Laparoscopic Surgery of Gastric Cancer: Indications, Technique and Results After 100 Cases

OBJECTIVO/INTRODUÇÃO: Aims: to evaluate efficacy, safety and results in terms of postoperative complications and follow-up in patients undergoing laparoscopic gastric resections for malignancy.

MATERIAL E MÉTODOS: After more than 120 surgical laparoscopic procedures for gastric cancer, we performed 64 laparoscopic subtotal gastrectomy (LSG) and 28 total gastrectomy (LTG), with D2 lymphadenectomy or higher, and omentum-preserving.

RESULTADOS: Study population: 92 patients, operated from April 2007 to May 2015 (Male: 51; female: 41). Age: 68.66 +/- 10.66 years; BMI of 26.57 +/- 2.65 kg/m2. We made 64/92 LSG and 28/92 LTG. Average time of surgery: 154 +/- 37 minutes (range 75-280). Average number of lymph nodes removed: 21.63 +/- 7.79 (range 8-65). We recorded 8/92 conversions (8.70%). We have a rate of intraoperative complications and positive resection margins at 0%. The average postoperative hospital stay: 12.90 +/- 14.19 days (range 7-116). We recorded a regular postoperative course in 75/92 patients (81.25%). Postoperative surgical complications in 10/92 cases (10.87%). The mean follow-up time was 44.33 +/- 28.54 months, and is still ongoing, so the data presented are preliminary. We recorded an average survival time equal to 40.80 +/- 0.31 months. We recorded so far 22/81 deaths, with a survival rate at follow-up part amounts to 72.84%.

DISCUSSÃO: Laparoscopic treatment of gastric cancer is safe and feasible, both for EGC and for AGC. Short and medium term follow-up show that there are no differences in survival and recurrence rate from previous reports.

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TÍTULO: Management of refractory anastomotic esophageal strictures with biodegradable stents

OBJECTIVO/
INTRODUÇÃO: Refractory anastomotic esophageal strictures (RAES) remain a clinical challenge. Multiple therapies, including self-expanding stents (plastic, metal, biodegradable) are available. Biodegradable (BD) stent do not require removal, present good safety profile and promising results, and therefore appear to have a clear advantage over the other types of stents. Aim: To assess the role of BD stents for the management of RAES.

MATERIAL E MÉTODOS: Serie of 3 cases of RAES, managed with BD stent (s), followed prospectively at our institution.

RESULTADOS: Three patients, 2 males, mean age 57±3,1 years. Anas tomotic strictures were identified 2±0,5 months after surgery. Patients underwent multiple endoscopic dilations (4-8), every 3-4 weeks (Savary-Gilliard dilators and TTS/CRE balloons). One patient was also managed with fully covered metal stents (n=3) with early recurrence of dysphagia. In all patients BD stent, SX-ELLA BD stent® (23/18/23-060), 60 mm length, was inserted, without complications. Follow-up: one patient managed only with 1 BD stent, being asymptomatic six month after stent placement; the other two required additional BD stents, with 4-5 months interval between stent placements. Improvement of dysphagia (grade 0-1) and weight gain were observed in all patients.

DISCUSSÃO: Sequential application of BD stents may constitute an alternative to multiple dilations in patients with RAES, reducing the number of procedures and increasing the time that patients are dysphagia-free.

HOSPITAL: Instituto Português de Oncologia de Lisboa Francisco Gentil


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TÍTULO: MD

OBJECTIVO/
INTRODUÇÃO: To compare long-term outcomes of chemoradiotherapy between younger and elderly (>70 years) oesophageal cancer patients treated with curative intent

MATERIAL E MÉTODOS: Overall survival (OS), disease-free survival (DFS) and locoregional control were compared between older (>70 years) and younger oesophageal cancer patients (< 70 years). Patients were treated between 1998 and 2013 with neoadjuvant (nCRT) or definitive (dCRT) chemoradiotherapy consisting of 36-50.4 Gy in 18-28 fractions concurrently given with 5-fluorouracil/cisplatin or carboplatin/paclitaxel

RESULTADOS: Our cohort (n=253) consisted of 177 patients younger than 70 years and 76 patients >=70 years (median age 64 years). Median follow-up was 4.9 years. Most patients had stage IIA-IIIA disease (83%). Planned treatment was nCRT with surgery for 169 patients and dCRT for 84 patients. In 33 patients planned surgery was not performed (= 70 years: 85% vs. 68% (p=0.04)). For the entire study population OS at 3-years was 42%. In the multivariable analysis no difference was found in DFS and OS between the two age groups (old vs. young); OS (HR 0.87, 95% CI 0.60-1.25, p=0.45), DFS (HR 0.88, 95% CI 0.61-1.26, p=0.48)

DISCUSSÃO: Long-term outcomes of elderly oesophageal cancer patients (>70 years) treated with dCRT or nCRT followed by surgery are as good as to the outcomes of their younger counterparts. Advanced age alone should therefore not be a contraindication for chemoradiotherapy-based treatment in oesophageal cancer patients

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TÍTULO: Metastatic Lymph Node Ratio as a Prognostic Factor in Gastric Cancer

OBJECTIVO/
INTRODUÇÃO: Lymph node ratio-based N system (Nr) has been reported to be of prognostic relevance in advanced gastric cancer. Evidence on the prognostic value of lymph node ratio (LNR) in gastric cancer (GC) remains limited. The aim of this study was to evaluate whether LNR was a more accurate prognostic factor than N in the TNM staging system.

MATERIAL E MÉTODOS: A retrospective review of a database of gastric cancer patients was performed to determine the effect of the LNR on the overall survival (OS) and the disease-free survival (DFS). Of the total 261 patients with gastric cancer who underwent resection between January 2010 and December 2014, patients with at least one year follow-up were selected for analysis. Survival curves were estimated using the Kaplan-Meier method. Cox regression analyses, after adjustments for potential confounders, were used to evaluate the relationship between the LNR and survival.

HOSPITAL: Centro Hospitalar de Setubal

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TÍTULO: Minimally invasive esophagectomy: 3 Steps project

OBJECTIVO/
INTRODUÇÃO: Esophagectomy is a potentially curative treatment for localized esophageal cancer. After the first thoracos-
copic esophagectomy, described by Cuschieri et al. in 1992, several minimally invasive techniques have been developed in an effort to improve post-operative outcomes. It has been associated with less blood loss, reduced postoperative pain, decreased time in the intensive care unit, and shortened length of hospital stay compared with the conventional open approaches. We present a three steps project to introduce minimally invasive esophagectomy (MIE) in our center.

MATERIAL E MÉTODOS: We did a literature review about MIE. We present the main steps of our project.

RESULTADOS: To develop MIE in our center we design a structured and phased project. In first step of this project, one of our senior surgeons has been in two reference centers in Japan in an observational stage, for tow months. Here he saw several procedures of MIE and seized the main steps of the techniques. In second phase, we practiced the thoracoscopic esophagectomy, in a live pig model. In last step, we are reproducing a thoracoscopic assisted McKeown esophagectomy in patients with esophageal cancer in early stages.

