

A Case of Palliative Chemotherapy of Advanced Gastric Cancer with Hepatic Metastasis

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A 55-year old male patient was transferred to CNUH for further evaluation and treatment after being diagnosed with adenocarcinoma through endoscopic biopsy during a regular health examination. An abdominal CT showed AGC, stage IIA (T3N3M0), while an endoscopic examination showed AGC-II. The patient is currently under observation after undergoing RSG with GD and subsequent administration of oral chemotherapeutic agents. As an abdominal CT response assessment performed after surgery revealed new metastasis to the liver, the patient received palliative chemotherapy as PD was suspected. After receiving chemotherapy in the order of DP, FOLFOX, FOLFIRI, EAP-II, ELF, TS-1 + Cisplatin, an abdominal CT response assessment showed PD for which the regimen was altered to PFL. The patient has currently completed his second cycle of chemotherapy and after an abdominal CT response assessment, further course of therapy will be decided.

Key Words: Gastric cancer, Palliative chemotherapy

고○남 (55/M) 00386990 외래 초진일 : 2010.03.18

▪ Reason for visit

Further evaluation for Gastric cancer

Brief history

10.3.18) 건강검진 위내시경 조직검사에서

Adenocarcinoma, MD로 나와서 본원으로 전원

10.3.22) A-P CT : AGC, Stage IIA (T3N3M0)

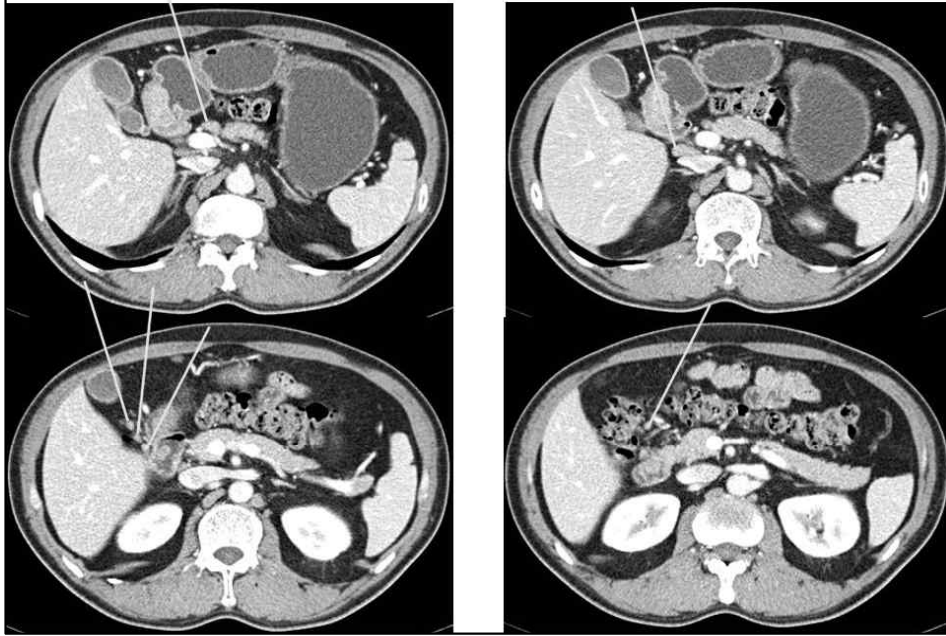
10.3.24) GFS : AGC-2

10.4.13) RSG with GD (Stage IB, pT2N0M0)

※Bx. : Papillary adenocarcinoma, MD (intestinal type)

10.4.26~12.7.2) 외래에서 Didox, Phellis 투여

A-P CT (2010.3.22)



Duodenoscopy (2010.3.24)



RSG with GD (2010.4.13)

