

# PRODIGY: A Phase III Study of Neoadjuvant Docetaxel, Oxaliplatin, and S-1 Plus Surgery and Adjuvant S-1 Versus Surgery and Adjuvant S-1 for Resectable Advanced Gastric Cancer

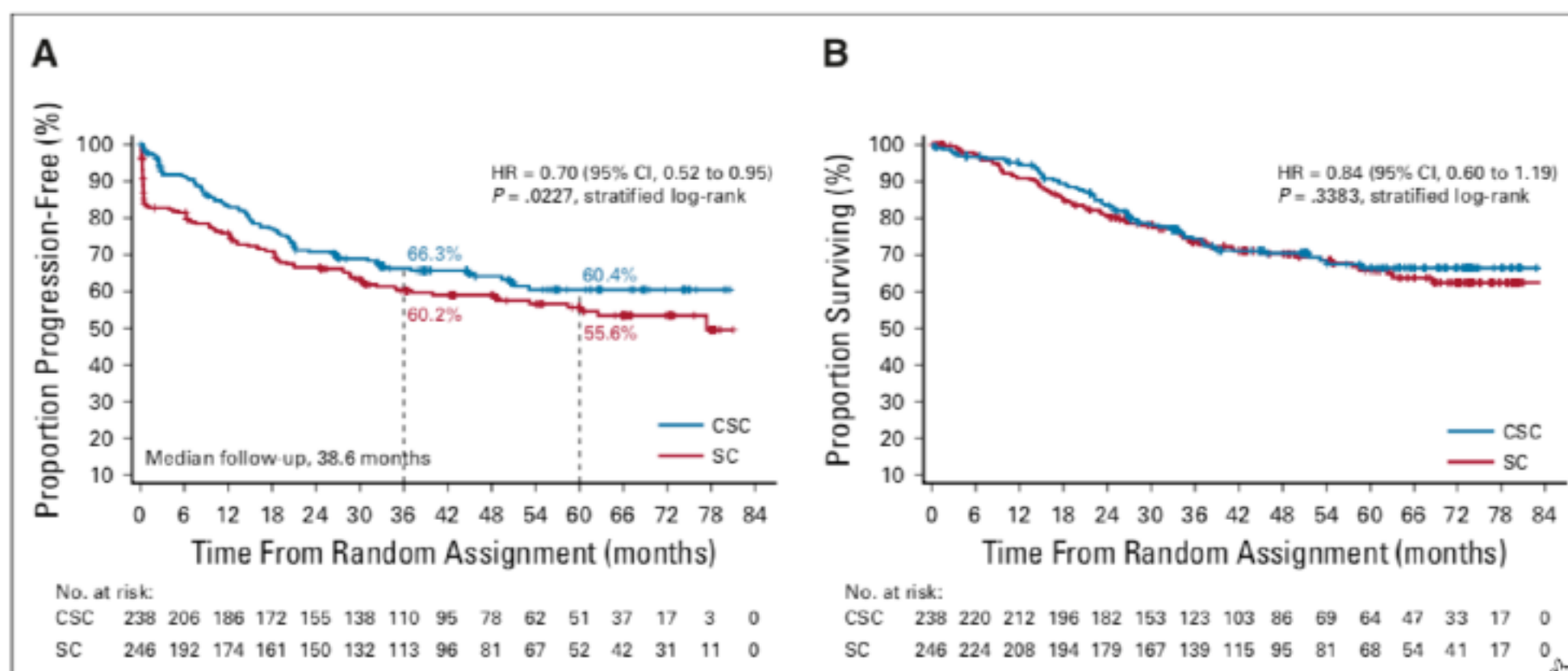
## Key eligibility criteria

Newly diagnosed locally advanced gastric or GEJ adenocarcinoma

cTNM stage: cT2,3/N[+]M0 or cT4/N[any]M0 (AJCC 7th edition)

