

Prognostic impact of infectious complications: exploratory analysis of JCOG0501 phase III trial.

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Backgrounds

- ✓ Postoperative infectious complication (IC) reportedly causes poor prognosis in patients with various malignant tumors including gastric cancer.
- ✓ Recent reports revealed that neoadjuvant chemotherapy (NAC) would cancel out the negative effect of postoperative ICs.
- ✓ Moreover, there was a report that postoperative ICs were associated with a worse prognosis only in non-responders, not in responders.
- ✓ However, all these reports are from single-center, retrospective studies.
- ✓ Randomized phase III trial JCOG0501 compared primary surgery followed by adjuvant S-1 (arm A) with neoadjuvant chemotherapy with S-1/CDDP followed by surgery and adjuvant S-1 (arm B) in type 4 and large type 3 gastric cancer, but the trial could not show survival superiority of arm B to arm A.

Aim

The aim of this study is to investigate the prognostic association between NAC and ICs in gastric cancer by using the data of JCOG0501.

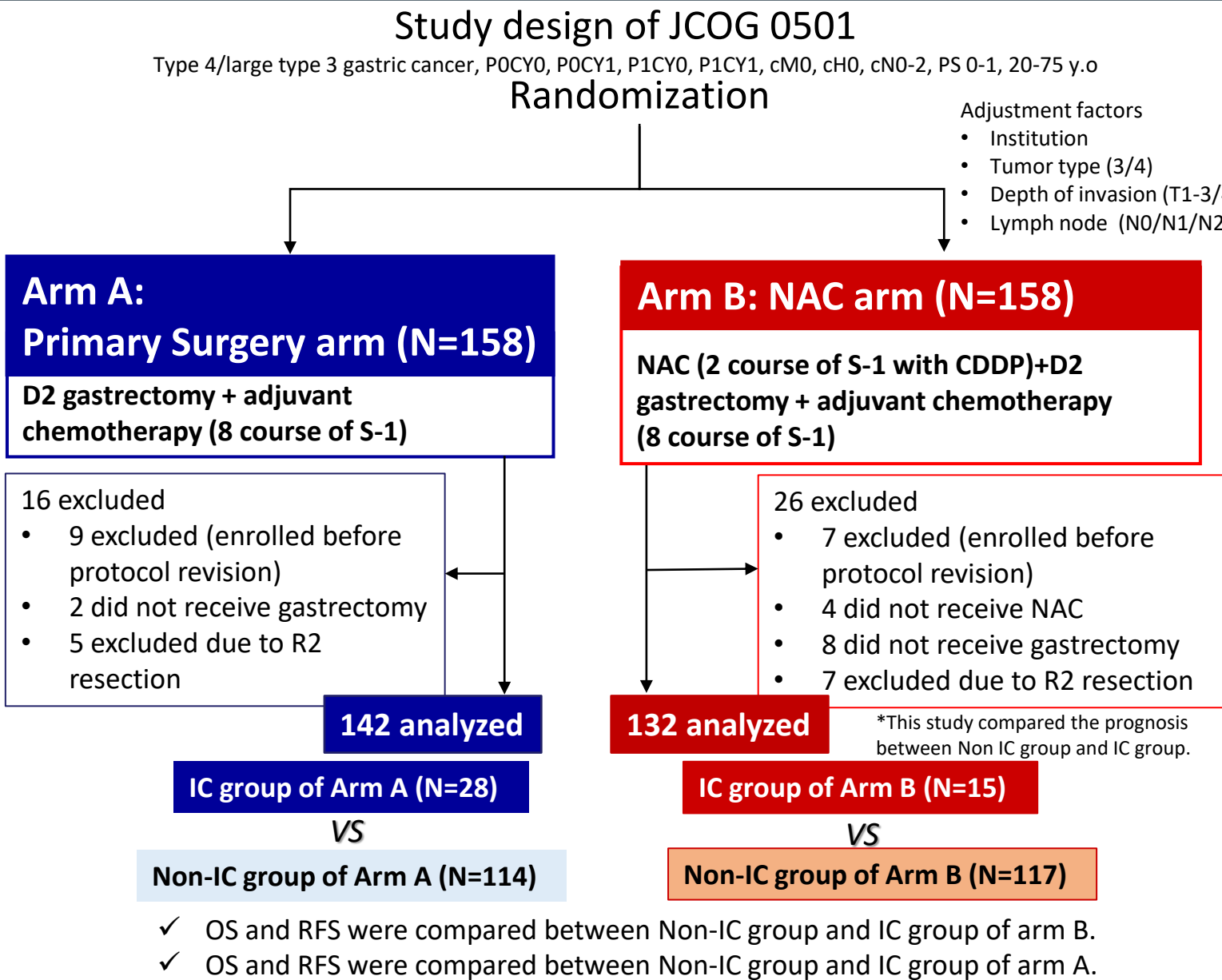
Key eligibility criteria of JCOG0501

- (1) Histologically proven adenocarcinoma of the stomach
- (2) Borrmann type 4 or large (≥ 8 cm) type 3
- (3) no evidence of distant metastasis
- (4) no involvement of the esophagus > 3 cm
- (5) age of 20–75 years
- (6) Eastern Cooperative Oncology Group performance status of 0 or 1
- (7) no previous chemotherapy or radiotherapy for any malignancy
- (8) no previous surgery for GC excluding endoscopic mucosal resection or endoscopic submucosal dissection
- (9) no prominent bleeding or gastrointestinal stenosis
- (10) sufficient oral intake
- (11) adequate organ function

