

Outcomes of patients with gastro-oesophageal adenocarcinoma treated with perioperative FLOT using intensive supportive care regimen and Advanced Nurse Practitioner (ANP) led assessment



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INTRODUCTION

FLOT (5-fluorouracil, leucovorin, oxaliplatin and docetaxel) is the standard of care perioperative chemotherapy for patients with locally advanced gastroesophageal adenocarcinoma. A recent phase III trial showed superior overall survival and pathological complete response rates with FLOT protocol compared to CROSS regime.

Completion of perioperative treatment is often limited by adverse events, especially in patients with increased age or baseline ECOG. This study examines the outcomes of patients treated with FLOT chemotherapy in a dedicated ANP clinic using an intensive supportive care regimen.

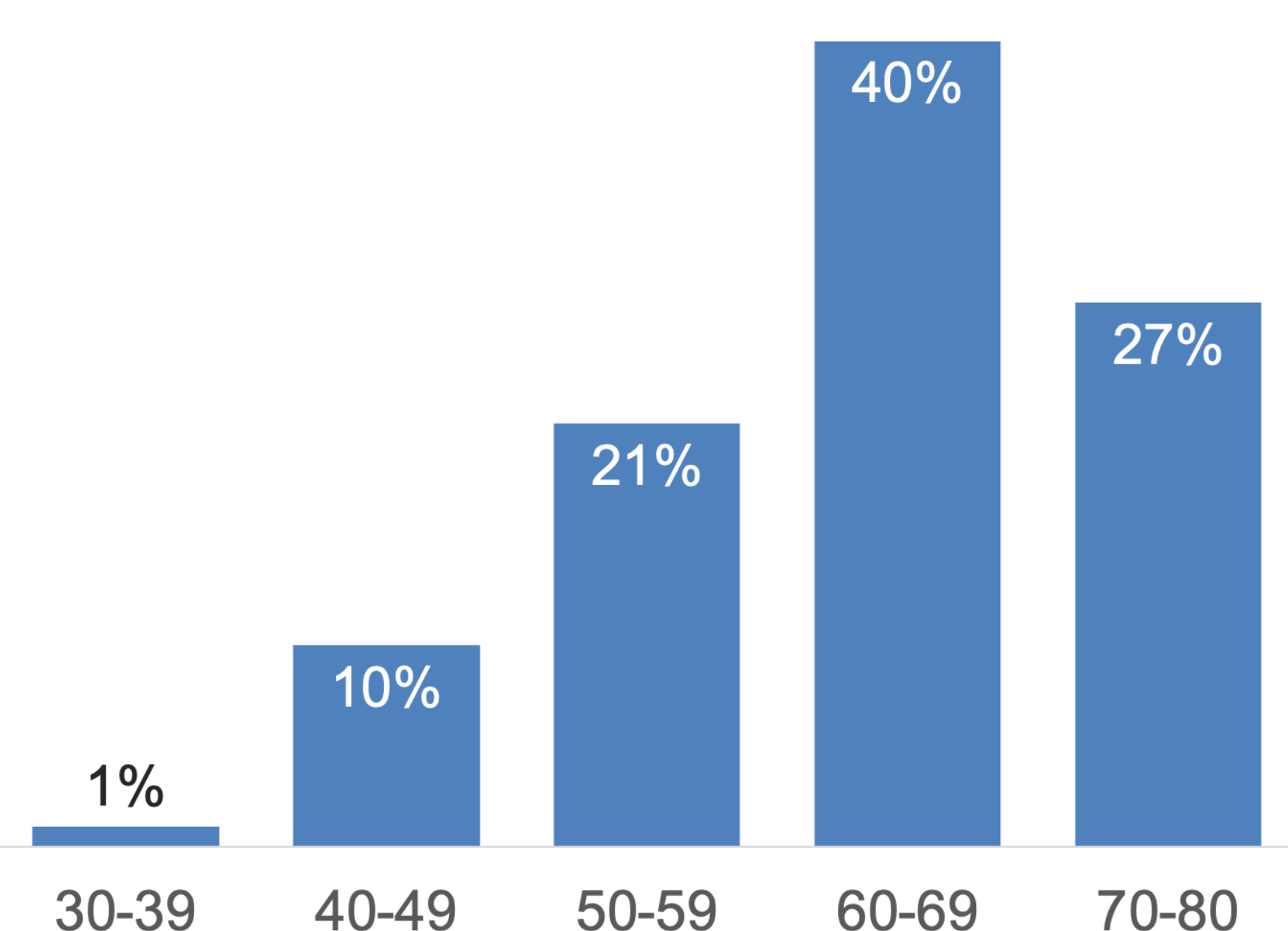
AIM

- Assess outcomes of patients with gastro-oesophageal adenocarcinoma treated with perioperative FLOT using intensive supportive care regimen and advanced nurse practitioner (ANP) led assessment.
- Compare patient outcomes to those reported in the ESOPEC study.

