

# ABCD

ARQUIVOS BRASILEIROS DE CIRURGIA DIGESTIVA  
BRAZILIAN ARCHIVES OF DIGESTIVE SURGERY



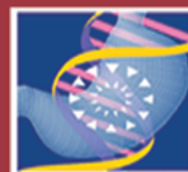
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CIRURGIA DIGESTIVA



SOCIEDADE BRASILEIRA DE CIRURGIA  
BARIÁTRICA E METABÓLICA



CAPÍTULO BRASILEIRO DA INTERNATIONAL  
HEPATO-PANCREATO-BILIARY ASSOCIATION



SOCIEDADE BRASILEIRA DE CIRURGIA  
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GRUPO DE ESTUDO DAS  
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Dear Colleagues,

It is a great honour to invite you to the 11th International Gastric Cancer Congress (IGCC), held in San Paolo from the 4th to the 6th of June , 2015.

In the previous Congress in Verona the importance of multidisciplinary approach to Gastric Cancer has been stressed and I believe that also in the 11th IGCC in San Paolo this theme will be the centre of the scientific programme. Moreover in the last two years very important advances has been made in the molecular definition of gastric cancer and during the congress these new knowledge will be presented and discussed, hoping to develop in the near future a personalized cancer therapy. In the treatment of gastric cancer there are still many differences between east and west: one of the task of the IGCA congress is to reach a common language that could improve the results all over the world clarifying the more controversial aspects.

This Congress is held 20 years after the foundation of IGCA and it will be very important for the future of our Society: during the General Assembly in San Paolo the IGCA by law is going to be changed. Some of the most outstanding gastric cancer masters, who have founded the IGCA and made possible its continuous improvement, are going to retire from the Council and to become honorary member.

We all hope that they will still be active in the Society, indeed their experience and advices will be very much appreciated, at the same time we also have to realize that starting from this Congress, we must increase our efforts in order to continue the path they have traced.

San Paolo is the most important economic, financial and cultural hub in Brazil and our Brazilian colleagues are waiting to receive all the IGCA participants with their usual warmth and friendship.

**Giovanni De Manzoni**  
President of the IGCA

Dear Colleagues

The opportunity to host the International Gastric Cancer Congress (IGCC) for the second time in Brazil is extraordinary, but above that, it is an honor for the people, physicians and researchers of our country. This is a unique occasion to meet and interact with colleagues from abroad.

Together with the Local and International Scientific and Organizing Committees we prepared during the last four years a Congress to be remembered by its high scientific level.

In the first place we have to thank in a special manner all the IGCA members from all over the world who contributed and suggested almost all the sessions in the 11th IGCC. We have the certitude that their efforts were worth, when we see the excellent program in all specialties. We send also our gratefulness to all members and to the Board of the Brazilian Gastric Cancer Association (BGCA) and to the Congress Committees who worked tirelessly during those years.

This is a very special occasion. We are celebrating the 20th anniversary of the International Gastric Cancer Association (IGCA). The exceptional scientific level of our Association is also accompanied by an enormous sense of friendship putting together researchers from all over the world.

In the 11th IGCC more than 75 countries will be represented, confirming the goal of the IGCA since it was born in 1995. Our gratitude to all those who crossed the world to be here with us and share the knowledge obtained in countless Universities, Hospitals, Institutes and Centers of research.

We are sure that this will be a memorable Congress thanks to the cooperation of all of you.

We wish you all welcome and a very good profit

**Bruno Zilberstein**  
President of the 11th IGCC

**Paulo Kassab**  
President of the Organizing Committee



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## ORAL PRESENTATION / APRESENTAÇÃO ORAL

Apresentação Oral - Basic science and clinical relevance

Bingya Liu; **ACTIVATION OF DNA METHYLTRANSFERASE-1 BY HELICOBACTER PYLORI CAGA DURING GASTRIC CANCER DEVELOPMENT LEADS TO HYPERMETHYLATION OF THE TUMOR SUPPRESSOR MGMT PROMOTER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 1

**Background & Aim:** Helicobacter pylori (HP) is a human class I carcinogen for gastric cancer; methylation of CpG islands in promoters of tumor suppressor genes is one of the most characteristic abnormalities in HP-associated gastric carcinoma (GC). Here we investigate the pathogenic and molecular mechanisms underlying hypermethylation of tumor suppressor genes in HP associated gastric cancer. **Methods:** Tumor tissues from patients with GC and gastric tissue samples from C57 mice infected with HP were analyzed using immunohistochemistry (IHC), western blotting (WB), real-time PCR and Methylation Specific PCR (MSP). Gastric epithelial cells were co-cultured with HP or transfected with CagA plasmid, and CagA, AKT, PDK1, NF- $\kappa$ B, DNMT1 and MGMT were examined by WB, immunoprecipitation (IP), MSP, chromatin immunoprecipitation (ChIP), immunocytochemistry (ICC), immunofluorescence. DNMT1 promoter activity was tested using a luciferase assay. siRNAs and inhibitors were used to block the activity of AKT, DNMT1, or NF- $\kappa$ B. **Results:** Our data show that hypermethylation of tumor suppressor genes such as MGMT positively correlates with CagA expression both in vitro and in vivo. We show that CagA increases AKT phosphorylation by activating PDK1 and enhancing their interaction. The CagA-induced P-AKT then activates NF- $\kappa$ B, which then binds to the promoter region of the methyltransferase, DNMT1, and increases its expression. Finally, up-regulated DNMT1 promotes the hypermethylation of tumor suppressor genes such as MGMT. **Conclusions:** CagA is able to promote the hypermethylation of tumor suppressor genes via stimulating expression of DNMT1 through the AKT-NF- $\kappa$ B pathway. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Hong Man Yoon; Young Woo Kim; Daniel Reim; **ALPHA-FETO-PROTEIN IS A SIGNIFICANT PROGNOSTIC FACTOR FOR GASTRIC CANCER SURVIVAL: RESULTS FROM A PROPENSITY SCORE MATCHED ANALYSIS OF CURATIVELY RESECTED PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 1

**Background** Several retrospective series on oncologic outcomes of AFP-positive gastric cancer (AFPGC) have been published. Cohesive conclusions on prognosis of AFPGC remained elusive so far due to disparities in cohort size and baseline characteristics. Therefore a propensity score matched (PSM) analysis was performed in order to conclusively evaluate the outcome in AFP-positive gastric cancers. **Methods** Among 3034 gastric cancer patients who underwent curative gastric cancer surgery at the National Cancer Center Korea between 2002 to 2007, we identified 97 patients who were positive for AFP either by immunohistochemical staining or by elevation of serum AFP >10 $\mu$ g/L. Due to marked disparities in baseline characteristics and cohort size, propensity score matching was performed which matched 87 AFP-positive gastric cancer patients to the same amount of AFP-negative patients. **Baseline characteristics** were compared using  $\chi^2$ -testing. **Comparative survival analyses** were computed with the Kaplan-Meier-method and multivariate regression analysis models. **Results** Direct comparison of AFP-positive and AFP-negative patients revealed marked disparities in patient cohorts. After PSM, groups were balanced for age, sex, tumor size, BMI, tumor location, grade of differentiation, presence of lymphatic vessel infiltration (LVI), Lauren histotype and stage distribution. In multivariate regression analysis of the PSM-groups only AFP-positivity and pathologic stage were predictive for overall survival. **Five-year-survival rates** were significantly worse for AFP-positive patients (57.9% vs. 76.6%,  $p=0.012$ ). **Recurrence** was significantly more frequent in AFP-positive patients ( $p=0.005$ ). **Conclusion** AFP can be considered as an independent (negative) predictor of overall survival in gastric cancer patients. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Jiafu Ji; Xiaofang Xing; Ziyu Li; Xianzi Wen.; **ANALYSIS OF MICRORNA EXPRESSION PROFILING IDENTIFIES INVOLVEMENT OF MIRs-143 AND -145 IN LIVER METASTASIS OF GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 2

Background: The prognosis of advanced gastric cancer(GC) with metastasis remains poor. Owing to the mechanisms of GC metastasis are not fully understood, there is a lack of early diagnosis and effective treatment of GC metastasis. microRNAs (miRNAs) have been identified to play important roles in tumor metastasis in recent decades. Methods: We screened a set of gastric cancer metastasis related miRNAs by analyzing and comparing the miRNA profiles between 11 paired primary gastric cancer and matched liver metastasis tissues. Among them, miR-143 and miR-145 are a miRNA cluster which both located at chromosome 5. Their expression in primary gastric cancer and corresponding normal tissues and liver metastasis were analyzed using real-time PCR. Their biological functions were also observed in vitro through transwell assay. Results: The expressions of miRs-143 and -145 were verified to down-regulated significantly in gastric cancer tissues compared with normal tissues, and with more lower expression in metastatic samples compared with the primary lesion. By investigating relationship of the levels of miRs-143 and -145 with clinicopathological features of gastric cancer patients, we found expression of miRs-143 and -145 were negatively correlated with distant metastasis. Over-expression of miR-143 and -145 reduced the ability of migration in gastric cancer BGC-823 cell line. The synergic effects on cell migration inhibition of miR-143 and miR-145 were also observed. Conclusion: These findings indicate that miRs-143 and -145 are associated with distant metastasis of gastric carcinoma and suggest that they may play important roles in the liver metastasis. Both of them may also be clinically used as novel biomarkers in the prediction and prevention of gastric cancer with liver metastasis. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Natália Sousa Freitas Queiroz; Jaime Natan Eisig; Ricardo Correa Barbuti; Tomás Navarro Rodriguez; André Luis Montagnini; Luiz Fernando Lima Reis; RUBENS ANTONIO AISSAR SALLUM.; **ASSESSMENT OF GENE EXPRESSION PROFILE IN NORMAL MUCOSA AND IN PRECANCEROUS GASTRIC LESIONS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 2

Introduction: Gastric adenocarcinoma develops through a multistep process beginning with chronic gastritis and progressing through atrophy, intestinal metaplasia, and dysplasia to carcinoma. There are several possible mechanisms by which chronic inflammation may lead to metaplasia and neoplastic change in epithelial cells. Reactive oxygen species (ROS) have been identified at high levels in *H. pylori* gastritis mucosa and seem to be involved in DNA damage. Aims: Assess the profile of gene expression in tissue samples of normal gastric mucosa and in precancerous gastric lesions and define a set of changes in metabolic pathways related to inflammatory processes and glycerolipid metabolism. Methods: Between 2010 and 2012, 1061 biopsies specimens were collected by upper digestive endoscopy from 444 dyspeptic patients. A total of 115 gastric samples were analyzed: 57 normal body and antrum mucosa, 16 samples of mucosa presenting inflammation and 42 samples of intestinal metaplasia mucosa. Microarray DNA analysis was performed to identify genetic variation among different tissues. Genes with p-value <0.001 corrected by FDR (False Discovery Rate) were considered differentially expressed. Gene expression patterns were defined as functional modules according to the Kyoto Encyclopedia of Genes and Genomes. Modules with a larger than expected number of induced or repressed genes were identified in each group. Results: Genetic distinction between normal gastric mucosa and intestinal metaplasia mucosa could be observed, with 59 genes overexpressed in the latter. Comparing inflammation versus metaplasia, we identified only 7 genes with p-value <0.001, all expressed more in metaplasia. Among genes identified as differentially expressed, CDH1 has been identified as the most expressed in metaplastic tissue (p-value = <0.05). The functional module "Glycerolipid Metabolism" was active in the samples with metaplasia and inactive in normal tissue samples. The genes with the greatest contribution to this activation/inactivation were PNLI1PRP2, AKR1B10, LPL, AGPAT2 and GLYCTK. Conclusions: Data presented herein confirm the concept that alterations in gene expression might manifest at the level of biological pathways and contribute to better understand gastric carcinogenesis process. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Long Zi-Wen; Wang Ya-Nong.; **ASSOCIATION BETWEEN CADHERIN 17 PROTEIN EXPRESSION AND THE CLINICOPATHOLOGICAL CHARACTERISTICS OF GASTRIC CANCER: A META-ANALYSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 2

Objective: Cadherin-17 (CDH17) was detected to be overexpressed in gastric cancer (GC) and was related to the tumor incidence and recurrence, invasion and metastasis, advanced tumor stage, and poor survival in GC patients. So far the cellular function and signaling mechanisms of CDH17 in GC remains inconsistent, we therefore hypothesized that there may be a relationship between them and try to explore it. Method: Selection of related articles were achieved through searching the following English or Chinese electronic databases: CINAHL, MEDLINE, Science Citation Index database, the Chinese Journal Full-Text Database and the Weipou Journal Database, etc. Newcastle-Ottawa Scale (NOS) criteria was used to ensure consistency in reviewing and reporting results. Statistical analyses were conducted with the Version 12.0 STATA statistical software. Results: Eleven articles, with a total of 2,120 GC patients, were finally found to conform to our inclusion. Result showed that CDH17 showed more positive expressions in GC patients from combined results of TNM stage III-IV vs. I-II, histologic grade 3-4 vs. 1-2, invasion grade T3-4 vs. T1-2, LN metastasis positive vs. negative (P < 0.028). Country-stratified analysis from all the four experimental subgroups presented that high CDH17 expression level may be related to GC among China and Korea (all P < 0.05), except in the invasion grade T3-4 vs. T1-2 comparison where it only showed a relation among China (OR = 2.86, 95%CI = 1.69~4.83, P < 0.001). Further country subgroup analyses showed significant difference in the CDH17 expression in GC patients with advanced TNM stage and higher invasion grade within the Envison method subgroups (TNM stage: OR = 1.89, 95%CI = 1.01~3.53, P = 0.040; Invasion grade: OR = 3.04, 95%CI = 1.65~5.60, P < 0.001), but not within the Non-Envison method subgroups, while the opposite outcome was detected under the comparison of histologic grade 3-4 vs. 1-2 and LN metastasis positive vs. negative (all P > 0.05). Conclusion: Collectively, present data demonstrated the capacity of CDH17 in tumor proliferation and metastasis among GC patients, suggesting that CDH17 may be regarded as an attractive therapeutic target for future researches. Keywords: Cadherin 17; Protein expression; Gastric cancer; Meta-analysis |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

GIOVANNA CHAVES CAVALCANTE; NATALLE DO SOCORRO DA COSTA FREITAS; MARCOS ANTONIO TRINDADE AMADOR; ÂNDREA RIBEIRO DOS SANTOS; NEY PEREIRA CARNEIRO DOS SANTOS; SIDNEY SANTOS.; **ASSOCIATION OF A POLYMORPHISM IN CASP8 GENE WITH GASTRIC CANCER SUSCEPTIBILITY IN AN AMAZON POPULATION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 2

Introduction: Gastric Cancer (GC) is one of the most common type of malignant neoplasms and the second cause of death by cancer in Brazil. In the northern region, GC is the second most incident type of cancer among men and the third among women. Apoptosis is a fundamental process for the control of tumor development and genetic variants in caspase genes have been largely studied in relation to cancer risk. An insertion/deletion of 6 bp (AGTAAG) at -652 in CASP8 gene (rs3834129) has been vastly investigated to test an association to the risk of developing various types of cancer, including GC. Objectives: To identify the genetic profile of GC patients and cancer-free individuals to a marker in CASP8 gene (rs3834129). Methods: We included in the study 125 patients with GC, in regional reference centers for the oncologic treatment, and 291 cancer-free individuals. DNA extraction was based on the phenol-chloroform method. The marker was genotyped through PCR followed by capillary electrophoresis. The separation of DNA fragments was performed with ABI PRISM 3130 Genetic Analyzer and the reading of the results was performed with GeneMapper ID v3.2 program, both from Life Technologies. A previously developed panel of Ancestry Informative Marker was also used to avoid misinterpretation due to substructuring in this admixed population. Results: The analyses performed regarding the genotypes revealed that carriers of deletion/deletion (D/D) presented a lower risk (OR=0.045; CI95%=0.005-0.373) to develop GC, comparing to carriers of other genotypes (D/I+I/I) (p=0.008). This positive association is maintained even after the correction based on the Ancestry of the individuals (p=0.004). Discussion: Different studies positively associated the D allele (D/D+D/I) with a protective effect concerning the cancer development risk in various Asian populations. These studies corroborate with our result of risk reduction of GC development in carriers of the D/D genotype of this marker in CASP8 with a 4.5 greater protection (OR=0.045; CI95%=0.005-0.373) to the development of gastric cancer. Financial Support: Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq), Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Capes) and Fundação Amazônia Paraense de Amparo à Pesquisa (FAPESPA). |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Basic science and clinical relevance

Fernanda Wisniewski; Mariana Ferreira Leal; Danielle Queiroz Calcagno; Leonardo Caires dos Santos; Carolina de Oliveira Gigek; Elizabeth Suchi Chen; Sâmia Demachki; Ricardo Artigiani; Paulo Pimentel Assumpção; Laércio Gomes Lourenço; Rommel Rodríguez Burbano; Marília Cardoso Smith. **BMP8B: A TUMOR SUPPRESSOR GENE INVOLVED IN GASTRIC ADENOCARCINOMA AND REGULATED BY HISTONE ACETYLATION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 3

**Introduction:** Despite the fact that overall rates of gastric cancer (GC) continue to decline worldwide, the majority of patients are still diagnosed with advanced disease in Western countries. New strategies for early diagnosis and new therapeutic methods in GC continue to be explored. Epigenetic control using histone deacetylase inhibitors, such as trichostatin A (TSA), is a promising cancer therapy. Recently, our research group identified 46 differentially expressed genes (DEGs) by microarray analysis comparing gastric cancer cell lines treated with TSA and non-treated cells. Among the upregulated DEGs identified by this technique, BMP8B was one of the selected genes validated by an independent experiment. **Objectives:** This study aimed to assess the BMP8B expression and the role of histone acetylation on its regulation in gastric tissue samples. **Methods:** The expression level of BMP8B was evaluated in 46 pairs of primary gastric adenocarcinoma and adjacent non-tumor tissues using quantitative reverse transcription PCR (qRT-PCR). The analysis of histone acetylation was conducted using antibodies against acetyl-H3K9/H4K16 in 13 pairs of tumor and adjacent non-tumor tissues by chromatin immunoprecipitation (ChIP). Four amplicons were used in qRT-PCR of ChIP-enriched DNA according to their relative distance (pb) to the transcription start site: - 1,583; - 858; + 1,539; + 935. **Results:** Reduced transcript levels of BMP8B were found in diffuse-type and poorly differentiated gastric tumors compared with adjacent non-tumor tissues ( $p = 0.0001$  and  $p = 0.006$ , respectively). Reduced H4K16 acetylation was detected in 62% of tumor samples showing BMP8B downregulation compared with non-tumor samples (for comparison involving the amplicon + 935). The reduction of H3K9 and H4K16 acetylation involving other amplicons studied was detected in a range of 23 a 46% of tumor samples. **Conclusions:** Our results demonstrated, for the first time, the role of BMP8B in gastric carcinogenesis and constitute a potential target for epigenetic therapy through histone deacetylase inhibitors. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Jian-Kun Hu; Xiao-Long Chen; Tie Chen; Kun Yang; Xin-Zu Chen; Wei-Han Zhang; Zheng-Hao Lu; Zong-Guang Zhou; Xian-Ming Mo. **CD44 PROMOTES TUMORIGENESIS AND INVASION OF HUMAN GASTRIC CANCER STEM CELLS AND IS A PREDICTOR OF POOR CLINICAL OUTCOMES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 3

**Introduction:** Cancer stem cells (CSCs) are thought as a subpopulation of tumor cells with the capability of self-renewal and tumor propagation, which are supposed to be important for tumor maintenance and chemotherapeutic resistance. Although identifications of gastric cancer stem cells (GCSCs) from human gastric cancer (GC) and cell lines have been reported previously through CD44, the studies focusing on the role of CD44 in the biology of GCSCs derived from human GC were still reported rarely. **Objectives:** The aim of this study was to investigate the function of CD44 in GCSCs from primary lesion and clinical significance of CD44 expression in GC tissues. **Methods:** Expressions of CD44 in 277 GC tissues from January 2006 to December 2008 through immunohistochemistry (IHC) and 93 pairs of tumors and normal gastric tissues from December 2011 to October 2012 through quantitative PCR were retrospectively tested. Cell biology of GCSCs separated from human primary lesion between CD44 knockdown by lentivirus and control groups of were also investigated. Microarray was also performed to find out the changes of expression profile between CD44 knockdown group and control group. **Results:** The positive and high expression rates of CD44 were 49.8% and 31.2% in GC tissues through immunohistochemistry and quantitative PCR, respectively. The cases with strong positive in IHC and high expression in PCR of CD44 were both closely related to pN stage and indicated a poor outcome. In GCSCs, CD44 knockdown group had lower formation rate ( $p=0.167$ ) and smaller volume ( $p=0.170$ ) of xenografts than control group. *In vitro*, the ability of clone formation ( $p=0.001$ ), migration ( $p<0.0001$ ), invasion ( $p<0.0001$ ) and chemoresistance were also impaired in CD44 knockdown group. Microarray showed that many genes relevant to self-renewal, angiogenesis and chemoresistance were down-regulated. **Conclusion:** CD44 was highly expressed in GC tissue and GCSCs, closely related with tumor progression and indicated a poor outcome. CD44 showed a promotion for tumorigenesis, migration, invasion and chemoresistance of GCSCs. The mechanism of CD44 in GCSCs should be further investigated. Funding sources Domestic support from (1) National Natural Science Foundation of China (No. 81071777); (2) National Natural Science Foundation of China (No. 81372344). |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Helem Ferreira Ribeiro; Caroline de Fátima Aquino Moreira Nunes; Paulo Pimentel de Assumpção; Raquel Carvalho Montenegro; Adriana Costa Guimarães; Martin Eilers; Rommel Rodríguez Burbano; **CELLULAR PROLIFERATION IS REGULATED BY MYC IN GASTRIC CANCER CELLS AS SHOWN BY SI-RNA METHODS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 3

**Introduction:** Gastric cancer (GC) is the fifth neoplasia in incidence and the second in mortality worldwide. However, in the state of Pará, northern Brazil, the incidence of this malignancy is higher and its capital Belém once ranked as the 11th city with highest occurrence of gastric cancer in the entire world, therefore, it is a serious health concern in this region. An increase of MYC expression is usually caused by an increase in its number of copies, which usually caused by extra copies of chromosome 8, where this gene is located, and this reported in 6-58% of gastric cancer samples worldwide; meanwhile, 100% of the patients from the state of Pará studied so far presented MYC amplification, starting in pre-neoplastic lesions like metaplasias and increasing as the disease progresses, showing that MYC amplification is a marker of gastric mucosa malignization. **Objective:** Using three gastric cancer cell lines developed from patients from the state of Pará who present MYC amplification named ACP02 (diffuse-type GC), ACP03 (intestinal-type GC) and AGP01 (ascitic fluid from intestinal-type GC), we used siRNA in order to determine MYC's role in cellular proliferation, cell cycle kinetics and key genes regulated by MYC that might be important in the process of gastric carcinogenesis. **Results:** the use of siRNA against MYC diminished the production of this gene in all the three cell lines by over 80%. The siRNA was also very effective to suppress cellular proliferation in all the three cell lines used in this study as measured by growth curves ( $P < 0.05$ ), proving that cell growth in the GC cell lines used in this study is MYC dependent. The analysis of cell cycle kinetics showed that the MYC-silenced cells were growing much slower as showed by the overall distribution of the cells in different cell cycle phases versus control cells. We also identified two genes regulated by MYC, 14-3-3? and CDC25B, who might be responsible for the MYC effects over cell cycle regulation. **Conclusion:** We conclude that MYC is a key regulator in GC and cell growth for Brazilian patients are MYC dependant and this process is partially caused by MYC effects over CDC25b and 14-3-3? proteins. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Yoko Oshima; Satoshi Yajima; Tatsuki Nanami; Takashi Suzuki; Seiko Otsuka; Hironori Kanek. **CLINICOPATHOLOGICAL FEATURES OF SERUM P53 ANTIBODY POSITIVE PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 3