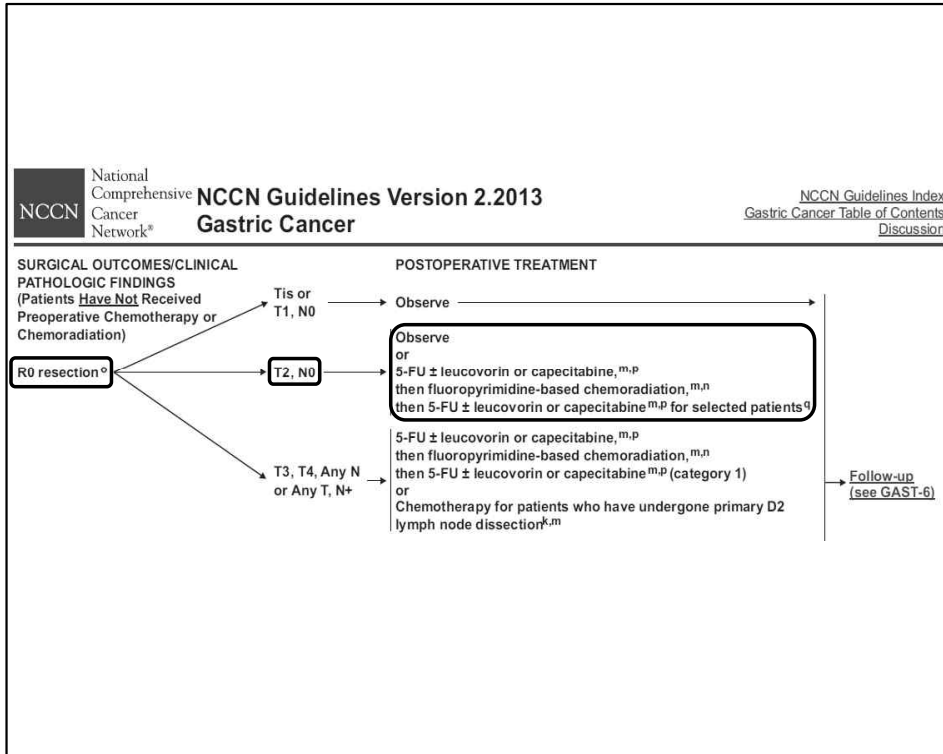
◎ **Final pathologic diagnosis**

1. Stomach, subtotal gastrectomy ;
Papillary adenocarcinoma, moderately differentiated(intestinal type), (A1-A4), with
 - 1) invasion to the muscularis propria.
 - 2) clear resection margins (safety distal margin: 0.8cm).
 - 3) tumor size: 4.6x3.3x0.9cm.
 - 4) lymphovascular spaces with tumor emboli.
 - 5) no tumor metastasis, regional lymph nodes of lesser and greater curvatures (0/27, 0/17) (A7-A9,A10-A12).
 - 6) desmoplastic stromal reaction.

2. Stump, labeled "stomach and duodenum", resection ; No tumor invasion.

3. Immunohistochemical staining results (A2) ;
 - 1) C-erb B2: (-).
 - 2) E-Cadherin: (not decrease).
 - 3) p53 labeling index: (-).
 - 4) Ki-67 labeling index: (30%).

4. Giemsa stain for H.pylori : (-).



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Brief history

12.7.3) GFS : STG with GDstomy state -> N-S

12.7.3) A-P CT :

Liver metastasis in S5, S7, S8

12.7.16) PET-CT :

12.7.25~12.8.17) #1-2. DP

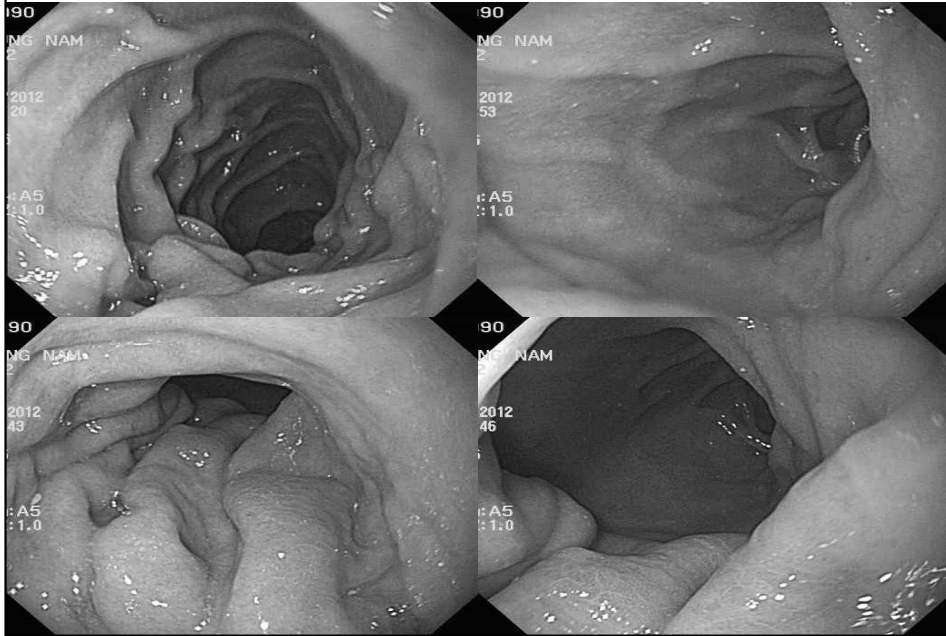
12.8.31) A-P CT : PD

12.9.11~13.5.7) #1-12. FOLFOX (75%)

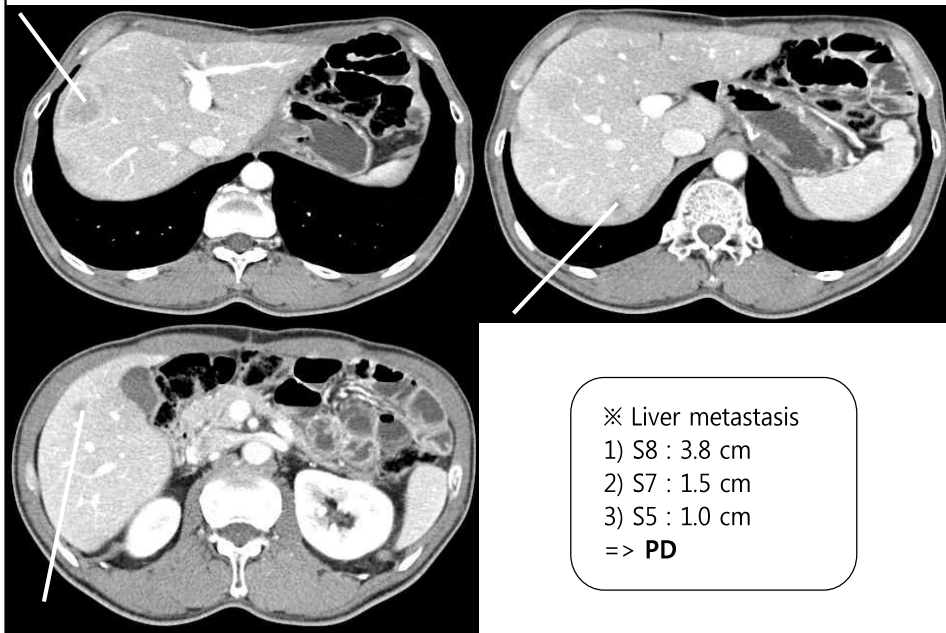
12.10.30) PET-CT : Known liver metastasis in S8

