

A Case of HER2 Positive AGC with Multiple Liver and Lung Metastases Treated with Trastuzumab

**Seo Hee Lee, Ju Seok Kim, Kang Sun Hyung, Hee Seok Moon,
Sung Jae Kyu, Hyun Yong Jeong**

Department of Internal Medicine, Chungnam National University School of Medicine, Daejeon, Korea

A 38-year-old man presented with abdominal discomfort and was diagnosed as type 3 advanced gastric cancer with multiple liver, lung metastases (Stage IV). Endoscopic forcep biopsy revealed moderately differentiated adenocarcinoma, which stained positive HER2 (Human epidermal growth factor receptor) on immunohistochemistry. We started chemotherapy with FP (5-Fluorouracil plus Cisplatin) plus trastuzumab. After 4 cycles of FP plus trastuzumab chemotherapy, tumor was slightly reduced and metastatic tumors and lymph nodes were slightly decreased. Chemotherapy with FP plus trastuzumab was effective for HER2 positive advanced cancer with multiple liver and lung metastases.

Key Words: HER 2 positive, Advanced gastric cancer, Trastuzumab

김 O 회 (38/M)

주소 : 상복부 불편감

현병력

내원 한달 전부터 소화불량 증상과 상복부 더부룩한 증상 지속되어 내원 전일 성요셉병원 내원하여 복부초음파 및 위내시경 시행하였고, 복부초음파에서 복수 및 간내 다발성 종괴확인되고, 흉부단순촬영에서 다발성 폐결절 소견 보이며, 위내시경에서 진행성 위암 소견의 r/o AGC with liver, lung metastasis 의증하에 본원 전원됨.

과거력

DM/HTN (-/-)

