BODY COMPOSITIONAL CHANGE PREDICTS CHEMORADIOTHERAPY RESPONSE AND PROGNOSIS OF ESOPHAGEAL CANCER PATIENTS: A COHORT STUDY

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In 178 esophageal cancer patients receiving concurrent chemoradiation therapy, subcutaneous fat loss during treatment was an independent predictor of poor response and survival, while changes in skeletal muscle, intramuscular fat, and body weight were not prognostic.

KEY POINTS

- Patients with subcutaneous fat loss during CCRT had poorer treatment response (OR 3.7, p<0.001), shorter time to tumor progression (8.5 vs 23.7 months, p=0.011), and shorter overall survival (13.7 vs 25.9 months, p<0.001) compared to patients with stable or increased subcutaneous fat.
- Subcutaneous fat loss during CCRT was an independent poor prognostic factor (HR 1.49, 95% CI 1.03–2.14, p=0.033) after adjusting for baseline BMI, cancer stage, treatment modality, and CCRT response.
- Changes in skeletal muscle mass, intramuscular fat, and body weight during CCRT did not correlate with treatment response or survival.
- Baseline and post-CCRT BMI and body compositions were not significantly associated with patient prognosis.
- Body compositions were measured by cross-sectional area at the fourth thoracic vertebral body on CT scan in patients treated from 2006 to 2018.

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