Patient characteristics

		Non IC			IC		
		Arm A 114	Arm B 117	Total 231	Arm A 28	Arm B 15	Total 43
N							
Age	Median (range)	62 (29-75)	64 (35-75)	63 (29-75)	63 (30-75)	64 (30-72)	63 (30-75)
Sex	Male	69 (60.5%)	66 (56.4%)	135 (58.4%)	17 (60.7%)	14 (93.3%)	31 (72.1%)
	Female	45 (39.5%)	51 (43.6%)	96 (41.6%)	11 (39.3%)	1 (6.7%)	12 (27.9%)
ECOG PS	0	109 (95.6%)	116 (99.1%)	225 (97.4%)	25 (89.3%)	15 (100%)	40 (93.0%)
	1	5 (4.4%)	1 (0.9%)	6 (2.6%)	3 (10.7%)	0	3 (7.0%)
Tumor Type	Type 3	46 (40.1%)	46 (39.3%)	92 (39.8%)	11 (39.3%)	7 (46.7%)	18 (41.9%)
	Type 4	68 (59.9%)	71 (60.7%)	139 (60.2%)	17 (60.7%)	8 (53.3%)	25 (58.1%)
Blood loss	Median (range)	400 (40-2233)	395 (65-1950)	400 (40-2233)	673 (220-2600)	510 (154-4320)	600 (154-4320)
Surgery	Distal/ Total gastrectomy	18 (15.8%)/ 96 (84.2%)	15 (12.8%)/ 102 (87.2%)	33 (14.3%)/ 198 (85.7%)	2 (7.1%)/ 26 (92.9%)	0/ 15 (100%)	2 (4.7%)/ 41 (95.3%)
pT	T1-2/ T3-4	4 (3.5%)/ 110 (96.5%)	18 (6.8%)/ 96 (82.1%)	22 (9.5%)/ 206 (89.2%)	1 (3.6%)/ 27 (96.4%)	3 (20.0%)/ 12 (80.0%)	4 (9.3%)/ 39 (90.7%)
pN	NO/N1/N2/N3	14 (12.3%)/ 36 (31.6%)	49 (41.9%)/ 37 (31.6%)	63 (27.3%)/ 73 (31.6%)	5 (17.9%)/ 7 (25.0%)	6 (46.2%)/ 6 (46.2%)	11 (25.6%)/ 13 (30.2%)
		54 (47.4%)/ 10 (8.8%)	28 (23.9%)/ 3 (2.6%)	82 (35.5%)/ 13 (5.6%)	11 (39.3%)/ 5 (17.9%)	3 (20.0%)/ 0	14 (32.6%)/ 5 (11.6%)
pStage	I / II / III / IV	5 (4.4%)/ 15 (13.2%)/ 56 (49.1%)/ 38 (33.3%)	27 (23.1%)/ 36 (30.8%)/ 34 (29.1%)/ 17 (14.5%)	32 (13.9%)/ 51 (22.1%)/ 90 (39.1%)/ 55 (23.8%)	3 (10.7%)/ 4 (14.3%)/ 10 (35.7%)/ 11 (39.3%)	4 (26.7%)/ 4 (26.7%)/ 7 (16.3%)/ 8 (18.6%)/ 1 (6.7%)/ 5 (33.3%)	7 (16.3%)/ 8 (18.6%)/ 16 (37.2%)/ 12 (27.9%)
Tumor Regression Grade	0 / 1a/ 1b/ 2/ 3		13 (11.1%)/ 34 (29.1%)				
			25 (21.4%)/ 42 (35.9%)/ 3 (2.6%)			4 (26.7%)/ 5 (33.3%)/ 0	

