

Supported in part by an educational grant from



International Society of Gastrointestinal Oncology

2010 Gastrointestinal Oncology Conference

September 23–25, 2010

ABSTRACTS

### Esophageal Cancer

abstr 1002

#### **Palliative Stenting With or Without Radiotherapy for Inoperable Esophageal Cancer: A Randomized Trial**

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**Purpose:** To compare dysphagia relief in patients with inoperable esophageal cancer treated with esophageal stenting alone vs. a combination of stenting and external beam radiotherapy (EBRT), and to assess overall survival, treatment-related complications, and quality of life (QOL) in the two groups.

**Methods:** Patients with inoperable esophageal cancer with high grade dysphagia were randomized to receive esophageal stenting with self expandable metal stent (Ultraflex) alone (group I), vs. a combination of stenting followed by EBRT (30 Gy/10 fractions/2 weeks) (group II). Dysphagia relief, overall survival, QOL (using EORTC QLQ-C30, version 3), and treatment-related complications were assessed in the two groups.

**Results:** From April 2007 to March 2009, 84 patients were randomized to group I (n = 42), or group II (n = 42). The groups were comparable in demographics, tumor characteristics, indications for palliative treatment, and pretreatment dysphagia score. Dysphagia scores improved significantly in both the groups following stent insertion, however, dysphagia relief was more sustained in group II (7 months vs. 3 months,  $P = .002$ ). Overall median survival (180 days vs. 120 days) and dysphagia-free survival ( $80.9 \pm 57.9$  days vs.  $49.1 \pm 42.7$  days) were also significantly higher in group II than in group I ( $P = .007$  and  $.008$ , respectively). There was significant improvement in all QOL parameters at 1 week after stenting, which declined

immediately following radiotherapy. There was no treatment-related mortality and incidence of complications was similar in the two groups.

**Conclusion:** Poststenting EBRT effectively prolongs duration of dysphagia relief and improves overall survival in inoperable esophageal cancer.