

Overall Survival of Perioperative or Postoperative Adjuvant Oxaliplatin with S-1 versus Adjuvant Oxaliplatin with Capecitabine in Locally Advanced Gastric or Gastro-Oesophageal Junction Adenocarcinoma Undergoing D2 Gastrectomy: An Updated Analysis of RESOLVE Trial

Xiaotian Zhang MD, PhD

Peking University Cancer Hospital, Beijing, China

On behalf of the RESOLVE investigators

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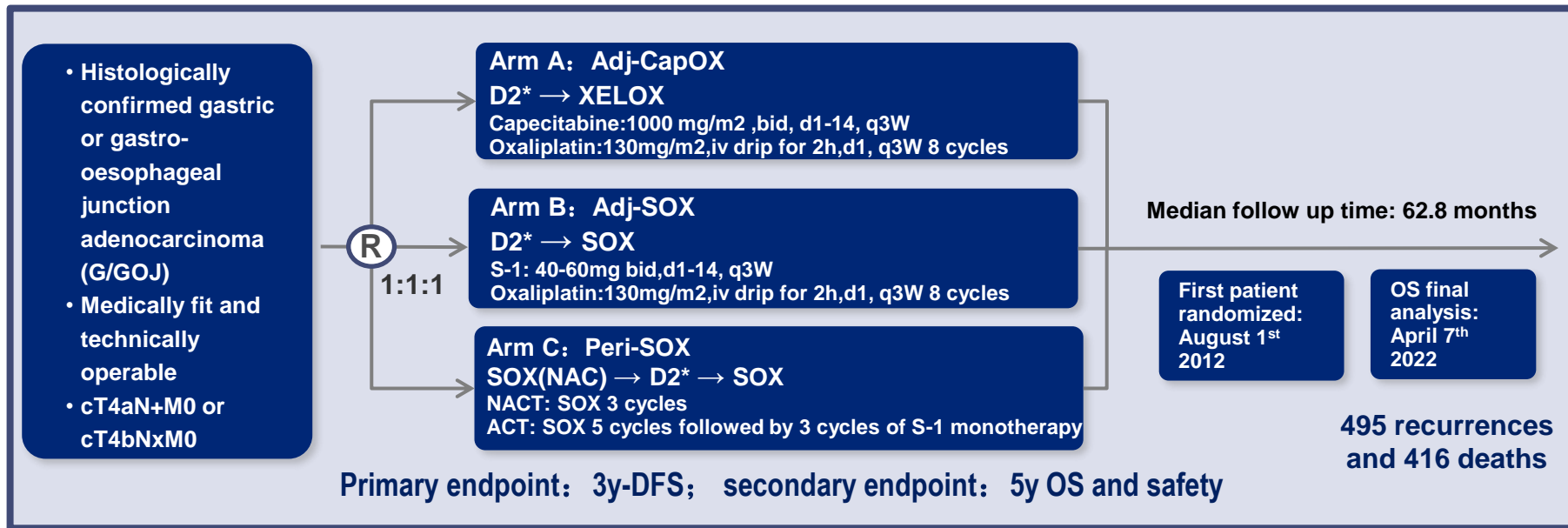


DECLARATION OF INTERESTS

No conflict of interest to declare

Study Design

The RESOLVE Trial (NCT01534546) is a three-arm, randomized, multicenter, open-label phase III trial. Here we update the 5-year overall survival (5y-OS) results.



Stratified by Lauren's classification and Sites

Tumor assessment: CT/MRI of thorax/abdomen/Pelvic, endo-ultrasound (evt. diagnostic laparoscopy)