Study design and CONSORT diagram



Endpoints & Statistical methods

Primary endpoint:

- Overall survival (OS) of Non-IC group and IC group of arm B (NAC group)

Secondary endpoints:

- Relapse-free survival (RFS) of Non-IC group and IC group of arm B (NAC group)
- OS and RFS of Non-IC group and IC group of arm A (Primary surgery group)

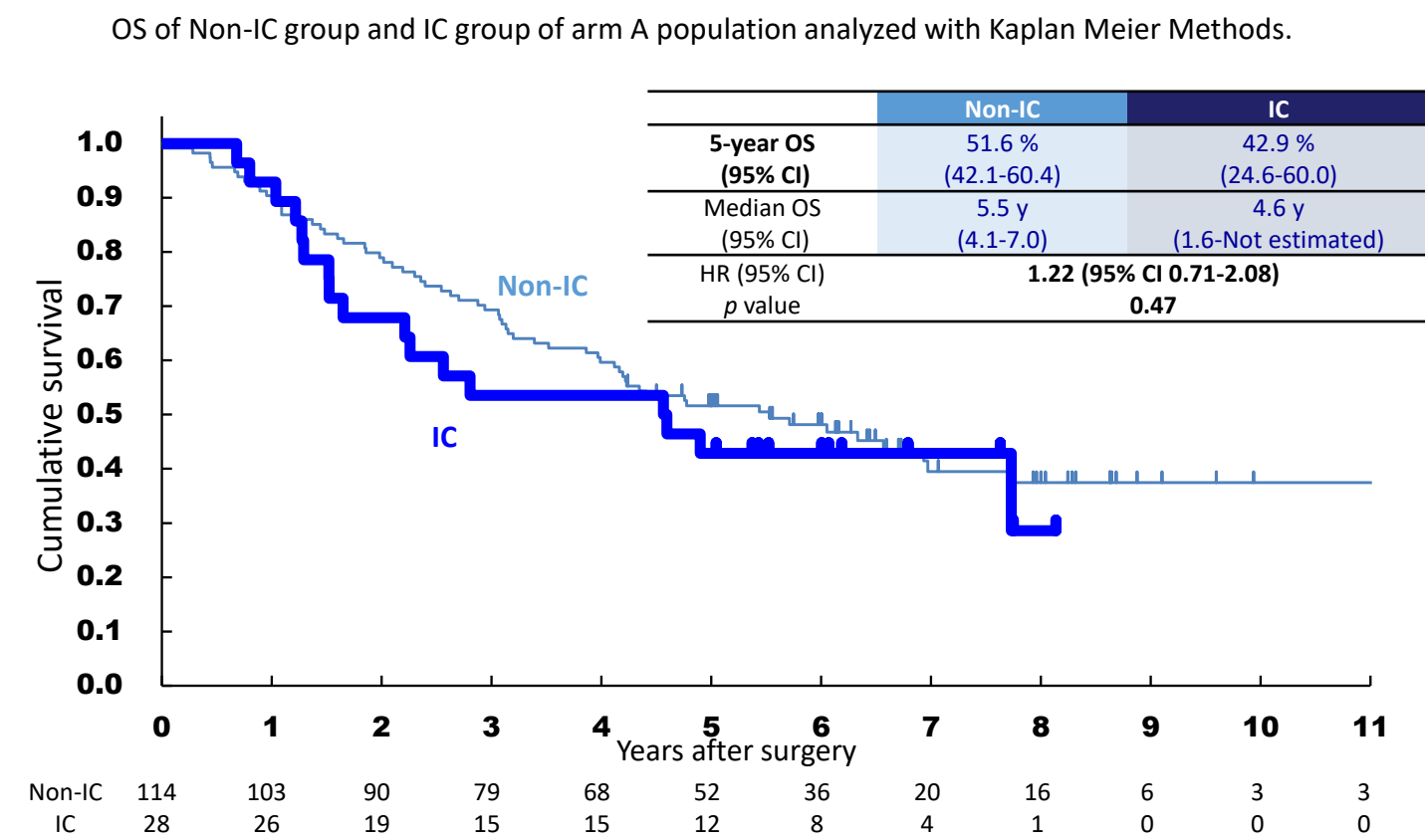
Statistical analysis

OS and RFS were calculated by Kaplan Meier method. In addition, univariable analysis for OS and RFS was performed using Cox proportional hazard model.