ECOG PS 0 or 1

Adequate organ function



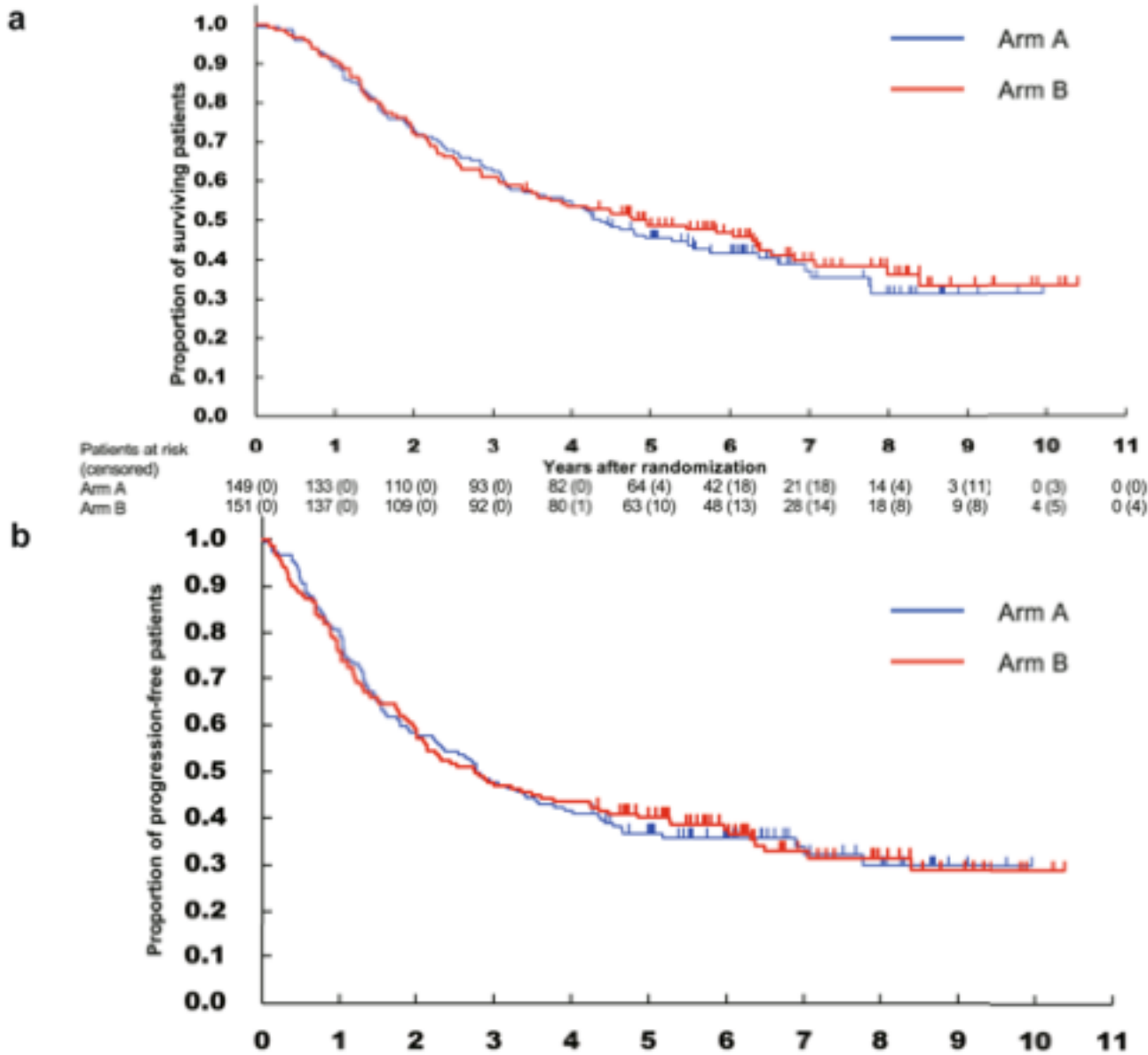
## cStage (strata)

T4/N-	1/4	(25.0)	5/8	(62.5)	0.00	(0.00 to 0.00)
T2/N+	1/12	(8.3)	1/13	(7.7)	0.00	(0.00 to 0.00)
T3-4/N+	80/222	(36.0)	95/225	(42.2)	0.72	(0.53 to 0.98)

In conclusion, addition of neoadjuvant DOS to D2 gastrectomy and adjuvant S-1 led to significant **tumor downstaging** and **improved PFS** with **acceptable safety** in the PRODIGY study. These results suggest that this strategy **should be considered a standard treatment** for patients in Asia with resectable advanced gastric or gastroesophageal cancer. Importantly, the results of PRODIGY support one common treatment strategy—perioperative chemotherapy with surgery—for patients with LAGC in East Asia as well as in the West.

Gastrectomy with or without neoadjuvant S-1 plus cisplatin for type 4 or large type 3 gastric cancer (JCOG0501): an open-label, phase 3, randomized controlled trial

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3-year OS; 62.4% vs. 60.9%  
3-year PFS; 47.7% vs. 47.7%

We concluded that **NAC with SP is not recommended for type 4 or large type 3 GC.**

Thus, the standard treatment remains to be D2 surgery followed by adjuvant chemotherapy.