Neo-adjuvant chemotherapy (CT) has been shown to improve survival in locally advanced gastric cancer (GC). However CT is also associated with toxicity and poor tolerance. Aim: Identify predictive factors of response to perioperative CT.

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**TÍTULO:** Predictive Factors for Response to Neo-Adjuvant Chemotherapy in Patients with Resectable Gastric Cancer

**OBJECTIVO/INTRODUÇÃO:** Neo-adjuvant chemotherapy (CT) has been shown to improve survival in locally advanced gastric cancer (GC). However CT is also associated with toxicity and poor tolerance. Aim: Identify predictive factors of response to perioperative CT.

**RESULTADOS:** 42 cases were included, mean age was 68±10 years, 67% were male. Esophagogastric junction involvement 12%, gastric body 45%, antrum 43%. The histology was intestinal type in 74% and diffuse in 26%. Response was observed in 71%. Toxicity was reported in 64%, with CT interruption in 38%. Median follow-up was 15.5 months. Mortality was 15 (35.7%). The final model included the following predictors: age (OR 0.898, CI 95% 0.787-1.024; p=0.109), female gender (OR 27.676, CI 95% 0.679-1127.883; p=0.079), poor CT tolerability (OR 0.115, CI 95% 0.028-0.468; p=0.002) and gastric body tumour (OR 0.071, CI 95% 0.005-0.989; p=0.049). The AUROC for the model was 0.943. Histological type, microsatellite instability and E-cadherin immunexpression didn’t show association with CT response.

**DISCUSSÃO:** Increasing age, male gender, poor CT tolerability and gastric body location were independent predictors of non-response to CT. Our model was able to accurately predict CT response. Prospective evaluation is warranted.

**HOSPITAL:** Hospital Beatriz Ângelo

**SERVIÇO:** Gastroenterology, Nutrition, Oncology, General Surgery, Pathology - Hospital Beatriz Ângelo, Loures, Portugal


**CONTACTO:** Carolina Palmela

**EMAIL:** palmela.carolina@gmail.com