?Purpose?We have developed new biomarker to detect serum anti-IgG antibodies against tumor antigens in patients with gastric cancer. We analyzed sensitivity and specificity of serum antibodies, particularly, focusing on clinicopathological significance of serum p53 antibodies.?Patients and Methods?Blood samples of 179 patients with gastric carcinoma were investigated before surgery. Serum anti-IgG antibodies against several tumor antigens were analyzed by ELISA. Target tumor antigens were p53, NY-ESO-1, HSP70 and KM-HN-1. A total of 74 healthy controls were analyzed for the control. Changing pattern of serum p53 antibodies titers was also assessed during postoperative follow-up. ?Results?Positive rate of serum antibodies were 23% for p53, 10% for NY-ESO-1, 14% for HSP70 and 10% for KM-HN-1. Positive rates of antibodies in healthy controls were less than 3%. Presence of p53 antibody was significantly associated with depth of invasion, nodal involvement and peritoneal dissemination. Although some patients with super-high antibody titer for p53 persistently positive even after curative surgery, changing patterns of serum titers was associated with clinical course. ?Conclusions?We have developed new biomarker test for patients with gastric cancer. Although the positive rates of serum antibodies were still relatively low, combination assay with these markers may be useful. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance  
MaYan; **COMPARATIVE PROTEOMICS IDENTIFICATION OF PROTEINS ASSOCIATED WITH LYMPH NODE METASTASIS OF GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 4

Purpose: The aim of this study was to use comparative proteomics to identify proteins associated with gastric cancer lymph node metastasis and explore the clinicopathological significance of these proteins. Methods: Gastric cancer tissues were obtained from 24 patients with high or low lymph node metastatic potential. Total cellular proteins were separated by two-dimensional gel electrophoresis (2-DE), analyzed by MALDI/TOF-TOF MS, and identified by a database search. Next, expression of 14-3-3? and profilin-1 was immunohistochemically verified in paraffin-embedded gastric cancer tissues from 128 patients. Multivariate logistic regression models evaluated the association of 14-3-3? and profilin-1 expression with lymph node metastasis. Kaplan-Meier curves and COX proportional hazard models determined the association of 14-3-3? and profilin-1 expression with patient survival. Results: A total of 26 differentially expressed proteins were identified, 20 of which were overexpressed and 6 of which were underexpressed. 14-3-3? and profilin-1 were upregulated in gastric cancer tissues with and without lymph node metastasis, respectively. Expression of 14-3-3? protein was associated but profilin-1 expression was inversely associated with gastric cancer lymph node metastasis. Multivariate analysis showed that 14-3-3? overexpression, but reduced profilin-1 expression were independent risk factors for gastric cancer lymph node metastasis, while 14-3-3? overexpression was an independent prognostic factor for gastric cancer patients. Conclusions: The current study identified 26 differentially expressed proteins. Further studies showed that both 14-3-3? and profilin-1 protein may be useful biomarkers for prediction of gastric cancer lymph node metastasis and that expression of 14-3-3? was a prognostic marker for gastric cancer patients. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance  
Carolina Oliveira Gigek; Elizabeth Suchi Chen; Danielle Queiroz Calcagno; Mariana Ferreira Leal; Paulo Pimentel Assumpção; Samia Demachki; Fernanda Wisniewski; Leonardo Caires do Santos; Rommel Rodriguez Burbano; Marilia Arruda Cardoso Smith; **DECREASED EXPRESSION OF IGFBP-3 MRNA EXPRESSION IN GASTRIC ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 4

Introduction: IGFBP-3 binds to IGF-I, and competitively binding prevents their binding to the IGF receptor, therefore been described as important cell proliferation inhibitor and apoptosis inducing in several types of cancer. Additionally, IGFBP-3 independent of IGF actions include the capacity to maintain growth stimulatory effects. Objectives: The aim of this study was to evaluate IGFBP-3 mRNA expression and its correlation with gene promoter methylation status in gastric mucosa. Methods: RNA and DNA were extracted from 41, paired neoplastic and non-neoplastic samples from patients with gastric tumors underwent gastrectomy and 18 paired gastritis and non-gastritis mucosa from individuals without cancer subject to endoscopy. mRNA levels were evaluated by qRT-PCR and DNA methylation was studied by methylation-specific PCR, after bisulfite modification, in the same set of samples. Results: We observed a significant progressive decrease in IGFBP-3 mRNA levels in all 4 gastric mucosa tissues, from normal to neoplastic, the highest expression in the normal mucosa of gastritis patients (-0.0164 ± 0.008) and lowest in neoplastic gastric mucosa (-0.6072 ± 0.07), and p-values < 0.05. The promoter methylation status of IGFBP-3 did not have any influence on mRNA expression, however a more detailed analysis reveals in the non-gastritis an influence of lower mRNA expression and higher unmethylated samples (p=0.008). Conclusion: The down-regulation of IGFBP-3 mRNA levels in different gastric mucosa conditions and stages might occur during tumor progression in gastric mucosa by having an impact in tumor growth, since this loss has been linked to cell migration, invasion and metastasis in other types of cancer. Financial Support: FAPESP and CAPES. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance  
Yun-Suhk Suh; Deuk Chae Na; Sung-Yup Cho; Boram Choi; Yeon-Ju Huh; Tae Han Kim; Ji-Ho Park; YoungGil Son; Jun-Young Yang; Seong-Ho Kong; Hansoo Park; Hyuk-Joon Lee; Woo-Ho Kim; Charles Lee; Han-Kwang Yang; **DEVELOPMENT OF STANDARD PERSONALIZED MEDICINE PLATFORM INTEGRATING CLINICAL GENOMICS WITH PDX MODELS FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 4

Recently, research and development of patient-derived tumor xenograft (PDX) model has gradually increased for preclinical study as well as tailored treatment of patient individual. NSG (NOD.Cg-Prkdcscid Il2rgtm1Wjl/SzJ) mouse is lack of T cells, B cells and NK cells, which can be good candidate for PDX model. We report our experience of development of gastric cancer PDX model using NSG mouse. SPF room is mandatory requisite. For tumor procurement, gastrectomy is usually performed with "no touch isolation" principle. Artificial foreign body including staple line or suture materials were removed from specimen. Gastric mucosa was rinsed with chlorhexidine and normal saline. Tumor tissue and corresponding normal mucosa were sampled immediately to reduce ischemic time. Normal mucosa was obtained as far as possible from tumor. Optimal size of samples is 2x2x1mm /unit. To register tumor, Information with the number of tumor and normal mucosa, time of sampling, time of reposition at refrigerator (4c) was recorded. The mean time between fresh tissue sample and reposition at refrigerator was 18 min. All tissues were stored in PRIM1640+1%P/S media with light shield and ice. These tissue are immediately delivered to bench and prepared for engraftment to NSG mouse. For tumor engraftment, We used trocar needle to transplant of fresh tissue. Tissue samples were injected at both flank of NSG mouse (2 times of injection per each mouse). The mean time of gas anesthesia was 3min and tissue engraftment using trocar injection usually took 3-5min. after engraftment. Recovery from anesthesia was observed on warm heating pad which took about 5-10min. If engrafted primary tissue would not grow after 90 days of engraftment or grow up to 2,000mm3/unit, mouse model was graduated. Tissue preparation for H&E staining, genomic sequencing analysis, and cryopreservation for next generation engraftment is performed. We developed 97 cases of mouse xenograft models and identified 72 cases of tumor growth models. The success rate of implantation was 74.2%. Out of 72 cases, 19 cases showed tumor growth over 2,000mm3/unit and was graduated. We developed PDX model for gastric cancer using NSG mouse which showed high success rate of implantation. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance  
Amanda Ferreira Vidal; Aline Maria Pereira Cruz; Leandro Lopes Magalhães; Ana Karyssa Mendes Anaissi; Néllisson Alves; Rommel Mario Rodriguez Burbano; Samia Demachki; Andrea Kely Campos Ribeiro dos Santos; **DIFFERENTIAL EXPRESSION PROFILE OF HSA-MIR-29C AND HSA-MIR-135B IN GASTRIC SAMPLES THAT INTEGRATE THE CORREA CASCADE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 4

Gastric adenocarcinoma of intestinal type (GAIT) carcinogenesis is a complex and prolonged process of multiple stages. According to Correa cascade, the stages of pre-cancerous process are: non-atrophic chronic gastritis, chronic atrophic gastritis, intestinal metaplasia and dysplasia. Although the gastric precancerous lesions are pathologically well-defined, there is none molecular biomarker capable of determining the impact of those in the carcinogenesis process. Studies have shown that microRNAs hsa-miR-29c and hsa-miR-135b are possible biomarkers of GAIT. This work aimed to analyze and compare the expression profile of hsa-miR-29c and -135b in gastric mucosa samples that integrate the Correa cascade and to establish possible relationships between driver genes targets of these microRNAs with the process of gastric carcinogenesis. The expression level of hsa-miR-29c and -135b in normal gastric mucosa samples, non-atrophic chronic gastritis, intestinal metaplasia and GAIT were analyzed by quantitative Real Time PCR. Statistical test of Mann-Whitney was used to evaluate differences in the expression profiles. A categorical principal component analysis was performed to verify if the expression levels are able to distinguish the different groups of samples. In silico identification of driver gene targets of hsa-miR-29c and -135b was performed by 17 different prediction tools. Both hsa-miR-29c and -135b have significantly different expression profile in gastric lesions when compared to normal gastric mucosa. The expression levels of hsa-miR-29c were higher in samples of normal gastric mucosa, decreasing progressively in samples of non-atrophic chronic gastritis, intestinal metaplasia and GAIT. This microRNA regulates DMNT3A oncogene. Hsa-miR-135b is up-regulated in non-atrophic chronic gastritis and intestinal metaplasia, and down-regulated in normal gastric mucosa and GAIT. This microRNA regulates APC and KLF4 tumor suppressor genes and was associated with the presence of *H. pylori* in non-atrophic chronic gastritis samples. Hsa-miR-29c and -135b demonstrated to be promising biomarkers of gastric carcinogenesis process. Our results provide evidences of epigenetic alterations in gastric lesions, indicating that these lesions must be more studied to allow the prevention and the early diagnostic of gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Lin Chen; Hongzhi Shi; **DIFFERENTIALLY EXPRESSED LINCNRAS IN GASTRIC CANCER AND THEIR CLINICAL SIGNIFICANCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 5

**AIM:** Gastric cancer is the second leading cause of cancer-related deaths and it is the significant health burden worldwide. Long non-coding RNAs (lncRNAs) have recently been identified using microarray and high-throughput RNA sequencing (RNA-seq). Many of the lncRNAs have been identified to have functions in carcinogenesis, however, little is known about which lncRNAs have roles in gastric cancer and its clinical significance. The present study aimed to evaluate the pattern of differentially expressed lncRNAs in gastric cancer and the clinical significance of some selected lncRNAs. **METHODS:** Utilizing custom human lncRNA array, we compared 5 paired gastric cancer and adjacent normal tissue samples to find differentially expressed lncRNAs. All the differentially expressed lncRNAs were listed. 2 up regulated lncRNAs were selected according to fold change. qRT-PCRs (quantitative reverse transcription-polymerase chain reaction, qRT-PCR) were performed to investigate the expression of these lncRNAs in 90 paired gastric cancers and corresponding nontumor tissues. The association between the two lncRNAs and clinical parameters of 90 gastric cancer patients were analyzed. **RESULT:** We found that there were totally 5445 differentially expressed lncRNAs. 29 up regulated and 56 down regulated lncRNAs with the fold change over 2. In the up regulated lncRNAs, we selected LINC00152 and Pvt1 for further study. qRT-PCR result showed that the two lncRNAs significantly over expressed in gastric cancer tissues than in adjacent normal tissues. An advanced tumor-node-metastasis stage was positively correlated with increased LINC00152 and Pvt1 expression ( $P < 0.001$ ). High LINC00152 and Pvt1 expression was correlated with lymph node invasion ( $P < 0.05$ ) and associated with poor OS and can be regarded as an independent predictor ( $P = 0.042$ ). **CONCLUSION:** We identified a set of lncRNAs differentially expressed in gastric cancer, providing useful information for discovery of new biomarkers and therapeutic targets in gastric cancer. The data shows that among them two lncRNAs, LINC00152 and Pvt1, may play important roles in gastric cancer and may be a potential diagnostic and prognostic target for gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Xiaohong Wang; Lianhai Zhang; Jiafu Ji; **EGFR EXPRESSION LEVEL PREDICTS RESPONSE AND OVERALL SURVIVAL IN GASTRIC CANCER PDX MODEL TREATED WITH CETUXIMAB.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 5

**Background and Aims:** Several previous phase II trials have evaluated cetuximab as a first-line treatment in combination with various chemotherapy regimens with conflicting results. The aim of this study was to determine whether the level of EGFR gene amplification, mRNA and protein level could significantly predict some benefit in overall survival and response to cetuximab in advanced gastric cancer (GC) xenografts. **Materials and Methods:** First, two hundred xenografts derived from 20 GC patients were established. Then they were divided into cetuximab treated group and control group randomly. **Results:** Those cetuximab treated PDX models had longer OS than non-treated. Among the cetuximab treated group, 4 GC cases were identified responded to cetuximab. High EGFR mRNA expression and immunohistochemistry score are more prone to response to cetuximab. EGFR amplification, mRNA and protein overexpression were associated with the OS in cetuximab treated PDX models. Moreover, in the PDX models derived from EGFR amplification, mRNA or protein overexpression cases, the OS is significantly different between the cetuximab treated and control group, while the OS is not statistically different in other cases. **Conclusions:** The level of EGFR gene amplification and expression significantly predicts sensitivity to therapy and overall survival in GC treated with cetuximab, especially the mRNA and protein expression level. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Hao Liu; Tingting Li; Fengping Li; Yanfeng Hu; Tingyu Mou; Tao Chen; Jiang Yu; Guoxin Li; **EVALUATION OF MESENCHYMAL CIRCULATING TUMOR CELL IN PERIPHERAL BLOOD FROM GASTRIC CANCER PATIENTS: IS IT CLINICALLY RELEVANT?.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 5

**Introduction:** Epithelial-to-mesenchymal transition (EMT) is thought to play a critical role in promoting tumor metastasis in preclinical model, however, characterizing the epithelial versus mesenchymal phenotypes of circulating tumor cells (CTCs) has been challenging. **Objectives:** To investigate its role in human cancer, this study was designed to evaluate the EMT in CTCs from gastric cancer patients by a novel technique. **Methods:** A quantifiable, dual-colorimetric RNA-in situ hybridization (ISH) assay was used to detect tumor cells for expression of four pooled epithelial (E) transcripts [keratins (KRT) 8, 18, and 19 and EpCAM (epithelial cell adhesion molecule)] and two mesenchymal (M) transcripts (Vimentin and Twist). Between July 2014 and October 2014, forty-four patients with gastric cancer were recruited for detecting CTCs and primary tumor cells by this technique. **Results:** We found the EMT phenomenon that there were a number of biphenotypic E+/M+ cells in primary human gastric cancer specimens while we only detected E+ tumor cells in pathological positive lymph nodes. Of the 44 patients enrolled in this study, the presence of CTCs was reported in 35 (79.5%) patients at baseline. CTCs were detected in 28 patients (75.7%) of the resection group and in 7 patients (100%) of the non-resectable group. Using the technique, we defined five categories of cells ranging from exclusively epithelial (E+) to intermediate (E > M, E = M, M > E) and exclusively mesenchymal (M+). There were 4 patients (11.4%) with M+CTCs and 10 patients (28.6%) with M+ and M > E CTCs. **Conclusion:** The findings may suggest the EMT phenomenon both in rare cells within primary tumors and abundantly in CTCs from gastric cancer patients. Clinical relevance of the EMT as a potential biomarker in gastric cancer warrants further investigation. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Yoichi Yamasaki; Sumiya Ishigami; Takaaki Arigami; Shigehiro Yanagita; Yoshikazu Uenosono; Shinichiro Mori; Masahiko Sakoda; Hiroshi Okumura; Kosei Maemura; Shoji Natsugoe; **EXPRESSION OF GREMLIN1 IN GASTRIC CANCER AND ITS CLINICAL SIGNIFICANCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 5

**Introduction:** Gremlin1 is known as an antagonist of Bone morphogenetic proteins (BMPs) 2, 4 and 7. As an antagonist of BMP proteins, gremlin plays a role of regulating organogenesis, histological differentiation and angiogenesis. Recent studies indicate that Gremlin1 correlated with biological behavior of some types of cancers but not gastric cancer. We tried to clarify the clinicopathological features of Gremlin1 positive gastric cancer and discussed clinical implication of Gremlin1 expression in gastric cancer. **Method:** A total of 232 gastric cancer patients who received R0 gastrectomy in Kagoshima University Hospital were enrolled. 160 were male and 72 were female. Gremlin1 expression of gastric cancer was detected immunohistochemically. **Result:** Gremlin1 was identified in the cytoplasm and/or nucleus of gastric cancer cells. 117 (50%) of 232 patients were classified as Gremlin1 positive group. Gremlin1 positivity was correlated with shallower tumor depth, smaller tumor size, less nodal involvement and vessel invasion respectively ( $p < 0.05$ ). 5-year-survival rate of Gremlin1 positive group was 81%, which was significantly better than that of Gremlin1 negative group ( $p < 0.01$ ). Multivariate analysis revealed Gremlin1 was not selected as independent prognostic marker. **Conclusion:** Previously we reported that BMP-7 positive expression in gastric cancer as one of the independent poor prognostic factors. Clinicopathological data of Gremlin1 positive gastric cancer was contradictory to that of BMP-7 expression. This result may prove that Gremlin1 acts an antagonist of BMP-7 in gastric cancer. Combination of Gremlin1 and/or BMP-7 expression may indicate more powerful prognostic markers in gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Jieun Yu; Young-Gil Son; Tae-Su Han; Boram Choi; Ji-Yeon Lee; Seong-Ho Kong; Woo-Ho Kim; Hyuk-Joon Lee; Han-Kwang Yang. **GASTRIC CARCINOGENESIS OF MIR-222/221 TRANSGENIC MOUSE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 6

Background: MicroRNAs (miRNAs) are small RNAs that regulate various cellular functions such as development, cell proliferation, apoptosis and tumorigenesis. Aberrant miRNA expression has also been frequently reported in various tumors, indicating that there is a close correlation between miRNAs and human malignancy. Recently, there is increasing interest in the relation between gastric cancer and miRNA due to the high incidence in Asian countries. Methods: miR-222/221 overexpressed transgenic mice were generated to confirm the gastric carcinogenesis effect of miR-222/221 by using gastric carcinogen. Sixty-five transgenic mice and 53 wild type mice were used to compare tumorigenic effects in gastric cancer. At six weeks of age, wild type and transgenic mice were given drinking water containing MNU (N - Nitroso - N - Methylurea) for five alternating weeks to promote gastric cancer occurrence. At 36 weeks of age, mice were sacrificed and histologic analysis was performed. Results: When all four frequently found pre-cancerous stages and carcinoma are included, the frequency of pre-cancerous stage was significantly higher in transgenic mice compared to wild type mice (P=0.010). Hyperplasia was observed in 3.77% of the wild type mice and in 18.46% of the transgenic mice (P=0.014). However, the frequency of carcinoma (P=0.383), microcarcinoma (P=1.000), adenoma (P=0.395) and microscopic dysplasia (P=0.920) was not statistically significant different between groups. Conclusions: These results showed that the development of hyperplasia, which is considered as one of gastric precancerous lesions in mouse, was associated with miR-222/221 expression. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

José Vanildo Neves ; Wilson L Cota Jr; José Humberto Fregnami ; Maria Dirlei F.S. Begnami ; **HER2 and Gastric Carcinomas: Expression pattern and methodologies for detection.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 6

Introduction: In gastric carcinomas (GC), HER2 amplification has been found at a frequency of 7% to 34% cases. The correct identification and selection of patients that will benefit from Trastuzumab therapy is the first and most important step to successful treatment in GC. AIM: Assay the expression and HER2 amplification, using immunohistochemical (IHC), in situ hybridization (DDISH and FISH), in whole-tissue and tissue microarray (TMA); primary tumor and metastatic areas of the same patient. Methods: We present a comparative analysis of three anti-HER2 antibodies (Herceptest, 4B5 and SP3) using TMA and whole-tissue sections prepared from the same paraffin blocks of 762 GC operated upon between 1980 and 2006 at AC Camargo Cancer Center, Brazil. The clinicopathological characteristics on the patients were collected from clinical and pathological records. The IHC results were examined by one pathologist and the cases were classified as positive (3+), equivocal (2+) and negative (0 or 1+), according to the criteria of the IHC scoring system of gastric cancer. In 345 whole-tissue sections, IHC was performed with 4B5 antibody and DDISH and FISH for heterogeneity comparison. Besides determining the sensitivity and predictive value for HER2-positive status, we measured the accuracy of each antibody by calculating the area under the receiver operating characteristic curve. The agreement between the results obtained using the TMAs and those obtained using the whole-tissue sections was assessed by means of Kappa coefficient. Results: In the TMAs, 25 positive cases (4%) were identified using SP3, 15 (2,4%) using the 4B5 and 29 (4,7%) using the Herceptest antibodies. The concordance of the results obtained using TMA was 0,31 with SP3 and 4B5, 0,40 with SP3 and Herceptest and 0,56 with 4B5 and Herceptest. The concordance of the number of copies with DDISH and FISH in TMA and whole-tissue was 0,86. There was a 100% concordance of the results obtained with DDISH between primary tumour and distant metastases. Conclusion: The Herceptest antibody was more sensitive. The best material for expression and/or HER2 amplification in GC is the whole-tissue. The DDISH test is better than the FISH in identifying cases amplified with heterogeneous areas, and the analysis of the expression or HER2 amplifications can be performed in the primary tumour or in their respective metastases. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Monica Baraúna de Assumpção; Fabiano Cordeiro Moreira; Igor G Hamoy; Rommel Mario Rodriguez Burbano; André Salin Khayat; Carolina Baraúna Assumpção; Artur Silva; Sidney Emmanuel Batista dos Santos; Samia Demachki; Ândrea Kely Campos Ribeiro dos Santos; Paulo Pimentel de Assumpção. **HIGH THROUGHPUT MIRNAS SEQUENCING REVEALS FIELD EFFECT IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 6

Introduction: Field effect in cancer, also called "cancerization field", attempt to explain the development of multiple primary tumors and locally recurrent cancer. Therefore, precancerous cells in proximity to tumors have some genetic fingerprints presented in fully developed tumors. Recently epigenetic modifications have been described as early events in carcinogenesis and several reports link miRNAs to cancer. Human tumors and tumor cell lines exhibit large differences in miRNA expression levels compared with normal tissue. And they are considered promissory epigenetic biomarkers in cancer. Aim: to understand the pattern of miRNA expression, and to identify epigenetic molecular markers of cancerization field in still non cancer tissue. Materials and Methods: After microdissection, high throughput sequencing of miRNAs (SOLID platform) of paired samples of gastric adenocarcinoma and non cancer tissue adjacent to each tumor, and compared results to that of normal gastric mucosa was performed. Subsequently filtering for sequence quality (at least QV>10 in the first 10 bases) and aligning with MirBase (version 19) [11], matured miRNAs were selected and compared among the different samples. Results: There were 148 matured miRNAs in normal antrum mucosa, and the number of mature miRNAs in adjacent non tumor samples varied from 231 to 278, and from 245 to 372 among tumor samples. Most of the highly expressed miRNAs were conserved among all samples. But others miRNAs were differentially expressed (p-value < 0.001 e fold-change > 5), comparing adjacent samples to normal antrum. Among these, miRNAs 150, 3131, 483 and 664 are the unique downregulated in all adjacent samples compared to normal antrum tissue, revealing the potential of a simultaneous down regulation of these four miRNAs as a tag of cancer field effect in gastric carcinogenesis. Looking at normal, tumor-adjacent, and tumor samples, we found that the global number of miRNAs and reads counts, to be progressively increased. This phenomenon may suggest a cascade of events on gastric cancer carcinogenesis, and strengthens the concept of field effects in cancer, as noticed by tumor-adjacent samples having an intermediated expression status between normal and tumor tissue. Conclusion: The field effect in carcinogenesis was strongly demonstrated by an epigenetic based approach, and potential biomarkers of gastric cancer field effect were also provided. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Xiangyu Gao. **INHIBITOR EFFECTS OF SPHINGOSINE-1-PHOSPHATE PHOSPHATASE 1 (SGPP1) IN MIGRATION OF GASTRIC CANCER CELLS, THE CLINICAL IMPLICATIONS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 6

