

Comparative analysis of osteoporotic fracture (OF) and pathologic fracture (PF) in patients with metastatic colorectal cancer (mCRC) who received palliative chemotherapy

Background & Objectives

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Background

- Bone fracture is a devastating event in patients with metastatic colorectal cancer (mCRC).
- To date, no study has compared osteoporotic fracture (OF) and pathologic fracture (PF) in mCRC patients.

Objectives

This study aimed to compare the incidence rate of OF and PF in patients with mCRC who received palliative chemotherapy, and to identify risk factors for OF.

Methods

Study design

- A retrospective cohort study using the clinical data warehouse of Seoul National University Bundang Hospital in Korea
- OF was defined as fractures caused by low-energy trauma occurring at any site excluding skull, face, hands, ankles, and feet.

Study population

- Patients with mCRC who received palliative chemotherapy from January 2009 to December 2015
- Patients who did not receive irinotecan- or oxaliplatin-based doublet or triplet chemotherapy were excluded.

Primary outcome

Cumulative incidence of the first OF and PF

Secondary outcome

- Incidence rate of the OF and PF
- Risk factors for OF

Statistical analysis

- Kaplan-Meier method
- Cox proportional hazard model
- Fine-Gray model (Subdistribution hazard ratio, SDHR)
- Analyses were conducted using R software, version 4.2.2.

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Variable	Value		Osteoporotic fracture	Pathologic frac	
Age (years), median (range)	61.0 (20.0-91.0)		Osleoporolic naciure	Fathologic frac	
Sex, n (%) Male	359 (57.7)	Incidence rate (95% CI) (case/ 100 person-year)	2.29 (1.68-3.05)	1.95 (1.39-2.6	
Body mass index (kg/m²), median (range)	22.6 (13.8-36.2)	(••••• ••• ••• •••) ••••)			
Primary tumor location Right Left	163 (26.2) 458 (73.6)	Fracture site [†] (N, % of total fracture cases)			
nitially metastatic/Recurrent disease, n (%)		Lumbar spine	22 (47.8)	12 (30.0)	
Recurrent Initially metastatic	160 (25.7) 462 (74.3)	Thoracic spine	9 (19.6)	18 (45.0)	
Bone metastasis (Yes), n (%)	42 (6.8)	Cervical spine	0 (0)	3 (7.5)	
1st Chemotherapy Oxaliplatin Irinotecan	313 (50.3) 309 (49.7)	Pelvis, hip	2 (4.3)	4 (10.0)	
Target agents	74 (44 4)	Femur	4 (8.7)	4 (10.0)	
Cetuximab Bevacizumab	71 (11.4) 195 (31.4)	Forearm, wrist	2 (4.3)	0 (0)	
ECOG performance status 0-1	571 (91.8)	Humerus, shoulder	0 (0)	2 (5.0)	
2	41 (6.6)	Ankle, lower leg	1 (2.2)	0 (0)	
Comorbidity		Ankie, lower leg	1 (2.2)	0 (0)	
Diabetes mellitus	133 (21.4)	Rib	11 (23.9)	2 (5.0)	
Osteoporosis	34 (5.5)	+			
Prevalent fracture (Yes), n(%)	59 (9.5)	^{$TOF and PF were observed in 40$}	• • •		
GFR (mL/min/1.73m ²), median (range)	97.0 (11.1-286.2)	may exceed 100% because some pa	•		
Albumin (g/dL), median (range)	3.9 (0.6-6.5)	The most common fracture sites we	· · · · · · · · · · · · · · · · · · ·		
Corrected Ca (mg/dL), median (range)	8.8 (6.2-11.8)	OF and the thoracic spines (45.0%)	followed by lumbar spine (30.0%	%) in PF, respective	

Table 3. Risk of the first OF

Variable	Group	Univariate analysis			Multivariate analysis [†]			Fine-Gray model analysis [†]		
		HR	95% CI	P-value	HR	95% CI	P-value	SDHR	95% CI	P-value
Age (N=622)	Continuous	1.06	1.03-1.09	<0.001	1.04	1.01-1.08	0.004	1.04	1.01-1.08	0.010
Sex (N=622) M	Male	1								
	Female	1.19	0.66-2.12	0.565						
Body mass index (kg/m²) (N=614)	< 18.5	1								
	18.5-22.9	0.48	0.16-1.49	0.205						
	≥ 23	1.07	0.37-3.04	0.907						
Primary Tumor location (N=621)	Right	1			1			1		
	Left	0.54	0.29-0.99	0.045	0.64	0.34-1.19	0.155	0.60	0.32-1.11	0.100
nitially metastatic	Recurrent	1								
vs recurrent (N=622)	Initially metastatic	1.21	0.62-2.34	0.579						
Bone metastasis	No	1								
(N=622)	Yes	2.13	0.65-7.00	0.213						
1st Chemotherapy	Oxaliplatin	1								
N=622)	Irinotecan	0.79	0.44-1.42	0.427						
	Not used	1								
Farget agents	Cetuximab	1.59	0.72-3.49	0.250						
(N=622)	Bevacizumab	0.71	0.34-1.46	0.352						
ECOG performance status	0-1	1								
N=612)	2	2.04	0.73-5.72	0.174						
Diabetes mellitus	No	1								
N=622)	Yes	1.39	0.73-2.64	0.318						
Osteoporosis	No	1			1			1		
N=622)	Yes	7.37	3.73-14.56	<0.001	3.80	1.76-8.22	<0.001	3.29	1.24-8.73	0.017
Prevalent fracture	No	1			1			1		
(N=622)	Yes	3.05	1.47-6.34	0.003	1.54	0.70-3.38	0.284	1.63	0.63-4.21	0.310
GFR (mL/min/1.73m ²)	≥ 60	1								
N=615)	< 60	2.45	0.96-6.21	0.060						
Albumin (g/dL)	≥ 3.3	1								
N=615)	< 3.3	1.10	0.34-3.57	0.877						
Corrected Ca (mg/dL)	≥ 8.8	1								
(N=615)	< 8.8	0.93	0.52-1.67	0.805						