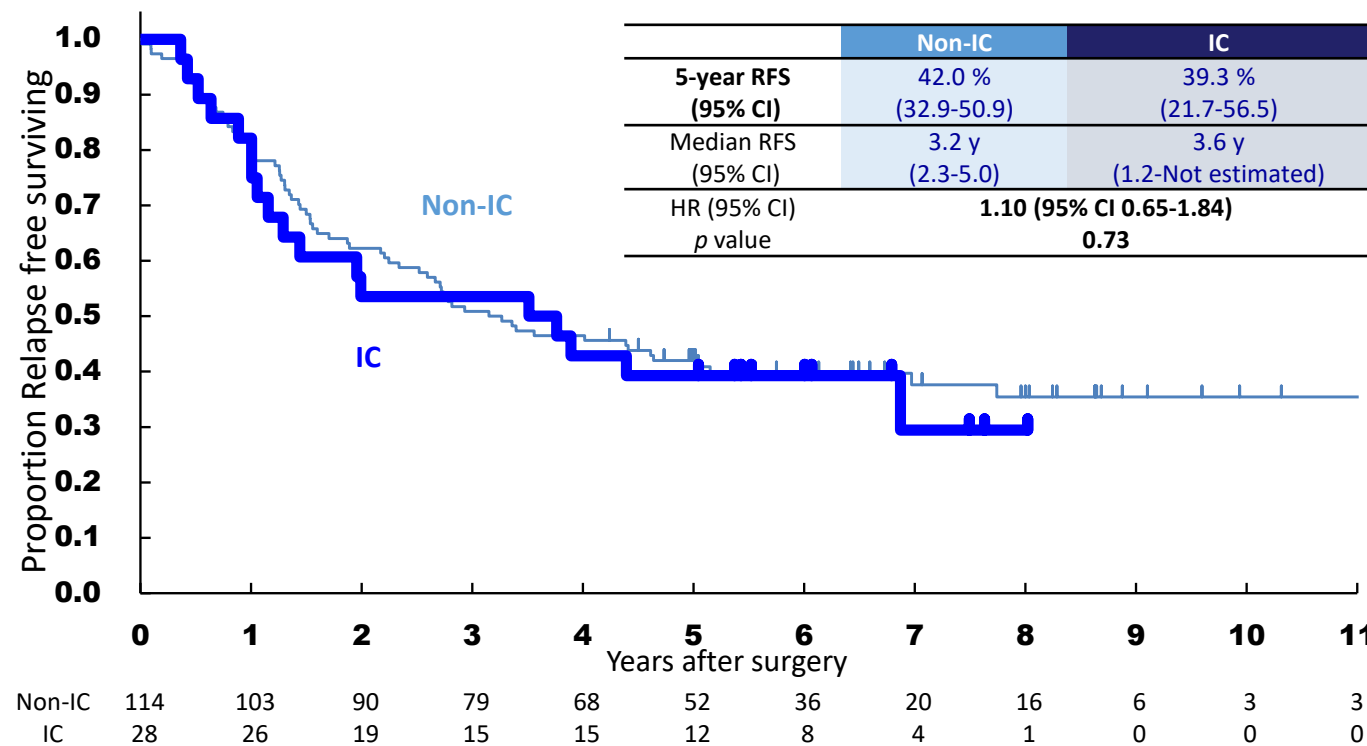
Definition of infectious complications

Grade 2 or more anastomotic leakage, pancreatic fistula, abdominal abscess, intrathoracic abscess, surgical site infection, and pneumonia were evaluated by CTCAE v3.0 and were defined as infectious complications.

