INTRODUCTION:

Neo-adjuvant chemotherapy (CT) has been shown to improve survival in locally advanced gastric cancer (GC). It is clear that emerging multidisciplinary approaches offer greater disease-free survival. This decision should take into account the prognostic and predictive factors of N+.

OBJECTIVE:

A single institutional retrospective analysis of the demographic, clinical and histopathological characteristics of patients undergoing surgery for ECG between 2007-2011.

RESULTS:

178 patients were evaluated with an average age of 62 years. Most lesions were located in the antrum (41%). The percentage of T1a and T1b tumors was 41% and 56.7%. 98 patients had indication for therapeutic endoscopic resection. Total gastrectomy was performed in 52.8% and the average of isolated nodes was 23. The N+ was observed in 18.4% in the total sample, and 11.2% in the subgroup with endoscopic resection criteria (ERC). Predictive factors for N+ were lymphovascular permeation, submucosal invasion and diffuse histological type. In the subgroup with ERC, the predictive factors of N+ were lymphovascular invasion and lesion size >20 mm. The disease-free survival at 5 years was 91% and lymph node involvement was the main prognostic factor.

DISCUSSION:

Lymph node metastasis is not negligible in patients with EGC. In this setting is crucial to offer the treatment that ensures greater disease-free survival. This decision should take into account the prognostic and predictive factors of N+, some clinical features and the experience of the center.

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