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

OBJECTIVO: 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.

MATERIAL E MÉTODOS: To evaluate in patients proposed to POC disease progression and HTR and its correlation with clinicopathological variables, 148 patients were proposed for POC and 2 for POC+intraperitoneal chemotherapy. Surgical specimens were reviewed by two pathologists. HTR was defined by Becker’s classification (Ia-no residual tumor; Ib-residual tumor 50%) and correlated with clinicopathological variables and survival.

RESULTADOS: Among 150 patients, 143 were treated with POC and 135 of whom were submitted to surgery. Type of resection: R0102; 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).

DISCUSSÃO: It is necessary to identify markers of HTR which could help in patients selection who can benefit from POC.

HOSPITAL: Instituto Português de Oncologia de Lisboa Francisco Gentil, E. P. E.

SERVIÇO: Gastroenterology


CONTACTO: Joana Moleiro
EMAIL: joanamoleiro1984@gmail.com