Gastrointestinal cancer metastases

Intracranial metastases

The incidence of intracranial metastases (IMD) in patients with gastrointestinal cancers is rising. Expression of the erythroblastic oncogene B-2 (ERBB2) is associated with an in increased risk of IMD in patients with breast cancer. The implications of ERBB2 expression for IMD risk in patients with GI cancers is less clear. The objective of a systematic review was to determine the incidence of IMD and OS in patients with ERBB2+ gastrointestinal cancers.

A literature search of MEDLINE, EMBASE, CENTRAL, and grey literature sources was conducted from date of database inception to July 2021. Included studies reported outcomes on patients with IMD secondary to ERBB2 GI cancers.

Fourteen cohort studies met inclusion criteria, of which thirteen were retrospective. Eleven studies reported on gastric, esophageal, or gastroesophageal junction cancers. Three studies directly compared incidence of IMD based on ERBB2 status and among these, ERBB2+ patients had a higher incidence of IMD. One study indicated that ERBB2+ patients had significantly longer OS from the times of primary cancer (P = .015) and IMD diagnosis (P = .01), compared with patients with ERBB2- disease.

In this systematic review, patients with ERBB2+ GI cancer were more likely to develop IMD. Future study is required on the prognostic and predictive value of ERBB2 status in patients with GI cancers [1].

Spinal metastases

Gastrointestinal cancer spinal metastases.

[1]

Sherman M, Gaebe K, Li AY, Habbous S, Sahgal A, Raphael MJ, Erickson AW, Das S. Erythroblastic oncogene B-2 status and intracranial metastatic disease in patients with gastrointestinal cancer: a systematic review. J Neurooncol. 2022 Nov 13. doi: 10.1007/s11060-022-04195-1. Epub ahead of print. PMID: 36372832.