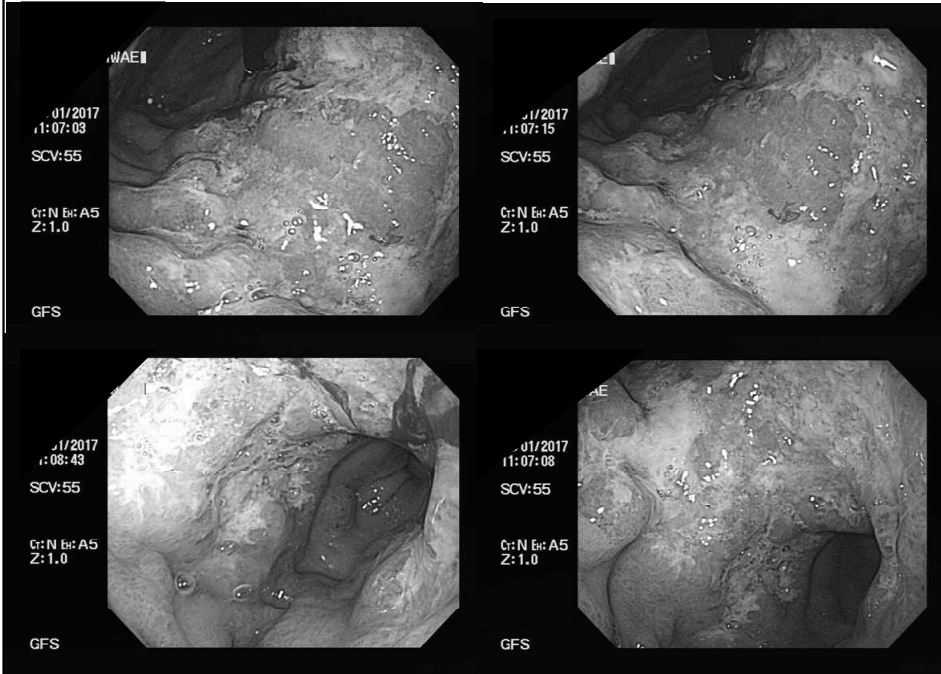
Alcohol : 막걸리 한잔/day

Smoking: ¼ pack/day x 15yrs

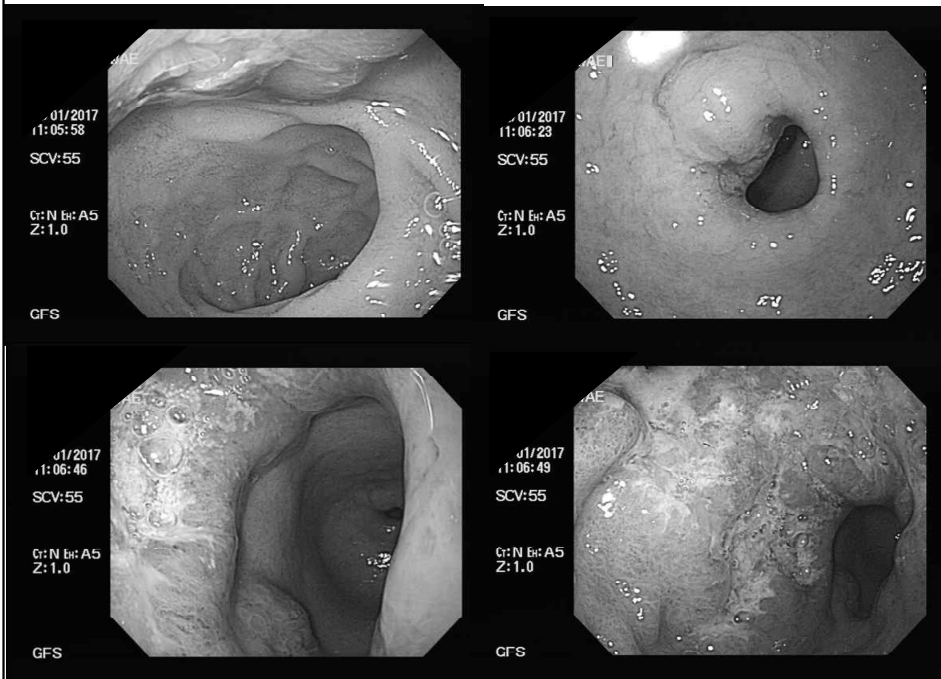
Initial Lab data (2017.1.30)

Complete blood count		Serum chemistry	
WBC	12,000 (10 ³ /uL)	TP/ Alb	5.6 / 2.9 (g/dL)
Hb	10.6 (g/dL)	Glucose	78 (mg/dL)
Hct	32.2 (%)	T.Chol	177 (mg/dL)
MCV	95.3 (fL)	AST/ ALT	40 / 11 (IU/L)
Platelet	274 (10 ³ /uL)	ALP	63 (IU/L)
Seg. Neutrophil	83.6 (%)	BUN/ Cr	7.9 / 0.74 (mg/dL)
Viral marker HBs Ag Negative (0.19) HBs Ab Positive (97.94) HCV Ab Negative (0.04) RPR Ab Negative (0.5) Anti HIV(AIDS) Negative (0.08)		Na/ K/ Cl	134/3.7/99 (mEq/L)
		T.Ca/ P	8.5/ 3.3 (mg/dL)
		LDH	688 (IU/L)
		Tumor marker CEA 4.06 (U/mL) CA 19-9 107 (ng/mL) AFP 7.52 (ng/mL)	

