583P Thromboembolic risk and survival with Khorana score in resected colorectal cancer patients: Subgroup analysis from the adjuvant TOSCA trial

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Background: The risk of venous thromboembolic events (VTE) during adjuvant chemotherapy for colorectal cancer (CRC) is unknown. We aim to evaluate if the Khorana score (KS) can predict this risk of VTEs and overall survival (OS) in a randomised phase III, noninferiority, open-label trial of different durations of adjuvant chemotherapy in resected stage II-III CRC.

Methods: Data were obtained using a TOSCA ['Randomised trial investigating the role of FOLFOX-4 or XELOX (three versus six months) regimen duration as adjuvant therapy for patients with stage II/III colon cancer'] study. A logistic regression model was used to test the associations between the risk of VTEs and the KS. The results are expressed as odds ratios (OR) with 95% confidence intervals (95% CI). To assess the effect of the KS on OS, multivariate analyses using Cox regression models was performed. The results are expressed as hazard ratios (HR) with 95% CI.

Results: Among n = 1,380 CRC patients with available data, the VTE risk (n = 72 events: 5.2%) was similar in the three- and six-month duration arms (5.5% vs. 4.9%) with 0.2% of patients belonging to the high-risk KS group. Rates of VTE were similar in the low- and intermediate-risk groups (4.8% vs. 6.4%). KS did not represent an independent predictive factor for VTE risk, with a low positive predictive value and accuracy (6.4% and 74.1%). Chemotherapy duration was not associated with VTE risk. Also, KS was not associated with OS in multivariate analysis (HR = 0.92, 95% CI, 0.63–1.36; P = 0.68).

Conclusions: The use of the KS was not a predictor of VTEs in a low–moderate thromboembolic risk population as CRC. These data did not support the use of KS to estimate the occurrence of VTE during adjuvant chemotherapy and suggest that other assessment risk tools must be evaluated.

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