



# Treatment Selection in Gastric Cancer

## First-Line Treatment

Regimens should be selected based on PS, comorbidities, toxicity profile, and biomarker status

Two-drug cytotoxic regimens are preferred because of lower toxicity

- Preferred regimens: 5-FU (or capecitabine) and cisplatin (or oxaliplatin)
- Preferred regimen for HER2+ disease: trastuzumab + cisplatin/5-FU (FOLFOX + trastuzumab is a commonly used regimen)

Recent data regimen

- Pembrolizumab<sup>a,b</sup> (positive data in first-line setting for patients with CPS  $\geq 1$ )

Other recommended regimens

- Paclitaxel with cisplatin or carboplatin
- Docetaxel with cisplatin
- DCF modifications (docetaxel, cisplatin, 5-FU)
- ECF modifications (epirubicin<sup>a</sup>, cisplatin, 5-FU) (epirubicin is not commonly used based on CALGB 80403/E1206 clinical trial findings)
- 5-FU and irinotecan<sup>a</sup>
- Single-agent fluoropyrimidine (5-FU or capecitabine) or taxane

## -Second-Line Treatment

Regimens should be selected based on prior therapy, PS, and MSI/PD-L1 status

Preferred regimens

- Ramucirumab + paclitaxel
- Docetaxel<sup>a</sup>
- Paclitaxel
- Irinotecan<sup>a</sup> (+/- 5-FU)
- Pembrolizumab (MSI-H or MMR-D tumors)

Recent data regimens

- Pembrolizumab<sup>a,b</sup> (positive data in second-line setting for patients with CPS  $\geq 10$ )
- Nivolumab<sup>a,b</sup> (positive data in ONO-4538 trial)

Alternative regimens

- Ramucirumab
- Irinotecan<sup>a</sup> and cisplatin<sup>a</sup> (or docetaxel)<sup>a</sup>
- Pembrolizumab<sup>a</sup> (third line for patients with CPS  $> 1$ )

<sup>a</sup>Not FDA approved. <sup>b</sup>Recent data from clinical trials.

## References

1. NCCN. Gastric cancer. V2.2019.
2. Tabernero J, et al. *J Clin Oncol*. 2019;Abstract LBA4007.