

Randomized phase II study of CPT-11  
versus PTX versus each combination  
chemotherapy with S-1 in patients  
with advanced gastric cancer  
refractory to S-1 or S-1 plus CDDP

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# Background

- S-1 plus cisplatin (SP) is recognized as standard first-line chemotherapy for advanced gastric cancer (AGC)<sup>1</sup> and S-1 monotherapy is recognized as standard adjuvant chemotherapy for locally AGC in Japan<sup>2,3</sup>.
- Taxane or CPT-11 are two main options and a retrospective analysis has reported that S-1 combination chemotherapy extended overall survival as second-line chemotherapy for AGC that was resistant to first-line S1-based chemotherapy<sup>4</sup>.
- However, second-line chemotherapy for AGC is not established.

# Objective and Endpoints

- Objective

To examine efficacy and safety comparing CPT-11, PTX, and each combination chemotherapy with S-1 refractory to S-1 or SP

- Endpoints

- ✓ Primary endpoint

- Overall Survival (OS)

- ✓ Secondary endpoints

- safety

- progression free survival (PFS)

- response rate (RR)

# Study Design

gastric cancer

- Refractory to S-1 or SP as first-line chemotherapy or adjuvant chemotherapy
- Adequate oral intake
- 20-74 y.o
- PS 0-2



N=120

Stratifications

- Metastatic or recurrent /adjuvant
- PS 0-1/2
- Peritoneal metastasis +/ -
- Institution

## Group A: CPT

CPT-11 150 mg/m<sup>2</sup>, day1, q14days

## Group B: PTX

PTX 80 mg/m<sup>2</sup>, day1, 8, 15, q28days

## Group C1: S-1+CPT

CPT-11 80 mg/m<sup>2</sup>, day1, 8  
S-1 80 mg/m<sup>2</sup>, day1-21, q35days

## Group C2: S-1+PTX

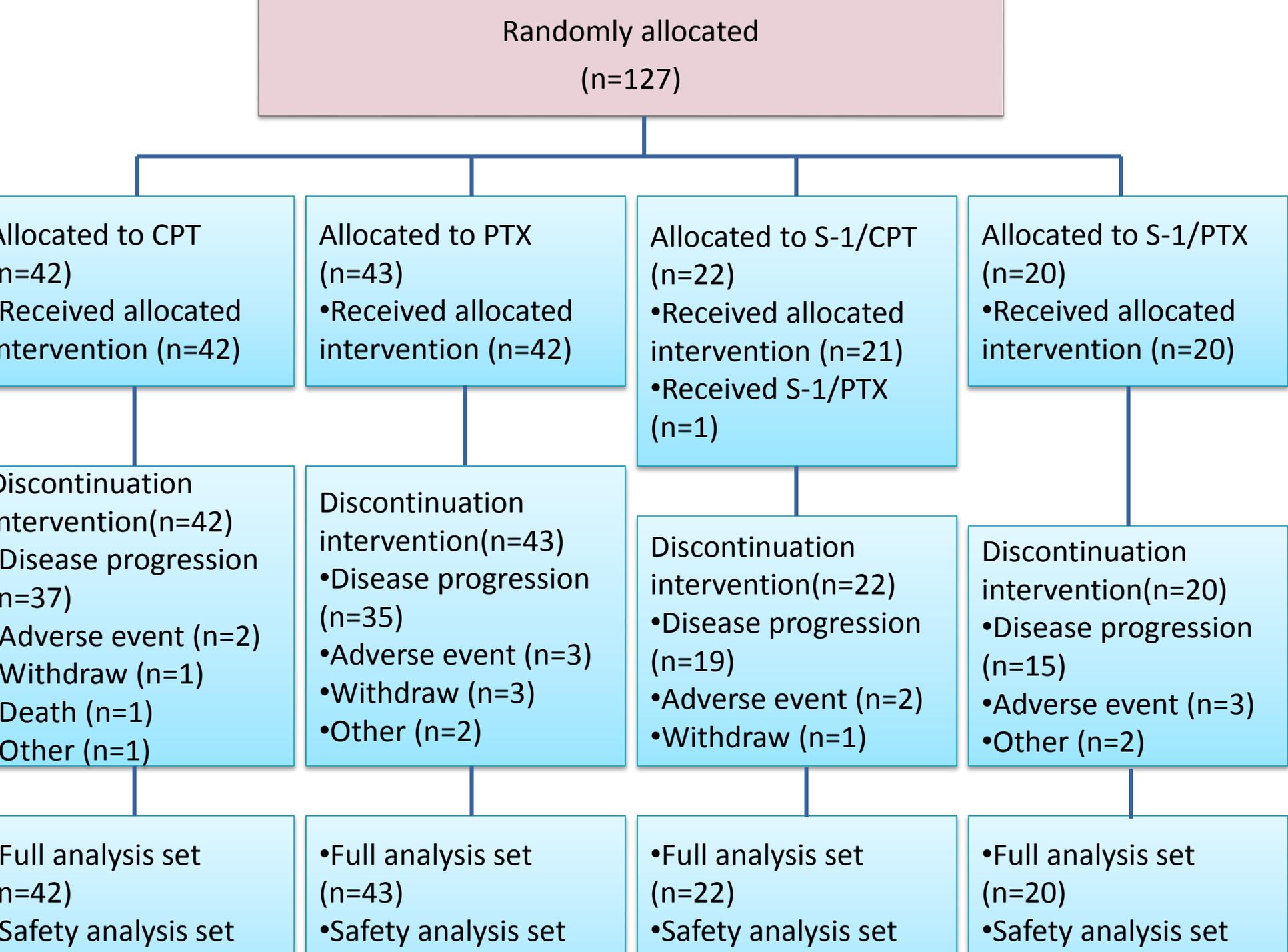
PTX 50 mg/m<sup>2</sup>, day1, 15  
S-1 80 mg/m<sup>2</sup>, day1-14, q21days