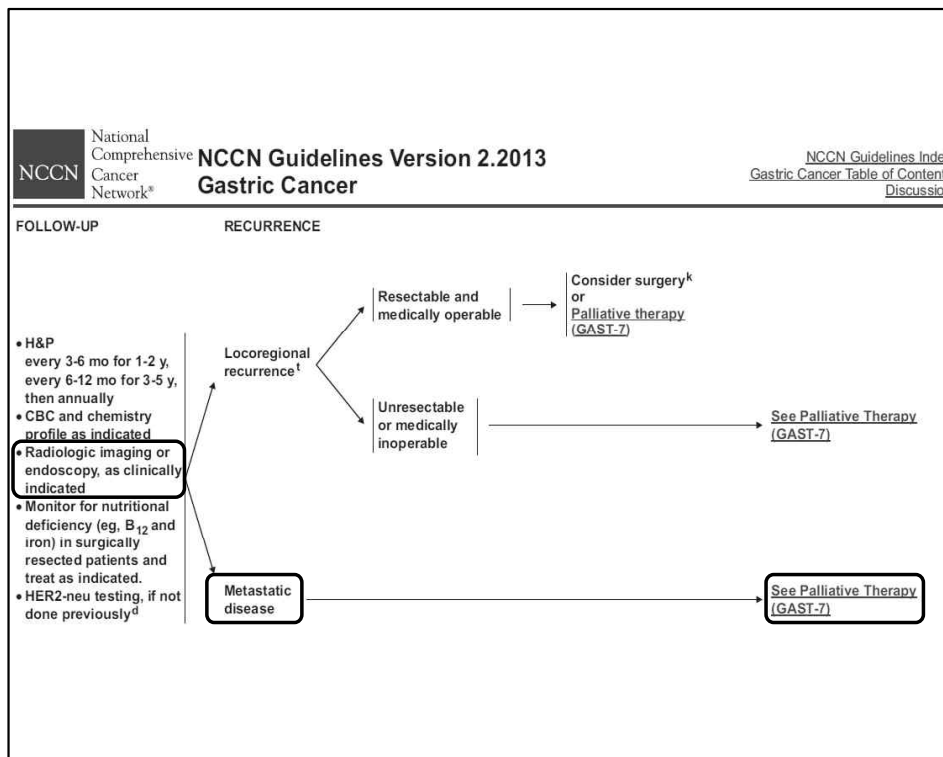
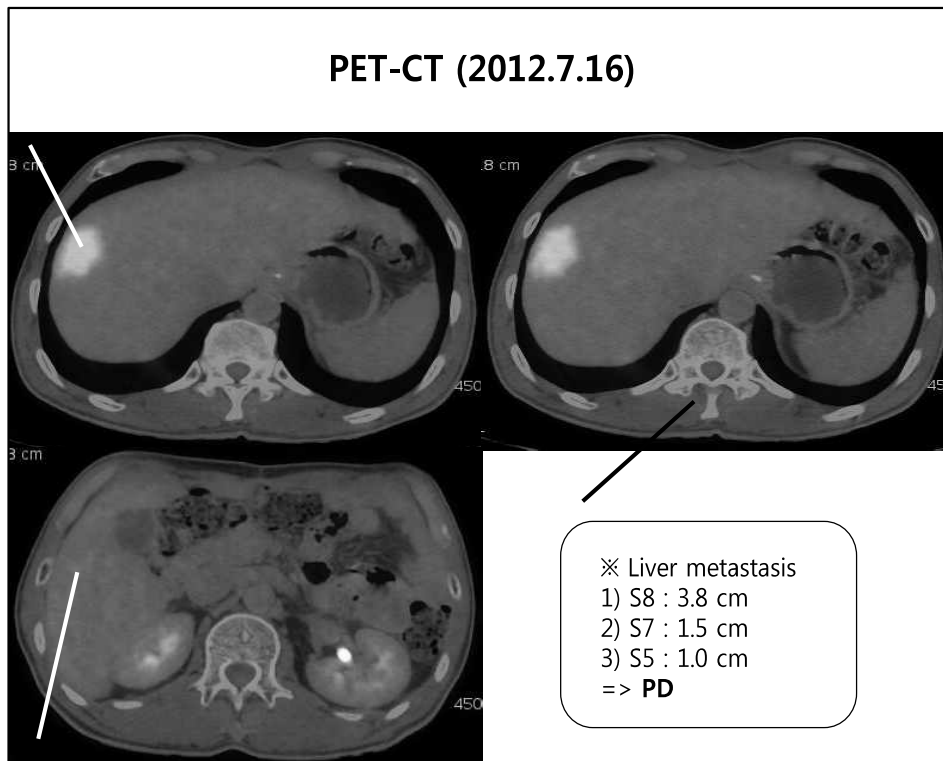
-> Improved state since (2012-7-16)

