

AGAMENON-SEOM MODEL FOR THE PREDICTION OF SURVIVAL IN PATIENTS WITH HER2-POSITIVE ADVANCED ESOPHAGOGASTRIC ADENOCARCINOMA RECEIVING TRASTUZUMAB-BASED FIRST-LINE TREATMENT

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BACKGROUND AND IMPORTANCE

Trastuzumab (T) associated with chemotherapy (CT) (platinum and fluoropyrimidine) is the standard first-line treatment in HER2-positive (HER2+) advanced esophagogastric adenocarcinoma (AGA); however, its benefit are heterogeneous

AIM AND OBJECTIVES

To develop and validate a predictive model for overall survival (OS) and progression-free survival (PFS) in patients with AGA treated with CT and T

MATERIALS AND METHODS

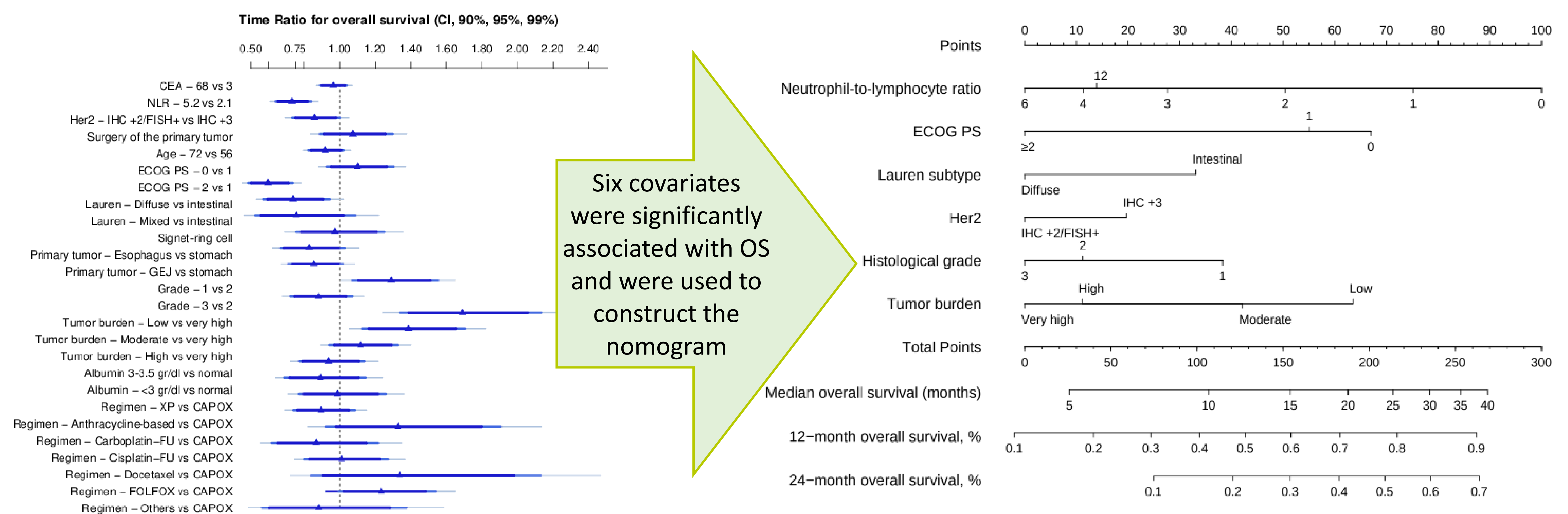
Patients with HER2+ AGA treated first-line with CT and T between 2008 and 2021 were selected from the Spanish Society of Medical Oncology (SEOM)-AGAMENON registry. An accelerated time-to-event model was developed to predict survival and represented as a nomogram and a free access online calculator.

