ESMO Preceptorship Programme

Gastric Cancer - Prague, Czech Republic - June 10-11, 2016

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Gastric Cancer
Clinical Case, Multidisciplinary Approach

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Patient Profile

- Male, 50 years old
- ECOG PS 1
- 7 kg weight loss
- Dyspepsia
- Iron deficiency anemia

Diagnostic workout (October 2012)

- **EGDS**: antral gastric ulcerated lesion
- **Endoscopic US**: evidence of pathologic nodes; **cT3cN2**
- **TC t/a**: single liver lesion

Intestinal Adenocarcinoma G2,
HER2 3+
cT3 cN2 M1
“Front line” treatment (November 2012)

CHF (Cisplatin, Trastuzumab, 5-FU)  
X 6 cycles

Trastuzumab maintenance  
X 2 cycles

- **Outcome:** PR (CR of liver lesion), PS ECOG 0
- **Side effects:** asthenia G1

Due to: young age, good PR, single liver M+

**MTD evaluation**
MTD Evaluation (May 2013)

Radical gastrectomy + lymphadenectomy D2 + liver S5 wedge resection

Intestinal Adenocarcinoma, TRG 4
ypT3pN1 (1/20), R0
No tumour cell was detected in liver resection

Follow-up
Follow-up

January 2014

- **CT scan**: evidence of Left upper lung lobe lesion

“Second Line” treatment (January 2014)

Due to the good response to prior treatment

**Carboplatin + 5-FU + Trastuzumab**

x 6 cycles

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**Trastuzumab maintenance**

x 6 cycles (stop due to decreasing FE)

- **Outcome**: PR
- **Side effects**: decreasing in FE
Follow-up

January 2015

- **CT scan**: evidence of increasing of **single** Left upper lung lobe lesion

New MTD Evaluation

Due to the single lung lesion

- Left upper lung lobe resection

**Intestinal Adenocarcinoma metastasis**

Follow-up
Follow-up

November 2015

- **CT scan**: evidence of liver lesions

**“Third Line” treatment (December 2015)**

Paclitaxel

+ Ramucirumab

(Still Ongoing)

**Side effects**: asthenia G1
Given that…

- Is it possible a Multidisciplinary Approach in Gastric Cancer?

- In case of PD?
Thank you for your attention!

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