Overall survival and Relapse-free survival in Arm A (Primary surgery group) (n=142)



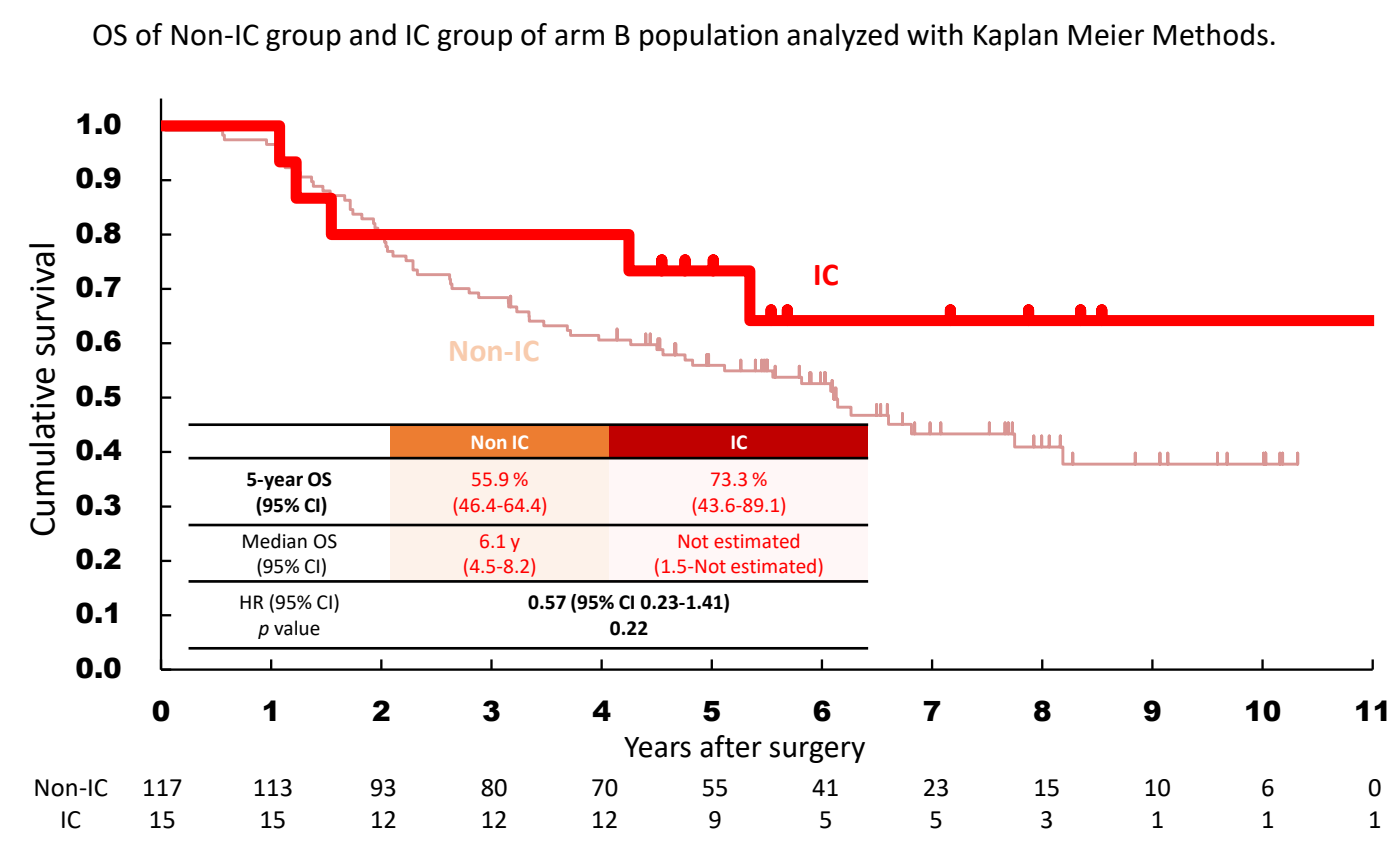
RFS of Non-IC group and IC group of arm A population analyzed with Kaplan Meier Methods.



