Inês Costa
University Hospital Center of São João
Porto, Portugal

HER2 positive oligometastatic gastric adenocarcinoma
An unusual strategy in multimodal treatment
DISCLOSURE OF INTEREST

- No conflicts of interest
Case Presentation

62-year-old male, ECOG PS 0, no other relevant personal history

April 2013

Epigastric pain, upper gastrointestinal bleeding and weight loss of 14 kg in 1 year

- **EGD**: large, fairly-excavated, suspicious ulcer, occupying much of the antrum and incisura. **Biopsy**: tubular adenocarcinoma

- **Thorax+abdominal+pelvic CT scan**: gastric thickening, more pronounced in the gastric antrum, with an ulcer that crosses almost the entire thickness of the wall, suggesting eminent perforation + 6.9x2.9 cm lesion in the V/VI hepatic segment

May 2013

**Palliative subtotal gastrectomy**

Hystological Report: **intestinal adenocarcinoma pT3N3a**
(30 lymph nodes removed, 9 with metastases). **IHC 3+ positivity for HER2**

Stage IV Gastric Adenocarcinoma according to AJCC UICC 7th edition
Case Presentation

- Chemotherapy was proposed after presentation in the multidisciplinary group meeting

**July-October 2013**

**Cisplatin/ 5-FU doublet + Trastuzumab (6 cycles)**

**Cisplatin** (75 mg / m²), **5-FU** (800 mg / m² / day with continuous infusion during days 1 to 5), **Trastuzumab** (initial dose of 8 mg / kg followed by a maintenance dose of 6 mg / kg)

- Every 3 weeks

**October 2013**

- Liver MRI: 37x27 mm metastatic lesion with central necrosis/fibrosis in the V hepatic segment

**November 2013**

- Partial hepatectomy was proposed at the multidisciplinary group meeting

**Liver metastasis excision**

Hystological Report: *adenocarcinoma metastasis compatible with gastric primitive* and with marked signs of tumor regression / chemotherapy response (greater than 95%)
Case Presentation

- At the multidisciplinary group meeting it was proposed to continue trastuzumab monotherapy until progression or toxicity evidence.

Dec 2013 to April 2014: Trastuzumab (6 more cycles)

April 2014: LVEF 49% ↓ LVEF > 10%

April 2014 to Present: Trastuzumab was discontinued

Follow-up without evidence of disease recurrence
Final Remarks

- Therefore, this is a clinical case of a patient with HER2 positive oligometastatic gastric adenocarcinoma
- Oligometastatic gastric cancer is indeed an emerging clinical entity with potentially distinct therapeutic implications that has no standard approach thus far
- These patients seem to benefit from multimodality treatment strategies that might achieve long-term disease control, including preoperative chemotherapy followed by surgical resection
- Results of ongoing randomized phase III clinical trials are eagerly awaited in order to clarify whether an aggressive multimodality approach could become a new standard of care in highly selected patients with oligometastatic gastric cancer
Discussion

- Why was palliative gastrectomy indicated for this case?
- Is liver metastectomy recommended? Will it have contributed to achieving a 6-year survival?
- Considering there are still no studies to support the use of trastuzumab after a liver metastectomy in HER2 positive gastric tumors, was keeping it for another 6 cycles a legal option? Would it make sense to restart it after normalization of the ejection fraction? If so, until when should it be maintained?
Thank you for your attention!