Recurrent Gastric Cancer

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Case presentation

- A 68 years old man;
- Clinical presentation (January 2014):
  - Three months history of epigastric pain, vomiting and weight loss;
  - No comorbidities;
  - ECOG PS 1.

- Endoscopy:
  - Type 3 ulcerated and infiltrating carcinoma of lesser curvature of the stomach.
- A subtotal gastrectomy with gastro-jejunal anastomosis was performed.
- Histopathology: Moderate differentiated adenocarcinoma with infiltration of musculature up to serosa, G2
- Lymphonodular dissection:
  - 0/5 Ln examined, pT3NxF0
Treatment

- pT3NxM0;
- The multidisciplinary staff recommended concomitant RT + 5 Fu;
  - Patient refused RT.
- April 2014:
  - CTH was started, with ECX.
  - After the first CHT, patient refused to take Capecitabine - we switch to ECF.
- October 2014 (after 6 CHT):
  - CT scan-control resulted normal.
Recurrent gastric cancer

- December 2015:
  - the patient presented with epigastic pain and fatigue.
- CT-scan showed:
  - thickening of the walls of gastric stump with infiltration of adipous tissue and regional adenopathy;
  - gastric cancer recurrence with adenopathy and local dissemination.
- Endoscopy:
  - Obstructive advanced carcinoma after subtotal gastrectomy in the level of anastomosis.
- Histopathology:
  - Moderate differentiated adenocarcinoma
Treatment after the recurrence

- **January 2015:**
  - Surgery: total resection of the recurrence, R0;
  - Chemotherapy: Docetacel, first with 3 cycles and evaluation.

- **May 2015 (after 3 cycles of Docetacel):**
  - CT scan-control showed: liver multiple metastasis.

- We switch CTH to Irinotecan every 21 days.
  - After 3 cycles the disease is in remission.
  - The patient is continuing treatment with Irinotecan.