Adenocarcinoma of the Stomach

Kiyanda Baldwin
SUNY Downstate
November 20, 2009
Case Presentation

- 32 y/o F c/o GERD-like symptoms since September
- PMH: denies
- PSH: denies
- Meds: nexium
- All: PCN
- SH: denies tobacco, etoh, or illicit drug use
- FH: denies
Case Presentation

- Physical Exam
  - Afebrile hemodynamically normal
  - Obese, healthy, otherwise unremarkable

- Labs WNL, blood type A+

- EGD: multiple 2-3mm polypoid lesions from GE junction to incisura; path: adenocarcinoma w/ signet cells x2

- CT chest, abd/pelvis: unremarkable

- Elective total gastrectomy with roux-en-y esophagojejunostomy
Epidemiology

- 2nd leading cause of cancer deaths
- 14th most common cancer in the US
- 22,000 pts/yr
- Men:Women 2:1
- Black>White
- Increases w/ age, peaks in 7th decade
- Risks: high carb low prot diet, salted meats & fish, high nitrates, H.pylori
Pathology

## Lauren Classification

<table>
<thead>
<tr>
<th>INTESTINAL</th>
<th>DIFFUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental</td>
<td>Familial</td>
</tr>
<tr>
<td>Gastric atrophy, intestinal metaplasia</td>
<td>Blood type A</td>
</tr>
<tr>
<td>Men &gt; women</td>
<td>Women &gt; men</td>
</tr>
<tr>
<td>Increasing incidence with age</td>
<td>Younger age group</td>
</tr>
<tr>
<td>Gland formation</td>
<td>Poorly differentiated, signet ring cells</td>
</tr>
<tr>
<td>Hematogenous spread</td>
<td>Transmural/lymphatic spread</td>
</tr>
<tr>
<td>Microsatellite instability</td>
<td>Decreased E-cadherin</td>
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<tr>
<td>APC gene mutations</td>
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Extreme Aggressiveness and Lethality of Gastric Adenocarcinoma in the Very Young

Brian R. Smith, MD; Bruce E. Stabile, MD


- Retrospective review
- 350 pts diagnosed with gastric adenocarcinoma 1993-2007
- UCLA
Frequency of stage IV gastric adenocarcinoma by age cohort


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Frequency of R0 (potentially curative) gastric resection by age cohort

Extreme Aggressiveness and Lethality of Gastric Adenocarcinoma in the Very Young

Brian R. Smith, MD; Bruce E. Stabile, MD


- 188 pts resection accomplished
  - 56% young vs 86% older p=0.003

- R0 resection
  - 17% young vs 58% older p=0.001
Staging

- **I:** up to T1N1 or T2N0 (5 yr survival 75-90% after R0 resection)
  - **II:** T1N2, T2N1, T3N0 (30-50%)
  - **III:** T2N2, T3N1-2, T4N0
  - **IV:** N3, T4N1-3, M1 (10%)

*Memorial Sloan-Kettering Cancer Center database, July 1985-December 2005*
Symptoms

- Gastritis
- Dysphagia
- GOO
- Early satiety

Virchow’s node, Sister Mary Joseph’s node, Blummer’s shelf, Krukenberg tumor
Preoperative Evaluation

- Endoscopy
- Double contrast upper GI – 90% accuracy
- EUS 75% accuracy in staging
- Routine labs, CXR or chest CT, abd/pelvis CT
Surgical Treatment

- At least 5cm margin

- Proximal tumors: 35-50% of gastric adenoCa, total gastrectomy or proximal gastric resection

- Distal tumors 35%, subtotal gastrectomy

- D1 (perigastric nodes) vs D2 (celiac nodes) dissection
References


3. Memorial Sloan-Kettering Cancer Center database, July 1985-December 2005

4. Extreme Aggressiveness and Lethality of Gastric Adenocarcinoma in the Very Young. Brian R. Smith, MD; Bruce E. Stabile, MD. Archives of Surgery 2009;144(6)