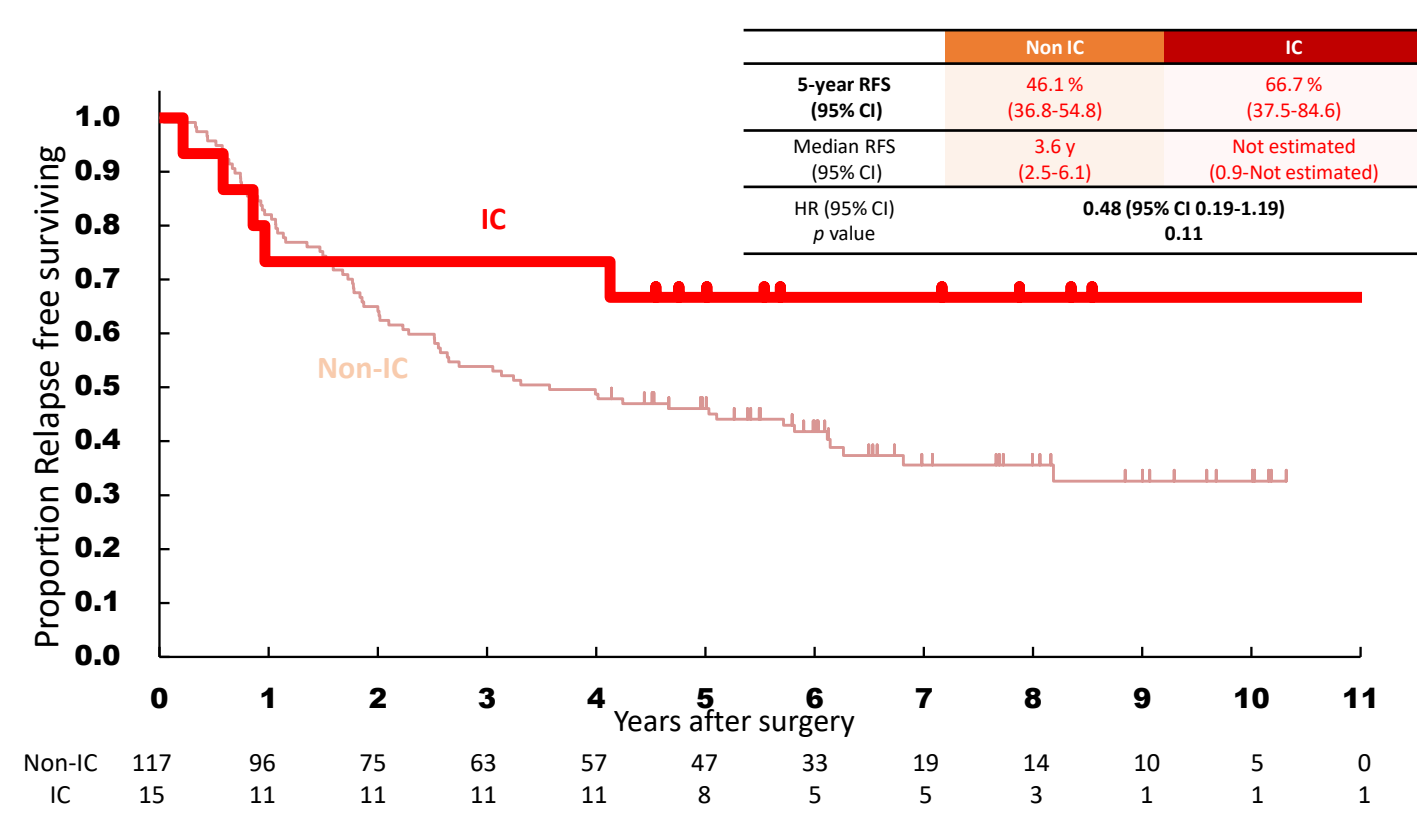
Subgroup Analysis in arm A (Primary surgery group)