Gastric cancer is the fifth most common cancer and the third leading cause of cancer death worldwide. Sphingosine-1-phosphate (S1P) has been identified to play an important regulatory role in proliferation, inflammation, vasculogenesis and anti-apoptosis. Sphingosine-1-phosphate phosphatase 1 (SGPP1) can dephosphorylate S1P into sphingosine and control the balance between Sphingosine and S1P. There is evidence that increased level of sphingosine leads to not only a downregulation in the cellular invasion, but an upregulation in cell apoptosis. However, role of SGPP1 in progression of gastric cancers remains unclear. By using IHC and QRT-PCR, we analyzed SGPP1 expression in gastric tissue samples (288 paraffin-embedded and 219 fresh gastric biopsies). Our data showed that lower levels of SGPP1 were detected in gastric cancer tissues compared to adjacent normal gastric tissues (p=0.034). Consistently, SGPP1 mRNA levels in gastric cancer tissues were found to significantly decrease when compared with their adjacent noncancerous tissues (p<0.001). Strongly expressed SGPP1 was negatively correlated with the lymph node metastasis (p=0.005) and tumour location (p=0.016). Kaplan-Meier survival curves revealed that patients with SGPP1 positive expression had a significant increase in overall survival (OS) (p=0.034) and progress-free survival (PFS) (p=0.041). Multivariate analysis indicated the expression of SGPP1 might be served as an independent prognostic factor for patients bearing gastric cancer (p=0.041). In order to further elucidate the clinical significance of SGPP1 expression, we adapted a technique called transgenes encoding ribozymes to specifically knockdown human SGPP1 via constructing pEF-SGPP1. Human gastric cancer cell lines (AGS and HGC27) transfected with pEF-SGPP1 exerted an increase in both abilities of invasion (2-fold) and migration (5-fold), which were confirmed by ECIS results. Intriguingly, both gastric cancer cells transfected with pEF-SGPP1 showed a slower rate of growth with less adhesion. Thus, our findings have provided evidence that SGPP1 may be served as an early diagnostic and prognostic biomarker for patients with advance gastric cancers. |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Basic science and clinical relevance

Jingyu Deng; Han Liang;. **INITIAL DISCUSSION OF THE RATIO BETWEEN NEGATIVE AND POSITIVE LYMPH NODES AS AN ALTERNATIVE CATEGORY TO N STAGE OF THE 7TH TNM CLASSIFICATION FOR PREDICTION THE PROGNOSIS OF GASTRIC CANCER PATIENTS AFTER CURATIVE SURGERY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 7

Purpose: To elucidate the prognostic prediction superiority of the ratio between negative and positive lymph nodes (RNP) in gastric cancer, compared to the number of lymph node metastasis (N stage) and the ratio between positive and dissected lymph nodes (RPD). Experimental Design: Clinicopathological data of 1563 gastric cancer patients who underwent the curative resection between 1997 and 2006 were statistically analyzed for demonstration the prognostic significances of the RNP stage, the N stage and RPD stage. Besides, Tumor-RNP-Metastasis (TRNPM) classification system was also evaluated the comparative superiorities of the prognostic prediction of gastric cancer patients, compared to the TNM and Tumor-RPD-Metastasis (TRPDM) classification systems. Results: With the univariate and multivariate analyses, TRNPM classification was identified as the independently prognostic predictor of gastric cancer patients, as were TNM and TRPDM classifications. Furthermore, TRNPM classification was demonstrated to have the smaller Akaike information criterion (AIC) and Bayesian Information Criterion (BIC) values compared with those for TNM and TRPDM classifications. In addition, TRNPM classification had more stage migrations than TRPDM classification, compared with TNM classification. Conclusion: TRNPM classification should be considered as the optimal clinicopathologic variable for evaluation the prognosis of gastric cancer after curative resection in clinic. Key Words: stomach; neoplasms; survival; lymph node; metastasis. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Tae Han Kim; Young Gil Son; Ji Ho Park; Yeon Ju Huh; Jun Young Yang; Yun Suhk Suh; Hyuk Joon Lee; Han Kwan Yang; Seong Ho Kong;. **INTRAOPERATIVE MARGIN ANALYSIS OF GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 7

Since the mainstay of gastric cancer treatment is surgical removal of the tumor, determination of R0 resection is important for surgeons during operation. In this study we investigated the accuracy of intraoperative margin analysis and its related factors. Total of 3371 patients who were diagnosed stomach cancer and underwent gastrectomy with intraoperative margin analysis from January 1st, 2011 to December 31st, 2014 were included in the study. Clinicopathologic data were collected and pathologic reports on frozen section and confirmed reports were assessed. From the 3371 pathologic reports there were 21 false negative cases. When compared to permanent pathology reports, frozen biopsy showed 100% specificity, 43% sensitivity and 99.4% negative prediction value. Among the 21 false negative cases, distal and proximal margin were heterogeneous. 10 cases were from total gastrectomy, 7 distal gastrectomy and 4 pylorus preserving gastrectomy. There was no statistical difference between the false negative group and negative group in terms of size and numbers of tumors. Proportion of cell types differed among the groups, 4.8% of mucinous type and 42.9% of signet ring cell type in the false negative group comparable to those of conventional group of 1.3% and 26.9% respectively, however failed to display a statistical difference. In multivariate risk factor analysis, perineural invasion was shown to be the most independent factor for false negative frozen margin. Intraoperative margin analysis shows high specificity and reliable outcome, however when associated with perineural invasion it should be interpreted with caution. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Keishi Okubo;. **INVESTIGATION OF FLUORESCENCE INTENSITY OF ICG IN SENTINEL NODE FOR EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 7

We have previously demonstrated the clinical utility of sentinel node navigation surgery (SNNS) using radioisotope (RI) method in patients with early gastric cancer. The greatest advantage of RI method is that it can objectively assess RI uptake of sentinel nodes (SNs) as a numerical value. However, institutions are limited due to the radioactivity in RI method. On the other hand, it is difficult to measure fluorescence intensity as a numerical value in dye method. Recently, fluorescence imaging using indocyanine green (ICG) has been focused as a novel tool for detecting SNs in patients with breast cancer and melanoma. The purpose of this study is to evaluate ICG intensity in SNs of early gastric cancer, and to clarify the utility of ICG method. A total of 11 patients with early gastric cancer were enrolled in this study. One day before surgery, 3 mCi (2 mL) of 99m-Technetium Tin colloid and ICG were endoscopically injected into the submucosa at four sites around the tumor. All lymph nodes with RI uptake and/or fluorescence stained were harvested and mapped on back table. Each lymph node was measured RI uptake using Navigator GPS and identify fluorescence node using Hyper Eye Medical System (HEMS). Hot node (HN) is defined with RI uptake and Fluorescence node (FN) is with fluorescence. All FNs were evaluated fluorescence intensity by ICG intensity imaging soft (Mizuho, Japan). Total number of dissected lymph nodes was 162. HNs and FNs were detected in all cases. The average number of HNs and FN in each patient was 3.72 and 6.45, respectively. The total number of HNs, FNs and LNs without RI and fluorescence was 41, 71 and 91, respectively. All of 41 HNs were found fluorescence stained, and the number of FNs without RI uptake was 30 (42.2%). The average value of fluorescence intensity is 0.483 in HNs and 0.255 FNs without RI uptake ( $p < 0.005$ ). There was significantly correlation between RI uptake level and fluorescence intensity, in each cases ( $P = 0.008, r = 0.411$ ). If the lymph nodes with 1st to 6th level of fluorescence intensity were harvested, HNs were harvested in 92.7% (38/41). The evaluation of fluorescence intensity is useful for selecting SNs, instead of RI tracer. If fluorescence intensity of SNs could be measured in laparoscopic gastrectomy, ICG method may have a further benefit for an accurate identification of SNs in SNNS for early gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Xiaotong Hu;. **JUNCTOPHILIN 3, A NOVEL METHYLATION CONTROLLED TUMOR SUPPRESSOR GENE IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 7

Introduction: Gastric cancer is among the most common cancers worldwide. Epigenetic disruption of tumor suppressor genes (TSGs) is a fundamental contributor to their pathogenesis. Objectives?We studied the inactivation of a novel candidate TSG JPH3 through promoter methylation and explored its functions and mechanisms in the pathogenesis of gastric cancer. Methods?JPH3 methylation was evaluated by methylation-specific PCR and bisulfite genome sequencing. JPH3 expression was determined by quantitative RT-PCR and immunohistochemistry. The effects of JPH3 on the growth and migration of tumor cells were tested in vitro. Apoptosis, endoplasmic reticulum stress (ER stress) status, cytoplasm calcium concentration and some related signaling pathways were also detected. Results?JPH3 was methylated in most cancer cell lines with silenced or reduced expression, also in most primary cases but not in any normal gastric mucosa tissue. So JPH3 protein expression was high in normal gastric mucosa, but only 39.6% of gastric cancer tissue showed high expression. Low expression of JPH3 protein was significantly correlated with poor differentiation, positive lymph nodes metastasis, present of distant metastasis, aggressive tumor invasion, poor tumor stage and poor prognosis?  $p < 0.05$ ?. Restoring JPH3 expression inhibited tumor cell growth and migration in vitro, increased cytoplasm calcium concentration, promoted apoptosis, induced and promoted ER stress. JPH3 induced TRB3 protein expression and inhibited phospholization and activation of Akt. Conclusion?JPH3 acted as a tumor suppressor in gastric cancer and its methylation was a frequent cancer-specific event that may serve as a biomarker for gastric cancer diagnosis and prognosis assessment. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Lin Chen; Jianxin Cui; Hongqing Xi; Shibao Bian; Liangang Ma; Jiyang Li; Weisong Shen; Kecheng Zhang; Bo Wei; **LAPATINIB OR HER2-RNAI INHIBITS NCI-N87 CELL VIABILITY BY DECREASING TELOMERASE ACTIVITY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 8

**Abstract Background** Her2 expression and gene amplification are considered negative prognostic factors. And her-2 targeted therapy in gastric cancer is a major forward step in the treatment for gastric cancer patients. This study aims to explore the intrinsic mechanism of her-2 targeted therapy. Methods NCI-N87 cell line (a gastric cancer cell line) was selected as a cell model, which was exposed in lapatinib or her2-RNAi separately. Western blotting was performed to evaluate the expression of HER-2 or relating proteins. TRAP assay was used to evaluate telomerase activity, and CCK8 assay evaluating cell activity of the treated cells. Results NCI-N87 cell is strongly expressed her2, and it's telomerase activity is higher than her-2 low expressed gastric cell line(SGC-7901) and normal gastric mucosa cell line(GES-1). Lapatinib or her2-RNAi can induce low telomerase activity. In addition, the effect that low telomerase activity induced by lapatinib is concentration dependent. However, changed telomerase activity by silencing pinx-1 and hTert hardly influence her2 expression. CCK8 assay indicate that NCI-N87 cell viability were lower in the groups exposing in lapatinib or her2-siRNA or combined compared with control group(P<0.05). Conclusions Her2 overexpression is associated with high telomerase activity in gastric cell lines. Lapatinib or her2-RNAi can inhibits NCI-N87 cell viability by decreasing telomerase activity separately, when combined, a synthetic effect was observed, which reveal us combining her2-siRNA with her-2 targeted drugs may perform better in her-2 positive patients, especially in ones with resistance. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Zhi Peng; Jing Gao; Jianling Zou; Yanyan Li; Yilin Li; Lin Shen; **MECHANISM STUDY OF C-MET IN THE DRUG RESISTANCE OF ANTI-HER2 THERAPY IN ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 8

**Background:** Trastuzumab (anti-HER2 monoclonal antibody) has been approved for the first line treatment of HER2 positive advanced gastric cancer. Trastuzumab resistance including primary and secondary resistance are the key problem for the treatment efficacy. However, issues about its mechanism remain unresolved. The crosstalk between HER2 and hepatocyte growth factor receptor (c-Met) may play an important role during the trastuzumab resistance. Materials and Methods: The survival of patients with advanced gastric cancer who co-expressed c-Met and HER2 was analyzed. Then we intended to perform in vitro experiments to investigate the internal relationship and signaling pathway between c-Met activation and trastuzumab treatment. Two c-Met and HER2 co-expression cell line NCI-N87 and SNU-216 were chosen to illustrate activate or inhibit c-Met pathway for the sensitivity of trastuzumab, the downstream signaling pathway and molecular mechanism. Results? There are twenty patients who treated with trastuzumab plus chemotherapy in the population detected c-Met expression. We found that the efficacy was poorer in the patients with c-Met overexpression. The cellular experiments show that hepatocyte growth factor activate c-Met pathway can inverse the inhibition of trastuzumab to NCI-N87 and SNU-216. Moreover, inhibiting c-Met pathway can increase the proliferation of NCI-N87 and SNU-216 treated with trasuzumab. c-Met activation inverse the trastuzumab inhibition through G1 arrest and downstream AKT and ERK phosphorylation. Conclusions: In this study, we found that c-Met activation could induce trastuzumab resistance and was reversed by c-Met inhibitor. It will give new theory basis and development of new therapeutic strategy for individualized treatment and trastuzumab resistant patients with advanced gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Joana de Fátima Ferreira Borges da Costa; Mariana Ferreira Leal; Tanielly Cristina Raiol Silva; Andrade Junior, EF; Alexandre Pingarrilho Rezende; José Augusto Pereira Carneiro Muniz; Antonio Carlos Cunha Lacreia Junior; Paulo Pimentel Assumpção; Danielle Queiroz Calcagno; Samia Demachki; Sílvia Helena Barem Rabenhorst; Marília de Arruda Cardoso Smith; Rommel Rodríguez Burbano; **MYC GENE IS A BIOMARKER OF EXPERIMENTAL GASTRIC CARCINOGENESIS IN CEBUS APPELLA NON-HUMAN PRIMATES. SHORT TITLE: GASTRIC CARCINOGENESIS MODEL IN NON-HUMAN PRIMATES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 8

The evolution of gastric carcinogenesis remains largely unknown. We established two gastric carcinogenesis models in New-World non-human primates. In the first model, ACP03 gastric cancer cell line was inoculated in 18 animals. In the second model, we treated 6 animals with N-methyl-nitrosourea (MNU). Animals with gastric cancer were also treated with Canova immunomodulator. Clinical, hematologic and biochemical, including c-reactive protein, folic acid and homocysteine, analyses was performed along the study. MYC expression and copy number was also evaluated. We observed that all animals inoculated with ACP03 developed gastric cancer in the 9th day and on the 14th presented total tumor remission. In the second model, all animals developed pre-neoplastic lesions and five died of drug intoxication before the development of cancer. The last surviving MNU-treated animal developed intestinal-type gastric adenocarcinoma observed by endoscopy on the 940th day. The C-reactive protein level and homocysteine concentration increased and of folic acid reduced with the presence of tumors in ACP03-inoculated animals and MNU treatment. ACP03 inoculation leaded to anemia and leukocytosis. The hematologic and biochemical with results corroborate the observed in patients with gastric cancer, supporting that these are interesting in vivo models to study this neoplasia. In cell line inoculated animals, we detected MYC immunoreactivity, mRNA over expression and amplification, as previously observed in vitro. In MNU-treated animals, mRNA expression and MYC copy number increased during the sequential steps of intestinal-type gastric carcinogenesis and the immunoreactivity was only observed in intestinal metaplasia and gastric cancer. Thus, changes in MYC mRNA expression have a key role in the early steps of gastric carcinogenesis. Although no effect of Canova was observed in MYC expression and copy number, this immunomodulator restored several hematologic measurements and, there fore, can be applied during/after chemotherapy to increase the tolerability and duration of anticancer treatments. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Xuesong Zhang; **OVEREXPRESSION OF NOTCH SIGNALING IN GASTRIC CANCER PROMOTES TUMOR CELL PROLIFERATION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 8

**Object:** Notch homolog 1 (Notch1) belongs to the Notch family of transmembrane receptors and plays an important role in cell differentiation. Notch1 plays a profound role in carcinogenesis and can be both oncogenic and tumor suppressive. Thus, the therapy targeting Notch may be effective in gastric cancer. Previous studies have demonstrated that Notch1 may be a novel prognostic marker of gastric cancer. However, the exact effect underlying the overexpression of Notch signaling is still poorly understood. This study aim to exam the effect of overexpression of Notch signaling in gastric cancer cells. Methods: Construction of recombinant adenovirus vector containing human endogenous Notch 1 receptor intracellular domain(Notch intracellular domain, NICD). Culture SGC7901 cells in vitro and transfect NICD into SGC7901 cell lines. Exam cell proliferation. Results: Cell proliferation of experimental group compared to control group was significantly higher (p<0.05). There is no proliferation difference between blank group and control group. Conclusions: Overexpression of Notch 1 signaling promotes tumor cell proliferation in gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Hans Anton Schlößer; Uta Drebber; Michael Kloth; Sasha Rothschild; Alexander Urbanski; Michael Hallek; Arnulf Hölscher; Thomas Zander; Stefan Paul Mönig; Michael von Bergwelt-Baildon; **PD-L1 AND CTLA-4 ARE IMPORTANT IMMUNE CHECKPOINTS IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 9

Purpose: Recently remarkable efficacy of immune checkpoint inhibition has been reported for several kinds of solid cancers. This study is a comprehensive analysis of cytotoxic T lymphocyte antigen 4 (CTLA-4) and programmed death 1 ligand 1 (PD-L1) in gastric cancer and the first study integrating oncogenomic analysis. Methods: PD-L1 and CTLA-4 were stained on paraffin embedded tumor sections of 127 patients with gastric cancer by immunohistochemistry. Genetic driver mutations were identified by next-generation Sequencing and FISH analysis. Expression of PD-1, PD-L1 and CTLA-4 on lymphocytes in tumor sections, lymph nodes and peripheral blood were studied by 10-colour flow cytometry and 4-colour immune-fluorescence microscopy in an additional cohort. Results: PD-L1 and CTLA-4 were expressed on primary tumor cells by 44.9%(57/127) and 86.6%(110/127) of the analyzed gastric cancer samples, respectively. Correlation to clinical and pathological parameters revealed no correlation for PD-L1, whereas CTLA-4-negativity was correlated to higher grading and diffuse type according to Lauren. Positivity of PD-L1 or CTLA-4 on tumor cells was associated with inferior overall survival. Expression of PD-1 (52.2%), PD-L1 (42.2%) and CTLA-4 (1.6%) on tumor-infiltrating T cells was significantly elevated compared to peripheral blood lymphocytes. We could identify distinct genotypic profiles comparing the subgroups of checkpoint molecule expression. Conclusion: Our analysis revealed a great impact of PD-1/PD-L1 and CTLA-4 on the biology of gastric cancer. Hence the multiple emerging checkpoint-inhibitors should be evaluated in this disease and approaches combining molecular targeted therapy and checkpoint inhibition could be of additional benefit. An extensive immune monitoring should be included in these studies. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Carolina Baraúna Assumpção; Andrea Kely Campos Ribeiro dos Santos; Sidney Emmanuel Batista dos Santos; Taíssa Maira Thomaz Araújo; Danielle Queiroz Calcagno; Fabiano Cordeiro Moreira; André Mauricio Ribeiro dos Santos; André Salin Khayat; Sandro José de Souza; Geraldo Ishak; Samia Demachki; Paulo Pimentel de Assumpção; Rommel Mario Rodriguez Burbano; **PIRNAS AS BIOMARKERS IN GASTRIC ADENOCARCINOMAS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 9

Introduction: The universally accepted genetic dogma states that RNAs are transcribed from DNA, and these RNAs (mRNAs) code for protein synthesis. However, a new class of noncoding RNAs was recently discovered. Instead of coding for protein synthesis, they exert the opposite function, blocking protein synthesis. piRNAs are noncoding small RNAs with a presupposed specific function of interacting with PIWI proteins. However, piRNAs have recently been reported to play an important function in the control of genomic expression by different mechanism. The pattern of expression of piRNAs seems to be part of an epigenetic network for controlling diverse biologic phenomena, including cancer. Aim: to identify piRNAs profiles in gastric cancer and non tumor gastric samples Materials and Methods: Four gastric cancer samples, for matched adjacent to tumor samples and one sample of gastric mucosa from a patient without gastric cancer were microdissected and sequenced (ABI SOLiD v3.0 plus). The reads were trimmed and filtered excluding low quality sequencing and contaminants using fastx\_tools v.0.13 and cutadapt v.1.7.1 software. The remaining reads were processed using SHRIMP v.2.0 aligner according to the small RNA team's recommendations, aligned to the miRNA precursor database (MirBase v. 20) and other non-coding RNA (snRNA, snoRNA and lincRNA - Ensembl v. 75). The remaining reads were aligned to the NCBI's piRNA database. The piRNA count table of each sample was loaded into the R statistical environment (R Core Team, 2014) and processed using the DESeq2 package to identify differentially expressed transcripts. Results: The variability of piRNAs increased from normal (81) to adjacent to tumor samples (231-278), and reached the highest number at tumor samples (245-372). Among the highest express piRNAs, nine were down-regulated at the gastric cancer samples, compared to antrum sample without cancer (piR-31224, piR-36628, piR-31158, piR-39335, piR-34803, piR-47626, piR-61705, piR-49087, piR-50521); while 12 piRNAs were down-regulated at adjacent to the tumor samples compared to the antrum sample without cancer (piR-39114, piR-31224, piR-45702, piR-36628, piR-55209, piR-34803, piR-47626, piR-61705, piR-35437, piR-49087, piR-39335, piR-31158), considering p-value < 0.001 and fold-change > 3. Conclusion: piRNAs profiles might be used as biomarkers of gastric cancers since they can discriminate cancer and noncancer tissues signatures. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Gabriela Almeida de Oliveira; Darlen Cardoso de Carvalho; Roberta Borges Andrade; Ney Pereira Carneiro dos Santos; Esdras Edgar Batista Pereira; Antônio André Conde Modesto; Ândrea Ribeiro dos Santos.; **POLYMORPHISMS TNF-? (-308A) AND IL-10 (-819T) ASSOCIATED WITH SUSCEPTIBILITY TO GASTRIC CANCER IN A POPULATION OF NORTHERN BRAZIL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 9