#N : mITT ; *D2: Gastrectomy with D2 lymphadenectomy by open surgery

Statistics

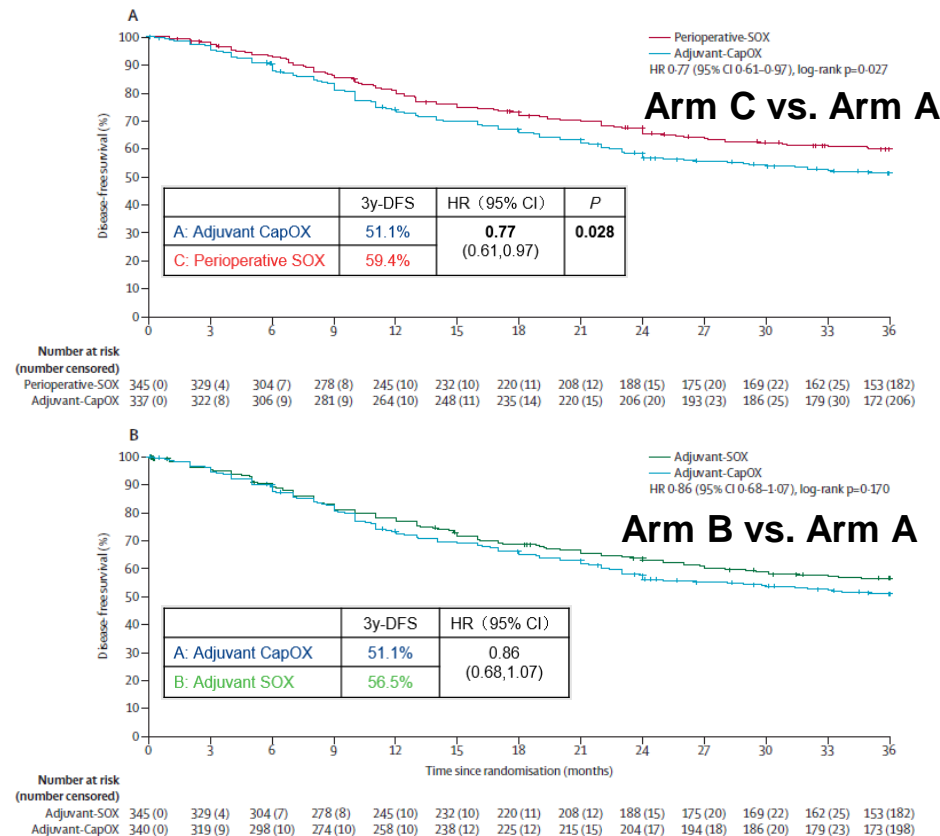
- The design of Arm A and Arm C was a **superior** test with HR 0.778 ;
- The design of Arm A and Arm B was a **non-inferior** test with threshold HR being set at 1.33 ;
- 24 months for enrollment and three years for median follow-up ;
- Based on the use of the log-rank test with **two-sided** significance level of **5%**, **80% power**, and a **10% drop-out** , about 353 patients in each arm, 1059 patients in total required ;

