

David Viñal, Daniel Martinez-Perez, Sergio Martinez-Recio, Iciar Ruiz, Diego Jimenez-Bou, Jesús Peña, Gema Martin-Montalvo, Antonio Rueda-Lara, Maria Alameda, Laura Gutierrez-Sainz, Ana B. Custodio, Maria Elena Palacios, Ismael Ghanem, Nuria Rodriguez-Salas, Jaime Feliu.

Medical Oncology. Hospital Universitario La Paz, Madrid, Spain

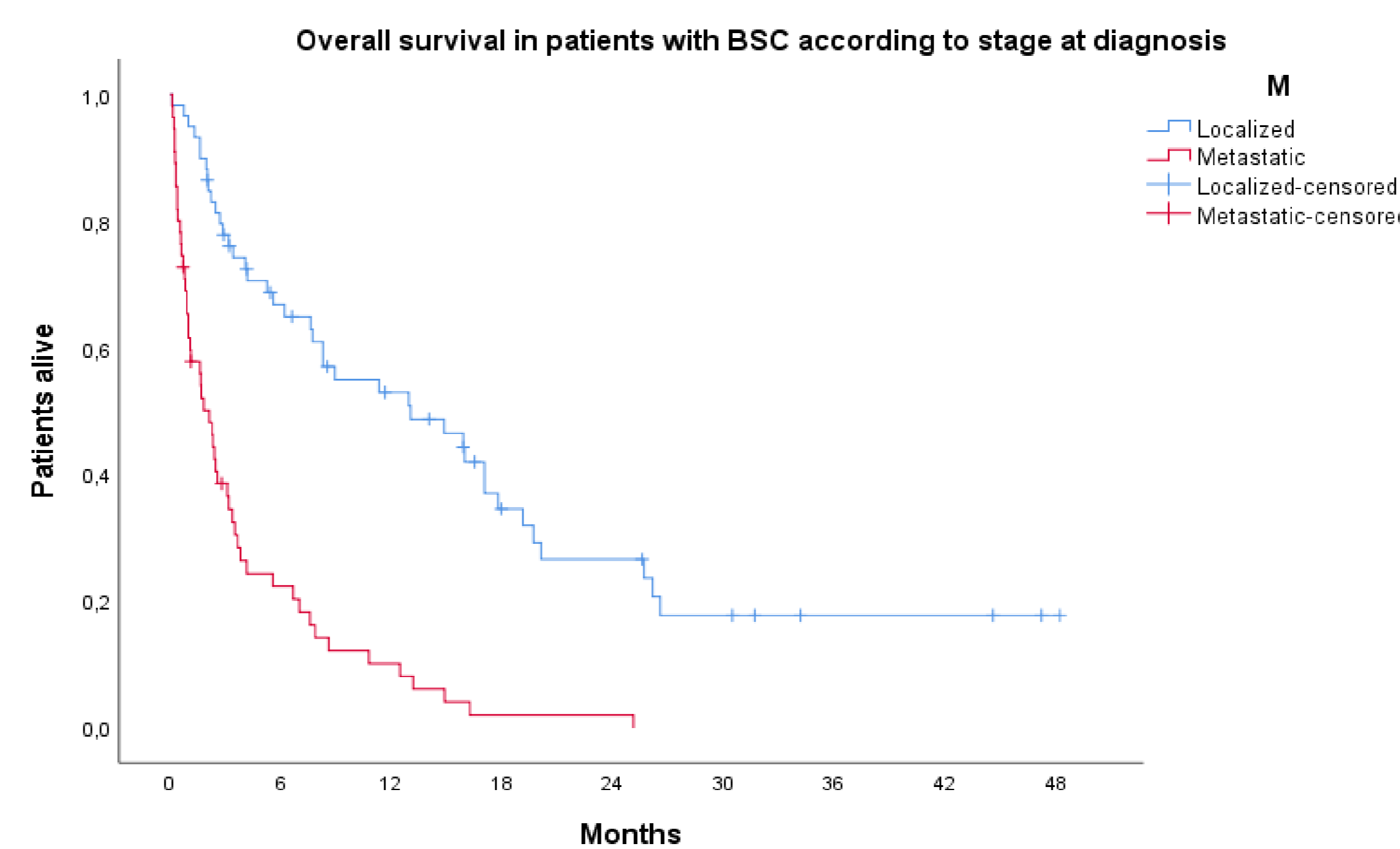
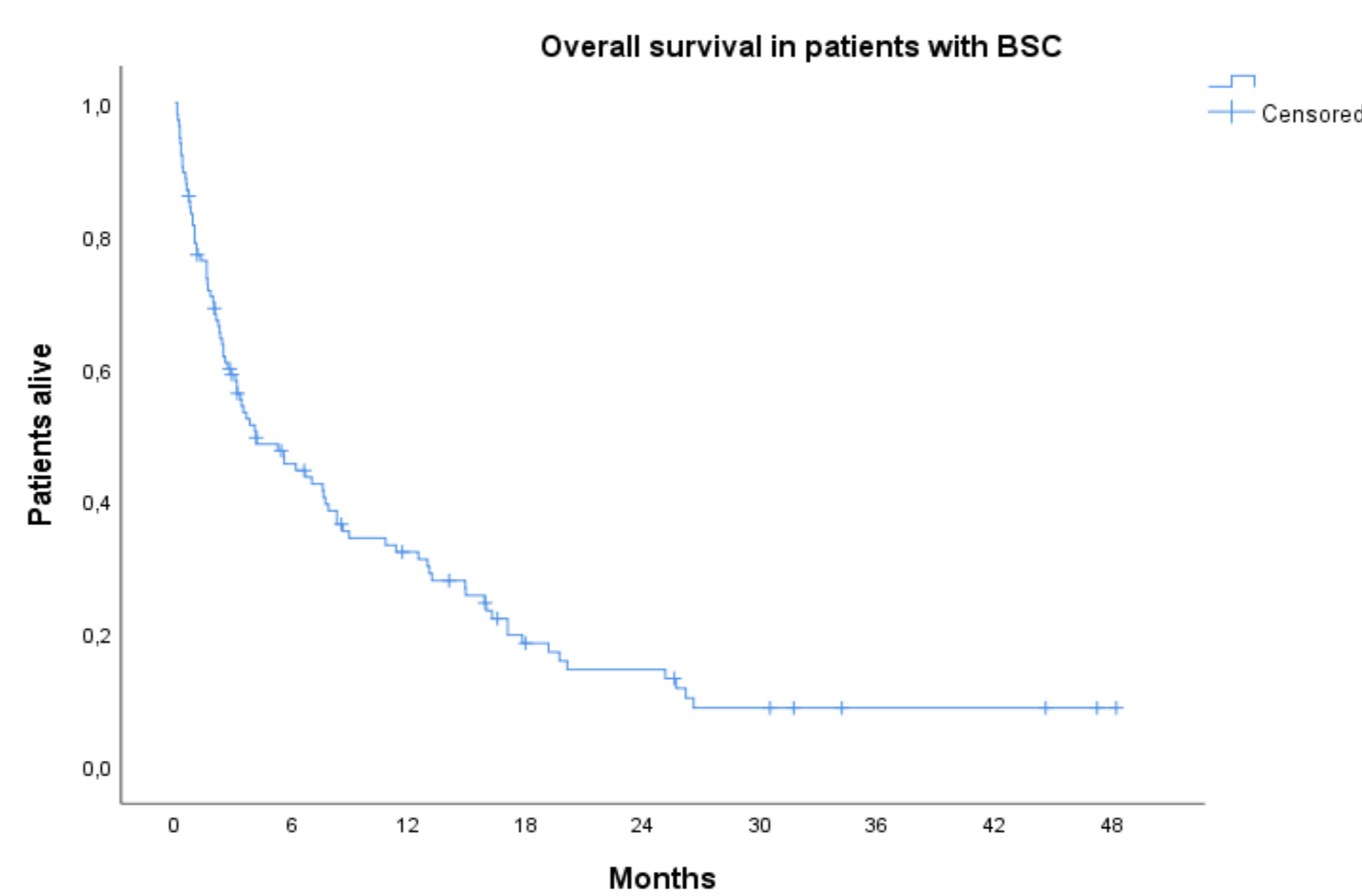
INTRODUCTION

The treatment landscape of colorectal cancer (CRC) is constantly evolving. However, antineoplastic treatment is not possible for all patients.

