

Association between baseline characteristics and first line chemotherapy in advanced gastric cancer patients



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AUTHORS: A. Arias¹, F.J. Alvarez Manceñido², A. Martínez Torron³, L. Macía Rivas^{3, 9}, A. Calvo⁴, L. Visa⁵, M.L. Limón⁶, G. Iglesias Álvarez⁷, A. Mariño Méndez⁷, P. Pimentel⁸, A. Lozano Blázquez³.

FILIATION: ¹Doctoral Programme in pharmacy. Faculty of Pharmacy. University of Granada/Hospital Universitario (HU) Germans Trias i Pujol, Spain. ²Doctoral Programme in pharmacy, Faculty of Pharmacy, University of Granada / HU Central de Asturias, Spain. ³HU Central de Asturias, Spain. ⁴HU Gregorio Marañón, Medical Oncology, Madrid, Spain. ⁵HU el Mar, Medical Oncology, Barcelona, Spain. ⁶HU Virgen del Rocío, Medical Oncology, Sevilla, Spain. ⁷HU Central de Asturias. Universidad de Oviedo-ISPAs, Medical Oncology, Oviedo, Spain. ⁸Hospital General Universitario Santa Lucía, Medical Oncology, Cartagena, Spain. ⁹University of Santiago de Compostela.

Background and Objective

There is no standard first-line regimen for HER2-negative advanced gastroesophageal adenocarcinoma.

To study the variability in the choice of therapeutic regimens according to tumor, patient baseline variables and prescribing physician.

Material and methods

Patients diagnosed with HER2-negative advanced gastroesophageal adenocarcinoma between 2008 and 2021 from a registry of 34 centers were included. The patients were administered chemotherapy with either cisplatin or oxaliplatin and either 5-fluorouracil or capecitabine. We then evaluated the association between the following baseline variables: specialty of the prescribing oncologist, Eastern Cooperative Oncologic Group (ECOG) Performance Status, serum albumin, tumor location, Lauren histological classification and the choice of cisplatin or oxaliplatin and 5-fluorouracil or capecitabine based regimens, using the chi-squared test.

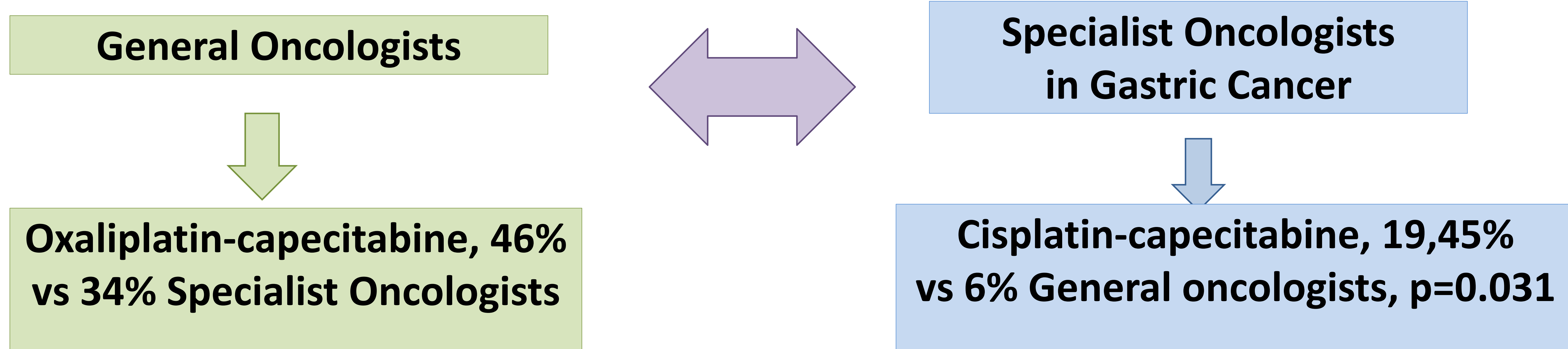
Results

Baseline characteristics	Preferred chemotherapy
ECOG performance status: 2	oxaliplatin and 5-fluorouracil 50% versus 38 % on general population
ECOG performance status: 0	cisplatin and capecitabine (21%)
Albumin <35 g/dL	fluoropyrimidine schedules (p<0.000)
Lauren type: Intestinal	capecitabine schedules
Lauren type: Diffuse	5-FU regimen (p<0.000)

Oxaliplatin (73%, n=984)
Cisplatin
Capecitabine (54%, n= 718)
5-Fluorouracil

Chemotherapy regimen	N (%)
FOLFOX6	468 (35,1%)
XELOX	466 (34,9%)
XP	252 (18,9%)
FP3W	95 (7%)
FUOX modified	44 (3%)
FP4W	12 (1%)
FLO	6 (<1%)

Abbreviations: FOLFOX6, 5-Fluorouracil direct and continuous infusion (46 hours), leucovorin and oxaliplatin; XELOX, capecitabine and oxaliplatin; XP, capecitabine and cisplatin; FP, 5-Fluorouracil and cisplatin every 3 weeks (3W), every 4 weeks (4W); FUOX, 5-Fluorouracil and oxaliplatin; FLO, 5-Fluorouracil, leucovorin and oxaliplatin .



Conclusions

Our investigation revealed a correlation between the platinum and fluoropyrimidine treatments chosen for patients with advanced gastric cancer and a few baseline characteristics. Further research is warranted to assess if this selection has a positive effect on the patient outcome.

Acknowledgements and references

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