Clinical guideline for gastrointestinal cancers in Korea with focusing on metastatic gastric cancer

Minhee Ryu
Department of Oncology, Asan Medical Center, Korea

Korean guideline on the diagnosis and treatment of gastric cancer (GC) was published in Korean language in 2012. It will be revised this year (2018) with updating recent publications. Generally, metastatic or unresectable GC is treated in Korea as follows.

In metastatic or unresectable GC, doublets of fluoropyrimidine plus platinum are the standard of care as first line chemotherapy in HER2 negative GC, while trastuzumab in combination with capecitabine/5FU and cisplatin is the standard of care in HER2 positive GC. HER2 positivity is defined as either HER2 immunohistochemistry (IHC) 3 positive or HER2 IHC 2 positive and positive in situ hybridization. Taxane-containing triplet regimens are not considered standard of care, however, they can be tried for conversion surgery with reduction of tumor burden in selected patients.

In secondline setting, there are several options, which include taxanes (irinotecan, weekly paclitaxel plus ramucirumab, and ramucirumab alone. Either docetaxel or paclitaxel (both weekly and 3 weekly) can be used as one of the standard secondline chemotherapy agents. Among these, weekly paclitaxel plus ramucirumab is more favored, if patients’ condition is appropriate to receive the combination chemotherapy. In third line setting, taxanes or irinotecan can be used if those chemotherapeutic agents were not used previously. In a phase 3 trial, nivolumab has been proven to be superior to placebo with more long term survivors as a third or laterline treatment in GC.

Recently, nivolumab has been approved in Korea, and it is currently used as a third or laterline treatment.