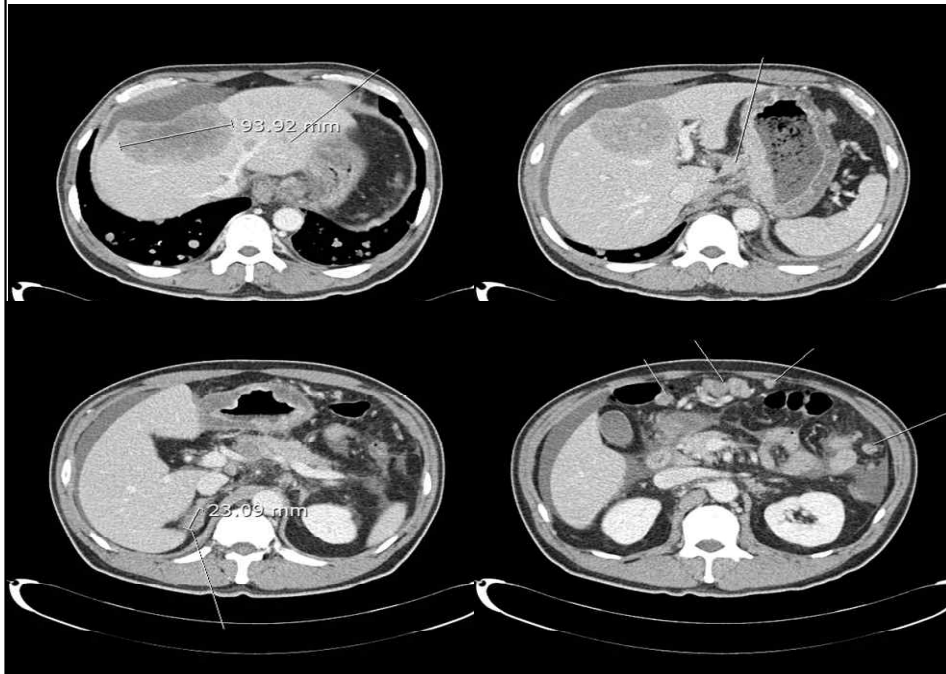
EGD (17.02.01)



EGD (17.02.01)



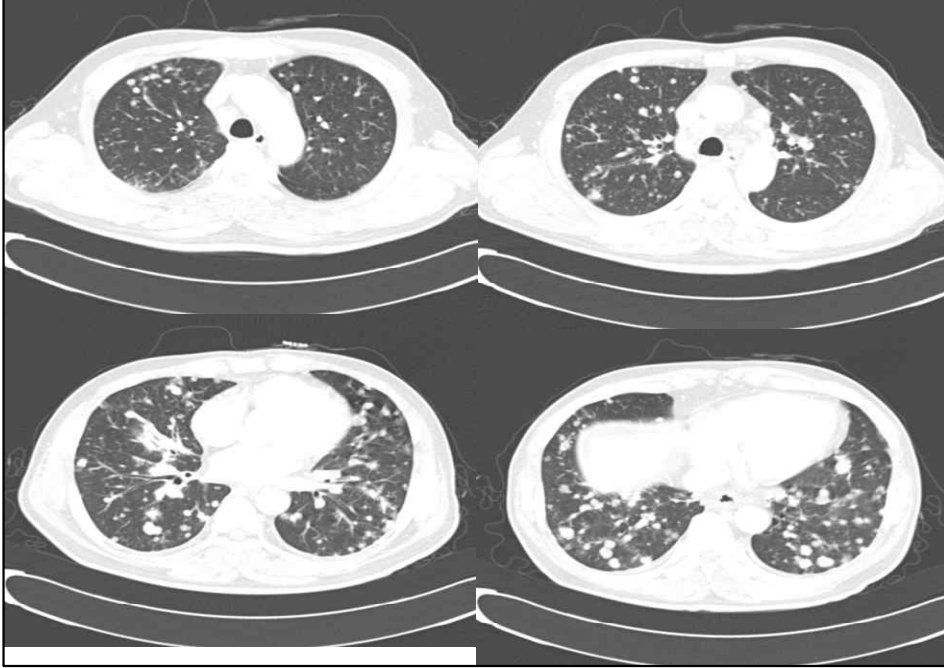
Abd & Pelvis dynamic CT (17.02.01)



Chest PA (17.1.31)



Chest CT (17.02.01)



Pathologic diagnosis

➤ Stomach, endoscopic biopsy;

Tubular adenocarcinoma, moderately differentiated.

◆ 1차 추가진단

* Immunohistochemical stain for c-erb-B2; (3+)

Final Diagnosis

- Diagnosis

AGC with liver & lung metastases

(T4bN3bM1, stage IV)

Chemotherapy (FP + Trastuzumab)

2017.2.06) #1. FP (100%) + Herceptin (8 mg/kg)

2017.2.27) #2. FP (100%) + Herceptin (6 mg/kg)

2017.3.16) Abd CT

2017.3.29) # 3. FP (100%) + Herceptin (6 mg/kg)

2017.4.19) #4. FP (100%) + Herceptin (6 mg/kg)