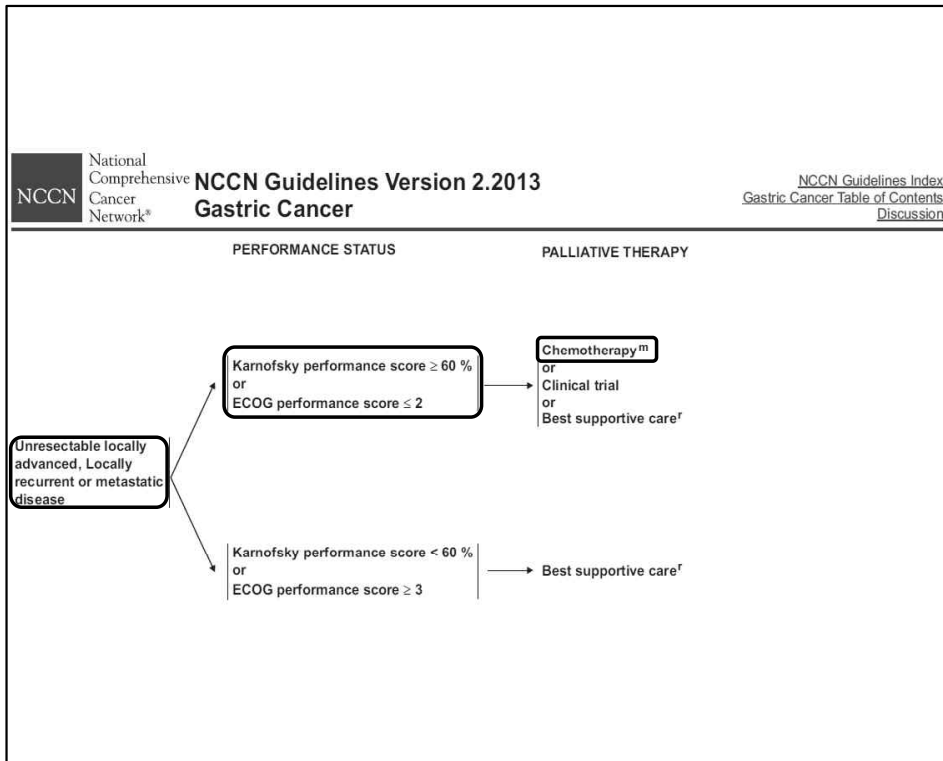
Duodenoscopy (2012.7.3)



A-P CT (2012.7.3)







Brief history

12.7.3) GFS : STG with GDstomy state -> N-S

12.7.3) A-P CT :

Liver metastasis in S5, S7, S8

12.7.16) PET-CT :