DISCUSSÃO: Numerous reports have documented the safety and feasibility of minimally invasive esophagectomy (MIE), and several centers have gained considerable experience in the technique. In our center, we are introducing the MIE, following a three steps program, with good preliminary results.

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ABSTRACT ID: EG2331888

TÍTULO: Minimally invasive treatment of gastric GIST by Endo-Laparoscopy

OBJETIVO:

INTRODUÇÃO: The gastrointestinal stromal tumors (GISTs) are the most common mesenchymal tumors of the gastrointestinal tract. Surgery is the primary therapeutic approach. Objective: To present the results of patients undergoing combined endo-laparoscopic (ELC) approach as a minimally invasive treatment for gastric GISTs

MATERIAL E MÉTODOS: Prospective analysis of surgical results and follow-up outcomes of the patients undergoing ELC for treatment of gastric GIST (2010-2013)

RESULTADOS: Sample of 6 patients with a mean age of 56 years. Average tumor size 4.1 cm; as for location, 4 were in the body, 1 in the fundus and 1 in the fundus-body; 50% were anterior wall tumors and 50% were located on the posterior wall. A laparoscopic segmental atypical resection with endoscopic support was performed in all cases. There was no need for conversion, no intra-operative complications were identified and RO surgeries were histologically confirmed. All tumors were classified as low-grade malignancy. Maximum postoperative hospital stay of 2 days. Although there’s no mention of any short-term complications, on the second year of follow up an incisional hernia was diagnosed (the only complication of the sample). No recurrences reported to date.

DISCUSSÃO: Despite the small number of cases we believe that the use of systematic ELC approach in gastric GIST is feasible, safe and effective. Intraoperative endoscopy support allows better exposure of the tumour, greater accuracy of resection, with low morbidity and high patient satisfaction.

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TÍTULO: Mixed Adenoneuroendocrine Carcinoma - Case Report of a Rare Entity

OBJETIVO:

INTRODUÇÃO: Mixed adenoneuroendocrine carcinoma (MANEC) is a rare tumor of the gastrointestinal tract characterized by the intimate combination of two histologically different malignant tumors: neuroendocrine and adenocarcinoma. Due to its rarity, our knowledge about the MANEC is quite limited and mainly based on a small number of case reports.

MATERIAL E MÉTODOS: Clinical data and images collected from the patient,s records.

RESULTADOS: Male, 69 years old, presented with an upper GI bleeding. The upper endoscopy revealed a gastric lesion suspicious of malignancy and active hemorrhage. An emergent surgical intervention was decided due to hemodynamic instability. The patient underwent total gastrectomy with Billroth II gastrojejunostomy without further complications. The pathological examination revealed the diagnosis of a gastric MANEC (pT4G3N+). On follow-up multiple hepatic metastases were detected. The patient was presented in a multidisciplinary meeting and it was decided upon palliative chemotherapy.

DISCUSSÃO: We report a case of gastric MANEC, a rare highly malignant tumor without consensual approach.

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ABSTRACT ID: EG1335466

TÍTULO: Morbimortality of extended local resection for advanced gastric cancer

OBJETIVO:

INTRODUÇÃO: Extended local resection for advanced gastric cancer (GC) is an independent prognostic factor for higher operative morbidity and lower overall survival. The value of this surgical approach to accomplish an RO resection is still debatable. The aim of this study is to retrospectively review the prognostic factors and surgical outcome of extended local resection for advanced GC.
Esophageal neuroendocrine carcinomas are aggressive tumors with high rates of distant metastasis and poor prognosis. We report our experience of 5 patients with this very rare type of esophageal carcinoma and the successful treatment of a patient exhibiting a disease free survival of 2 years. With such rare disease, patients benefit from the acquired knowledge and experience of specialized centers.

ABSTRACT ID: EG8261968

TÍTULO: Esophageal Neuroendocrine Carcinomas

OBJECTIVO: To present 5 cases of esophageal neuroendocrine carcinoma and the successful treatment of a patient exhibiting a disease free survival of 2 years. With such rare disease, patients benefit from the acquired knowledge and experience of specialized centers.

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TÍTULO: Pancreatoduodenectomy in Advanced Gastric Adenocarcinoma

OBJECTIVO: To present 3 cases of pancreaticoduodenectomy (PD) in patients with advanced gastric adenocarcinoma.

INTRODUÇÃO: Introduction: The pancreaticoduodenectomy (PD) in advanced gastric adenocarcinoma (GA) is a rare procedure because the indications are extremely restricted and the high morbidity and mortality lead this kind of surgery to be performed only in young and with high performance status (PS) patients. The pancreas is involved in up to 50% of advanced cases, an R0 resection of gastric cancer in essential to achieve long-term survival, and at times this can only be obtained by multivisceral resection.

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ABSTRACT ID: EG8261968

TÍTULO: Neuroendocrine carcinoma of the esophagus: single-center experience of 5 cases

OBJECTIVO: To present 3 cases of pancreaticoduodenectomy (PD) in patients with advanced gastric adenocarcinoma.

INTRODUÇÃO: Neuroendocrine carcinomas of the esophagus are very rare tumors, aggressive and with poor prognosis, most cases presenting with distant metastases at diagnosis. With approximately 300 cases described in the literature, there is no defined staging system or optimal treatment approach, although surgical resection combined with neoadjuvant/adjuvant chemotherapy or radiotherapy seems to be effective.

MATERIAL E MÉTODOS: Retrospective analysis of 1157 patients resected with curative intent for GC between 1985 and 2014. The findings of 166 patients (14.3%) submitted to extended local resection were compared with those of 991 patients who underwent gastrectomy alone.

RESULTADOS: Extended local resection was mostly performed in male patients (72.2 vs. 60.3%, p=0.003). They also had more proximal (38.5 vs. 10.6%, p=0.001) and bigger than 5cm tumors (92.9 vs. 77.3%, p=0.001). Extended resection was associated with Total Gastrectomy in 89 vs. 32% (p=0.001) and more than D2 lymphadenectomy in 11.4 vs. 2.0% (p=0.001). Operative mortality (7.2 vs 3.5%, p=0.033) and morbidity (41.5 vs. 22.8%, p=0.001) were higher. Five-year overall survival was lower (31 vs. 42%, p=0.001) and associated prognostic factors were age older than 60, male sex, more than 3 organs resected, total gastrectomy, proximal tumor and advanced TNM stage.

DISCUSSÃO: Long term survival following gastrectomy with additional organ resection is possible. Due to higher operative morbimortality, judicious selection of these patients must be done.

MATERIAL E MÉTODOS: Among 1000 patients operated between August 1997 and April 2016, only three cases underwent PD (0.3%). In those cases we evaluated: operative blood loss, transfusion, operative time, morbidity, hospitalization time, stage and survival.

