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# Comparative Efficacy and Safety of Regimens for Pretreated Gastric or Gastroesophageal Junction Cancer: A Systematic Review and Network Meta-Analysis

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## OBJECTIVES

- Comparative evidence on the efficacy of emerging subsequent-line therapies for advanced gastric cancer remains limited.
- This study performed a network meta-analysis (NMA) to evaluate the comparative efficacy and safety of different regimens for **patients with previously treated (second-line and beyond) locally advanced, recurrent, or metastatic gastric or gastroesophageal junction (G/GEJ) cancer.**

## METHODS

- A systematic review and frequentist NMA based on a random-effects model was performed. A systematic search was conducted in **Embase, Web of Science, Medline and CINAHL** databases **up to March 10, 2026**
- to identify eligible clinical trials that assessed regimens for individuals with advanced gastric or gastroesophageal junction cancer who progressed after at least one prior line of systemic therapy.
- The **primary outcomes analysed were progression-free survival (PFS) and overall survival (OS)**. A frequentist NMA based on a random-effects model was conducted using R software to calculate pooled effect estimates with 95% confidence intervals (CIs).
- Study selection, data extraction, and quality assessment were performed independently by two reviewers. This study was registered with PROSPERO (CRD 420261326355) to ensure transparency.

## RESULTS

- Of 6,486 studies retrieved, **23 were included in our study** (Figure 1).
- Compared with chemotherapy, the top-ranked **PFS** regimens were **anbenitamab plus chemotherapy** (HR, 0.25; 95% CI, 0.17-0.38; P-score, 0.982), **camrelizumab plus chemotherapy** (HR, 0.33; 95% CI, 0.14-0.77; P-score, 0.925), and **trastuzumab deruxtecan** (HR, 0.50; 95% CI, 0.40-0.62; P-score, 0.871) (Figure 2).
- For **OS**, **anbenitamab plus chemotherapy** (HR, 0.29; 95% CI, 0.17-0.50; P-score, 0.994), **trastuzumab deruxtecan** (HR, 0.61; 95% CI, 0.48-0.76; P-score, 0.859), and **camrelizumab plus chemotherapy** (HR, 0.62; 95% CI, 0.35-1.09; P-score, 0.779) ranked highest (Figure 3).
- In **subgroup analysis of HER2-positive and trastuzumab treated patients**, **anbenitamab-based regimens achieved the top efficacy** across 4 assessed regimens. **Safety analysis** showed that Trastuzumab deruxtecan was associated with higher risks of both TEAEs and TRAEs than anbenitamab plus chemotherapy and chemotherapy. Anbenitamab plus chemotherapy showed the greatest consistency in P-score values for PFS, OS, and safety.

