INTRODUÇÃO:
ABSTRACT ID: EG8151094

TÍTULO: The role of histology and tumor site in downstaging after neoadjuvant chemotherapy of gastric cancer patients

OBJECTIVO/

INTRODUÇÃO: Neoadjuvant chemotherapy for gastric cancer has been the standard of care in many centers and downstaging after treatment is a major prognostic factor. The aim of this study was to identify preoperative predictors of pathological downstaging.

MATERIAL E MÉTODOS: This is a retrospective study that included 168 gastric cancer patients treated with neoadjuvant chemotherapy followed by surgery in a single cancer center between 2007 and 2014. Exclusion criteria were: gastric stump tumors, associated esophagectomy, preoperative radiotherapy and previously-diagnosed M1 disease. Pathological downstaging was defined as ypT0-1-2 or stage I tumors.

RESULTADOS: Preoperative staged tumors were cT3-4 N+ in 80 cases, cT3-4 N0 in 73 and cT1-T2 N+ in 15 patients. Downstaged ypT0-1-2 lesions were observed in 74 patients, 19 individuals had pathological complete response (PCR) (11.3%) and another 35 had stage I tumors. Only tumor site was associated with more ypT0-1-2 tumors, which was more frequent in body and antrum lesions. Age, gender, preoperative clinical staging, histology, chemotherapy regimen and completeness of treatment had no influence. When mixed-type cases were excluded, an interaction between tumor site and Lauren histology also proved to be a prognostic factor of downstaging, as PCR and stage I tumors were more frequent in distal intestinal-type lesions (50%) in comparison with the others.

DISCUSSÃO: Downstaging was related to tumor site and histology and was more frequent in patients with distal intestinal-type tumors.

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