

INTESTINAL VERSUS DIFFUSE GASTRIC CANCER - CHEMORADIATION FOR ALL OR DO WE NEED DIFFERENT THERAPEUTIC APPROACHES?

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BACKGROUND Despite its incidence in Europe has declined over the last decades, gastric cancer (GC) is still the second cause of cancer-related deaths worldwide. Although different histological subtypes are known for many years, in daily clinical practice GC is usually considered as a single disease. Our aim was to compare intestinal and diffuse GC subtypes regarding the clinical outcome, disease-free survival (DFS) and overall survival (OS) in patients submitted to adjuvant chemoradiation.

METHODS A total of 76 patients with gastric adenocarcinoma who underwent curative resection between 2006 and 2012 were included. Early or recurrent GC, palliative resection and patients submitted to perioperative chemotherapy were excluded. All patients underwent chemotherapy with 5-fluorouracil (5-FU) (200 mg/m²/day) and radiation therapy (45 Gy/25 fr/5 weeks). LV5FU2 or LV5FU2-P was administered before and after chemoradiation. Histological subtype according to Lauren's classification was documented. Mixed-type tumours (N= 10) were listed as diffuse type. A total of 15 patients were excluded due to loss of follow-up. Demographic and clinical characteristics of the population were recorded. Standard statistical tests were used.

Characteristics		Diffuse	Intestinal	p value
Gender	Male (n)	18	13	0,94
	Female (n)	13	9	
Mean age (yr)		60,8 ± 9,2 (40-78)	63,3 ± 7,9 (51-76)	0,37
Location of the tumour				
	fundus	1	0	0,234
	body	9	7	
	antrum	19	10	
	antrum and body	2	5	
Surgery				
	Total gastrectomy	8	4	0,51
	Sub-total gastrectomy	23	18	
TNM Stage				
	stage II	15	18	0,015
	stage III	12	1	
Metastasized resected nodes (mean)		4,39 ± 4,7 (0-17)	1,95 ± 2,7 (0-9)	0,034
Recurrent disease		10 (32,3%)	6 (28,6%)	0,768

Table 1 - Baseline characteristics of patients with diffuse and intestinal subtype