# Main Inclusion Criteria

- Histologically confirmed gastric cancer
- disease progression confirmed by imaging technique during first-line chemotherapy with S-1 or SP or during adjuvant chemotherapy or within 26 weeks after adjuvant chemotherapy completion with S-1
- ECOG performance status 0-2
- Age 20-74
- No severe organ dysfunction
- Written informed consent

# Statistical Considerations

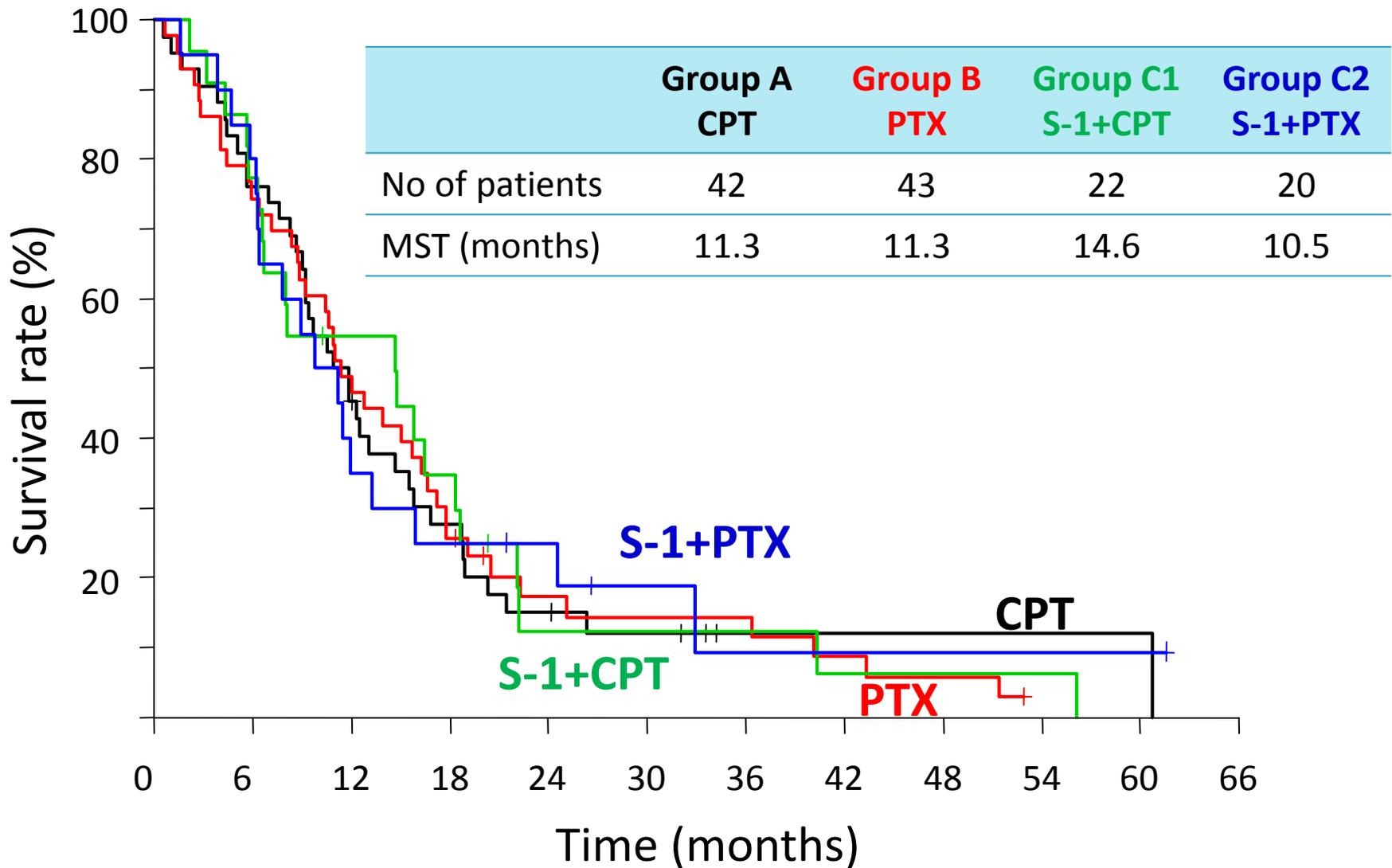
- Sample size  $n=120$ 
  - ✓ 40 patients/each Group A and Group B,
  - ✓ 20 patients/each Group C1 and Group C2
- Estimated median OS: 7 months, threshold median OS: 4 months
- Enrollment: 5 years, Follow-up: 2 years
- 1-sided  $\alpha=0.1$ , a power of  $\beta=80\%$
- Intension-to-treat basis



