A case of unresectable Stage IV HER2-positive advanced gastric cancer treated by using trastuzumab combined with SOX

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Background, purpose: In September, 2014, S-1 + L-OHP (SOX) therapy became available for gastric cancer. We can evade nephrotoxicity of cisplatin as compared with TS-1 + CDDP therapy, but on the other hand there is still little use experience. Therefore we are late line, but we perform trastuzumab (HER) +SOX and report the case that we were able to use safely this time.

Case: A 44 years old man. In July, 2013 in another hospital gastric cancer (HER3+). It is SD after September SP + HER initiation, 2 courses. In November, it is esophagus subtotal extirpation, 2 region dissection, D3, gastric tube reconstruction. In February, 2014, DOC + TS-1 (DS) starts. There are lymph node metastases (CT) abdomen prone in April. In DS, PD, subsequent Bi-weekry CPT-11, nab-PTX are PD, too. In the end of September, it is introduced by this hospital. We start HER + SOX with S-1 dose down for the hope of the person. The blood test value is CEA 41.6 ng/ml, CA19-9 601612 U/ml, Hgb11.2 g/dl, PLT 4100/μL, Neut 5990/μL. In October, 2nd courses start. In November, 3rd courses initiation, CEA, CA19-9 decreased slightly moderately together, and the CRE level was 0.61 mg/dl.

Conclusion: We shared patients information in the chemotherapy entire team. And, as for us, a dose, an adverse event are mild; including the living guidance intervened positively. Because the HER + SOX therapy to patients with unresectable progress, recurrent gastric cancer had little effect on renal function test value, we were able to use it safely in late line.