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HER2-overexpressing metastatic gastric cancer presented as severe thrombocytopenia showing a response to trastuzumab

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Human epidermal growth factor receptor 2 (HER2) overexpression has been detected in 20 to 30% of gastric cancers and is associated with a poor outcome. Furthermore, trastuzumab, a humanized monoclonal antibody directed against HER2 protein, has been shown to be active against metastatic gastric cancers overexpressing HER2. We report a case of HER2-overexpressing metastatic gastric cancer complicated by severe thrombocytopenia showing a response to trastuzumab. A 47-year-old man with headache and visual disturbance was found to have intracranial hemorrhage. Laboratory testing showed severe thrombocytopenia of 2.0×103/uL. Bone marrow biopsy revealed the aggregates or clusters of malignant tumor cells. Computed tomography (CT) scan of abdomen revealed diffuse gastric wall thickening and lymph node enlargement at the perigastric area and portahepatis. Endoscopic biopsy confirmed a histologic diagnosis of signet ring cell carcinoma by morphology on H&E stain; the tumor cells showed HER2 overexpression at intensity of 3+ by immunohistochemistry and as amplified by chromogenic in situ hybridization. The patient was treated with trastuzumab only because of severe thrombocytopenia. After 2 cycles of trastuzumab, a follow up CT scan revealed that gastric wall thickening and LN enlargement had decreased and thrombocytopenia had been improved markedly. The treatment with trastuzumab alone lasted for 5 months. This is the first report on a metastatic gastric cancer with diffuse bone marrow metastasis complicated by severe thrombocytopenia which shows a high possibility for treating HER2 overexpressing gastric cancer with trastuzumab. This is particulary important in a difficult setting that cannot apply aggressive antineoplastic regimens in metastatic gastric cancer.

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Response of Gefitinib/irinotecan combination chemotherapy in irinotecan-resistant colorectal cancer

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Intracellular EGFR signaling pathway is the target and blocking downstream signal transduction could be considered theoretically in metastatic colorectal cancer(mCRC). Gefitinib is potent specific EGFR tyrosine kinase inhibitor(TKI). Here we report a case which was response to gefitinib and irinotecan combination therapy in irinotecan-resistant mCRC. A 61-year-old woman was diagnosed with rectal adenocarcinoma in December 2007. During the adjuvant oxaliplatin-based chemotherapy, multiple enlarged iliac lymph node(LN)s, paraaortic LNs (Fig. 1-a) developed. We initiated bevacizumab/irinotecan, but it did not show the efficacy despite four cycles of chemotherapy. As K-ras was wild type, she received cetuximab/irinotecan. However, life-threatening anaphylactic reactions were developed. We substituted gefitinib for cetuximab and treated her with gefitinib daily and bi-weekly irinotecan (GI) regimen as salvage treatment. After 4 cycles of chemotherapy, paraaortic LN decreased (Fig. 1-b) significantly. She has received GI chemotherapy for 7 months and sustained a remission until December, 2009. She experienced only grade-IV neutropenia without other significant toxicities. This is the firstly reported response case in irinotecan-failed patients to our knowledge. This patient with irinotecan-failed mCRC achieved partial remission with gefitinib combined with acceptable toxicity. In conclusion, gefitinib and irinotecan combining chemotherapy might be tried in irinotecan-resistant mCRC patients who could not tolerate cetuximab.