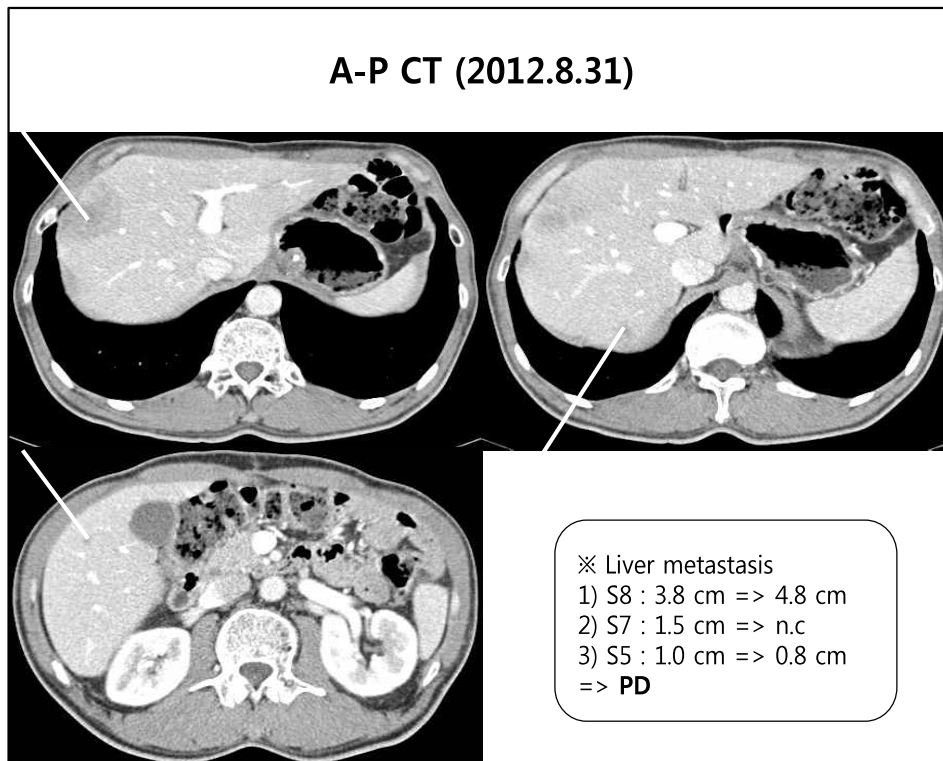
12.7.25~12.8.17) #1-2. DP

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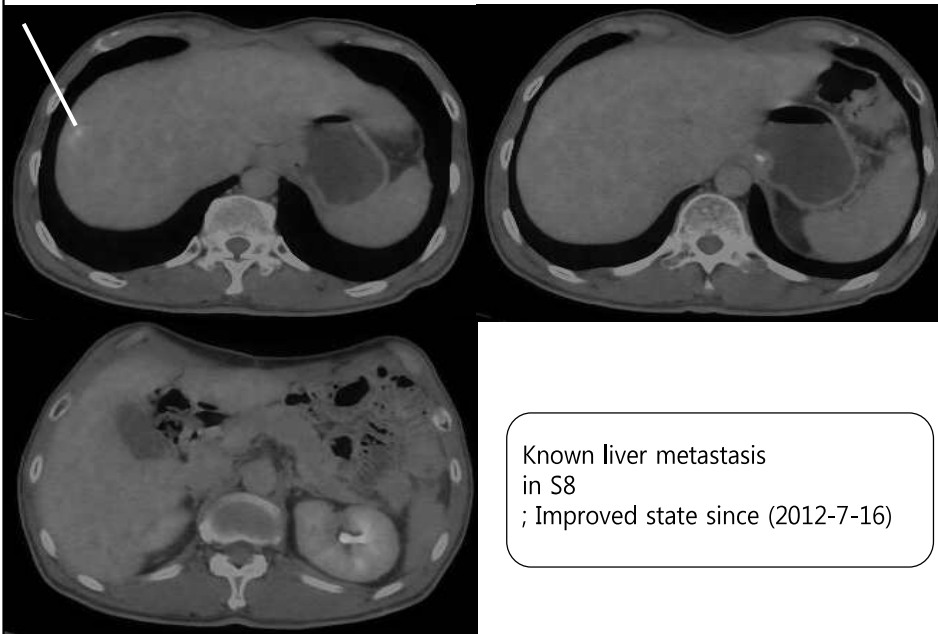
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12.10.30) PET-CT : Known liver metastasis in S8

-> Improved state since (2012-7-16)

PET-CT (2012.10.30)



Brief history

14.5.14) A-P CT : PD

14.5.20~14.6.23) #1-2. EAP-II (75%)

