

GASTRIC CANCER - THE REALITY OF AN INSTITUTION

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INTRODUCTION

Gastric cancer (GC) affects close to one million people per year, being the sixth most common cancer in Europe and the third leading cause of global cancer mortality. Two major issues render the prognosis of GC patients extremely poor: diagnosis at late stages and the lack of effective therapies for patients with advanced disease. Despite improvements on patient survival with perioperative and adjuvant treatment modalities, surgical resection is still the primary curative treatment for early diagnosed and localized GC. However, most patients remain asymptomatic during the early stages of disease, thus delaying the initial diagnosis and the chance of cure by surgical treatment. These patients present with advanced stages and unresectable disease at diagnosis, being chemotherapy the main treatment option.

OBJECTIVES

The aim is to analyze retrospectively patients with a diagnosis of GC from 2006 to 2012 and to compare the two histological types of GC according to Lauren's classification, intestinal and diffuse types.

METHODS

This is an observational, retrospective, descriptive and analytical study. We identified all patients with histologically confirmed GC between 2006 and 2012 and analyzed the medical records. The results were analyzed using SPSS and the statistical value was defined as P <0.05.

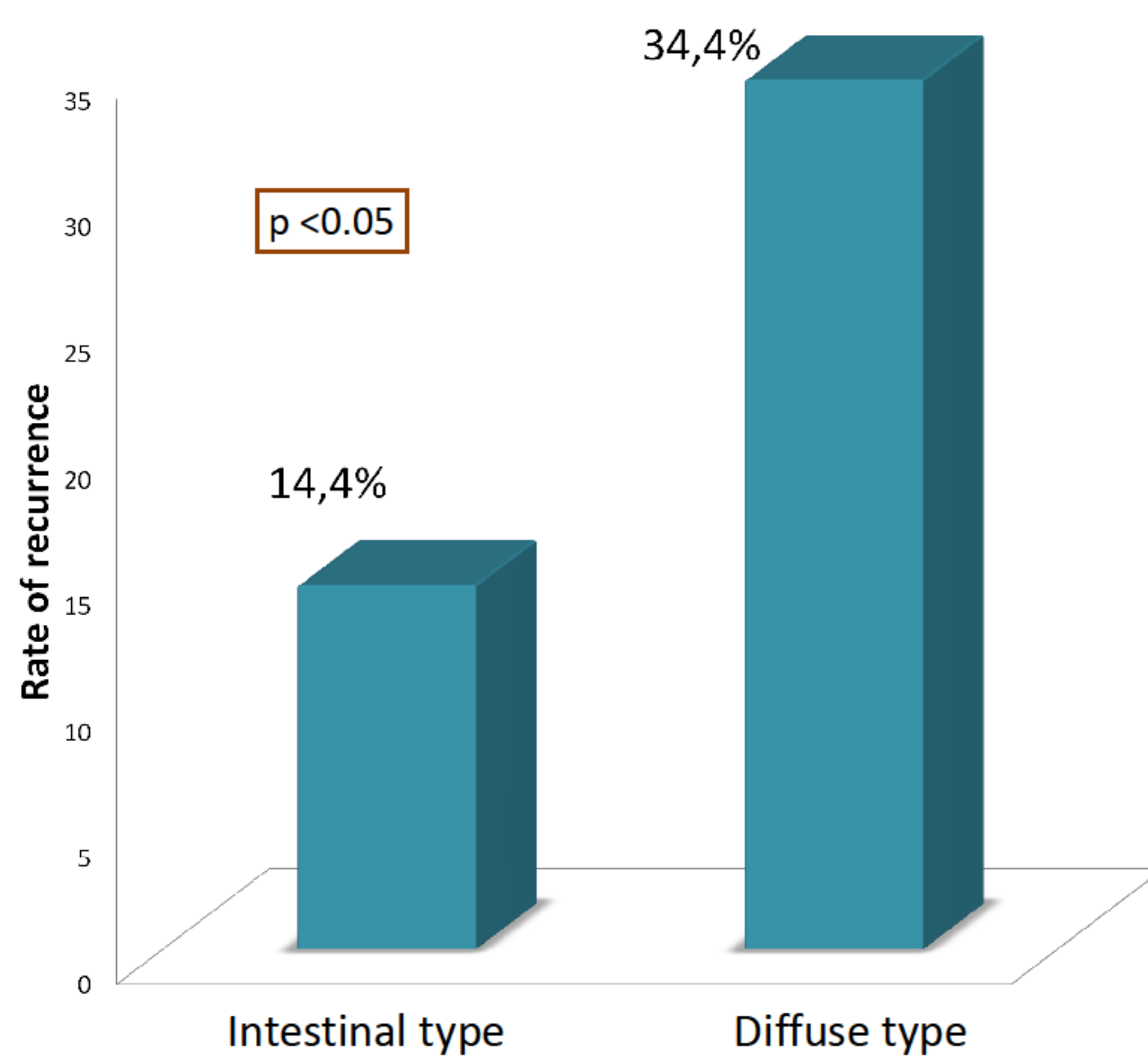
RESULTS

TABLE 1: Patients' baseline characteristics (N=264)