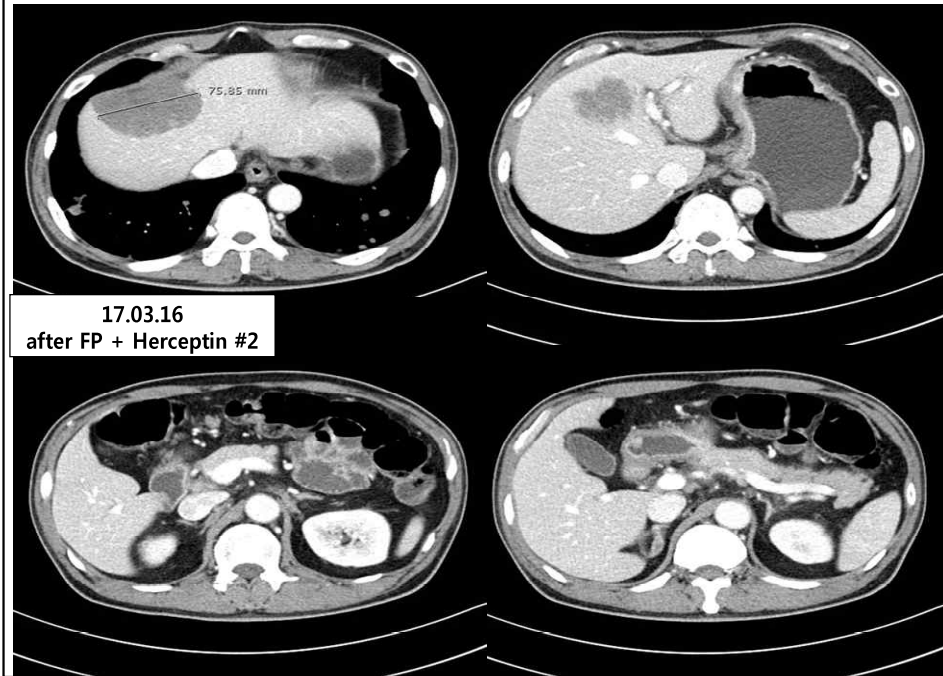
2017.5.16) Abd CT: PR

2017.5.25) #5. FP (100%) + Herceptin (6 mg/kg)

2017.06.15)#6. FP (100%) + Herceptin (6 mg/kg)

2017.06.30) Abd CT: PR

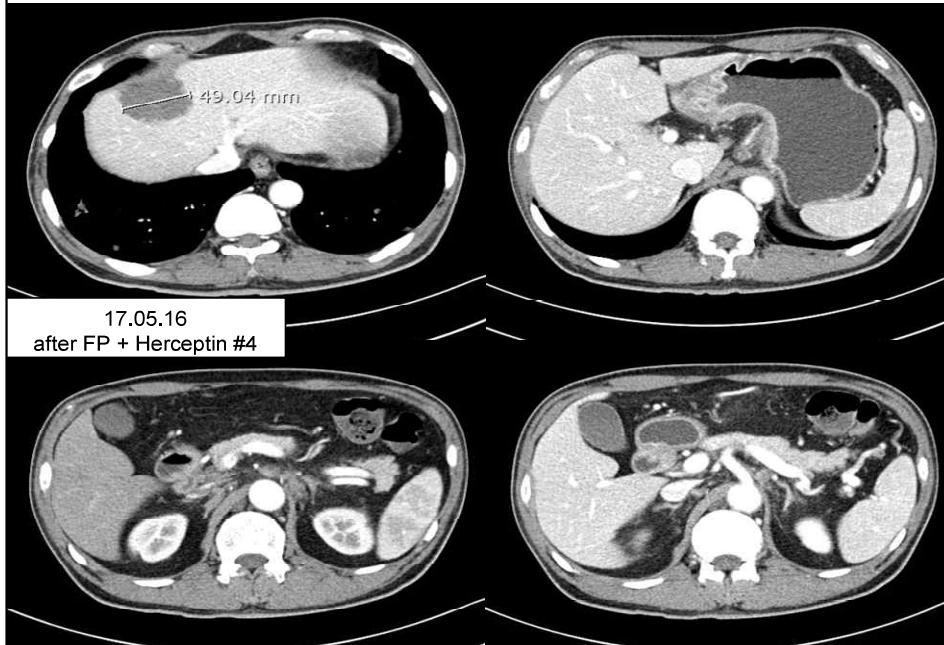
Abd & Pelvis CT (2017-03-16)