RESULTADOS: Results: 3 patients have been analyzed, as age between 44 and 56 years, Karnofsky 100-90%. All cases was advanced gastric cancer T4B, 2(66%) was lymph node positive and just 1(33%) was negative. Operation time ranged between 360, at 6 hours with just one patient had need of blood transfusion. All 3 cases presented a pancreatic fistula. Hospitalization time ranged between 13 to 40 days. And the 5 year’s survival was 100%, but 1 case cannot be evaluated.

DISCUSSÃO: Conclusions: the PD is a rare and safe procedure in patients with good performance status with GA. It provides a good survival with acceptable rates of morbidity.

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DISCUSSÃO: Conclusions: the PD is a rare and safe procedure in patients with good performance status with GA. It provides a good survival with acceptable rates of morbidity.

MATERIAL E MÉTODOS: We report 5 cases of neuroendocrine carcinoma of the esophagus, diagnosed between the years 2012-2015 at our institution.

RESULTADOS: There were 4 men and one woman, with age range between 48-76 years. Two patients had locoregional disease and underwent radical esophagectomy after neoadjuvant chemoradiotherapy. They did not receive adjuvant chemotherapy and one presented with gastric recurrence nine months later. This patient died one year after surgery. The other patient is alive presenting a disease free survival of 24 months. The remaining 3 patients had liver metastases at diagnosis and died 1-2 months after diagnosis.

DISCUSSÃO: Esophageal neuroendocrine carcinomas are aggressive tumors with high rates of distant metastasis and poor prognosis. We report our experience of 5 patients with...
ABSTRACT ID: EG3358203

TÍTULO: Perioperative chemotherapy in advanced gastric cancer -4 years of experience in an institution

OBJECTIVO/
INTRODUÇÃO: Advanced gastric cancer has a poor prognosis. Multimodal therapy, namely peroperative chemotherapy, has been tested with improvement in overall survival. The authors present 4 years of experience with peroperative chemotherapy in advanced gastric cancer in one institution.

MATERIAL E MÉTODOS: A total of 43 patients with advanced gastric cancer (excluding esophageal and gastroesophageal junction) diagnosed between January of 2012 and December of 2015 were selected to perioperative chemotherapy (3 cycles+surgery+3 cycles). Clinical process data was retrospectively analysed.

RESULTADOS: 43 patients with advanced gastric cancer were identified, 31 male (72%) and 12 female (28%), with an average age of 62 years. 37(86%) patients initiated preoperative chemotherapy and were fit to surgery, but only 31 (72%) had resectable disease. 3 patients are on preoperative chemotherapy and other 3 postoperative chemotherapy. 24 (56%) patients have completed the postoperative chemotherapy. Of these, 18 (75%) patients are disease free with an average follow up of 17 months after surgery. The overall survival is 70% with an average follow up of 15 months.

DISCUSSÃO: The perioperative chemotherapy approach as described in MAGIC trial has been accepted in Europe as standard for advanced gastric cancer. In our cohort the number of patients which completed chemotherapy is superior (56% vs 42%). Patient selection, tumor localization, type of resection and lymphadenectomy may be related with treatment response and improved results.

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ABSTRACT ID: EG1241324

TÍTULO: Poorly differentiated gastric carcinoma with glandular and squamous phenotype: a case report

OBJECTIVO/
INTRODUÇÃO: A squamous component in the context of a gastric adenocarcinoma must be interpreted with care, taking into account its possible origins and the management repercussions.

MATERIAL E MÉTODOS: A 83-year-old male with previous chronic atrial fibrillation, diabetes mellitus and hypertension complained of epigastric discomfort, weight loss and anaemia, progressing for 2 months. An adenocarcinoma of the gastric body was diagnosed in upper digestive endoscopy. Ecoendoscopy staging: cT4aNxM0. The patient was unsuited for neoadjuvant chemotherapy. Operative report: a gastric tumour invading left liver lobe and transverse mesocolon was identified, upgrading stage to cT4b; subtotal gastrectomy with segmentectomy II en bloc was performed.

RESULTADOS: The lesion was composed of two admixed areas: one with a syncytial arrangement with occasional pseudolumens, and another with a nested appearance, outlining peripheral palisades or a mosaic-like display. Reactivity for cytokeratin 7 and negativity for squamous markers (cytokeratins 5/6 and p40) in the syncytial component were showed, whereas all markers were positive, despite heterogeneously, in the nested areas. The tumour infiltrated the hepatic capsule but not the parenchyme. The patient is 6 month disease free.

DISCUSSÃO: There was a high R0 resection rate and although the rate of CPR was low, 18% of the patients were converted from cN+ to pN0. The high rate of occult metastasis prompted a change in our protocol as we now perform staging laparoscopy in patients with LAGC.

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ABSTRACT ID: EG7132285

TÍTULO: Perioperative chemotherapy in locally advanced gastric cancer

OBJECTIVO/
INTRODUÇÃO: Locally advanced gastric cancer (LAGC) is associated with poor overall (OS) and disease free survival (DFS), even with R0 resection, with recent studies showing that it may benefit from peroperative chemotherapy (PC). The aim of this study is to analyze the results of PC in our Institution.

MATERIAL E MÉTODOS: Between January and July of 2014, 81 patients with LAGC (cT3/4 and/or N+) treated with fluoropyrimidine and platinum-based PC were reviewed.

RESULTADOS: The median age was 62 years with 69.1% of males. The tumors were staged as cN+ in 91.4% of the cases. A median of 3 preoperative chemotherapy cycles was done, with 67.1% of grade 3/4 toxicity. The partial response rate on CT-scan was 72.7%. Surgery with curative intent was performed in 71.6% of the patients, with a R0 resection rate of 89.7% and 13.4% of occult metastasis. The rate of pN+ was 73.8% and 1 patient had complete pathologic response (CPR). Surgical morbidity and mortality rates were 19% and 1.7% respectively. The median OS and DFS were 27 and 16 months (M) respectively, with a median time of follow-up of 21M. There was a statistically significant difference in the median OS in the group of surgery with curative intent, R0 resection, partial response on CT-scan and pN0 (p < 0.05).

DISCUSSÃO: There was a high R0 resection rate and although the rate of CPR was low, 18% of the patients were converted from cN+ to pN0. The high rate of occult metastasis prompted a change in our protocol as we now perform staging laparoscopy in patients with LAGC.

HOSPITAL: Santa Maria, Lisboa
SERVIÇO: Centro Académico de Medicina de Lisboa
Neo-adjuvant chemotherapy (CT) has been shown to improve survival in locally advanced gastric cancer (GC). However, CT is also associated with toxicity and poor tolerance. Aim: Identify predictive factors of response to perioperative CT.

MATERIAL E MÉTODOS: Prognostic study using an academic centre cohort of GC patients diagnosed between Jan/2012-Dec/2014 and submitted to neo-adjuvant CT. Response to CT was evaluated by radiologic criteria and morphological characteristics. Exploratory variables were kept when p<0.05.

