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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.

MATERIAL E MÉTODOS: Gastric cancer patients who underwent gastrectomy with lymphadenectomy (D1 or D2) between 2009 and 2015 were retrospectively analyzed to determine whom patients would have been possible candidates for endoscopic treatment.

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

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.

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