HER2 –ve Gastric Adenocarcinoma Case History
DISCLOSURE OF INTEREST

- CRUK Clinical Trials Fellowship Grant
Patient AM

62 year old man ♂

PC
- Colorectal 2WW referral for unexplained anaemia

HPC
- background of 1 year weight loss

PMH
- HTN, Hypercholesterolaemia

DHx
- amlodipine, ramipril

PS0

Investigations:
- Endoscopy = large 5-7cm mass lower body of the stomach
- CT = T3N1 lesser curve antral gastric mass
- 11/5/18 Biopsy – poorly differentiated adenocarcinoma, Her2 negative
T3N1 gastric adenocarcinoma, Her2-

Management Plan – curative intent:

Does tumour downstaging improve outcomes?

- In oesophageal/junctional adenocarcinoma:
  - Survival is determined by tumour stage after neoadjuvant chemotherapy

Survival of T3N+ to T2 N-

- Start T3N+ end T2N-
- T2N- no chemo
- Start T3N+ end T3N+

Davies et al JCO 2014
Metastatic Gastric Adenocarcinoma

- **17 Sept – 5 Oct 18**: Admission with upper GI bleed from gastric tumour. Treated with haemospray and **palliative RT 20 Gy 5#**

- **5 November 18**: Repeat PET/CT: good partial metabolic response to RT, liver lesion no longer PET avid

- **16 November 18**: Rediscussed in MDT: MRI liver – segment 4 lesion no longer visible, but apparent subtle infiltration of liver capsule by pyloric mass. Recommended no further RT/not surgically resectable. For systemic chemotherapy

- **21 November 18**: Review of histology: **MMR deficiency** (loss of MLH1/PMS2 expression)

- **13 Dec – 15 Jan 19**: Admission with gastric outlet obstruction, with significant PD. OGD: stenosing distal gastric tumour with pyloric stenosis – stent/NJ not possible. **TPN** started.

**First Line Palliative Treatment (?second)**
- **21 Dec 18**: MULTI 14 Phase 1 dose escalation study **TSR-042** (anti-PD1 monoclonal antibody)
- **25 March 19**: Following 4 cycles of treatment CT = PD in primary and new peritoneal disease.

**Second Line Palliative Treatment (?third)**
- **12 April 19**: Commenced **FOLFIRI**
- **3 August 19**: Stable disease following 6 cycles
- **25 October 2019**: CT pending…
What Next?

KEYNOTE-059 (NCT02335411): Phase 2 Multicohort Study of Pembrolizumab for G/GEJ Adenocarcinoma

Response by MSI Status (n = 174)

Cohort 1 Patients
- ≥2 prior lines of chemotherapy

Pembrolizumab 200 mg Q3W

Treat for 24 months, or until progression, intolerable toxicity, or other reason

Follow-up for survival by telephone until death, withdrawal, or study end

n (n = 167)

95% CI

5.1-14.4

0.7-6.0

3.3-11.5

Cohort 2 Patients
- No prior therapy

Pembrolizumab 200 mg Q3W +
cisplatin 80 mg/m² Q3W + 5-FU 800 mg/m² Q3W or
capcitabine 1000 mg/m² BID Q3W

Cohort 3 Patients
- No prior therapy
- PD-L1 positive

Pembrolizumab 200 mg Q3W

Response assessment by RECIST v1.1: first scan at 9 weeks after cycle 1, every 6 weeks for first year,

DCR

71.4

29.0-96.3

22.2

16.1-29.2