Baseline and 3y-DFS of mITT

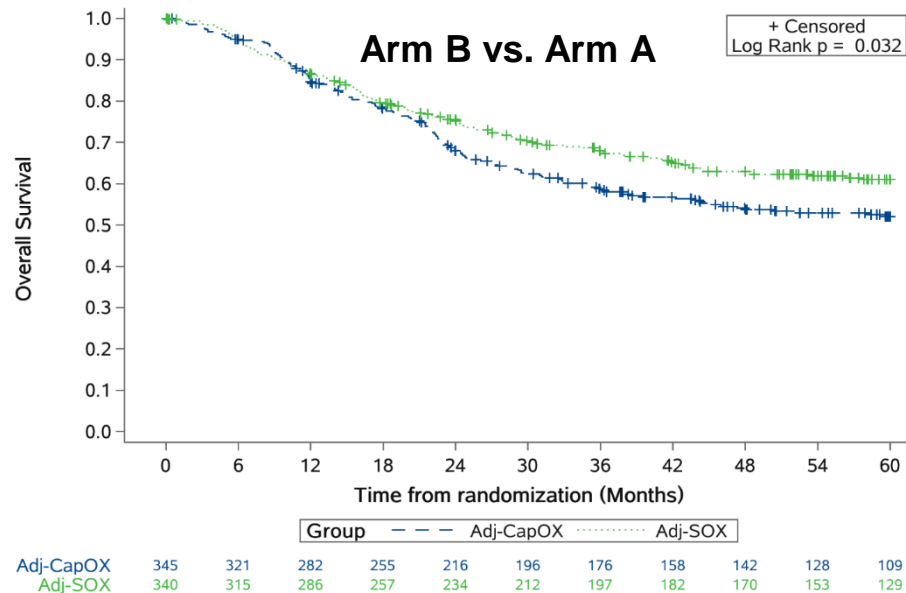
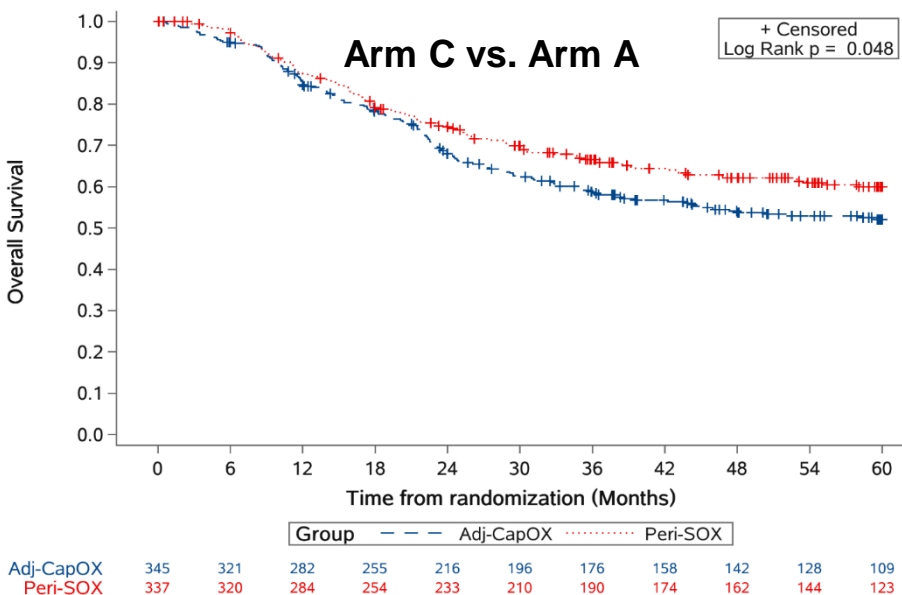
	Adjuvant-CapOx group (n=345)	Adjuvant-SOX group (n=340)	Perioperative-SOX group (n=337)
Age, years			
Median (IQR)	59.0 (52.0-64.0)	59.0 (53.0-65.0)	60.0 (53.0-66.0)
≤65 years	275 (80%)	266 (78%)	250 (74%)
Sex			
Men	259 (75%)	238 (70%)	271 (80%)
Women	86 (25%)	102 (30%)	66 (20%)
Karnofsky performance score ≥80	318 (92%)	312 (92%)	311 (92%)
Location of tumour			
Gastro-oesophageal junction	121 (35%)	123 (36%)	129 (38%)
Stomach	224 (65%)	217 (64%)	208 (62%)
Clinical tumour stage			
cT4a	304 (88%)	308 (91%)	306 (91%)
cT4b	30 (9%)	22 (6%)	21 (6%)
Others	11 (3%)	10 (3%)	10 (3%)
Clinical nodal stage			
cN-	7 (2%)	10 (3%)	12 (4%)
cN+	335 (97%)	330 (97%)	324 (96%)
Other	3 (1%)	0	1 (<1%)
Lauren's classification			
Intestinal gastric cancer	169 (49%)	172 (51%)	169 (50%)
Non-intestinal gastric cancer	176 (51%)	168 (49%)	168 (50%)
Grade			
High differentiation	7 (2%)	4 (1%)	10 (3%)
Medium differentiation	85 (25%)	96 (28%)	87 (26%)
Low differentiation	245 (71%)	234 (69%)	218 (65%)
No differentiation	1 (<1%)	1 (<1%)	4 (1%)
Missing	7 (2%)	5 (2%)	18 (5%)

Data are n (%) unless otherwise stated. CapOx=capecitabine and oxaliplatin. SOX=5-FU and oxaliplatin.

