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Capecitabine, Epirubicineand Oxaliplatine (EOX regimen) in liver metastasis from gastric adenocarcinoma (LMGA)

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BACKGROUND:

Liver metastasis from gastric cancers may be synchronous or occur later, after the gastrectomy.
They are often diffuse and associated with advanced disease, conducting the patient to a palliative treatment. However, these metastases can be isolated and resectable, which must lead to discussa surgical treatment.

Indeed, analysis of the literature shows that surgical resection of liver metastases may be in curative intent in selected cases, since the survival after resection is about 30% at 5 years.

The prognostic factors are related to stage of gastric tumor, the uniqueness of the metastasis, its size and the achievement of full resection. If chemotherapy is the reference in the metastatic gastric cancer, in resectable metastasis cases, chemotherapy combined with surgery should be discussed on a case by case because there is so far no data available on its usefulness and its nature, given the lack of therapeutic trials in this rare situation.

METHODS:

The aim of this prospective analysis is to evaluate the efficacy and safety of EOX in LMGA after 4 cycles.

Inclusion criteria were histologically proven gastric carcinoma, no prior chemotherapy (adjuvant chemotherapy allowed if more than 6 months before), no other serious concomitant illness ECOG PS < 2, adequate renal and liver function, good marrow reserve.

Treatment regimen : oxaliplatine 1 30mg/m2 d1, epirubicine 60mg/m2 d 1 and capicitabine 500 - 62 5 mg/m2 twice daily for 21 days (d 1 =d21).

RESULTS:

From 01/2010 to 12/2011, 65 patients (M/F=3 5/30) were enrolled with advanced or metastatic gastric cancer in this study, 2 5 have a liver metastasis of 2 5 enrolled patients, 24 were evaluable for efficacy and 25 for toxicity.

A median of 6 cycles (range 1-10) was administered.
The overall response rate was 50% and diseases contrai rate is 75% including 3 complete responses, 9 partial responses, 6 stable diseases, and 6 progresions.

Median progression-free survival was 5.8 months and median overall survival was 10.4 months.

Grade 3-4 neutropenia and anemia were observed in 2.5 and 0.3% of patients ; respectively.

Grade 3-4 non hematological toxicities included alopecia (4.1 %), nausea (8.3%), vomiting (2.2%), diarrhea (1.1 %), hand-foot syndrome (0.3%) and mucite (0.9%).

CONCLUSION :

In our experience, the EOX regimen was highly effective, well tolerated and conveniently delivered as first-line chemotherapy for LMGA.