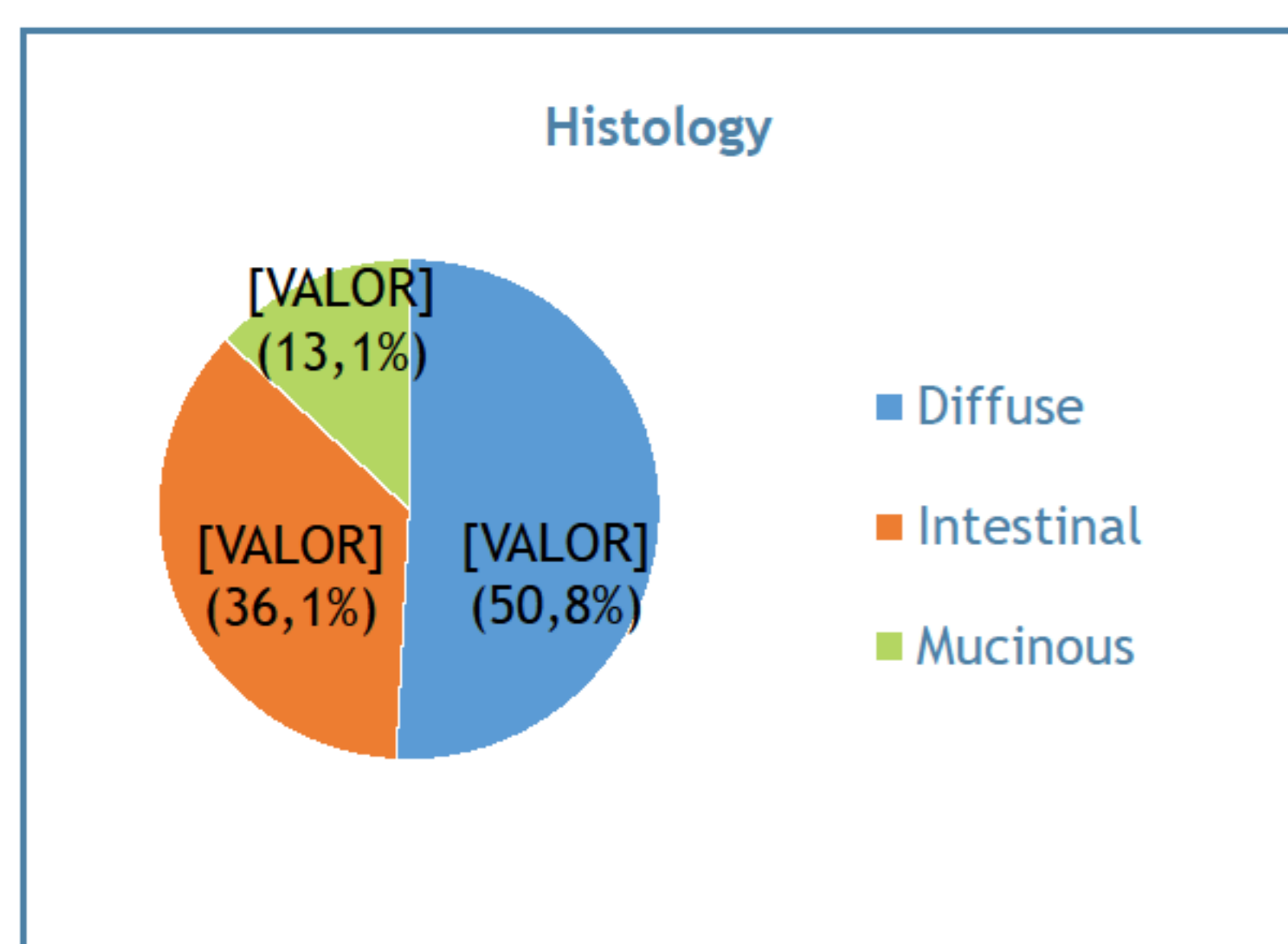
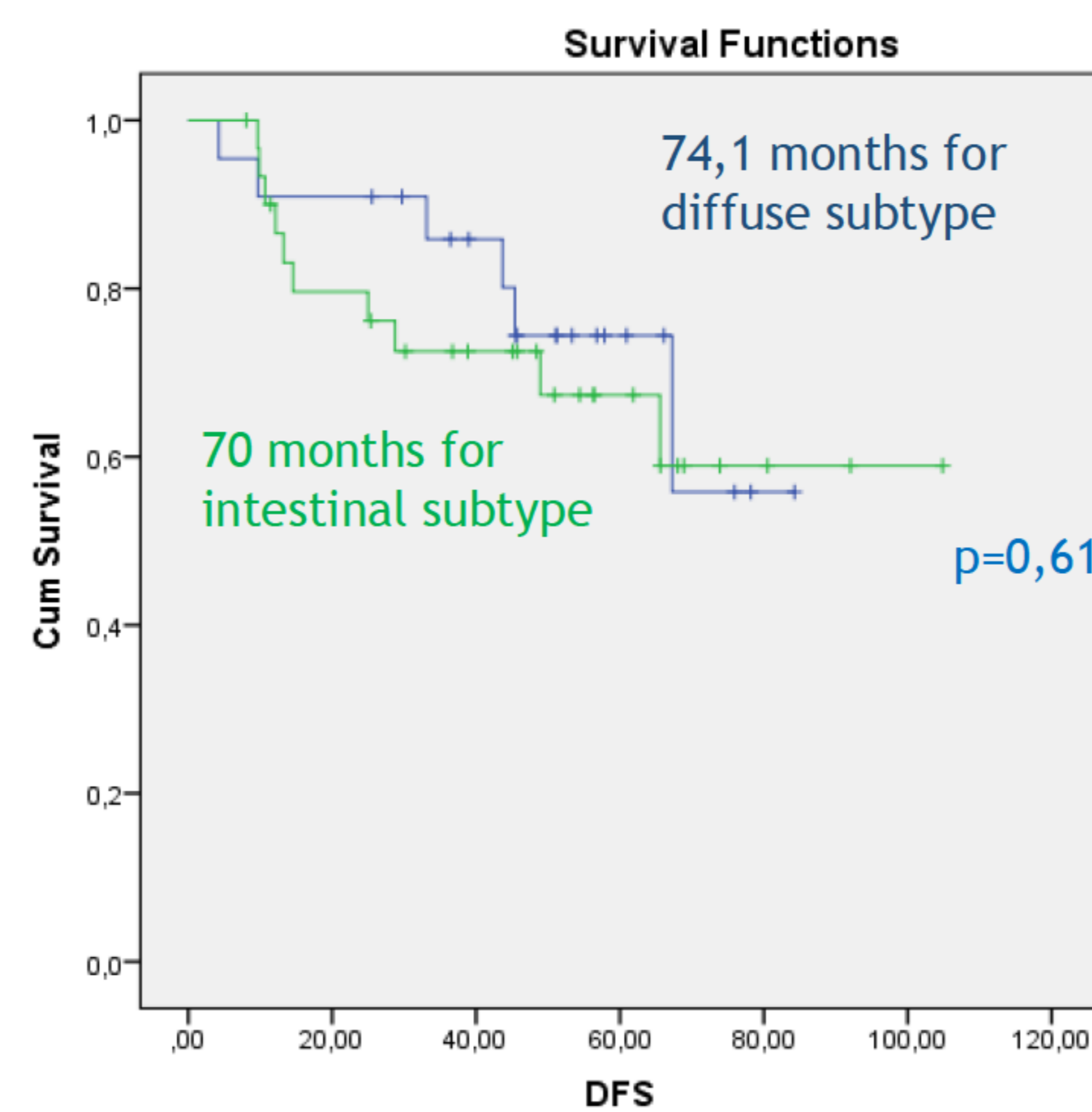