14.7.4) A-P CT : PD

14.7.16~14.8.12) #1-2. ELF

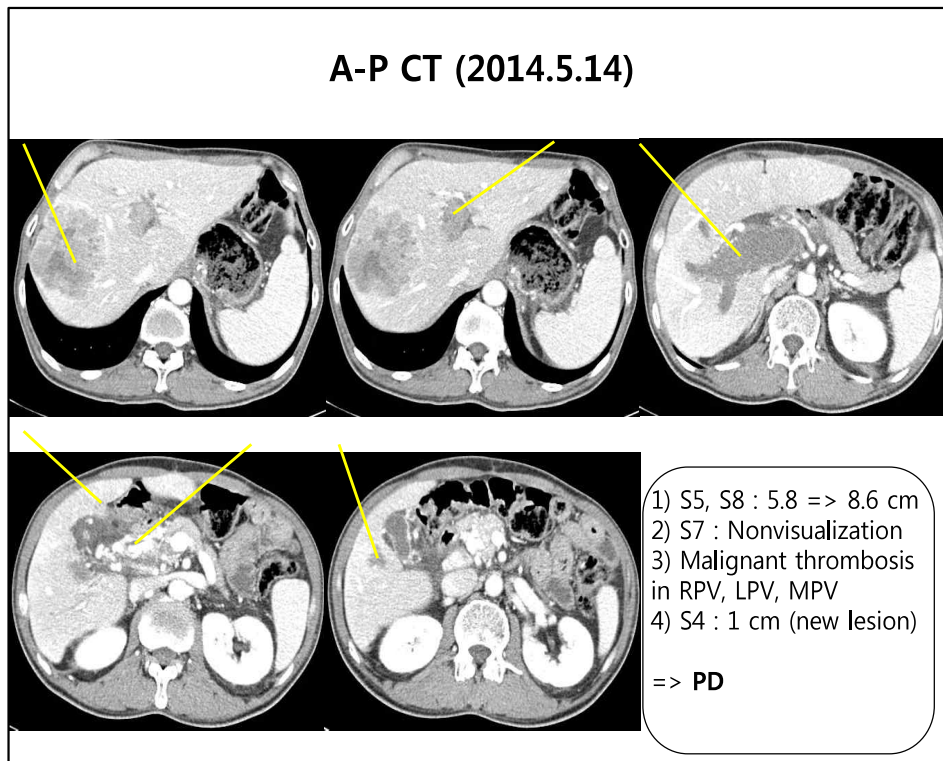
14.9.1) A-P CT : SD

14.9.16~14.10.14) #3-4. ELF

14.11.5) A-P CT : PD

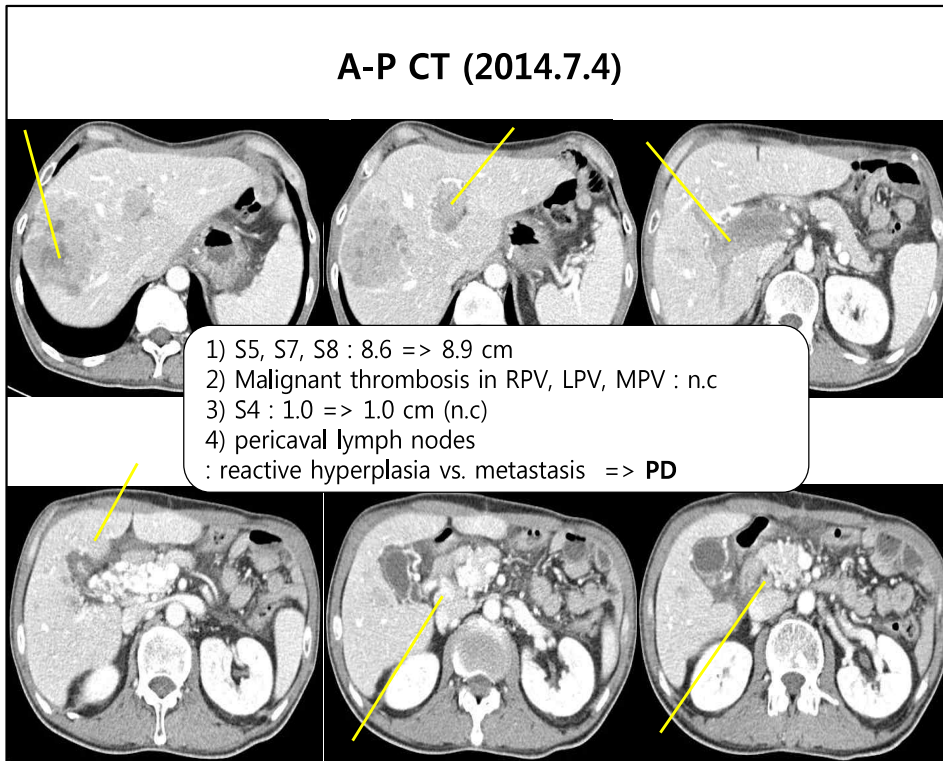
14.11.14~14.12.5) #1-2. TS-1 + Cisplatin

14.12.22) A-P CT : PD



Brief history

- 14.5.14) A-P CT : PD
- 14.5.20~14.6.23) #1-2. EAP-II (75%)
- 14.7.4) A-P CT : PD
- 14.7.16~14.8.12) #1-2. ELF
- 14.9.1) A-P CT : SD
- 14.9.16~14.10.14) #3-4. ELF
- 14.11.5) A-P CT : PD
- 14.11.14~14.12.5) #1-2. TS-1 + Cisplatin
- 14.12.22) A-P CT : PD



Brief history

14.5.14) A-P CT : PD

14.5.20~14.6.23) #1-2. EAP-II (75%)

14.7.4) A-P CT : PD

14.7.16~14.8.12) #1-2. ELF

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14.9.16~14.10.14) #3-4. ELF

14.11.5) A-P CT : PD

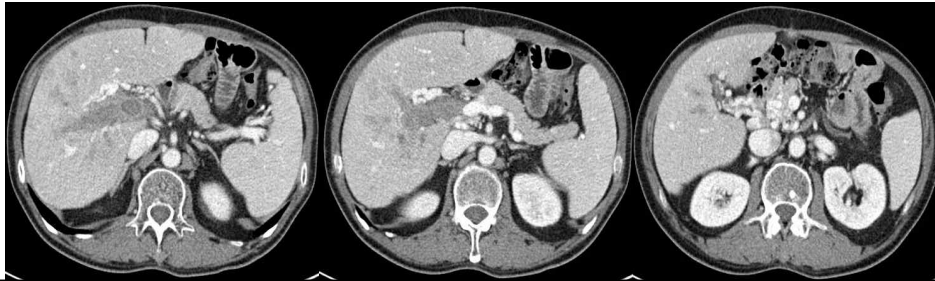
14.11.14~14.12.5) #1-2. TS-1 + Cisplatin

14.12.22) A-P CT : PD

A-P CT (2014.11.5)



