Annals of Oncology 25 (Supplement 4): iv210–iv253, 2014
doi:10.1093/annonc/mdu334.42

gastrointestinal tumours, non-colorectal

657P SECOND- AND THIRD-LINE CHEMOTHERAPY IN ADVANCED GASTRIC CANCER: A REAL-LIFE CLINICAL PICTURE

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Aim: Chemotherapy is the mainstay of palliative treatment for metastatic or unresectable gastric cancer. Nevertheless, almost all patients (pts) will develop progressive disease after 1st-line treatment. The role of subsequent salvage chemotherapy is not well established, especially outside of clinical trials.

Methods: We reviewed 223 pts with histologically proven unresectable or metastatic gastric and gastroesophageal junction adenocarcinoma who received 1st-line chemotherapy at our Institution between August 2004 and December 2013. At the time of progression, 105 (47%) pts received 2nd-line chemotherapy. The choice of 2nd-line schedule was primarily driven by performance status and progression free survival during 1st-line treatment (mPFS1). After 2nd-line failure, 37 pts underwent 3rd-line therapy. Data from medical records were retrospectively analyzed.

Results: For 2nd-line treatment, median progression free survival (mPFS2), median overall survival (mOS) and response rate (RR) were 2.9 months (mo), 5.5 mo, and 17%, respectively. The table below summarizes efficacy data with the various schedules used. The mPFS and mOS from starting 3rd-line treatment were 2.4 mo and 5.4 mo, whereas the RR achieved was 6%. Discontinuation due to adverse events occurred in 3% of pts during 2nd-line and 8% of those given 3rd-line. No toxic deaths were registered during treatment. However, fifty percent of pts received 2nd-line chemotherapy with dose reduction ab initio.

Table: 657P

Summary of 2nd-line efficacy data with the various schedules used

Schedule	pts (n)	RR n (%)	mPFS1 (mo)	mPFS2 (mo)	mOS mo
Overall	105	17/101 (17)	7.3	2.9	5.5
Platinum-based	17	8/17 (47)	10.3	4.3	12.5
FOLFIRI	29	5/26 (19)	8.3	4.2	7.3
Taxane	43	3/42 (7)	6.2	2.5	4.1
Other	16	1/15 (7)	7.1	2.8	5.1

Conclusions: In line with the limited prospective data available, 2nd-line chemotherapy was safely administered to almost half of pts progressing under 1st-line and appeared to be moderately effective. Pts with longer mPFS1 were likely to receive platinum-based regimen or FOLFIRI as 2nd-line chemotherapy, obtaining interesting outcomes. After 2nd-line progression, only a small subgroup of pts continued to benefit from further treatment. Further investigations are strongly advocated to improve treatment outcomes in this setting.

Disclosure: All authors have declared no conflicts of interest.