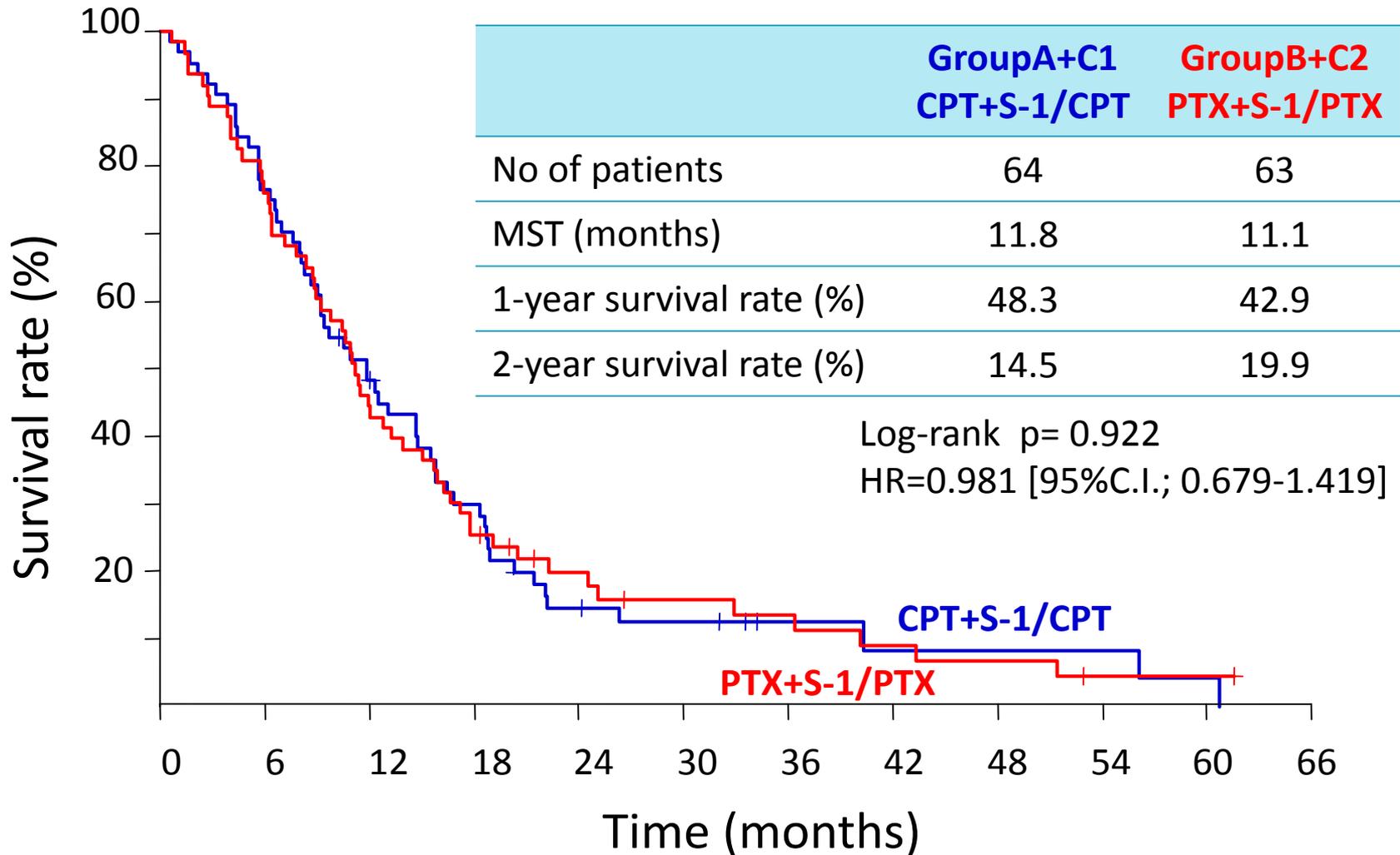
# Patient Characteristics

	Group A CPT (n=42)	Group B PTX (n=43)	Group C1 S-1+CPT (n=22)	Group C2 S-1+PTX (n=20)
Sex Male/Female	30/12	35/8	15/7	12/8
Age, years Median(range)	65 (44-74)	65 (31-74)	67 (47-73)	63 (37-74)
ECOG PS 0-1/2	42/0	41/2	21/1	20/0
Histology Intestinal/Diffuse	24/18	25/17	11/10	12/8
Prior gastrectomy Yes/No	22/20	21/22	13/9	13/7
Peritoneal metastasis Yes/No	15/27	15/28	7/15	4/16
No. of metastatic sites 0-1/≥2	28/14	31/12	19/3	16/4

