Individual Patient Data Meta-Analysis of the Value of Microsatellite Instability As a Biomarker in Gastric Cancer

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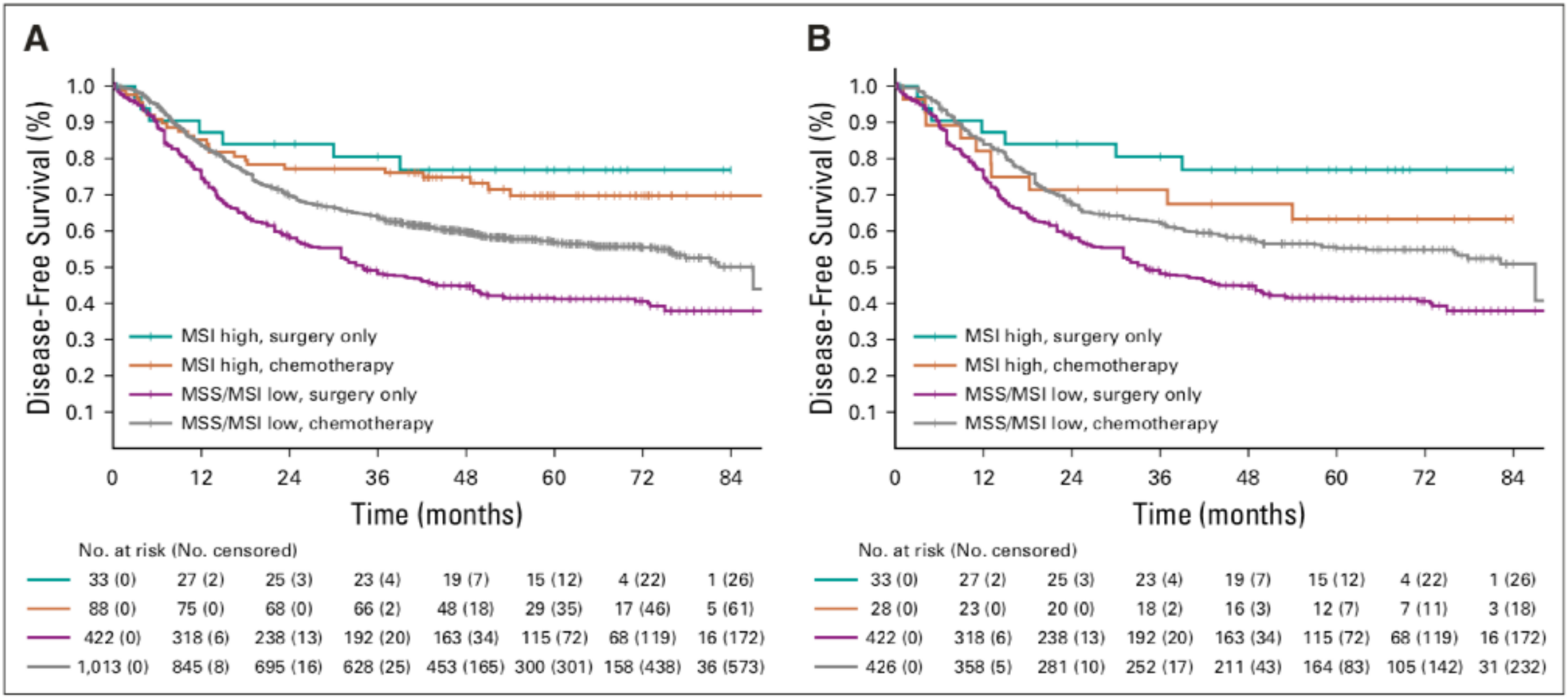

FIG 3. Kaplan-Meier curves of disease-free survival according to treatment (surgery plus chemotherapy *v* surgery only) and microsatellite-instability (MSI) status (MSI-high *v* microsatellite stable [MSS]/MSI-low) in (A) whole trial population and (B) MAGIC and CLASSIC trials only.

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ORIGINAL ARTICLE

Response to neoadjuvant chemotherapy and survival in molecular subtypes of resectable gastric cancer: a post hoc analysis of the D1/D2 and CRITICS trials