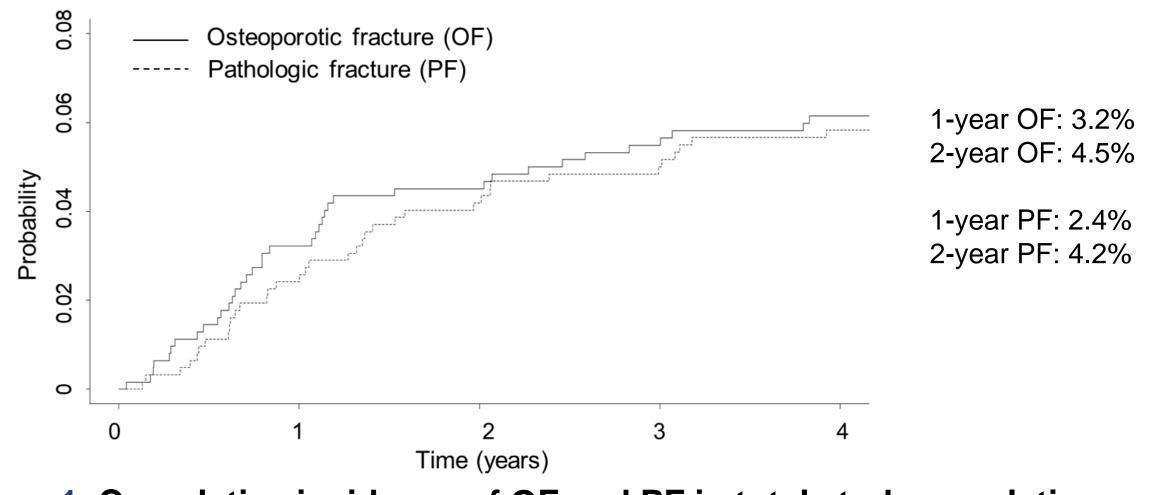
¹ Multivariate and Fine-Gray model were analyzed with the variables that were significant in the univariate analysis.





Results (cont'd)

In the total of 622 patients, the median age and BMI were 61 years and 22.6 kg/m², respectively. Bone metastasis was found in 42 patients (6.8%). During a median follow-up of 3.2 (range 0.02-12.94) years, the cumulative incidence rate of the first OF and PF was 4.5% and 4.2% at 2 years. In the patients aged 70 or older, the cumulative incidence rate of the first OF was 5.5% and 8.0% at 1 year and at 2 years, respectively.





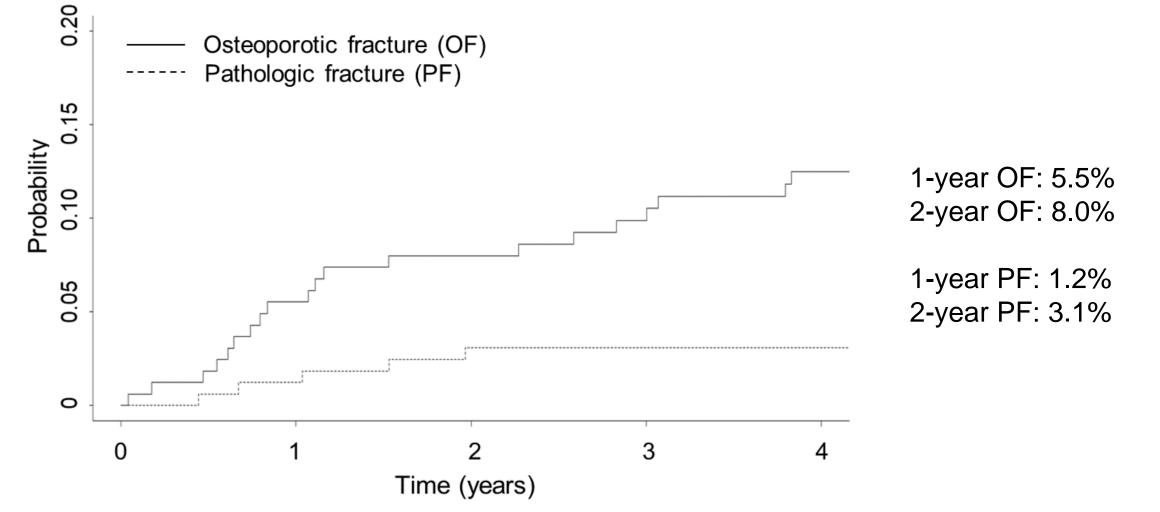


Figure 2. Cumulative incidence of OF and PF in patients ≥ 70 years

Conclusions

Significant OFs were observed in patients with mCRC who received palliative chemotherapy, with the most frequent location being in the lumbar spine.

✤ Age and osteoporosis history were significant risk factors for OF.

✤ The OF risk should be considered in patients with mCRC receiving palliative chemotherapy, especially in the elderly or those with osteoporosis history.