A patient’s journey through management of GOJ tumour
DISCLOSURE OF INTEREST

None
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.
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.
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.
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?
Thank you for your attention!