

COMPARISON OF PERIOPERATIVE CHEMOTHERAPY AND PREOPERATIVE CHEMORADIOTHERAPY IN GASTROESOPHAGEAL JUNCTION ADENOCARCINOMA: ANALYSIS FROM THE AGAMENON-SEOM REGISTRY

Macía-Rivas L^{1,2}, Mateos-Rueda L³, De la Fuente Villaverde I⁴, Fernández-Lastras S⁴, Oyague-López L⁴, Martínez-Torrón A^{4,5}, Catoya-Villa JL⁶, Francisco-Fernández A^{7,8}, Sáenz de Jubera C³, Jiménez-Fonseca P³, Álvarez-Manceñido FJ⁴

1. Universidad de Santiago de Compostela; 2. Pharmacy Department. Hospital Carmen y Severo Ochoa, Cangas del Narcea; 3. Oncology Department. Hospital Universitario (HU) Central de Asturias, Oviedo; 4. Pharmacy Department. HU Central de Asturias, Oviedo; 5. Doctoral Programme in Pharmacy. Faculty of Pharmacy. University of Granada; 6. Oncology Department. HU Doce de Octubre, Madrid; 7. Oncology Department, Complejo HU Pontevedra; 8. Oncología Traslacional. Instituto de Investigación Sanitaria Galicia Sur, SERGAS-UVIGO

BACKGROUND AND IMPORTANCE

The optimal curative strategy for gastroesophageal junction adenocarcinoma (GEJA) is unknown

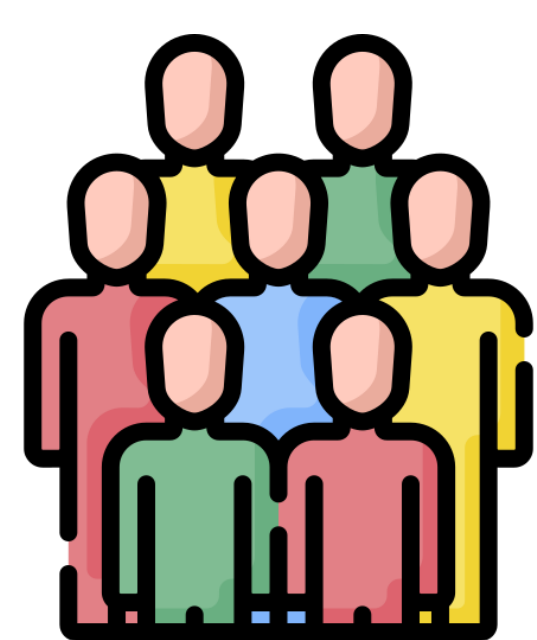
AIM AND OBJECTIVES

This study compares perioperative chemotherapy (CT) with preoperative chemoradiotherapy (CRT) in GEJA treatment

MATERIALS AND METHODS

From the AGAMENON-SEOM registry, 1893 patients had localized gastroesophageal adenocarcinoma, and of those, the ones with GEJA who were treated with preoperative CRT or perioperative CT were included

