

Joel Rafael Veas Rodriguez, MD. Medical Oncology Resident
University Hospital “Arnau de Vilanova”. Lleida. Spain.

Effect of HER-2 targeting drugs as a pretreatment therapy in Gastric Cancer

DISCLOSURE OF INTEREST

No conflicts of interest to declare.

Clinical case

67 year old caucasian female.

History of HTA.

No family history. No drug use.

- September 2011: Complains about epigastric pain, nausea, vomiting, melena and weight loss of 5 Kg in the previous month.
 - P: ECOG 1.
 - HB: 7.9 mg/dL.

Diagnostic and staging

- Gastroscopy: Tumoral mass in the gastric body that did not allow the passage of the endoscope.
- CT:
 - Thickening of the body and gastric antrum.
 - 7 cm extra-gastric mass.
 - Multiple lymphadenopathies (Celiac trunk, hepatic hilum, gastrohepatic ligament and periaortic level at the left renal hilum).
 - Multiple liver lesions between 0.5 and 2,5 cm.
- Gastric biopsy: “Poorly differentiated gastric ADC, c-erbB2: +2, FISH: pending”.



Initial Clinical Stage: T4N3M1

- October 2011: Started palliative ChT - Capecitabine 1000 mg/m²/12h + Oxaliplatin 130 mg/m² every 21 days.*
 - After 4 cycles: PR > 50%.
 - MDT: Rejects patient for surgery because of liver lesions.
 - Completed 6 cycles of ChT with CR of the primary tumor and lymphadenopathies in the CT scan; the liver lesions did not change.**

* Because HER2 FISH was finally positive, at the third cycle started Trastuzumab (8 mg/kg loading dose, followed by 6 mg/kg every 21 days)

** They did not associate contrast enhancement and were finally considered as hepatic cysts.



Initial Clinical Stage: T4N3M1

- October 2011: Started palliative ChT - Capecitabine 1000 mg/m²/12h + Oxaliplatin 130 mg/m² every 21 days.*
 - After 4 cycles: PR > 50%.
 - MDT: Rejects patient for surgery because of liver lesions.
 - Completed 6 cycles of ChT with CR of the primary tumor and lymphadenopathies in the CT scan; the liver lesions did not change.**
- May 2012: Total gastrectomy + D2 lymphadenectomy.
 - Final pathology report “reparative changes with gigantocellular granulomatous inflammation, without evidence of gastric body disease and same findings in 8 of 11 isolated lymph nodes”

* Because HER2 FISH was finally positive, at the third cycle started Trastuzumab (8 mg/kg loading dose, followed by 6 mg/kg every 21 days)

** They did not associate contrast enhancement and were finally considered as hepatic cysts.

Final Stage: ypT0ypN0 M0

- ◉ June 2012: Patient continued trastuzumab 6 mg/kg every 21 days until completing one year of maintenance therapy.

Follow up

- ◉ Every 3 months the first 2 years and then every 6 months until the 5th year.
- ◉ May 2019: no evidence of recurrence 7 years after surgery. No comorbidities with general good quality of life.

Discussion

This case illustrates a complete response after neoadjuvant ChT with trastuzumab - containing regimen and the benefit of its continuation as a maintenance therapy in a patient with locally advanced gastric cancer. However the use of HER2 targeting drugs as a pretreatment therapy in GC patients remains a question.

Thank you for your attention.