RESULTADOS: 42 cases were included, mean age was 68±10 years, 67% were male. Esophageagastrecthetic reconstruction involved 12%, gastric body 45%, antrum 43%. The histology was intestinal type in 74% and diffuse in 26%. Response was observed in 71%, Toxicity was reported in 64%, with CT interruption in 38%. Median follow-up was 15.5 months. Mortality was 15 (35.7%). The final model included the following predictors: age (OR 0.898, CI 95% 0.787-1.024; p=0.109), female gender (OR 27.676, CI 95% 6.79-1127.883; p=0.079), poor CT tolerability (OR 0.115, CI 95% 0.028-0.468; p=0.002) and gastric body tumour (OR 0.071, CI 95% 0.005-0.989; p=0.049). The AUROC for the model was 0.943. Histological type, microsatellite instability and E-cadherin immunoeexpression didn’t show association with CT response.

DISCUSSÃO: Increasing age, male gender, poor CT tolerability and gastric body location were independent predictors of non-response to CT. Our model was able to accurately predict CT response. Prospective evaluation is warranted.

HOSPITAL: Hospital Beatriz Ângelo
SERVIÇO: Gastroenterology, Nutrition, Oncology, General Surgery
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SERVIÇO: Gastroenterology, Nutrition, Oncology, General Surgery
PATOGNOMICA: Prognostic study using an academic centre cohort of GC patients diagnosed between Jan/2012-Dec/2014 and submitted to neo-adjuvant CT. Response to CT was evaluated by radiologic criteria and morphological characteristics. Exploratory variables were kept when p<0.05.

RESULTADOS: 42 cases were included, mean age was 68±10 years, 67% were male. Esophageagastrecthetic reconstruction involved 12%, gastric body 45%, antrum 43%. The histology was intestinal type in 74% and diffuse in 26%. Response was observed in 71%, Toxicity was reported in 64%, with CT interruption in 38%. Median follow-up was 15.5 months. Mortality was 15 (35.7%). The final model included the following predictors: age (OR 0.898, CI 95% 0.787-1.024; p=0.109), female gender (OR 27.676, CI 95% 6.79-1127.883; p=0.079), poor CT tolerability (OR 0.115, CI 95% 0.028-0.468; p=0.002) and gastric body tumour (OR 0.071, CI 95% 0.005-0.989; p=0.049). The AUROC for the model was 0.943. Histological type, microsatellite instability and E-cadherin immunoeexpression didn’t show association with CT response.

DISCUSSÃO: Increasing age, male gender, poor CT tolerability and gastric body location were independent predictors of non-response to CT. Our model was able to accurately predict CT response. Prospective evaluation is warranted.

HOSPITAL: Hospital Beatriz Ângelo
SERVIÇO: Gastroenterology, Nutrition, Oncology, General Surgery
PATOGNOMICA: Prognostic study using an academic centre cohort of GC patients diagnosed between Jan/2012-Dec/2014 and submitted to neo-adjuvant CT. Response to CT was evaluated by radiologic criteria and morphological characteristics. Exploratory variables were kept when p<0.05.

RESULTADOS: 42 cases were included, mean age was 68±10 years, 67% were male. Esophageagastrecthetic reconstruction involved 12%, gastric body 45%, antrum 43%. The histology was intestinal type in 74% and diffuse in 26%. Response was observed in 71%, Toxicity was reported in 64%, with CT interruption in 38%. Median follow-up was 15.5 months. Mortality was 15 (35.7%). The final model included the following predictors: age (OR 0.898, CI 95% 0.787-1.024; p=0.109), female gender (OR 27.676, CI 95% 6.79-1127.883; p=0.079), poor CT tolerability (OR 0.115, CI 95% 0.028-0.468; p=0.002) and gastric body tumour (OR 0.071, CI 95% 0.005-0.989; p=0.049). The AUROC for the model was 0.943. Histological type, microsatellite instability and E-cadherin immunoeexpression didn’t show association with CT response.

DISCUSSÃO: Increasing age, male gender, poor CT tolerability and gastric body location were independent predictors of non-response to CT. Our model was able to accurately predict CT response. Prospective evaluation is warranted.
RESULTADOS:

ABSTRACT ID: EG2180816

TÍTULO: Preserving Pylorus Gastroectomy - Why, When and How

OBJECTIVO:

OBJETIVO: Pyloric preserving gastrectomy (PPG) was originally preformed for treatment of gastric ulcer but it has been done in some cases of early gastric cancer (EGC), trying to preserve the pylorus function and reducing the post-operative symptoms like Dumping Syndrome, weight loss and diarrhea. The objective of this poster is to show the advantages of PPG surgery and main steps of procedure.

MATERIAL E MÉTODOS: We have done a literature review about PPG. Based on our experience, we do a summary of the main steps of surgery.

RESULTADOS: There are few number of studies comparing PPG and distal gastrectomy (DG). It can be preformed in cases of solitary EGC of middle third of stomach. The main different steps of PPG are the preservation of pylorus, infrapyloric vessels and hepatic branch of vagus nerve. The lymph node dissection is a D1+, that excludes station number 5. This procedure implies a meticulous dissection to achieve the oncologic resection of tumor and lymph nodes, preserving the functionality of pylorus and reducing the post-operative symptoms related to the fast emptying of stomach.

DISCUSSÃO: Compared to DG, PPG would improve the post-operative outcomes, and robust permits an excellent view and the meticulous dissection that is imperious in this operative procedure. A new Korean study is now running aimed to compare the laparoscopic DG with laparoscopic PPG.

HOSPITAL: Hospital Beatriz Ângelo

SERVIÇO: (1)Dietetics and Nutrition, (2)Radiology, (3)Oncology, Hospital Beatriz Ângelo, Loures, Portugal, (4)University of Alberta, Alberta, Canada, (5)Gastroenterology, Hospital Beatriz Ângelo, Loures, Portugal

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ABSTRACT ID: EG2253066

TÍTULO: Primary omental Gastrointestinal stromal tumor (GIST)

OBJECTIVO:

INTRODUÇÃO: We report a rare case of primary omental myxoid epithelioid GIST in a 78 years old woman with no previous history of gastric pathology.GISTs are defined as mesenchymal tumors, the majority have KIT (CD117)-positive. They occur most frequently in the stomach (60%) jejunum and ileum(30%). They very few may arise not from the omentum, but from outside the gastrointestinal tract and they are considered extra-GISTs. Histopathologic and immunohistochemical characteristics are identical to GISTs, in which the majority have exclusive gain-of-function KIT/ PDGFRα mutations. Rarity makes it difficult to assess their malignant potential, prognostic factors or efficacy of therapy.

MATERIAL E MÉTODOS: A 78 year-old woman was referred to hospital with an abdominal mass occupying the left upper abdomen. On CT, this appeared as a heterogeneous low-density mass with faint enhancement. Abdominal angiography revealed right gastroepiploic artery supply. Gastric GIST were suspected and laparotomy were performed which revealed a 17×15×5cm mass, arising from the greater omentum, completely resected.

