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Timing of first-line palliative systemic therapy in metastatic esophagogastric cancer: A nationwide analysis

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Background

With increasing detection of asymptomatic and/or limited metastatic esophagogastric cancer (mEGC), one could consider whether palliative systemic therapy (ST) should be started immediately or can be deferred. This study aims to explore real-world timing of ST, identify associated patient and disease characteristics, and assess whether survival differs by timing of treatment initiation.

Methods

We included patients from the Netherlands Cancer Registry diagnosed with mEGC between 2010-2021 and treated with ST. Immediate treatment was defined as start ≤8 weeks from diagnosis, and deferred as >8 weeks. Baseline characteristics were compared using multivariable logistic regression. For overall survival (OS), patients with deferred treatment were matched 1:2 to those with immediate treatment using propensity scores. To address immortal time bias, we applied a landmark analysis with landmark at 8 weeks after diagnosis. OS was analysed using Kaplan Meier curves and Cox models.

Results

We identified 5766 patients. The interval between diagnosis of mEGC and initiation of ST ranged from 0 to 27 months (median 28 days); 864 patients (15%) had a deferred start. Odds of deferred treatment were significantly higher in patients with oesophageal tumors (OR 1.73, 95%CI 1.40-2.14), pulmonary metastasis only (OR 1.57, 95%CI 1.03-2.36) and higher log creatinine (OR 1.52, 95% CI 1.15-2.00), and lower for non-cardia gastric tumors (OR 0.76, 95%CI 0.60-0.98), synchronous metastases (OR 0.66, 95%CI 0.52-0.84), liver metastases (OR 0.68, 95%CI 0.57-0.80), and higher log LDH (OR 0.55, 95% CI 0.47-0.64). In the matched cohort (n=2592), median OS from 8 weeks after diagnosis (landmark) was 7.5 months in the immediate group and 8.8 months in the deferred group, with no significant difference (HR 0.92, 95%CI 0.84-1.00).

Conclusions

In Dutch clinical practice, start of ST is deferred in 15% of patients. Treatment deferral is less common in patients with poor prognostic tumor related factors such as higher LDH and liver metastasis. OS is similar between patients who deferred ST and matched patients who started ST immediately, suggesting that deferring treatment may be an option for selected patients. Prospective data is needed to confirm these findings.

Legal entity responsible for the study

UMC Utrecht.

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