REAL WORLD TREATMENT PATTERNS IN METASTATIC AND/OR UNRESECTABLE GASTRIC CANCER PATIENTS IN BRAZIL

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Introduction
- Gastric cancer is the fifth most common malignancy in the world and the third leading cause of cancer death in both sexes worldwide.
- In Brazil, it was estimated that 20,520 new cases of gastric cancer would occur in 2016 (2). In most cases, gastric cancer is diagnosed in advanced stage, which complicates the treatment (3).
- Gastric cancer costs approximately USD 3,773 per patient to the Brazilian public healthcare system, representing an important economic burden (4).
- There is little evidence on the management of patients with Advanced Gastric Cancer (AGC) after failure of 1st line treatment.

Results
- Among 494 screened patients, 155 (31.4%) complied with all selection criteria, 9% (63.9%) of them from the public healthcare system and 56 (36.1%) from the private setting. Patients’ demographic and clinical characteristics are described in Table 1.
- At diagnosis, 40% patients (25.5%) had no metastasis site. Tumor location and metastatic sites are described in Table 1 and 2, respectively.
- Number of patients who received each treatment line is described in Table 2, while ECOG scores for first- and second lines are described in Table 3.
- Twenty-one and 19 different regimens were used as 1st- and 2nd-line treatments, respectively. Capecitabine (20.0%), 5-FU/Leucovorin (26.1%), and ESKO (14.9%) were the most frequent 1st-line regimens, while irinotecan (29.3%), paclitaxel (15.8%), and Capecitabine (5.8%) prevailed in 2nd-line treatment (Figure 3A). In 1st-line treatment, three patients (1.9%) received trastuzumab in combination with chemotherapy.
- We analyzed survival with Kaplan-Meier model with several prognostic factors (Table 4).
- This study presents some limitations; retrospective studies often have incomplete data, treatment patterns represent only the practices of physicians who participated in the study; results do not allow conclusions for causal explanations due to cohort study design.

Objective
- To describe the patterns of care and clinical profile of advanced gastric cancer, in addition to the use of resources.

Methods
- Data from medical charts were retrospectively collected from five centers in Brazil, with Ethics Committees approval of all institutions involved.
- Key eligibility criteria include age greater than 18 years at the time of diagnosis (or relapse to) with documented diagnosis of unresectable (IIIC) or metastatic (IV) gastric cancer (including AGC) (2).
- There were no statistical differences among groups.

Conclusions
- Although treatment patterns for patients with AGC in Brazil are highly heterogeneous, the most commonly used chemotherapy schemes were oxaliplatin-based and irinotecan in first and second-line, respectively.
- Late diagnosis and treatment patterns for first- and second-line reflect the real-world AGC management in Brazil. This results may contribute to the development of new strategies and guidelines in the country.

Table 1. Patients’ demographic and clinical characteristics

| Family history of gastric cancer | Unknown | Yes A | Yes B | No | n (%)
|--------------------------------|---------|-------|------|---|------|
| Unknown                        | 49 (34.6) | 55 (39.9) | 30 (21.5) | 2 | 0.0%
| Yes A                          | 50 (36.3) | 53 (39.9) | 29 (20.8) | 1 | 0.7%
| Yes B                          | 50 (36.3) | 53 (39.9) | 29 (20.8) | 1 | 0.7%
| Degree of differentiation | Ental 1 | Ental 2 | Ental 3 | n (%)
| Ental 1                        | 21 (15.2) | 21 (15.2) | 19 (13.4) | 3 | 2.1%
| Ental 2                        | 22 (16.8) | 22 (16.8) | 21 (15.2) | 5 | 3.6%
| Ental 3                        | 22 (16.8) | 22 (16.8) | 21 (15.2) | 5 | 3.6%
| Reaction to chemotherapy | Unknown | Yes A | Yes B | No | n (%)
| Unknown                        | 49 (34.6) | 55 (39.9) | 30 (21.5) | 2 | 0.0%
| Yes A                          | 50 (36.3) | 53 (39.9) | 29 (20.8) | 1 | 0.7%
| Yes B                          | 50 (36.3) | 53 (39.9) | 29 (20.8) | 1 | 0.7%
| Age of diagnosis of advanced gastric cancer | Mean ± SD | 66.9 ± 13.2 | 65.4 ± 12.7 | 64 (27-77) | 64 (27-77) |
| Gender | Male | 77 (56.1) | 76 (56.1) | 39 (27.3) | 29 (20.8) | 0.53 |
| Female | 78 (57.6) | 114 (83.9) | 57 (40.0) | 15 (10.5) | 0.02 |

Table 2. Patients’ health care profile

| Family history of gastric cancer | Unknown | Yes A | Yes B | No | n (%)
|--------------------------------|---------|-------|------|---|------|
| Unknown                        | 49 (34.6) | 55 (39.9) | 30 (21.5) | 2 | 0.0%
| Yes A                          | 50 (36.3) | 53 (39.9) | 29 (20.8) | 1 | 0.7%
| Yes B                          | 50 (36.3) | 53 (39.9) | 29 (20.8) | 1 | 0.7%
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| Ental 1                        | 21 (15.2) | 21 (15.2) | 19 (13.4) | 3 | 2.1%
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Table 3. ECOG score of patients at first-line treatment.

<table>
<thead>
<tr>
<th>Age group</th>
<th>&lt;60</th>
<th>60-70</th>
<th>&gt;70</th>
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<tr>
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<td>56 (72.3)</td>
<td>20 (27.7)</td>
<td>0.02</td>
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</tr>
</tbody>
</table>

Table 4. Survival according to variables of interest and comparison of Kaplan-Meier curves.

Figure 1. Tumor locations at diagnosis.

Figure 2. Metastatic sites at diagnosis.

Figure 3A. Treatment pattern according to variables of interest and comparison of Kaplan-Meier curves.

Figure 4A. Best response to first-line therapy.

Figure 4B. Best response to second-line therapy.

Figure 5A. Kaplan-Meier curves of all variables with p-0.05 A: Tumor primary location; A: Total or partial gastrointestinal perforation; C: ECOG.