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ESMO Preceptorship Programme

Gastric Cancer – Barcelona – 31st of August 2019

Dr Kenrick KH Ng
Specialist Registrar in Medical Oncology & Clinical Research Fellow
University College London Hospitals, London, United Kingdom

Humoral Hypercalcaemia of Malignancy in Newly Diagnosed Gastric Cancer

DISCLOSURE OF INTEREST

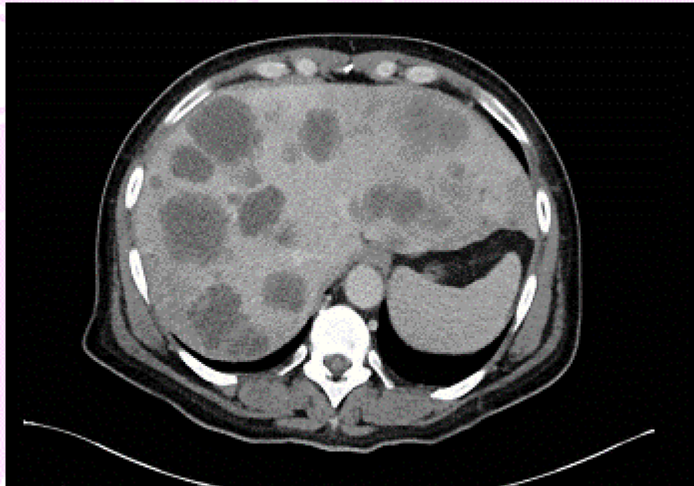
- **Consultancy fees/Honoraria**: Tesaro
- **Travelling/Accommodation/Expenses**: Tesaro, GlaxoSmithKline
- **Funding**: Cancer Research UK (CRUK) Clinical Training Fellowship Fund

Background

- 53-year old Caucasian lady presented to GP with early satiety and 5kg weight loss over a few months. No changes in bowel habits.
- **Past Medical History**: Hypothyroidism, Anxiety, Superficial Scalp Melanoma 2010 (excised)
- **Drug History**: Citalopram, Levothyroxine. No known allergies
- **Social History**: Never smoker, occasional alcohol. Childminder to two teenage children.
- **Family History**: Nil
- On examination, mild jaundice and evidence of hepatomegaly. No abnormal breast lesions.

Investigations

- **Bloods**: Na 139, K 4.2, Cr 92, Bilirubin 30 (3-17), ALT 120 (7-56), ALP 200 (2-140), Corrected Calcium 2.45 (2.20-2.60).
- **Tumour Markers**: CEA, CA-125, S-100, CA-199, AFP within normal range.
- Ultrasound suggestive of bilobar metastases



Multiple liver metastases but primary not identified.

Recommended liver biopsy and tumour markers.

Further Investigations

- **Liver biopsy**: Poorly differentiated adenocarcinoma, CK7+, CK20+, CDX-2 positive

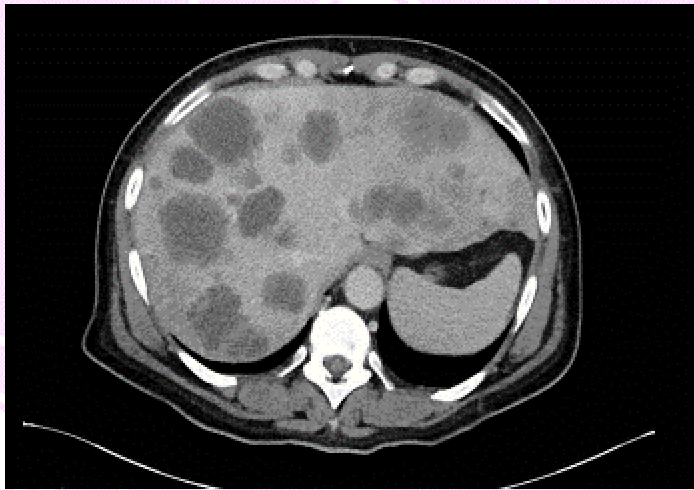
- **Endoscopy (OGD):** Mass in gastric antrum. Biopsy suggestive of adenocarcinoma, HER2 status pending.