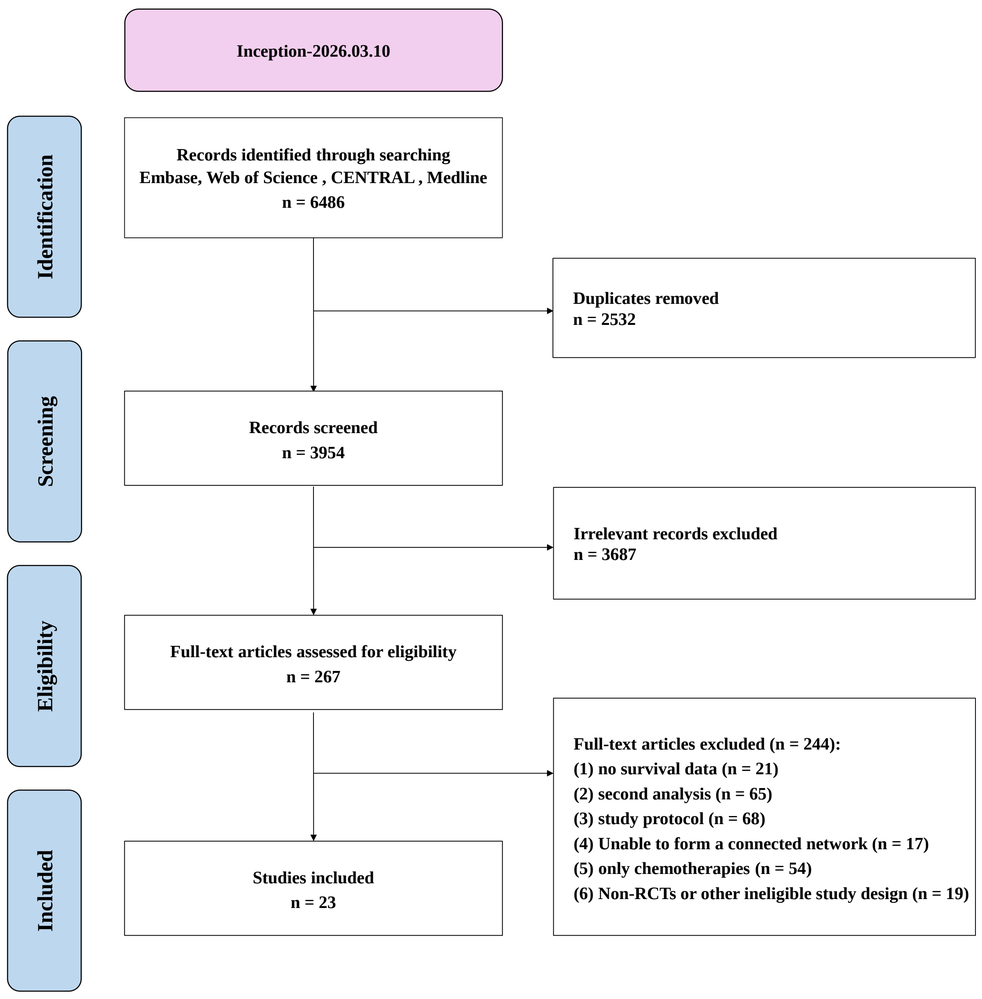


**Figure 1. PRISMA flow chart for study selection**

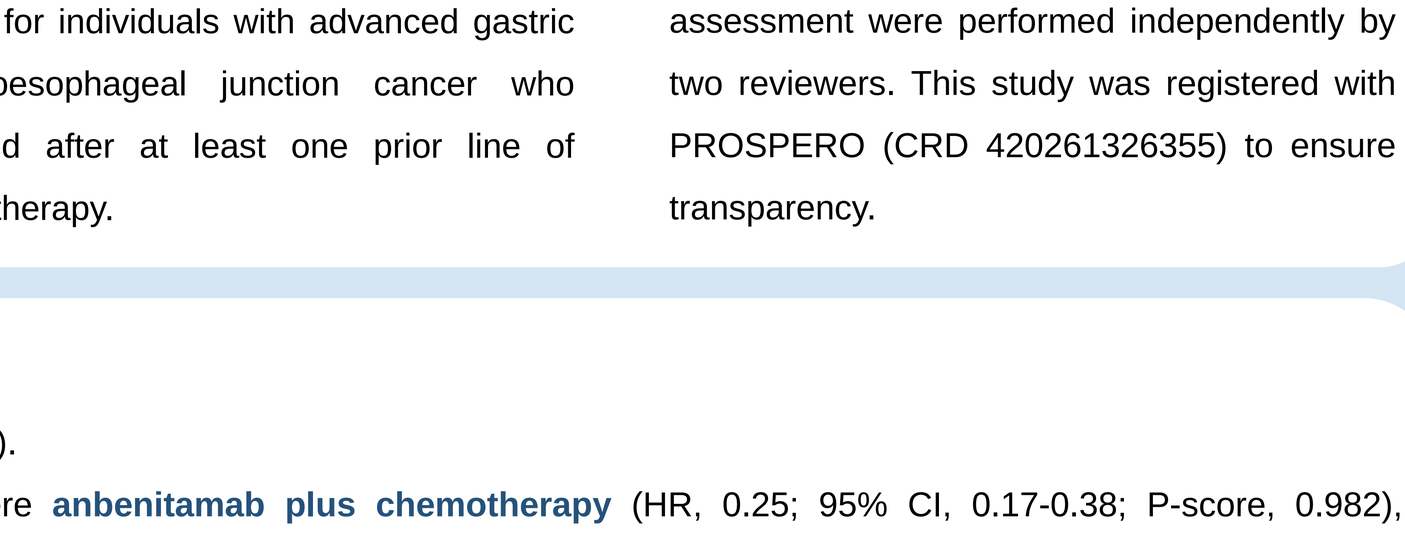


**Figure 2. Results for Progression-Free Survival. A) Network geometry; B) Forest plot comparing the network meta-analysis with chemotherapy**

