

PALLIATIVE CHEMOTHERAPY FOR ELDERLY PATIENTS WITH ADVANCED GASTRIC CANCER NOT SUITABLE FOR STANDARD TREATMENT

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Objective: To evaluate the effect of palliative chemotherapy on quality of life, symptom management and overall survival of elderly patients with advanced gastric cancer not suitable for standard treatment.

Materials and method: 12 patients were selected sequentially from referred patients to oncology clinic after primary diagnosis of gastric cancer with upper GI endoscopic biopsy proven adenocarcinoma. Some of the patients were also referred after primary surgical intervention as gastrectomy for further treatment by surgeons. The patients as well as their families were discussed about the treatment with surgery, chemoradiotherapy and chemotherapy and the regimens that are generally used for these treatments. At the same time a systematic review and physical examination and cardiologic consult was done through cardiology clinic to evaluate the ability of the patient to receive surgery, chemotherapy, anthracyclines as well as taxanes and radiation. After evaluation, the ability of the patient to receive the standard treatment concerning the IADL and CIRS evaluation charts were measured and for the patients who were not suitable candidates for standard treatment, or who did not accept the standard regimens either after or without surgery, palliative chemotherapy with combination therapy with Epirubicine, Xeloda, Cisplatin or Taxotere as single agent, or Xeloda as single agent were planned. The patient followed every 21 days with physical exam and laboratory data every 2 months with abdominal ultrasound and every 6 months by Chest Abdominal and pelvic Spiral CT scans.

Results: From March 2008 till now 12 cases were selected, 6 were female and 6 were male with median age of 68 ranging from 65 to 78 years respectively. 1 male patient left the study because he was no longer attended the follow up visits in the clinic. The median overall survival was 11 months ranging from 4 to 17 months. Only 3 patients were died after 14 months, 14 months and 12 months and the cause of death was sudden cardiac death in 2 cases and acute DIC in one case that might be a presentation of Troussou's syndrome that is common in gastric cancer. The positive effect of chemotherapy was significant reduction in symptoms like pain anorexia and anemia also the need for transfusion, 2 cases had liver metastases at presentation that disappeared after 4 months of chemotherapy.

Conclusion: Although our cases were not chosen on a randomized basis and there was no control group, comparing to available data for overall survival of gastric cancer patients the median survival was significant and the quality of life was suitable concerning the ability of patients to handle their daily lives.