Surgery, Radiation Improve Survival For Metastatic Gastric Cancer Patients

Researchers at Moffitt Cancer Center studied patients with metastatic gastric cancer and found that those who have both surgery and radiation have better survival than those who receive one or no form of treatment.

The study appeared in an online issue of Cancer.

“There were an estimated 21,000 new cases of gastric cancer in the United States in 2010 and 11,000 deaths from the disease,” said Ravi Shridhar, M.D., Ph.D., of the Radiation Oncology Department at Moffitt. “Most gastric cancers are diagnosed at advanced stages, when surgery may not be an option.”

Until now, there has been no data to address which treatment options offered the best survival rates for metastatic gastric cancer patients. Moffitt researchers analyzed metastatic gastric cancer cases from the Surveillance, Epidemiology and End Results (SEER) database to help determine which treatments options offer the best survival possibilities. Using data from 2004 to 2008, they divided 5,072 patient cases into four groups: those receiving either surgery or radiation, those receiving both, and those receiving no treatment.

“This study was the first SEER database study to suggest a survival benefit for patients undergoing both surgery and radiation in the management of metastatic gastric cancer,” Shridhar explained. “Even in the metastatic setting, patients undergoing surgery had better survival if they received radiation therapy and had more than 15 lymph nodes removed.”

According to the researchers, radiation therapy has been shown to be effective at reducing pain, obstruction and bleeding from gastric tumors, but there have been no reports on a potential survival benefit of radiation in metastatic gastric cancer. Several clinical trials for metastatic cancer using various chemotherapy regimens have shown median survivals range between eight to 14 months.

The current standard of care for metastatic gastric cancer is systemic chemotherapy. The researchers noted that while their study results are provocative, they should not be used to make general recommendations about surgery and radiation. Their findings should be used to form the basis for conducting clinical trials to assess the role of surgery and radiation for patients who have responded to chemotherapy.

“Every patient is going to be different,” Shridhar said. “If a patient with metastatic gastric cancer is in good health and responds to chemotherapy, a discussion with radiation and surgical oncologists should take place to determine the role and sequence of radiation and surgery. If the patient has not responded to

chemotherapy, surgery and radiation will likely hold no benefit."

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