

MEETING ABSTRACT

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Patterns of neoplastic recurrence in gastrectomized elderly patients

F Guida, A Antonino*, E Coppola Bottazzi, G Formisano, U Avallone, G Aprea, G Persico

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Background

The incidence of gastric cancer in elderly patients is increasing and the choice of treatment is controversial among physicians, oncologists and surgeons. In addition, about 2/3 of patients present a neoplastic recurrence after a curative intervention [1]. The aim of this study is the analysis of the factors which influence the risk of recurrence in elderly patients.

Materials and methods

All patients who received a gastrectomy for adenocarcinoma in our surgical department from January 1998 to December 2002 were admitted to the study. Inclusion criteria were: a) Curative resection (R0); b)no metastases before surgery; c)no other primitive neoplasms; d)consensus of the patient for a follow-up of 5 years. Recurrence was indicated as haematogenous, peritoneal or locoregional on the basis of the first site of metastases. Patients were divided into two groups by age: cut-off was considered 70 years old.

Results

48 patients were admitted to the study : 26 male and 22 female patients, with a average age of 61,9 years old (37 – 80). 16 patients were ≥ 70 years old.

During a 5-year follow-up we observed in the older group 9 recurrences (56%) : in 44% cases there was a peritoneal recurrence, in 33% a haematogenous recurrence and in 23% of patients a locoregional disease. In patients < 70 years old we observed a peritoneal recurrence only in 5 % of cases. (Table 1).

Factors correlated with a neoplastic recurrence in the older group were: pTNM III at diagnosis (78% vs 43%), subtotal gastrectomy (65% vs 56%), Lauren diffuse

adenocarcinoma (45% vs 33%) and a Linfonodal ratio (LNR) ≥ 20 % (89% vs 30%).(Table 2)

Conclusions

In elderly patients we observed a neoplastic recurrence in 56% of cases: first site of disease was peritoneum (44%) then haematogenous recurrence (33%).In younger patients, instead, a locoregional recurrence was more frequent (62% vs 23%). Predictive factors of neoplastic recurrence in elderly patients were: pTNM III, subtotal gastrectomy, Lauren diffuse adenocarcinoma and a LNR ≥ 20 % . These factors can help the surgeon and the oncologist to identify, in a population of elderly

Table 1 Recurrence site for age

RECURRENCE SITE	≥ 70 YEARS (%) – 9 patients	< 70 YEARS (%) – 18 patients
Peritoneal	4 (44%)	1 (5%)
Haematogenous	3 (33%)	6 (33%)
Local	2 (23%)	11 (62%)

Table 2 Factors associated with recurrence in patients ≥ 70 years

	Neoplastic recurrence + (%)	Neoplastic recurrence – (%)
Patients	9 (56%)	7 (44%)
MaleFemale	6 (65%)3 (35%)	5 (70%)2 (30%)
pTNM I	1 (11%)1 (11%)7 (78%)	1 (14%)3 (43%)3 (43%)
pTNM II		
pTNM III		
Total gastrectomy	3 (35%)6 (65%)	3 (44%)4 (56%)
Subtotal gastrectomy		
Intestinal	5 (55%)4 (45%)	4 (67%)3 (33%)
Diffuse		
LNR < 20%	1 (11%)8 (89%)	5 (70%)2 (30%)
LNR $\geq 20%$		

Department of General and Geriatric Surgery and Diagnostic and Operative Endoscopy, University of Naples "Federico II", Italy

gastrectomized patients, who needs a closer follow-up due to a higher risk of recurrence, in order to permit a more aggressive therapy.

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Reference

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