

Freie Vorträge: Ösophagus / Magenkarzinom

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Population-based patterns of care in the treatment of 678 patients with gastric cancer

R. Hofheinz*, S. Al-Batran, L. Kellermann, D. Arnold (Mannheim, Frankfurt, Freiburg, Halle, D)

Background and Methods: By now, data on the patterns of care in the (medical or surgical) treatment of gastric cancer in Germany have not been available. We have therefore conducted a survey in 83 institutions (surgical and medical departments as well as oncology practices) in the third quarter 2005. **Results:** A total of 687 patients (59% male) undergoing treatment decision in the third quarter 2005 were documented. 68% of the patients were older than 60, and 35% older than 70 years. At the time of data evaluation 38% received primary treatment (surgery +/- perioperative therapy), 38% first-line, 13% second-line and 9% further lines of treatment. UICC-stages at diagnosis were distributed as follows: stage I 10%, stage II 11%, stage III 21%, stage IV 54%, unknown 4%. Of the patients with initially non-metastatic disease (n=366) 87% were judged to have resectable tumors. Of these, 39 received neoadjuvant treatment. Of 301 patients subject to surgery 83% accomplished R0 resection. 48% had D2, 9% D1 and only 6% D0 resection. In 37% of the patients the type resection was not known (Dx). Of 252 patients with R0-resection 56 were considered for adjuvant chemo(radio)therapy. Of these, 68% received chemotherapy alone and 32% chemoradiotherapy. 49% received platinum-based adjuvant therapy, but in 24% of these patients treatment had to be stopped or modified. With respect to palliative chemotherapy data on 405 patients are evaluable. Of these, 55% received cisplatin-based chemotherapy and 87% received infusional 5-FU/folinic acid. 15% received first-line irinotecan and 13% oxaliplatin. Of 121 patients receiving second-line chemotherapy, 41% were treated with irinotecan (infusional 5-FU 67%, cisplatin 30%, docetaxel 16%). **Conclusion:** This large data analysis on the daily practice in the treatment of gastric cancer in 687 patients suggests that infusional 5-FU/cisplatin regimen are considered a first choice in the metastatic setting. Irinotecan is used frequently as second-line therapy. A high percentage of patients underwent D1 or D2 resections. The acceptance of perioperative treatment is low with only 39 of 366 patients judged to have resectable disease receiving neoadjuvant chemotherapy and 56 of 252 patients with R0 resection undergoing adjuvant chemo(radio)therapy.