ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

ESMO Preceptorship Programme

Gastric Cancer– Barcelona – 30 - 31 Aug 2019

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Advanced Gastric Cancer, HER2-positive, treated with Immunotherapy

DISCLOSURE OF INTEREST

- No conflicts of interest

BACKGROUND

Female, 79 years, PS ECOG 1, no past medical history

- **May 2017** Episode of melena→ Gastroscopy: ulcerated lesion of the antrum

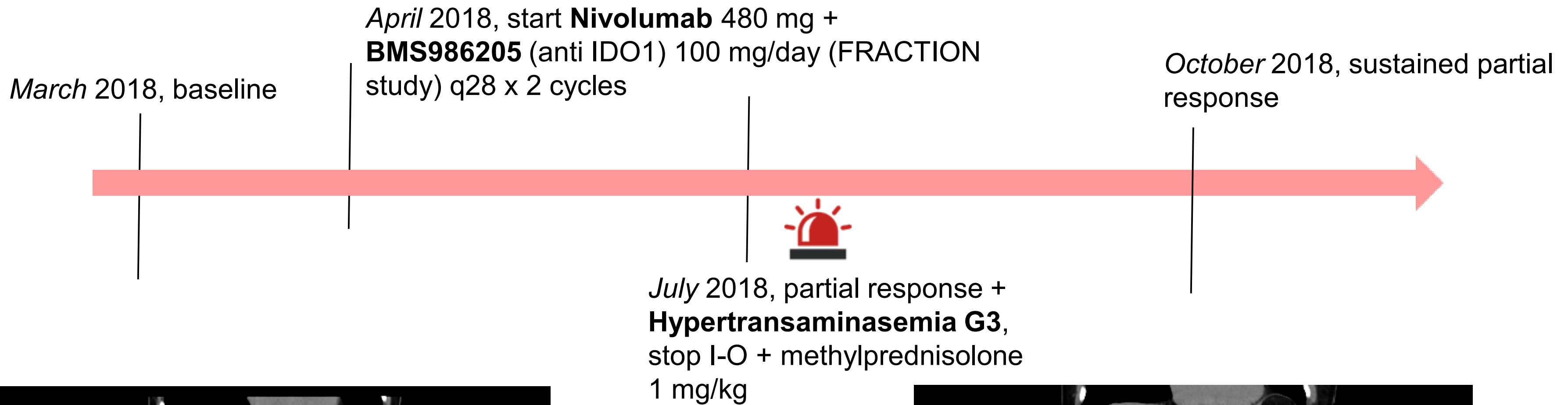
Undifferentiated-type gastric adenocarcinoma, G3

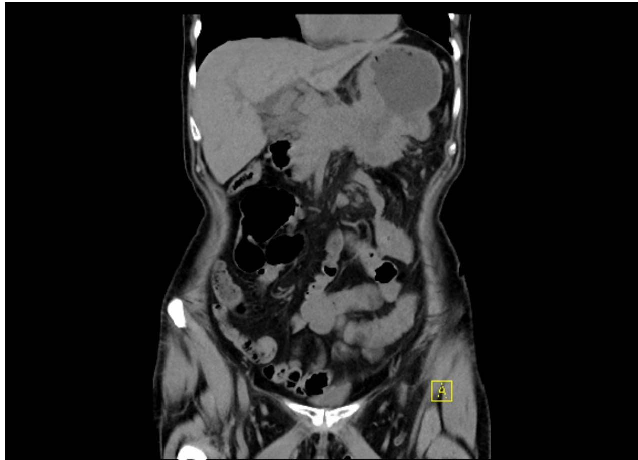
IHC HER2: 3+
MSI-H
ISH MET, EGFR, FGFR2, EBV: negative

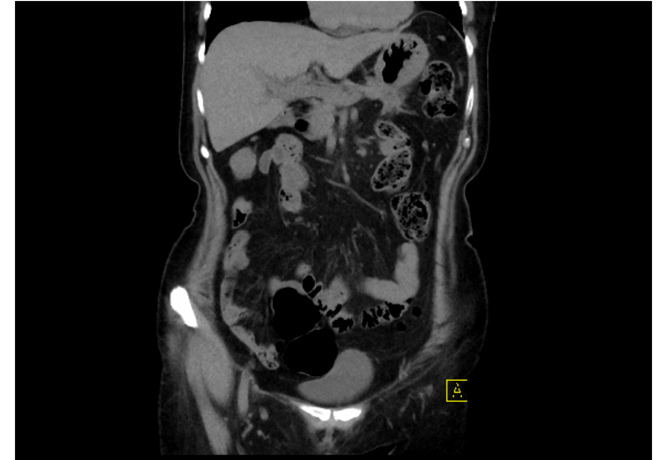
- **August 2017** CT scan+ FDG PET: locally advanced gastric cancer, pancreatic and vascular invasion, regional nodal involvement.