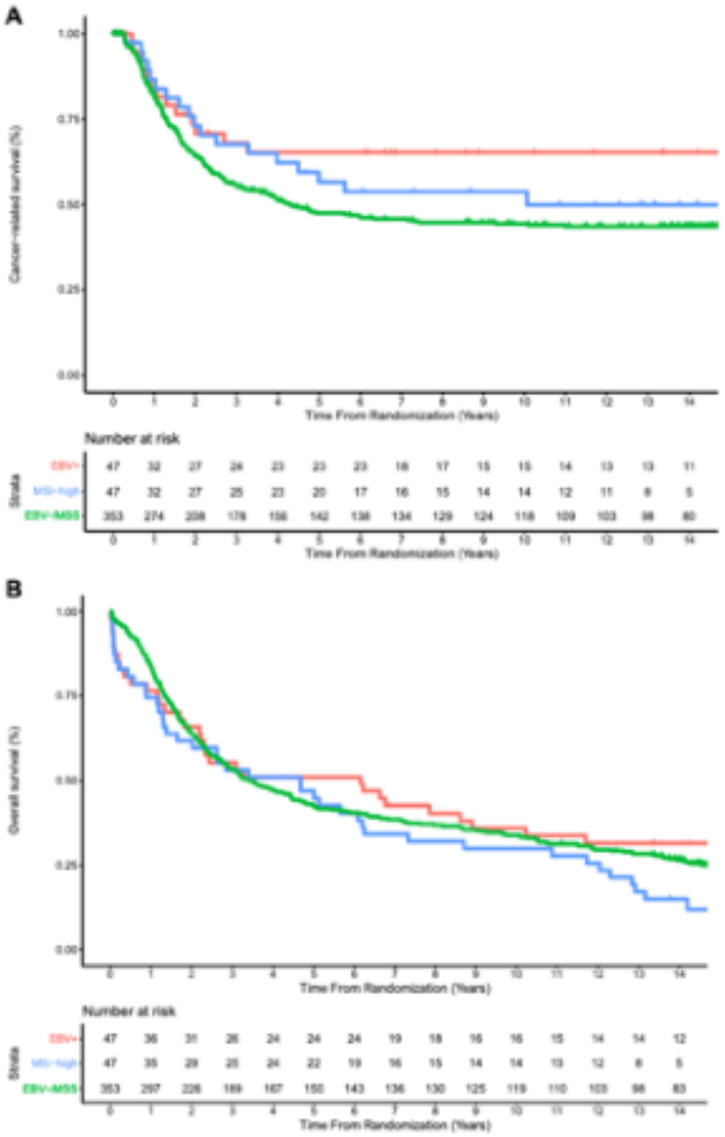

Fig. 2 **a** Cancer-related and **b** overall survival since randomization in 447 patients of the Dutch D1/D2 trial. **a** The hazard ratio was 0.57 (95% CI 0.31–0.99, $P = 0.047$) for EBV+ vs EBV−/MSS, and 0.78 (95% CI 0.48–1.27, $P = 0.32$) for MSI-high vs EBV−/MSS. **b** The hazard ratio was 0.90 (95% CI 0.63–1.30, $P = 0.59$) for EBV+ vs EBV−/MSS, and 1.31 (95% CI 0.92–1.82, $P = 0.10$) for MSI-high vs EBV−/MSS. *EBV+* Epstein–Barr virus positive, *MSI-high* microsatellite instable, *EBV−/MSS* Epstein–Barr virus negative and microsatellite stable

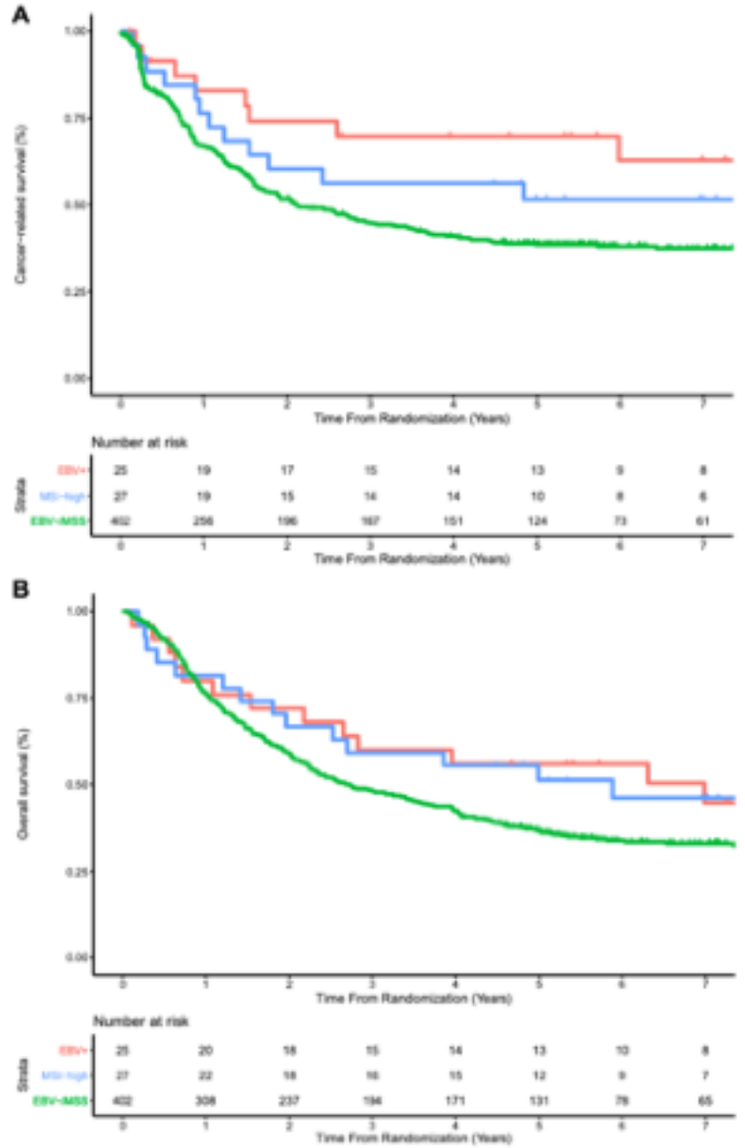

Fig. 3 **a** Cancer-related and **b** overall survival since randomization in 454 patients of the CRITICS trial. **a** The hazard ratio was 0.44 (95% CI 0.22–0.88, $P = 0.02$) for EBV+ vs EBV-/MSS, and 0.67 (95% CI 0.37–1.19, $P = 0.17$) for MSI-high vs EBV−/MSS. **b** The hazard ratio was 0.64 (95% CI 0.36–1.11, $P = 0.11$) for EBV+ vs EBV−/MSS, and 0.67 (95% CI 0.39–1.14, $P = 0.14$) for MSI-high vs EBV−/MSS. *EBV+* Epstein–Barr virus positive, *MSI-high* microsatellite instable, *EBV−/MSS* Epstein–Barr virus negative and microsatellite stable

In conclusion, among molecular subgroups of GCs **EBV+** tumors showed the highest histopathological response rate and favorable outcome compared to EBV–/MSS. We found substantial histopathological response after neoadjuvant chemotherapy in MSI-high GC, **but only in those with a mucinous phenotype.**

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