

P – 331 Paclitaxel plus ramucirumab combination therapy as second-line therapy in elderly patients with metastatic advanced gastric cancer: A single-center retrospective study

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Introduction: Metastatic advanced gastric cancer (AGC) is predominantly a disease in JAPAN. A Phase III trial show the efficacy and safety of Paclitaxel plus ramucirumab combination therapy for previously treated advanced gastric cancer but the benefits of second-line chemotherapy in the real world including in elderly patients remain uncertain.

Methods: We retrospectively examined patients with AGC who were treated at Saga-university hospital in JAPAN. The key inclusion criteria were ECOG-PS 0–2 and refractory/intolerant to first-line treatments. The objective was the efficacy of Ramucirumab plus Paclitaxel as second-line therapy in elderly patients with AGC. We evaluated in different age groups the outcome in terms of median progression-free survival (PFS) and overall survival (OS) respectively.

Results: A total of 41 patients who underwent second-line chemotherapy for gastric cancer between 2015 and 2018 at our hospital. Patients were categorized into two age groups: age ≥ 65 , < 65 years. (24 elderly, ≥ 65 years old; 17 nonelderly, < 65 years old) were enrolled in the study. We evaluated in different age groups the outcome in terms of median progression-free survival (PFS) and overall survival (OS) respectively. PFS was not significantly longer nonelderly groups than elderly groups (median 6.3 months [95% CI 1.4–] vs 4.9 months [3.5–10.2]; hazard ratio 0.66 [0.29–1.49]; $p = 0.8858$). OS was also similar results nonelderly groups and elderly groups (median 9.3 months [95% CI 3.2–17.6] vs 6.8 months [4.4–15.5]; hazard ratio 0.92 [0.42–2.06]; $p = 0.8475$).

Conclusion: Although it remains unclear whether second-line chemotherapy contributes to survival in elderly patients with AGC, the combination of Paclitaxel plus ramucirumab regimen could be a useful second-line treatment option for both elderly and nonelderly patients who have already refractory/intolerant to first-line treatments.