In northern Brazil, gastric cancer (GC) is the second most common cancer among men and the third in women, therefore, an important public health problem. The investigation of genetic factors related immunological characteristics can aid the understanding of carcinogenesis in CG. Polymorphisms in cytokine genes have been associated with CG, among which are the interleukin-10 (IL-10) and tumor necrosis factor-? (TNF-?). The objective of this study is to investigate whether the polymorphisms IL-10 (\*C-819T) (rs 1800871) and TNF-? (\* -308A) (rs 1800629) are associated with increased susceptibility to gastric cancer in a sample of the population of northern Brazil, through a study case-control. The case group consisted of 89 patients diagnosed with CG seen at HUIBB Hospital (Pará, Brazil). The control group consisted of 100 individuals, unrelated, without cancer from the same population. The genetic material was extracted from 5 ml of peripheral blood DNA commercial kit from Roche, followed by quantification with the NanoDrop 1000 Spectrophotometer. Molecular analysis of the polymorphisms was Performed by real-time PCR with TaqMan® probes. And the descent measurements were investigated using a panel of 48 informative markers autosomal ancestry (AIMs). The European ancestry proportions, African and Amerindian were estimated using the STRUCTURE v.2.3.3 software. As a result, it was observed that the ethnic composition of the study group was 41.5% Caucasian, 30.4% African and 29% Amerindian, while the control group was 72.4% Caucasian, 9% African and Amerindian 19.5%. All genotypic data were corrected against the substructure seen in the samples. The homozygous mutant genotype (AA) polymorphism of the gene TNF-? (\* 308A) was associated with risk of developing GC on the sample (P <0.001; OR = 1.589; 95% CI = 1355-1864). The wild homozygous genotype (GG) was associated with a protective effect to CG development in the sample (p <0.001; OR = 0.112; 95% CI = 0057-0223). The presence of the A allele (genotypes AA and GA) was associated with a risk of almost 10 times higher in developing GC sample (p <0.001; OR = 9,636; 95% CI = 4721-19668). The polymorphism IL-10 (\*C-819T) did not show any significant effect on the analysis. Our results suggest that polymorphism TNF-? (\* -308A) (rs 1800629) is associated with a greater predisposition to the CG in the sample investigated. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Tae Han Kim; Hyuk Joon Lee; Min Chan Kim; Gyu Seok Cho; Chan Young Kim; Seung Wan Ryu; Dong Woo Shin; Woo Jin Hyung; Keun Won Ryu; Jun Ho Lee.; **POSTOPERATIVE OUTCOMES IN EARLY EXPERIENCE OF OPEN GASTRECTOMY: RETROSPECTIVE MULTICENTER STUDY WITH CUSUM ANALYSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 9

Introduction The aim of this study is to analyze the learning curve by CUSUM plots and compare surgical outcomes according to the level of skills. Materials and Method Data from initial 200 consecutive open gastrectomy cases respectively performed by 9 surgeons were collected. All surgeons have specialized gastric surgery and were performing more than 50 cases of gastric cancer per year. CUSUM failure was defined as to failure in harvesting inadequate number of nodes (<16), resection margin involvement, severe postoperative complication (Clavien-Dindo classification > IIIa), prolonged hospital stay (>30days). CUSUM plot was depicted respectively in each surgeons and each breakout point (BOP), state where the current chart penetrates the previous lowest point of CUSUM plot, was investigated. Phase was divided according to the second BOP and comparative phase analysis in terms of demographic, postoperative and survival outcomes were analyzed. Results 1037 cases of distal gastrectomy cases were divided into phase 1 (n=588) and phase 2 (n=455). Age, sex, BMI, stage comparison showed no significant difference (p>0.05). Hospital stay (p=0.027), OP time (p=0.000), severe complication rate (p=0.046) and dissected nodes (0.000) showed significant differences among the groups whereas overall complication rate, prolonged hospital stay and positive resection margin showed no difference (p>0.05). Favorable survival outcome (74.6% vs 81.5%) was displayed in phase 2 (p=0.046) Conclusion Experience exceeding the secondary breakout point depicted in CUSUM plot showed better performance in terms of surgical and oncologic outcomes. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Lin Li; Biao Fan; Jia fu Ji; **PROGNOSTIC SIGNIFICANCE OF TRAIL RECEPTOR EXPRESSION AND SYNERGISTIC ANTI-TUMOR ACTIVITY OF TRAIL COMBINED WITH PACLITAXEL IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 10

**Objectives** Tumor necrosis factor-related apoptosis inducing ligand (TRAIL) selectively induces apoptosis in cancer cells but not in normal cells. Agonistic antibodies towards TRAIL receptor (DR4/DR5) were evaluated as anti-cancer agents. The aim of this study was to investigate the prognostic implications of TRAIL receptor in gastric cancer patients. Furthermore, the clinical potential of TRAIL in conjunction with chemotherapeutic drugs was also examined. **Methods** The expression of DR4/DR5 in tumor tissues was assessed by immunohistochemistry in patients bearing gastric carcinoma (n=142). After the cells were treated with TRAIL and/or Paclitaxel, the cell viability, apoptosis rate, cell cycle distribution and caspase activation were examined respectively. The alteration of various apoptosis-associated protein expression (including Bcl-2 family and IAP family) were detected by Western blot. The growth inhibition of tumors was evaluated in terms of volume and weight in a SGC-7901-implanted nude mice model. **Results** The majority of gastric tumors showed positive immunostaining of DR4 (61.2%) and DR5 (84.5%). High DR4 expression was correlated with poor differentiation (P < 0.05). Multivariate analysis revealed that the expression of both DR4 (P=0.020) and DR5 (P = 0.032) were independent prognostic indicators of gastric cancer. More interestingly, Patients with high DR4 expression showed better overall survival, while high DR5 expression was associated with worse prognosis. TRAIL has a synergistic effect with chemotherapy drug paclitaxel in vitro and in vivo. Paclitaxel at low concentration significantly potentiated TRAIL-induced cytotoxicity and apoptosis in SGC-7901 and MGC-803 cells. The underlying molecular mechanisms involved in Paclitaxel up-regulated DR4 expression in cell surfaces, as well as down-regulated the expression levels of anti-apoptotic proteins c-IAP1, c-IAP2 and XIAP. Notably, the combination of TRAIL and Paclitaxel significantly inhibited tumor growth in a gastric cancer xenograft model in vivo. **Conclusions** The results of the present study have shown that DR4 and DR5 expression have significant value in predicting the prognosis of gastric cancer. TRAIL exert cytotoxic and apoptotic activity on gastric cancer cells. In addition, this effect can be synergistically enhanced by paclitaxel. These observations together suggest the therapeutic potential of combining TRAIL plus paclitaxel in gastric cancer treatment. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Elizabeth Suchi Chen; Carolina de Oliveira Gigek; Leonardo Caires dos Santos; Fernanda Wisniewski; Mariana Ferreira Leal; Rommel Rodriguez Burbano; Laercio Gomes Lourenço; Ricardo Artigiani Neto; Marília de Arruda Cardoso Smith; **REDUCED MBD1 GENE EXPRESSION IN GASTRIC CARCINOGENESIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 10

**Background:** The incidence and mortality of gastric cancer have gradually decreased over last years. Nevertheless, gastric cancer remains a major public health issue as the fourth most common cancer and the second leading cause of cancer death worldwide. Aberrant methylation in the promoter region of numerous genes has been reported in several types of cancer, including gastric cancer. Recently, MBD1 gene family has been highlighted since they were implicated in chromatin remodeling process, leading to the modulation of gene expression. This is the first study to evaluate MBD1 gene expression and methylation pattern in gastric cancer. **Aim:** In order to evaluate the role of MBD1 in gastric carcinogenesis and the possible clinicopathological correlations, we assessed mRNA levels and promoter methylation pattern of this gene in gastric tissues. **Methods:** MBD1 mRNA levels were determined by qRT-PCR in 28 neoplastic and adjacent non-neoplastic and 25 gastritis and non-gastritis samples. Promoter methylation status was determined by next-generation sequencing. Gene expression data were analyzed using qBase plus. Clinicopathological correlations were performed using SPSS 20.0. Bioinformatics was also performed using Ion Reporter. **Results:** We found reduced MBD1 mRNA levels in patients with neoplasia when compared to control group, suggesting that alteration in the expression of epigenetic machinery could be a mechanism involved in gastric carcinogenesis. Moreover, samples infected with H. pylori showed lower MBD1 gene expression. **Conclusion:** Reduced mRNA expression of MBD1 was associated to patients with gastric adenocarcinoma and might be a biomarker of gastric carcinogenesis and, thus, further investigations about this gene should be performed for a better understanding of the role of abnormal methylation involved in this neoplasia. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Changhwan Yoon; Soo-Jeong Cho; B. Arman Aksoy; Nikolaus Schultz; Do Joong Park; Sam S. Yoon; **RHOA ACTIVITY IN DIFFUSE TYPE GASTRIC ADENOCARCINOMA PROMOTES CANCER STEM CELL PHENOTYPES INCLUDING CHEMOTHERAPY RESISTANCE AND CORRELATES WITH POORER SURVIVAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 10

**Introduction:** The Lauren diffuse type of gastric cancer (DGC) was recently found to frequently harbor activating mutations in RHOA. RhoA is a member of the small GTPase-Ras-like proteins which signal through mediators such as ROCK1 and are involved in cell signaling for cellular processes such as migration and cell cycle. **Methods and Results:** RhoA activity and inhibition were examined in DGC cell lines grown as spheroids (to enrich for cancer stem cells) and as monolayers in various in vitro assays. Active RhoA was much higher in DGC cell lines MKN-45 and SNU-668 compared to intestinal cell lines NCI-N87 and AGS. RhoA activity was further increased in DGC cells when grown as spheroids rather than as monolayers or when sorted using the gastric cancer stem cell marker CD44. RhoA inhibition with shRNA or the RhoA inhibitor RhoA inhibitor decreased spheroid formation by 78-81% and decreased expression of the stem cell transcription factor, Sox2. Diffuse GA spheroid cells had 3-5 fold greater migration and invasion than monolayer cells, and these properties could all be blocked with RhoA shRNA or RhoA inhibitor. RhoA inhibition and chemotherapy were examined in vitro and in a mouse xenograft model. Diffuse GA spheroid cells were resistant to 5-fluorouracil and cisplatin chemotherapy in a cytotoxicity assay, and this chemotherapy resistance could be reversed with RhoA inhibition. In MKN-45 and SNU-668 xenograft models, cisplatin inhibited tumor growth by 40-50%, RhoA inhibition by 32-60%, and the combination by 77-83%. When clinical samples of 134 diffuse GA tumors for patients undergoing surgery were analyzed for active RhoA by immunohistochemistry, higher levels correlated with significantly worse OS (p=0.017). **Conclusions:** RhoA signaling is upregulated in DGC stem-like cells grown promotes cancer stem cell phenotypes such as spheroid formation and chemotherapy resistance and EMT phenotypes such as migration and invasion. Increased RhoA activity is correlated with worse OS in DGC patients while RhoA inhibition can reverse chemotherapy resistance in GC spheroid cells and in tumor xenografts. Thus the RhoA pathway is a promising new target of therapy for DGC. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Patricio Gonzalez-Hormazabal; Maher Musleh; Marco Bustamante; Juan Stambuk; Hector Valladares; Enrique Lanzarini; Manuel Meneses; Johanna Wettlin; Victor Gonzalo Castro; Lilian Jara; **ROLE OF CYTOKINE GENE POLYMORPHISMS AND VIRULENCE GENOTYPES OF HELICOBACTER PYLORI AS RISK FACTORS FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 10

Helicobacter pylori infection and polymorphisms in cytokine genes are well recognized as gastric cancer (GC) risk factors. The aim of the present study was to assess the role of both factors on GC susceptibility in Chile, a country with one of the highest GC mortality rates worldwide. We genotyped 12 polymorphisms in 8 cytokine genes (IL1B, IL8, IL17A, IL17F, IL32, TNF, IL1RN, IL10) in a case-control study of 188 gastric adenocarcinoma patients and 184 controls. In addition, we analysed virulence genotypes of H.pylori (signal (s) and middle (m) regions of vacA, and the presence of cagA) in DNA samples from gastric mucosa. vacA s1m1 (OR=2.85 [1.54-5.27]) and the presence of cagA gene (2.86 [1.56-5.22]) was associated with high-grade adenocarcinoma. Single-gene analysis showed association of IL10-592C>A with low-grade adenocarcinoma (OR=2.67 [1.03-6.85]). We finally performed a multifactor dimensionality reduction (MDR) analysis to assess potential gene-gene and gene-H. pylori interactions. Among low-grade patients, a three-way interaction (IL1B -31T>C / IL8 -251T>A / IL32 rs28372698) showed the higher testing accuracy (59,6%), with a cross-validation consistency (CVC) of 7 out of 10. For high-grade adenocarcinoma, the best model was vacA s1m1 / IL8 -781C>T (testing accuracy=59,6%; CVC 10 out of 10). These findings suggest that both gene-gene and gene-H.pylori interactions increase the odds for developing GC according to the tumour grading. |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Basic science and clinical relevance

Xiaohong Wang; Lianhai Zhang; Jiayu Ji; Xianzi Wen; **SCREENING FOR AMPLIFICATION GENOMIC LOCI AND GENES ASSOCIATED PROGNOSIS IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 11

**Background and Aims:** Gastric cancer (GC) is an aggressive malignancy whose mechanisms of development and progression are poorly understood. The identification of prognosis-related genomic loci and genes may suffer from the relatively small case numbers and a lack of systematic validation in previous studies. In this study, we used a high-resolution array-based comparative genomic hybridization (aCGH) coupled with patient clinical information to identify prognosis-related genomic loci and genes. **Methods:** Array-based comparative genomic hybridization (aCGH) coupled with patient clinical information was applied to identify prognosis-related loci and genes with high-frequency recurrent gains in 129 GC cases. The candidate loci and genes were then validated using an independent cohort of 384 cases through branched DNA signal amplification analysis (QuantiGene assays). **Results:** In the 129 cases, a copy number gain of three chromosome regions, namely, 8q22 (including ESRP1 and CCNE2), 8q24 (including MYC and TNFRSF11B) and 20q11-q13 (including SRC, MMP9, and CSE1L), conferred poor survival for patients. In addition, the correlation between the branched DNA signal amplification analysis results and the aCGH results was analyzed in 73 of these 129 cases, and MYC, TNFRSF11B, ESRP1, CSE1L and MMP9 were found to be well correlated. Further validation using an independent cohort (n=384) verified that only MYC and TNFRSF11B within 8q24 are related to survival. Patients with gains in both MYC and TNFRSF11B presented poorer survival than those with no gains, particularly those with non-cardia GC. Gains in both of these genes were also a significant independent prognostic indicator. **Conclusions:** Our results revealed that copy number gains in MYC and TNFRSF11B located at 8q24 are associated with survival in GC, particularly non-cardia GC. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Xiujuan Qu; Yu Cheng; Jinglei Qu; Yibo Fan; Yunpeng Liu; **SDF-1/CXCR4 INDUCES EMT THROUGH A CROSS-TALK OF CAV-1 WITH C-MET AND ACTIVATION OF STAT3-MICRORNA-429-ZEB1 AXIS IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 11

**Background:** Epithelial mesenchymal transition (EMT) occurs in cancer progression and metastasis, which indicates a poor prognosis. Stromal cell-derived factor-1 (SDF-1) can stimulate EMT in several tumors, however, little is elucidated about the molecular mechanism. In addition, EMT induced by SDF-1 in gastric cancer is unknown. **Method:** Three gastric cell lines have been explored the functional expression of CXCR4 and were treated with SDF-1. Cell migration was assessed using invasion assays. E-cad, Vimentin, ZEB1, CXCR4 was investigated by western blot. Micro-429 was examined by real-time polymerase chain reaction. Cells were treated with lipid rafts/c-MET/STAT3 inhibitors to investigate the pathways in SDF-1 induced EMT. Using Cav-1 siRNA to assess its role in this process. **Results:** SDF-1 can induce gastric cancer cells EMT accompanied by downregulation of microRNA-429 and up-regulation of p-STAT3 and ZEB1. STAT3 inhibitors (STATIC) can partially reverse the mesenchymal phenotype through inhibiting upregulation of ZEB1 and downregulation of microRNA-429, suggesting a STAT3-microRNA-429-ZEB1 axis in the signaling pathway of SDF-1 induced EMT. Meanwhile, c-MET inhibitors (PHA665752) can also inhibit EMT and the phosphorylation of STAT3. Both lipid rafts inhibitors nystatin and knockdown of Cav-1 reduced the phosphorylation of c-MET and STAT3, indicating a cross-talk between CXCR4 and c-MET. **Conclusions:** Above all, SDF-1/CXCR4 induced EMT through activation of STAT3-microRNA-429-ZEB1 axis and lipid raft-mediated c-MET activation in gastric cancer. These findings elucidate the molecular mechanism of metastasis and provide potential treatment target for gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Do Joong Park; An N. Seo; Geoffrey Y. Ku; Daniel G. Coit; Vivian E. Strong; Yun-Suhk Suh; Hye S. Lee; Han-Kwang Yang; Hyung-Ho Kim; Sam S. Yoon; **SERUM VEGF-A LEVELS AND TUMOR VESSEL VEGFR-2 EXPRESSION ARE PROGNOSTIC BIOMARKERS IN CAUCASIAN BUT NOT ASIAN PATIENTS UNDERGOING RESECTION FOR GASTRIC ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 11

**Background:** Clinical trials of therapies targeting the vascular endothelial growth factor A (VEGF-A) pathway in gastric adenocarcinoma (GA) patients suggest that these therapies may have varying efficacy based on race. **Patients and methods:** VEGF-A in serum and/or VEGF receptor 2 (VEGFR-2) in CD31-positive tumor vessels (VEGFR-2/CD31) were measured in 118 Caucasians and 263 Asians who underwent gastric resection at two institutions, and levels were correlated with overall survival (OS). **Results:** There were significant differences in Caucasians and Asians in terms of age, use of adjuvant therapy, tumor location, Lauren's classification, and TNM status. In the VEGF-A cohort, Caucasians had a median VEGF-A level that was 95% higher than that of Asians as well as a much higher standard deviation (88 + 6,206 vs. 45 + 76 pg/ml, p<0.001). The 5-year OS for patients with low vs. high VEGF-A levels was 72% vs. 43% in Caucasians (p=0.001) and 77.4% vs. 85.6% in Asians (p=0.236). In the VEGFR-2/CD31 cohort, OS was worse in Caucasians with high VEGFR-2/CD31 levels (73% vs. 49%, p=0.038), while there was a non-significant trend toward worse OS in Asian patients (90% vs. 80%, p=0.119). On multivariate analyses, serum VEGF-A and tumor VEGFR-2/CD31 levels were independent predictors of OS only in Caucasians. **Conclusion:** In patients with resectable GA, VEGF-A and VEGFR-2/CD31 levels are independent predictors of OS in Caucasians but not in Asians, suggesting varying importance of this angiogenic pathway in GA progression among different races. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance

Carolina Baraúna Assumpção; Monica Baraúna Assumpção; Andrea Kely Campos Ribeiro dos Santos; Sidney Emmanuel Batista dos Santos; Rommel Mario Rodriguez Burbano; Paula Baraúna de Assumpção; Paulo Armando Rosa Miranda da Silva; Ney Pereira Carneiro dos Santos; Danielle Queiroz Calcagno; Geraldo Ishak; André Salin Khayat; Vinicius Sortica; Paulo Pimentel de Assumpção; **THE ADJACENT TO TUMOR SAMPLE TRAP.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 11

**Introduction:** Most biomarkers discovered from molecular analyses in gastric cancer came from comparisons between tumor samples and adjacent to tumor samples, which were considered as normal samples from the majority of the experiments. Nevertheless, the normal appearance of adjacent to tumor samples encompasses molecular alterations that are not sufficient to cause them to look like and be diagnosed as cancer tissues, but strongly differentiates them from true normal tissue. Since differences in pattern of expression between cancer samples and adjacent to tumor samples provided the cancer biomarkers, important discrepancies could result from this equivocal interpretation. **Aim:** to investigate if adjacent to tumor sample reproduce normal expression pattern of gastric mucosa of non-cancerous stomach. **Methods:** NGS methodology was applied to compare the pattern of miRNA and piRNA expression among gastric cancer tumor samples, paired adjacent tumor samples, and normal gastric mucosa from patients without cancer. **Results:** the diversity and profile of both miRNA and piRNA expression diverge from adjacent to tumor samples and normal samples. Adjacent to tumor samples demonstrated an intermediate pattern between normal and tumor profiles accordingly to miRNA profile, while piRNA profiles of adjacent to tumor samples seemed most likely to tumor than to normal samples. **Conclusion:** taken adjacent to tumor samples as normal samples can lead to misinterpretations, including missing the identification of potential biomarkers expressed in both tumor and adjacent to tumor tissues in different patterns of true normal mucosa. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance  
Kyung Ho Pak; Jae-Ho Cheong; **THE DIFFERENT ROLE OF INTRATUMORAL AND PERITUMORAL LYMPHANGIOGENESIS IN GASTRIC CANCER PROGRESSION AND PROGNOSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 12

(BACKGROUND) Tumor-induced lymphangiogenesis plays a crucial role in metastasis and tumor progression. However, the significance of intratumoral lymphovascular density (I-LVD) and peritumoral lymphovascular density (P-LVD) has been controversial in gastric cancer. The purpose of this study was to investigate the differences of clinicopathologic characteristics with respect to I-LVD and P-LVD in gastric cancer. (METHODS) Samples of I-LVD and P-LVD from 66 patients who had undergone radical gastrectomy for gastric cancer were assessed after staining with D2-40, an immunostaining marker for lymphatic endothelium. The mean number of lymphatic vessels in three hotspots was calculated in intratumoral and peritumoral areas. (RESULTS) The peritumoral lymphatics were enlarged with dilated lumens compared to the intratumoral lymphatics. I-LVD was positively correlated with diffuse gastric cancer subtype, tumor stage, lymphovascular invasion, tumor node metastasis stage, and overall survival ( $P < 0.05$ ). P-LVD was associated with lymphovascular invasion, node stage, and disease-free survival ( $P < 0.05$ ). (CONCLUSIONS) We conclude that P-LVD had an important role in lymph node metastasis, while I-LVD was more associated with depth of tumor invasion. However, both LVDs contributed to gastric cancer progression and prognosis. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance  
Hao Jiang; **THE MOLECULAR MECHANISM OF 14-3-3? PROTEIN PROMOTING LYMPH NODE METASTASIS IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 12

Objective: Detection the relationship between the expression of 14-3-3? protein and lymph node metastasis and investigation whether the molecular mechanism of 14-3-3? protein promoting lymph node metastasis through Erk1/2 signaling pathway in gastric cancer tissue and cell line. Methods: Explore the expression of 14-3-3? protein and Erk1/2 protein signaling pathway?Raf?P-Raf?Erk1/2?P-Erk1/2?in gastric cancer cell line including MGC-803?SGC-7901 by using Western Blotting. Transfection the 14-3-3? protein high expression of cell line and down-regulation YWHAB gene expression by RNA interference, and detection the expression of Erk1/2 protein signaling pathway using qRT-PCR and Western Blotting. Checkout YWHAB-siRNA effects on gastric cancer cell proliferation by CCK-8. Investigation the relationship between expression of 14-3-3? protein and lymph node metastasis, Erk1/2 signaling pathways phosphorylation protein expression in 172 cases of gastric cancer specimens of paraffin. Results: YWHAB-siRNA can effectively reduce 14-3-3? protein expression, and significantly inhibited Erk1/2 phosphorylation protein expression, but no effect on non phosphorylation protein. On the basis of CCK-8 test results, cell proliferation ability of two siRNA experimental group significantly decreased compared with control, NC, and lipo2000 group in MGC-803 and SGC-7901 cell line?P?0.012. According to the results of immunohistochemical, 172 cases of gastric cancer tissue can be divided into 14-3-3? protein low expression 64 cases and 14-3-3? protein high expression 108 cases. According to the lymph node metastasis, lymph node metastasis negative group was 55 cases and lymph node metastasis positive group was 117 cases.the statistical results exhibited that among the groups was statistically significant ( $P > 0.05$ ) and the protein expression of P-Raf, P-Mek and P-Erk1/2 were closely related to 14-3-3? protein expression ( $P > 0.05$ ). Conclusion: 14-3-3? protein promote the proliferation of gastric cancer cells, down-regulation the expression of 14-3-3? protein could significantly decrease the expression of Erk1/2 protein. 14-3-3? protein may be involved in lymph node metastasis of gastric carcinoma through Erk1/2 signal pathway and associate with the number of lymph node metastasis. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Basic science and clinical relevance  
Tae Su Han; Ji Yeon Lee; Jimin Min; Sun Jin Byun; Jieun Yu; Jung Kyo Cho; Jimin Hong; Hyuk Joon Lee; Seong Ho Kong; Woo Ho Kim; Kazuyoshi Yanagihara; Soo Chang Song; Han Kwang Yang; **THERMOSENSITIVE HYDROGEL WITH DOCETAXEL ENHANCES THERAPEUTIC EFFICACY OF ANTI- CANCER DRUG IN A PRECLINICAL MOUSE MODEL OF PERITONEAL CARCINOMATOSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 12

