

INTRODUCTION

The prognosis of advanced gall bladder carcinoma (GBC) remains poor despite the addition of newer targeted therapies. HER2 is a potential therapeutic target expressed in up to 20% GBC.

We present an analysis of advanced or metastatic HER2-amplified or overexpressed GBC treated with trastuzumab and chemotherapy from an Indian cancer center.

METHODS

- Retrospective review was conducted for patients with advanced or metastatic GBC with immunohistochemical evidence of HER2 overexpression (IHC 3+) or HER2 amplification detected with FISH, treated with trastuzumab and first-line chemotherapy between 2020 and 2021.
- Outcome measures were objective response rate (ORR), progression-free survival (PFS), overall survival (OS), and adverse events attributable to trastuzumab.

RESULTS

- Twenty-six patients (age range, 44-71) with GBC were treated with trastuzumab and chemotherapy.
- Twenty patients (76.9%) had newly diagnosed advanced disease while six patients (23.1%) had recurred after prior curative treatment.
- Twenty-four patients (92.3%) received gemcitabine-cisplatin and two received (7.7%) gemcitabine-oxaliplatin as chemotherapy.

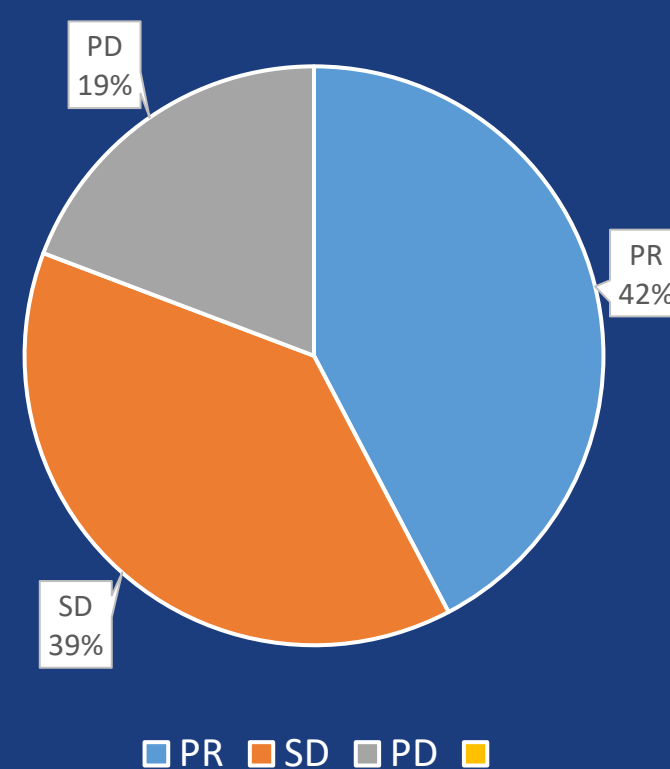


Fig 1. Response Rate

- Partial response was seen in 11 patients (42.3%) while 10 patients (38.5%) had stable disease (objective response rate 42.3%, overall response rate 80.8%) [Fig 1].
- At a median follow-up of 15.7 months, median PFS was 9.7 months (95% CI, 9.3-10) and median OS was 11.9 months (95% CI, 11.2-12.5) [Fig 2 and Fig 3].
- Grade 2 ejection fraction drop was seen in 1 patient (3.8%). No adverse events of grade 3 or more were attributable to trastuzumab.

