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## HER2 Positive, Metastatic Gastric Adenocarcinoma

# DISCLOSURE OF INTEREST

- ⦿ No conflicts of interest

# Case Presentation

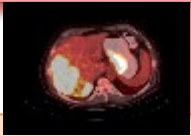
- ⦿ 62 year-old male
- ⦿ Presented w new onset dyspepsia
- ⦿ History: No co-morbidities, no family history of malignancy
- ⦿ May 2017: upper GI endoscopy revealed mass lesion on lesser curvature
- ⦿ Ca19.9 was 4379 U/mL at diagnosis

# Case Presentation

- ⊙ Pathologic assessment (May 2017)
  - Poorly differentiated adenocarcinoma
  - C erb-B2: +++
  - **We need positive FISH/DISH/SISH result for reimbursement**
  - FISH result negative for HER2 gene amplification
    - **HER2:CEP17 ratio =1.7**

## PET/CT: May 2017

- Primary mass lesion in stomach
- Multiple metastasis in liver
- High FDG uptake in coeliac lymph nodes



- Maintenance therapy w capecitabine for 4 cycles
- PET/CT: Jan 2018
  - PD – new lesion in liver



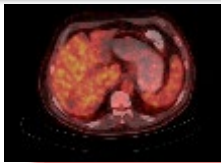
## March 2018

- Paclitaxel+Trastuzumab for 6 cycles

## September 2018

- Paclitaxel omitted, Trastuzumab Q3W

- Cisplatin+Capecitabine for 4 cycles
  - G3 GI bleeding
  - G3 fatigue
- PET/CT: July 2017
  - PR



## February 2018

- New biopsy and new FISH test is positive for HER2 amplification
- **HER2:CEP17 ratio =2.1**

July 2019  
PET/CT: No FDG uptake, ECOG PS:0



# Discussion

- ⦿ Any role of maintenance capecitabine in gastric cancer
- ⦿ Would you re-start paclitaxel after progression w/wo trastuzumab?

Thank you for your attention