Peritoneal carcinomatosis has a poor prognosis with short survival due to lack of effective therapeutic modalities. The aim of this study is to evaluate the therapeutic efficacy of an injectable thermosensitive hydrogel with docetaxel for peritoneal metastasis model. Three days after inoculation of highly metastatic 44As3Luc cells into peritoneal cavity, the mice were intraperitoneally or intravenously administered with docetaxel alone, and intraperitoneally injected with hydrogel containing docetaxel. The anti-tumor activity was monitored by bioluminescence live imaging system. Comparing with the docetaxel alone, the tumor growth was dramatically reduced in the hydrogel with docetaxel. Furthermore, the survival rate was significantly increased in the hydrogel with docetaxel treated mice compared with docetaxel alone. Histologically, the tumor size and number were more decreased in the hydrogel with docetaxel treated mice than docetaxel alone. Our results show that hydrogel with docetaxel synergistically suppresses peritoneal metastasis and leads to increase the survival rate in a peritoneal carcinomatosis model. Therefore, biodegradable thermosensitive hydrogel with docetaxel system is an excellent anti-tumor agent for treatment of peritoneal carcinomatosis |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Multimodal approach  
Young Suk Park; Dong Joon Shin; Do Hyun Jung; Sang Yong Son; Sang Hoon Ahn; Do Joong Park; Hyung-Ho Kim; **EFFECTS OF POSTOPERATIVE COMPLICATIONS AND SURGICAL APPROACH METHODS ON THE TIMING OF CHEMOTHERAPY ADMINISTRATION FOR PATIENTS WITH STAGE 2 AND 3 GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 12

Introduction : Adjuvant chemotherapy improves survival in patients with advanced gastric cancer and some literature suggests that the time to administration of chemotherapy can be important to improve survival rate for advanced gastric cancer. Minimally invasive surgery (MIS) of gastric cancer has been shown to decrease postoperative complications and overall recovery time. The aim of this study is to evaluate the effect of postoperative complications and MIS approaches on the timing of chemotherapy administration. Method : This study was a retrospective review of patients with R0-resected stage 2 and 3 gastric cancer that received adjuvant chemotherapy at Seoul National University Bundang Hospital between 2008 and 2010. Result : In the open group, 29 (28.7 %) people had postoperative complications versus 20 (16.8 %) in the MIS group ( $p = 0.03$ ). Postoperative complications increased the time to chemotherapy for all patients ( $29.9 \pm 4.3$  days in non-complication group vs.  $38.7 \pm 6.5$  in complication group,  $p < 0.001$ ) and the surgical complication was the only factor of delaying time between surgery and chemotherapy. The interval from surgery to the start of adjuvant chemotherapy was no more than 4 weeks in 85 (38.6 %) patients (early group), and more than 4 weeks in 135 (61.4%) patients (late group). The 3-year overall survival rate of stage 3 was 80.3 % in the early group, 69.1 % in the late group ( $p = 0.047$ ). Conclusion : Postoperative surgical complications increased the time to chemotherapy regardless of approach methods. MIS did not delay the time to start of chemotherapy compared with open surgery. Adjuvant chemotherapy should be considered start within 4 weeks after radical resection, especially in stage 3 gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Multimodal approach

Andrea Cossu; Mariacamilla Zotti; Alessandra Melis; Ugo Elmore; Uberto; Riccardo Rosati. **ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOL IN GASTRIC SURGERY FOR CANCER: REVIEW OF A SINGLE INSTITUTION EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 13

**Background and objective** Many studies have shown that the application of Enhanced Recovery After Surgery (ERAS) protocols after colonic surgery is associated with improved outcome in terms of reduced hospital stay, earlier resumption of bowel function, earlier return to normal mobilization and decreases morbidity. Few applications have been reported of ERAS program in gastric surgery. The aim of this paper is to report the application of our ERAS protocol in gastric cancer surgery and to evaluate its impact on postoperative morbidity and achievement of discharge criteria. **Methods** A consecutive series of 112 patients submitted to elective surgery for gastric cancer at our institution received perioperative care according to our ERAS program between March 2012 and November 2014. All data were entered into a prospective database. Clinical and pathological factors influencing surgical outcome were evaluated. Complications were classified according to Clavien-Dindo. Adherence to protocol was assessed globally and for each item. The categorical variables were analyzed by the X2 test. Prognostic factors were evaluated by multivariate analyses.  $P < 0.05$  was considered to be statistically significant. **Results** Total gastrectomy was performed in 61 patients (7 of these patients had a previous distal gastrectomy for cancer) and subtotal gastrectomy in 51 patients. 11,5% of all patients underwent a multiorgan resection for locally advanced gastric cancer. Complications of grade 3b were 9%. Mortality was 1.7%, one out of two patients for non surgical complications. The median hospital stay was 10 days (3-100). 36.4% of patients were discharged within the 8th postoperative day (pod) (group A), 34.6% between the 8th and 14th pod (group B) and 29% later on (group C). In the group A we observed a complete adherence to the protocol in 22% of patients, in the group B in 13% and 3% in the group C ( $p = 0.0003$ ). Multivariate analysis identified the early oral intake as the best predictor to reach discharge criteria ( $p = 0.004$ ). **Conclusion** In this series roughly one third of patients undergoing gastric surgery and treated with our ERAS protocol were discharged within one week and two thirds within two weeks after surgery. The greater the adherence to the protocol the earlier discharge criteria are achieved without increase in morbidity. Improved adherence to the protocol may be useful in complicated cases. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Multimodal approach

Marcelo Garrido Salvo; Ruth Zapata; Rodrigo Muñoz; Ricardo Funke; Fernando Crovari; Javiera Torres; Patricio Yañes; Andres Donoso; Rodrigo Mansilla; Arnoldo Riquelme; Alejandro Corvalan; Jorge Madrid; Sebastian Mondaca; Bruno Nerví. **PATHOLOGICAL COMPLETE RESPONSE IN PATIENTS WITH GASTRIC OR ESOPHAGOGASTRIC JUNCTION (EGJ) ADENOCARCINOMA AFTER PERIOPERATIVE CIS/OXALIPLATIN-FLUOROPYRIMIDINE OR DOCETAXEL-BASED CHEMOTHERAPY IN CHILEAN PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 13

**Pathological Complete Response** in patients with gastric or esophagogastric junction (EGJ) adenocarcinoma after perioperative Cis/Oxaliplatin-fluoropyrimidine or docetaxel-based chemotherapy. **Background:** Gastric cancer is a leading cancer dead. The perioperative chemotherapy decreased tumor size and stage and significantly improved progression-free and overall survival. The pathologic complete response (pCR) is a possible surrogate end points of survival. The aim of this study was to evaluate the pCR by College of American Pathologist (CAP) on outcome in patients with gastric or esophagogastric junction (EGJ) adenocarcinoma after perioperative Cis/Oxaliplatin-fluoropyrimidine or docetaxel-based chemotherapy in Chilean patients. **Patients and methods:** Patients received perioperative chemotherapy for potentially operable disease. Pretreatment clinicopathologic factors and pCR were investigated. Disease-free survival (DFS), overall survival (OS) were correlated with pCR. **Results:** Thirty three patients were included in this analysis. Twelve percent of the patients achieved a pCR. Median DFS and OS for all patients were 13 and 22 months, respectively. During follow up OS for patients with a pCR was 100% versus 70% non-pCR patients, DFS for patients with a pCR was 100% versus 57% non-pCR patients. **Conclusion:** A pCR following perioperative Cis/Oxaliplatin-fluoropyrimidine or docetaxel-based chemotherapy in Chilean patients indicates favorable outcome in patients with gastric or EGJ adenocarcinoma. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Multimodal approach

Xiaowen Liu; Hong Cai; Zhen Zhang; Guangfa Zhao; Ye Zhou; Hua Huang; Ziwen Long; Yi Xuan. **PHASE II TRIAL OF PREOPERATIVE CHEMORADIATION IN PATIENTS WITH LOCALIZED GASTRIC CANCER (LAGCCS001): TO INCREASE THE CHANCE OF RADICAL SURGERY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 13

**Purpose** Curative surgery is most optimal treatment for gastric adenocarcinoma. However, most patients with gastric adenocarcinoma were diagnosed at an advanced stage, and had no chance for receiving surgery. Preoperative chemoradiotherapy appears promising, but its definitive value are still unclear in advanced gastric adenocarcinoma. **Patients and Methods** Patients with locally advanced gastric adenocarcinoma were included into the clinical trial. All patients must undergo laparoscopic exploration or laparotomy in order to exclude peritoneal implantation. Patients received one cycle of S-1(80mg/m<sup>2</sup> per day on days 1 to 14) and oxaliplatin(130mg/m<sup>2</sup> on day 1) followed by concurrent radiation (45 Gy in 25 fractions, 5 days per week) and chemotherapy (S-1, 60mg/m<sup>2</sup> per day for five weeks), then underwent another cycle of S-1(60mg/m<sup>2</sup> per day on days 1 to 14) and oxaliplatin(130mg/m<sup>2</sup> on day 1). Surgery was performed 6 weeks after completing chemoradiotherapy. The rate of curative gastrectomy and pathological response were investigated. **Results** Forty patients were enrolled in current trial, and thirty-six patients were assessable. There were 31 males and 9 females. Thirty-five patients underwent surgery, twenty-four (67%) patients had curative gastrectomy, and one patient received palliative gastrectomy. The rates of pathological complete response and partial response were 14% and 36% , respectively. The most common hematologic toxic effects were leucopenia (81%), neutropenia (72%), and thrombocytopenia (50%); the most common nonhematologic toxic effects were anorexia (50%) and nausea (22%). Postoperative complication included 1 pneumonia and 1 abdominal abscess. **Conclusion** Preoperative chemoradiotherapy could increase the rate of curative gastrectomy among patients with locally advanced gastric adenocarcinoma, and the adverse-events rates and postoperative complications were acceptable. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Multimodal approach

Li Guoli; Wang Xulin; Fan Chaogang. **PROGNOSIS OF LOCALLY ADVANCED GASTRIC CARCINOMA PATIENTS WITH NEOADJUVANT CHEMOTHERAPY DOWNSTAGING TO T0/T1 - A CHINESE GASTRIC CANCER CENTER EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 13

**INTRODUCTION** In China, most people with gastric carcinoma are locally advanced, and neoadjuvant chemotherapy has become a important treatment. However, there are some reports indicating that neoadjuvant chemotherapy has little advantage on survival despite marked tumor downstage and improved resection rate. As for our experience, we found patients might has a better survival after surgery. To this aim, we conducted this retrospective study. **OBJECTIVES** To identify whether prognosis remain unchanged despite effective neoadjuvant chemotherapy. To determine whether we should follow baseline clinical staging or post-surgery pathological staging to conduct post surgical treatment. **METHODS** Many locally advanced gastric carcinoma patients in our center that clinically staged as T2 or T3 were given neoadjuvant chemotherapy with FLEEOX regimen which combined both arterial and venous drug administration. We chose patients who achieved tumor remission to pathological T0 or T1, and named this group as "Neoadjuvant Group". We chose another group of patients staged T2 or T3 underwent D2 or D2+? surgery without neoadjuvant chemotherapy, and named them as "Surgery Group". A third group of patients without chemotherapy and pathological T0 or T1 were chosen, named as "Early Group". All 3 groups of patients underwent D2 or D2+? surgery between January 2004 to December 2008. Survival analysis were conducted with Kaplan-Merier method. **RESULTS** There are 31 patients in Neoadjuvant Group(9 T2/22 T3 before chemotherapy, 12 T0/19T1 after surgery), 67 in Surgery Group(24 T2/43 T3), and 62 in Early Group(0 T0/62T1). Overall 3-year survival rate and 5-year survival rate of Neoadjuvant Group, Surgery Group and Early Group are 58.1%/41.9%, 40.3%/20.9% and 98.4%/93.6%, respectively. Median survival time of Neoadjuvant Group and Surgery Group are 48 month and 28 month, respectively, and median survival time has not reach in Early Group so far. All the differences in survival between the 3 groups are significant. **CONCLUSION** Neoadjuvant chemotherapy has a significant survival advantage in patients with locally advanced gastric cancer who demonstrated marked tumor remission. However, though they finally demonstrated a same pathological tumor stage, patients with higher baseline tumor stage and underwent neoadjuvant chemotherapy have a obviously worse survival than early gastric cancer people, and therefore they must be given post surgical treatment according to their baseline stage. |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Multimodal approach

Carlos Garcia Carrasco; Carlos Benavides Castillo; Carlos Esperquel Galaz; Patricio Rubilar Ottone; Alvaro Barria; Sebastian Cáceres B; **SURGICAL MORBI-MORTALITY AFTER NEOADJUVANT TREATMENT IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 14

**Introduction:** It is widely accepted that the modern treatment of gastric cancer is multimodal and individualized. One alternative is the use of preoperative chemotherapy. Two studies have shown no increased morbidity and mortality after gastrectomy. However, the population evaluated is different from ours, often with malnourished patients and in poor general conditions, which could increase morbidity and mortality. **Aim:** To compare the morbidity and mortality of patients undergoing gastrectomy after receiving preoperative chemotherapy versus those who underwent surgery as first treatment. **Method/Design:** Prospective cohort study of patients treated for gastric cancer from September 2010 to December 2013. All patients were evaluated in oncology committee which decided to enroll in a protocol of preoperative chemotherapy followed by surgery or gastric cancer resection surgery primary. Surgical morbidity and mortality according to the scale of Clavien were compared. Descriptive and analytical statistics were used. **Results:** During the mentioned period were operated 171 patients, of whom 51 received preoperative chemotherapy (Group A, 29.8%) and 125 did not (group B, 70.2%). The overall operative mortality was 4.09%. For group A the mortality was 1.9% (1/51) and group B 4.8% (6/125).  $P = 0.211$ . Major complications (Clavien III or more) occurred in 14 patients (8.18%) in Group A, were 3.92% and for group B 9.6% ( $p = 0.96$ ). **Conclusion:** Surgical morbidity was similar in both groups, with higher mortality in patients without preoperative chemotherapy. These results confirm that in our population, it is necessary to apply a patient selection protocol that ensures control surgical morbidity and mortality. Our inclusion protocol is suitable to select patients who will benefit from preoperative chemotherapy. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Multimodal approach

Alexander Novotny; Christian Oesterlin; Sylvie Lorenzen; Karen Becker; Rebekka Schirren; Helmut Friess; Daniel Reim; **THE IMPACT OF NEOADJUVANT/PERIOPEARTIVE CHEMOTHERAPY ON SURVIVAL IN PATIENTS WITH DIFFUSE TYPE AND MIXED TYPE GASTRIC ADENOCARCINOMAS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 14

**Background:** Perioperative Chemotherapy (CT) has advanced to the standard of care in Western patients with locally advanced gastroesophageal adenocarcinoma (AGC). There is evidence in literature that chemosensitivity of tumors of diffuse Laurén histotype (DTA) is impaired compared to intestinal type adenocarcinoma (ITA). Hitherto the chemosensitivity of adenocarcinomas with mixed type histology (MTA) remains elusive. **Methods:** Between June 1982 and December 2013 3089 patients with adenocarcinoma of the stomach and gastric cardia underwent resection at the Dept. of Surgery, Klinikum rechts der Isar, Technical University of Munich, Germany. After exclusion of cases that were clinically staged as early gastric cancers 2723 patients with AGC remained for analysis. 845 (31%) patients with AGC received pre-and/or perioperative chemotherapy, while 1878 (69%) underwent primary surgery. Histopathologic response was assessed according to Becker et al. Hereby patients with tumor regression grade (TRG) 1 were classified as responders and patients with a TRG2 or 3 as non-responders. Overall survival (OS) of AGC patients who received perioperative chemotherapy was compared to those with primary surgery separately for each Laurén histotype using the Kaplan-Meier method and log rank test. **Results:** 27% of patients with ITA were classified as responders, while only 15% of patients with DTA and 17% of patients with MTA exhibited a TRG1. Median OS of responders with ITA was significantly longer after perioperative CT (74 vs. 17 months,  $p < 0.001$ ), while the differences in OS in the DTA (21 vs. 19 months,  $p = 0.817$ ) and MTA group (45 vs. 21 months,  $p = 0.126$ ) were statistically insignificant. **Conclusion:** In this retrospective analysis perioperative CT significantly prolonged OS in patients with AGC and intestinal type histology, while this effect was insignificant in patients with MTA and more so in patients with DTA. This analysis strengthens the evidence that the Laurén histotype is associated with chemosensitivity. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Technical aspects in open resections

Kun Yang; Wei-Han Zhang; Kai Liu; Xin-Zu Chen; Xiao-Long Chen; Dong-Jiao Guo; Zong-Guang Zhou; Jian-Kun Hu; **COMPARISONS BETWEEN DIFFERENT PROCEDURES OF NO. 10 LYMPHADENECTOMY FOR GASTRIC CANCER PATIENTS WITH TOTAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 14

**Objective:** Splenic hilar lymph nodes are required to be dissected in total gastrectomy with D2 lymphadenectomy. However, rare researches have compared the dissected effectiveness and safety between in-vivo and ex-vivo dissection procedure of No.10 lymph nodes. This study aimed to compare the effectiveness and safety of in-vivo dissection procedure of No.10 lymph nodes with those of ex-vivo dissection procedure for gastric cancer patients with total gastrectomy. **Methods:** From September 2009 to November 2013, 178 patients undergoing total gastrectomy for gastric cancer were retrospectively analyzed. Patients were divided into in-vivo group and ex-vivo group according to whether the dissection of No.10 lymph nodes were performed after the mobilization of the pancreas and spleen and migration out from peritoneal cavity. Clinicopathologic characteristics were compared between the two groups. These patients had undergone a follow up until November 2014. The overall survival, morbidity and mortality were analyzed. Multivariable analysis for overall survival was also performed. **Results:** There were 148 patients in in-vivo group, while 30 in ex-vivo group. In terms of prognosis, the baseline features between the two groups were almost comparable. The metastatic ratio were 6.1% and 10.0% and the metastatic degree were 7.9% and 13.6% for in-vivo group and ex-vivo group respectively. There was no difference in morbidity nor mortality between the two groups. The number of total harvested lymph nodes and No.10 lymph nodes increased significantly in ex-vivo group at the cost of prolonged operation time, compared to the in-vivo group ( $P < 0.05$ ). The estimated overall survival rates for patients in in-vivo group and ex-vivo group were (3-year: 52.0 % versus 61.8%) and (5-year: 45.3 % versus 49.5 %) respectively without statistically significant ( $P = 0.302$ ). Results of multivariable analysis have showed the procedure of No.10 lymphadenectomy was not a significant independent prognostic factor (HR: 1.640 (0.714-3.768),  $P = 0.244$ ). **Conclusions:** Both in-vivo and ex-vivo dissection of No.10 lymph nodes could be performed safely. And it seemed that ex-vivo dissection of No.10 lymph nodes resulted a higher dissected effectiveness at the cost of operation time, but the overall survival rates were not statistically significant between the two groups, which should be confirmed further in well-designed randomized controlled trials. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Technical aspects in open resections

Igor Shchepotin; Andrii Lukashenko; Olena Kolesnik; Viktor Priymak; Anton Burlaka; Maryna Volk; Gukov U; **GASTROESOPHAGEAL ANTIREFLUX ANASTOMOSIS IN PROXIMAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 14

**Background:** The incidence of proximal gastric cancer has increased in last decade. The proximal gastrectomy (PGE) are mostly avoided because of the postgastrectomy syndromes which are still more or less unavoidable. The selecting an ideal alimentary canal reconstructive pattern after PGE to elevate the quality of life has become more critical. **Materials and methods:** Between May 2007 and December 2014, 328 patients were randomized in three groups by type of gastroesophageal anastomosis used during PGE: stapler anastomosis (SA), hand-sutured standard anastomosis by Ivor Lewis (HSA) or modified antireflux hand-sutured anastomosis (MA). **Results:** Endoscopic control at 1 year follow-up of SA group showed reflux esophagitis with the following distributions: 40,6 %, 30,2 % and 13,2 %; the same control in HSA group show 17,3 %, 13,5 % and 8,6 % for grade A, B and C respectively. In contrast endoscopic control of MA group showed reflux disease grade A and B only in 14,1 % and 1,7 % respectively. The evaluation scores measured by the EORTC QOL gastric cancer-specific questionnaire (QLQ-25) for acid indigestion or heartburn and acid or bile coming into mouth in main group MA were  $1,2 \pm 0,08$ ;  $1,2 \pm 0,08$  whereas in groups HSA and SA they were  $1,8 \pm 0,1$ ;  $1,8 \pm 0,2$  and  $2,2 \pm 0,2$ ;  $1,8 \pm 0,1$  respectively ( $p < 0,05$ ). **Conclusion:** Our data showed that the presented modified method of esophagogastric anastomosis forming is a safe, easy to implement and effective in preventing the development of reflux after PGE for cancer of the upper third of the stomach. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Technical aspects in open resections

Chiara Tosolini; Daniel Reim; Rebekka Schirren; Marcus Feith; Helmut Friess; Alexander Novotny. **INFLUENCE OF THE SURGICAL TECHNIQUE ON SURVIVAL IN THE TREATMENT OF CARCINOMAS OF THE TRUE CARDIA (SIEWERT TYPE II) (LEFT THORACOABDOMINAL VS. TRANSIATIAL-ABDOMINAL APPROACH).** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 15

**INTRODUCTION:** The incidence of esophagogastric junction adenocarcinoma (EJA) is rapidly increasing in the western countries being EJA the second cause of cancer-related death worldwide. The only curative option is surgical resection. Nevertheless it is still a matter of debate whether subtotal esophagectomy and gastric-tube reconstruction via a left thoracoabdominal approach (LTA) or extended gastrectomy through a transhiatal-abdominal approach (TH) is the favorable surgical technique. While LTA allows for greater oral margins and a more extended lymphadenectomy in the lower mediastinum it does not remove the lymph nodes along the greater curvature when gastric tube reconstruction is performed. In the present study survival data of all patients undergoing LTA or TH in our center between 2000 and 2013 were compared in order to evaluate if any of the two approaches had an oncological advantage in terms of R0 resection and survival. **METHODS:** Tumor- and patient-related data of all patients undergoing LTA or TH for Siewert Type II EJA at the Klinikum rechts der Isar, Munich, Germany, between 2000 and 2013 were collected. Of 295 patients with cancer of the true cardia 99 (33.6%) underwent LTA and 196 (66.4%) were treated by TH. Differences in 30d and 90d mortality were investigated using the  $\chi^2$ -test. Survival analysis was performed using the Kaplan-Meier method for estimating survival probabilities and the log rank test for comparisons between patient groups. Median survival and hazard ratios were calculated and multivariate analysis of predictors was performed using a Cox proportional hazards model. **RESULTS:** No significant difference between the two procedures was detected regarding overall- survival (OS) in both cohorts. Stage specific OS also did not significantly differ between the groups. 30 days mortality rate was 2/97(2.0%) in the LTA group and 9/198(4.6%) in the TH group ( $p=0.271$ ); 90 day mortality was 9.1% and 9.7% respectively ( $p=0.867$ ). Cox regression analysis identified age >70yrs, higher ECOG status, higher UICC stage and a R2 resection as independent negative prognostic factors for OS. **CONCLUSION:** The present study could not detect a difference between LTA and TH from the oncologic point of view, unexpectedly LTA was not associated with higher morbidity and mortality. Therefore LTA for Siewert Type II EJA should be preferred whenever the oral tumor margin can not be safely reached via a transhiatal approach. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Technical aspects in open resections

Igor Shchepotin; Andrii Lukashenko; Kolesnik O; Priymak V; Burlaka A; **MULTIVISCERAL RESECTION FOR LOCALLY ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 15

