Pilot Survey for a Nation-wide Patterns of Care Study on How Radiation Oncologists Treat Gastric Cancer

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Background

Gastric cancer is the 4th most common cancer, and 2nd leading cause of cancer-related deaths worldwide. In most cases, surgical resection is the mainstay of treatment, however many times the tumor is found late-stage and there are questions as to how to treat these patients. First, the type of surgery performed, and how extensive of a lymph node dissection should be done is highly contested. Secondly, what is the role of chemotherapy and radiotherapy treatment? In the studies that have been conducted so far, it is clear that adjuvant therapy is significantly beneficial. However, there is no internationally accepted standard of care established for this adjuvant therapy. The treatment of gastric cancer is not thoroughly studied, therefore radiation oncologists and medical oncologists alike utilize a great variety of treatment options. More studies are needed to evaluate the role of radiotherapy, as well as what is currently being practiced by radiation oncologists. The purpose of this study was to pilot a survey at LVHN with the final intention of distributing this survey nationally to determine what strategies are being utilized to treat gastric cancer by radiation oncologists throughout the United States.

Problem Statement

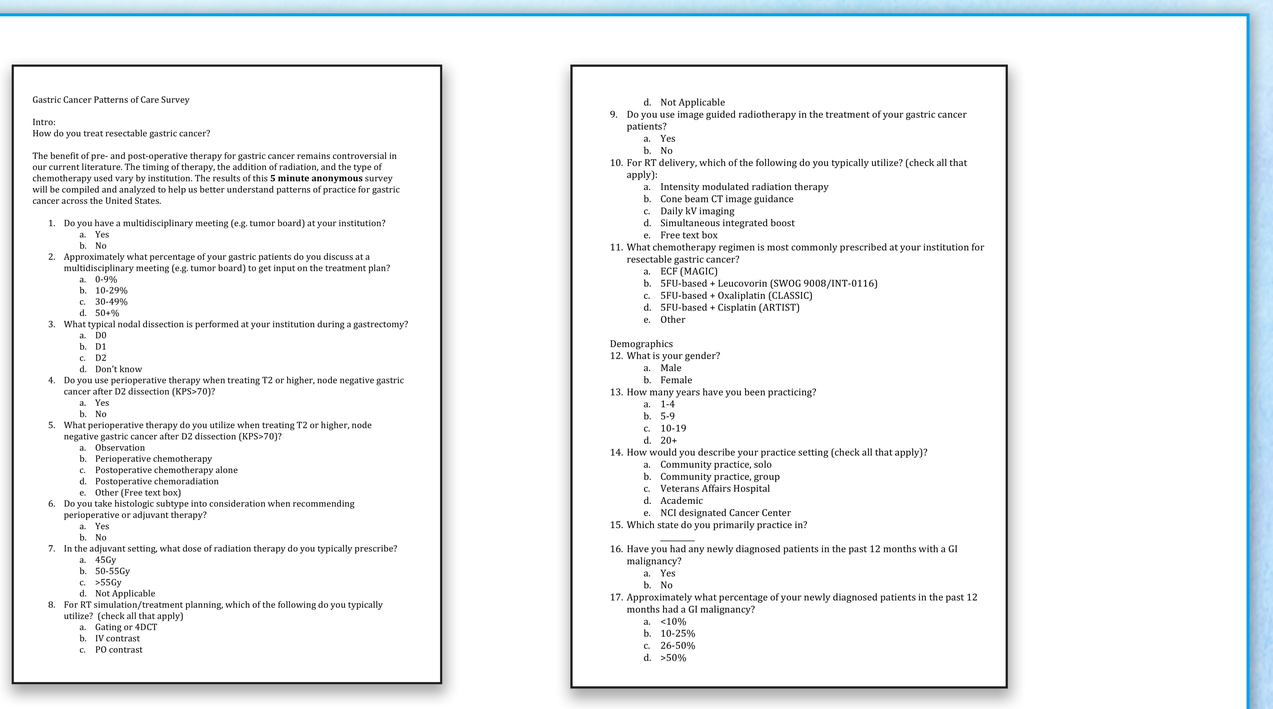
How is gastric cancer being treated by radiation oncologists in the United States?

Methodology

A 17 question survey was drafted with questions asking radiation oncologists how they treat their patients with gastric cancer. 11 questions were specific to treatment while the other 6 questions asked the surveyor about their demographics and the percentage of patients they treat with gastric cancer on a yearly basis. The survey was piloted amongst 6 radiation oncologists at LVHN to ensure the questions are clearly understood with no room for misinterpretation. This survey is in the process of being approved by the Department of Medicine Research Review Committee. After full IRB approval the survey will be distributed to 300 radiation oncologists through the ASTRO USA database.

Results

The results of our initial pilot survey showed agreement on some items between the 6 radiation oncologists at LVHN, and disagreement on others. All 6 radiation oncologists discuss about 30-49% of their gastric cancer patients at tumor board. Everyone agreed that a D2 nodal dissection is performed during a gastrectomy at LVHN, and everyone utilizes perioperative therapy when treating a T2 or higher, node negative gastric cancer after D2 dissection. Furthermore there was concurrence between all 6 radiation oncologists with giving a dose between 50-55Gy, using respiratory gating or 4DCT for treatment planning, and always using image guided radiotherapy during treatment of their gastric cancer patients. There were also some points of contention. One radiation oncologist stated they recommended postoperative chemotherapy alone for their patients with T2 or higher, node negative gastric cancer after D2 dissection, while the other 5 physicians recommend postoperative chemotherapy plus radiation. Four surveyors states they took into consideration the histologic subtype into consideration of their therapy recommendations, while the other 2 radiation oncologists did not. For radiotherapy delivery, 2 radiation oncologists use intensity modulated radiation therapy (IMRT) alone, where as the other 4 surveyors used IMRT with cone beam CT image guidance and simultaneous integrated boost. Lastly, there are two different chemotherapy regimens being used at LVHN – the first being ECF based off the MAGIC trial and the second is 5FU-based + Oxaliplatin based off the CLASSIC trial.