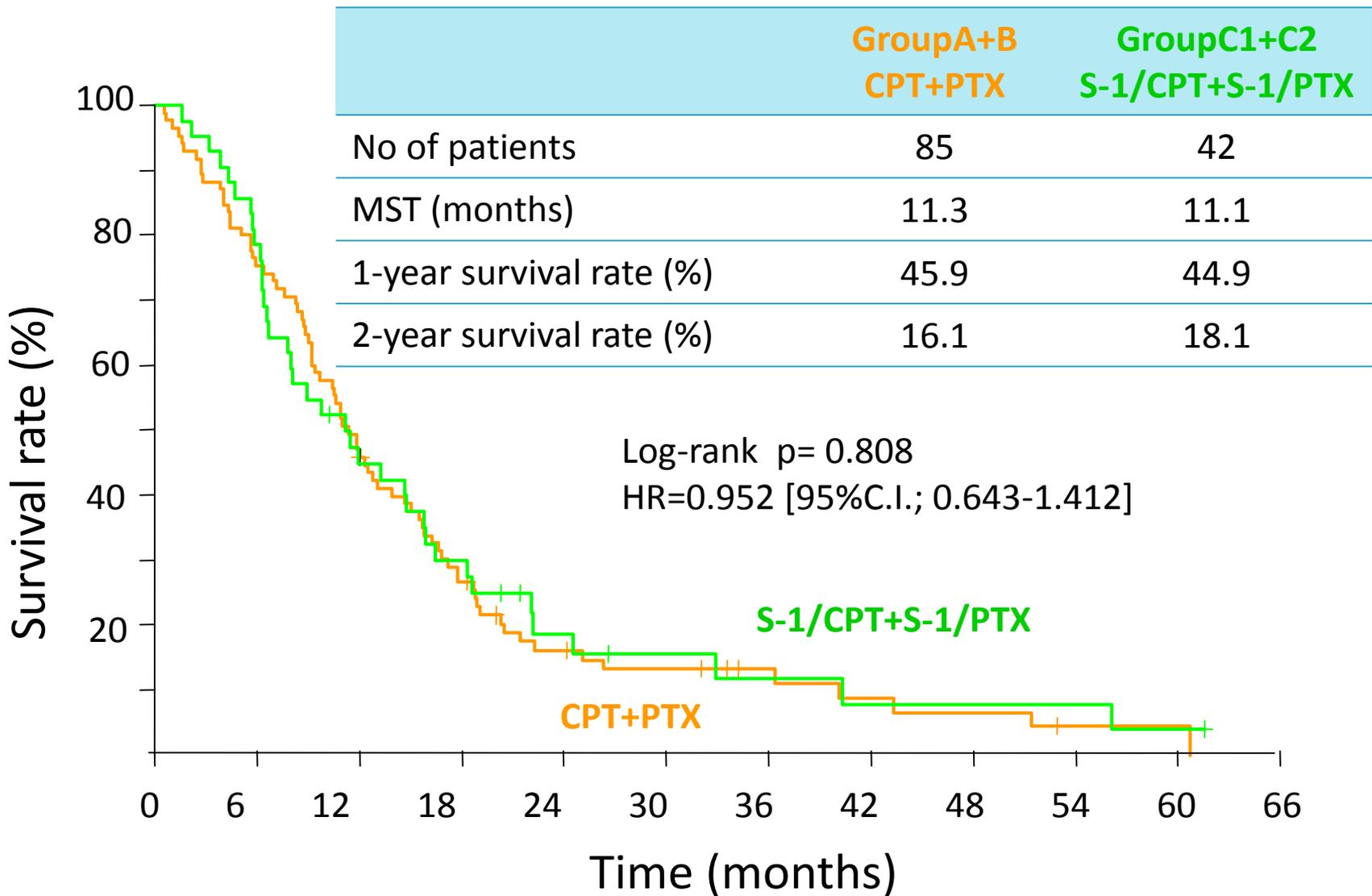
# Overall Survival



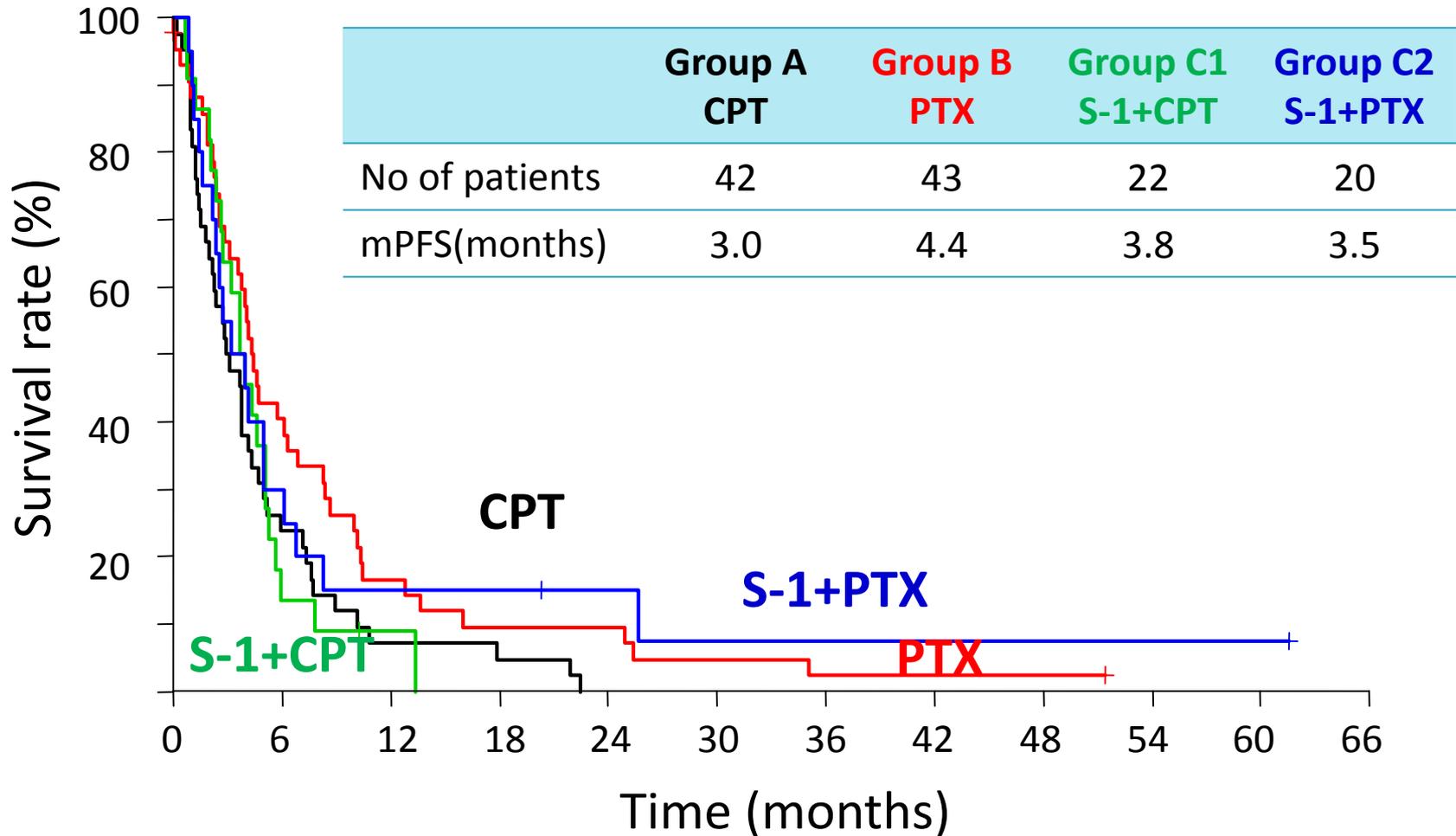
# Overall Survival



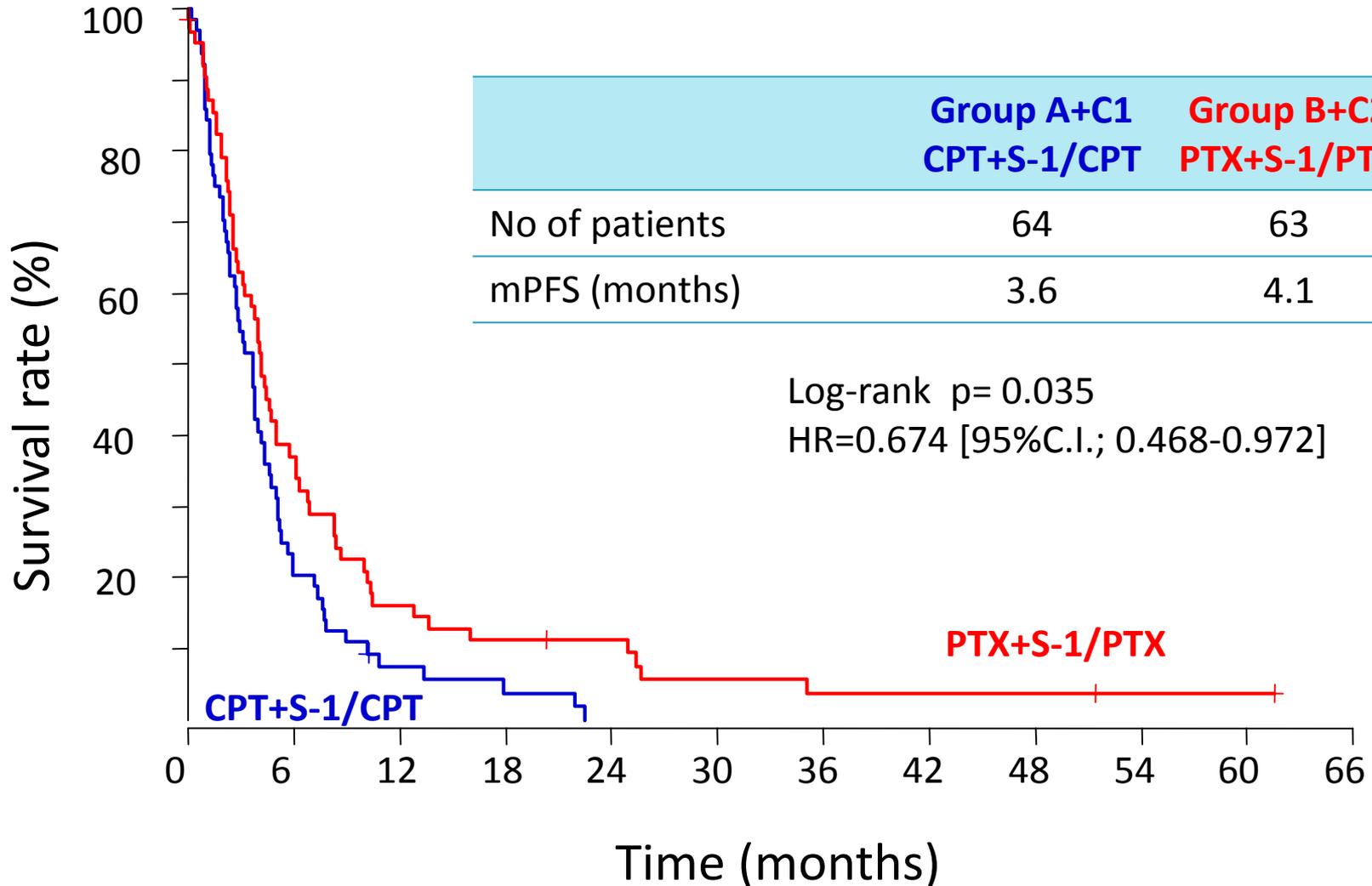
# Overall Survival



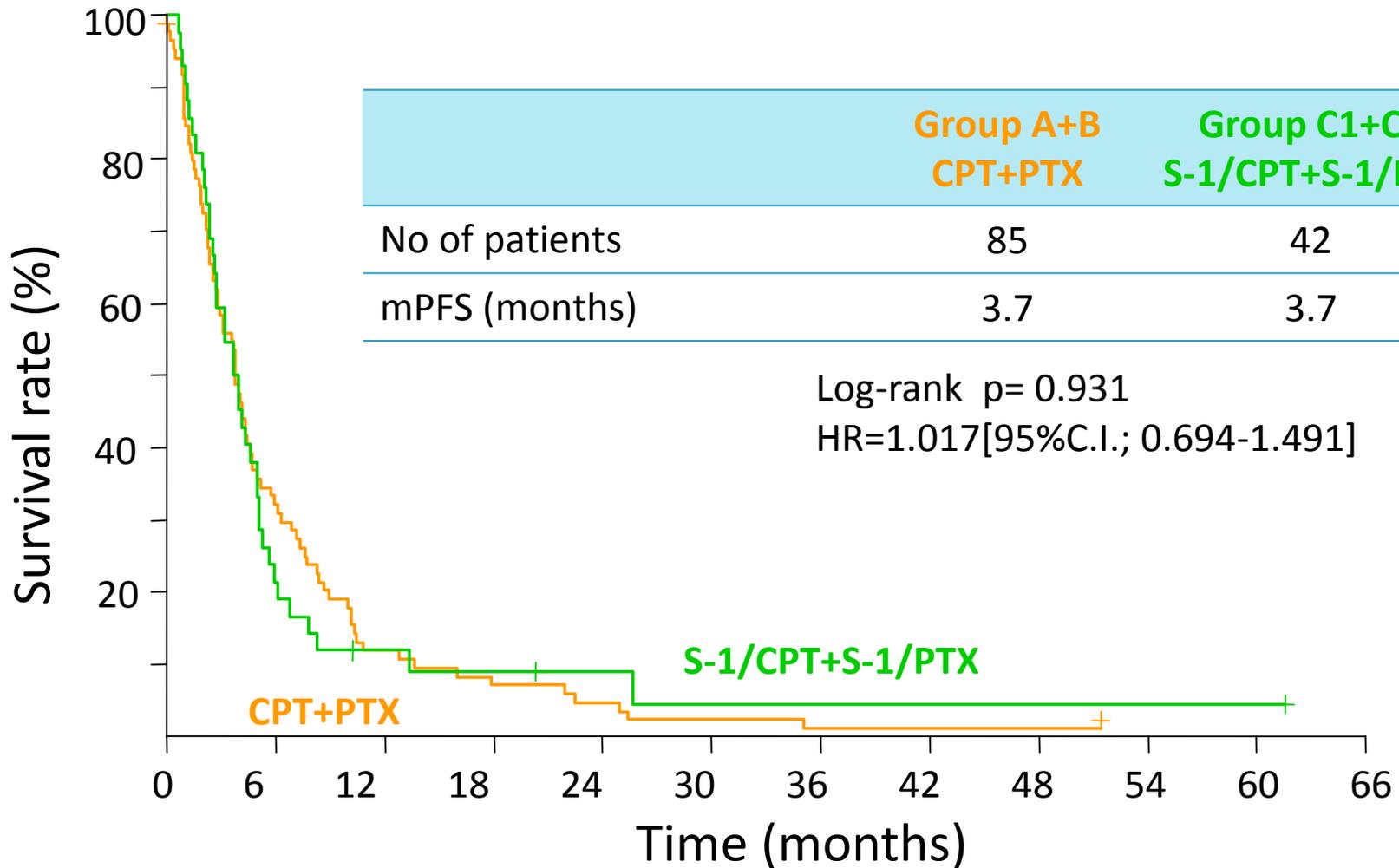
# Progression-free Survival



# Progression-free Survival

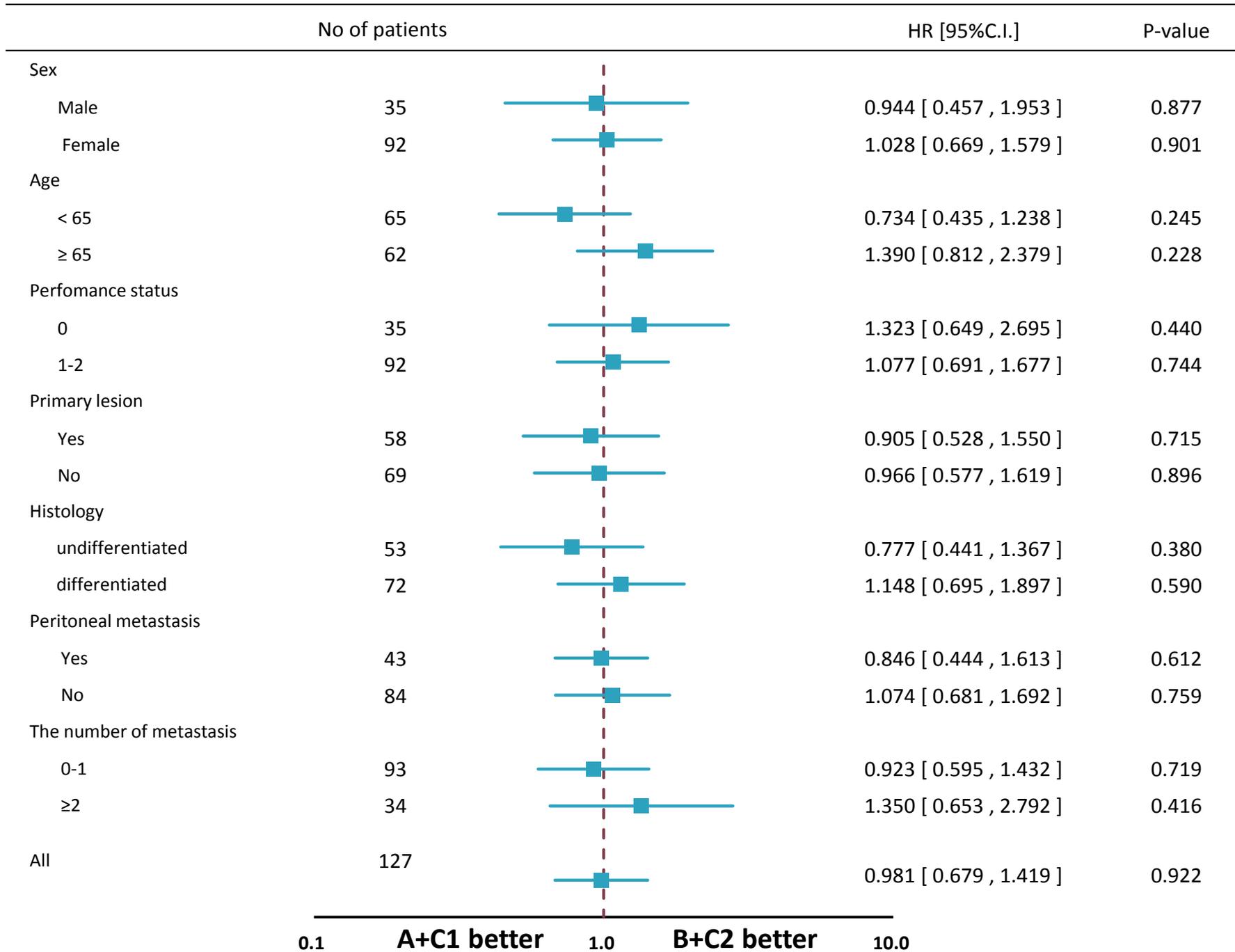


# Progression-free Survival



Adverse Events	CPT (n=42)		PTX (n=43)		S-1+CPT (n=21)		S-1+PTX (n=21)
	All N (%)	≥ G3 N (%)	All N (%)	≥ G3 N (%)	All N (%)	≥ G3 N (%)	All N (%)