RESULTADOS: Immunohistochemically, tumor was positive for myeloid stem cell antigen (CD34), weakly positive for c-KIT(CD117). A mutation was identified in PDGFRα; diagnose was omental GIST. The postoperative course was good; the patient is alive, with no sign of relapse.

DISCUSSÃO: This case demonstrated a weak expression of c-kit(CD117) and a mutation in PDGFRα. Rarity of this GISTs makes vital the data support from case reports for better understanding.

HOSPITAL: Hospital Vila Franca de Xira

SERVIÇO: General Surgery

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ABSTRACT ID: EG22253066

TÍTULO: Prognostic impact of the metastatic lymph node ratio in elderly gastric cancer patients

OBJECTIVO:

INTRODUÇÃO: Lymph nodes ratio (rN=harvested/metastatic) is increasingly accepted as prognostic discriminating index after gastrectomy and lymphadenectomy for cancer. The aim of this study was to test the effectiveness of the rN in a senior population with predictable multiple prognostic confounders.

MATERIAL E MÉTODOS: Retrospective series of 218 Gastric Cancer Pts (2005/15). Age >70 (mean 74). pT1-2(n=74), pT3 (n=67), pT4(n=77)-AJCC 7Ed. Gastrectomy according to tumor type and location. Lymphadenectomy according to patient biology / pathologic conditions; nodes =25(104). Magic-like protocol: 18%. rN (cut off =6) was previously calculated (ROC). pN0=68 Pts; rN=6=41; rN trend was observed (p>0.05).

RESULTADOS: Global 5 Y survival = 38%. pT stages OS was different (p=6, rN=6 (68%) (p>0.05). pT 3 and pT4: The same tendency was observed (p>0.05)
ABSTRACT ID: EG3115746

TÍTULO: Risk factors for lymph node metastasis after optimal surgical treatment in early gastric cancer: the western view.

OBJECTIVO/INTRODUÇÃO: Lymph node metastasis (LNM) has a strong influence on the prognosis of patients with early gastric cancer (EGC). The frequency of LNM has been reported to range from 5.7% to 29%. Therefore, surgery may be excessive in many patients.

RESULTADOS: Among 474 enrolled patients, 105 had EGC (22.1%). The mean of LN retrieved was 35.6 (38.2 in D2 and 22.9 in D1 lymphadenectomies) and LNM occurred in 14 (13.3%) of all EGC: 4 mucosal and 10 submucosal tumors. Univariate analysis identified younger age (p=0.026), larger tumor size (p=0.002), the presence of venous (p=0.021), lymphatic (p=0.018) and perineural invasion (p=0.026) as risk factors for LNM. Tumor size, venous, lymphatic and perineural invasions were associated to LNM and should be considered as appropriate surrogate markers for surgical treatment in EGC. Undifferentiated tumors, diffuse and mixed histological type also seem to be important additional risk factors related to LNM.

DISCUSSÃO: Tumor size, venous, lymphatic and perineural invasions were associated to LNM and should be considered as appropriate surrogate markers for surgical treatment in EGC. Undifferentiated tumors, diffuse and mixed histological type also seem to be important additional risk factors related to LNM. Endoscopic resection criteria can be safely adopted only in selected cases.
Among 150 patients, 143 were treated with POC and 135 of whom were submitted to surgery. Type of resection: R0-102; R1-5; R2-11; unresectable disease-17. Therefore, disease progression was observed in 34 patients and complications/death in 5. HTR was evaluated in all patients submitted to resection: Ia=11(9.3%), Ib=9(7.6%), II=30 (25.4%), III=68(57.6%). Besides early tumor staging (T=1/2) (p=0.008) no other variables predicted HRT. All patients with palliative resections had partial(II) or minimal(III) HRT. Patients with Ia/Ib HTR showed less relapse rate (p=0.037) and better overall survival (p=0.041).

Should we Perform Perioperative Chemotherapy to all Patients with Locally Advanced Gastric Cancer?

OBJECTIVO/INTRODUÇÃO: Perioperative chemotherapy (POC) is the gold standard treatment of locally advanced gastric cancer. Histopathological tumor regression (HTR) is an important parameter of response, being associated with a better outcome. However, in patients with limited response, surgery delay may compromise a curative treatment.

MÉTODOS: To evaluate in patients proposed to POC disease progression and HTR and its correlation with clinicopathological variables and survival.

RESULTADOS: Among 150 patients, 143 were treated with POC and of whom were submitted to surgery. Type of resection: R0-102; R1-5; R2-11; unresectable disease-17. Therefore, disease progression was observed in 34 patients and complications/death in 5. HTR was evaluated in all patients submitted to resection: Ia=11(9.3%), Ib=9(7.6%), II=30 (25.4%), III=68(57.6%). Besides early tumor staging (T=1/2) (p=0.008) no other variables predicted HRT. All patients with palliative resections had partial(II) or minimal(III) HRT. Patients with Ia/Ib HTR showed less relapse rate (p=0.037) and better overall survival (p=0.041).

Staging Laparoscopy -the role in gastric cancer treatment

OBJECTIVO: Staging laparoscopy is indicated before the initiation of neoadjuvant chemotherapy in gastric cancer patients. This procedure includes the searching for visible metastasis and occult disease in the peritoneal lavage cytology that are not detected with pre-operative imaging. In our Esophageal/Gastric Unit, patients with locally advanced gastric cancer (T >= 3 or N >= 1) are submitted to staging laparoscopy according to MAGIC protocol. The aim of this study is to identify patients who avoided unnecessary treatment procedures due to staging laparoscopy.

MÉTODOS: Retrospective analysis of gastric and gastroesophageal junction adenocarcinomas treated in our Unit since February 2009 to June 2015.

RESULTADOS: We identified 213 patients who underwent staging laparoscopy for gastric and gastroesophageal junction adenocarcinoma. As results of staging laparoscopy, 40 patients (18.8%) were found to have macroscopic metastasis to the liver or peritoneal cavity. Among 173 macroscopically negative patients who had peritoneal lavage cytology analysis, 7 (4.0%) were found to have positive occult metastatic disease. Of all study patients, 47 (22.1%) patients were staged like M1 gastric cancer disease. The median length of hospital stay was one day and no perioperative or postoperative complications were recorded.

Stents as a treatment for esophageojejunal leak after total gastrectomy or esophagectomy for neoplastic disease

OBJECTIVO/INTRODUÇÃO: Anastomosis leak is a fearful complication of gastric and esophageal resection, given its high morbidity and mortality rate.

MÉTODOS: Retrospective analysis of patients who underwent surgical oncological resection (SOR) for oesophageal and gastric carcinoma, from Jan 2010 - Apr 2016. Imagological, endoscopically or intra-operative diagnosis of esophagogastric or esofagojejunal anastomosis leak (EEAL) were included. Systemic inflammatory status, major or minor leak and presence of local complications

Stents as a treatment for esophageojejunal leak after total gastrectomy or esophagectomy for neoplastic disease

OBJECTIVO/INTRODUÇÃO: Anastomosis leak is a fearful complication of gastric and esophageal resection, given its high morbidity and mortality rate.

