

Conversion therapy for HER2+ stage IV gastric cancer after trastuzumab-containing chemotherapy

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Introduction: Conversion therapy for initially unresectable gastric cancer has drawn much attention recently. It is described as a therapeutic concept where the preoperative chemotherapy is followed by curative surgery. Trastuzumab enhances the chemotherapy responsiveness of metastatic HER2-positive gastric cancer, leading to prolonged overall survival. We have experienced several cases who responded to trastuzumab-based chemotherapy and subsequently had conversion surgery, without any evidence of gross residual disease at the time of writing. Here, we describe two cases of patients who received conversion therapy for initially unresectable stage IV gastric cancer after trastuzumab-containing chemotherapy. Case 1 : A 58-year old female patient presented with dizziness, and she was diagnosed as advanced gastric cancer (AGC) that had perigastric fat infiltration and several significant left paraaortic lymph node enlargement (Adenocarcinoma, HER2+, tubular, moderately differentiated, T4aN3aM1). Once the confirmative diagnosis was made, palliative HXP regimen (trastuzumab/capecitabine/cisplatin every 3 weeks) began. After 18 cycles of chemotherapy, follow-up PET/CT was done, which revealed nearly complete response of AGC. We thought the lesion was resectable and the patient had subtotal gastrectomy. Since then, she resumed to continue trastuzumab with no evidence of residual disease until recently for more than 1 year. Case 2 : A 54-year old male patient presented with epigastric soreness, and he was diagnosed with AGC which had perigastric fat infiltration and multiple metastatic lymph node enlargement (Adenocarcinoma, HER2+, tubular, poorly differentiated, T4aN+). Palliative HXP regimen was started. After 6 cycles of chemotherapy, follow-up CT and PET/CT was taken, which showed almost complete response of AGC. Subsequently the patient underwent subtotal gastrectomy. Since then, he resumed to receive trastuzumab/capecitabine with no evidence of gross residual disease until recently for more than 3 years. **Conclusion:** Trastuzumab-based chemotherapy may broaden the indication of conversion surgery among patients with HER2+ metastatic gastric cancer.

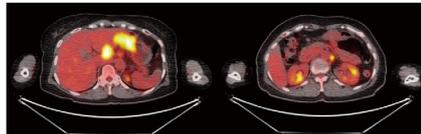


Figure 1(A) of Case 1 : Initial PET/CT shows increased FDG uptake in the lower body to distal antrum.(Left) Hypermetabolic lymph node in the left paraaortic area is seen.(Right)

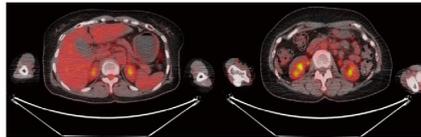


Figure 1(B) of Case 1 : PET/CT images about 1 year after 18 cycles of palliative chemotherapy reveals nearly complete response of primary AGC and its metastatic lymph nodes.