Between January and July of 2014, 81 patients with locally advanced gastric cancer (LAGC) is associated with perioperative chemotherapy.

**RESULTS:**

The perioperative chemotherapy approach as described in the literature has been tested with improvement in overall survival. The authors present 4 years of experience with perioperative chemotherapy in advanced gastric cancer -4 years of experience in an institution.

**OBJECTIVE/ TÍTULO:**

Perioperative chemotherapy in locally advanced gastric cancer

**INTRODUCTION:**

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 perioperative 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

**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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