**Background:** Multiple organ resection for locally advanced (T4) gastric cancer (AGC) is associated with high morbidity and mortality and poor outcome. Our aim was to evaluate the efficacy of these surgeries with regard to surgical morbidity, mortality and survival. **Methods:** Was analyzed medical records of 904 patients with AGC underwent total or subtotal gastrectomy with multivisceral resection and D2 or D3 lymphatic dissection between 1998 – 2014 years, at the Clinic of National Cancer Institute (Ukraine). **Results:** Structure of ADC spreading: colon – 46.3; pancreatic body/tail and spleen – 43.3%; pancreatic head – 12.4%; hepatic left lobe - 27.1%. Gastrectomy with resection of three and more adjacent organs – 24.2%; two organs - 23%, one organ – 54.1%. Surgical mortality and morbidity rate were 6.8% and 23.9% respectively. Main causes of postoperative mortality were pancreatic necrosis (4.1%) and abdominal abscesses (2.2%). The overall 5-year survival rate was 25%. Survival of patients with R0 and R1 resections was 37% and 13% respectively ( $p<0,05$ ). Histopathologic examination confirm involvement of adjacent organs (pT4) in 89.2% of multivisceral resection cases, other 10.8% invasions were mimicking by desmoplastic tumor reaction (pT3) without differences in long term outcome in both groups. **Conclusions:** Complete tumor R0 resection, including adjacent organs, is the key to successful treatment for AGC. Aggressive multivisceral resection for AGC is technically feasible and can be achieved with low mortality and acceptable morbidity, offering good disease free and overall survival. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Technical aspects in open resections

Yasuhiro Koderu; Mitsuro Kanda; Dai Shimizu; Daisuke Kobayashi; Chie Tanaka; Michitaka Fujiwara. **OMENTECTOMY AND BURSECTOMY. CHANGING STANDARDS?.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 15

In D2 dissection, the Japanese were accustomed to performing bursectomy as an integrated part of the procedure. This procedure has two aims: i) to dissect microscopic or sometimes visible dissemination within the bursa omentalis especially for cancer located on the posterior wall of the stomach and ii) to proceed to optimal layer of dissection for removal of infrapyloric lymph nodes and for mobilization of the pancreatic tail and spleen. This is a tedious and time-consuming procedure that brings about adverse consequences such as the increase in the blood loss, operative time, and morbidity related to pancreatic fistula. For these reasons, the procedure gradually began to be discarded by the younger generation of surgeons. Omentectomy has been recommended for advanced gastric cancer invading beyond the proper muscle layer (cT3~T4b). This is because milky spots distributed in the omentum tend to harbor cancer cells and become the primary foci for peritoneal metastases. This is also a preferred procedure in radical surgery for ovarian cancer due to the same reason. This procedure is deemed unnecessary and even harmful in the treatment of early-stage cancer since omentum does play protective roles when a patient concedes inflammatory disease or visceral injury. Thus, it is avoided in gastrectomy for cT1~T2 gastric cancer. Following rather unexpected results of a randomized phase II trial conducted in the Osaka district that suggested prognostic value of bursectomy, Japan Clinical Oncology Group proceeded to perform a large scale phase III trial to confirm benefit of bursectomy for advanced gastric cancer. In this trial, bursectomy is performed in the experimental arm and its superiority in survival over the control arm (omentectomy) will have to be shown. Accrual of >1,000 patients will be over by the time of IGCC 2015, and final results will be available in due time. In this presentation, technical aspect of bursectomy will be shown by a video. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Familiar gastric cancer

Gianluca Tedaldi; Rita Danes; Valentina Zampiga; Michela Tebaldi; Valentina Arcangeli; Mila Ravegnani; Dino Amadori; Fabio Falcini; Daniele Calistri. **FAMILIAL GASTRIC CANCER & NEXT-GENERATION SEQUENCING: RESULTS FROM A PANEL OF 94 GENES IN AN ITALIAN CASE SERIES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 15

**Objectives:** Although the wide catchment area of Romagna, a region in northeastern Italy, has a high incidence of gastric cancer, CDH1, the main gene associated with the development of this tumor, is rarely mutated in the population. We used a multiple-gene sequencing approach (94-gene panel) to assess the risk of the disease in families with a history of gastric cancer and to investigate the genetic factors involved in the high incidence of this area. **Methods:** Peripheral blood samples from 38 patients with a family history of gastric cancer were collected. DNA was extracted and analyzed using an Illumina enrichment protocol, TruSight Cancer Sequencing Panel, for the simultaneous sequencing of 94 genes involved in hereditary cancer: the coding regions and exon-intron boundaries were sequenced on Illumina Miseq and results were analyzed using a customized bioinformatics pipeline. **Results:** A total of 8 pathogenic mutations (frameshift and nonsense mutations) were identified: CDH1 (2 mutations), BMPR1A (1), BRCA2 (1), PALB2 (1), ATM (1), CHEK2 (1), BLM (1). The remaining 4946 exonic variants were filtered on the basis of protein alteration (missense mutations and nonframeshift deletions/insertions) and frequency in the population (<1%). The prediction of the effect of amino acid substitution on protein function for the remaining 160 variants was performed using Polyphen-2: 25 variants were probably damaging (16%), 17 variants were possibly damaging (11%), 110 variants were benign (69%) and 8 variants were unclassifiable (5%). **Conclusions:** We evaluated the clinical performance of a 94-gene sequencing panel in 38 patients meeting evidence-based guideline criteria for CDH1 testing. Multiple-gene sequencing in patients with familial gastric cancer allowed us to identify pathogenic mutations in genes that are not closely related to gastric cancer and enabled patients to be enrolled onto screening programs to which they would not otherwise have access. Further studies are needed to estimate the penetrance of the pathogenic mutations detected and to assess a clinical significance to the large number of variants of uncertain significance identified among the 94 genes. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Familiar gastric câncer

Jijia Yuan; Jing Gao; Lin Shen.; **PREDICTION OF EARLY-ONSET GASTRIC CARCINOMA BY THE MULTIPLICATIVE MODEL: A CASE-CONTROL STUDY OF HEREDITARY POLYGENIC GASTRIC CANCER IN HAN CHINESE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 16

**BACKGROUND:** Recent genome-wide association studies (GWASs) have identified several germline variations associated with gastric cancer. The aim of this study was to investigate the individual and combination effects of those single nucleotide polymorphisms (SNPs), which related to the risk of early-onset gastric cancer in a Chinese Han population. **RESULTS:** We conducted a case-control study of 167 gastric cancer cases and 173 age-matched controls, and confirmed that the SNPs PSCA rs2294008, ZBTB20 rs4072037, and MUC1 rs9841504 were associated with increased risk for gastric cancer in Han Chinese. However, each of those low-penetrance susceptibility polymorphisms alone was not convincing enough to predict the absolute risk of early-onset gastric cancer. Thus, the multiplicative model for polygenes was applied for our population, and groups with different risk percentiles were stratified. The risk stratification was suggested to be useful for risk prediction of early-onset gastric cancer, and cost-effective for the general population prevention. **CONCLUSION:** These findings provide evidence that, instead of single low-penetrance susceptibility variations, application of the multiplicative model for polymorphisms may contribute to the gastric cancer screening by distinguishing population who are at high risk from those who are at low risk. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Familiar gastric câncer

Jennifer Muir; Savtaj Brar; Melyssa Aronson; Mary-Jane Esplen; Aaron Pollett; Carol J Swallow.; **PROPHYLACTIC TOTAL GASTRECTOMY: A PROSPECTIVE COHORT STUDY OF LONG-TERM IMPACT ON QUALITY OF LIFE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 16

**Introduction:** Germline mutations in the CDH1 gene are identified in up to 40% of families meeting the criteria for hereditary diffuse gastric cancer (HDGC). Given the lifetime gastric cancer risk of approximately 80%, consensus guidelines issued in 2010 recommend that people of age ≥20 who harbor a CDH1 mutation undergo prophylactic total gastrectomy (PTG). However, the decision to proceed with a major visceral resection for prophylactic reasons may be difficult, especially since long-term outcomes, including quality of life, are not well defined. **Objectives:** We examined the decision-making process, physical symptoms, and psychosocial outcomes in adults with a CDH1 mutation who underwent PTG. **Methods:** Participants undergoing PTG completed pre- and post-operative questionnaires that included standardized measures of health-related quality of life (HRQOL), body image, psychological distress, regret, and decisional conflict. Those who declined surgery completed a questionnaire that measured decisional conflict and explored reasons for their choice. **Results:** Forty of fifty (80%) questionnaires distributed to 18 individuals were completed. In the 13 patients who underwent PTG, global HRQOL tended to decrease immediately post-operatively, climb to baseline by 6-12 months, then decrease again at 24 months. Body image and level of psychological distress remained relatively stable, and most patients expressed little decisional conflict or regret. All five individuals who declined surgery did so for practical reasons and would consider surgery in the future. **Conclusions:** While most patients do not experience negative psychosocial consequences following PTG, the persistence of mild symptoms related to total gastrectomy may affect long-term HRQOL. The present study emphasizes the need for long-term follow-up of this unique population of survivors. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Early gastric Cancer

Ken-ichi Mafune; Keisuke Minaminura; Kazuhiko Mori; Yasuyuki Seto; Takashi Kobayashi.; **CAN LOCATION OF METASTATIC LYMPH NODES BE PREDICTED IN T1 GASTRIC CANCER?** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 16

**Introduction and Aims:** In Japan, early gastric cancer is frequently found, and at least a half of them lymph node dissection was not required. Moreover, if the metastasizing direction to the lymph nodes becomes clear by the proper ways such as sentinel lymph node navigation, gastrectomy with minimizing unnecessary lymph node dissection may enable us to decrease the risk of avoidable morbidities among patients. To avoid unnecessary lymph node dissection, we retrospectively investigated whether direction of lymph node metastasis or location of possible sentinel lymph node was able to be predicted in patients with T1 gastric cancer. **Patients and Methods:** Among 1842 patients with T1 gastric cancer who underwent gastrectomy, 124 patients with a single lymph node metastasis (a possible sentinel node) were selected for this study. Main locations of the original T1 cancers and metastatic lymph node stations were compared in these 61 patients. **Results:** A single metastatic lymph node was identified at perigastric lymph node stations in 109 (88%) of 124 patients. Of these 109 patients cancer cells metastasized to the nearest or possibly nearest stations in 88 patients, to next to the nearest stations in 9 patients and to the opposite side of the stomach in 12 patients. A single metastatic node was also identified at the non-perigastric nodal stations in 15 patients (12%). These jumping or skip metastases existed more in tumors in the lower third of the stomach. There found no pathologic feature in these 7 patients. **Conclusion:** Lymphatic flow around the stomach may be complicated and jumping or skip metastases sometimes exist. It may be difficult to predict locations of lymph node metastases and to minimize lymph node dissection in even in T1 gastric cancer even though using any navigation systems. As the more sufficient evaluating methods, combination with more effective ways such as the efficacy index should be required for minimizing lymph node dissection. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Early gastric Cancer

José Olympio Meirelles-Santos; Nelson Miyajima; Rita Carvalho; Ciro G Montes; Leonardo Munici; Cristiane Nagasaki; Cláudio Saddy RodriguesCoy.; **CLINICAL OUTCOME OF ENDOSCOPIC SUBMUCOSAL DISSECTION FOR GASTRIC LESIONS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 16

**Background:** The endoscopic submucosal dissection is a technique developed in Japan for en bloc resection with a lower rate of recurrence. It is considered technically difficult and held in few specialized centers. **Objective:** to report the experience from the Gastrocentro-UNICAMP in the treatment of gastric lesions by endoscopic submucosal dissection. **Material and Methods:** The guidelines of the Japanese Association of Gastric Cancer were used as criteria of indication. The practicability of the method, complications and histological analysis of the specimen were evaluated. The follow up had made with 6 month and once a year. **Results:** twenty-eight patients were submitted to endoscopic submucosal dissection from June 2010 to July 2014. The mean age of the patients was 67,1 (45-88) years, and 14 patients were male. Four patients were carriers of hepatic cirrhosis. The average size of the lesions was 30,6 (20-55) mm and the average procedure time was 120,7 (60-240) min. En bloc resection was possible in 27 patients (96,4%). Complications were observed in three cases being perforation (3,6%), bleeding (3,6%) and asymptomatic pyloric stenosis (3,6%) all treated successfully by endoscopy. The post-procedure diagnoses were: adenoma with low grade dysplasia (n = 2), adenoma with high grade dysplasia (8), neuroendocrine tumor (2), well differentiated adenocarcinoma (M1=2, M2=4, M3=6 and SM1=3). One case with the pre-procedure diagnosis of well differentiated adenocarcinoma revealed as poor differentiated adenocarcinoma with vascular invasion. All gastric lesions presented lateral margins and depths free of lesion. The rate of cure was 85,7% without recurrence with the median follow-up of 17,3 months. **Conclusion:** The endoscopic submucosal dissection achieved high success and few complications rates in the initial experience at our institution. It also made possible the appropriate lesions staging. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Early gastric Cancer

Yeon-Ju Huh; Ji-Ho Park; Hyuk-Joon Lee; Seung-Mi Jung; Young-Gil Son; Tae-Han Kim; Jun-Young Yang; Yun-Suhk Suh; Seong-Ho Kong; Han-Kwang Yang. **COMPARISON OF POSTOPERATIVE SYMPTOMS AFTER DISTAL GASTRECTOMY AND PYLORUS PRESERVING GASTRECTOMY FOR EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 17

Purpose: The aim of this study was to investigate the incidence of the postoperative subjective symptoms including dumping syndrome after distal gastrectomy (DG) and pylorus-preserving gastrectomy (PPG) for the treatment of early gastric cancer. Methods: The indications for questions were the patients underwent DG or PPG between 2004 and 2014. We made the survey using Sigstad dumping score and the questionnaire established by the Japanese Society of Gastroenterological Surgery (JSGS) on patients who were visited to the out-patient clinic in the Seoul National University Hospital between August 2014 and November 2014. In this study, PPG and DG were indicated of the early gastric cancer located in the middle third of the stomach, especially distant 5 cm from pylorus. The anastomosis of the PPG was gastrogastrostomy and those of the DG were Billroth I, Billroth II and Roux-en-Y gastrojejunostomy. Results: For Sigstad dumping score survey, 123 patients who underwent PPG and 124 patients who underwent DG were enrolled. And for JSGS survey, 152 patients who underwent PPG and 177 patients who underwent DG were enrolled. The mean follow up periods were 643.0 ± 603.0 days for Sigstad dumping score and 1087.4 ± 596.0 days for JSGS. The mean Sigstad score were 1.85±3.91 and 0.63±2.11 in DG and PPG groups within 1 year (p=0.049). The incidence of dumping syndrome defined as Sigstad dumping score over 7 were significantly lower in PPG group at postoperatively within 1 year (p=0.046). The percentage of the patients who have at least 1 symptom suggesting late dumping syndrome was significantly lower in the PPG group compared with the DG group between postoperatively 1 year and 2 year (P=0.007). Conclusion: The Sigstad dumping score was significantly lower in the PPG group within 1 year. The incidence of late dumping syndrome was significantly lower between postoperatively 1 year and 2 year. The results of this study may help estimate the sample size of randomized controlled trials. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Early gastric Cancer

Mario Alberto Vásquez-Chaves; Federico Rojas Montero; Luis Loría. **INCIDENCE OF LYMPH NODE METASTASIS IN RESECTED EARLY GASTRIC CANCER IN COSTA RICA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 17

Western and Eastern populations may have significant differences regarding the clinical outcome after surgery for gastric cancer. In most randomized control trials, the control group in western series have worse outcomes than the control group of eastern series. This observation suggests a different and more aggressive biological behaviour of gastric cancer in western populations. Most series describing the lymph node metastasis incidence in early gastric cancer are Japanese. The purpose of this research was to describe the incidence of lymph node metastasis in early gastric cancer patients Costa Rica, a Latin American population. Data from Costa Rican patients regarding lymph node metastasis risk is very important for the implementation of ESD techniques. From retrospective data of 595 gastric cancer patients who underwent surgery from 2003 to 2014 in two of the main hospitals in the Costa Rican Social Security System, 26% (156 patients) had early gastric cancer. The average age in early gastric cancer patients was 65 years old, 57.1% were male. Of those 156 patients, 54% had T1a tumors, whereas 46% had T1b tumors. 64% of the tumors were well differentiated. The average number of lymph nodes obtained after D1+8a,9,11p lymphadenectomy was 23.8. There was no significant difference in the lymphadenectomy and number of lymph nodes resected between T1a and T1b tumors. Average tumor size was 19 mm for T1a tumors and 37 mm for T1b tumors. 2,3% of the T1a tumors had lymph node metastasis, while 27% of submucosa invading tumors had lymph node metastasis. Variables associated with lymph node metastasis were tumor bigger than 2 cm, submucosa invasion, lymphatic invasion, poorly differentiated tumors and scirrous growth pattern. Early gastric cancer has greater incidence of lymph node metastasis in Latin American populations |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Early gastric Cancer

Il Ju Choi; Hyoung Sang Kim; Young-Il Kim; Jong Yeul Lee; Chan Gyoo Kim; Myeong-Cherl Kook. **DISCREPANCY BETWEEN CLINICAL EVALUATION AND FINAL PATHOLOGICAL FINDINGS IN EARLY GASTRIC CANCERS TREATED BY ENDOSCOPIC SUBMUCOSAL DISSECTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 17

Introduction and objectives: Additional surgery is often required after endoscopic submucosal dissection (ESD) for early gastric cancers (EGCs) due to inaccurate estimation of tumor characteristics. In this study, we investigated the discrepancy between pre-ESD clinical estimation and post-ESD pathological findings in terms of ESD criteria. Methods: We retrospectively reviewed 756 patients with EGCs meeting the absolute or expanded indication criteria underwent ESD between 2004 and 2011 at the National Cancer Center. The estimated pre-ESD clinical criteria were compared with the final post-ESD pathologic criteria. In addition, the clinicopathologic factors associated to the discrepancy of the pre- and post- ESD criteria were analyzed. Results: Of 756 patients, estimated pre-ESD criteria were absolute indication in 660 patients and expanded indication in 96 patients. In the clinically absolute-group, 407 patients (61.7%) were the absolute indication, 162 (24.6%) expanded indication, and 91 (13.8%) were out-of-indication at the final pathologic evaluation. In the clinically expanded indication group, 26 patients (27.1%) were the absolute indication, 41 (40.2%) expanded indication, and 29 (30.2%) were out-of-indication at the post-ESD pathological evaluation; patients in clinically expanded indication had significantly higher rate of post-ESD out-of-indication (p<0.001). A multivariate analysis showed that older age, tumor size > 2 cm, upper third location, and undifferentiated histologic types on the pre-ESD evaluation were independent risk factors associated with the out-of-indication on the post-ESD pathologic evaluation. Conclusion: Non-curative resection rate due to out-of-indication is high as much as one third for EGCs clinically meeting expanded indication. For those lesions, possibility of additional surgery should be emphasized to patients before undergoing ESD. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Early gastric Cancer

Jie-Hyun Kim; Yong Hoon Kim; HyunKi Kim; Hoguen Kim; Yong Chan Lee; Sang Kil Lee; Sung Kwan Shin; Jun Chul Park; Hyun Soo Chung; Jae Jun Park; Young Hoon Youn; Hyojin Park; Sung Hoon Noh; Seung Ho Choi. **IS THE RECENT WHO PATHOLOGICAL CLASSIFICATION FOR GASTRIC CANCER HELPFUL IN APPLYING TO ENDOSCOPIC RESECTION?.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 17

Background/Aims: Endoscopic resection (ER) has been performed in early gastric cancer with undifferentiated histology (UD-EGC) based on Japanese classification. Whereas, we previously found that different approach is necessary between poorly differentiated (PD) & signet ring cell carcinoma (SRC) for curative resection. However, according to 2010 WHO classification, diffuse type PD and SRC are categorized into the same group as poorly cohesive carcinoma. Thus, we assessed whether the WHO classification is helpful to perform ER of UD-EGC. Methods: Among 3,419 EGC underwent surgery, we analyzed the clinicopathologic features of 1,295 lesions with SRC and PD. We recategorized into intestinal PD, poorly cohesive carcinoma (SRC, diffuse PD), and compared in terms of clinical behavior such as lymph node metastasis (LNM). We also recategorized 190 lesions (63 PD; 127 SRC) treated by ER into intestinal PD, poorly cohesive carcinoma (SRC, diffuse PD), and compared in terms of outcomes of ER. Results: According to surgical data, the rate of LNM was high in order from intestinal PD, diffuse PD and SRC (15.8%, 13.5%, and 6.3%). Similarly, the rate of LVI was significantly lowest in SRC compared with diffuse and intestinal PD. When compared between diffuse PD and SRC categorized as poorly cohesive carcinoma, the rate of LNM and LVI was significantly higher in diffuse PD than SRC. According to ER data, there was no recurrence in all of them if curatively resected. However, the most common cause of non-curative resection was different between SRC and PD irrespective of intestinal or diffuse type. The most common cause was positive lateral margin in SRC, whereas positive vertical margin in both intestinal and diffuse PD. Conclusions: Clinical behaviors are different between diffuse PD and SRC categorized as poorly cohesive carcinoma in WHO classification. Considering LNM and outcomes of ER, the recent WHO classification may not be helpful to perform ER for UD-EGC. |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Early gastric Cancer

Seung-Young Oh; Kyung-Goo Lee; Yun-Suhk Suh; Min A Kim; Seong-Ho Kong; Hyuk-Joon Lee; Woo Ho Kim; Han-Kwang Yang. **LYMPH NODE METASTASIS IN MUCOSAL GASTRIC CANCER: REAPPRAISAL OF EXPANDING INDICATION FOR ENDOSCOPIC SUBMUCOSAL DISSECTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 18

**Introduction:** Indication of endoscopic mucosal dissection (ESD) as a treatment for early gastric cancer has been expanded to undifferentiated type (UD-type) gastric cancer despite the risk of lymph node (LN) metastasis. The aim of this study was to evaluate new, especially related to mixture of cellular differentiation, risk factors of LN metastasis in mucosal gastric cancer. **Methods:** Total 1003 patients who underwent radical gastrectomy for primary gastric adenocarcinoma with pT1a stage from 2008 to 2012 were divided into four groups according to pathologic reports; patients who showed only one type of differentiation in pre and post-operative reports were classified as purely-differentiated (p-D) group or purely-undifferentiated (p-UD) group, and others who showed both of differentiated-type (D-type) and UD-type were classified into dominantly-differentiated (d-D) group or dominantly-undifferentiated (d-UD) group according to post-operative reports. We evaluated risk factors of LN metastasis using univariate and multivariate analysis. And clinicopathologic characteristics of the four groups were analyzed. In terms of the patients with LN metastasis, pathologic slides of metastatic LNs as well as resected specimen were reviewed. **Results:** There were 437 patients in p-D group, 64 patients in d-D group, 72 patients in d-UD group, and 430 patients in p-UD group. Among 475 patients who showed D-type in preoperative biopsy, 34 patients (7.2%) were converted to UD-type after surgeries. Univariate and multivariate analysis showed that the number of retrieved LNs and the distribution of cellular differentiation had significant effect on LN metastasis. Proportion of patients with LN metastasis was significantly higher ( $p < 0.001$ ) in d-UD group (6/72, 8.3%) and p-UD group (10/430, 2.3%) compare to d-D group (1/65, 1.5%) and p-D group (1/437, 0.2%). Among 18 patients with metastatic LN, no patient satisfied conventional ESD indication but 6 patients satisfied expanded ESD indication. And only 1 patient's preoperative CT report was consistent with final pathologic result. **Conclusion:** The number of retrieved LNs and undifferentiated cellular differentiation, especially combined with minor proportion of D-type component, are risk factors of LN metastasis in mucosal gastric cancer. D-type gastric cancer by endoscopic biopsy may rather have more aggressive clinical features and higher risk of LN metastasis when the final pathologic result is converted into UD-type. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Early gastric Cancer