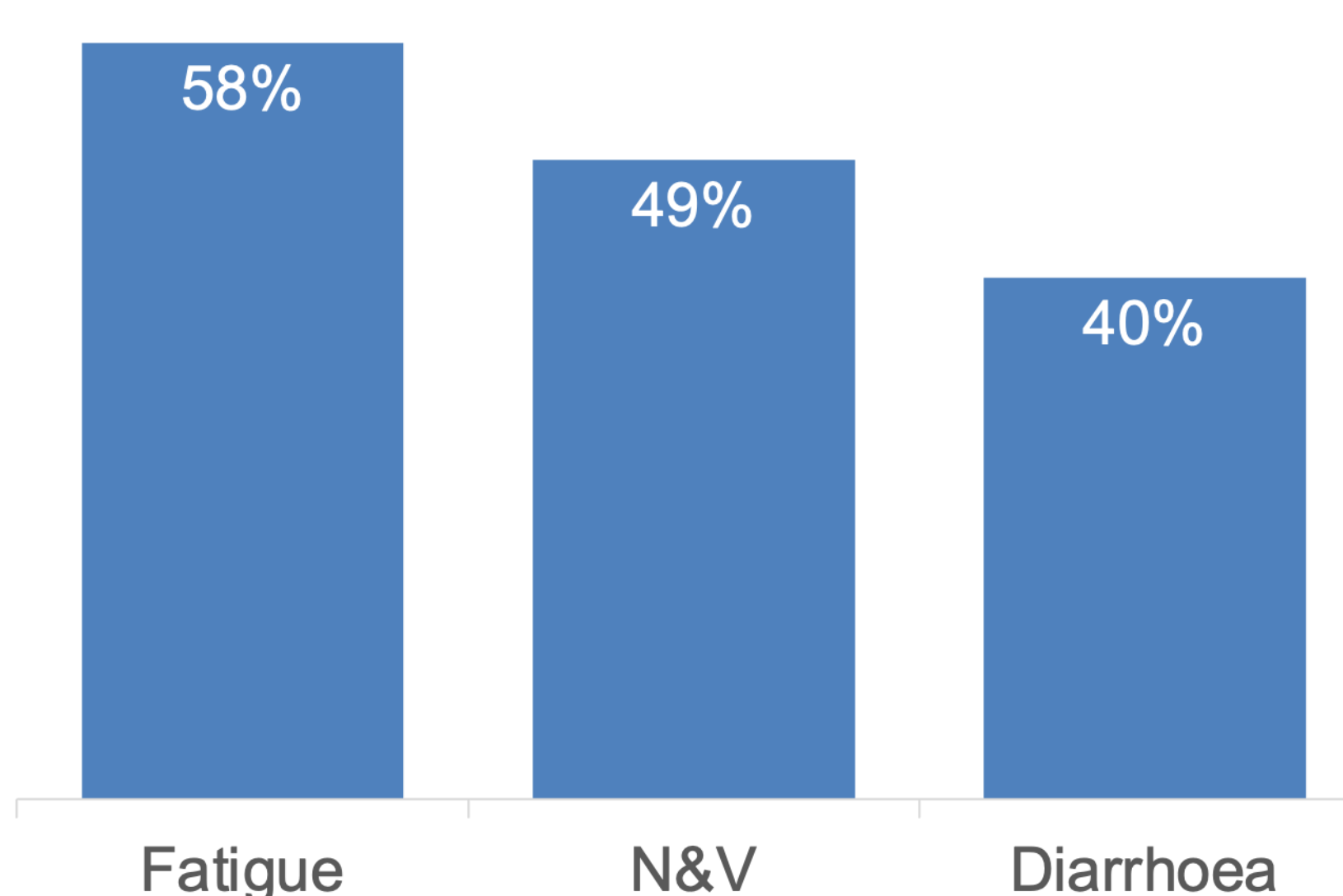
METHODS

- Retrospective cohort study
- Clinical variables included demographic data, tumour characteristics, treatment type, adverse events and outcomes (partial response, complete response or progression of disease)
- Adverse effects (AE) of chemotherapy were evaluated according to the Common Terminology Criteria for Adverse Events (CTCAE)
- Statistical analyses was completed using excel, demographic and clinical characteristics were summarised using standard descriptive summaries