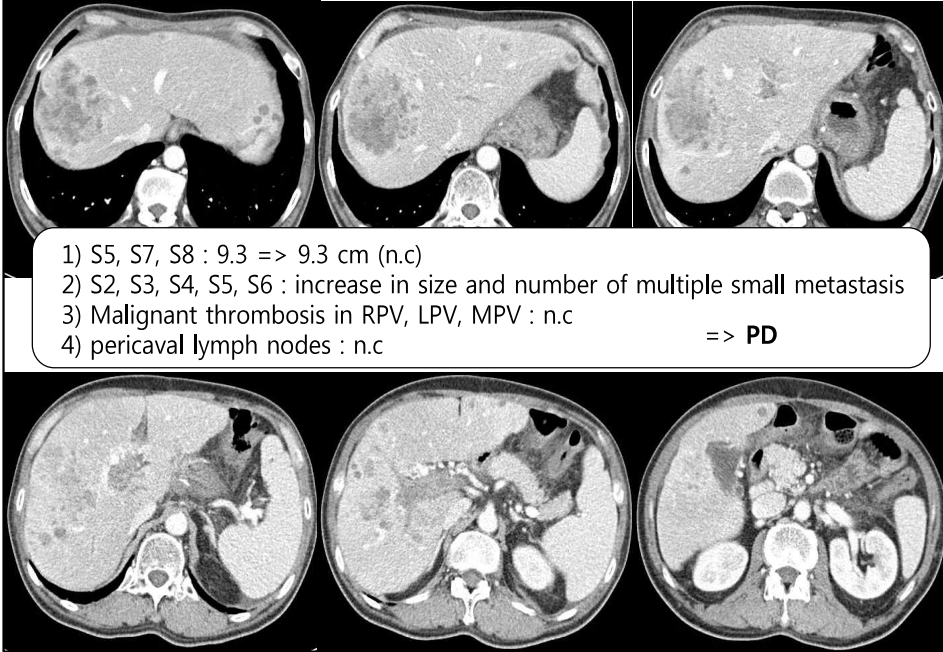
- 1) S5, S7, S8 : 8.9 => 9.3 cm
 - 2) S3, S5, S8 : increase in size and number of multiple small metastasis
 - 3) Malignant thrombosis in RPV, LPV, MPV : n.c
 - 4) pericaval lymph nodes : n.c
- => PD



Brief history

- 14.5.14) A-P CT : PD
- 14.5.20) #1-2. EAP-II (75%)
- 14.7.4) A-P CT : PD
- 14.7.16~14.8.12) #1-2. ELF
- 14.9.1) A-P CT : SD
- 14.9.16~14.10.14) #3-4. ELF
- 14.11.5) A-P CT : PD
- 14.11.14~14.12.5) #1-2. TS-1 + Cisplatin
- 14.12.22) A-P CT : PD

A-P CT (2014.12.22)



Brief history

15.1.27) #1. PFL (75%)

15.2.17) #2. PFL (75%) 시행 위하여 입원

Past medical history

- HTN/DM/pul. Tb/Hepatitis : (-/-/-)
- Operation History : (-)

Social history

- Alcohol/Smoking : (-/-)

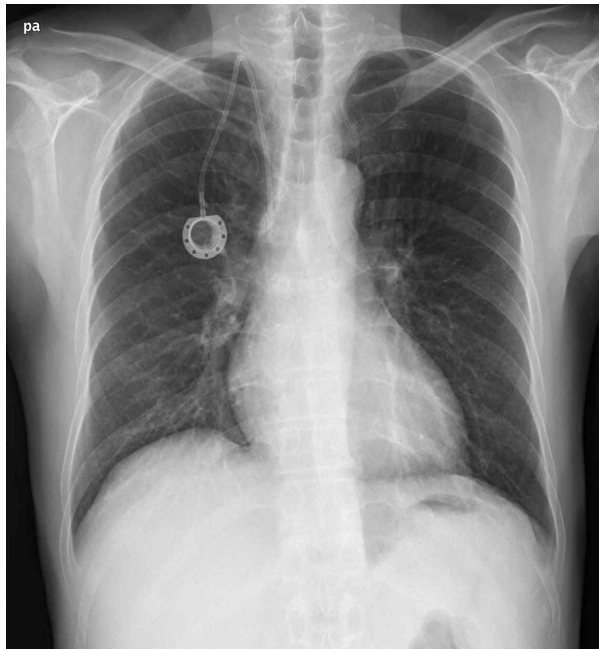
Review of system

- 전신 전신 위약감 / 피로감 (-/-)
 발열 / 오한 (-/-) 발한 (-)
 두통 / 어지러움 (-/-)
 체중감소 (-)
- 심혈관계 흉통 / 흉부 불편감 (-/-)
 심계항진 (-)
- 호흡기계 기침 / 가래 / 콧물 (-/-/-)
 호흡곤란 / 운동시 호흡곤란 (-/-)

Physical examination

복부	부드럽고 편평함 정상 장음 배꼽주위 압통 / 반발통 (-/-) 간 비대/비장 비대 / 종물의 촉진 (-/-/-)
등	늑골 척추각 압통 (-/-)

Chest PA (2014.2.17)



Laboratory test (2014.2.17)

Complete Blood Count					
WBC	4,900	(/uL)	Hct.	27.7	(%)
Hb	10.1	(g/dl)	Seg. Neutro	64.1	(%)
Platelet	101	(10 ³ /U)	ANC	3136	(/uL)

Chemistry					
AST/ALT/ALP	74/64/330	(IU/L)	BUN/Cr	20.1/0.82	(mg/dl)
TP/Albumin	7.1/3.9	(g/dl)	Na/K/Cl	142/4.4/109	(mEq/L)
LDH	754	(IU/L)	CRP	0.9	(mg/dl)
T. Bilirubin	0.75	(mg/dl)	T. Chol	185	(mg/dl)

