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A patient's journey through management of GOJ tumour

DISCLOSURE OF INTEREST

- None

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- 64 yr old gentleman presenting with dysphagia and epigastric discomfort. Retired sportsperson, PS 0.
- 09.01.19 OGD biopsy confirmed an ulcerated mod. diff. adenocarcinoma. HER2 –ve.
- 15.01.19 Stent inserted to manage dysphagia.
- 23.01.19 EUS: Tumour 33-40cm. GOJ 37-38 cm. T3 N1 (peritumoural node at 33cm). Junctional Type I
- 24.01.19 PET/CT: No metastases. TxN1M0.

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- Neo-adjuvant chemoradiation not favoured because stent would have made target delineation difficult and radiotherapy field will need to be larger increasing risk of complications and possibly delaying surgery.
- Offered ECarboX 3 cycles 11.02 – 25.03 (FLOT not in formulary at the time). Cis not offered because of bilateral hearing impairment. Tolerated well.
- 08.04 CT scan: Partial response. No new met.

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- 14.05 Oesophagogastrectomy: poorly diff. adeno. ypT3 ypN1 (2/24) R0. LVI +ve. Minimal chemotherapy response.
- Recovered well from surgery. Adjuvant FLOT x 4 10.07 – 29.08 (now in formulary).
  Had non-neutropenic infection from PICC line after C2. Dose reduced to 80% from C3. Tolerated well.
- Conclusion:

  Tumour did not respond well to ECarboX, found to be poorly rather than mod differentiated at time of surgery. Positive LN. Fortunately R0.

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- Discussion points:

1- Would he have had a better response and possibly node negative resection if he had neo-adj FLOT?

Based on data from FLOT4-AIO, could extrapolate and say yes possibly.

2- Is ECisX better than ECarboX in terms of efficacy/response rates?

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Thank you for your attention!