

## Efficacy of Palliative Chemotherapy in Patients with Unresectable Biliary Tract Cancer

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**Background :** There is no standard palliative chemotherapeutic regimen in biliary tract cancer (BTC). Fluoropyrimidines or gemcitabine, with or without platinum, are most frequently used. We conducted this study to clarify the efficacy of palliative chemotherapy in BTC and to find out the better regimen in a large BTC population. **Patients and Method :** Patients with unresectable BTC who were treated with palliative chemotherapy between January 2002 and June 2006 in Seoul National University Hospital were reviewed retrospectively. Intrahepatic cholangiocarcinoma, gallbladder cancer, extrahepatic bile duct cancer, and ampulla of Vater carcinoma which was histologically confirmed cases were enrolled. We analysed the efficacy of regimen: gemcitabine (G) versus fluoropyrimidine (F) and with or without platinum (P). **Results :** Total 253 patients were enrolled. Male was 162 (64%) and median age was 62 years (range 33–80). Intrahepatic cholangiocarcinoma, gallbladder cancer, extrahepatic bile duct cancer, and ampulla of Vater carcinoma were 122, 79, 31, 21 cases, respectively. Overall median progression free survival (PFS) was 3.7 months (95% CI, 0.2–33.9) and median overall survival (OS) was 7.9 months (95% CI, 0.4–44.2). 94 patients received G-based chemotherapy (88 GP, 6 G alone), and 143 patients received F-based chemotherapy (79 FP, 64 F alone). The response rate (RR), disease control rate (DCR), PFS and OS of G-based chemotherapy versus F-based chemotherapy was like this: (15.9% vs 20.0%,  $p=.07$ ), (69.5% vs 74.4%,  $p=.82$ ), (4.2 months vs 4.3 months,  $p=.98$ ), (7.8 months vs 9.1 months,  $p=.29$ ). 70 patients received F or G without P, and 167 patients received F or G with P. The RR, DCR, PFS and OS of chemotherapy without P versus chemotherapy including P was like this: (12.1% vs 21.3%,  $p=.02$ ), (51.5% vs 82.3%,  $p=.08$ ), (3.1 months vs 4.5 months,  $p=.13$ ), (8.1 months vs 8.2 months,  $p=.40$ ). **Conclusion :** In unresectable BTC, F-based and G-based chemotherapy showed similar efficacy, and the benefit of adding platinum to F or G was not significant except in terms of RR. Further prospective studies which define the efficacy of various chemotherapeutic regimens are warranted.

## Prognostic factors of Gastric Cancer Patients with Bone Marrow Metastases

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**Introduction :** Gastric cancer with bone marrow metastases is known to pursue a rapidly deteriorating clinical course. However, the clinical features and optimal treatment had not been systemically investigated owing to a relative rarity of this subset. We conducted a retrospective analysis to evaluate clinical features, treatment outcome, and prognostic factor for survival in gastric cancer patients with bone marrow metastases. **Methods :** September 1994 – February 2006 Samsung Medical Center 39 patients with metastatic, unresectable, or recurrent gastric cancer pathologically confirmed bone marrow (BM) dissemination Retrospective review of medical records & BM biopsies. Objective 1' end point : overall survival (BM involvement – death) **Results :** Median survival time from the diagnosis of BM dissemination : 44 days (2–252) – Best supportive care (BSC) group: 20 days (2–137) – Palliative chemotherapy group: 67 days (5–252) Palliative chemotherapy after BM dissemination : 20 (51.3%) patients – 13 (65.0%): taxane-based – 7 (35.0%): 5-fluorouracil (FU)-based Prognostic factor analyses – Univariate analyses : AST > 50 IU/L ( $P=0.006$ ), ALT > 35 IU/L ( $P=0.038$ ) albumin  $\leq 3.4$  g/dL ( $P=0.020$ ), serum sodium  $\leq 133$  mmol/L ( $P=0.002$ ) presence of lung metastasis ( $P=0.031$ ) **Conclusion :** The majority of gastric cancer patients with BM dissemination showed younger age, poorly differentiated adenocarcinoma or signet ring cell carcinoma, thrombocytopenia, anemia, elevated LDH. Low serum sodium ( $\leq 133$  mmol/L), the presence of lung metastasis, and the presence of peritoneal seeding were identified as adverse prognostic factors for survival.

Table 1. Multivariate Cox Regression Analyses

P value	RR (exp. B)	95% CI	
Serum_Na( $\leq 133$ mmol/L )	<0.001	4.57	1.99–10.52
Lung metastasis	0.007	3.47	1.48–8.15
Peritoneal seeding	0.036	2.17	1.06–4.43