Coagulation Profile					
PT	12.0	(sec)	aPTT	33.2	(sec)
PT(INR)	1.16				

Assessment & Plan

평가

#1. AGC-2 (pT2N0M0, IB) with multiple liver metastasis & total thrombosis in RPV, LPV, and MPV

s/p RSG with GD (10.4.13)

s/p DP #2, FOLFOX(75%) #12, FOLFIRI(75%) #8,

EAP-II(75%) #2, ELF #4, TS-1 + Cisplatin #2,

PFL(75%) #1 (15.1.27)

치료 계획

#2. PFL (75%) 시행

Follow up history

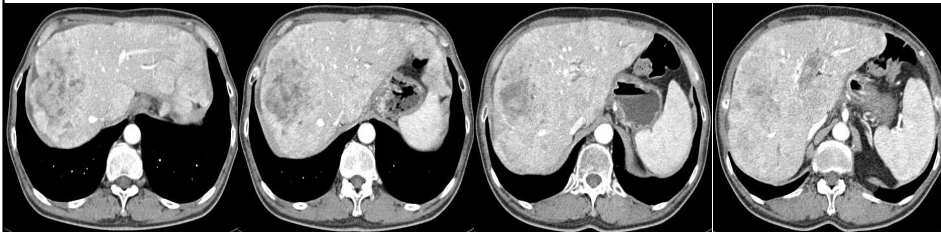
15.2.19) #2. PFL (75%) 시행

Regimen	Dose (75%)	Duration
Paclitaxel	175 mg/m ² : 288.8 => 216.5 mg	D1 (H0~2)
5-FU	2,400 mg/m ² : 3960 => 2970 mg	D1 (H2~48)
Leucovorin	40 mg/m ² : 66 => 49.5 mg	D1 (H0~2)

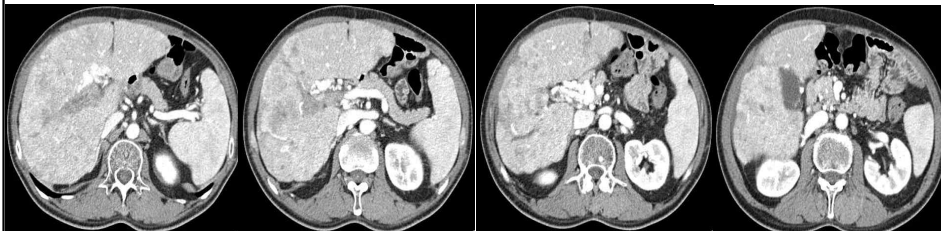
15.3.3) 마지막 외래 방문
: 피곤함 호소, Chemoport 부위의 경도의 발적

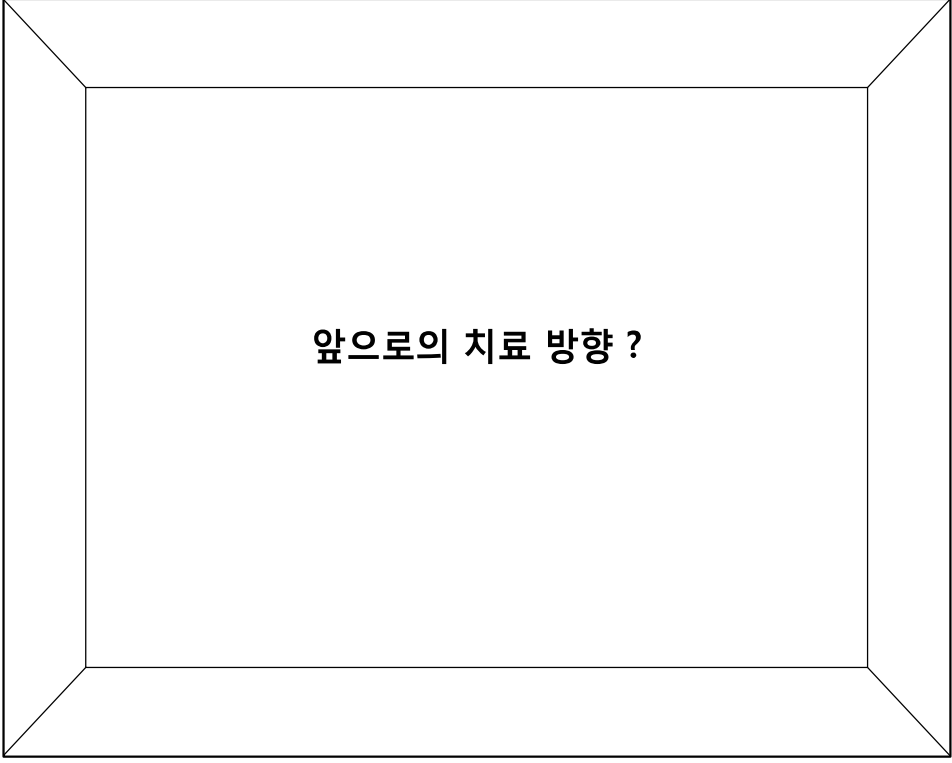
15.3.10) A-P CT : PD

A-P CT (2015.3.10)



- 1) Multiple variable sized metastases, both lobes, liver.
; **interval aggravation**
 - 2) Malignant thrombosis, entire hepatic portal veins and MPV with periportal cavernous transformation. => **PD**
- ; n.c





앞으로의 치료 방향 ?