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CAN HIGH LEVELS OF PREOPERATIVE CARBOHYDRATE ANTIGEN 19-9 BE A PREDICTOR OF SURVIVAL IN GASTRIC CANCER?

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BACKGROUND

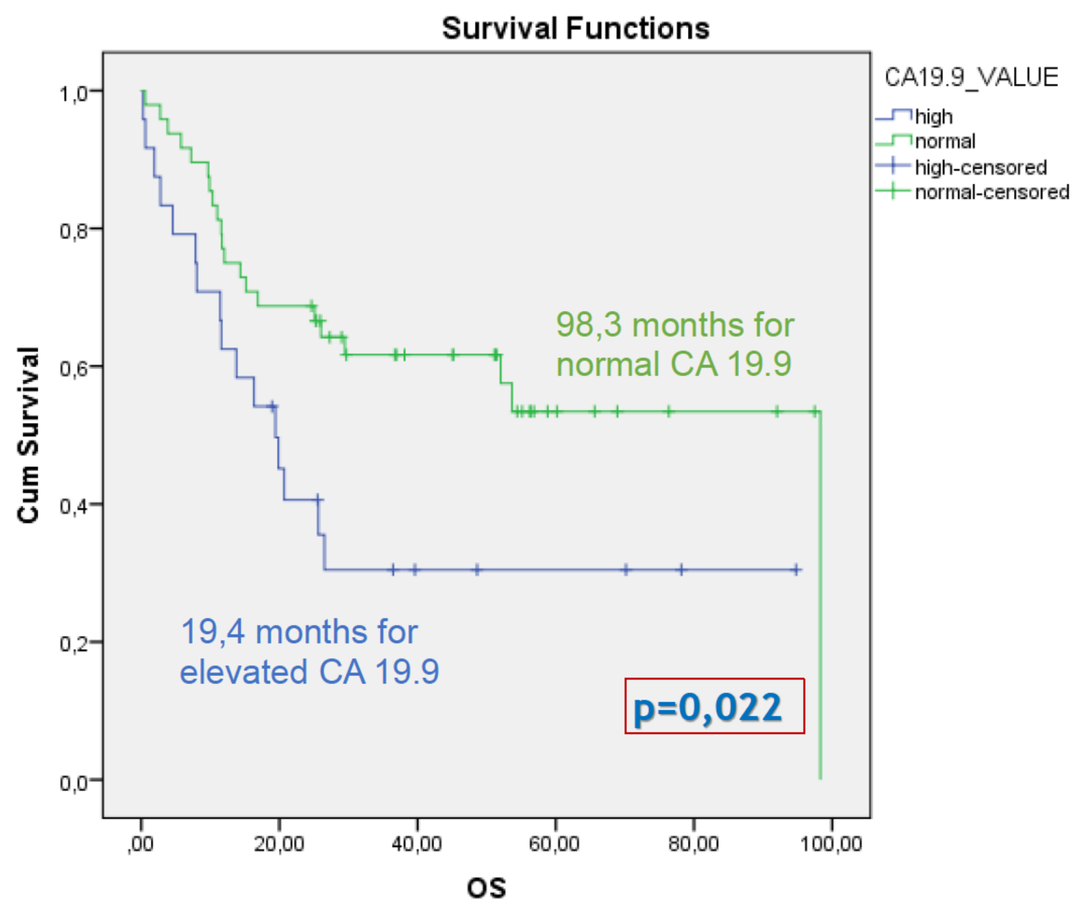
Carcinoembryonic antigen (CEA) and carbohydrate antigen (CA) 19-9 are commonly used tumour markers for monitoring treatment and recurrence of gastric cancer. However, their value as a preoperative prognostic tool is not well established.

METHODS

Between 2006 and 2012, a total of 202 patients underwent surgery for histologically confirmed gastric cancer (32 patients were excluded due to incomplete information): 24 patients had elevated serum levels of CA 19-9 preoperatively and 146 patients had normal levels (upper limit: 37U/mL). For this study, 48 patients were randomly selected from the latter group to serve as controls (matched for age, sex and tumour staging). Overall survival (OS) was calculated using the log-rank test. Standard statistical test were used.

Characteristics		Normal CA 19-9	Elevated CA 19-9	p value
Gender	Male (n)	36	15	0,271
	Female (n)	12	9	
Mean age (yr)		63,4 ± 9,3 (39-82)	66,2 ± 11,5 (47-90)	0,29
Location				
fundus		4	2	0,417
body		11	6	
antrum		29	12	
antrum and body		4	4	
Histological subtype				
Diffuse		19	8	0,644
Intestinal		27	13	
Mucinous		2	3	
Tumour grade				
G1		12	7	0,572
G2		6	4	
G3		13	3	
NA		17	10	
Surgery				
Total gastrectomy		9	5	0,896
Sub-total gastrectomy		31	14	
Palliative		8	5	
TNM Stage				
stage I		10	4	**0,957**
stage II		17	9	
stage III		11	5	
stage IV		10	6	
Metastasized resected nodes (mean)		4,18 ± (5,02)	3,37 ± (4,96)	**0,31**

Table 1 - Baseline characteristics of patients with normal and elevated CA 19.9



Curve 1 - Overall survival of patients with normal and elevated CA 19-9. Median OS of both groups combined was 52 months

CONCLUSIONS

Patients with normal preoperative CA 19-9 levels have **better prognosis** than patients with elevated levels. As such, preoperative CA 19-9 levels should be considered an **independent prognostic factor** in predicting OS after gastric cancer resection, therefore contributing to a more accurate and individualized prognosis for these patients.

REFERENCES

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