



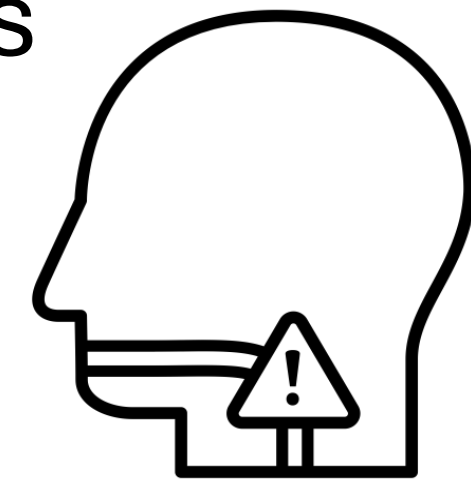
Impact Of Induction Chemotherapy On Dysphagia Resolution In Patients With Esophageal Cancer

Huy Pham, Elliott Yee, Sunnie Kim, Benedetto Mungo, John D. Mitchell, Robert A. Meguid, Elizabeth David, Simran Randhawa, David Binder, Megan Marsh, Martin D. McCarter

Background

Dysphagia:

- Common in esophageal and gastroesophageal junction cancers
- Often relieved by neoadjuvant therapy (NAT) like systemic chemotherapy or chemoradiation (CRT). Sometimes worsened post treatment.



Study aims:

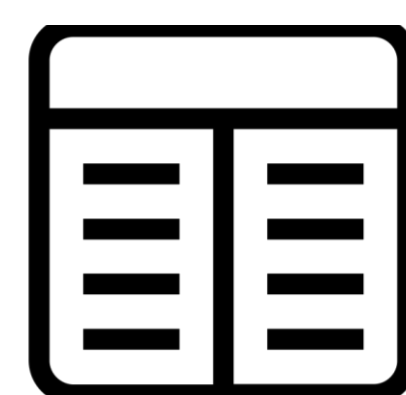
- Investigate the comparative efficacy of induction chemotherapy (IC) followed by CRT versus CRT alone in alleviating dysphagia.
- Identify need for additional nutrition-centric interventions such as esophageal stents and feeding jejunostomies.

Methods

Retrospective cohort study of patients with esophageal cancer who underwent NAT followed by definitive esophagectomy.

Mellow and Pinkas (M&P) scale:

- 0 = no dysphagia
- 1 = dysphagia to solids
- 2 = dysphagia to soft solids
- 3 = dysphagia to solids and liquids
- 4 = inability to swallow saliva



Statistical analysis included Wilcoxon signed-ranked test.

Figures

Figure 1. Dysphagia (M&P) scores **decreased significantly** following treatment with IC and CRT

