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Outcomes of locoregional therapy for metastatic gastric cancer: A national cancer database analysis

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Background: Patients with metastatic gastric cancer have poor survival. The purpose of this study was to compare outcomes of metastatic gastric cancer patients with or without surgery and radiation therapy (RT).

Methods: The National Cancer Database (NCDB) was accessed to identify patients with stage IV gastric cancer between 2004 and 2013 and stratified by surgery. Propensity score matching was performed against age, metastatic site, radiation, and signet ring histology. Overall survival (OS) analysis was determined by Kaplan-Meier and log-rank analysis. Multivariate analysis (MVA) was analyzed by the Cox proportional hazard ratio model.

Results: A total of 1808 patients were identified. Surgery was associated with an OS benefit. Median and five-year OS for surgery and no surgery was 16 months and 16% and 10 months and 2% respectively ($p < 0.001$). Median and five-year OS for patients treated with surgery and RT was 22.4 months and 26%. Median and five-year OS for surgery patients treated with or without preoperative RT was 27.2 months and 28% and 15.2 months and 12%, respectively ($p < 0.001$). There was no OS benefit with postoperative RT. MVA for all patients revealed that surgery and tumor location were associated with decreased mortality while peritoneal metastases were associated with increased mortality. In surgical patients, MVA showed that RT, partial esophagectomy, and tumor location were associated with decreased mortality, while positive margins, signet ring histology, and peritoneal metastases were associated with increased mortality. In nonsurgical patients, only carcinomatosis was prognostic on MVA.

Conclusions: Surgery and radiation are associated with increased survival in a subset of patients with metastatic gastric cancer. Prospective trials will be needed to address the role and sequence of surgery and radiation in metastatic gastric cancer.

Biography

Shridhar is radiation oncologist who has been in practice since 2009. He received his MD, PhD, and residency training at Wayne State University, Karmanos Cancer Institute. His first position was at the Moffitt Cancer Center in Tampa, FL where he became the service chief for GI radiation oncology. He has specialized in gastrointestinal oncology and has more than 80 publications including several papers on esophageal and gastric cancer, including multiple manuscripts addressing the role of radiotherapy in the management of gastric cancer. He currently practices and serves as the Vice-Chairman of Radiation Oncology at the Florida Hospital Cancer Institute in Orlando, FL and oversees all GI radiation therapy.

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