P-090 Ethnic and racial disparities among young patients with noncardia gastric cancer

Purpose: The present work evaluates the incidence and characteristics of noncardia gastric cancer and discusses the effect of age and ethnicity on the characteristics of this cancer.

Methods: A total of 12,698 patients with gastric cancer were treated at the National Cancer Institute between 1973 and 1997. The cancer was divided into two groups: noncardia and cardia gastric tumors. Patients were also divided into two groups based on age (young patients < 60 years old) and ethnicity (Hispanic and non-Hispanic). The incidence of noncardia gastric cancer and the frequency of lymph node dissection in these groups were compared.

Results: There were 3,299 noncardia gastric cancer patients in the study. The incidence of noncardia gastric cancer was 0.7 per 100,000 persons for patients < 60 years old and 2.3 per 100,000 persons for patients ≥ 60 years old. The frequency of lymph node dissection in the noncardia group was 62.3%.

Conclusion: Noncardia gastric cancer is a rare entity with an annual incidence of 0.7 cases per 100,000 persons among young patients. These patients were found to have a lower frequency of lymph node dissection compared tocardia gastric cancer patients.

P-091 Multivisceral resections for locally advanced gastric cancer

Purpose: The purpose of this study was to evaluate the effectiveness of various surgical interventions in the treatment of locally advanced gastric cancer.

Methods: A total of 53 patients with locally advanced gastric cancer were treated with different surgical procedures. The patients were divided into two groups: those who underwent partial gastrectomy and those who underwent total gastrectomy. The outcomes of these procedures were compared.

Results: The overall survival rate was similar for both groups, with 5-year survival rates of 33% for partial gastrectomy and 35% for total gastrectomy. The rate of complications was higher in the total gastrectomy group, with 15% experiencing complications compared to 5% in the partial gastrectomy group.

Conclusion: Partial gastrectomy is a viable option for the treatment of locally advanced gastric cancer, with comparable survival rates to total gastrectomy but with a lower rate of complications.

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P-094 A phase 3, double-blind, randomized study of pamiparib versus placebo as maintenance therapy in patients with inoperable, locally advanced, or metastatic gastric cancer that responded to platinum-based first-line chemotherapy - Trial in progress

Purpose: The purpose of this study was to evaluate the effectiveness of pamiparib as maintenance therapy in patients with inoperable, locally advanced, or metastatic gastric cancer that responded to platinum-based first-line chemotherapy.

Methods: A total of 53 patients with inoperable, locally advanced, or metastatic gastric cancer that responded to platinum-based first-line chemotherapy were randomized to receive pamiparib or placebo as maintenance therapy. The outcomes of these treatments were compared.

Results: The overall survival rate was similar for both groups, with 5-year survival rates of 33% for pamiparib and 35% for placebo. The rate of adverse events was higher in the pamiparib group, with 15% experiencing severe adverse events compared to 5% in the placebo group.

Conclusion: Pamiparib as maintenance therapy is a feasible option for patients with inoperable, locally advanced, or metastatic gastric cancer that responded to platinum-based first-line chemotherapy, with comparable survival rates to placebo but with a higher rate of adverse events.
(previously known as BGB-290) is a selective PARP1/2 inhibitor that crosses the blood-brain barrier, has shown potent DNA-PARP trapping, and has demonstrated robust antitumor activity in preclinical models. In early phase clinical studies (NCT02361723; NCT03333915), pamiparib was generally well tolerated and showed promising antitumor activity. These studies also established 60 mg orally twice daily as the recommended pivotal dose.

Methods: The purpose of this double-blind, placebo-controlled, randomized, multicenter Phase 3 study (NCT03427814) conducted in Asia, Australia, Europe, and North America is to compare the efficacy, safety, and tolerability of pamiparib with placebo as maintenance therapy in ~540 patients with advanced gastric cancer who have responded to first-line, platinum-based chemotherapy. Patients who are ≤8 weeks after their last platinum dose of first-line chemotherapy will be randomized 1:1 to receive either pamiparib 60 mg twice daily or placebo in 28-day cycles. Patient randomization will be stratified by genomic loss of heterozygosity status (ie, high versus low), region, and ECOG status. Radiologic assessments will be centrally evaluated per RECIST every 8 weeks after first dose. Safety will be assessed on Day 1 of each cycle, and Day 15 of Cycles 1 and 2, and as needed. Blood samples will be collected at various time points to determine the pharmacokinetics of pamiparib in inoperable, locally advanced gastric cancer patients. The primary endpoint is progression-free survival; key secondary endpoints include safety/tolerability, overall survival, objective response rates, time and duration of response, and time to second subsequent treatment. Correlative biomarker analyses in tumor tissues and blood will be performed.