BU ZHAODE; ZHENG ZHIXUE; Li Ziyu; Liu Yiqiang; Ji Jiafu. **PREDICTORS OF LYMPH NODE METASTASIS FOR T1b GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 18

**Background:** The aim of this study was to find the predictors of lymph node metastasis for T1b gastric cancer. **Methods:** A retrospective study was performed of 262 patients with T1b gastric cancers who underwent D2 gastrectomy at Beijing Cancer Hospital between January 1996 to January 2012. Logistic regression analyses were undertaken to evaluate the association between lymph node status and clinicopathological features. **Results:** Pathology reports identified LNM in 18.3% of patients. Among clinicopathological parameters including age, gender, tumor location, tumor size, macroscopic type, differentiation and lymphovascular invasion (LVI), differentiation ( $p = 0.02$ ) and LVI ( $p < 0.01$ ) were significant in multivariate analysis. Effect of tumor size and macroscopic type was marginal ( $p = 0.05$ ). **Conclusion:** Lymphovascular invasion and differentiation are associated with a significantly increased rate of LNM in T1b gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Early gastric Cancer

Arnulf H. Hölscher; Elfriede Bollschweiler; Patrick Plum; Uta Drebbler; Stefan P. Mönig. **PROGNOSTIC IMPACT OF UPPER, MIDDLE AND LOWER THIRD MUCOSAL OR SUBMUCOSAL INFILTRATION IN EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 18

**Objective:** To identify differences in survival of patients with pT1 gastric cancer relating to the depth of wall infiltration or lymphatic infiltration. **Background:** Histologic analysis of mucosal and submucosal infiltration in thirds has shown an increasing rate of lymph node metastasis (LNM) according to the depth of wall infiltration in pT1 gastric cancer. **Methods:** 139 patients had total ( $n = 98$ ) or subtotal gastrectomy ( $n = 30$ ) for pT1 gastric cancer or total gastrectomy combined with distal esophageal resection ( $n = 21$ ) for type II or III pT1 adenocarcinoma of the esophagogastric junction. The median number of resected lymph nodes was 29 (14-73). The histologic analysis of the specimen comprised depth of wall penetration of the carcinoma in thirds of pT1a = mucosa (m1, m2, m3) or pT1b = submucosa (sm1, sm2, sm3), number and infiltration of the resected lymph nodes and detection of extracapsular lymph node infiltration. The median follow-up of the study group was 5.4 years. **Results:** The R0-resection rate was 100% and the rate of LNM was 10% for 52 mucosal and 18% for 87 submucosal carcinomas. Only 5% of all patients had 3 or more LNM ( $p < 0.02$ ). For m1 and m2 the rate of LNM was 0%, for m3 11%, for sm1 18%, sm2 16% and for sm3 39% and none had extracapsular LN infiltration. The 5-year survival rate (5-YSR) was 79% for pN0 and 73% for pN+ patients ( $p = 0.213$ ). The 5-YSR of the pT1a group was 84% compared with 73% for pT1b ( $p = 0.832$ ). The 5-YSR for sm1, sm2 and sm3 were similar. In multivariate analysis only age was an independent prognostic factor. **Conclusion:** After R0-resection and D2-lymphadenectomy of early gastric cancer submucosal infiltration or lymph node metastasis are no prognostic factors. This finding supports the significance of adequate lymphadenectomy in T1 gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Early gastric Cancer

Shi Yan; Dai Guang Hai. **RANDOMIZED CLINICAL OBSERVATION OF ADJUVANT CHEMOTHERAPY WITH XELOX FOLLOWED BY DOCETAXEL VERSUS XELOX ALONE FOR POSTOPERATIVE PATIENTS WITH STAGE III GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 18

**Objective:** Poor prognosis of postoperative gastric cancer is related to heterogeneity. It seems unreasonable that all patients treat with the same adjuvant regimen of XELOX. The aim of this trial is to evaluate the efficacy and safety of adjuvant regimen of XELOX followed by docetaxel compared with classical adjuvant regimen of XELOX in postoperative patients with stage III gastric cancer. **Methods:** The patients with stage III gastric cancer after D2 gastrectomy were enrolled between Jan, 2011, and Dec, 2012, in CPLA General Hospital, and randomly assigned to 4-cycle of XELOX followed by 4-cycle of docetaxel or 8-cycle of XELOX. In patients assigned to XELOX followed by docetaxel, 1000 mg/m<sup>2</sup> capecitabine was given orally, twice daily for 2 consecutive weeks, and 130 mg/m<sup>2</sup> oxaliplatin was given intravenously on day 1 within a 3-week cycle. After 4-cycle of XELOX, 75 mg/m<sup>2</sup> docetaxel was also given intravenously on day 1 within a 3-week cycle. Those assigned to XELOX received the same dose of oxaliplatin and capecitabine. The primary endpoint was disease free survival. Secondary endpoints were completion of treatment, safety and overall survival. Analysis was by intention to treat. **Results:** A total of 77 patients were enrolled, 38 patients were assigned to XELOX followed by docetaxel and 39 patients were assigned to XELOX alone. There was no significant difference between the disease free survival of XELOX followed by docetaxel group and those of XELOX group ( $P > 0.05$ ). However the proportion of completion of treatment in XELOX followed by docetaxel group was significantly higher than that in XELOX group ( $P < 0.01$ ). Further stratified analysis showed that significant survival benefits were found with XELOX followed by docetaxel group in patients with signet ring cell cancer subgroup ( $P < 0.001$ ). The more grade 3 or 4 adverse events including peripheral neurotoxicity and nausea and vomiting were observed in XELOX group. **Conclusions:** The regimen of XELOX followed by docetaxel might be one of options as adjuvant chemotherapy postoperative patients with stage III gastric cancer. Further prospective studies are needed. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Early gastric Cancer

Shi Yan; Dai Guang Hai. **RANDOMIZED CLINICAL OBSERVATION OF ADJUVANT CHEMOTHERAPY WITH XELOX FOLLOWED BY DOCETAXEL VERSUS XELOX ALONE FOR POSTOPERATIVE PATIENTS WITH STAGE III GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 19

**Objective:** Poor prognosis of postoperative gastric cancer is related to heterogeneity. It seems unreasonable that all patients treat with the same adjuvant regimen of XELOX. The aim of this trial is to evaluate the efficacy and safety of adjuvant regimen of XELOX followed by docetaxel compared with classical adjuvant regimen of XELOX in postoperative patients with stage III gastric cancer. **Methods:** The patients with stage III gastric cancer after D2 gastrectomy were enrolled between Jan, 2011, and Dec, 2012, in CPLA General Hospital, and randomly assigned to 4-cycle of XELOX followed by 4-cycle of docetaxel or 8-cycle of XELOX. In patients assigned to XELOX followed by docetaxel, 1000 mg/m<sup>2</sup> capecitabine was given orally, twice daily for 2 consecutive weeks, and 130 mg/m<sup>2</sup> oxaliplatin was given intravenously on day 1 within a 3-week cycle. After 4-cycle of XELOX, 75 mg/m<sup>2</sup> docetaxel was also given intravenously on day 1 within a 3-week cycle. Those assigned to XELOX received the same dose of oxaliplatin and capecitabine. The primary endpoint was disease free survival. Secondary endpoints were completion of treatment, safety and overall survival. Analysis was by intention to treat. **Results:** A total of 77 patients were enrolled, 38 patients were assigned to XELOX followed by docetaxel and 39 patients were assigned to XELOX alone. There was no significant difference between the disease free survival of XELOX followed by docetaxel group and those of XELOX group (P>0.05). However the proportion of completion of treatment in XELOX followed by docetaxel group was significantly higher than that in XELOX group (P<0.01). Further stratified analysis showed that significant survival benefits were found with XELOX followed by docetaxel group in patients with signet ring cell cancer subgroup (P<0.001). The more grade 3 or 4 adverse events including peripheral neurotoxicity and nausea and vomiting were observed in XELOX group. **Conclusions:** The regimen of XELOX followed by docetaxel might be one of options as adjuvant chemotherapy postoperative patients with stage III gastric cancer. Further prospective studies are needed. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Early gastric Cancer

Leonardo Medeiros Milhomem; Daniela Medeiros Milhomem Cardoso; Orlando Milhomem da Mota; Eliane Duarte Mota; Edesio Martins; Maria Luísa Matias Ferreira; Raianni Rúbia Pacheco Silva; Jales Benevides Santana Filho; **RISK FACTORS FOR LYMPH NODE METASTASIS IN EARLY GASTRIC CANCER IN WESTERN POPULATION AND THE IMPACT IN THE TREATMENT STRATEGY. ARE THE EASTERN RULES SAFE TO THE WEST?** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 19

**Introduction:** Analysis of risk factors or predictors of lymph node metastasis in early gastric cancer remain rare in the West. Despite the decline in the incidence of gastric cancer cases in some countries, morbidity and mortality of the surgical treatment remains high. Data and information about less invasive therapies are based on Eastern Studies. **Objectives:** To report the experience with cases of early gastric cancer surgically treated at a specialized hospital in Brazil, analyzing clinical and pathological factors related to the presence of lymph node metastasis. **Methods:** A hundred and fifty five cases of early gastric cancer surgically treated from 1998 to 2013 were enrolled. Clinical, pathological and surgical factors were included in the analysis. **Results:** Lymph node metastasis were observed in 14.8% of patients with early gastric cancer; 6.15% in tumors of the mucosa and 21.1% in submucosal tumors. Regarding the level of invasion, lymph node metastasis were observed in M2 7.6% (1/13) M3 7.1% (2/28) SM1 12.1% (5/41) 26.6 SM2 % (4/15) and SM3 37.5% (6/16) lesions. In a multivariate analysis, ulceration (p = 0:04), diameter larger than 40mm (p = 0:07), submucosal invasion (p = 0.017), lymphatic invasion (p = 0.001) and vascular invasion (p = <0.001) were factors independently related to metastasis. There were no cases of lymph node metastasis in patients included in the expanded Gotoda criteria of endoscopic treatment. **Conclusion:** Less invasive treatments are an alternative to be considered in selected cases. The criteria used in the East remain appropriate to the West. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Early gastric Cancer

Carlos Eduardo Jacob; Rodrigo José de Oliveira; Rodrigo Luis Macacari; Anna Carolina Batista Dantas; Marcus Fernando Kodama Pertille Ramos; André Roncon Dias; Osmar Kerji Yagi; Donato Roberto Mucerino; Leandro Cardoso Barchi; Marcelo Mester; Cláudio José Caldas Bresciani; Fábio Pinatel Lopasso; Joaquim Gama-Rodrigues; Bruno Zilberstein; **SURVIVAL OF GASTRECTOMY FOR EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 19

**Introduction:** Despite the growing incidence of endoscopic resection of early gastric cancer (GC), gastrectomy remains the standard treatment, with 5-year overall survival up to 98%. **Objectives:** The aim of this study is to retrospectively review the clinicopathologic features and surgical outcome of gastrectomy for early GC. **Methods:** Retrospective analysis of 1153 patients resected with curative intent for GC between 1985 and 2014. The findings of 266 patients (23%) with early GC were compared with those of 887 patients with advanced GC. **Results:** There was no difference in genre, but early GC patients were predominantly younger than 60 (59,4 vs. 82,4%, p=0,002). Total Gastrectomy (27,1 vs. 44,1%, p=0,001) and more than D2 lymphadenectomy 0,7 vs. 4,1%, p=0,006) was less frequent in this group. Early GC patients had more intestinal Lauren type tumors (58,4 vs. 43,2%, p=0,001) and NO-stage (82,4 vs. 31,5%, p=0,001). There was no difference in perioperative morbidity (21,4 vs. 26,7%, p=0,092) and mortality (5,2 vs. 3,7%, p=0,28) between groups. Five-year overall survival was 72% in early GC and 39% in advanced GC (p=0,001). **Conclusion:** Despite the stage of disease, perioperative morbimortality remains the same. Nevertheless, gastrectomy is still the standard procedure for early GC with favorable overall survival rates. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Sang Hyun Kim; Sung Il Choi; Sung Sin Cho; Yoona Chung; **ASSESSMENT OF PAIN AFTER TOTALLY LAPAROSCOPIC DISTAL GASTRECTOMY COMPARED WITH LAPAROSCOPIC ASSISTED DISTAL GASTRECTOMY IN PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 19

**Introduction:** Totally laparoscopic distal gastrectomy (TLDG) is reported to have several advantages as less pain, smaller incision and earlier bowel recovery over laparoscopic assisted distal gastrectomy (LADG). We conducted this study to compare postoperative pain of TLDG and LADG in patients with gastric cancer in aspect of objective and subjective intensity. **Objectives and Methods:** The data of 115 gastric cancer patients who underwent laparoscopic distal gastrectomy by a single surgeon between August 2011 and September 2014 were analyzed retrospectively. Patients were divided into 3 groups for comparison: LADG group, uTLDG group (TLDG with transumbilical wound extension for specimen removal) and pTLDG group (TLDG with suprapubic wound incision for specimen removal). Among 3 groups, additional administration of Patient Controlled Anesthesia (PCA) or analgesics intravenously was examined as subjective assessment and the Visual Analogue Scale (VAS) was used to evaluate the subjective intensity until postoperative 7 days (POD 7). **Results:** Among 115 patients, 43 patients underwent LADG, 48 patients did uTLDG and 24 patients did pTLDG. Refill of PCA and frequency of analgesics injection were no significant difference between 3 groups. However, VAS on POD2 to 6 was higher in pTLDG group than LADG group. Between uTLDG group and LADG group, there is no difference except VAS on POD 5 (3.21 in TLDG vs. 3.07 in LADG, p=0.004) **Conclusion:** In aspect of postoperative pain relief, TLDG is not useful rather than LADG and moreover suprapubic incision will be avoided for specimen removal. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery  
Mauricio Zuluaga Zuluaga; IVO SILJIC BILICIC; uriel cardona; juan carlos valencia;  
**CELIAC NEUROLYSIS PLEXUS IN ADVANCED GASTRIC CANCER, DESCRIBING THE  
TECHNIQUE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 20

**BACKGROUND** Patients with advanced gastrointestinal cancer are difficult management and therapeutic choices are limited, celiac neurolysis complex is offered as an option for pain control for these patients. **METHODS** Is described below the laparoscopic technique neurolysis of the celiac plexus. Patient is placed in French position, the surgeon is located between the patient's legs and the assistant on the right. The 10 mm umbilical trocar is placed, another 10 mm trocar in the right flank, and a 5 mm trocar in the left flank. Diagnostic laparoscopy is performed, the lesser curvature of the stomach is identified, the left gastric artery emerging from the celiac trunk. A pericranial catheter 22 is inserted through the trocar of 10 mm on the right flank and 20 ml of alcohol 95% (1/2) is instilled on each side of the emergence of the celiac trunk, verifying that it is not performing an arterial puncture. Removal is done under direct vision of the catheter and the procedure ends. **CONCLUSIONS** Neurolysis of the celiac plexus laparoscopically is an easy, cheap and safe technique, and is offered as an alternative for palliative management of patients with advanced gastrointestinal cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery  
Jeong Eun Seo; Man Ho Ha; Ji Eun Kim; Su Mi Kim; Min Gew Choi; Tae Sung Sohn; Jae Moon Bae; Sung Kim; Jun Ho Lee; **COMPARISON OF SINGLE PORT TOTALLY LAPAROSCOPIC DISTAL GASTRECTOMY AND REDUCED PORT TOTALLY LAPAROSCOPIC DISTAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 20

**OBJECTIVE:** To compare surgical outcomes of patients with gastric cancer undergoing single port totally laparoscopic distal gastrectomy (TLDG) to those of patients undergoing reduced port (three-ports) TLDG. **BACKGROUND:** Laparoscopy assisted distal gastrectomy (LADG) is a treatment method for patients with early gastric cancer; however, single or reduced port LADG for these patients has been rarely reported. **METHODS:** This retrospective study included 94 patients with early gastric cancer who underwent single port or reduced port TLDG at single center between May 2014 and December 2014. Surgical outcomes were compared between operation methods. **RESULTS:** There are more female patients (54.2 % versus 19.6 %, p=0.001) and less obese patients (21.1±2.1 kg/m<sup>2</sup> versus 24.6±3.2 kg/m<sup>2</sup>, p=0.001) in the single port TLDG group. There was no significant difference in blood loss during surgery, the operating time (135.3±18.8 minutes versus 132.8±27.0 minutes, p=0.634) and the number of dissected lymph nodes 35.5 [16-67] versus 37.5 [15-81], p=0.300) between groups. The pain score at postoperative first day was similar between single port and reduced port TLDG groups (4.1±1.0 versus 4.0±0.8, p=0.666). Complication rates in the single port and reduced TLDG groups were similar (20.8% versus 21.7%, P=1.000). No postoperative deaths occurred in either group. **CONCLUSIONS:** Single port totally laparoscopic distal gastrectomy might be considered as a treatment option for early gastric cancer patients. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery  
Han-Mo Yoo; Eun Young Kim; Jin Won Lee; Kyo Young Song; Cho Hyun Park;  
**DISTRIBUTION OF LYMPH NODE METASTASIS IN PATIENT WITH EARLY GASTRIC  
CANCER: APPROPRIATE INDICATION OF LIMITED LYMPH NODE DISSECTION.** ABCD  
Arq Bras Cir Dig 2015;28(Supl. 3) 20

**Background and Objectives:** We investigated the pattern of lymphatic drainage in patients with gastric cancer to predict metastatic lymph node according to tumor location. **Methods:** A total of 1173 patients with previously untreated pT1 gastric adenocarcinomas who underwent curative gastrectomy with over D2 lymph node dissection were enrolled this study. The distribution of metastatic lymph nodes was evaluated according to tumor location. The incidence rate of extra regional lymph node metastasis (ERLNM) and risk factors were analyzed. **Results:** The incidence of ERLNM was 6.9 % (81 of 1173). ERLNM observed better most of tumor location except, tumor located middle third and great curvature (GC), upper third and GC or anterior wall (AW) of stomach. Lesser curvature (LC) tumor, large size and depth of invasion were independent risk factor of ERLNM. There were only two cases of ERLNM in patients who met the follow indications: (1) ?3 cm tumor; (2) minimal submucosal invasion; (3) tumor located except LC of stomach. **Conclusions:** Any location of tumor had a chance of ERLNM. Especially, tumor with large size, deep submucosal invasion and LC tumor showed ERLNM significantly. To avoid inappropriate lymph node dissection when perform minimal invasion surgery for early gastric cancer, surgeons should take special care with these tumors. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery  
Yanfeng Hu; Jiang Yu; Xing Lu; Tingyu Mou; Tao Chen; Hao Liu; Guoxin Li; **DUAL-PORTS LAPAROSCOPIC DISTAL GASTRECTOMY WITH LYMPH NODE DISSECTION FOR GASTRIC CANCER: INITIAL EXPERIENCE FROM A SINGLE INSTITUTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 20

**Aim:** There is an increasing interest in reduced port surgery for gastric cancer. We introduced a modified dual-ports laparoscopic distal gastrectomy (DP-LDG) with lymphadenectomy adopting an economical and available solution in the study. **Method:** A surgical glove, minilaparotomy wound protector, and three trocars were integrated as self-made single-site access system, which was inserted into a 4-5cm upper abdominal minilaparotomy. Another 5 mm port was inserted at the right upper quadrant where a drainage tube should be used after surgery. Between January 2013 and January 2014, five patients with gastric cancer underwent DP-LDG in our institution. **Results:** All of the operations were performed without conversion to conventional laparoscopy nor open. There was no intraoperative complication. The mean operation time was 139.2±9.7 min, and mean estimated blood loss was 59.0±34.0 mL. The mean number of harvested nodes was 55.2±9.6 per patient. The mean postoperative hospital stay was 5.6±0.5 days. One patient experienced wound infection, while others with no postoperative complication. **Conclusion:** The dual-ports laparoscopic distal gastrectomy with lymphadenectomy might be a technical feasible procedure for selective patient with gastric cancer; however, prospective trial is needed to evaluate the surgical safety and oncologic efficacy. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Audrey H Choi; Rebecca A Nelson; Shaila Merchant; Jae Y Kim; Joseph Chao; Joseph Kim; **ENDOSCOPIC MUCOSAL RESECTION MAY NOT BE APPROPRIATE FOR ALL T1a GASTRIC CANCERS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 21

**Introduction:** Endoscopic mucosal resection (EMR) and endoscopic mucosal dissection (EMD) are widely accepted in Asia for treatment of early gastric cancer (EGC). Few studies have examined lymph node (LN) metastasis rates in Western populations. Because EMR and EMD are becoming more widely practiced in the US, we sought to determine LN metastasis rates and clinical outcomes of EGC in a racially heterogeneous Western population. **Methods:** Patients with surgically-resected, histologically-confirmed AJCC T1a gastric adenocarcinoma were identified in the Surveillance, Epidemiology, and End Results (SEER) database from 2002-2011. Exclusion criteria included stage IV disease, multiple primaries, and receipt of neoadjuvant radiation therapy. SEER does not provide data on chemotherapy. Survival analyses were performed using the Kaplan-Meier method, with differences across groups determined using the log-rank test. **Results:** Of 832 patients identified with resected T1a gastric adenocarcinoma, 66 (7.9%) patients had at least one positive LN on final pathology. For T1a tumors, Asian Pacific Islanders (APIs) demonstrated the lowest rate of LN metastases (15/285, 5.3%), followed by Hispanics (11/149, 7.4%), blacks (13/136, 9.6%) and whites (27/262, 10.3%). The highest rates of Stage IA disease were observed in API (267/285, 93.7%) and Hispanic (137/149, 91.9%) patients, followed by white (235/262, 89.7%) and black (120/136, 88.2%) patients. White and black patients had more advanced stages of disease (IB 7.6%, IIA 2.3%, IIB 0.4%; and IB 8.1%, IIA 3.7%, IIB 0%, respectively) than API and Hispanic patients (IB 4.2%, IIA 1.7%, IIB 0.4%; and IB 4.0%, IIA 3.4%, IIB 0.7%, respectively). Survival analyses of T1a gastric cancer patients by race showed 5-year overall survival was highest for API (API 87%, Hispanic 80%, black 78%, and white 75%; p=0.008). A similar trend was observed for 5-year disease-specific survival (API 96%, Hispanic 91%, black 88%, white 87%; p=0.026). **Conclusion:** The rate of LN metastasis in T1a gastric cancers in the US population is higher than the historical rate reported in Asia. Overall and disease-specific survival in T1a gastric cancers varied significantly by race, suggesting that definitive endoscopic treatment may not be appropriate for all patients. The risk of recurrent disease and poorer survival may be related to race and should be considered when selecting patients for endoscopic resection. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Rodrigo Muñoz; Enrique Norero; Manuel Manzor; Fernando Crovari; Eduardo Briceño; Mauricio Gabrielli; Marco Ceroni; Paulina Gonzalez; **INTRACORPOREAL HAND-SEWN ESOPHAGOJEJUNAL ANASTOMOSIS DURING LAPAROSCOPIC TOTAL GASTRECTOMY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 21

