PREDICTIVE FACTORS OF RESPONSE TO FIRST TREATMENT IN ESOPHAGEAL CANCER

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INTRODUCTION

Esophageal cancer (EC) is the eighth most incident and the seventh most lethal cancer in Brazil. It is usually detected in advanced stages, as a consequence of a late manifestation of symptoms. In these cases, definitive chemoradiation is the preferred therapy. It has been shown that a protocol combining 50.4 Gy, 5-fluorouracil and cisplatin results in a 26% 5- year overall survival. However, after definitive chemoradiation, 75% of the patients show relapse at the irradiation field, suggesting that actual doses are not enough to assure local control. Since 2012, trimodal therapy has become standard of care, according to CROSS trial. Surgery after neoadjuvant chemoradiation, with 41.4 Gy and carbotaxol, achieved 49% 5- year overall survival. Currently, trimodal therapy in Instituto Nacional de Cancer (INCA) is on clinical trial, but, out of protocol, it is unknown how many patients receive this therapy. Furthermore, few studies have evaluated which factors are associated with the response to conventional treatment in patients with EC. Based on this, this project has the objective of determining the treatment protocol currently used at INCA as well as evaluating epidemiological, clinical, laboratorial and molecular characteristics that may impact on response to treatment of EC patients.

METHODS AND RESULTS

Data of 1502 cases with a confirmed diagnosis of esophageal cancer, from 2000 to 2015, will be assessed using information from INCA-based cancer registries. Patients whose planning, treatment or follow-up were not performed at INCA will be excluded from the study. Patients under 18 years old or lacking information regarding therapeutic response will be excluded from further analyses. The patients were followed until the end of the first course of treatment to define therapeutic response. Variables such as ethnic group, age, performance status (PS) and stage at diagnosis will be associated with the pattern of response to first treatment. We will also evaluate how PS deterioration affects initially planned treatment and the final treatment applied. Until the moment, data collecting instrument has been validated.

CONCLUSION

Identifying which treatments EC patients are receiving at INCA, factors influencing treatment options and which factors are predictive of treatment response are fundamental to the provision of a better care for these patients.

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