Table 1: Baseline characteristics

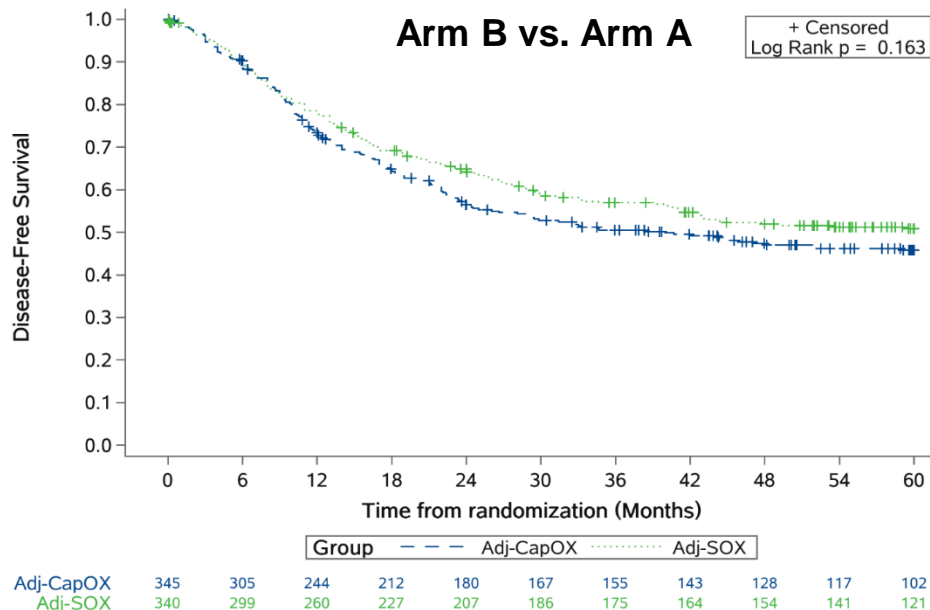
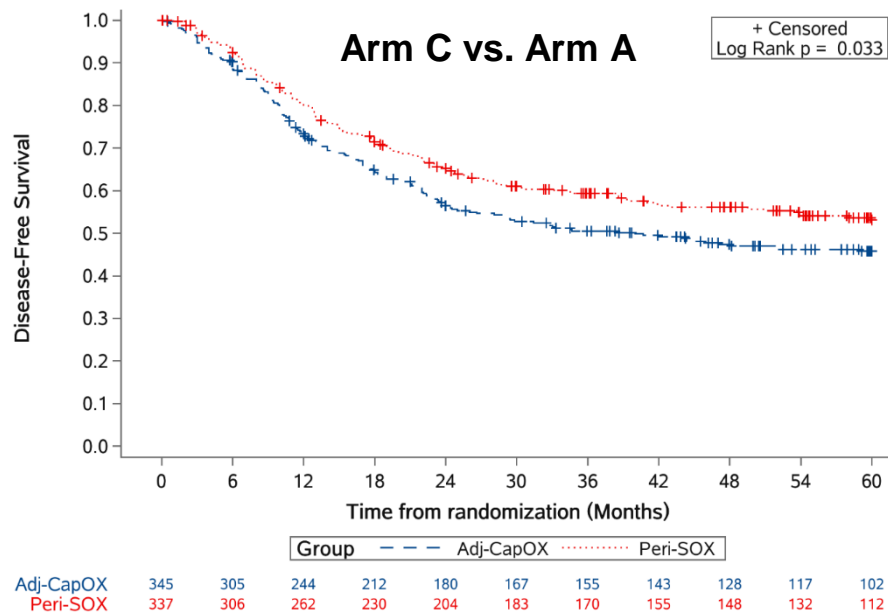


5y-OS of mITT



5y-OS	A: Adj-CapOX	B: Adj-SOX	C: Peri-SOX	C vs. A	B vs. A (non-inferiority)
	52.1%	61.0%	60.0%	HR 0.79, 95%CI [0.62-1.00]; P*=0.049	HR 0.77, 95%CI [0.61-0.98]; p*=0.033

