GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

ESMO SUMMIT RUSSIA 2019

Gastric Cancer

Saint-Petersburg scientific practical center of specialized kinds of medical care (oncological)

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CASE PRESENTATION

- 67-year old man, presented in 2013 with loss of appetite.
- Gastroscopy –gastric tumor
- Biopsy: non-differentiated adenocarcinoma
- Her2/neu negative; MSI, PD-L1 expression – not tested
- CT scan 02.13: gastric tumor, enlargement retroperitoneal lymph node

First-line treatment

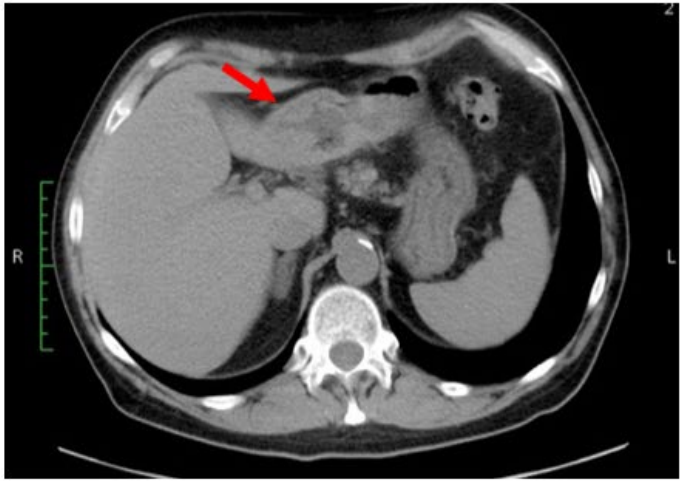
- Doublet or triplet platinum/fluoropyrimidine combinations are recommended for fit patients with advanced gastric cancer [I, A]
- Patients with inoperable locally advanced and/or metastatic (stage IV) disease should be considered for systemic treatment (chemotherapy), which has shown improved survival and quality of life compared with best supportive care alone [I, A]. However, comorbidities, organ function and PS must always be taken into consideration [II, B]
- Capecitabine is associated with improved OS compared with infused 5-FU within doublet and triplet regimens [I, A]
- DCF in a 3-weekly regimen was associated with improved OS, but also added significant toxic effects including increased rates of febrile neutropaenia [I, C]

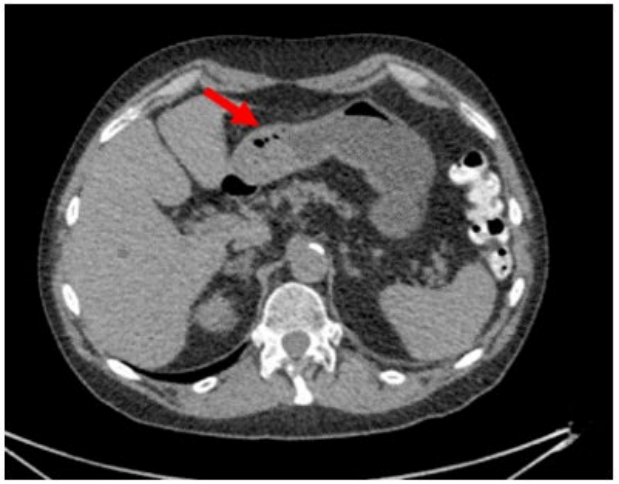
Elderly patients with gastric cancer

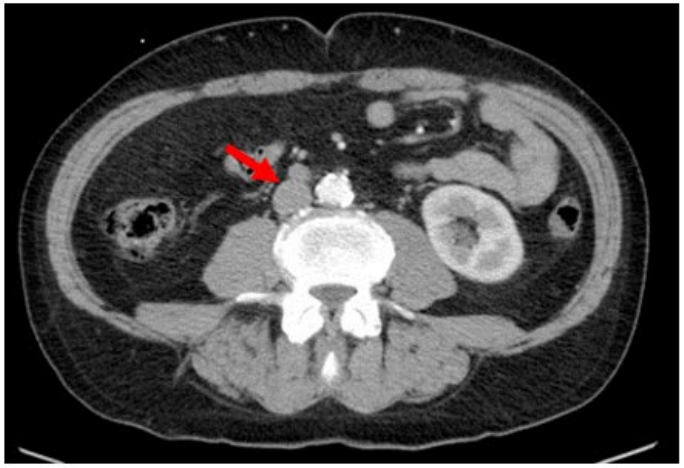
- Regimens that have been specifically addressed in phase II trials in elderly patients with comparable survival results include capecitabine and oxaliplatin, FOLFOX, single-agent capecitabine and S1 (in Asian patients) [III, B]
- The FLOT regimen is associated with a trend towards improved PFS but also with increased toxicity [II, B]

