissions.

The treatment schedule was well tolerated, with no treatment-related deaths or additional hospitalizations. All except 5 of the patients were able to receive the intended chemoradiotherapy regimen. These 5 patients stopped chemoradiotherapy because of hematologic toxicity; radiotherapy was continued (after an approximate 1-week delay) following hematologic recovery. The operated patients had no additional perioperative complications. Radiation therapy was delivered as intended with no toxicity-related interruptions, except in the 5 patients mentioned above. Chemotherapy was delayed in 15 additional cases due to grade 3-4 hematologic effects; a 25% dose reduction was necessary in 9 cases.

Conclusions: Multimodality treatment of locally advanced esophageal cancer (concurrent radiochemotherapy ± surgery) can be considered superior to each method as single-agent therapy. Radiotherapy and chemotherapy may convert some tumors considered initially unresectable to resectable status. The weekly docetaxel/carboplatin regimen was well tolerated when administered concurrently with radiation therapy. This regimen resulted in a 44.8% resectability rate in patients considered initially unresectable, and 15.4% of patients undergoing surgery had complete remissions. Further investigation of this regimen is warranted.