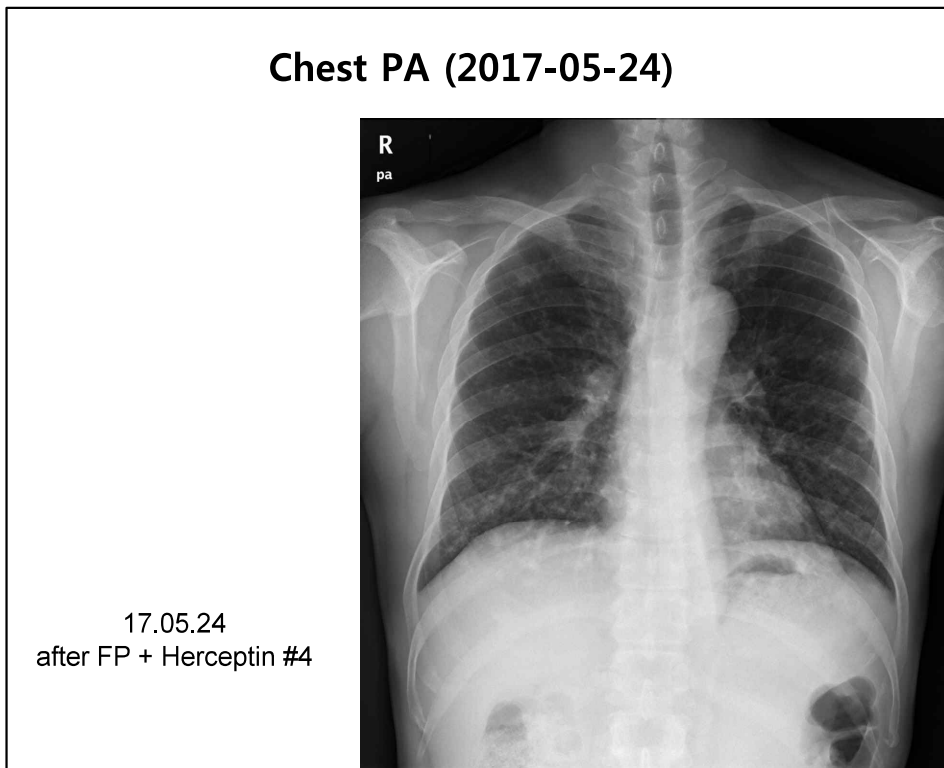
EGD f/u (2017-05-16)



Abd & Pelvis CT (2017-05-16)



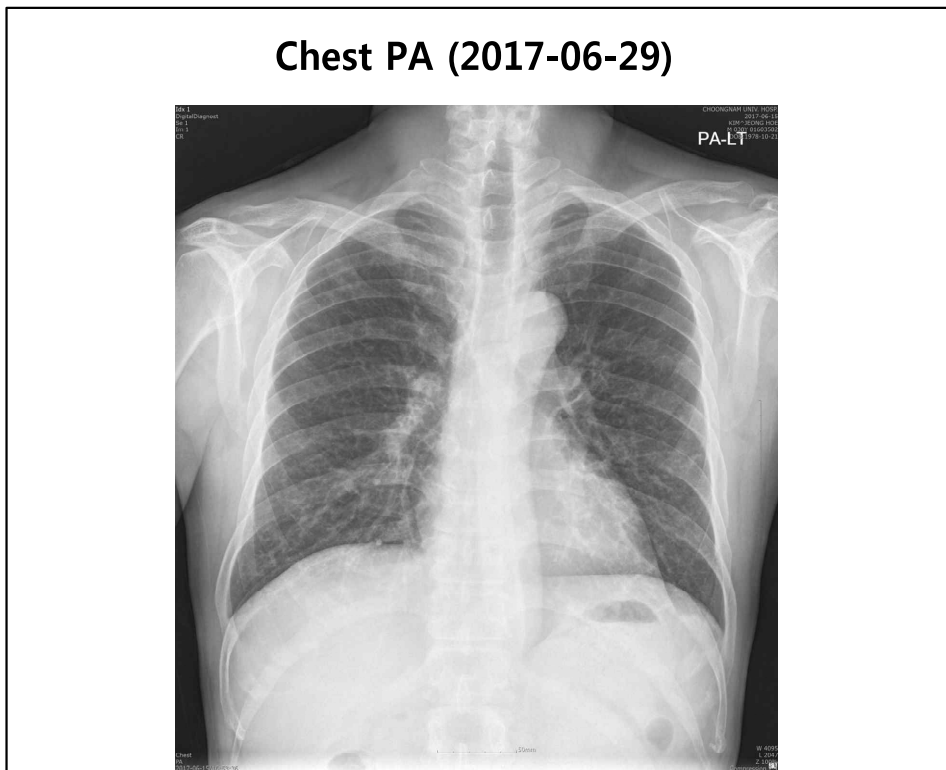
Chest PA (2017-05-24)