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RESULTADOS: 122 patients were submitted to total gastrectomy or esophagectomy. Of 10 cases of EEAL, 6 were treated with metallic auto expandible totally covered stent. All attained immediate technical success. 1 showed leak persistence, requiring endoscopic reposition of the stent. 1 presented with stenosis after stent withdrawal and was treated with endoscopic dilation. Another was diagnosed with an anastomotic haemorrhage and leak. 3 days after stent placing, having died due to multiorgan failure (MOF). One died of MOF, despite presenting no leak after stent placement.

DISCUSSÃO: EEAL after SOR is uncommon and its surgical approach still involves significant morbidity and mortality. Stent placement is a feasible and reproducible approach in reference centres, although it is still related to a significant rate of unfavourable outcomes. There is no clear evidence of what approach suits each patient best.

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SERVIÇO: 1 Cirurgia B; 2 Gastroenterologia
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ABSTRACT ID: EG1295353

TÍTULO: Surgical outcome of Gastric Cancer in patients older than 80 years

OBJECTIVO:

INTRODUÇÃO: The increasing life expectancy leads to a higher incidence of gastric cancer (GC) in elderly patients. Although there is higher operative morbidity, literature shows similar oncologic outcomes. The aim of this study is to retrospectively review the clinicopathologic features and surgical outcome of elderly (>80 years) patients treated for GC.

MATERIAL E MÉTODOS: Retrospective cohort study of 1157 patients resected with curative intent for GC between 1985 and 2014. The findings of 57 patients (4,9%) aged 80 or more were compared with those of 1100 younger patients.

RESULTADOS: Extended local resection was mostly performed in male patients (72,2 vs. 60,3%, p=0,003). They also had more proximal (38,5 vs. 10,6%, p=0,001) and bigger than 5cm tumors (92,9 vs. 77,3%, p=0,001). Extended resection was associated with Total Gastrectomy in 89 vs. 52% (p=0,001) and more than D2 lymphadenectomy in 11,4 vs. 2,0% (p=0,001). Operative mortality (7,2 vs 3,5%, p=0,033) and morbidity (41,5 vs. 22,8%, p=0,001) were higher. Five-year overall survival was lower (31 vs. 42%, p=0,001) and associated prognostic factors were age older than 60, male sex, more than 3 organs resected, total gastrectomy, proximal tumor and advanced TNM stage.

DISCUSSÃO: Long term survival following gastrectomy with additional organ resection is possible. Due to higher operative morbimortality, judicious selection of these patients must be done.

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ABSTRACT ID: EG7470027

TÍTULO: Synchronous Gastric Tumours: Two different cases...

OBJECTIVO:

INTRODUÇÃO: The synchronous occurrence of more than one tumour in the stomach has been attributed to the concept of ‘field carcinogenesis’ Estimates of the incidence of multiple primary tumours in patients with gastric cancer (GC) range from 1.7 to 8.0% In the literature, descriptions of synchronous tumors in the same organ, except in cases of synchronous tumors of the colon, are very rare.

MATERIAL E MÉTODOS: Case-reports: 88 year old male and 78 years old female

Case 1:
Anemia: Referred for gastrointestinal investigation
Histology: Gastric adenocarcinomas (synchronous) .Pyloric antrum: Signet ring cell adenocarcinoma, diffusely type, poorly differentiated (G3) pT4B
No metastatic disease
Lesser curvature: well-differentiated tubular adenocarcinoma, intestinal type, pT4aN3a (8/12)

Case 2:
Upper Endoscopy: vegetative circumferential lesion
Biopsy: Tubular Adenocarcinoma, intestinal (Lauren), well differentiated c-ERB2, Ki67 90%
No metastatic disease
Lesser curvature: well-differentiated tubular adenocarcinoma, intestinal type, pT4aN3a (8/12)

DISCUSSÃO: The report of synchronous adenocarcinomas of gastric location, especially of different histology, is extremely rare.

HOSPITAL: Centro Hospitalar Lisboa Central
SERVIÇO: (1) Unidade de Patologia Esofagogástrica CHLC; (2) Serviço de Cirurgia do Hospital de Cascais
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ABSTRACT ID: EG2359313

TÍTULO: Synchronous Presentation of a Gastric Adenocarcinoma and Gastric Lymphoma ? Case Report of a Rare Association

OBJECTIVO/
INTRODUÇÃO: The simultaneous presentation of gastric adenocarcinoma and gastric lymphoma is a rare event. The pathogenesis is poorly understood and the existence of common etiological factors for these two entities remains unclear.

MATERIAL E MÉTODOS: Clinical data and images collected from the patient’s computerized records.

RESULTADOS: Male, 64 years old, sent for consultation after carrying out an upper endoscopy which revealed two gastric lesions suspicious of malignancy, for which biopsies were obtained to histologically confirm the gastric antrum. The patient was presented in a multidisciplinary meeting and it was decided to perform adjuvant treatment directed to adenocarcinoma followed by adjuvant treatment for gastric lymphoma.

DISCUSSÃO: We report a case of synchronous presentation of gastric lymphoma and adenocarcinoma, a rare entity with non-consensual approach.

HOSPITAL: Hospital do Litoral Alentejano
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ABSTRACT ID: EG1331116

TÍTULO: T2 gastric carcinoma ? an heterogeneous group with different outcomes

OBJECTIVO/
INTRODUÇÃO: T2 gastric tumours are an heterogeneous group with different prognosis. Our aim was to compare the outcomes of T2 tumours according to histological features.

MATERIAL E MÉTODOS: Patients with gastric carcinoma submitted to curative resection between 2007 and 2013 were retrospectively reviewed. T stage?3 were included. Clinical, histological and systemic therapy were analysed. Recurrence and time to recurrence were the outcomes. Univariate and multivariate analysis were used. Non parametric statistics were used.

RESULTADOS: 205 patients were analysed. 166 were included. T, N, and lymphovascular invasion were independent risk factors for recurrence -95CI[3.56-14.7]; p

DISCUSSÃO: We report a rare case of a synchronous presentation of gastric gastrointestinal stromal tumor and hepatocellular carcinoma. Due to frequent episodes of upper digestive hemorrhage with hemodynamic repercussion, the patient was submitted to laparoscopic atypical gastrectomy and hepatic biopsy. The final pathology report revealed a gastrointestinal stromal tumor (Vimentin+, CD34+, CD117+) and a primary hepatocellular carcinoma (Hepat1+, CD10+, CK7+).

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ABSTRACT ID: EG8550653

TÍTULO: Synchronous Tumour -Gastrointestinal Stromal Tumor and Hepatocellular Carcinoma ? A rare association ? Case report

OBJECTIVO/
INTRODUÇÃO: Gastrointestinal Stromal Tumors (GIST) are rare mesenchymal tumors that arise from connective tissue elements located along the entire length of the gut. The majority of stromal tumors of the gastrointestinal tract are gastric, followed by the small intestine. GIST can occur simultaneously with other tumors, in between 6 to 30% of cases, but the association with primary Hepatocellular Carcinoma, to our knowledge has been even more rarely described in the literature.