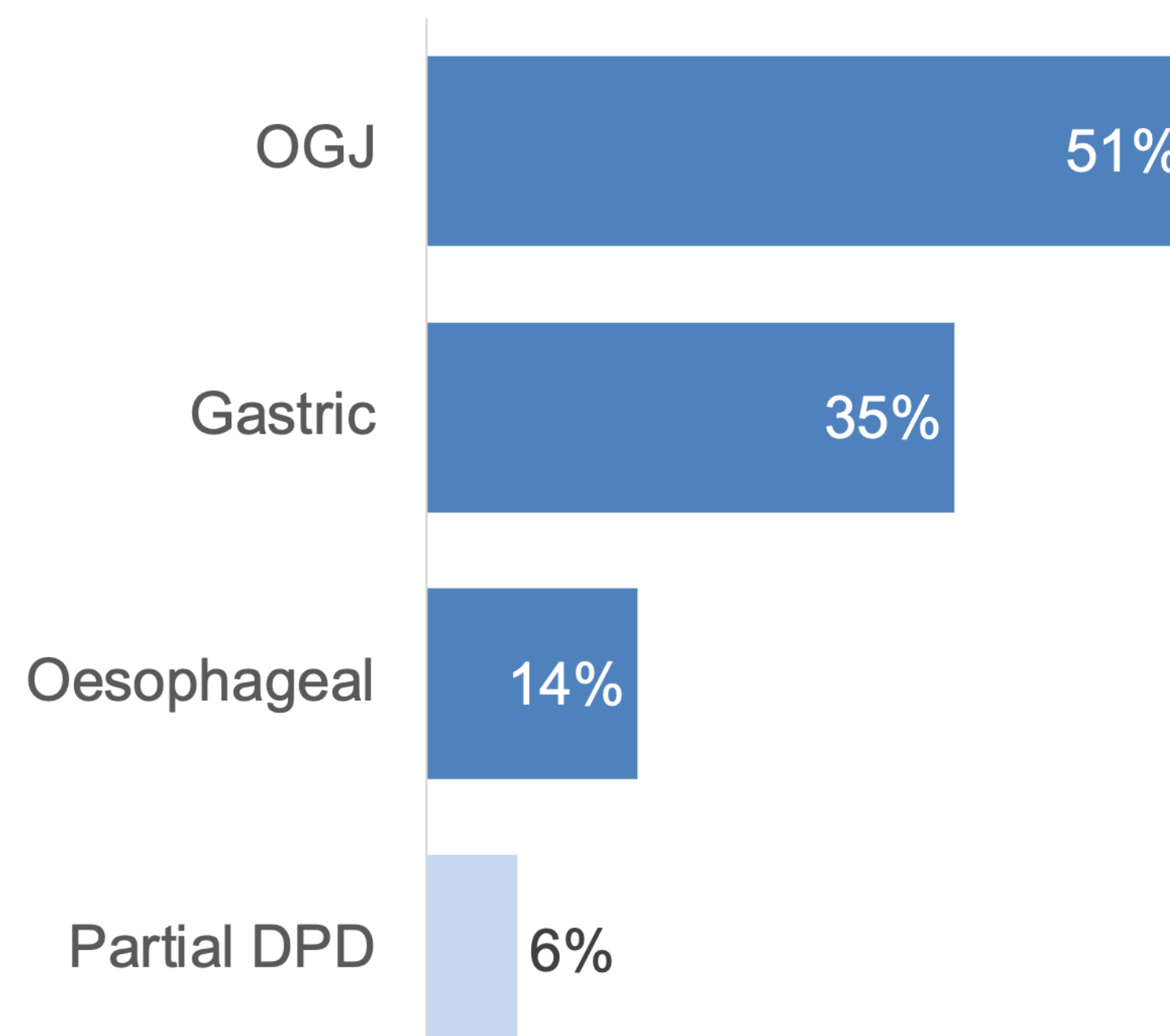
PATIENT AGE



TOXICITIES



DIAGNOSIS



RESULTS

- Between 2021 and 2024 100 pts with gastroesophageal adenocarcinoma were treated with FLOT in an ANP clinic.
- This included males 78% and females 22%.
- The median age was 62 years (range 30 -79 years) with 21% of patients > 70 yrs.
- Tumour types included gastric 35%, oesophageal gastric junction 51% and oesophageal 14%. ECOG performance status was ECOG 0 (39%) ECOG 1 (58%) ECOG 2 (3%).
- The median number of neoadjuvant cycles completed was 4.
- 14% of patients had a complete pathological response (pCR) and 60% had a partial response, comparable to ESOPEC.
- 7% of patients experienced a grade 3 toxicity compared to 58% in ESOPEC trial
- The most common toxicity was nausea (G1) 49%, diarrhoea (G1) 40% & fatigue (G1) 58%. Hospitalisations due to chemotherapy toxicities were recorded in 22% of cases

DISCUSSION

Results from the ESOPEC trial support the use of perioperative FLOT as a standard of care for patients with resectable locally advanced gastroesophageal cancer. The incidence of comorbidities in patients ≥ 70 years is higher than in those < 70 years which is associated with AE's during chemotherapy. In patients ≥ 70 receiving neoadjuvant chemotherapy precludes a surgical resection more frequently due to AE's and therefore impacts on a patients overall survival.

This real-world study of 100 patients with gastroesophageal cancer inclusive of patients >70 yrs treated with perioperative FLOT chemotherapy shows favourable completion and AE rates compared to international studies. pCR rate was comparable to that reported in the ESOPEC study.

An ANP led service provides timely, specialised care to patients. FLOT tolerability and patient outcomes may be improved by the use of intense supportive care regimens and assessment in dedicated ANP clinics for optimal prevention and management of adverse events.

References

- https://ascopubs.org/doi/10.1200/JCO.2021.39.3_suppl.224#:~:text=Background%3A%20Perioperative%20FLOT%20is%20standard,by%20significant%20toxicity%20and%20intolerance.
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