

# Patient Case: Derek

- Male, 68 years old
- Seeking first-line therapy for his advanced gastroesophageal (GEJ) cancer
- Relevant biomarker status:
  - CPS = <1%
  - Immunohistochemistry (IHC) = 3+ for HER2

Based on treatment recommendations by the NCCN Clinical Practice Guidelines for gastric cancer, what would you recommend for Derek?

Continue to  
Options

# Select Option to Review in First-Line Setting

Based on CPS = <1%; IHC = 3+ for HER2 expression

## Option 1:

Pembrolizumab in combination with trastuzumab and a fluoropyrimidine - and platinum-containing regimen

## Option 2:

Fluoropyrimidine and oxaliplatin and trastuzumab

or

Fluoropyrimidine and cisplatin and trastuzumab

## Option 3:

Fluoropyrimidine and oxaliplatin and nivolumab

## Option 4:

Fluoropyrimidine and oxaliplatin

# Option 1

**NCCN Other  
Recommended  
Regimen**

Option 1:

Pembrolizumab in combination with trastuzumab and a fluoropyrimidine - and platinum-containing regimen

- Other Recommended Regimen based on the May 2021 FDA approval of this combination for first-line treatment of locally advanced unresectable or metastatic HER2-positive gastric or GEJ adenocarcinoma

Select a  
different option

# Option 2

**Preferred regimen  
with HER2  
overexpression**  
Category 1

Option 2:

Fluoropyrimidine  
and oxaliplatin and  
trastuzumab

or

Fluoropyrimidine  
and cisplatin and  
trastuzumab

- These regimens are an appropriate recommendation for Derek based on the NCCN panel consensus. Moreover, the regimen containing cisplatin is classified as **Category 1** (based upon high-level evidence, there is a uniform NCCN consensus that the intervention is appropriate)
- It is important to note that oxaliplatin is generally preferred over cisplatin due to lower toxicity

Select a  
different option

Continue  
on to second-  
line setting

# Option 3

**Not preferred  
regimen with  
HER2  
overexpression**

Option 3:

Fluoropyrimidine  
and oxaliplatin and  
nivolumab

- Chemotherapy plus nivolumab would not be preferred due to Derek's CPS being <1% and HER2 overexpression
- Listed as Category 2B (based upon lower-level evidence, there is NCCN consensus the intervention is appropriate), Nivolumab would be useful in certain circumstances, such as HER2 overexpression negative and PD-L1 CPS 1-4

Select a  
different option

# Option 4

**Not preferred  
regimen with  
HER2  
overexpression**

Option 4:

Fluoropyrimidine  
and oxaliplatin

- Chemotherapy alone would not be preferred because Derek has no obvious indication for withholding the trastuzumab/chemotherapy regimen

Select a  
different option

# Patient Case: Derek – Second Line



- Disease progression following first-line fluoropyrimidine and oxaliplatin and trastuzumab or fluoropyrimidine and cisplatin and trastuzumab regimen:
  - HER2+ (IHC = 3+)
  - PD-L1 CPS = <1%

Based on treatment recommendations by the NCCN Clinical Practice Guidelines for gastric cancer, what would you now recommend to Derek?

Continue to  
Options

# Select Option to Review in Second-Line Setting

Based on disease progression on fluoropyrimidine /oxaliplatin/trastuzumab and HER2+ (IHC = 3+); PD-L1 CPS = <1%

Option 1:

Ramucirumab and  
paclitaxel

Option 2:

Pembrolizumab

Option 3:

Trastuzumab  
deruxtecan



# Option 1

**Not preferred  
regimen with HER2  
overexpression**

Option 1:

Ramucirumab and  
paclitaxel

- Ramucirumab/paclitaxel would be appropriate for Derek if he did not have HER2 overexpression

Select a  
different option

# Option 2

**Not preferred  
regimen when  
CPS remains <1%**

Option 2:  
Pembrolizumab

- Pembrolizumab is not the preferred second-line selection since Derek's PD-L1 CPS remains <1%

Select a  
different option

# Option 3

**NCCN Preferred  
Regimen**  
Category 2A

Option 3:  
Trastuzumab  
deruxtecan

- Based on NCCN guidance, the preferred second-line therapy for Derek's biomarker status would be trastuzumab deruxtecan
  - Derek remains HER2+ thus use of a trastuzumab-based antibody-drug conjugate (ADC) containing a high ratio cytotoxic payload is the preferred approach

Select a  
different option

Continue  
to dosing

# Patient Case: Derek – Second-Line Dosing

Based on treatment recommendations by the NCCN Clinical Practice Guidelines for gastric cancer, what would be the recommended dosing for Derek?



Continue to  
Options

# Select Dosing Option for Administration of Trastuzumab Deruxtecan

## Option 1:

4.4 mg/kg IV on  
day 1, cycled  
every 21 days

## Option 2:

5.4 mg/kg IV on  
day 1, cycled  
every 21 days

## Option 3:

6.4 mg/kg IV on  
day 1, cycled  
every 21 days

# Option 1

**Not  
Recommended  
Dosing**

Option 1:

4.4 mg/kg IV on  
day 1, cycled  
every 21 days

- Dosing for trastuzumab deruxtecan is higher than is currently recommended for advanced/metastatic breast cancer, which is 5.4 mg/kg IV on day 1, cycled every 21 days

Select a  
different option

# Option 2

**Not  
Recommended  
Dosing**

Option 2:

5.4 mg/kg IV on  
day 1, cycled  
every 21 days

- Dosing for trastuzumab deruxtecan is higher than is currently recommended for advanced/metastatic breast cancer, which is 5.4 mg/kg IV on day 1, cycled every 21 days

Select a  
different option

# Option 3

**Recommended  
Dosing**

Option 3:

6.4 mg/kg IV on  
day 1, cycled  
every 21 days

- Dosing for trastuzumab deruxtecan in advanced HER2-positive gastric cancer is 6.4 mg/kg IV on day 1, cycled every 21 days, as currently recommended by both the FDA label and NCCN

Select a  
different option