TREATMENT OF METASTATIC GASTRIC CANCER WITH DOCETAXEL-IRINOTECAN COMBINATION. "VIRGEN DE LAS NIEVES" UNIVERSITY HOSPITAL EXPERIENCE.

AUTHORS: Verónica Conde-Herrero, Cynthia Scarlet González-Rivas, Joaquina Martínez-Galán, Lucía Ochoa-Vallejo, Javier García-García, Julia Ruíz Vozmediano, Encarnación González-Flores, Lucía Castillo-Portellano, Víctor Amezcúa, Juan Ramón Delgado Pérez. (Medical Oncology, "Hospital Virgen de las Nieves" Granada, Spain.

BACKGROUND

Gastric cancer is the second most common cause of cancer-related death in the world, and it remains difficult to cure, primarily because most patients present advanced disease.
Chemotherapy (ChT) can provide palliation of symptoms and improve survival, and quality of life compared to the best supportive care in patients (pts) with metastatic gastric cancer (MGC) with first and second line treatment.
Docetaxel and Irinotecan are active agents in second-line treatment, improving survival and quality of life of patients.
We present the results of treatment with the combination of Docetaxel and Irinotecan in pts with MGC who have progressed to platinum and fluoropirimidine based ChT or chemo-native pts with comorbidities or with a poor performance status in our institution

MATERIAL AND METHODS

Between June 2005 and September 2014 we included 47pts with MGC who have progressed to platinum and fluoropirimidine based ChT or with comorbidities or a poor performance status that prevented their use. These pts started treatment in our unit with the combination of Doxetaxel 35mg/m2 and Irinotecan 50mg/m2 day 1 and 8 every 3 weeks until progression or inacceptable toxicity.

RESULTS

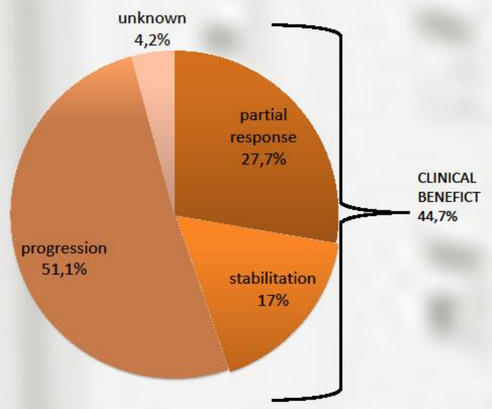
Median age was 62 years (37-80 years). 16pts (34.05%) were ≥70 years. 80.9% male / 19.1% female. ECOG 0-1: 95,8%. Expression of HER-2: Positive 21.3%, Negative 8.5% and unknown 70.2%. 20pts (42.6%) showed one metastatic location and 26pts (57.4%) showed two or more locations. The main locations were: 68.08% lymph nodes, 40.42% liver, 25.53% peritoneum and 17.02% lung.
Globally, from 47 pts the clinical benefit (CB) was: 44.7% (27,7% partial response (PR) and 17% stabilization of the disease (SD)).
The response rate (RR) was 27.7%. Median progression-free survival (PFS) was 4 months and median overall survival (OS) was 8 months. The probability of PFS at 6, 12 and 24 months was 36.2%, 13.7% and 4.6% respectively. The probability of OS at 6, 12 and 24 months was 57%, 24% and 7.2% respectively.
21pts (44.7%) received the combination of Docetaxel and Irinotecan in first line treatment and 26pts (55.3%) in second line.
First line: CB: 40% (20% PR and 20% SD). RR: 20%. Median PFS: 5 months. Median OS: 9 months.
Second line: CB: 50% (34.5% PR and 15.4% SD). RR: 34.6%. Median PFS: 4 months and Median OS: 8 months.
No significant difference between survival (PFS: p=0.761 and OS: p=0.604) in each group.
Toxicities: 15pts (31.9%) showed G3-4 toxicities, the most common: diarrhea 6pts (12.8%), anemia 3pts (6.4%), neutropenia 2pts (4.3%), thrombocytopenia 2pts (4.3%) and hypersensitivity reaction 2pts (4.3%). No toxic deaths.

DESCRIPTIVE ANALYSIS

Median age	62 (37-80)
	34,05% >70 years
sex	Males: 80,9
	Females : 19,1%
ECOG	(0-1) 95,8%
HER-2	Positive: 21,3%
	Negative: 8,5%
	Unknown: 70,2%
Metastatic location	1: 42,6%
	≥ 2: 57,4%
Main location	Lymph nodes: 68,08%
	Liver: 40,42%
	Peritoneum: 25,53%
	Lung: 17,02%
Docetaxel-Irinotecan treatment	First line: 44,7%
	Second line: 55,3%

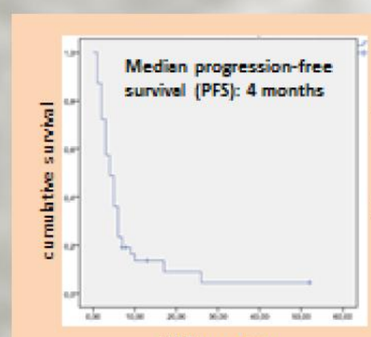
EFFICACY AND TOXICITY DATA

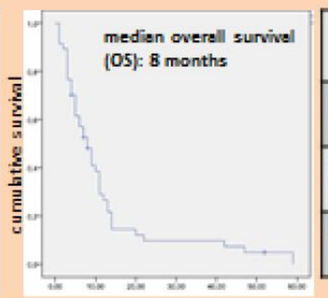
TREATMENT RESPONSE



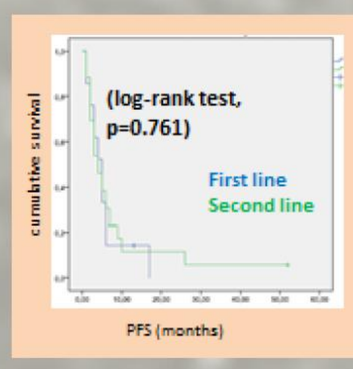
TOXICITIES. G3-4 (31,9%) - MOST COMMON
Diarrhea: 12,8%
Anemia: 6,4%
Neutropenia: 4,3%
Thrombocytopenia: 4,3%
Hypersensitivity reaction: 4,3%

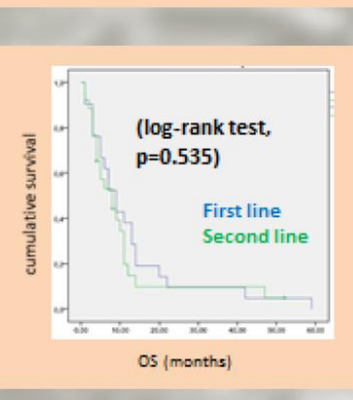
SURVIVAL DATA





	PFS PROBABILITY	OS PROBABILITY
6 months	36,2%	57%
12 months	13,7%	24%
24 months	4,6%	7,2%





CONCLUSIONS:

In our experience, the combination of Docetaxel and Irinotecan in first and second line treatment of MGC, is a treatment option with manageable toxicity, good control of disease (RR: 27.7% and CB: 44.7%) and a median survival of over 6 months. We did not find differences in treatment activity between first and second line, which may be due to the small sample size of the study.

WCGC 2015
89--P
Clinical Gastric Cancer
LUCIA OCHOA VALLEJO
DOI: 10.3252/pso.eu.17wcgc.2015
Poster presented at: 17th World Congress on Gastrointestinal Cancer, 1–4 JULY 2015, BARCELONA, SPAIN