		Univariable analysis for OS					
Factor	Category	Group	Event/N	3y OS (95% CI)	HR (95% CI)	p value	
Age	≤ 64	Non-IC	38/70	70 (57.8-79.3)	1		
		IC	9/15	66.7 (37.5-84.6)	1.177(0.568-2.438)	0.6607	
	≥ 65	Non-IC	26/44	68.2 (52.3-79.8)	1		
		IC	8/13	38.5(14.1-62.8)	1.276(0.575-2.830)	0.5491	
Tumor type	type 3	Non-IC	19/46	78.3(63.4-87.7)	1		
		IC	6/11	54.4(22.9-78.0)	1.625(0.645-4.096)	0.3033	
	type 4	Non-IC	45/68	63.2(50.6-73.4)	1		
		IC	11/17	52.9(27.6-73.0)	1.043(0.539-2.019)	0.9006	
pStage	I-III	Non-IC	33/76	82.9(72.4-89.7)	1		
		IC	7/17	70.6(43.1-86.6)	1.042(0.460-2.356)	0.9222	
	IV	Non-IC	31/38	42.1(26.4-57.0)	1		
		IC	10/11	27.3(6.5-53.9)	1.252(0.611-2.568)	0.5394	
Adjuvant chemotherapy	No	Non-IC	18/24	45.8(25.6-64.0)	1		
		IC	8/12	50.0(20.8-73.6)	0.896(0.385-2.085)	0.7984	
	Yes	Non-IC	46/90	75.6(65.3-83.2)	1		
		IC	9/16	56.3(29.5-76.2)	1.203(0.588-2.460)	0.6123	

Overall survival and Relapse-free survival in Arm B (NAC group) (n=132)



RFS of Non-IC group and IC group of arm B population analyzed with Kaplan Meier Methods.



