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Abstracts from the Asian Oncology Summit 2012

AOSOP1 ANALYSIS OF PROGNOSTIC FACTORS IN ELDERLY PATIENTS WITH METASTATIC GASTRIC CANCER GIVEN TAXOL, CISPLATIN, AND S1 COMBINATION CHEMOTHERAPY

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Background. The taxol, cisplatin, and S1 combination has shown promising results in patients with stomach cancer, but we do not know the exact efficacy and toxicity profiles of this three-drug regimen in elderly patients with gastric cancer.

Methods. In this non-randomised phase 2 trial, we administered taxol (80 mg/m^2 intravenously on days 1 and 8), cisplatin (30 mg/m^2 intravenously on days 1 and 8), and S1 (35 mg/m^2 orally twice a day on days 1–14) in a 3 week cycle to patients older than 65 years with recurrent or metastatic gastric cancer.

Findings. From September 2007 to April 2011, 28 patients (22 men, median age 69 years: range 65–77) were enroled. The common sites of metastatic lesions were abdominal lymph nodes (57.1%), liver (21.4%), peritoneum (17.9%), and lungs (7.1%). The median number of cycles was 3.5 (range 1–8). Fifty per cent of patients had a response: one (3.6%) had a complete response and 13 (46.4%) had a partial response. Median overall survival (OS) was 7.6 months (SE 1.46). All 28 patients were assessed for safety, performance status, and body mass index (BMI), and had laboratory blood tests. This treatment was moderately tolerated with grade 3/4 neutropenia in 67.9% of cycles, grade 3 anaemia in 21.4%, and thrombocytopenia in 3.6%. Non-haematological toxicities were grade 3 general weakness in 25.0% of patients, grade 4 diarrhoea in 3.6%, and grade 2 pneumonia in 10.7%. Compared with younger patients, more grade 3/4 neutropenia, anaemia, and general weakness were noted. Treatment-related mortality was 3.6%. Only BMI was correlated with OS by use of Cox regression analysis (relative risk 0.865, 95% confidence interval (CI) 0.751–0.995, $p = 0.043$).

Interpretation. The combination of taxol, cisplatin, and S1 in elderly patients with gastric cancer resulted in a fairly high disease response rate and survival duration that were similar to those in younger patients, but the more frequent neutropenia, anaemia, and general weakness were seen as barriers to treatment in elderly patients. The chemotherapy regimen must be used with caution, especially in elderly patients with low BMI.

The authors declared no conflicts of interest.

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AOSOP2 ASSOCIATION OF CAVEOLIN-1 GENOTYPES WITH SUSCEPTIBILITY TO ORAL CANCER IN TAIWAN

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Background. Caveolin-1 (Cav-1), a proposed candidate tumour suppressor, plays a regulatory role in several signalling pathways. The aim in this hospital-based case–control study was to investigate the association of Cav-1 polymorphisms with risk of oral cancer in a central Taiwanese population.

Methods. Six hundred patients with oral cancer and 620 age-matched and sex-matched healthy controls were genotyped and analysed by use of polymerase chain reaction–restriction fragment length polymorphism.

Findings. There were significant differences between oral cancer and control groups in the distributions of Cav-1 genotypes ($p = 1.7 \times 10^{-18}$ and 2.6×10^{-4}) and allelic frequencies in the Cav-1 G14713A (rs3807987) and T29107A (rs7804372) polymorphisms ($p = 3.3 \times 10^{-19}$ and 9.5×10^{-6}, respectively). In the combined genotype analysis, individuals who had GG/AT or GG/AA at Cav-1 G14713A or T29107A had a 0.72-fold (95% confidence interval = 0.52–0.99) decreased risk of oral cancer compared with those with GG/TT, whereas any other combinations were associated with increased risk. The presence of metastasis was also correlated with both Cav-1 G14713A AA and C-1 T29107A TT genotypes.

Interpretation. Cav-1 seems to have a role in oral cancer; the A allele of Cav-1 G14713A is associated with increased risk, A allele of Cav-1 T29107A is protective, and AA/TT on these two polymorphisms might be the combined genotype that is associated with the most risk for the development of oral cancer. These variants could be novel risk markers for early detection and prediction of distant metastasis.

The authors declared no conflicts of interest.

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AOSOP3 COMBINATION OF BEVACIZUMAB AND ERLOTINIB IN THE TREATMENT OF PATIENTS WITH ADVANCED HEPATOCELLULAR CARCINOMA WITH SORAFENIB-REFRACTORY DISEASE: RESULTS OF A PILOT PHASE II STUDY

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