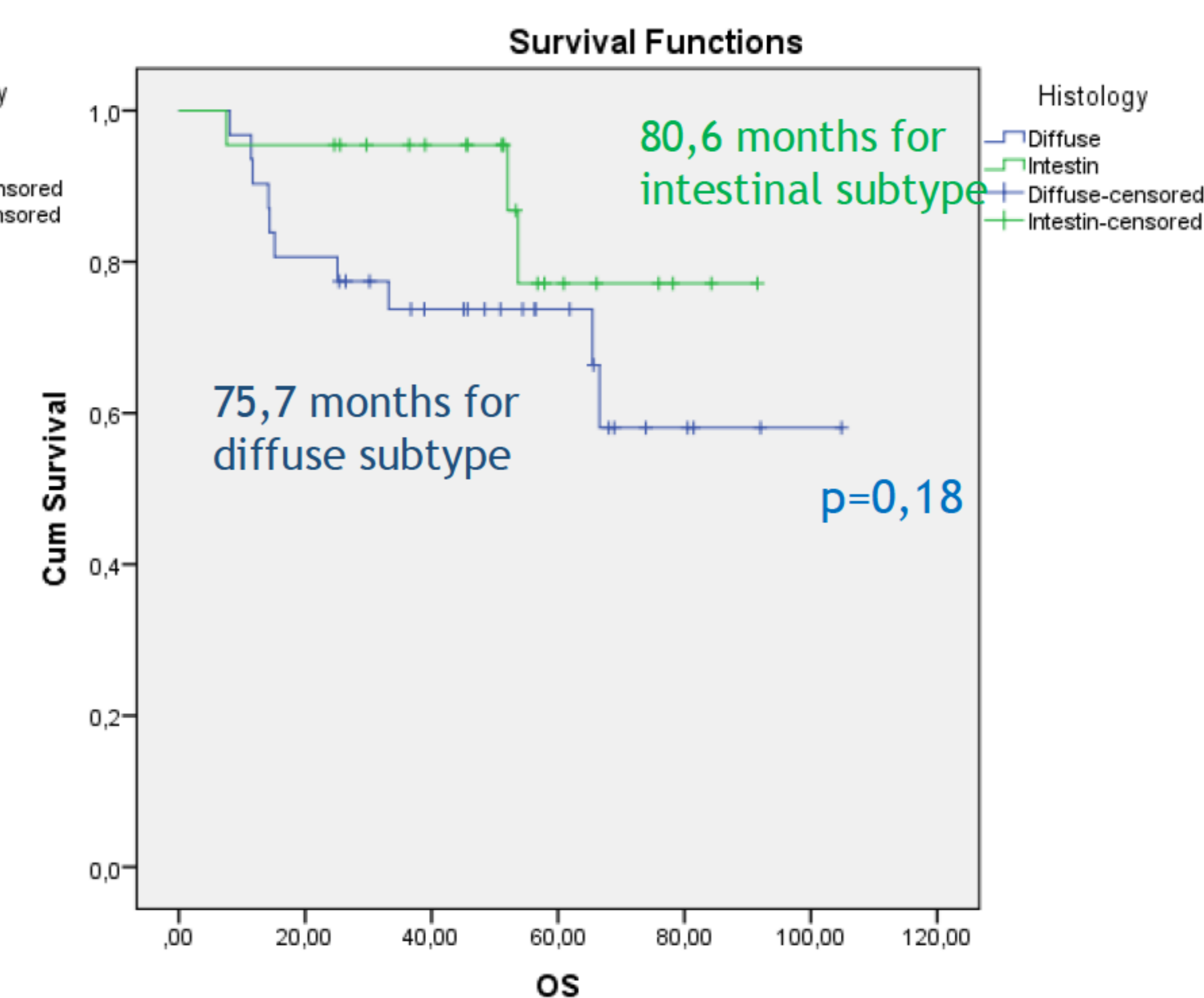