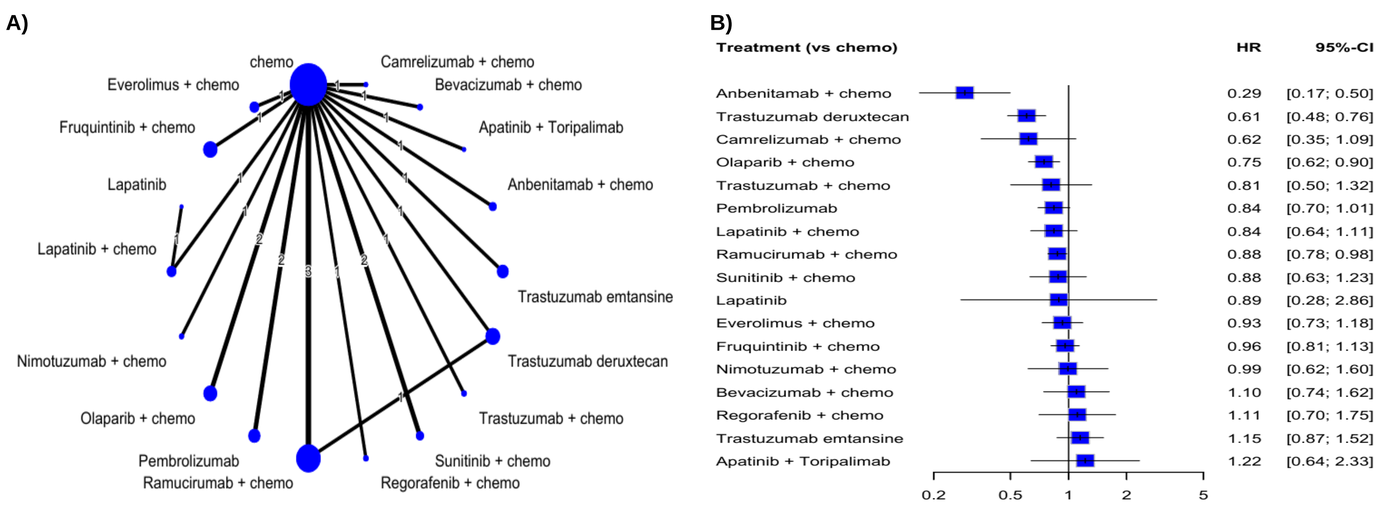


**Figure 3. Results for Overall Survival. A) Network geometry; B) Forest plot comparing the network meta-analysis with chemotherapy**

## CONCLUSIONS

- Anbenitamab plus chemotherapy showed the most favourable efficacy outcomes, with acceptable toxicity, among evaluated regimens for advanced G/GEJ cancer.

## REFERENCES

- Wilke H, et al. Lancet Oncol. 2014;15:1224–35.
- Thuss-Patience PC, et al. Lancet Oncol. 2017;18:640–53.
- Makiyama A, et al. J Clin Oncol. 2020;38:1919–27.
- Shitara K, et al. N Engl J Med. 2020;382:2419–30.
- Shitara K, et al. N Engl J Med. 2025;393:336–48.
- Liu R, et al. Ann Oncol. 2026;37:777–86.
- Wei Q, et al. Oncologist. 2024;29:364–e578.
- Xu RH, et al. Lancet Gastroenterol Hepatol. 2021;6:1015–24.
- Yi JH, et al. Br J Cancer. 2012;106:1469–74.
- Satoh T, et al. Gastric Cancer. 2015;18:824–32.
- Samalin E, et al. ESMO Open. 2025;10:105096.
- Sakai D, et al. J Clin Oncol. 2025;43:2196–207.
- Baeksgaard Jensen L, et al. EClinicalMedicine. 2024;70:102521.
- Chung HC, et al. Cancer. 2022;128:995–1003.
- Satoh T, et al. J Clin Oncol. 2014;32:2039–49.
- Lorenzen S, et al. Eur J Cancer. 2015;51:569–76.
- Sun L, et al. Oncologist. 2025;30:oyaf189.
- Moehler M, et al. BMC Cancer. 2016;16:699.
- Bang YJ, et al. Lancet Oncol. 2017;18:1637–51.
- Bang YJ, et al. J Clin Oncol. 2015;33:3858–65.
- Wang F, et al. Nat Med. 2024;30:2189–98.
- Fuchs CS, et al. Gastric Cancer. 2022;25:197–206.
- Lorenzen S, et al. Int J Cancer. 2020;147:2493–502.