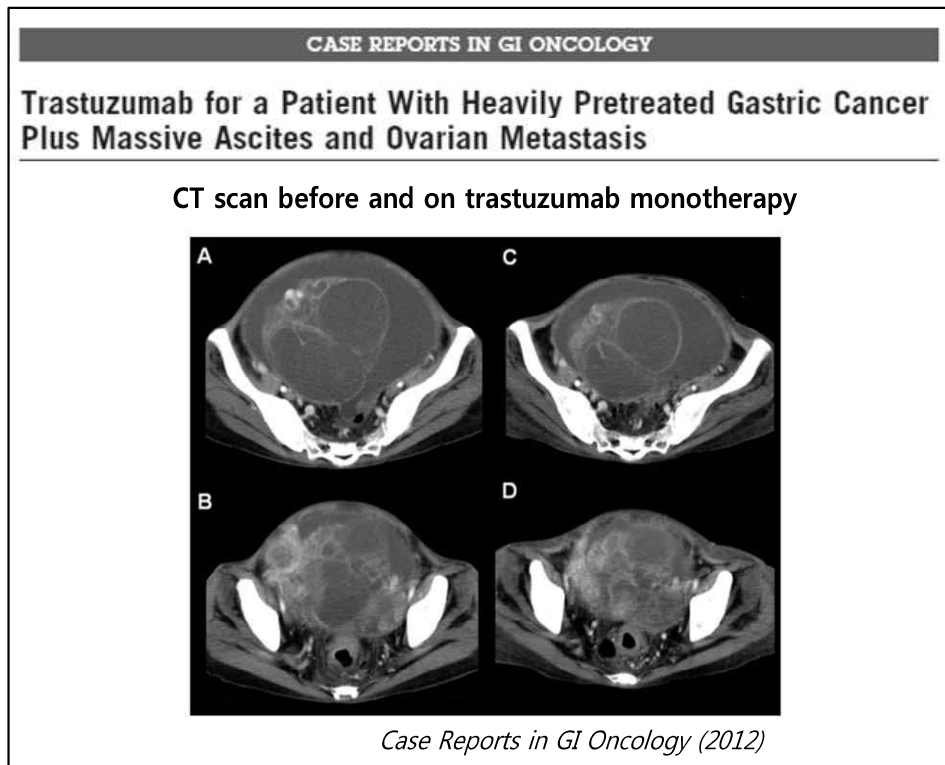
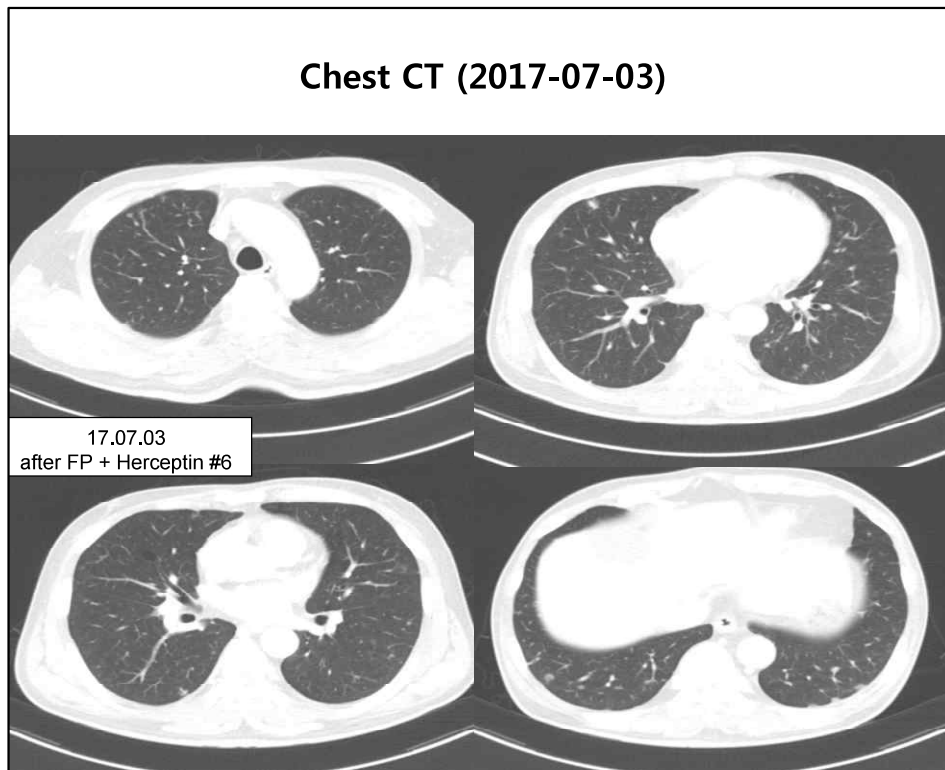


