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Article *in* Annals of Oncology · June 2014

DOI: 10.1093/annonc/mdu165.61

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Annals of Oncology 25 (Supplement 2): ii14–ii104, 2014
doi:10.1093/annonc/mdu165.61

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P – 0065 **TRASTUZUMAB IN HER-2 POSITIVE ADVANCED GASTRIC CARCINOMA - LONG TERM SURVIVORS**

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Introduction: Most of the patients with gastric cancer have locally advanced or metastatic disease at the time of presentation. Her2 over-expression and/or amplification are present in 7-34% of gastric or gastroesophageal junction (GEJ) cancers. It has been demonstrated that trastuzumab (Herceptin®) in combination with fluoropyrimidine based chemotherapy is superior to chemotherapy alone in this group of patients. We hereby report our experience with trastuzumab, in combination with chemotherapy in the treatment of patients with advanced gastric cancer, with accent on the patients that receive treatment 12 months or longer.

Methods: Data on eleven consecutively treated patients with histologically confirmed gastric or GEJ adenocarcinoma, with Her2 over-expression and/or amplification (IHC 3 + , or IHC 2+ and SISH+) who received first line treatment with trastuzumab were analyzed retrospectively. The treatment consisted of cisplatin at dose of 80mg/m^2 on day 1 and trastuzumab at doses of 8 mg/kg (loading dose on the first cycle) and 6 mg/kg (maintenance dose) on day 1 of subsequent cycles, followed by capecitabine 1000 mg/m^2 twice daily for 14 days. Cycles were repeated on 21 days. Chemotherapy was given for maximum of 8 cycles with cisplatin and additional 6 cycles of monotherapy with capecitabine in good responders, while trastuzumab was continued until disease progression or unacceptable toxicity.

Results: 11 patients (pts), 2 with locally advanced inoperable disease and 9 with metastatic disease were included. They received an average of 12 cycles of trastuzumab (range 2-26). The therapy is still ongoing in 7 pts. Five of the patients received trastuzumab longer than 12 months (average 14; range 12-18). The characteristics of this group are the following: median age 61.8 (59-63); 4 pts (80%) were metastatic at diagnosis; the histological type was intestinal in 4 cases (80%); the location of the primary tumor was cardia in 3 cases (60%), corpus and antrum in 1 each (20%); 4 out of 5 pts (80%) had small tumor load. The pts in this group received average of 7.8 cycles of chemotherapy (range 4-14), average of 21 cycles of trastuzumab (range 16-26). Partial disease remission was observed in 3 pts (60%) and 1 (20%) had complete response Disease progression was detected in 1 (20%). The therapy is still ongoing in 4 patients (80%). No grade 3 or toxicities were diagnosed.

Conclusion: Targeting human epidermal growth factor receptor 2 (HER2) during or in sequence with chemotherapy improves overall survival in metastatic and locally advanced inoperable HER2-overexpressing gastric cancer. The high percentage of good responders in our group, as well as the good tolerability, the low incidence of high grade toxic events encourages the use of Herceptin in combination with chemotherapy in treatment of HER-2 positive gastric carcinoma.