Leukocytopenia	25 (59.5)	5 (12.0)	18 (41.9)	3 (7.0)	13 (61.9)	1 (4.8)	12 (57.1)
Neutropenia	30 (71.4)	12 (28.6)	19 (44.2)	7 (16.3)	14 (66.7)	5 (23.8)	13 (61.9)
Hemoglobin	36 (85.7)	3 (7.1)	32 (74.4)	4 (9.3)	16 (76.2)	3 (14.3)	19 (90.5)
Thrombocytopenia	14 (33.3)	2 (4.8)	9 (20.9)	1 (2.3)	5 (23.8)	0 (0)	4 (19.0)
Febrile neutropenia	0 (0)	0 (0)	5 (11.6)	5 (11.6)	0 (0)	0 (0)	0 (0)
Bilirubin	9 (21.4)	0 (0)	5 (11.6)	0 (0)	7 (33.3)	0 (0)	5 (23.8)
AST	9 (21.4)	1 (2.4)	13 (30.2)	2 (4.7)	5 (23.8)	0 (0)	7 (33.3)
ALT	8 (19.0)	1 (2.4)	10 (23.3)	1 (2.3)	5 (23.8)	0 (0)	4 (19.0)
Nausea	16 (38.0)	3 (7.1)	11 (25.6)	1 (2.3)	12 (57.1)	2 (9.5)	8 (38.1)
Vomiting	10 (23.8)	2 (4.8)	3 (7.0)	1 (2.3)	4 (19.0)	0 (0)	3 (14.3)

# Overall Survival



# Overall Survival

	No of patients		HR [95%C.I.]	P-value
<b>Sex</b>				
Male	35		1.047 [ 0.505 , 2.171 ]	0.903
Female	92		0.868 [ 0.539 , 1.398 ]	0.561
<b>Age</b>				
< 65	65		0.787 [ 0.426 , 1.454 ]	0.444
≥ 65	62		1.096 [ 0.632 , 1.903 ]	0.744
<b>Performance status</b>				