Abd & Pelvis CT (2017-06-30)

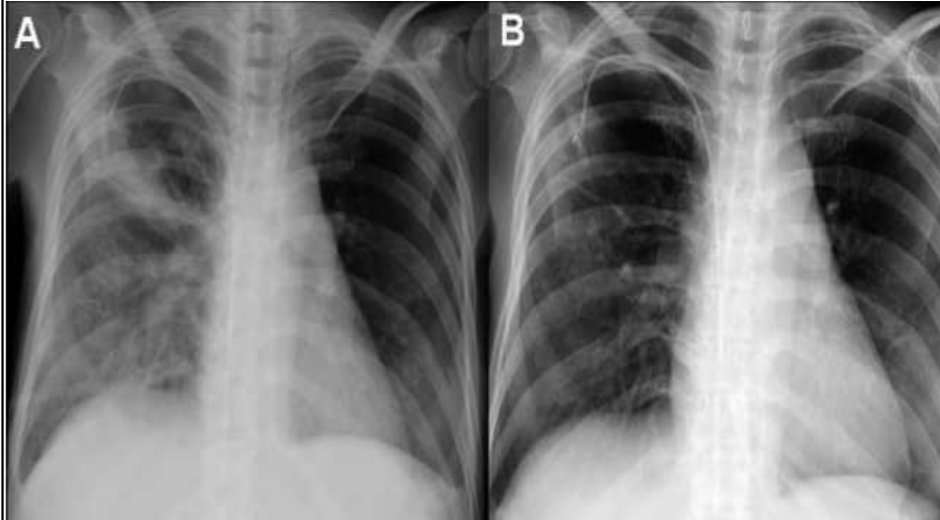


Chest PA (2017-06-29)





