

Impact of adjuvant chemotherapy on survival following recurrence in advanced gastric cancer

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Background/Aims: Adjuvant chemotherapy has been now standard care for resected stage II-III advanced gastric adenocarcinoma. Oxaliplatin combined with capecitabine for 6 months or S-1 (gimeracil/oteracil/tegafur) for 12 months after D2 dissection surgery are the most widely used chemotherapy regimens. Hasegawa et al. reported that patients with recurrent gastric cancer who had received adjuvant S-1 showed inferior survival after relapse compared with patients who had not received adjuvant chemotherapy. But, survival data of patients who relapsed after oxaliplatin-based combination chemotherapy is lacking. Here, we analyzed impact of adjuvant chemotherapy regimens on treatment efficacy and survival after relapse of gastric adenocarcinoma.

Methods: We retrospectively searched patients who received systemic treatment against metastatic gastric cancer recurrent after R0 curative surgical resection followed by adjuvant chemotherapy in a single tertiary hospital between 2015 and 2018. Patients who received anti-HER2 targeted therapy were excluded. Their treatment regimens, clinical outcomes and survival data were analyzed.

Results: 41 patients were enrolled in this study. 23 patients had received S-1 alone for adjuvant treatment and 18 patients had received oxaliplatin combined with capecitabine or oxaliplatin. Their was significantly high proportion of younger age, diffuse type, pT4 stage, shorter relapse free survival in oxaliplatin-based adjuvant chemotherapy group. Progression-free survival of the first line chemotherapy after relapse was not different between two groups, but overall survival from relapse was significantly worse in oxaliplatin-based adjuvant chemotherapy group (median 12.8 months, 95% confidence interval [CI] 7.6-18) compared with adjuvant S-1 group (median 25.87 months, 95% CI 20.2-31.5).

Conclusions: Recurrent gastric cancer after adjuvant oxaliplatin-based combination treatment showed poor overall survival. We need more detailed treatment strategy for recurrent advanced gastric cancer after curative surgery.

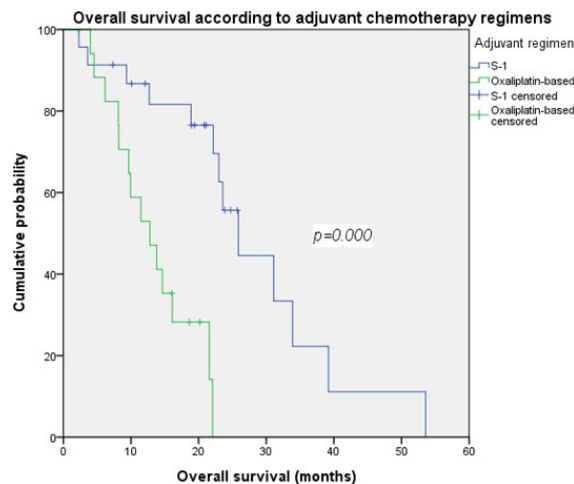


Table 1. Baseline characteristics

Adjuvant regimens	Oxaliplatin-based combination, n (%)	S-1 alone, n (%)
Age	Median 59.5 (range 33 – 74)	Median 68 (range 38 – 81)
Gender		
Male	15 (83.3)	18 (78.3)
Female	3 (16.7)	5 (21.7)
Surgery type		
Distal gastrectomy	4 (22.2)	7 (30.4)
Subtotal gastrectomy	4 (22.2)	4 (17.4)
Proximal gastrectomy	0	1 (4.3)
Total gastrectomy	10 (55.6)	11 (47.8)
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Intestinal type	6 (33.3)	9 (39.1)
Diffuse type	12 (66.7)	8 (34.8)
Mixed type	0	1 (4.3)
pT stage		
pT2	0	5 (21.7)
pT3	6 (33.3)	10 (43.5)
pT4	12 (66.7)	8 (34.8)
pN stage		
pN0	3 (16.7)	2 (8.7)
pN1	2 (11.1)	5 (21.7)
pN2	4 (22.2)	5 (21.7)
pN3	9 (50)	11 (47.8)
Lymphovascular invasion		
Present	10 (55.6)	14 (60.9)
Absent	8 (44.4)	7 (30.4)
Relapse-free survival (months)	Median 14.85 (range 4 – 78.3)	Median 25.9 (range 8.67 – 137.7)