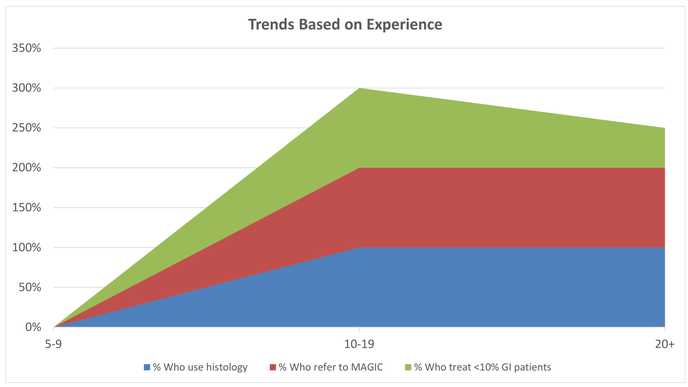
Gastric Cancer Patterns of Care Survey

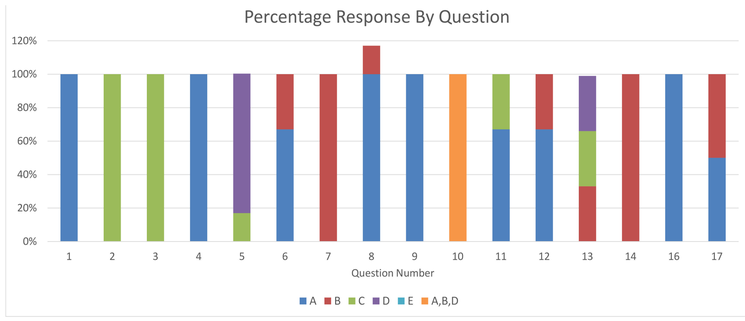
Intro:
How do you treat resectable gastric cancer?

The benefit of pre- and post-operative therapy for gastric cancer remains controversial in our current literature. The timing of therapy, the addition of radiation, and the type of chemotherapy used vary by institution. The results of this **5 minute anonymous** survey will be compiled and analyzed to help us better understand patterns of practice for gastric cancer across the United States.

1. Do you have a multidisciplinary meeting (e.g. tumor board) at your institution?
   a. Yes
   b. No
2. Approximately what percentage of your gastric patients do you discuss at a multidisciplinary meeting (e.g. tumor board) to get input on the treatment plan?
   a. 0-9%
   b. 10-29%
   c. 30-49%
   d. 50+%
3. What typical nodal dissection is performed at your institution during a gastrectomy?
   a. D0
   b. D1
   c. D2
   d. Don't know
4. Do you use perioperative therapy when treating T2 or higher, node negative gastric cancer after D2 dissection (KPS>70)?
   a. Yes
   b. No
5. What perioperative therapy do you utilize when treating T2 or higher, node negative gastric cancer after D2 dissection (KPS>70)?
   a. Observation
   b. Perioperative chemotherapy
   c. Postoperative chemotherapy alone
   d. Postoperative chemoradiation
   e. Other (Free text box)
6. Do you take histologic subtype into consideration when recommending perioperative or adjuvant therapy?
   a. Yes
   b. No
7. In the adjuvant setting, what dose of radiation therapy do you typically prescribe?
   a. 45Gy
   b. 50-55Gy
   c. >55Gy
   d. Not Applicable
8. For RT simulation/treatment planning, which of the following do you typically utilize? (check all that apply)
   a. Gating or 4DCT
   b. IV contrast
   c. PO contrast
   d. Not Applicable
9. Do you use image guided radiotherapy in the treatment of your gastric cancer patients?
   a. Yes
   b. No
10. For RT delivery, which of the following do you typically utilize? (check all that apply):
    a. Intensity modulated radiation therapy
    b. Cone beam CT image guidance
    c. Daily kV imaging
    d. Simultaneous integrated boost
    e. Free text box
11. What chemotherapy regimen is most commonly prescribed at your institution for resectable gastric cancer?
    a. ECF (MAGIC)
    b. 5FU-based + Leucovorin (SWOG 9008/INT-0116)
    c. 5FU-based + Oxaliplatin (CLASSIC)
    d. 5FU-based + Cisplatin (ARTIST)
    e. Other

Demographics
12. What is your gender?
    a. Male
    b. Female
13. How many years have you been practicing?
    a. 1-4
    b. 5-9
    c. 10-19
    d. 20+
14. How would you describe your practice setting (check all that apply)?
    a. Community practice, solo
    b. Community practice, group
    c. Veterans Affairs Hospital
    d. Academic
    e. NCI designated Cancer Center
15. Which state do you primarily practice in?
    _____
16. Have you had any newly diagnosed patients in the past 12 months with a GI malignancy?
    a. Yes
    b. No
17. Approximately what percentage of your newly diagnosed patients in the past 12 months had a GI malignancy?
    a. <10%
    b. 10-25%
    c. 26-50%
    d. >50%





Conclusions

With just the initial pilot survey we see that in the same institution, there are some areas which radiation oncologists practice similarly, and there are other areas where there are differences in how radiation oncologists treat their patients with gastric cancer. It is expected that this trend will be seen in the nation-wide survey.

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