

ASCO: low-dose chemo benefits advanced gastroesophageal cancer

3 June 2019



confidence interval, 0.90 to 1.33). Compared with level A or B patients, level C patients had less toxicity and better overall treatment utility outcomes (percentage with good outcome: 43 versus 35 and 36 percent, respectively). Level C yielded the best overall treatment utility even for younger, less frail, and better performance-status patients.

"We hope our finding helps patients make a more informed choice, between low-dose chemotherapy and no chemotherapy at all, with the knowledge that that low-dose chemotherapy can prove beneficial and still allow them to maintain some quality of life while slowing the progression of the disease," Hall said in a statement.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
[More Information](#)

(HealthDay)—For frail and elderly patients with advanced gastroesophageal cancer (aGOAC), low-dose chemotherapy is noninferior to high-dose chemotherapy for progression-free survival, according to a study presented at the annual meeting of the American Society for Clinical Oncology, held from May 31 to June 4 in Chicago.

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Peter S. Hall, Ph.D., from the University of Edinburgh in the United Kingdom, and colleagues randomly assigned 514 [patients](#) with aGOAC who were unsuitable for full-dose epirubin/oxaliplatin/capecitabine due to age or frailty but fit for oxaliplatin/capecitabine. Patients were randomly assigned in a 1:1:1 ratio to dose level A, dose level B (80 percent of level A dose), and dose level C (60 percent of level A dose).

The researchers found that at 12 weeks, noninferiority of [progression-free survival](#) was confirmed for level B versus A (hazard ratio, 1.09; 95 percent confidence interval, 0.89 to 1.32) and level C versus A (hazard ratio, 1.10; 95 percent

APA citation: ASCO: low-dose chemo benefits advanced gastroesophageal cancer (2019, June 3) retrieved 2 May 2021 from <https://medicalxpress.com/news/2019-06-asco-low-dose-chemo-benefits-advanced.html>

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