

Radiation therapy for gastric cancer bleeding

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ABSTRACT

Aims and background. To evaluate the outcome of palliative radiotherapy (RT) for patients with gastric cancer bleeding.

Methods. A retrospective review of 30 patients with gastric cancer bleeding who underwent palliative RT was conducted. Twenty-three patients who received a dose of ≥ 30 Gy in 10 fractions were eligible. The palliative effect was evaluated both in a subjective and objective manner. Subjective symptomatic relief of bleeding was determined and an objective response was evaluated by identifying the amount of transfused packed red blood cells (PRBC) and the mean hemoglobin (Hb) level of patients before and after RT.

Results. Subjective symptom relief was observed in 21 patients. The number of transfused PRBC units was 2 to 25 (median, 6) during the month before RT and 0 to 16 (median, 0) during the month after RT ($P < 0.001$). The average level of Hb increased from 9.1 ± 1.6 g/dL to 10.6 ± 1.6 g/dL ($P < 0.001$). In 9 patients whose laboratory findings were available for ≥ 3 months after RT, the mean Hb at one, two, and three months after RT was 10.7 ± 1.7 g/dL ($P = 0.004$), 10.5 ± 1.0 g/dL ($P = 0.039$), and 9.9 ± 1.0 g/dL ($P = 0.164$), respectively. The median number of transfused PRBC units decreased from 6 to 0 during the three months after RT.

Conclusion. RT may be an effective treatment for gastric cancer bleeding when other modalities are not feasible. In this study, 91% of the patients experienced symptomatic palliation with an elevated Hb level and a decreased number of transfusions after RT.

Key words: gastric cancer, cancer bleeding control, palliative radiation therapy.

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