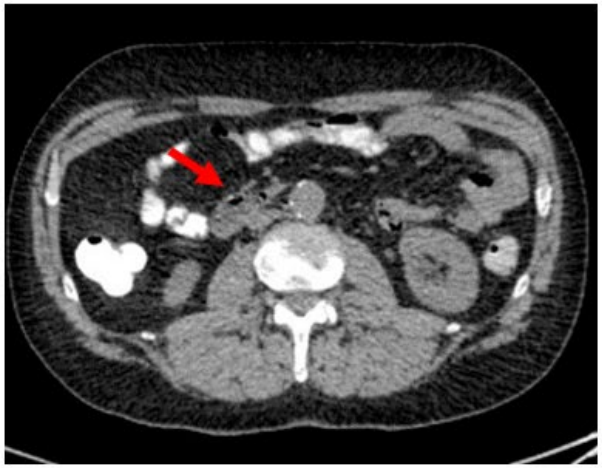
- 1st line: 6 cycles ECF until 08.13
- Max.effect – CR
- Re-biopsy – without tumor cells
- Observation until 10.14

Reference









CT 10.02.13: Base-line

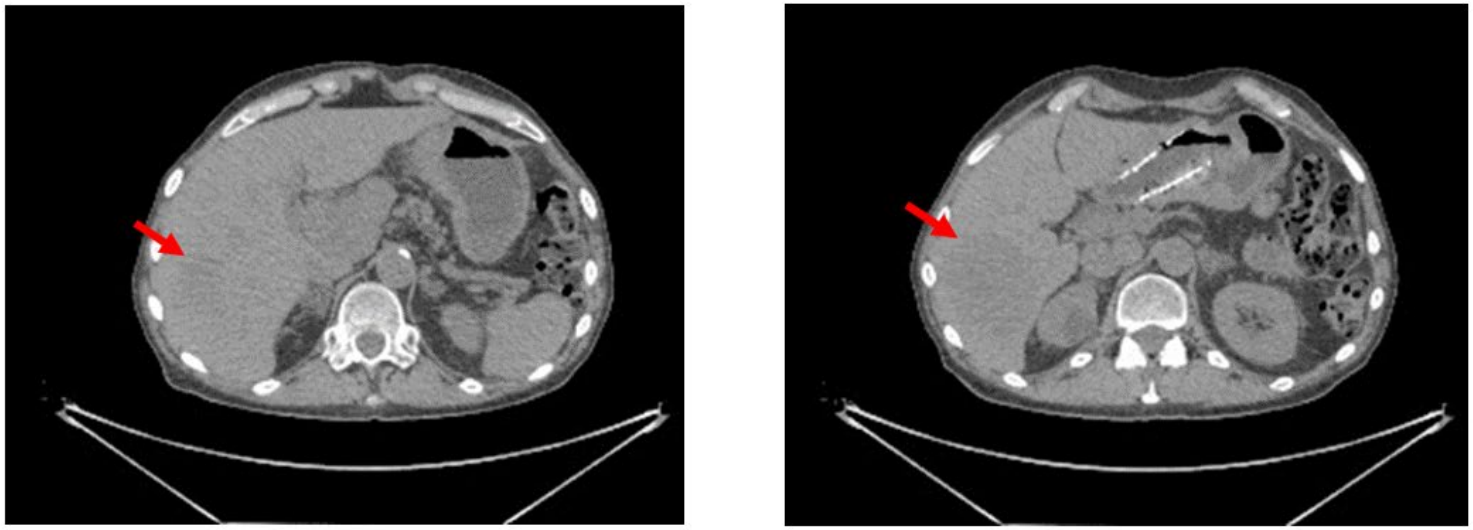
CT 02.08.13: CR

- PD in 11.14 – growth of primary tumor and lymph node
- 2nd -line – 12 cycles Capecitabine until 11.15
- Max.effect – SD

Second- and further-line treatment

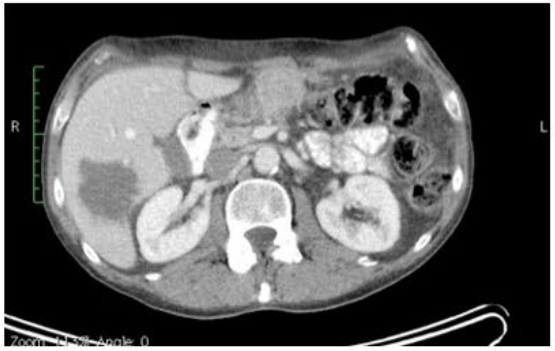
- Second-line chemotherapy with a taxane (docetaxel, paclitaxel), or irinotecan, or ramucirumab as a single agent or in combination with paclitaxel is recommended for patients who are of PS 0–1 [I, A]
- Similar efficacy has been demonstrated for weekly paclitaxel and irinotecan [I, A]
- In patients with disease progression >3 months following first-line chemotherapy, it may be appropriate to consider a rechallenge with the same drug combination [IV, C]
- In patients with symptomatic locally advanced or recurrent disease, hypofractionated RT is an effective and well-tolerated treatment modality that may palliate bleeding, obstructive symptoms or pain [III, B]

