Conversion surgery in patients with liver metastasis from gastric cancer

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Conversion surgery for gastric cancer still remains controversial with regard to the indication and the timing of the operation. Although chemotherapy is established as a standard treatment in recurrent or metastatic gastric cancer, the prognosis is still poor. Conversion surgery is one of possible ideas enabling longer overall survival. However, there are few evidence, especially in case of liver metastasis. We conducted a phase II trial of conversion surgery in patients with liver metastasis from gastric cancer.

The long-term survival of stage IV gastric cancer patients with conversion therapy

<table>
<thead>
<tr>
<th>Category</th>
<th>Stage IV GC</th>
<th>Surgery</th>
<th>Chemotherapy</th>
<th>Palliative gastrectomy</th>
<th>Liver metastasis</th>
<th>BSC</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>283 patients</td>
<td>84 patients</td>
<td>259 patients</td>
<td>16 patients</td>
<td>20 patients</td>
<td>8 patients</td>
<td>16 patients</td>
<td></td>
</tr>
</tbody>
</table>

Hiroshima Surgical Study group of Clinical Oncology (HiSCO)

(HISCO 06-A; UMIN000024004)
Phase II clinical trial of surgical intervention following chemotherapy for synchronous and metachronous liver metastasis from gastric cancer
(HISCO 06-B)
Observational study in patients with gastric liver metastasis

Principal investigator: Suzuki T
(National Hospital Organization Kure Medical Center and Chugoku Cancer Center)
Clinical trial office: Tanabe K, Hiroshima University

Schema of HiSCO 06 trial

Recurrent or advanced gastric cancer with liver metastasis (no other non-curative factor evaluating by CT and MRI)

- (Informed consent)
- Recurrence evaluation (Fluoropyrimidine + Platinum ± T-mab)
- Considered for conversion surgery (with certified expert liver surgeon)
- R0 possible
- PD or R0 impossible
- No limits of the size and the number of liver nodules under safe resection
- P-II trial (HISCO 06-A trial)
- Liver resection
- R0
- R1
- R2
- Adjuvant chemotherapy
- Chemotherapy

P-II trial of HiSCO 06 (HISCO 06-A)

Primary endpoint: 3Y-RFS
Secondary endpoints: OS, R0 rate, Safety etc.

Scheduled sample cases: 30 cases
(Expected 3Y-RFS 30%, Threshold 10%, \( \alpha=0.05, \beta=0.05, 25 \) cases required)
Registration period: between Sep 2016 and Dec 2020
Follow-up period: 5Y after registration

Conclusions

Although conversion surgery for liver metastasis could prolong the survival of gastric cancer, there is lack of evidence now.

Several studies are ongoing and it might be a promising option of the treatment in the near future.

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