ESMO Clinical Practice Guidelines

Gastric Cancer Cancer Clinical Case Presentation

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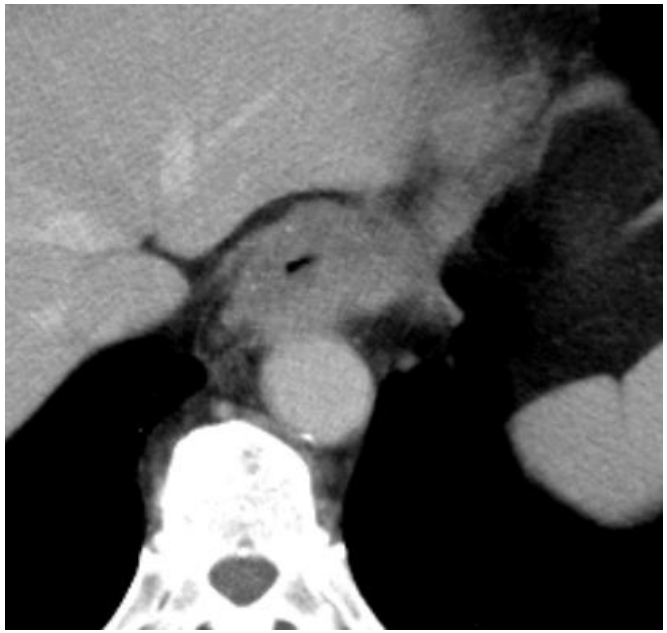
Disclosures

Dirk Arnold has declared no potential conflicts of interest

Staging procedures



- CT Scan:
  - No distant mets., but suspicious Ln.
- Endoscopy:
  - Localized tumour GE Junction, “Siewert I-II”
  - 4 cm
- Biopsy:
  - Adenocarcinoma, G3, HER2 negative

Q1: What else is undoubtedly needed before decision making?

1. Nothing more - information are complete
2. Endoscopic ultrasound (EUS)
3. EUS plus diagnostic laparoscopy
4. EUS plus PET
5. all of the above (EUS, Lap, PET)

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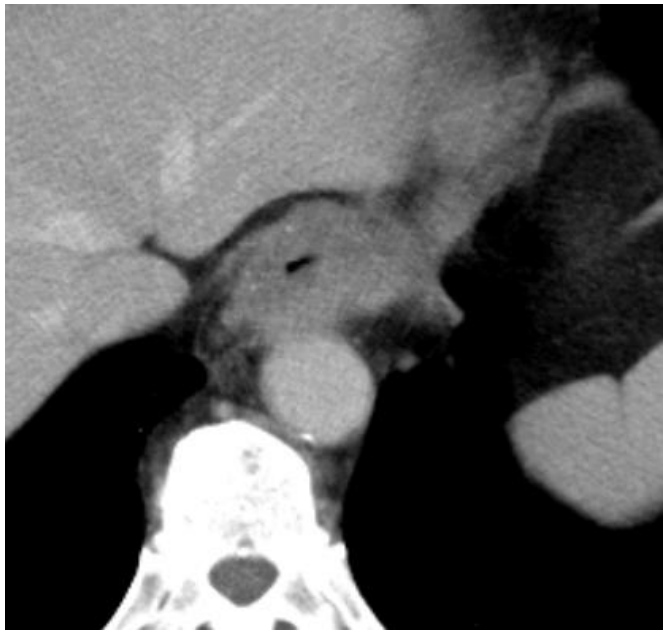

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- EUS:
  - uT3, N1 (?, not proven by biopsy), M0

Patient profile and presentation

Patient details
- 48-year-old architect
- Caucasian
- Married, no children

Presented with
- Gastric pain for 3 months
- Some dysphagia
- Weight loss: 62 → 55kg

Gastroscopy/biopsy
- Mass GE Junction, partly obstructing
- Adenocarcinoma

Laboratory tests
- Mild anaemia

Q2: What would be your suggestion?

1. Surgery alone
2. Surgery plus adjuvant Rtx* / CRtx* (if N+)
3. Preoperative CRtx*
4. Pre- / perioperative ECF / ECX / EOX /...
5. Pre- / perioperative other regimen

* Rtx = radiotherapy; CRtx = chemo-radiotherapy

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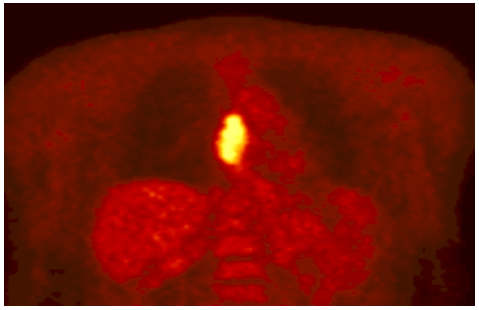
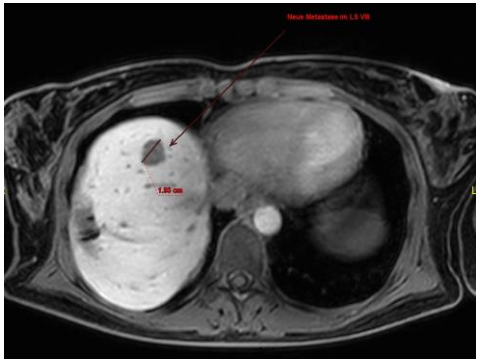
Patient case: 48 y/o architect

- Underwent 45 Gy / Carboplatin / Paclitaxel (Dutch CROSS Trial standard)
- R0 resection (part. gastrectomy / transhiatal)
- Recovered well
- Pathology: “nearly CR“
- Follow-up @ 4.5 months: increase in CEA (122 ng/ml)

Patient case: 48 y/o architect





- PET Scan:
  - Hypermetabol region near primary tumour site
  - and in the liver (single lesion)
- Endoscopy and EUS:
  - No gastric / para-gastric and –oesophageal finding
- CT and MRI:
  - No gastric / oesophageal finding
  - Single new liver lesion (segment VIII)

Q3: What is your suggestion now?

1. Re-biopsy of liver lesion (HER2,...)
2. Start Ctx with FP* alone
3. Start Ctx with FP*/platinum
4. Start Ctx with FP*/ Platinum / Docetaxel
5. Start other treatment (Irinotecan, Ramucirumab,...)

* FP = *any* Fluoropyrimidine (inf. 5FU, Capecitabine, S1, others)

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Patient case: 48 y/o architect

- No biopsy taken – and no correlation (imaging, clinically) to the perioesophageal PET hypermetabolism. Considered as metastatic disease with new liver lesion (and CEA elevation).
- FLOT* regimen chosen – and continued for 4.5 months → PR of liver metastasis, then some neuropathy → Capecitabine for 4 more months, then stopped (= 8.5 months in total); CEA decreased
- After 4 more months, progression in size of seg VIII liver lesion – no other metastases

* FLOT = inf. 5FU, Oxaliplatin, Docetaxel

Q4: What is your suggestion now?

1. Re-Induce FP +/- Oxaliplatin +/- Taxane
2. Start „2nd line“ Taxane
3. Start „2nd line“ Taxane plus Ramucirumab
4. Start „2nd line“ Ramucirumab
5. Start „2nd line“ Irinotecan (+/- FP)
6. Consider ablative treatment to the liver met (surgery, RFTA, etc.)

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