RESULTS

A total of 1152 patients were diagnosed with CRC. BSC was the initial treatment of choice in 114 (10%) patients. Baseline characteristics are depicted in table 1. Seventy-four percent of patients that were treated with BSC were aged 75 years or older vs 39% in the antineoplastic treatment (AT) group; $p < 0,001$. Other baseline characteristics more frequently observed among the BSC group compared to the AT group were stage IV (48% vs 17%, respectively; $p < 0,001$) and ECOG PS ≥ 2 (60% vs 6%, respectively; $p < 0,001$) at diagnosis.

After a median follow-up of 24 months, 279 patients have died. Median overall survival (OS) was 4,1 months (95% Confidence Interval [CI]: 1,6 to 6,6) vs not reached in the BSC and AT groups, respectively ($p < 0,001$). Twelve-months OS rate was 30% (95%CI: 25 to 35) and 91% (95%CI: 90 to 92%) in the BSC and AT groups, respectively. In patients with localized disease, median OS was 13,0 months (95%CI: 4,9 to 21,0) vs not reached, respectively ($p < 0,001$). Twelve-months OS rate was 51% (95%CI: 44 to 58) and 95% (95%CI: 94 to 96%) in the BSC and AT groups, respectively. In patients with metastatic disease at diagnosis, median OS was 2,1 months (95%CI: 1,3 to 2,9) vs 24 months (95%CI: 19,5 to 28,6), respectively ($p < 0,001$). Twelve-months OS rate was 8% (95%CI: 4 to 12) and 74% (95%CI: 71 to 77%) in the BSC and AT groups, respectively. In the multivariate analysis, metastatic disease at diagnosis was the only independent prognostic factor associated with survival.



	Antineoplastic treatment (n = 1038)	BSC (n = 114)	P value
Sex (female)	419 (40)	47 (41)	0,859
Age, mean (SD)	70,2 (12)	80,3 (11)	<0,001
ECOG PS at diagnosis ≥ 2	64 (6)	68 (60)	<0,001
Primary tumor location			
• Right colon			0,087
• Left colon	• 348 (34)	• 42 (38)	
• Rectum	• 395 (38)	• 31 (28)	
	• 294 (28)	• 39 (35)	
Stage IV	180 (48)	55 (17)	<0,001
dMMR	94 (10)	6 (7)	0,316
≥ 3 sites of metastasis (n = 232)	22 (12)	12 (22)	0,085

ECOG PS, Eastern Cooperative Oncology Group performance status; dMMR, deficient mismatch repair

AIM

The aim of the study is to assess the outcomes of patients with CRC managed with best supportive care (BSC) as initial treatment strategy.

METHOD

We included all of the patients with pathologically confirmed diagnosis of CRC at Hospital Universitario La Paz from October 2016 to September 2020. All statistical analyses were carried out using SPSS v.25.

CONCLUSIONS

In our cohort, 10% of patients with diagnosis of CRC were initially managed with best supportive care. Older age, ECOG PS ≥ 2 , and stage IV disease at diagnosis were more frequently observed among the BSC group. OS in these patients is poor, and 70% of them will die within the first year of diagnosis. Early referral to the palliative care unit is therefore recommended.

ACKNOWLEDGEMENT

This work has not been supported by public grants or financial support.

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper

CONTACT INFORMATION

David Viñal
Department of Medical Oncology
Hospital Universitario La Paz, Madrid, Spain
D avid.vinal@salud.madrid.org