Subgroup Analysis in arm B (NAC group)

		Univariable analysis for OS				
Factor	Category	Group	Event/N	3y OS (95% CI)	HR (95% CI)	p value
Age	≤ 64	Non-IC	33/63	66.7 (53.6-76.8)	1	
		IC	3/8	87.5 (38.7-98.1)	0.654 (0.200-2.137)	0.4824
	≥ 65	Non-IC	29/54	70.4 (56.3-80.7)	1	
		IC	2/7	71.4 (25.8-92.0)	0.490 (0.117-2.063)	0.3310
Tumor type	type 3	Non-IC	20/46	76.1 (61.0-86.0)	1	
		IC	3/7	85.7 (33.4-97.9)	0.903 (0.268-3.044)	0.8696
	type 4	Non-IC	42/71	63.4 (51.1-73.4)	1	
		IC	2/8	75.0 (31.5-93.1)	0.386 (0.093-1.595)	0.1884
ypStage	I-III	Non-IC	49/100	74.0 (64.2-81.5)	1	
		IC	4/14	85.7 (53.9-96.2)	0.519 (0.187-1.439)	0.2074
	IV	Non-IC	13/17	35.3 (14.5-57.0)	1	
		IC	1/1	unmeasurable	16.492 (1.031-263.757)	0.0475
Tumor Regression Grade	Grade0-1b	Non-IC	42/72	65.3 (53.1-75.0)	1	
		IC	4/10	80.0 (40.9-94.6)	0.574 (0.205-1.604)	0.2894
	Grade2-3	Non-IC	20/45	73.3 (57.8-83.9)	1	
		IC	1/5	80.0 (20.4-96.9)	0.460 (0.062-3.430)	0.4489
Adjuvant chemotherapy	No	Non-IC	11/19	63.2 (37.9-80.4)	1	
		IC	0/1	100	unmeasurable	0.9942
	Yes	Non-IC	51/98	69.4 (59.2-77.5)	1	
		IC	5/14	78.6 (47.2-92.5)	0.644 (0.257-1.616)	0.3489

Summary

- ✓ Infectious complications were observed in 28 (19.7%) in arm A and 15 (11.4%) in arm B.
- ✓ The OS of arm A was 69.3% in Non-IC group and 53.6% in IC group at 3-years and was 51.6% in Non-IC group and 42.9% in IC group at 5-years (HR 1.220, 95% CI [0.714-2.084], p=0.4671)
- ✓ The OS of arm B was 68.4% in Non-IC group and 80.0% in IC group at 3-years and was 55.9% in Non-IC group and 73.3% in IC group at 5-years (HR 0.567, 95% CI [0.228-1.412], p=0.2229).
- ✓ In the subset analyses, this upsetting by infectious complications was evident in type 4 (HR 1.043 in arm A and HR 0.386 in arm B).
- ✓ Infectious complications did not worsen the OS in JCOG0501, especially in patients who had type 4 and received NAC before surgery.

Conclusions

- ✓ Infectious complications did not worsen the OS in either Arm A or Arm B of JCOG0501.

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Participating Institutions (44 institutions)

✓ Hakodate Goryokaku Hospital	✓ Aichi Cancer Center Hospital
✓ Iwate Medical University	✓ National Hospital Organization Kyoto Medical Center
✓ National Hospital Organization, Sendai Medical Center	✓ Kyoto Second Red Cross Hospital
✓ Miyagi Cancer Center	✓ Osaka University Graduate School of Medicine
✓ Yamagata Prefectural Central Hospital	✓ Osaka Prefectural Hospital Organization Osaka
✓ Tochigi Cancer Center	✓ Medical Center for Cancer and Cardiovascular Diseases
✓ National Defense Medical College	✓ Osaka National Hospital
✓ Saitama Cancer Center	✓ Osaka Medical College
✓ National Cancer Center Hospital East	✓ Toyonaka Municipal Hospital
✓ National Cancer Center Hospital	✓ Sakai Municipal Hospital
✓ Tokyo Metropolitan Cancer and Infectious diseases Center Komagome Hospital	✓ Kobe University Graduate School of Medicine
✓ Tokyo Medical and Dental University Hospital	✓ Hyogo College of Medicine
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✓ Shizuoka Cancer Center	

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Conflicts of Interest to declare

The first presenting author, Masato Hayashi, has no financial conflicts of interest to disclose concerning the presentation.