Prospectively collecting cancer data in China
A case study in Advanced Gastric Cancer
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Goals of Gastric Cancer Registry

The registry data will be used to support healthcare planning and outcomes research, including:

• Description of patient characteristics, disease management patterns, and outcomes of care

• Determination of clinical and cost-effectiveness of different treatment regimens, including radiation and supportive oncology therapies

• Description and impact of adverse effects related to different treatment regimens

• Quality-of-life assessments
Duration

Stage 1  
(Pilot feasibility)

Stage 2

Potential extension

6 months*  
Year 1  
Year 2

* Or completion of 1st line advanced therapy
STUDY DESIGN — Registry Pilot Study (Stage 1)

Will investigate

i) patient characteristics and

ii) the nature of the first-line treatment for advanced disease only.

For 100 consecutive patients with advanced stage gastric cancer.

i) Initially diagnosed with advanced disease, or

ii) Progressing to advanced from early stage disease

• As a Registry rather than a clinical study, there is to be **no change in patient treatment** for this study.

• Patient data will simply be collected throughout the course of the patients’ treatment, from the time of their diagnosis with advanced disease to the end of the 6 month follow-up period of the Pilot Study.

• **NOTE:** Stage 2 will aim to investigate later treatments (second/third-line and palliative care) through to survival for all patients.
PRIMARY OBJECTIVE

To quantify the following baseline characteristics at time of diagnosis with advanced gastric cancer

Patient characteristics:

• Height, weight, age, gender, race and ethnicity
• Smoking status (past and current), H. pylori status, family history of gastric cancer
• Health insurance status

Clinical characteristics:

• Dates of initial gastric cancer diagnosis and diagnosis with advanced disease
• Diagnosis details (who and where)
• Location and histology of primary cancer
• Location, size and histology of metastases
• Staging and classification
• Treatments received for early stage disease
EXPLORATORY OBJECTIVE — Is this data available?

Genetic characteristics:

- Tumour genotyping (eg. MET, HER2, C-Kit)
SECONDARY OBJECTIVES

To quantify the nature of first-line treatment of advanced gastric cancer:

- Treatment name/s (might be combination therapy or palliative treatment only)
- Date of starting and stopping this treatment
- Main reason for stopping this treatment (e.g., disease progression, cost, adverse events)
- Healthcare resource use and cost while on this treatment (including prescription medication, primary care and specialist visits, tests/imaging, hospital admissions and surgical procedures)
- Quality of life (EORTC QLQ-C30 and EQ5D)
- Date of disease progression (if occurs within study period)
- Date and cause of death (if occurs within study period)
Selection Criteria

Patients are eligible to be included in the study if they meet all of the following criteria:

1. Patient has histologically confirmed stage IV adenocarcinoma of the stomach or gastro-oesophageal junction.
2. Patient had initial diagnosis or progressed to stage IV adenocarcinoma within the previous month.
3. Patient is commencing or currently undergoing first-line treatment or is not having any active anti-cancer treatment for stage IV cancer.
4. Aged 18 years or older.
5. Measurable or assessable metastatic disease according to WHO criteria.

Patients will be excluded from the study if they meet any of the following criteria:

1. Patient has received prior chemotherapy for stage IV disease.
2. Patient is undergoing or has already undergone second- or third-line treatment for stage IV cancer.
3. Inability to read or understand one of the languages in which patient study materials will be translated.
4. Considered by the investigator to be unwilling or unable to complete the study or comply with the protocol.
5. Currently enrolled in an interventional clinical trial or have participated in an interventional clinical trial within the past 3 months.
Next Presenter

Professor Peiyu Wang, MD and PhD

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Epidemiology of Cancers in China

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Purpose

- Latest Cancer registration data were collected and analyzed.
- Cancer incident new cases and cancer deaths were estimated.
Methods

- On basis of the procedure of evaluation and criteria of data quality from National Central Cancer Registry, the data from 219 cancer registration were checked and evaluated.
Methods

- There were 145 registries’ data of 2010 qualified and accepted for cancer registry.

- Incidence and mortality of major cancer types and overall cancer were calculated stratified by urban or rural areas (eastern, middle, western), gender and age groups.
Methods

- Cancer incident cases and deaths were estimated using age-specific rate and national population in 2010.
- Chinese populationensus in 2000 and Segi’s population were used for age-standardized incidence/mortality rates.
Results

- A total of 145 cancer registries (63 in urban and 82 in rural) covered a population of 158,403,248 (92,433,739 in urban and 65,969,509 in rural areas).
Results

- The estimates of new cancer cases and cancer deaths were 3,093,039 and 1,956,622 in 2010, respectively.
Results

- The crude incidence was 235.2/10^5 (268.7/10^5 in male, 200.2/10^5 in female)
Results

- Age-adjusted incidence by Chinese standard population (ASR China) and by world standard population (ASR word) were 184.6/$10^5$ and 181.5/$10^5$. 