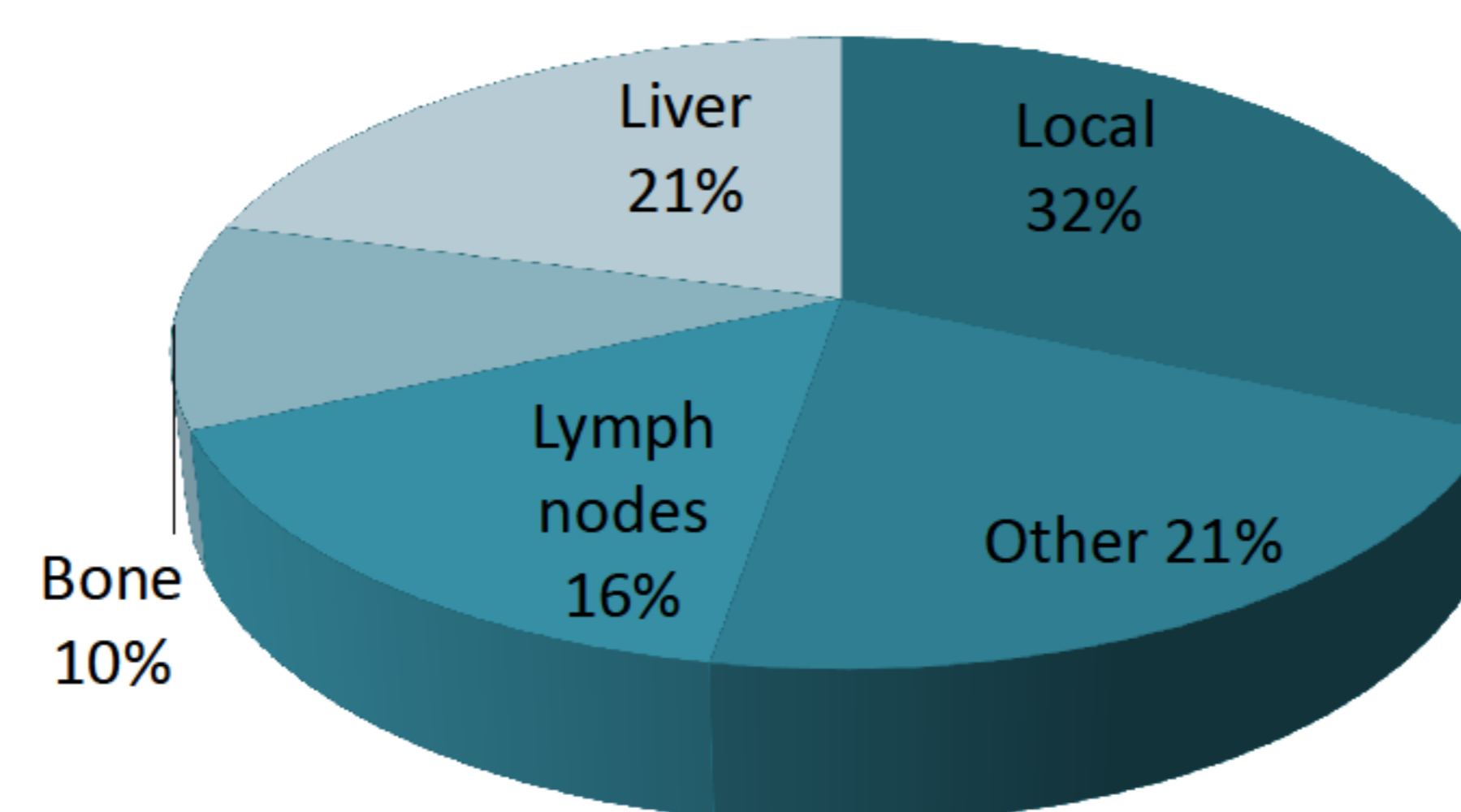
Variable	Value, (%)
Gender	
Male (n)	171, (64.8)
Female (n)	93, (35.2)
Mean age (yr)	63.8 ± 11.3 (30-90 yr)
ECOG/PS	
ECOG/PS = 0 (n)	62.2%
ECOG/PS = 1 e 2 (n)	36.6%
ECOG/PS = 3 (n)	1.2%
Histological subtype	
Diffuse	41.4%
Intestinal	58.6%