- Patient promptly recalled to clinic to commence chemotherapy:
  - Attended in wheelchair, slurred speech.
  - Performance Status 4
  - Obtunded, GCS 10/15
  - CT head: No evidence of brain metastases

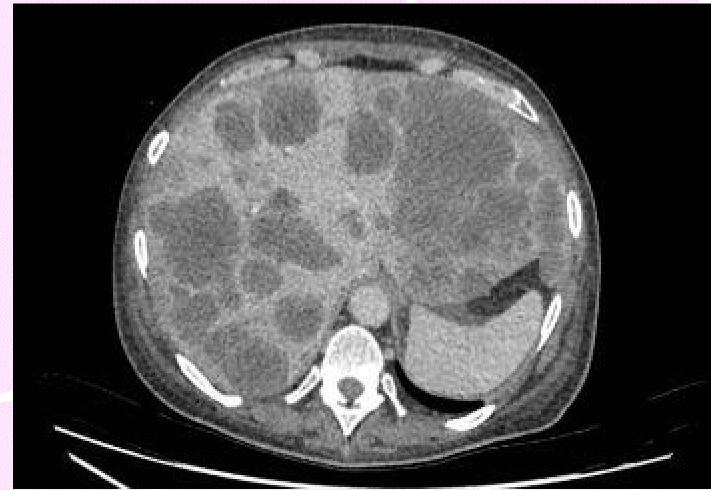
- Admitted to ward, palliative care called. Laboratory contacted ward doctors: **Corrected Calcium 4.89** (2.20-2.60)

Inpatient Management

- Bisphosphonates (zometa 4mg), intravenous hydration of 6L daily, repeat staging CT after hydration. **PTH 9.8** (1.6-6.9). No evidence of parathyroid adenoma on neck scan. HER2 returned negative.



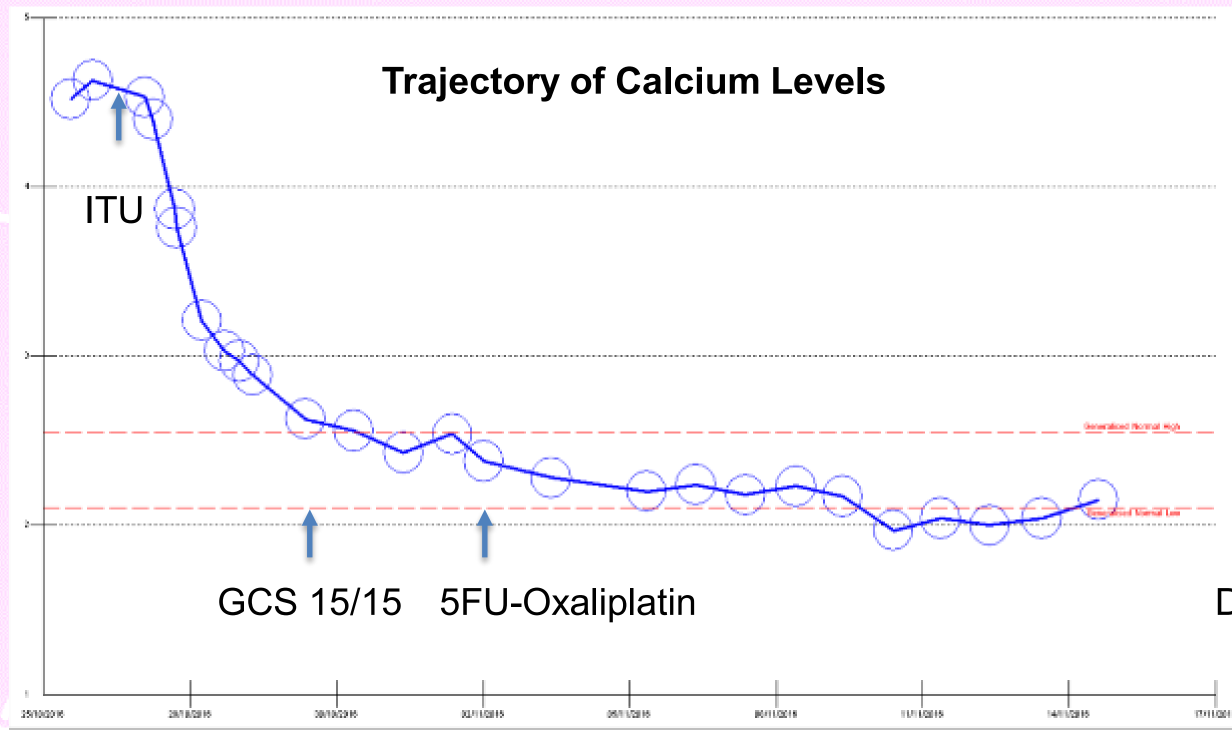
Initial CT scan



3 weeks later

- Calcium not responsive to rehydration and bisphosphonates. Discussion between nephrology, intensive care and oncologists: **for filtration in intensive care**

Conclusion and Discussion Points



Discussion Points:

- **How common is HHM in gastric adenocarcinoma?** *(Kumar et al, Journal of Gastric Cancer 2016)*
- **PTHrP not routinely measured in UK labs.** Is it appropriate to measure in this case?
- **Would her management have changed in the era of immunotherapy?**

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