MATERIAL E MÉTODOS: The authors report a very rare case of a synchronous gastrointestinal stromal tumor and hepatocellular carcinoma.

RESULTADOS: A 73-year-old man was admitted to the Emergency Department (ED) due to asthenia, dark stools and anemia. The upper endoscopy revealed a submucous lesion of the gastric body, probable leiomyoma. Due to frequent episodes of upper digestive hemorrhage with hemodynamic repercussion, the patient was submitted to laparoscopic atypical gastrectomy and hepatic biopsy. The final pathology report revealed a gastrointestinal stromal tumor (Vimentin+, CD34+, CD117+) and a primary hepatocellular carcinoma (Hepat1+, CD10+, CK7+).

DISCUSSÃO: Malignant GIST are rare, but are more common in the older population, with metastatic potential, it is therefore important to correctly characterize synchronous lesions in order to provide the most adequate treatment for the patient.
ABSTRACT ID: EG2300649

TÍTULO: Targeted deep DNA methylation analysis in gastric cancer tissues using semiconductor sequencing

OBJECTIVO/INTRODUÇÃO: Epigenetic control using inhibitors of DNA methylation, such as Decitabine (5-AZA), may offer new possibilities in gastric cancer therapy. Our research group previously identified 86 differentially expressed genes by microarray analysis comparing Decitabine-treated and nontreated gastric cancer cell lines. Among the upregulated genes identified by this methodology, LRRC37A2 and SNORD42B were selected for further analyses. This study aimed to evaluate and correlate LRRC37A2 and SNORD42B methylation and mRNA levels in gastric cancer tissues.

MATERIAL E MÉTODOS: Gastric cancer and adjacent nontumor samples from 40 patients with primary gastric adenocarcinoma were studied. The mRNA level was assessed by quantitative reverse transcription PCR and DNA methylation analysis was evaluated using Ion TorrentTM PGM sequencer.

RESULTADOS: Gastric tumors presented reduced LRRC37A2 and SNORD42B expression than nontumor samples. Higher LRRC37A2 promoter methylation was associated with tumors of patients with lymph node metastasis, whereas SNORD42B did not show methylation for target regions. Our preliminary results detected no correlation between LRRC37A2 mRNA and methylations levels.

DISCUSSÃO: LRRC37A2 and SNORD42B are possible tumor suppressor genes in gastric cancer. LRRC37A2 methylation may play an important role in advanced gastric tumors.

HOSPITAL: Hospital São Paulo/UNIFESP

SERVIÇO: (1) Disciplina de Genética, UNIFESP (2) Disciplina de Gastroenterologia Cirúrgica, UNIFESP (3) Departamento de Ortopedia e Traumatologia, (4) UNIFESP HUJB, UFPA (5) Departamento de Patologia, UNIFESP (6) Instituto de Ciências Biológicas, UFPA

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ABSTRACT ID: EG1461096

TÍTULO: The impact and optimal indication of D2 lymphadenectomy in elderly patients (>70 years): 10-year experience at a single hospital.

OBJECTIVO/INTRODUÇÃO: Multimodal treatment strategies are often not applied for elderly gastric cancer patients. Surgery is repeatedly the only prescribed treatment. In old patients, extent of lymphadenectomy is still debatable. The aim of this study was to disclose the impact and optimal indication of D2 lymphadenectomy in the elder.

MATERIAL E MÉTODOS: Retrospective series: 218 Gastric Cancer Pts (2005/15). Age >70 (mean 74). Gastrectomy according to tumour type and location. Lymphadenectomy according to patient biology / pathologic conditions. Magic-like protocol: 18%, Groups D0:

RESULTADOS: pT1-2(n=74), pT3(n=67), pT4(n=77) - AJCC 7Ed. D1+: pN: 0 (38%), 1 (12%), 2 (20%), 3(29%); D2-pN: 0 (36%), 1(15%), 2(12%), 3 (35%) - p>0.05 (qui-square), OS between pt stages were different (p)

DISCUSSÃO: Overall survival of this cohort in line with related by others. Patients have multiple comorbidities and huge tumour burdens (pT 3/4 = 66%; pN > 2 = 48%). D2 impact on survival statistically significant (p)

HOSPITAL: The Netherlands Cancer Institute -Antoni van Leeuwenhoek Hospital

SERVIÇO: Department of Surgical Oncology (1), Radiation Oncology (2), Medical Oncology and Gastroenterology (3) and Biometrics (4)


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ABSTRACT ID: EG1903436

TÍTULO: The association between cervical anastomotic leakage and tumor recurrence after esophageal cancer resection

OBJECTIVO/INTRODUÇÃO: Anastomotic leakage has been associated with an increased risk for tumor recurrence in rectal cancer surgery. A similar association has been described for leakage of an intrathoracic anastomosis after esophageal cancer resection. The aim of this study was to evaluate the risk for tumor recurrence in relation to leakage of a cervical anastomosis after esophagectomy for cancer.

MATERIAL E MÉTODOS: Data were analyzed from all esophageal cancer patients who underwent neoadjuvant chemoradiotherapy followed by esophagectomy with cervical anastomosis in our institute between 1998-2014. Disease-free-survival (DFS) was compared between patients with and those without anastomotic leakage. Cox regression was used to identify independent risk factors for tumor recurrence.

RESULTADOS: Anastomotic leakage (clinical and/or radiological) was seen in 21 of 134 (16%) patients. Tumor recurrence was diagnosed in 67 patients (30% locoregional, 48% distant, 22% both). DFS did not significantly differ between patients with and those without anastomotic leakage (unadjusted HR 0.99; 0.52-1.89; p=0.984). In the adjusted analysis pathological T-stage (p=0.012), pathological N-stage (p)

DISCUSSÃO: In this patient series, there was no association between cervical anastomotic leakage and tumor recurrence after esophageal cancer resection. This finding may be taken into account when considering the use of an intrathoracic or cervical anastomosis in esophageal cancer surgery.

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Esophageal and Gastric Cancer Initiative
ABSTRACT ID: EG1103323

TÍTULO: The impact of histological subtype on the prognosis of esophageal adenocarcinoma

OBJECTIVO/
INTRODUÇÃO: In gastric adenocarcinoma, histological subtype according to Laurén (intestinal/ diffuse/ mixed type) has a significant impact on prognosis. It is unknown whether the same holds true in esophageal adenocarcinoma.

MATERIAL E MÉTODOS: Data were collected from all esophageal adenocarcinoma patients treated with curative intent in our institute between 1998 and 2014. Treatment involved neoadjuvant chemoradiotherapy followed by surgery or definitive chemoradiotherapy. Histological subtype and tumor regression grade (Mandard) were determined by reassessment of endoscopic biopsies and surgical resection specimens. The impact of the histological subtype on survival was calculated with a Cox model.