TABLE 2: Patients' baseline characteristics with diffuse and intestinal subtype

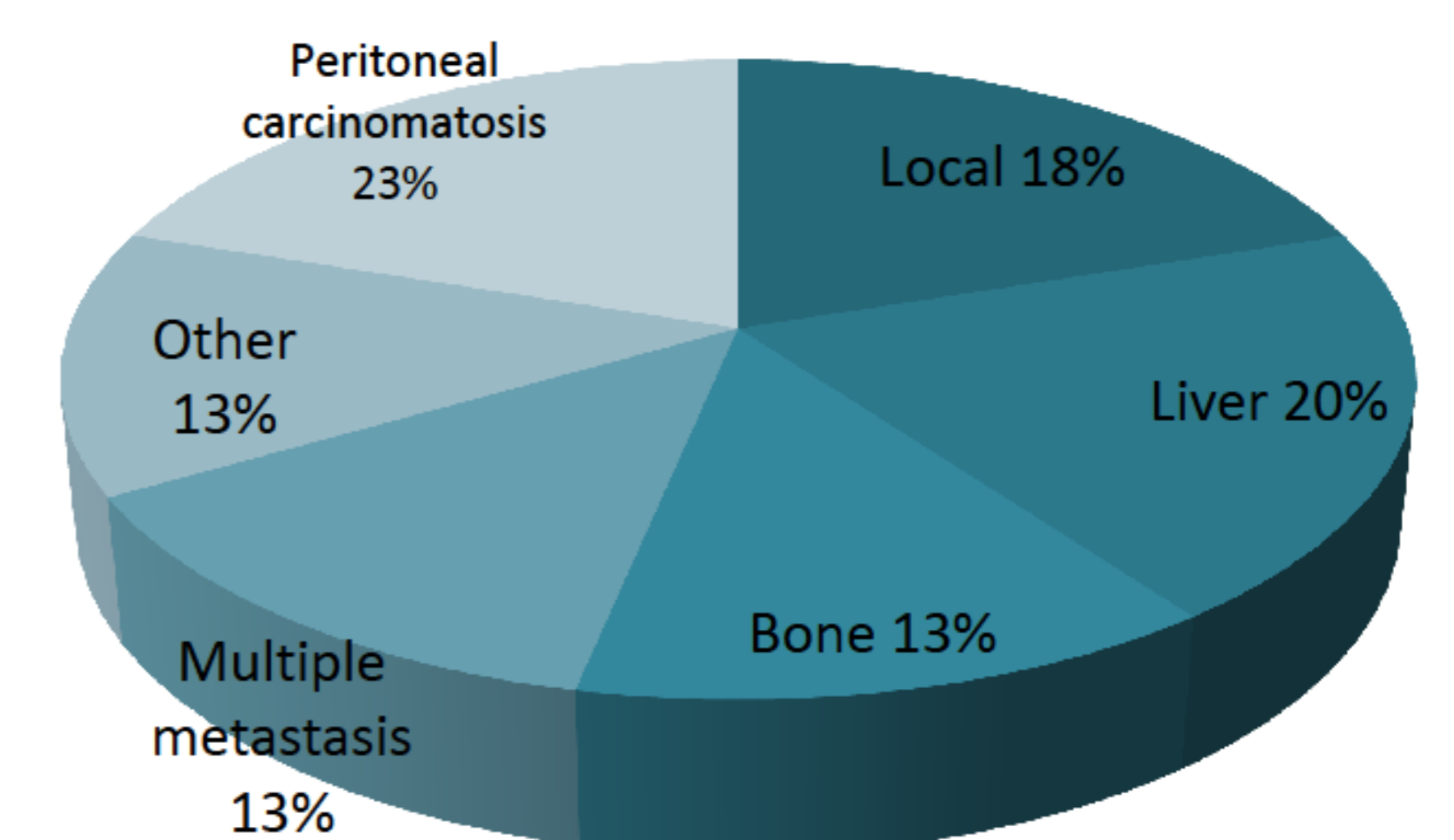
Variable	Value, (%)	Diffuse subtype (%)	Intestinal subtype (%)	p value
Location of the tumour				
Body	70, (31.5)	27.8	23.3	0.13
Antrum	120, (54.1)	48.1	49.6	
Antrum and body	32, (14.4)	24.1	27.1	
Surgery	227			
Total gastrectomy	48, (21.1)	34.6	13.3	0.06
Sub-total gastrectomy	151, (66.5)	57.7	79.2	
Bypass surgery/ unresectable	28, (12.4)	7.7	7.7	
TNM pathological Stage				
stage I	43.3%	28.6	54.4	0.00
stage II	30.2%	28.6	32.5	
stage III	17.5%	34.7	9.6	
stage IV	9.0%	8.2	3.5	
Metastasis	22.7%	18.5	13.5	0.75
Differentiation grade				
Well-differentiated	43.9%	15.6	58.0	0.00
Moderate differentiated	21.4 %	12.5	27.0	
Poorly differentiated	34.7%	71.9	15.0	
Cytostatic treatment		117 patients		
Adjuvant treatment	83, (71.0%)	59.1	40.9	0.41
Concomitant radio and chemotherapy	70 (84.3)	61.4	38.6	
Neoadjuvant treatment	17 (14.5)	76.5	23.5	
Palliative treatment	17 (14.5)	33.4	66.6	



Intestinal type - location of recurrence



Diffuse type - location of recurrence



CONCLUSIONS

The diffuse GC type tends to have poorer prognosis factors. As a matter of fact, they are mainly poorly differentiated and have more advanced stages and presence of metastasis at time of diagnosis. This type of GC also tends to relapse more, in contrast to the intestinal type.

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