■ Sat-399 ■

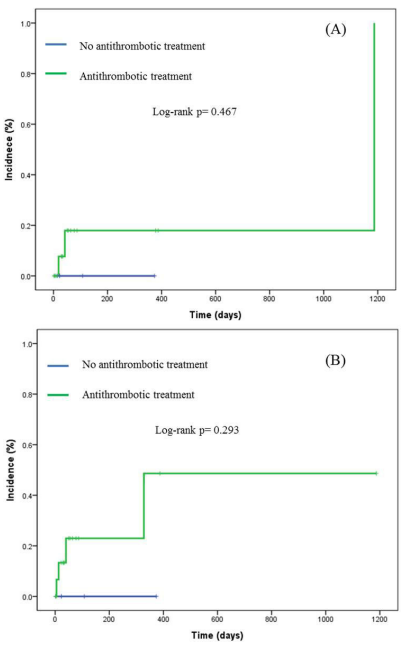
Endovascular stent insertion for malignant SVC syndrome: Is anti-thrombotic therapy mandatory?

제주대학교 의학전문대학원 내과학교실

*양지은, 이지영, 권정미, 한상훈, 조재민

Background/Aims: Superior vena cava (SVC) syndrome is one of serious oncologic complication related to worse prognosis. Since interventional technique is rapidly improving, endovascular stent insertion became one of important option for management of SVC syndrome. After endovascular stent insertion, antithrombotic treatment usually recommended but there is no clear evidence and guideline for the practice. **Methods:** We identified 22 patients who received endovascular stent insertion for malignant SVC syndrome from Jeju National University Hospital since 2008. We analyzed baseline characteristics and compared incidence of stent thrombosis and bleeding events according to antithrombotic treatment or not. **Results:** Seventeen patients received antithrombotic therapy and 5 patients did not received antithrombotic therapy due to concurrent bleeding and high bleeding risk. Median age was 63 years old and most of patients are male (90.9%). Lung cancer is most common types of tumor (81.8%) and localized disease, metastatic disease and recurrent disease are 9.1%, 63.6% and 27.3% respectively. Mean time from diagnosis of cancer was 16.6 months and most of patients received best supportive care only after stent insertion. Stent thrombosis and bleeding events occurred in 3 (13.6%) and 4 (18.2%) patients, respectively. Prognosis of the patients was poor and median overall survival was only 64 days. Cumulative incidence of stent thrombosis and bleeding are similar (p=0.467 and p=0.293, respectively). **Conclusions:** Endovascular stent insertion was effective palliative treatment for management of SVC syndrome but most of patients who candidate for the procedure were advanced disease and had poor prognosis. Preventive antithrombotic treatment was not associated with lower stent thrombosis incidence and associated with trend of higher bleeding incidence. Preventive anti-thrombotic therapy should be carefully administrated to patients who received endovascular stent insertion for SVC syndrome and we must consider bleeding risk and expected survival before the treatment.

Figure 1. Cumulative incidence of thrombosis (A) and bleeding (B)



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Optimal time interval between surgery and adjuvant chemotherapy of gastric cancer

[1]경희대학교병원 내과, 경희대학교 의과대학 내과학교실, [2]경희대학교병원 종양혈액내과

*안건태[1], 백선경[2], 김시영[2], 윤휘중[2], 한재준[2], 맹치훈[2]

Background/Aims: Although the role of adjuvant chemotherapy of resected gastric cancer has been established, whether the delay of treatment impacts on clinical outcome has not been studied yet. The optimal time interval from surgery to adjuvant chemotherapy is also not known, either. We reported preliminary data previously in 2015. Herein, we added number of patients and updated their follow-up data for survival to empower statistical significance. **Methods:** Patients who diagnosed of stage II-III gastric adenocarcinoma between 2009 and 2016 in Kyung Hee University hospital were included. We retrospectively collected patients' data such as demographics, TNM stage, types of adjuvant chemotherapy, time interval (TI) between surgery and the first day of adjuvant chemotherapy. Patients were dichotomized based on TI which was predetermined as 3, 4, 5, 6, 7, or 8 weeks. Median disease-free survival (DFS) and overall survival (OS) were analyzed according to TI. In addition, in this updated analysis, we investigated whether the planned adjuvant chemotherapy was completed, and the reason of delay if TI was more than 4 weeks. **Results:** 172 patients were identified. Median follow-up duration was 40.8 (3-109) months. Median TI was 4.1 (2.1-9.8) weeks. As expected, TNM stage (II vs III) had significant effect on DFS (Not reached [NR] vs 4.3 years, p=0.001) and OS (NR vs 7 years, p=0.008). DFS of patients with TI<4 weeks (n=66, 38.4%) was significantly superior compared to those with TI≥4 weeks (n=106, 61.6%) (8.1 vs 6.0 years, Hazard ratio [HR] 1.803, 95% Confidence Interval [CI]: 1.067-3.045, p=0.025). OS was also significantly differented according to TI of 4 weeks favoring TI<4 weeks (NR vs 7.0 years, HR 2.149, 95% CI: 1.173-3.939, p=0.011). Other predetermined TI was not associated with survival outcomes. After adjusting the effect of stage by multivariate analysis, TI<4 weeks had still favorable impact on DFS (HR 1.737, 95% CI: 1.026-2.939, p=0.040) as well as OS (HR 2.076, 95% CI: 1.132-3.807, p=0.018). **Conclusions:** This study suggests that adjuvant chemotherapy for gastric cancer can be initiated within 4 weeks after surgery. Delay more than 4 weeks from any reasons could be harmful in terms of patients' survival.

Figure 1A

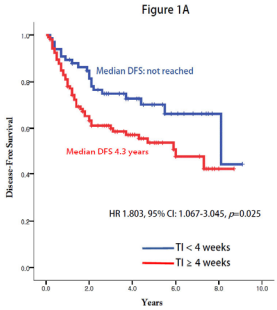

Figure 1B

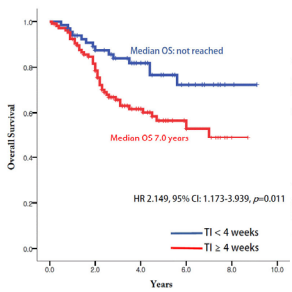

Table 1. Multivariate analysis by Cox-regression of DFS and OS according to stage and TI

A. DFS

	P value	Hazard ratio	95% CI
Stage (III vs II)	0.002	2.163	1.331-3.515
TI (≥ 4 weeks vs. <4weeks)	0.040	1.737	1.026-2.939

B. OS

	P value	Hazard ratio	95% CI
Stage (III vs II)	0.014	1.939	1.143-3.290
TI (≥ 4 weeks vs. <4weeks)	0.018	2.076	1.132-3.807

Abbreviation: DFS, disease-free survival; OS, overall survival; TI, time interval; CI, confidential interval