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SIGNET-RING CELL GASTRIC CANCER: CASE REPORT
No conflicts of interest
CASE REPORT

- 49 years old female patient
- She has admitted to the hospital with dyspepsia ongoing for four months especially after meals
- She has diabetes mellitus type 2 and hypertension
- No family history of cancer
- No smoking or alcohol consumption history
- She uses metformin 1000 mg twice a day and amlodipine 10 mg daily
CASE REPORT

- During the preoperative examination, no distant metastasis detected via PET/CT
- Partial gastrectomy operation performed on March 28, 2017
Case Report

Pathology Report

Gastric adenocarcinoma with signet-ring cell carcinoma component (60%)

Tumor invades the serosa

Grade 3 (poorly differentiated)

LVI (+) PNI (+) HER-2 (-)

LN: 2/14

Surgical margin: negative
G3 pT4a Nx M0-stage 3A gastric adenocarcinoma with signet-ring cell carcinoma component

N:2/14
LN+
POST-OP MANAGEMENT

- The patient was referred to our oncology clinic
- She was treated with infusional fluorouracil before and after fluoropyrimidine-based chemoradiotherapy as an adjuvant treatment (April 2017-September 2017)
FIRST-LINE TREATMENT

- On February 2018, multiple liver metastases detected via PET CT
- The patient was discussed at gastrointestinal tumor board
- Cisplatin plus paclitaxel regimen was applied for six months and stopped because of severe neuropathy (March 2018-September 2018)
PROGRESSION

- On January 2019 (four months after the end of the first line therapy), the patient has both clinical and radiological progression.
SECOND-LINE TREATMENT

- The patient was discussed at gastrointestinal tumor board again.
- Due to the patient's performance status (ECOG-PS:2) single-agent irinotecan therapy planned.
- Irinotecan (150 mg/m²) was administered as a 90-min intravenous infusion every two weeks starting on January 2019.
SECOND-LINE TREATMENT

- Patient achieved partial response at the third month of the treatment verified by PET scan
- Patient is under same treatment for 9 months and still responding, no serious adverse reaction has been observed
## RETROSPECTIVE ANALYSIS

### METASTATIC GASTRIC CANCER PATIENTS (n:1570)

<table>
<thead>
<tr>
<th></th>
<th>SIGNET-RING CELL CARCINOMA</th>
<th>NON-SIGNET-RING CELL CARCINOMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>%19 (n:298)</td>
<td>%81 (n:1272)</td>
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</tbody>
</table>

### ADVANCED SIGNET-RING CELL CARCINOMA

<table>
<thead>
<tr>
<th></th>
<th>Preference %</th>
<th>PFS (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST-LINE TREATMENT (n:232)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCF</td>
<td>45%</td>
<td>6.7</td>
</tr>
<tr>
<td>CF</td>
<td>35%</td>
<td>6.2</td>
</tr>
<tr>
<td>FOLFOX</td>
<td>20%</td>
<td>5.8</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Preference %</th>
<th>PFS (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECOND-LINE TREATMENT (n:186)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRINOTECAN</td>
<td>70%</td>
<td>6.8</td>
</tr>
<tr>
<td>TAXANE</td>
<td>30%</td>
<td>4.9</td>
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</tbody>
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DISCUSSION

- Can ‘pathological classifications’ be used to determine the treatment choice of an advanced gastric carcinoma?
Thank you for your attention