



SOUTHEAST EUROPEAN MEDICAL FORUM (SEEMF)

**FIRST INTERNATIONAL
MEDICAL CONFERENCE**

16-18 June 2016
Thessaloniki, Greece

TREATMENT RESULTS AND PROGNOSTIC FACTORS BY
GASTROESOPHAGEAL CANCER.

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The study presents remote results of surgical treatment of 329 patients with cancer of gastroesophageal localization. All patients are hospitalized by the Public Health Institution "Minsk City Clinical Oncologic Dispensary" in the period from 2002 to 2015. This group was consisted of patients with tumors, which anatomical epicenters were located in the lower thoracic esophagus or GEJ or within the proximal 5 cm of stomach (i.e., cardia) with the tumor mass extending into GEJ or distal esophagus. All patients underwent the transpleural gastric and esophagus resection by combined thoracolarotomy access, as follows: 155 cases underwent gastrectomy with resection of the lower third of the esophagus by Garlock-Osawa; 96 cases underwent proximal gastrectomy with the lower third of the esophagus by Garlock; 78 cases underwent proximal gastrectomy with subtotal resection of the esophagus by Lewis. D2 dissection with excision of a minimum of 16 lymph nodes was performed in all cases.

Postoperative mortality in groups of operated patients amounted to 5.2% (17 out of 329 cases): after gastrectomy with resection of the lower third of the esophagus by Garlock - 3.9% (6 lethal cases out of 155); after proximal gastrectomy with the lower third of the esophagus by Garlock - 5.2% (5 lethal

cases out of 96); after proximal gastrectomy with subtotal resection of the esophagus by Lewis - 7.7% (6 lethal cases out of 78).

Survival of gastroesophageal cancer patients, who undergone curable surgical treatment is low: the combined three and five-year survival rates were 37.1% and 26.2% respectively.

The most important predictor is a factor of lymph node involvement. So, 3 and 5-year period of observation experienced respectively 59.2% and 43.6% of patients without metastatic lymph nodes and 26.2% and 18.4% - with nodal metastases. Long-term survival does not depend on the number of affected lymph nodes.

Out of 298 cases of gastric and esophageal resection classified as radical (RO), 3-and 5-year observation period survived was 39.3% and 29.1% patients, respectively. Out of all cases qualified as palliative surgery, 3-and 5-year survival rate was 9.4%. When combined operations with resection of adjacent organs, compared with those after conventional surgery 3-year survival rate was respectively 21.1% and 43.7%, 5-year-old - 15.2% and 31.3%.

TREATMENT RESULTS BY GASTRIC CANCER IN PATIENTS UNDER THE AGE OF 30 YEARS

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A retrospective analysis was conducted on 8466 gastric cancer patients from different age groups treated in Minsk City Clinical Oncological Hospital from 1998 to 2013. Out of that sample, 77 (0.9%) patients were under the age of 30. Gastric cancer was diagnosed in 72 cases (0.85%) that accounted for 93.5% of total amount of malignant incidents; carcinoid was diagnosed in 3 cases (3.9%) and gastrointestinal stromal tumor was confirmed in 2 cases (2.6%). Among the cases of stomach cancer was dominated by females (43 - 59.7%); male to female ratio was 1: 1.5.

In overwhelming majority (72.2%) cases of gastric cancer in young patients were diagnosed with an advance stage (IV). Total or sub-total stomach lesion was confirmed in 59.7% cases, distal part of the stomach was affected in 17 cases (23.6%), proximal part - in 12 (16.6%), and spreading of the tumor to the esophagus was confirmed in 7 cases (9.7%). Adjacent organs were affected in 76.4% of cases; lymphatic and hematogenous metastases were confirmed in 72.2% and 69.4% cases. Peritoneal carcinomatosis with malignant ascites condition was reported in 41.7% cases. Analysis of the morphological tests results indicates that gastric cancer in young patients is characterized by the development of mostly aggressive low differentiated forms of the disease (84.7%) and, consequently, exhibits more aggressive biological

behavior with the locoregional cancer progression and distant metastasis (in 72.2% cases), which reduces the possibility of radical curative surgery and leads to worse prognosis results.

Out of 72 cases only in 28 (38.9%) curative extirpation or resection of the stomach was possible to perform. Only 17 (60.7%) of this 28 patients were treated with radical (R0) partial or total gastrectomy with the standard D2 lymphadenectomy. 11 patients in clinical stage IV with local carcinomatosis and clinical complications (perforation, bleeding, tumor stenosis), underwent palliative subtotal resection or gastrectomy. In 22 patients the operation was limited to a exploratory laparotomy or symptomatic operation. 27 patients were treated with postoperative adjuvant chemotherapy.

After radical surgery 3-year gastric cancer survival rate in young patients is 74.5%, 5-year - 62.5%. Regardless of the adjuvant chemotherapy overall survival rate after palliative surgery does not exceed 2 years. In the group of patients with advanced forms and receiving chemotherapy, one-year mortality was 75.0%. Patients who did not undergo chemotherapy died within one year after being diagnosed. Adjuvant chemotherapy increased the life span by not more than a year.