**Poster session**

**A retrospective study of early toxicity of weekly paclitaxel as second line chemotherapy for advanced gastric cancer**

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**Background:** Weekly paclitaxel (wPTX) is a standard second-line chemotherapy in patients with advanced gastric cancer (AGC). Some patients require treatment cessation (TC) or dose reduction (DR) in early stage of treatment course due to adverse events (AEs). We investigated the risk factors of early AEs to require TC or DR (eAETD) during wPTX therapy.

**Methods:** The subjects consisted of 38 patients with AGC who received second-line wPTX at our hospital between 2010 and 2014 after failure to first-line chemotherapy (cisplatin plus fluoropyrimidine). The criteria of TC or DR are as follows: grade (G)3 ≤ neutropenia (Neu) / febrile neutropenia / non-hematological AEs, and G2 ≤ thrombopenia (PLT) / AST increased / ALT increased / total bilirubin increased. These AEs occurred within 8 weeks were defined as eAETD. The relationship between some factors (patient backgrounds, prior chemotherapy, experienced AEs) and eAETD was investigated by using univariate (Fisher’s exact test) and multivariate analysis (logistic regression).

**Results:** Of 38 patients, 11 patients (29%) had eAETD (Neu in 11 and PLT in 1). In univariate analysis, duration of prior treatment of 120 ≤ days (p = 0.08), G2 ≤ Neu during prior treatment (p = 0.03), G1 ≤ Neu in the initiation of wPTX (p = 0.05), and G1 ≤ PLT in the initiation of wPTX (p = 0.002) were likely to be associated with eAETD. In multivariate analysis, G1 ≤ PLT in the initiation of wPTX (p = 0.05) was an independent factor for eAETD.

**Conclusions:** Patients with at least one of following factors, duration of prior treatment of 120 ≤ days, G2 ≤ Neu during prior treatment, G1 ≤ Neu in the initiation of wPTX, and G1 ≤ PLT in the initiation of wPTX might be risk factors, especially, G1 ≤ PLT was an independent factor for eAETD during second-line wPTX therapy for AGC.

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