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Heavily pretreated elderly woman – when to stop treatment?
DISCLOSURE OF INTEREST

- Servier GmbH Deutschland
Medical History and Diagnosis

MH: 79 y/o female w/ abdominal pain, heartburn, weight loss (10kg over 6 month), bloating, abnormal liver function test, ECOG 1

FH: empty

Diagnostics:

US: - hypoechoic mass located at the pylorus
- liver cirrhosis
- urinary obstruction II° right kidney

EGD: - esophageal varices II°
- partially obstructive tumor close to pylorus

CT - mass located at the pylorus
- infiltration of DHC and portal vein
- peritoneal carcinosis w/ ascites and obstruction of the right ureter

TM: CA 19-9 1094 U/ml, CA 72-4 6,7 U/ml CEA 4,28 ng/ml
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  - **US:** - hypoechoic mass located at the pylorus
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    - infiltration of DHC and portal vein
    - peritoneal carcinoma w/ ascites and obstruction of the right ureter
    - pulmonary nodules

**Gastric adenocarcinoma, G2; cT3, cN1, cM1 (PER, PUL)**

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Treatment regimen

Tumor conference: metastatic gastric cancer with pulmonary nodules and peritoneal carcinosis → palliative chemotherapy

Randomization into MATEO trial

Open-label, multi-center, controlled, randomized, parallel-group, phase II non-inferiority trial in patients with metastatic esophagogastric cancer having received induction chemotherapy

**Primary objective:** To assess the relative efficacy of S-1 de-escalation therapy vs. continuation of chemotherapy after induction therapy in patients with metastatic esophagogastric cancer in terms of overall survival

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**S-1** is an orally active combination of tegafur (a prodrug that is converted by cells to fluorouracil), gimeracil (an inhibitor of dihydropyrimidine dehydrogenase, which degrades fluorouracil), and oteracil (which inhibits the phosphorylation of fluorouracil in the gastrointestinal tract, thereby reducing the toxic effects of fluorouracil)
Treatment strategy

December 2017 – February 2018
• Induction chemotherapy w/ 6 cycles FLO
• ureter splint on both sides 12/2018
• Cold parästhesia both hands, limiting activity of daily life
• No need for ascites punction
• Re-Staging → PR

March 2018 – October 2018 de-escalation therapy with S-1
• After 2 cycles dose reduction due to renal impairment
• After 4 cycles stabile disease
• After 10 cycles new pubic bone fracture, CA-19-9 24 U/ml
• After 12 cycles new bone leasons (acetabulum), CA 19-9 114 U/ml

November 2018 – February 2019
• 6 cycles Irinotecan
• Obstructive ileus, infiltration of panceas and Colon transversum
Treatment regimen

March 2019 – May 2019
• Decresing PNP I°
• Ramuricumab mono Vs BSC, Pat. prefered therapy
• 5 cycles Ramucirumab
• Increasing CA 19-9, insufficient therapy

May 2019 – until now
• 2 cycles of Paclitaxel/Ramucirumab
• Palliative care admission
• Recurrent infections of ureter splints
• Progressive disease due to prolonged infections problems
• Re-Start Paclitaxel/Ramucirumab
Case Discussion

- Would you continue chemotherapy or switch to BSC? The patient has recurrent ureter splint infections, decreasing ECOG
- Any room for immunotherapy considering that no tumor material is available currently for further MSI testing?
- Is TAS-102 an option?
- Would you look for other alterations e.g. FGFR2-Amplification, NTRK fusion?