

Neoadjuvant Radiochemotherapy for Elderly Patients With Locally Advanced Gastric Cancer

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Background: Gastric cancer is often not resectable due to local invasion.

Radiochemotherapy is an effective treatment, but is used less often in elderly patients due to its high associated toxicity. This study assessed the feasibility and effectiveness of preoperative radiochemotherapy for primarily unresectable gastric cancer in patients older than 65 years.

Patients and Methods: Between January 2005 and December 2006, we treated 25 patients with locally advanced gastric cancer between the ages of 65 and 83 years (median, 74 years) and with Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 1, at the Oncological Institute of Bucharest in Romania. Treatment consisted of conformal external radiotherapy to a total dose of 45 Gy (180 cGy/fraction, 25 fractions) and concomitant chemotherapy with cisplatin 75 mg/m² on days 1 and 29 and 5-fluorouracil 800 mg/m² on days 1-5 and 29-33. Surgery was performed 4 to 6 weeks after treatment, if it was possible.

Results: Among 25 patients treated, 22 were able to complete the radiochemotherapy. The three patients who did not complete treatment had gastrointestinal toxicity (n=2) and febrile neutropenia (n=1). We evaluated local control and grade 3-4 acute toxicities. Gastrointestinal acute grade 3-4 toxicities consisted of diarrhea in 5/25 patients and nausea/vomiting in 3/25 patients; hematologic acute grade 3-4 toxicity was observed in 6/25 patients. Patients were evaluated for surgery 4 to 6 weeks after completing

radiochemotherapy. Thirteen of 25 tumors were considered resectable; 10 of these patients underwent surgery, 7 of whom had R0 resection. Responses were as follows: complete remission (CR) in 7/25 patients, partial response (PR) in 6/25 patients, stable disease (SD) in 9/25 patients, and progressive disease (PD) in 3/25 patients. In the resected patients, postoperative complications were negligible, and there were no surgery-related or treatment-related deaths. All patients who had R0 resection are still alive.

Conclusion: Despite the small number of patients in this study, results show that neoadjuvant chemotherapy provided good local control with tolerable toxicities in elderly patients with advanced gastric cancer. In our opinion, elderly patients with good performance status can benefit as well as younger patients from combined treatment.