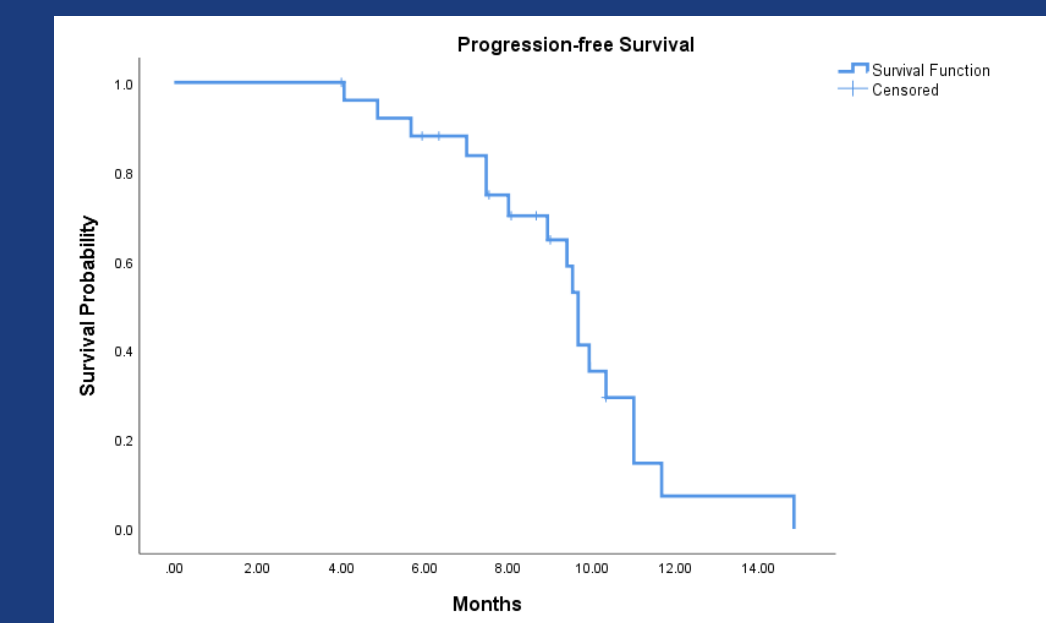


Fig 2. Progression-free Survival

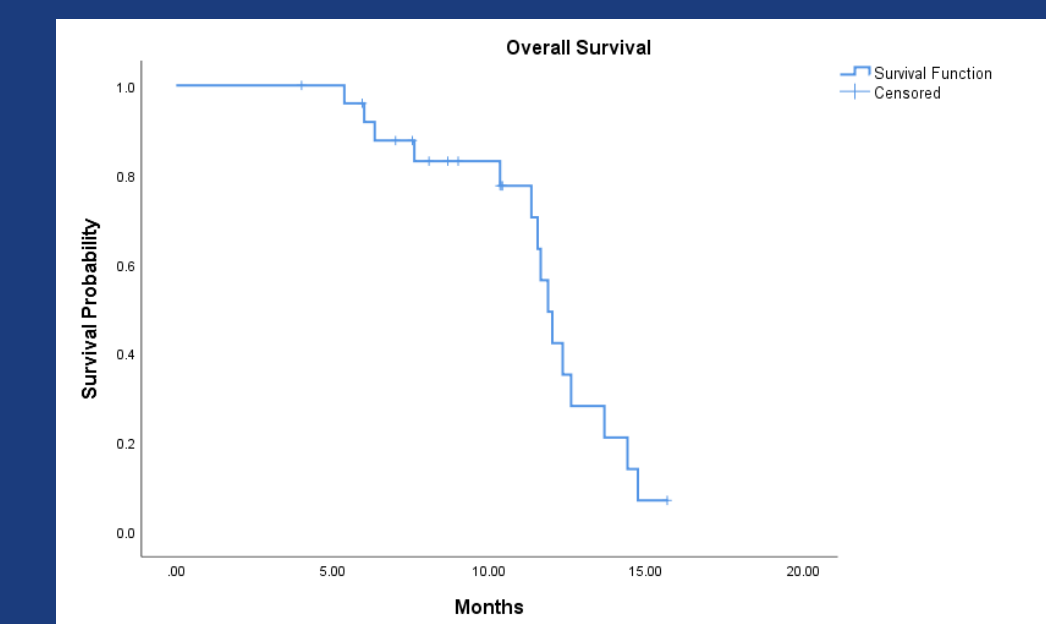


Fig 2. Overall Survival

REFERENCES

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DISCLOSURES

No conflicts of interest to declare

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