Figure 1 - Histology of the tumour



Curve 1 - Disease-free survival of patients with intestinal and diffuse histology



Curve 2 - Overall survival of patients with intestinal and diffuse histology

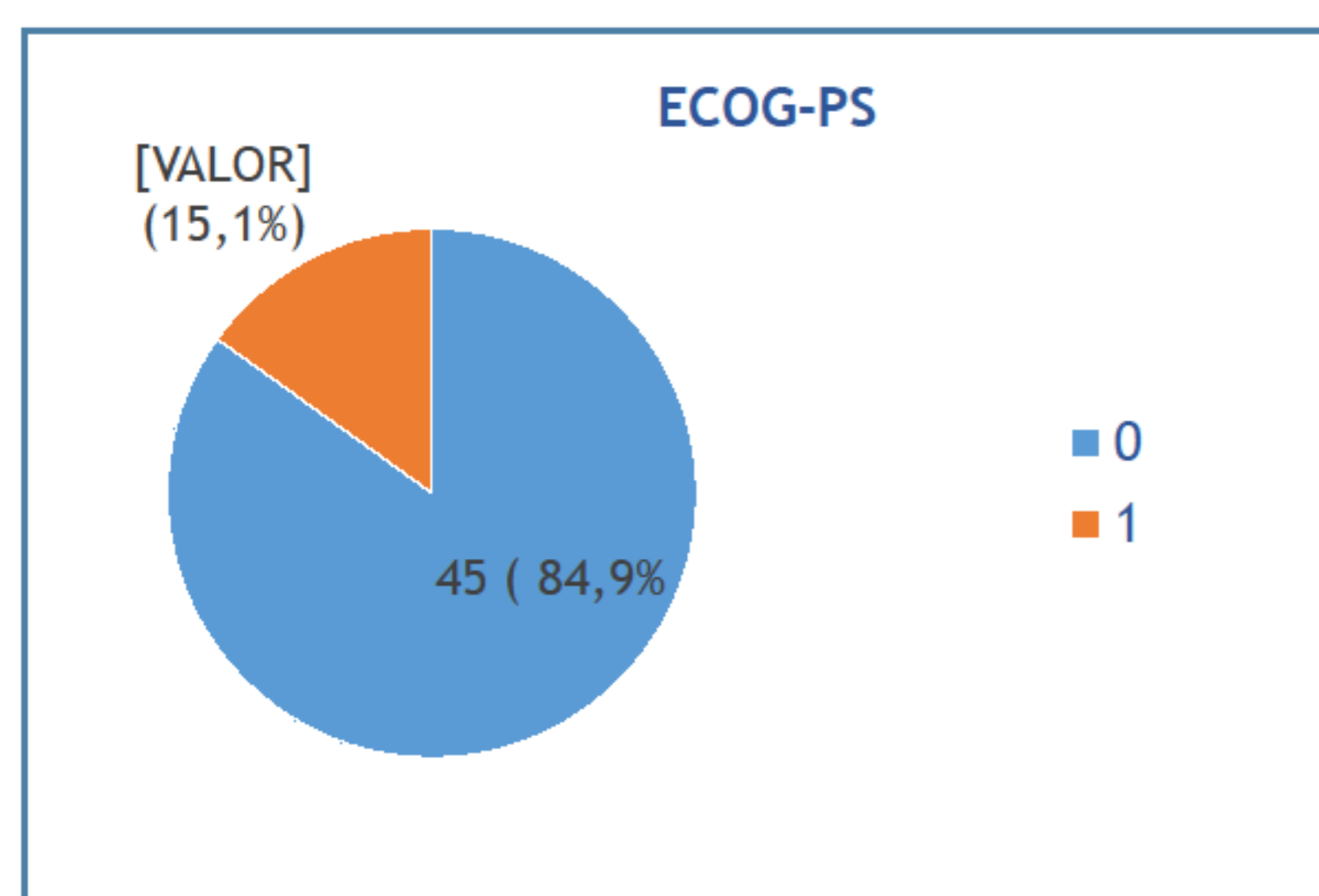


Figure 2 - Patients Performance Status

CONCLUSIONS Our analysis suggests that diffuse subtype is diagnosed in more advanced stage than intestinal subtype and has more metastasized nodes at diagnosis, but it doesn't influence recurrence or survival. Future clinical trials should take in account these differences and extended surgery and lymphadenectomy should be performed in diffuse GC patients.

