

中文題目：老年性胃癌病人之病歷回溯及臨床特性分析

英文題目：Clinical characteristics of elderly gastric cancer, a single institute retrospective study

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Background: Despite recent therapeutic advances, gastric cancer is still the seventh leading cause of cancer-related death in Taiwan, with limited therapeutic options and dismal outcome. More than half of patients are diagnosed at a median age > 65 years, and many of them suffer from comorbidities and have a reduced performance status, thus interfering the oncologic outcomes. International treatment guidelines such as National Comprehensive Cancer Network guidelines (NCCN) suggest combined chemotherapy as frontline treatment according to clinical trials. Randomized clinical trials are usually performed on selected patient populations that do not reflect the clinical reality. Few prospective clinical studies examined chemotherapy efficacy and comorbidities impact for elderly patients with metastatic gastric cancer. To address this unmet clinical need, we planned to conduct an analysis of retrospectively collected real-world data with elderly gastric cancer. We will explore the association between the age, comorbidities, treatment regimens and clinical outcomes for elderly patients with gastric cancer in a real world situation.

Method: This single-center retrospective chart review included patients at least 20 years with histologically confirmed metastatic adenocarcinoma. We will screen the cancer registry database of VGHTC enrollment. We will perform a comprehensive review for medical records and imaging reports. The medical records include age of birth, gender, date of diagnosis, disease stage, performance status, serum chemistry and biomarkers, blood count, treatment history, response evaluation, and adverse effects. The image reports include the tumor size, metastatic sites, image stage, and response evaluation. Exclusion criteria included: patients without pathology report, no evidence of stomach origin, no evidence of metastasis, patients with follow-up duration less than 3 months, patients with other metastatic cancers, and patients who had been treated in other hospital without available medical record.

Result: Between Jan 1, 2009, and Dec 31, 2019, 428 patients were assessed for eligibility, and as of the Feb 1, 2021 data cutoff date. Among these patients, 284 patients were less than 70 years old and 144 patients were older. In comparison with younger patients, elderly patients had worse performance status and more comorbidities. On the other hand, the proportions of poorly differentiated adenocarcinoma and signet ring features were increased in younger patients. Unsurprisingly, overall survival was significantly better in younger group compared with elderly group (median 9.8 months [95% CI 8.0-11.6] vs 6.6 months [4.4-8.9]; hazard ratio 1.47; 95% CI 1.16-1.88; one-sided p =0.02). However, when we focused on the patients who had received chemotherapy, there were no statistically significant differences in overall survival and progression-free survival between the two groups. For disease control rate, there were also no statistically significant differences between the two groups (76% vs 69%; p =0.648). The most

common hematologic side effect of chemotherapy in both groups was anemia (175 [74%] of 236 younger patients and 52 [74%] of 70 elderly patients). The rate of grade 3 or worse adverse events were similar between two groups.

Conclusion: In elderly patients with metastatic gastric cancer, our results indicated that efficacy and hematologic toxicity of chemotherapy were similar to that in younger individuals. Thus, we encouraged the elderly patients who was chemotherapy-eligible to receive chemotherapy to prolong survival.