![Age-adjusted incidence graph]
Results

- The cancer incidence and ASR China were 256.4/10^5 and 187.5/10^5 in urban areas, whereas in rural areas, they were 213.7/10^5 and 181.1/10^5, respectively.
Results

- The crude cancer mortality in China was $148.8/10^5$ ($186.4/10^5$ in male and $109.4/10^5$ in female).
Results

- Age-standardized mortality by (ASR China) and by ASR word were 113.9/10^5 and 112.9/10^5.
Results

The cancer mortality and ASR China were $156.1/10^5$ and $109.2/10^5$ in urban areas, whereas in rural areas, they were $141.4/10^5$ and $119.0/10^5$ respectively.
Results

- The cancer of lung, female breast, gastric, liver, esophageal, colorectal and cervical were the most common cancers, while the cancer of Lung, liver, gastric, esophageal, colorectal, breast, and pancreatic were major cause for cancer death.
Conclusions

- China is facing serious cancer burden.
- The cancer burden varies significantly in urban and rural areas.
- The incidence of urban was higher than that of rural areas, while the mortality in urban was lower in rural places.
Conclusions

- The differences between the cities and countryside in medical service and health awareness may be the reasons.

- Moreover, the spectrum of the cancers were also different.
Conclusions

- The upper digestive cancers were the major causes of death for the people in rural areas, whereas the cancers in urban tends to be similar to the high income countries, that is: the lung, female breast, colorectal cancers as well as the thyroid cancer in female keep increasing in recent years in China.
Conclusions

Therefore, the effective preventions and strategies should be taken in different areas and populations.
Next Presenter

Professor Qun Zhao, MD

The Fourth Affiliated Hospital of HeBei Medical University,
China
The diagnosis and treatment of gastric cancer in Hebei province

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Introduction

- The morbidity and mortality of gastric cancer in Hebei province was 38.85/10^5 and 32.34/10^5 respectively in recent years.
- Patients with advanced gastric cancer have different levels of malnutrition.
- The diagnosis and treatment of gastric cancer in HEBEI province were reviewed.
The evaluation of nutritional state

All of the nutritional assessment methods such as the traditional method of nutrition, PG - SGA, NRS2002 can assess the nutritional status of patients with gastric cancer.

But using PG - SGA method shows better than others.

QLQ - ST022 can accurately assess the life quality of different nutritional status.
Accurate staging before surgery is critical

Our study, aimed to investigate the significance of MSCT in the assessment of response during preoperative chemotherapy in patients with advanced gastric cancer.

It was shown that the percentage volume and density reduction rate can help predict the response of AGC chemotherapy, but volume measured by MSCT has better correlation.
Endoscopic diagnosis and treatment

- Because there are no specific symptoms in patients with gastric cancer, and the medical environment in Hebei province is limited, early detection is still a challenge.
- Endoscopic ultrasound has superior T staging ability to PET and CT, which can judge the depth of tumor exactly.
Clinical effect of preoperative therapy

- In our study, XELOX and SOX regimen were highly effective as the peri-operative chemotherapy for locally advanced gastric carcinoma.
- Additionally, patients receiving XELOX and SOX peri-operative chemotherapy showed a trend of prolonged survival.
- Chemotherapy with the XELOX regimen administered in combination with radiotherapy at 45 Gy (25 sessions) is a therapeutic modality with high effectiveness and low toxicity for patients with Siewert II or III adenocarcinoma at the gastroesophageal junction.
Laparoscopy-assisted radical gastrectomy

- Compared with open radical surgery, laparoscopic surgery has advantages like fewer traumas, less blood loss, and rapid recovery, etc., and there is no significant difference on radical degree between the two groups.

- Besides, the recurrence, metastasis and mortality showed no increase compared with open surgery, and worthwhile for spreading in clinical practice.
In recent years, the incidence of proximal gastric cancer has increased.

We compared the outcome of two surgical alimentary canal reconstruction methods after proximal gastrectomy.

Modified double tracks anastomosis as an alimentary canal reconstructive method for radical proximal gastrectomy showed better outcomes than esophagus–remnant stomach direct anastomosis.
Targeting therapy

- The expression of HER-2 protein was 7.581% in patients with gastric cancer.
- Our experience is that, conversion therapy using a combination of XELOX and Herceptin is effective to increase the survival rate in patients with hepatic metastases from gastric cancer.
For more information, please contact us at enquiries@optum.com or +61 2 9572 4500.