Clinical case: Advanced gastric cancer

Blanca Navarro Rodrigo
Hospital Clínico Universitario de Valencia
Clinical presentation: Virchow’s node

- A 58 years old male.
- Diabetic. No other comorbidities.
- Left supraclavicular node growing slowly during 3 months.
- No other symptoms.
- Biopsy: signet ring cell carcinoma.
- Gastroscopy: ulcer on the lesser curvature of the stomach. Pathology report: signet ring cell gastric adenocarcinoma (diffuse). HER2 +/+++
- CT scan: Metastatic lymph nodes at multiple locations (axillar, supraclavicular and retroperitoneal nodes)
Management I

- Stage IV gastric cancer HER2+/+++ 
- No role for gastric surgery 
- Good prognosis 
  - No liver metastases 
  - No Peritoneal carcinomatosis 
  - ECOG PS 0 
  - Alkaline phosphatase normal value
Management II

• First line chemotherapy for advanced gastric cancer:
  • Capecitabine-oxaliplatin
    • After 3 cycles: partial response → reduction of lymph nodes diameter.
    • After 6 cycles: partial response confirmed (maintenance of the initial response).
    • Treatment interrupted due to grade 2 neurotoxicity.

• After 6 months without treatment: progressive disease → Increase in number and diameter of lymph nodes. No visceral metastases. PS1 (grade 1 neurotoxicity).
Management III

• Second line treatment:
  • FOLFIRI
    • After 4 cycles: partial response.
    • After 10 cycles: partial response confirmed.
    • Treatment stopped at this moment

• Left subclavian and yugular thrombosis 1 month thereafter.

• After 3 months: progressive disease (increase in number and size of lymph nodes), but PS1.
Management IV

• Third line treatment:
  • Docetaxel
    • After 6 cycles: stable disease.
  • Progressive left arm pain (secondary to supraclavicular and axillary lymph nodes, and subclavian thrombosis).
  • Chemotherapy was interrupted.
Palliative platinum based chemotherapy could be considered standard in advanced gastric cancer, because it prolongs overall survival and improves quality of life.

First line treatment:
- Oxaliplatin and capecitabine are not inferior to cisplatin and 5FU respectively. Compared in two randomized phase III trials:
Discussion II

• Second line chemotherapy (docetaxel or irinotecan) is better than best supportive care. Phase III trial: Park SH, et al. J Clin Oncol 2011.


Discussion III

• In this patient Stage IV Gastric cancer has been controlled for over two years since the diagnosis.

• Peritoneal and pleural progression occurred five month after stopping chemotherapy.

• He is still alive 34 months after diagnosis.
Thank you