RESULTS

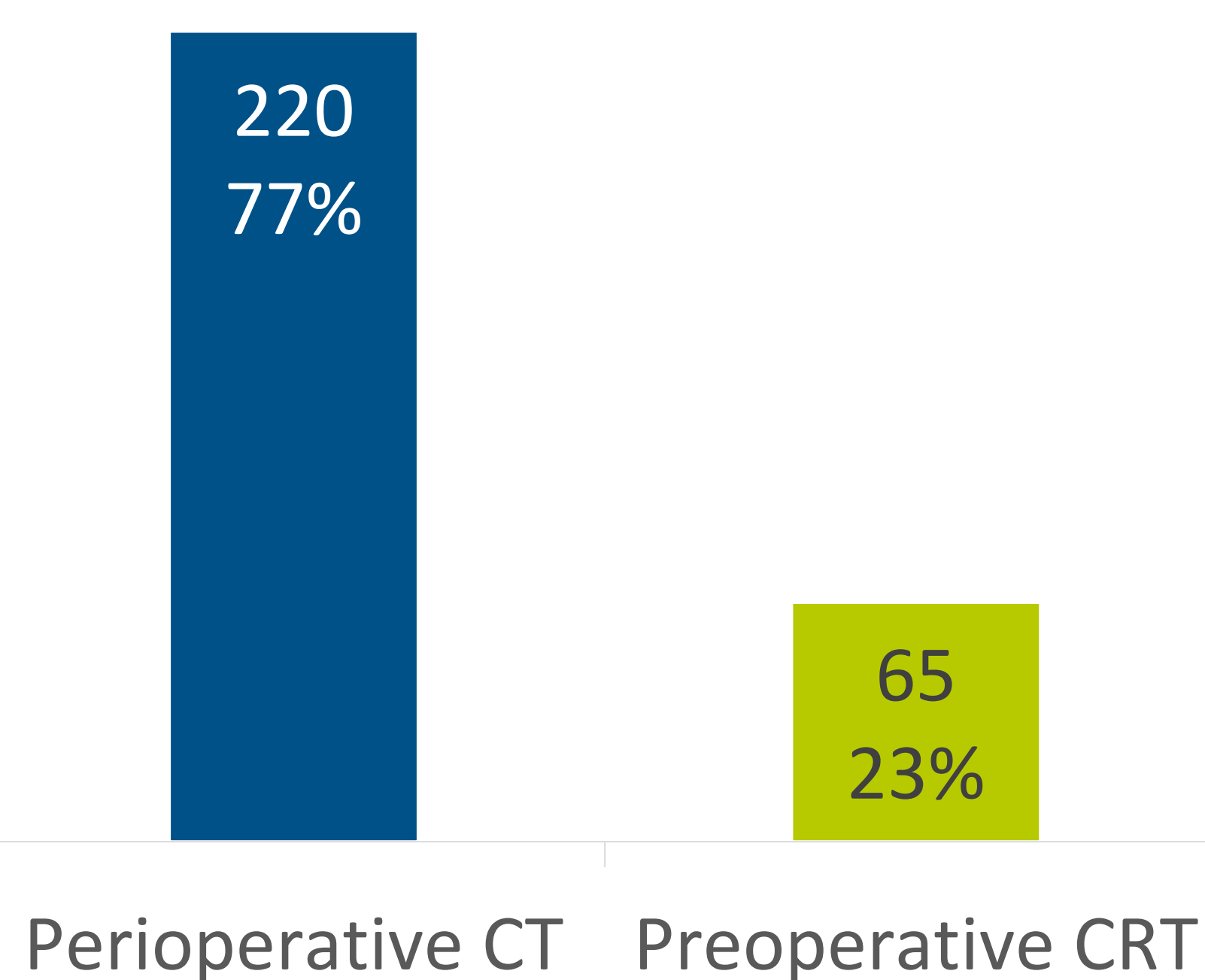


285 patients

Males: 228 (80 %)

Age: 64 years (34-91)

ECOG 0-1: 271 (95%)



Treatment	Perioperative chemotherapy N=220 (100%)	Preoperative chemoradiotherapy N=65 (100%)
Siewert classification		
1	29 (13)	27 (41)
2	48 (22)	15 (23)
3	75 (34)	7 (11)
Unknown	68 (31)	16 (25)
Stage III	145 (66)	47 (73)
Surgery	202 (92)	55 (85)
Lymphadenectomy		
D1+	90 (41)	23 (36)
D2	70 (32)	17 (26)
Other	60 (27)	25 (38)
R0 resection	171 (78)	51 (79)
Complete pathological response	20 (9)	10 (16)
Completed treatment	106 (48)	50 (77)
Postoperative complications		
Severe	33 (15)	10 (15)
Lethal	9 (4)	3 (4)
Recurrence	68 (31)	23 (36)
Local	15 (7)	0
Distant	42 (19)	19 (29)
Local and distant	11 (5)	4 (7)

SURVIVAL

	Perioperative CT	Preoperative CRT	HR	p-value
Overall survival (months)	53	41	0,77 (0,72-0,90)	0,043
Disease free survival (months)	34	29	0,85 (0,83-1,15)	0,661

CONCLUSION AND RELEVANCE

For gastroesophageal junction adenocarcinoma T2-4 or N+ M0, perioperative CT was associated with fewer distant metastases and improved overall survival compared to neoadjuvant CRT