The nomogram was externally validated in an independent series from The Christie NHS Foundation Trust hospital in Manchester, England

RESULTS

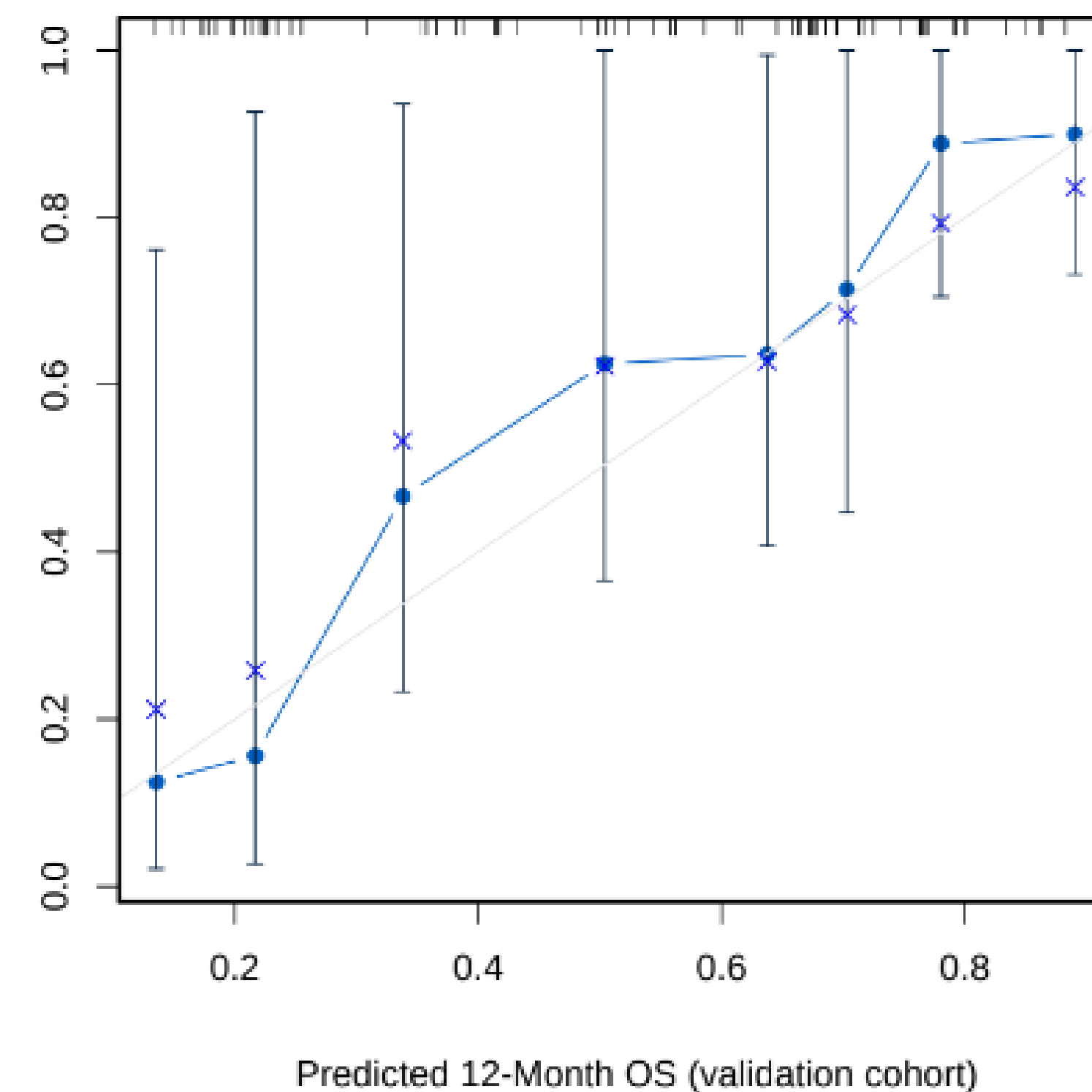
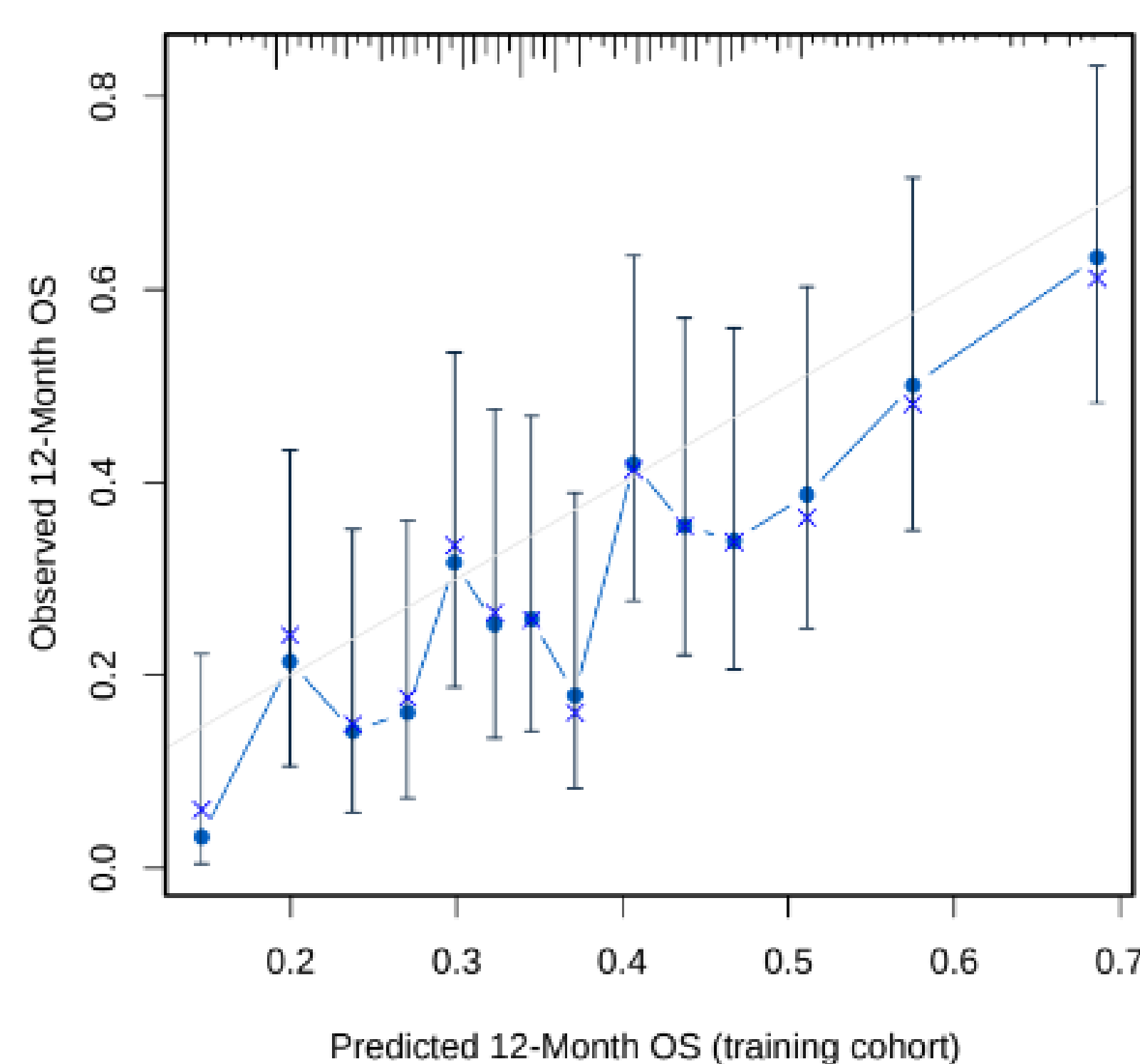
N=737	AGAMENON-SEOM (N=654)	MANCHESTER COHORT (N=83)
PFS (months)	7.76 (95%CI, 7.13-8.25)	8.1 (95%CI, 7.1-11.3)
OS (months)	14 (95%CI, 13.0-14.9)	12.8 (95%CI, 10.3-20.4)
Number of cycles of CT	6 (platinum) and 8 (fluoropyrimidine)	5
Trastuzumab exposure	7.6 months	6.3 months

MODEL DEVELOPMENT



VALIDATION

The AGAMENON-HER2 model demonstrated adequate calibration and fair discriminatory ability with a c-index for PFS and OS of 0.606 (95%CI 0.58-0.64) and 0.623 (95%CI 0.59-0.66), respectively



In the Manchester validation cohort, the model is well calibrated, with a c-index of 0.65 and 0.68 for PFS and OS, respectively

CONCLUSION AND RELEVANCE

Patients with HER2+ AGA receiving T and CT can be stratified using the AGAMENON-HER2 free access prognostic tool
This nomogram could be a valuable tool for therapeutic decision-making in daily clinical practice



Online calculator



Abstract