0	35		1.068 [ 0.526 , 2.171 ]	0.855
1-2	92		0.861 [ 0.533 , 1.393 ]	0.543
<b>Primary lesion</b>				
Yes	58		1.298 [ 0.697 , 2.418 ]	0.410
No	69		0.959 [ 0.564 , 1.632 ]	0.878
<b>Histology</b>				
undifferentiated	53		1.333 [ 0.732 , 2.430 ]	0.410
differentiated	72		0.771 [ 0.443 , 1.341 ]	0.878
<b>Peritoneal metastasis</b>				
Yes	43		1.034 [ 0.507 , 2.109 ]	0.926
No	84		0.948 [ 0.584 , 1.539 ]	0.830
<b>The number of metastasis</b>				
0-1	93		0.912 [ 0.576 , 1.444 ]	0.460
≥2	34		1.363 [ 0.598 , 3.109 ]	0.694
All	85		0.952 [ 0.643 , 1.412 ]	0.808

# Conclusion

- The difference in OS between CPT-11 and PTX, and the efficacy of S-1 sequential therapy were not observed in second-line chemotherapy for AGC refractory to S-1 or SP.

# References

1. W. Koizumi et al. *Lancet Oncol.* 2008 9 (3):215-21.
2. S. Sakuramoto et al. *N Engl J Med.* 2007 357 1810-20.
3. M. Sasako et al. *J Clin Oncol.* 2011 29 (33) 4387-93
4. N. Sugimoto et al. *Gan To Kagaku Ryoho.* 2009 36 (3): 417-24