Chest X-ray before and on trastuzumab monotherapy

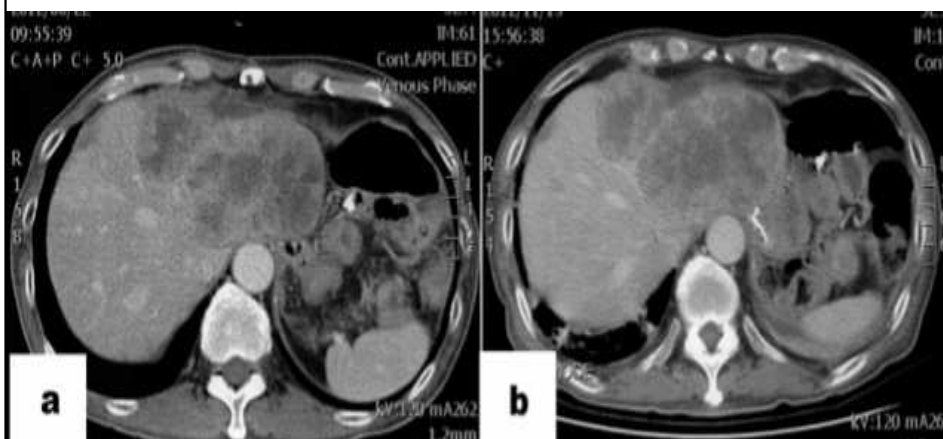


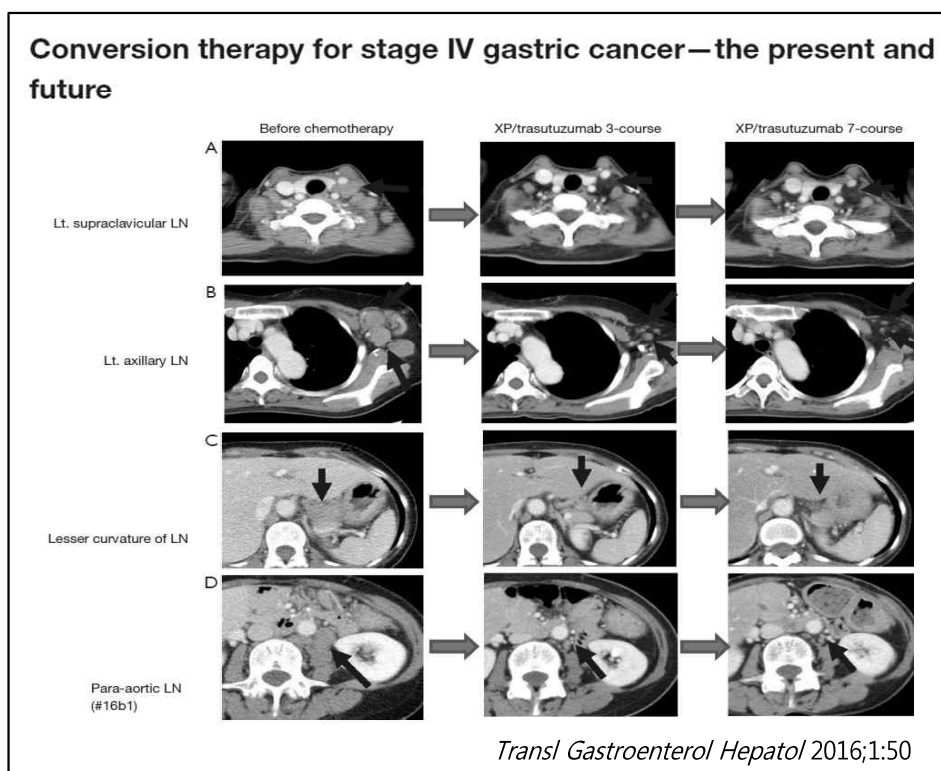
Case Reports in GI Oncology (2012)

ANTICANCER RESEARCH 34: 3695-3700 (2014)

Molecular-targeted Therapy for Chemotherapy-refractory Gastric Cancer: A Case Report and Literature Review

HUNG-YANG KUO¹ and KUN-HUEI YEH^{1,2}





References

- K. Yamaguchi et al., 2016. Conversion therapy for stage IV gastric cancer—the present and future, *Transl Gastroenterol Hepatol* 1:50.
- K. Shitara et al., 2012. Trastuzumab for a patient with heavily pretreated gastric cancer plus massive ascites and ovarian metastasis, *Gastrointestinal Cancer Research* 5(3):97-99.
- H.Y. Kuo et al., 2014. Molecular-targeted therapy for chemotherapy-refractory gastric cancer: A case report and literature review, *Anticancer research* 34:3695-3700.
- S.Y. Lee, 2016. Changing strategies for target therapy in gastric cancer, *World J Gastroenterol*, 22(3):1179-1189.