

Adjuvant chemotherapy and whole abdominal irradiation for gastric carcinoma

Yulia Kundel¹, Mark L Levitt², Bernice Oberman³, Siegal Sadezki^{3,4}, Thomas Tichler¹, Zvi Symon^{2,4}, Raphael Catane^{2,4}, Raphael Pfeffer^{2,4}, and Baruch Brenner^{1,4}

¹Institute of Oncology, Rabin Medical Center, Beilinson Campus, Petah Tiqva; ²Institute of Oncology, and ³Cancer & Radiation Epidemiology Unit, Gertner Institute, Chaim Sheba Medical Center, Tel Hashomer; ⁴Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

ABSTRACT

Aims and background. To analyze the efficacy and toxicity of adjuvant chemotherapy followed by whole abdominal irradiation in the treatment of resectable gastric cancer with positive lymph nodes.

Methods and study design. Between 1996 and 1999, 10 patients with node-positive gastric cancer underwent complete gross resection and were treated by postoperative chemoradiotherapy. The chemotherapy regimen consisted of 5-fluorouracil, 1000 mg/m²/day as a 96-hr continuous infusion on day 1, and cisplatin, 100 mg/m² on day 2, every 21 days. Six courses were planned. Radiotherapy was administered 3 weeks after completion of the chemotherapy protocol as a single-fraction dose of 600 cGy in a two-field (anterior and posterior) configuration.

Results. Treatment was generally well tolerated, with no treatment-related deaths. However, 9 of the 10 patients died of recurrent disease, with a median survival of 20 months (range, 7-84).

Conclusions. Adjuvant chemotherapy with whole abdominal irradiation for gastric cancer is safe and tolerable but has no apparent effect on patient outcome. Studies in larger series are needed to evaluate the role of the approach in this disease.

Key words: adjuvant therapy, gastric cancer, whole abdominal irradiation.

Correspondence to: Dr Yulia Kundel, Radiation Oncology Unit, Institute of Oncology, Rabin Medical Center, Beilinson Campus, Petah Tiqva 49100, Israel. Tel 972-3-9377301; fax 972-3-9377311; e-mail yuliak@clalit.org.il

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