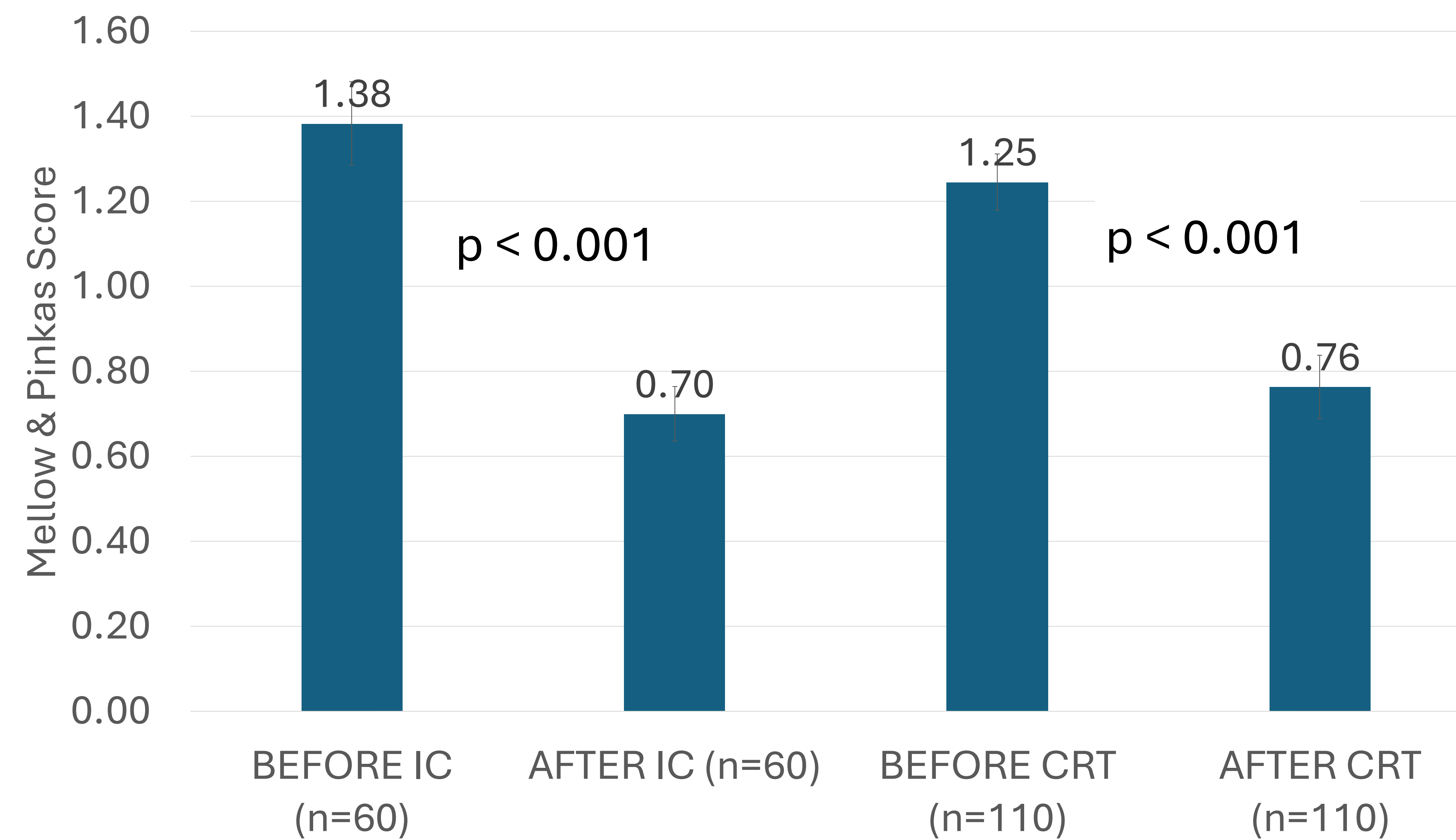
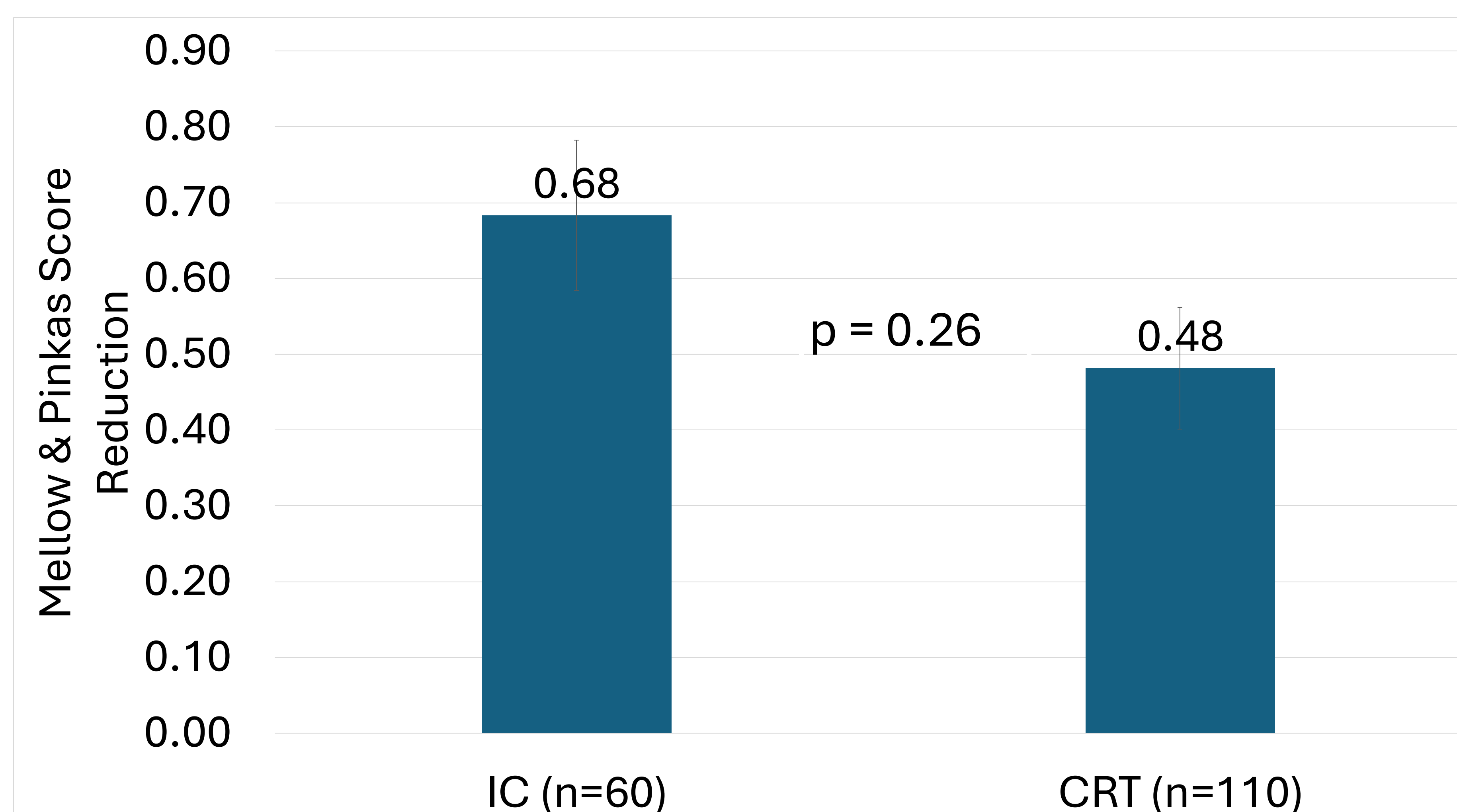


Figure 2. Dysphagia (M&P) score reduction in IC+CRT cohort was **comparable** to that in CRT only cohort



Results

A total of 234 patients met inclusion criteria:

- 60 symptomatic patients received IC+CRT
- 110 symptomatic patients received CRT only



Additional results:

- FOLFOX and FLOT were primary chemotherapy regimens in the IC+CRT cohort. Both resulted in comparable reductions in M&P scores.
- Similar rates of feeding tube placement prior to esophagectomy between 2 groups (7.9% for IC+CRT group and 6.3% for CRT).

Discussion

Dysphagia improves substantially following IC in patients with esophageal cancer, but not significantly more than CRT alone cohort.

Similar rates of feeding tube placement and improvement in M&P scores after NAT suggest IC confers a similar advantage in attenuating dysphagia as CRT.