- **September 2017-February 2018** I line treatment
  Trastuzumab 8 mg/kg + Lapatinib 1 g/day q21 x 8 cycles, off label → PD

IMMUNOTHERAPY







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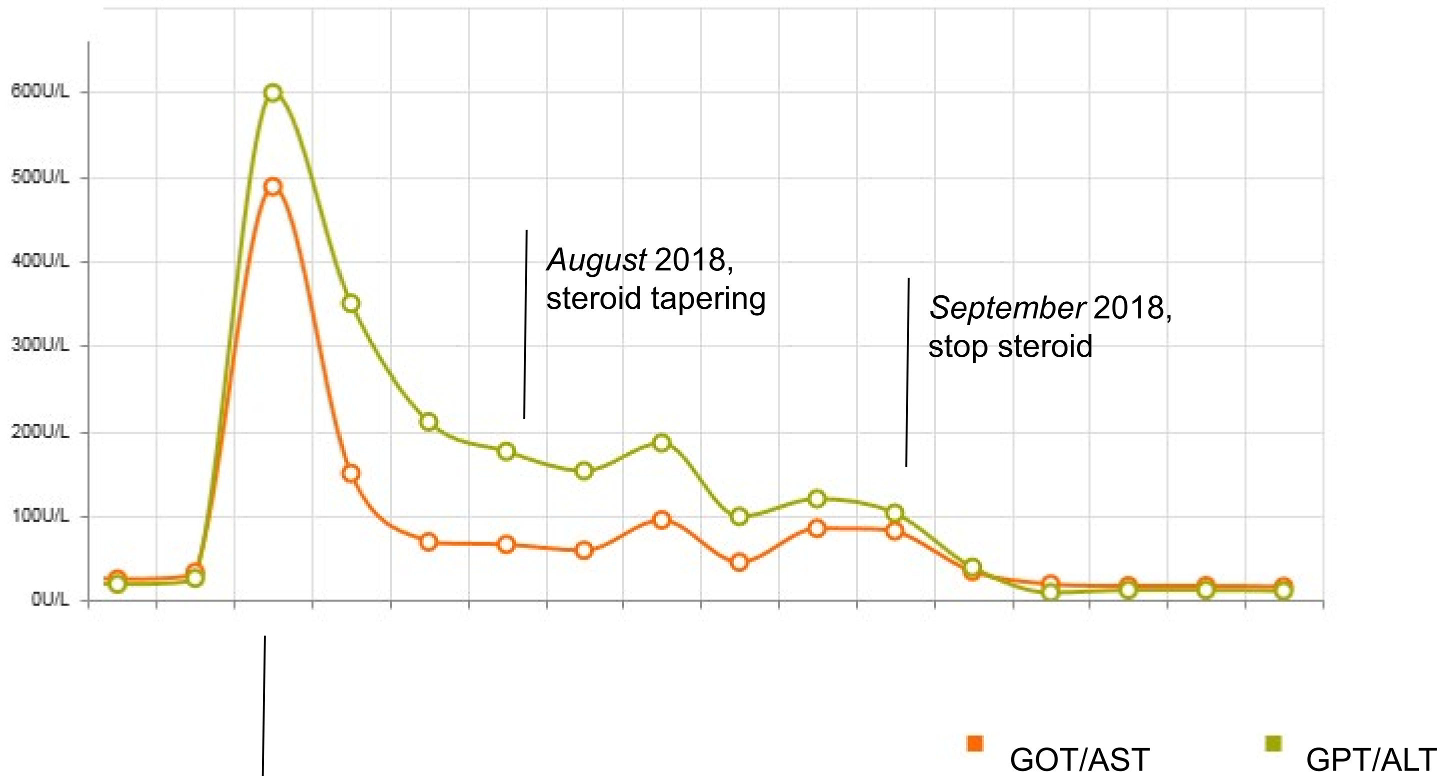

July 2018,
Hypertransaminasemia G3,
methylprednisolone 1 mg/kg

FOLLOW UP

- **8thMay 2019** Last outpatient visit + gastroscopy + CT scan: NED, PS ECOG 0.

  GOT 35 U/L, GPT 40 U/L
  CEA 1.12 ng/mL, CA 19.9 18.3 U/mL

Next CT scan scheduled for September 2019

Open questions:
Should we think about resume immunotherapy in case of PD?
What eventual third line treatment should be proposed?