Oligometastatic gastric cancer: a room for multimodality treatment?
Case presentation (1)

- **Pt characteristics**: Male, 65 yrs, ECOG PS 0
- **Past medical history**: MGUS, esophageal achalasia
- **Recent medical history (Sept. 2015)**:
  - Abdominal US for epigastric discomfort: one big-sized liver lesion in S8
  - TB CT scan: gastric thickening, 4.6 cm liver lesion in S8
  - EGDS: 3 cm-ulcer of the corpus of the stomach (HE: poorly differentiated adenocarcinoma, HER2-negative)

Stage IV (limited) gastric adenocarcinoma  →  1-line triplet chemotherapy (i.e. EOX)
Case presentation (2)

- **Baseline CT scan**

- **CT scan after 6 cycles of EOX**
  (from Sept. 2015 to Jan. 2016)
Case presentation (3)

- At that time, we considered:
  - Stop chemo and apply a watchful-waiting strategy
  - Fluoropyrimidine maintenance (Qiu et al. Tumour Biol, 2014)
  - Surgical approach (Gadde et al. J Surg Oncol, 2015)

  Based on the very good PR achieved, fit pt and the chance of R0, on 17/02/16 pt underwent:

1. Gastrectomy + esophagus-jejunal end-to-side Roux-en-y + D2 lymphadenectomy (53 lymph nodes)
2. Intraoperative EUS (only 1 lesion confirmed)
3. S VIII wedge resection (positive for adenocarcinoma)
4. S VI biopsy (negative for adenocarcinoma)
5. Final histopathological stage: ypT0 N0(0/53) M1(liver)R0

No adjuvant therapy was administered and since then he continued on follow-up without evidence of disease recurrence
AGC: a tale of (at least) 2 diseases

Locally advanced unresectable

**Survival:** median 11 months if left untreated
median 14 months if treated

**Aim of treatment:** tumor shrinkage to obtain
resectability; survival similar to initially resectable tumor

**Preferred regimen:** triplet including docetaxel or
epirubicin

Metastatic

**Survival:** median 3 months if left untreated
median 9-11 months if treated

**Aim of treatment:** symptoms palliation, QoL, prolonged survival

**Preferred regimen:** fluoropyrimidine/platinum agent
doublet (e.g. FOLFOX)

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1 Salati, Cascinu
ESMO Open, 2017
2 Cunningham et al.
NEJM, 2010
AIO-FLOT-3: overall survival

- mOS 22.9 months for arm B vs 10.7 months for arm C (HR 0.37; P < .001)
- mOS 31.3 months (95% CI, 18.9-upper level not achieved) vs 15.9 months (95% CI, 7.1-22.9)
In summary…

- Pts with limited metastatic spread seemed to belong to an intermediate prognostic group of AGC, with a prognosis better than multilimmetastatic pts but worse than those with locally advanced disease.

- They could benefit from multimodality treatment, including neoadjuvant chemo followed by surgery.

- It is crucial patients selection (e.g. age<70 yrs, ECOG PS 0-1, retroperitoneal lymph-nodes only, liver only, localized peritoneal carcinomatosis, etc).

- Prospective randomized controlled trials are warranted to ascertain the real meaning of this finding in daily practice.
THANK YOU FOR YOUR ATTENTION