

BASELINE CHARACTERISTICS, DIAGNOSIS AND MANAGEMENT OF GASTRIC CANCER IN ASIA PACIFIC FROM THE REGATE STUDY



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Introduction: Gastric cancer (GC) is the second leading cause of cancer death worldwide and a major health burden in Asia Pacific (AP). At present, there is no consensus regarding standard chemotherapy, and current practice varies From one region to another.

Background: REGATE is the largest prospective international disease registry of patients with newly diagnosed GC.

Purpose: The primary objective of this prospective survey is to describe the pattern of care in newly diagnosed GC patients worldwide from 2004-2008 via an international disease registry.

Methods: Patients aged over 18 years with newly diagnosed primary GC of any stage were enrolled worldwide (in AP: Korea, Malaysia, the Philippines, Taiwan and Thailand). Data were collected at two visits over a 10-month period: baseline (patient and tumour characteristics, treatment planned) and end-of-study (completion of initial treatment). Baseline characteristics of patients in AP are described here and compared with those of patients in the rest of the world (ROW).

Results: 10,299 patients were enrolled worldwide by 223 investigators in 22 countries. Of these, almost one third (3,120 patients, 30%) were from AP: [Korea: 1,993 (63.9% of AP total); Malaysia: 491 (15.7%); Philippines: 47 (1.5%); Taiwan: 344 (11.0%) and Thailand: 245 (7.9%)]. The median age of patients in AP was 61 years (range: 22-94 years) with 22.3% of patients aged < 50 years. In ROW, the median age was 60 years (range: 18-104 years) and 23% of patients were < 50 years. The male/female ratio in AP patients compared with ROW was 65.6%/34.4% versus 65%/35%, respectively. Fewer patients in AP were symptomatic compared with ROW (81% versus 91%), and family history of GC was reported in 5.5% of AP patients versus 8% in ROW. Helicobacter pylori infection rates were higher in AP than in ROW (37.4% versus 32%).

GC was diagnosed mainly by endoscopy in AP and ROW (94.9% and 95%, respectively). The antrum was the major primary tumour site in AP (50.8%), whereas the antrum (39%) and body (39%) were major primary tumour sites in ROW. The WHO and Lauren histopathology classification criteria were more widely used in patients in ROW than AP (WHO: 75% versus 49.8%, respectively; Lauren: 60% versus 17%, respectively). Lauren/Ming/WHO classification criteria were followed in 31% and 15.7% of patients in ROW and AP, respectively.

The most common histopathological sub-types in AP patients were signet ring cell (40.9%), tubular (40.2%) and adenocarcinoma/other (10.5%) according to WHO classification, and diffuse (56.5%) and intestinal (35.6%) according to Lauren. In ROW, the most common sub types were signet ring cell (41%) and tubular (22%) according to WHO, and diffuse (51%) and intestinal (44%) according to Lauren. Poorly differentiated tumours were found in 48.9% of AP patients and in 55% of patients in ROW. AJCC stage at diagnosis was I-38.5%; II-13.7%, III-19.2% and IV-28.2% in AP, compared with I-21%, II-20%, III-21% and IV-38% in ROW.

Initial choice of therapy was based mainly on stage of disease in AP and ROW (78.7% versus 72%, respectively) and determined either by a multidisciplinary team (27.3% versus 41%, respectively) or a surgeon alone (48.6% versus 37%, respectively).

Conclusions: Baseline and disease characteristics and diagnostic practice for GC patients in AP were similar to those in ROW, with the following exceptions: (i) the antrum is the most common primary tumour site in AP than in ROW; (ii) tubular GC is more common in AP (particularly Korea) than ROW; (iii) surgeons play a greater role in making GC treatment decisions in AP than ROW; and (iii) AP patients were 10% less likely to be symptomatic at presentation. Furthermore, stage I GC is diagnosed almost twice as frequently in AP as in ROW, which may be due to active screening programmes for GC in this region. These data will improve regional understanding of the disease characteristics and treatment patterns of GC and, ultimately, GC patient care.