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HER2 positive oligometastatic gastric adenocarcinoma

An unusual strategy in multimodal treatment

DISCLOSURE OF INTEREST

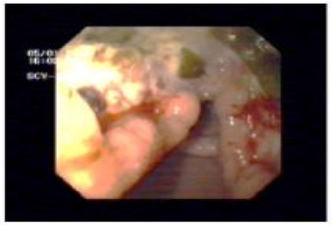
- No conflicts of interest

Case Presentation

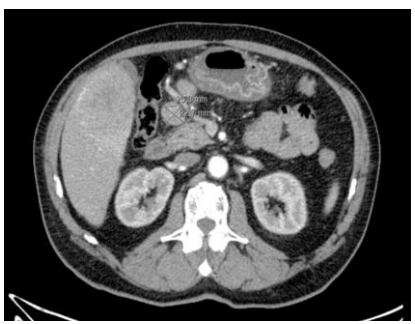
62-year-old male, ECOG PS 0, no other relevant personal history

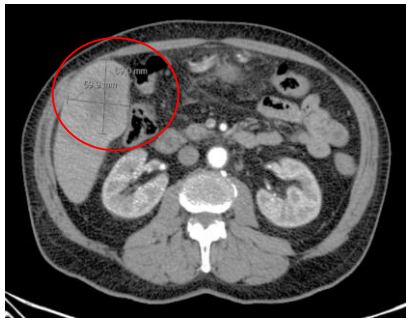
April 2013 — **Epigastric pain, upper gastrointestinal bleeding and weight loss of 14 kg in 1 year**

- 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

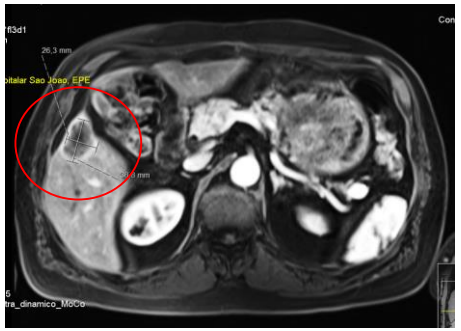
July-October 2013

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



- Partial hepatectomy was proposed at the multidisciplinary group meeting

November 2013

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%**	→ **Trastuzumab was discontinued**
April 2014 to Present	**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!