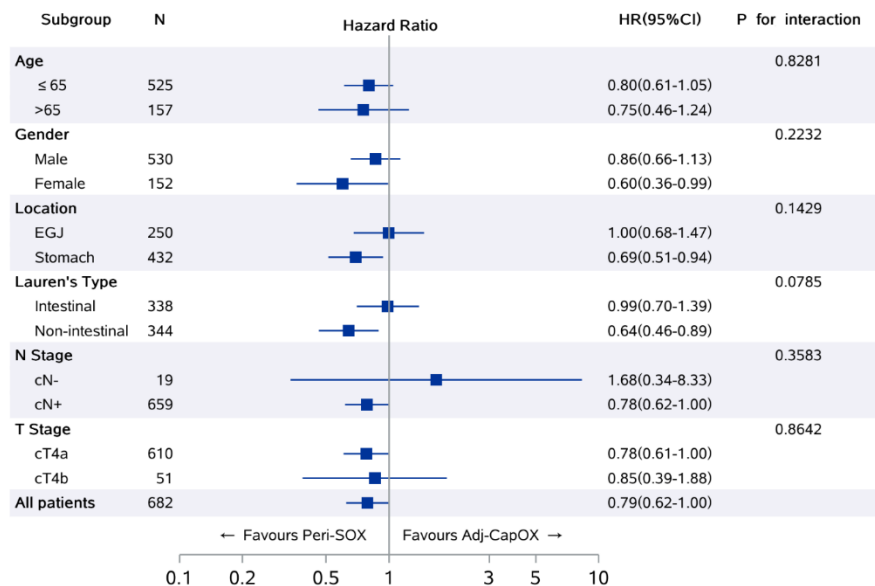
5y-DFS of mITT



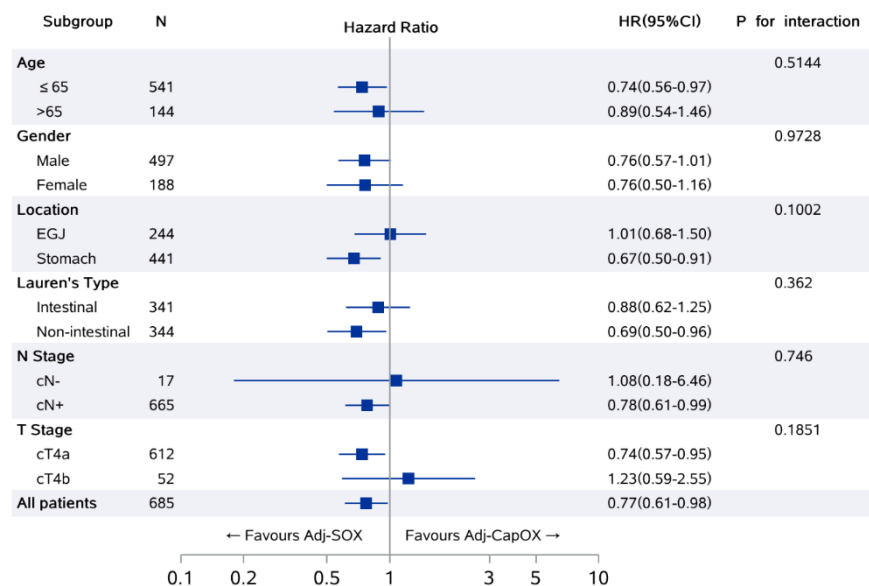
	A: Adj-CapOX	B: Adj-SOX	C: Peri-SOX	C vs. A	B vs. A (non-inferiority)
5y-DFS	45.8%	50.8%	53.2%	HR 0.79, 95%CI [0.63-0.98]; P*=0.034	HR 0.86, 95%CI [0.69-1.06]; P*=0.164

Subgroup Analysis of 5y-OS

Arm C vs. Arm A



Arm B vs. Arm A



Discussion

Ongoing peri-operative studies containing immunotherapy

	Resolve 2	HER-Resolve	HLX10-006-Gcneo(RESOLVE3)
Study design	Phase II/III, randomized	Phase II, randomized	Phase III, randomized
Study regimens	DOS+toripalimab vs. SOX+toripalimab	Herceptin+CAPOX+atezolizumab vs. herceptin+CAPOX+placebo	SOX+HLX10 vs. SOX+placebo
Primary endpoint	pCR rate	pCR rate	EFS
Starting time	2023. 07	2021.1	2019.12
Estimated end of enrollment time	2025.12	2022.9	2023.12

Conclusion

- This study demonstrated D2 gastrectomy with perioperative SOX therapy provided a significant improvement in survival versus the adjuvant CapOx in patients with G/GOJ adenocarcinoma.
- Perioperative SOX chemotherapy could be considered one of the standard treatment options for patients with G/GOJ adenocarcinoma.
- Adjuvant SOX was not inferior to adjuvant CapOx.

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Peking university Cancer Hospital

Tianjin Medical University Cancer Institute & Hospital

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Sun Yat-sen University Cancer Center

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Chinese PLA General Hospital

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Jiangsu Cancer Hospital

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Peking University people's Hospital

The First Hospital of China Medical University

Thank You For Your Attention!

European Society for Medical Oncology (ESMO)

Via Ginevra 4, CH-6900 Lugano

T. +41 (0)91 973 19 00

esmo@esmo.org

esmo.org

