

MULTI-STATE MODEL TO ESTIMATE THE OPTIMAL DURATION OF FIRST-LINE CHEMOTHERAPY IN ADVANCED GASTRIC CANCER. DATA FROM THE NATIONAL REGISTRY AGAMENON



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Objective

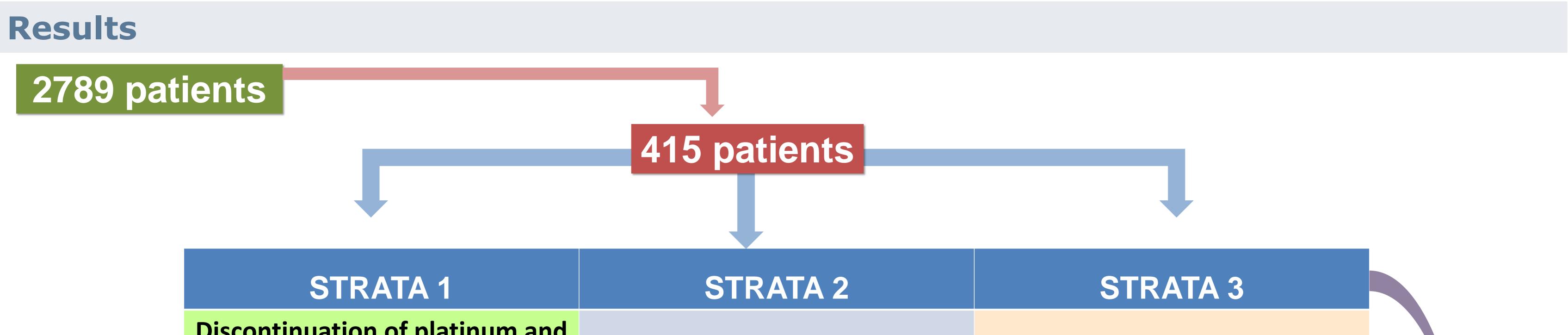
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Assess prognostic factors and progression-free survival (PFS) in each stratum stablished according to the duration of the first-line chemotherapy for patients with advanced gastric cancer (AGC)

Material and methods

The study included all patients with a histologically confirmed unresectable or AGC and first-line polychemotherapy without progression in the second evaluation of response at approximately 6 months between 2008-2018 in the 31 medical oncology services participating in the national multi-centre study AGAMENON. Patients assessed for eligibility for the AGAMENON registry (n=2789).



	Discontinuation of platinum and maintenance with fluoropyrimidine until progression	Complete treatment withdrawal prior to progression	Full treatment until progression	
N (%)	123 (30%)	216 (52%)	76 (18%)	
PFS compare to STRATA 3		HR 1.16 (95%CI, 0.70-1.92)	No decrease in PFS was observed	
PROTECTIVE FACTOR: Complete response			INCREASE IN PFS	
STRATA 2 (HR0.31, 95%Cl, 0.16-0.57)			ECOG ≥2	
STRATA 1 (HR0.12, 95%CI, 0.03- 0.41)			HR 4.06 (95%CI, 1.40-11.7)	

Bone metastases : Adverse prognostic factor in ALL THE STRATA

Conclusions

In this registry of AGC, treating until progression did not impact PFS compared to maintenance or discontinuation after a predefined number of cycles.

Acknowledgements and references

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