

# Clinicopathological, Epidemiological and Outcome of Treatment of Advanced Gastric Cancer in Egypt: Single Institution Experience

Abmed Gabballah <sup>(1)</sup>, Manal Moavad <sup>(1)</sup>, Mohamed Yassin <sup>(1)</sup>, Manal M. El-Mahdy<sup>(2)</sup> and Nancy El-washy<sup>(1)</sup>

1. *Clinical Oncology Department, Ain Shams University, Cairo, Egypt.*

2. *Pathology Department, Ain Shams University, Cairo, Egypt.*

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## Abstract

**Background:** Gastric cancer is the 3rd cause of cancer-related deaths. In Egypt, it is 12th regarding incidence and cancer-related deaths. About 65% of patients present with advanced diseases with 5-year survival rates 5-30%. Several prognostic factors had been identified for gastric cancer including age, HER-neu and pathological features.

**Methods:** Retrospective analysis of advanced gastric cancer patients at Ain Shams university, treated between January 2011 and December 2014 with retrospective analysis of HER-neu.

**Results:** Median age was 52. 55% were male and 57% were smokers. 58% of patients had performance status. The main presenting symptom was vomiting. Diffuse pattern was predominant (66.7%) and high grade tumor (61%). Liver was the most common site of metastasis (31%). HER2-neu was positive in 10.5%. Median OS was 7 months with significantly better survival in young patients (<45years), non-smokers, intestinal-type, patients with metachronous metastasis (> 6 months DFS) with P value 0.003, 0.0001, 0.03, 0.039. DCF, 5FU/LCV and ECX were the most commonly used protocols with ORR of 44%. No protocol was superior in terms of ORR, PFS or OS. Thirty-four patients received 2nd line chemotherapy; Docetaxel- or Irinotecan-based. They had similar ORR, PFS and OS. Patients who received  $\geq 2$  lines of chemotherapy had better OS (P 0.002). HER2-neu positivity negatively impacted survival (P 0.014).

**Conclusion:** Advanced gastric cancer is potentially incurable. Several prognostic factors may predict outcome; including age, smoking, pathological type and HER2-neu. As long as the general condition permits, sequential lines of treatment should be offered to improve patients' survival.