RESULTADOS: Median overall survival differed significantly between patients with intestinal (n=120; 34 months), diffuse (n=28; 18 months) or mixed (n=11; 25 months) type esophageal adenocarcinoma (p=0.026). In multivariable analysis, the diffuse type was associated with shorter survival (hazard ratio 1.99; 95%CI, 1.19-3.33; p=0.009). A (sub)total tumor regression was seen more frequently in intestinal type than in diffuse type adenocarcinomas (59% vs. 24%; p=0.016).

DISCUSSÃO: Diffuse type adenocarcinomas of the esophagus showed a significantly worse prognosis and demonstrated significantly less regression after chemoradiotherapy than intestinal type adenocarcinomas. A differentiated approach in the potentially curative treatment of patients with esophageal adenocarcinoma should be considered.

HOSPITAL: The Netherlands Cancer Institute - Antoni van Leeuwenhoek Hospital
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ABSTRACT ID: EG4542191

TÍTULO: The role of Computed Tomography in MSKCC surgical grade 3 secondary events after gastrectomy for gastric cancer

OBJECTIVO/
INTRODUÇÃO: Imaging plays a pivotal role in gastric cancer postsurgical complications and it is included in Grade 3 events evaluation. The purpose of our work was to retrospectively analyze the efficacy of Computed Tomography in grade 3 events for gastrectomy performed in this group of patients.

MATERIAL E MÉTODOS: The clinical data of 242 patients operated at our institution between January 2010 and December 2014 were analyzed to verify the occurrence of grade 3 events and the efficacy of Computed Tomography (CT) in the diagnostic and therapeutic workup. There were 139 male and 80 female patients with age ranging from 31 to 91 years old (median 65 years). Gastric surgery involved included 114 and 128 partial or total gastrectomies, respectively.

RESULTADOS: Grade 3 events were hemoperitoneum (2), hemorrhagic pancreatitis (1), incisional hemorrhage (1), other hemorrhages (4), subphrenic abscesses (6), superior abdominal fluid collections, including other abscesses (6), and leaks or fistulas (6) that occurred in 22 patients. 19 patients with final diagnosis of common grade 3 common adverse events underwent CT that gave important clues for the therapeutic management of 15 patients.

DISCUSSÃO: We concluded that common grade 3 adverse events after gastrectomy for gastric cancer had an acceptable imaging support through evaluation by timely performed CT.

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ABSTRACT ID: EG1450343

TÍTULO: The role of Computed Tomography in Common Grade 3 Adverse Events after Gastrectomy for Gastric Cancer

OBJECTIVO/
INTRODUÇÃO: Imaging plays a pivotal role in gastric cancer postsurgical complications and it is included in Grade 3 events evaluation. The purpose of our work was to retrospectively analyze the efficacy of Computed Tomography in grade 3 events for gastrectomy performed in this group of patients.

MATERIAL E MÉTODOS: Clinical data of 189 patients operated at our institution between January 2010 and December 2014 were analyzed to verify the occurrence of grade 3 events and the efficacy of Computed Tomography (CT) in the diagnostic and therapeutic workup. There were 109 male and 80 female patients with age ranging from 31 to 91 years old (median 68 years). Gastric surgery involved included 86 and 103 partial or total gastrectomies, respectively.

RESULTADOS: Grade 3 events were hemoperitoneum (2), hemorrhagic pancreatitis (1), incisional hemorrhage (1), other hemorrhages (4), subphrenic abscesses (6), superior abdominal fluid collections, including other abscesses (6), and leaks or fistulas (6) that occurred in 22 patients. 19 patients with final diagnosis of common grade 3 common adverse events underwent CT that gave important clues for the therapeutic management of 15 patients.

DISCUSSÃO: We concluded that common grade 3 adverse events after gastrectomy for gastric cancer had an acceptable imaging support through evaluation by timely performed CT.

HOSPITAL: CHLC
Endoscopic submucosal dissection (ESD) was first described as a non-surgical promise for early gastric epithelial lesions. Over time, ESD applications have expanded. In this context, authors present a case/ICONography and make brief discussion regarding ESD as an established modality for curative resection of selected gastrointestinal (GI) lesions.

MATERIAL E MÉTODOS: 75 year-old female patient referred to gastroenterology outpatient clinic for refractory dyspepsia. Objective and analytical examinations were unremarkable. Esophagogastroduodenoscopy (EGD) revealed atrophic mucosa at the antrum and a 10x15mm Paris 0-IIa, flat lesion at the lesser curvature of the lower gastric body. Biopsies revealed: Intestinal metaplasia and chronic active gastritis, both associated to Helicobacter pylori (HP); tubular low-grade dysplasia adenoma on the identified flat lesion.

RESULTADOS: Patient was referred to a high-volume ESD centre where endoscopic resection allowed an en block removal of the lesion. Diagnosis (WHO): High-grade intraepithelial neoplasia; Vienna Classification: Category 4.1; Staging (AJCC): T1N0R0. One year endoscopic/histological follow-up showed no residual lesions. The patient achieved successful HP eradication.

DISCUSSÃO: This case’s interest is twofold: Points out the role of EGD for (pre)malignant gastric lesions screening on a both HP and gastric cancer high prevalence country; highlights ESD applied for adequate curative non-surgical resection of GI lesions by trained professionals.
Although endoscopic resection is the preferred approach for this tumor, surgical approach is indicated in case of large tumors or active bleeding. The authors present this case because of the rare diagnosis and the innovative surgical technique.

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TÍTULO: Younger vs Elderly Patients With Gastric Cancer - Clinicopathological Features and Prognosis

OBJECTIVO/INTRODUÇÃO: Introduction and Aim: The number of clinical reports of younger (< 60 years) patients with gastric cancer are limited. The aim of the authors was to investigate the clinicopathological features and long-term prognosis of this less represented group of patients.

MATERIAL E MÉTODOS: Methods: A retrospective clinical database review of all consecutive patients with gastric cancer who were...
submitted to any surgery related to this pathology, from 2012 to 2015 was performed. The gender, age, clinical features, pathologic findings, and long-term survival of these younger patients were analyzed and compared with those of elderly patients (age>61 years) and the older patients group (age>81 years).

RESULTADOS: Results: A total of 42 patients were included with a median age of 68.0 year, 57.9% was female, 12.3% reported family history of gastric cancer and 42.3% presented with alarm features. 60.5% of these cancers were located in gastric antrum. 58.7% of patients underwent surgical treatment that was curative, and the 2-year survival rate was 68.3% but lower in the younger group. Unresectable cancer was more frequent in the younger group.

DISCUSSÃO: Conclusions: The study describes that younger patients with gastric cancer were mainly females, who were less likely to present with alarm features, and the majority of these cancers were located in gastric antrum, and they had shorter long-term prognosis compared with elderly counterparts whenever curative surgical resection was performed.

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