- PD in 11.15 – growth of primary tumor, enlargement retroperitoneal lymph node, liver metastases
- Antrum stenosis - stent installation
- 3rd –line: 4 cycles ECF until 03.16
- PD in 03.16 – growth of liver metastases

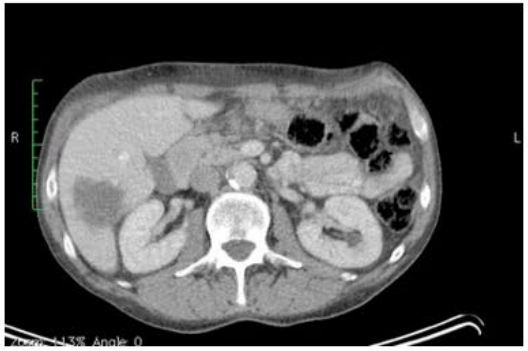


CT 10.03.16:growth of liver metastases

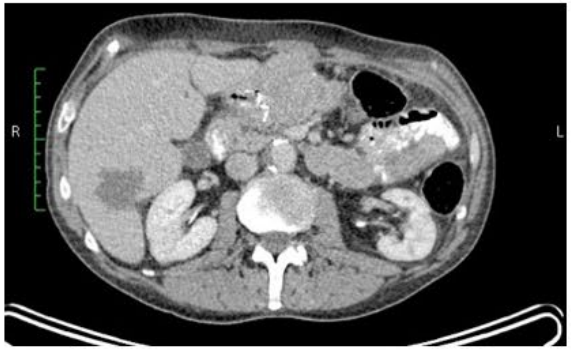
- 4th -line - Pembrolizumab 200 mg every 21 days. He received 20 cycles.
- After 9 cycles – PR



After 4 cycles
Pembrolizumab

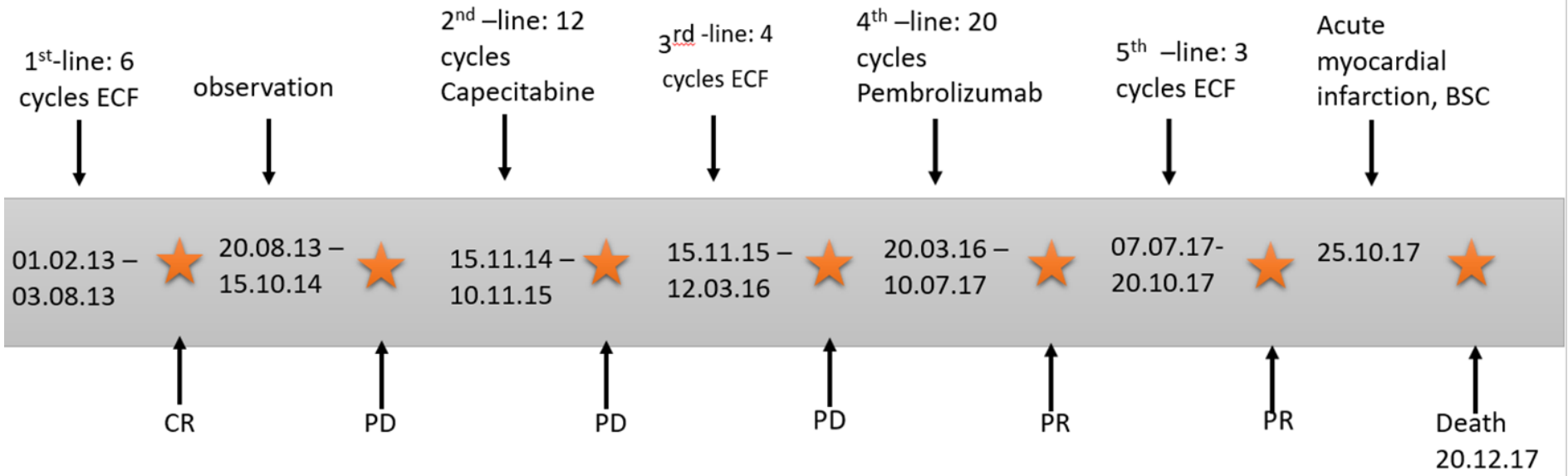


After 6 cycles
Pembrolizumab



After 9 cycles
Pembrolizumab

- PD in 07.17 – growth of primary tumor, liver metastases
- 5th –line: 3 cycles ECF until 10.17
- Max.effect – PR
- Recurrent antrum stenosis – restenting
- Acute myocardial infarction in 10.17
- BSC
- Death in 20.12.17


1st-line: 6 cycles ECF
observation
2nd –line: 12 cycles Capecitabine
3rd -line: 4 cycles ECF
4th –line: 20 cycles Pembrolizumab
5th –line: 3 cycles ECF
Acute myocardial infarction, BSC
01.02.13 – 03.08.13
20.08.13 – 15.10.14
15.11.14 – 10.11.15
15.11.15 – 12.03.16
20.03.16 – 10.07.17
07.07.17- 20.10.17
25.10.17
CR
PD
PD
PD
PR
PR
Death 20.12.17

Thank you for attention!