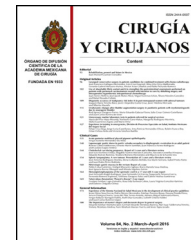




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ORIGINAL ARTICLE

Prognostic factors for survival in patients with resectable advanced gastric adenocarcinoma[☆]



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KEYWORDS

Gastric adenocarcinoma;
Prognostic factors;
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Abstract

Background: Patients under 45 years with gastric cancer are associated with a poor prognosis. Recent studies report that the 5-year survival is better in younger patients after curative resection.

Objective: To determine if prognostic factors such as age under 45 years old, anaemia, weight loss, tumour differentiation, histological sub-type, depth of invasion, and lymph node involvement, reduce the survival of patients with resectable advanced gastric adenocarcinoma undergoing gastrectomy with limited and extended lymphadenectomy.

Materials and methods: This study included a cohort of consecutive cases treated in the Sarcomas Department of the Oncology Hospital of the Centro Médico Nacional Siglo XXI, of the Instituto Mexicano del Seguro Social, during the period between January 2000 and December 2006.

Results: Of the total of 588 patients evaluated, 112 (19%) were under 45 years, 43% classified as Borrmann IV, and 36% as Borrmann III. Metastatic disease was present in 39.3%, localised diffuse in 12.5%; lower resectability 52.7 vs. 61.3% in older than 45 years.

At the end of the study 29.5% of patients under 45 years were alive; no recurrence in 26.8%, with an overall survival of 58.6 ± 4.3 months, compared with 18.3% of patients alive over 45 years, 17.9% disease-free, and with overall survival 35.2 ± 4.3 months resectable disease.

Conclusions: Patients under 45 years have a better survival after a two-year disease-free period.

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PALABRAS CLAVE

Adenocarcinoma gástrico;
Factores pronóstico;
Sobrevida

Factores pronóstico de sobrevida en adenocarcinoma gástrico avanzado resecable**Resumen**

Antecedentes: Los pacientes menores de 45 años con cáncer gástrico tienen un pronóstico desfavorable. Estudios recientes refieren que la sobrevida a 5 años es mejor en jóvenes posterior a la resección curativa.

Objetivo: Determinar si los factores pronóstico, como: edad menor de 45 años, anaemia, pérdida de peso, grado de diferenciación, subtipo histológico, tumour palpable, profundidad de la invasión y afección ganglionar, reducen la sobrevida en pacientes con adenocarcinoma gástrico avanzado resecable, tratados mediante gastrectomía con linfadenectomía limitada y extendida.

Material y métodos: Estudio de cohorte histórica de casos consecutivos de adenocarcinoma gástrico, atendidos y tratados en el Servicio de Sarcomas del Hospital de Oncología de Centro Médico Nacional Siglo XXI, del Instituto Mexicano del Seguro Social, durante el período comprendido entre enero de 2000 y diciembre de 2006.

Resultados: Se evaluó a 588 pacientes; el 19% ($n=112$) fueron menores de 45 años, el 43% clasificados como Borrmann IV y el 36% como Borrmann III. Tuvieron enfermedad metastásica un 39.3%, localización difusa un 12.5% y menor resecabilidad en 52.7 vs. 61.3% en mayores de 45 años.

Al finalizar el estudio, un 29.5% de los pacientes menores de 45 años estaban vivos; el 26.8% sin recurrencia, con una sobrevida global de 58.6 ± 4.3 meses, comparado con el 18.3% de los pacientes vivos mayores de 45 años, de los cuales el 17.9% estaba sin enfermedad y con una sobrevida global de 35.2 ± 4.3 meses con enfermedad resecable.

Conclusiones: Los pacientes menores de 45 años tienen mejor sobrevida después de los 2 años de período libre de enfermedad.

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Background

Gastric cancer is the most common gastrointestinal neoplasm worldwide, it ranks second in global cancer mortality and represented 3% of cancers diagnosed in Mexico in 2000.¹⁻³ The incidence of stomach cancer is highest in Asia, where early stage diagnosis (stage IA) is established in up to 30%. It is identified in advanced stages in 70% due to screening programmes⁴ and 88% present at stage III or IV at time of diagnosis.⁵

It is resectable in 60–80%, and post-operative mortality ranges from 6% to 14%. The rate of survival at 5 years remains at 8–26%, which contrasts strongly with survival rates in Japan, which reach 52% in some series.⁶

A retrospective study performed in our country reported that 80.2% of patients with this neoplasm were diagnosed in stages IIIB and IV, with survival at 2 years of 13.8%. The mean age of the patients was 58.6 years.^{7,8}

To date surgical treatment is the only procedure which has curative potential. The presence or absence of distal lymph node metastases in gastric adenocarcinoma is still the most important indicator of survival, after curative resection.⁹

Being aged under 40 years has been associated with increased frequency of poorly-differentiated tumours (55.5%, $p=0.02$) or with histology of seal ring cells (25.9%, $p=0.01$). By contrast, a frequency of 11.3% ($p=0.01$) and 34.6% ($p=0.02$), respectively, has been associated for patients aged over 40. This implies poorer clinical and

pathological features which, therefore, indicate an unfavourable survival prognosis for elderly patients and tumours with the same anatomic location.^{6,10} However, recent studies contradict this: despite the histological features in young people, in addition to the prevalence in females, survival at 5 years is better in people aged below 50 (54 vs 46%, $p=0.035$), than in those aged over 50.¹¹

Other recent studies reflect that the frequency of gastric cancer has increased from 2 to 8% to 19% in Eastern countries in recent years and that, despite the lower curative resection rate in young patients (84 vs 92%, $p<0.001$), survival at 5 years for resected tumours is greater in young people (80 vs. 75%, $p=0.002$).¹² Weight loss prior to diagnosis results in poorer tolerance to 5-fluorouracil-based treatment, with increased mucositis toxicity and palmo-plantar syndrome, secondary to nutritional deficits of glutamine and vitamin B₆ respectively.¹³⁻¹⁵

The presence of a palpable mass at the time of diagnosis is considered a sign of unresectability, and therefore poor prognosis for survival at 5 years (0–20%), with extremely poor average life expectancy (<4 months).^{6,16,17}

Many studies have demonstrated that involvement of the serosa is the negative prognostic factor which has the greatest effect on survival, since if the neoplasm has infiltrated the serosa, the impact of lymph node dissection on survival is reduced because surgery cannot control transcoelomic spread which is the main cause of recurrence and death in post gastrectomy cancer patients.¹⁸ A survival rate of 62.7% has been reported for tumours that invade the muscularis

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