

Preliminary analysis of 30 consecutive neoadjuvant chemotherapy treatments for operable Advanced Gastric Cancer (AGC)

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SUMMARY: Preliminary analysis of 30 consecutive neoadjuvant chemotherapy treatments for operable Advanced Gastric Cancer (AGC).

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Introduction: Gastric cancer remains one of the world's most commonly diagnosed cancers. Standard treatment for highly Advanced Gastric Cancer (AGC) has not been established yet. Neoadjuvant Chemotherapy (NAC) represents a promising approach, which may improve the prognosis of AGC.

Methods: Results for a series of 30 consecutive patients with AGC treated with ECF induction chemotherapy since January 2008 were analyzed retrospectively.

Results: The primary tumor was resected in 23 of the 30 patients (resectability, 85.2%). Progression of the disease during chemotherapy was observed in 1 patient only (3.3%). No treatment-related deaths occurred, and serious adverse effects (grade 3-4) were noted in only 13.3 % of the patients. Curative (R0) resection was possible in 20 patients. The downstaging rate was 86.9% (20/23), resulting in a significantly improved prognosis for the downstaged patients ($P = 0.012$).

Conclusion: Induction chemotherapy for AGC appears to be well tolerated, safe and promising treatment.

KEY WORDS: advanced gastric cancer, neoadjuvant chemotherapy.

Introduction

Gastric cancer remains one of the world's most commonly diagnosed cancers. Although the incidence of gastric malignancy is declining in Western countries, there has been a significant increase of proximal cardia and gastroesophageal cancer in the past two decades. The majority of patients presenting with regional or distant disease have a 5-years survival ranging from 35% for stage II to less than 5% for stage IV. Standard treatment

for highly Advanced Gastric Cancer (AGC) has not been established yet. Neoadjuvant Chemotherapy (NAC) represents a promising approach, which may improve the prognosis of AGC. The principal treatment for gastric cancer is surgery, even though high recurrence rate after curative resection are the rule.

Methods

Results for a series of 30 consecutive patients with AGC treated with ECF induction chemotherapy since January 2008 were analyzed retrospectively.

Results

The primary tumor was resected in 23 of the 30 patients (resectability, 85.2%). Progression of the disease during chemotherapy was observed in 1 patient only (3.3%). No treatment-related deaths occurred, and serious adverse effects (grade 3-4) were noted in only 13.3 % of the patients. Curative (R0) resection was possible in 20 patients. The downstaging rate was 86.9% (20/23), resulting in a significantly improved prognosis for the downstaged patients ($P = 0.012$).

Conclusion

Induction chemotherapy for AGC appears to be well tolerated, safe and promising treatment.

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