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Adjuvant chemoradiotherapy (ACHR) for gastric cancer

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Aims & Objectives. Evaluation of ACHRT in improving local control and survival in patients with resectable gastric cancers.

Materials & Methods. Between 2008-2015, 254 patients with gastric cancer (stage IB-IV), were prospectively randomly assigned to two groups. 122 patients underwent ACHRT combined with radical gastrectomy (ACHRT group) and 133 patients underwent radical gastrectomy without ACHRT (control group). From 4 to 6 weeks after radical surgery, the ACHRT was applied by using a hypofractionated radiotherapy, dose per fraction 4 Gy, 8 fractions, total dose 32 Gy in combination with daily oral administration of phtorafurum at 10-15 mg/kg followed by phtorafurum (tegafur) monochemotherapy (MCT) during 4.5 months.

Results. During ACHRT, no grade IV side effects were recorded. In the course of administering the phtorafurum MCT, gastrointestinal toxicities (anorexia and nausea) of grade III (at CTCAE v.3 scale) were observed in 5 patients (4,5%). Discontinuation of treatment was observed in 29 patients (26.1%). Grade III hematological toxicities (neutropenia and thrombocytopenia) were registered in 4 patients (3.6%). None of the patients died due to the treatment administered. We noted survival improvement in the ACHRT-treated group. Overall 5-year survival (Kaplan-Meier) for the ACHRT group was 58.6±5.4%, that for the control group was 45.4±4.9 % [p=0.0466]. 5-year disease-free survival for ACHR group was 53.8±5.6%, that for the control group was 41.6±4.9 % [p=0.0228]. Loco-regional control was higher in 3.46 times in ACHRT group [p=0.002]. Distant metastases were occurred more often in 3.05 time in group without ACHRT [p=0.041].

Conclusions. ACHRT using dose hypofractionation regimen of radiotherapy can be an useful and effective treatment approach in certain cases of gastric cancer due to improving survival rate among gastric cancer patients. The treatment results in low toxicity and good tolerability.

Country

Russia

Institution

Russian Scientific Center of RoentgenoRadiology, Moscow

Primary authors: SHMAK, Andrey (N.N. Alexandrov National Cancer Center of Belarus); SLOBINA, Elena (Russian Scientific Center of RoentgenoRadiology)

Co-author: KOTOV, Anatoly (N.N. Alexandrov National Cancer Center of Belarus)

Presenter: SLOBINA, Elena (Russian Scientific Center of RoentgenoRadiology)

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