**Introduction:** Laparoscopic total gastrectomy (LTG) to treat gastric cancer has gained popularity over the recent years due to its benefits associated with a minimally invasive approach, and due to its oncological results comparable to those observed after open total gastrectomy. However, performing the esophagojejunal anastomosis (EJA) is technically difficult and remains a major source of serious postoperative complications, such as leakage. **Objectives:** To describe the surgical technique and report our preliminary experience with a new method of EJA for the reconstruction after LTG for gastric cancer. **Methods:** We identified patients that underwent laparoscopic total gastrectomy for gastric cancer in two centers from 2012-2014, with a standard esophagojejunal anastomosis technique. Briefly, our reconstruction technique consisted of a Roux-en-Y, with a two layer intracorporeal hand-sewn EJA anastomosis using a 34Fr or 50Fr calibration silicon tube. An upper GI series study was performed to rule out leakage before the beginning of enteral feeding. **Results:** We identified 20 patients, eleven (55%) were male, with an average age of 59 ± 11 years. The average operation time and EJA was 345 ± 65 minutes, 70 ± 8 minutes, respectively. Average intraoperative bleeding was 198 ± 109 ml. There were no conversions related to intracorporeal EJA. There were no patients with Clavien III or higher complications. Postoperative morbidity was observed in two (10%) patients. There was no mortality and no reoperations. Average length of stay was 8.5 ± 1.6 days. There were no cases of EJA leakage. **Conclusions:** Intracorporeal hand-sewn esophagojejunostomy appears to be a safe and a technically feasible technique without the use of mechanical suturing devices. This technique also avoids the need of any upper abdominal incision, thus maintaining the benefits of minimally invasive approach. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Enrique Norer; Ricardo Funke; Carlos Garcia; Jose Ignacio Fernandez; Enrique Lanzarini; Paulina Gonzalez; **LAPAROSCOPIC GASTRECTOMY FOR GASTRIC ADENOCARCINOMA. ANALYSIS FROM THE CHILEAN NATIONAL REGISTER OF LAPAROSCOPIC SURGERY FOR GASTRIC CANCER. CHILEAN LAPAROSCOPIC GASTRECTOMY STUDY GROUP.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 21

**Introduction:** The laparoscopic approach for the treatment of gastric cancer has many advantages. However in south america there is no large experience with this technique. **Aim:** To evaluate the results of laparoscopic gastrectomy for cancer in Chile. **Material and Methods:** A multicentric register of five centers performing laparoscopic gastrectomy was organized. Data from all patients treated with a laparoscopic gastrectomy for gastric adenocarcinoma was included from 2005 to 2014. This was a retrospective study. Epidemiological, perioperative and follow-up data of patients was assessed. Complications were evaluated according to the Clavien-Dindo classification. **Results:** Two hundred and nine patients underwent a laparoscopic gastrectomy. Median age was 64 (18-85) years and 55% were male patients. ASA class was I in 36%, II in 55% and III in 8%. Thirty seven percent of patients had a previous laparotomy. Tumor location was in the upper third in 26%, middle third 35% and lower third in 37%. In 134 (64%) patients a total gastrectomy was performed. A completely laparoscopic approach was used in 182 (87%). Conversion rate to open surgery was 6%. Operative time was 270 (130-500) min. Postoperative morbidity was present in 59 (28%) of patients, 17 (8%) had complications grade 3 or higher and there were four (1.9%) postoperative deaths. Esophago-jejunostomy leak rate was 9.7% and duodenal stump leak rate was 2%. Wound complications occurred in 1% and respiratory complication in 5%. Median hospital stay was 7 days. Tumor pathology was early gastric cancer in 54% and advanced in 46%. The median lymph node count was 31. An R0 resection was achieved in 191 (91%) of patients and there were 8 (4%) R1 cases. There were 10 (5%) cases of palliative surgery for M1 disease. Median follow-up was 28 months. Median overall survival was 113 months (5 year survival 75%). The median overall survival for early gastric cancer was not reached (5 year survival 81%) and for advanced gastric cancer this was 113 months (5 year survival 66%) (p=0.014). According to stage, the 5 year overall survival was 85%, 71%, 53%, 12% for stage I, II, III and IV respectively (p<0.001). **Conclusions:** This multicentric study supports the feasibility of laparoscopic gastrectomy. There was an acceptable rate of morbidity and mortality. The long-term survival is comparable to open gastrectomy series. This approach must be considered an option for selected patients with gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Erika Jongerius; Mark van Berge Henegouwen; Sjoerd Lagarde; Suzanne Gisbertz; **LAPAROSCOPIC GASTRECTOMY FOR GASTRIC CANCER: RESULTS OF THE IMPLEMENTATION OF A NEW TECHNIQUE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 21

**Introduction** Although different (neo)adjuvant strategies are being developed, surgical treatment remains the cornerstone of curative treatment for gastric cancer. The standard operative procedure has traditionally been an open (sub)total gastrectomy. In an attempt to lower perioperative morbidity, we designed and standardized a laparoscopic technique to perform a (sub)total gastrectomy for the treatment of patients with potentially curable gastric cancer. **Objective** Aim of this study was to describe the short-term results of the first series of laparoscopic gastrectomies in patients with potentially curable gastric cancer. **Methods:** In this prospective cohort trial we evaluated the first series of consecutive patients with potentially curable gastric cancer who underwent a laparoscopic (sub)total gastrectomy with a modified D2-lymphadenectomy the first year following introduction of the laparoscopic technique. **Primary endpoint** was perioperative morbidity and mortality. **Secondary endpoints** were hospital length of stay, number of harvested lymph nodes and radicality of surgery (R0 resection rate). **Results** From February 2013 until December 2014 40 patients underwent a laparoscopic gastrectomy (76.9% of all gastrectomies). Twenty-eight patients (70.0%) underwent a total gastrectomy and 12 patients (30.0%) a subtotal gastrectomy. In 6 patients (15.0%) 3-5 cm of esophagus was co-resected. Thirty patients (75.0%) received neo-adjuvant chemotherapy. There were 3 conversions (7.5%). Reasons for conversion were tumor involvement of the duodenum with a narrow relation to the pancreatic head in 2 cases and tumor ingrowth in the left hemidiaphragm necessitating partial diaphragm resection in 1 case. The median operation time was 317 min (SD 63.1), median blood loss 200 cc (SD 378.0) and median hospital stay 8 days (SD 6.8). The overall complication rate was 15.0% (6 patients). There were 2 complications (5.0%) requiring re-intervention. Both patients had an anastomotic dehiscence for which surgical drainage was performed. One of these patients (2.5%) died of the septic consequences. In 35 patients the tumor was radically removed (R0 resection rate 87.5%). Median lymph node count was 24 (SD 7.7). **Conclusions** Laparoscopic surgery for gastric cancer is feasible with good oncologic results and acceptable peri-operative morbidity and mortality. Implementation of this technique was evaluated as successful and therefore it is now an adapted surgical strategy at our center. |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Minimally invasive surgery

Do Hyun Jung; Sang Yong Son; Young Suk Park; Dong June Shin; Sang-Hoon Ahn; Do Joong Park; Hyung-Ho Kim; **LAPAROSCOPIC PROXIMAL GASTRECTOMY WITH DOUBLE TRACT RECONSTRUCTION IS SUPERIOR TO LAPAROSCOPIC TOTAL GASTRECTOMY FOR PROXIMAL EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 22

Background: Laparoscopic proximal gastrectomy (LPG) with double tract reconstruction (DTR) is known to reduce reflux symptoms, which is a major concern after proximal gastrectomy. The aim of this study is to compare retrospectively the clinical outcomes of patients undergoing LPG with DTR with those treated by laparoscopic total gastrectomy (LTG). Methods: Fifty-one and 121 patients undergoing LPG with DTR and LTG for proximal stage I gastric cancer were analyzed for short- and long-term clinical outcomes. Results: There were no significant differences in the demographics, T-stage, N-stage, and complications between the groups. The LPG with DTR group had a shorter operative time and lower estimated blood loss than the LTG group (182.1 vs. 222.4 min,  $p < 0.001$ ; and 90.8 vs. 141.4 mL,  $p = 0.002$ ). The incidence of reflux symptoms? Visick grade II did not significantly differ between the groups during a mean follow-up period of 41.2 months (2.0 vs. 2.5%,  $p = 0.999$ ). The hemoglobin change was significantly lower in the LPG with DTR group compared to in the LTG group in the first and second postoperative years (3.3 vs. 9.0%  $p = 0.002$ ; and 4.4 vs. 8.8%,  $p = 0.017$ , respectively), as was the mean amount of vitamin B12 supplements 2 years after operation (0.08 vs. 2.78 mg,  $p < 0.001$ ). The overall survival rate was similar between the groups. Conclusion: LPG with DTR maintained comparable oncological safety and anastomosis-related late complications compared to LTG and is preferred over LTG in terms of preventing postoperative anemia. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Khatkov IE; Izrailov RE; Vasnev O.S.; Pomortsev B.A.; **LAPAROSCOPIC SURGERY FOR CANCER OF THE GASTROESOPHAGEAL JUNCTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 22

Introduction: Over the last several decades, the incidence of cancer of the gastroesophageal junction (GEJ) has been increasing in developed countries. GEJ cancer is a complex surgical problem, the reason for which is the speciality for lymph node dissection and difficulties for esophagojejunal reconstruction, and results of its treatment still remain unsatisfactory. Objectives: To show our first experience of laparoscopy-assisted procedures for locally advanced cancer of the esophagogastric junction. Methods: Retrospective analysis involved 14 patients (9 male and 5 female) with malignancy of the gastroesophageal junction (13 adenocarcinoma and 1 signet cell ring) who underwent laparoscopy-assisted gastrectomy from November 2012 to December 2014. The mean age was 67.4±5.9. The mean BMI was 26.3±3.9. In one case we performed an operation for Siewert type 1, eight operations for Siewert type 2 and five operations for Siewert type 3. For Siewert type 1 we performed the Lewis operation. For gastroesophageal cancer type 2 and 3 we did laparoscopy-assisted total gastrectomy (10 cases) or proximal gastrectomy (3 cases) with transhiatal resection of the distal esophagus, lymphadenectomy of the lower mediastinum and of the abdominal D2 compartment. There were 3-T2, 4-T3, 6-T4a and 1-T4b (liver invasion) lesions. Results: Laparoscopy-assisted surgery was completed on 13 patients and in one case conversion was made. In all procedures we have done R0 resection. In the laparoscopic group the mean operation time was 502.3±80 (including waiting frozen-section intraoperatively), the mean blood loss was 211.5±94 ml. The mean length of stay was 16.2±4 days. There was one in-hospital death. Patient had esophagojejunal leak, mediastinitis and died on 19 PO day from progressive multiorgan failure. Complication III and IV grade of Clavien Classification was diagnosed in three cases. In one case the patient had pulmonary embolism with necessary treatment in intensive care. In the other two cases we performed pleural punctures. Conclusion: laparoscopic approach is possible and feasible for patients with locally advanced cancer of gastroesophageal junction in a high volume center, but multicenter randomized trials are necessary. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Jin-Jo Kim; Gyu-Seok Cho; Woo Jin Hyung; Han-Kwang Yang; Sang-Uk Han; Ohkyoung Kwon; Young-Ho Kim; Keun Won Ryu; Seong-Ho Kong; Hyoung-Il Kim; Hyuk-Joon Lee; Young Kyu Park; Sung Jin Oh; Wook Kim; Young-Joon Lee; Sung-Ho Jin; Joong-Min Park; Min Chan Kim; Jong Won Kim; Seung Wan Ryu; Hye Seong Ahn; Sun Hwi Hwang; **LAPAROSCOPIC TOTAL GASTRECTOMY IS A SAFE PROCEDURE FOR STAGE I PROXIMAL GASTRIC CANCER: THE RESULT OF PROSPECTIVE MULTI-CENTER STUDY IN KOREA, KLASS-03.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 22

Background: Laparoscopic distal gastrectomy for distal early gastric cancer has been proven safe and effective by several studies and widely accepted all over the world for the last decade. However, laparoscopic total gastrectomy for proximal early gastric cancer has not been preferred by many surgeons because of the technical difficulty in esophagojejunal anastomosis and lymph node dissection along the distal part of pancreas and spleen. A prospective single-armed multi-center study of laparoscopic total gastrectomy for clinical stage I proximal gastric cancer was conducted in Korea in 2012, to investigate its safety and efficacy. Methods: Twenty-two well-qualified gastric surgeons from 17 hospitals in Korea enrolled 170 patients with clinical stage I proximal gastric cancer into this study, from October 2012 to February 2014. Among 170 patients, 10 patients were excluded from the analysis because of the protocol violation and clinicopathologic characteristics and short-term (30-days) surgical outcomes of 160 patients were collected prospectively by the study center. Results: There were 115 men and 45 women. The mean age was 59.2±10.2 years and the mean body mass index was 24.0±2.9 kg/m<sup>2</sup>. Intracorporeal anastomosis (115 vs. 45) and circular stapler (110 vs. 50) were favored for esophagojejunostomy. Extracorporeal anastomosis (110 vs. 50) was favored for jejunojunctionostomy. The mean operation time was 226.7±64.5 min and the mean anastomotic time was 50.5±23.6 min. The mean estimated blood loss was 135.5±185.8 mL and 2 patients underwent intraoperative transfusion. There were 10 cases of intraoperative complication (6.3%) without any open conversion. The first flatus came out on 3.5±1.0th postoperative day and the mean hospital stay was 9.7±7.1 days. There were 34 cases of postoperative complication (21.2%) and 1 case of postoperative death (0.6%). Three patients (1.9%) underwent reoperation. None of the proximal margin was tumor involved and the mean length of the margin was 33.5±25.5 mm. The number of the mean harvested lymph nodes was 43.5±14.9 and 17 patients had positive node (10.6%). There were 141 patients with stage I (88.1%) and 19 patients with stage II (11.9%). Conclusion: Laparoscopic total gastrectomy for clinical stage I proximal gastric cancer was as safe and effective as the historical open control. It can be a good surgical option for the patients with a proximal early gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Osamu Goto; Ayako Shimada; Kazumasa Fukuda; Rieko Nakamura; Norihito Wada; Hirofumi Kawakubo; Naohisa Yahagi; Yuko Kitagawa; **NEWLY DEVELOPED PARTIAL GASTRECTOMY WITH SENTINEL NODE MAPPING IN EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 22

Background: Clinical application of sentinel node (SN) mapping for early gastric cancer had been controversial for years. However, a recent meta-analysis and a prospective multicenter trial of SN mapping for early gastric cancer have shown acceptable SLN detection rates and accuracy of determination of lymph node status (Kitagawa, Takeuchi, et al. J Clin Oncol 2013). SN mapping may play a key role to obtain individual metastatic information and allows modification of the surgical procedures for early gastric cancer. Methods: A dual-tracer method that employs radioactive colloids and blue dyes is currently considered the most reliable method for the stable detection of SLNs in patients with early gastric cancer. The new technologies such as indocyanine green infrared or fluorescence imaging are also useful for accurate SN mapping in gastric cancer. Results: SN mapping has been performed for 394 patients with clinically T1N0M0 gastric cancer in our institute since 1999. SN detection rate was 99 % (392 of 394). Sensitivity to predict the lymph node metastasis was 92%, and overall accuracy of nodal status based on SN concept was 99 % (391 of 394). Sentinel lymphatic basin dissection is strongly recommended to cover the false-negative results of SN mapping in clinical practices. Based on these results, laparoscopic minimized gastrectomy such as proximal gastrectomy, segmental gastrectomy and pylorus-preserving gastrectomy with individualized selective and modified lymphadenectomy for early gastric cancer with negative SN has been performed in our institution. The recent appearance of a new technique, referred to as non-exposed endoscopic wall-inversion surgery (NEWS) is a technique of full thickness resection using endoscopy and laparoscopic surgery without transluminal access mainly designed to treat gastric cancer with partial resection. To date, we have been attempted the NEWS with SN biopsy for 7 patients with early gastric cancer with the risk of lymph node metastasis in the clinical trial. The combination of NEWS with SN biopsy is expected to become a promising, ideal minimally invasive, function-preserving surgery to cure cases of cN0 early gastric cancer. Conclusions: Our results suggested that SN concept for cN0 early gastric cancer could be validated, and modified gastrectomy with individualized minimally invasive surgery which might retain the patients' quality of life should be established as the next surgical challenge. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Sang-Hoon Ahn; Young-Suk Park; Dong Jun Shin; Do Joong Park; Hyung-Ho Kim; **SOLO SINGLE-INCISION LAPAROSCOPIC DISTAL GASTRECTOMY FOR GASTRIC CANCER USING A LAPAROSCOPIC SCOPE HOLDER: COMPARATIVE STUDY WITH SINGLE-INCISION DISTAL GASTRECTOMY FOR EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 23

Purpose: The unsteady operation field view is one of the main difficulty of single port surgery. The aim of this study was to show the feasibility and safety of solo single-incision laparoscopic distal gastrectomy (Solo-SIDG) by comparing its short-term outcomes with those of single-incision laparoscopic distal gastrectomy (SIDG). Methods: Prospectively collected data of consecutive 50 gastric cancer patients who underwent Solo-SIDG from October 2010 through November 2014 were compared with the matched data of 50 patients who underwent SIDG by single surgeon. Results: All 100 patients underwent distal gastrectomy with gastroduodenostomy or Roux-en-Y gastrojejunostomy without open or laparoscopic conversion. The mean operation time was less in the Solo-SIDG group ( $144.5 \pm 35.4, 85-235$  vs.  $130.9 \pm 28.8, 75-150$  min,  $P = 0.035$ ). The estimated blood loss (EBL) was lesser in the Solo-SIDG group ( $50.5 \pm 31.5$  vs.  $32.8 \pm 43.8$  ml,  $P = 0.027$ ). The number of harvested lymph node were similar in the both groups ( $51.7 \pm 16.3$  vs.  $53.2 \pm 18.2$ ,  $P = 0.842$ ). No intraoperative adverse events occurred. Postoperative morbidity occurred in 6 and 5 patients in the SIDG and LDG group, respectively. Conclusion: Solo SIDG seems safe and feasible for early gastric cancer, and has similar or better short-term outcomes than does LDG in terms of shorter and consistent operation time, EBL, and cosmetic result. However, further experiences and studies are required to confirm its safety and feasibility. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Prof. S. Mönig; Seung-Hun Chon; Arnulf Höltscher; **SPECTRUM OF LAPAROSCOPIC SURGERY FOR GASTRIC TUMORS IN ASIA AND GERMANY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 23

Minimally invasive surgery are increasingly being used for treating tumors of the upper gastrointestinal tract. While minimally invasive surgery has become established as a standard procedure for early gastric cancer in Asia the significance of minimally invasive surgery in the field of gastric cancer in Europe especially in Germany is the topic of heated debate and not clear. Unlike in Germany, gastric cancer in Asia with its high incidence rate, 50% frequency of early carcinoma and predominantly distal tumor localization is treated at high-volume centers. Due to the proven marginal advantages of MIS over open resection described in the published studies no general recommendation for laparoscopic surgery of gastric cancer can currently be given in Germany. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Dongjin Kim; Wook Kim; **TECHNICAL FEASIBILITY OF ENTEROTOMY CLOSURE WITH KNOTLESS BARBED SUTURE MATERIAL (V-LOC 180) FOR INTRA-CORPOREAL ESOPHAGOJEJUNOSTOMY PERFORMED WITH AN ENDOSCOPIC LINEAR STAPLER DURING LAPAROSCOPIC TOTAL GASTRECTOMY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 23

Background: Intra-corporeal esophagojejunostomy (EJ) using a linear stapler creates a stapler entry hole which needs to be securely closed during the procedure for laparoscopic total gastrectomy (LTG). Because the standard method has not yet been established, the feasibility of use of V-loc 180 (Covidien, Mansfield, MA, USA) suture material was evaluated in this study. Patients and Methods: During the period from January 2012 to September 2014, patients who underwent LTG with linear stapling EJ and V-loc enterotomy closure were included in this study. Basic clinicopathologic characteristics, surgical outcomes, and short-term complications were analyzed. Results: Mean patient age was  $59.8 \pm 9.2$  years, and 14 males and 4 females were included in this study. Mean BMI was  $25.3 \pm 2.3$  kg/m<sup>2</sup>. There were 16 stage I and two Stage II gastric cancer patients. Mean operation time was  $240.5 \pm 44.6$  minutes and time for anastomosis was  $38.8 \pm 11.2$  minutes. The procedures were successfully performed in all cases without any intra-operative complications. There was one case of EJ leakage, which occurred at the corner of the EJ staple line and not at the enterotomy closure site. Conclusions: V-loc suture repair of entry hole of EJ performed using an intra-corporeal linear stapler is a technically feasible and safe procedure during the procedure for LTG. However, further experiences and results obtained by other surgeons are necessary to generalize this procedure. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Xie Daxing; Gong Jianping; **THE MEANING OF TRI-JUNCTION POINT IN LAPAROSCOPIC GASTRIC CANCER SURGERY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 23

It is admitted that, within gastric cancer surgery, the right layers as well as appropriate spaces demobilized between the target carcinoma mass and peripheral parts are worthy properly researching. The finding of 'Holy Plane' by Heald in 1988 has urged us to an era of mesentery-level surgery. This article is trying to delineate the entrances to the right layers in alimentary tract cancer surgery, especially in laparoscopic gastric cancer, with a brand new conception called 'Tri-junction Point', abbreviated as TJ point. Based on experienced laparoscopic surgeons indications and microscopy histological slices observation on dissected peripheral adipose tissues in laparoscopic gastric cancer surgery, it is confirmed that the TJ points can be distinguished and located when a laparoscopic gastric cancer surgery is started. It will be not only a pattern for exquisite surgery arts, but also a method for considerable less blood lost and more totally eradication of invisible micro satellites of spreading cancer cells deposits in minimal invasive surgery. Hitherto, the TJ points have been found located in different parts of abdominal mesenteries, the four TJ points in gastric peripheral adipose can be useful to guide a bloodless laparoscopic surgery with a promising start. However, the overall survival rates of this finding in different gut cancer patients in laparoscopic surgery need further investigation. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Shinya Otsuka; Takashi Nonoshita; Yuki Hamada; Masaaki Akai; Nanako Yasui; Yuki Kajioaka; Kenta Isoda; Kouji Kitada; Ryousuke Hamano; Naoyuki Tokunaga; Hideaki Miyasou; Yousuke Tsunemitsu; Masaru Inagaki; Kazuhide Iwakawa; Hiromi Iwakaki; **THE SAFETY AND EFFICACY OF LAPAROSCOPIC DISTAL GASTRECTOMY FOR ELDERLY PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 24

**Objectives?** Laparoscopic distal gastrectomy (LADG) is a recent development in minimally invasive surgery for early gastric cancer in Japan. But for elderly patients, who have considerable preoperative comorbidities, is this procedure a safe and effective operation? Herein we report the short-term results of our retrospective study on this operation. **Methods?** From January 2005 to December 2014, we experienced 136 patients with gastric cancer who underwent LADG. In our hospital, the indication for LADG is cStage IA (T1N0M0) or cStage IB (T2N0M0). In 2012, we introduced the delta-shaped anastomotic procedure for gastrojejunostomy, allowing the entire procedure to be performed via laparoscopic surgery. We separated the patients into two groups by age and compared 38 cases of LADG 75 years and over (elder group) with 98 cases of LADG under 75 years (non-elder group). To assess preoperative physical status, we applied the American Society of Anesthesiologists Physical Status (ASA-PS) Score. **Results?** There were no differences between the two groups in the patients' demographic characteristics such as sex, tumor lesion, histology, and comorbidity of diabetes mellitus, except that the rate of preoperative cardiorespiratory comorbidity was significantly higher in the elder group (34%) than in the non-elder group (8.2%). Additionally, the mean ASA-PS score of the elder group (1.34) was significantly higher than that of the non-elder group (1.16). There were no significant differences between the two groups in operation time, blood loss, lymph node clearance, or postoperative hospital length of stay. Cardiorespiratory complications were recognized in 2 patients (5.3%) in the elder group and 2 patients (2.0%) in the non-elder group. Surgical complications were recognized in 3 patients (7.9%) in the elder group and 10 patients (10%) in the non-elder group. There were no differences in the rates of intraoperative or postoperative complications. No significant complication was recognized in either of the groups. **Conclusions?** Laparoscopic distal gastrectomy for early gastric cancer can be considered a safe and effective minimally invasive surgical procedure for elderly patients. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Luca Arru; Juan Santiago Azagra; Olivier Facy; Gennaro Orlando; Martine Goergen; **TOTALLY LAPAROSCOPIC 95% GASTRECTOMY FOR CANCER: TECHNICAL CONSIDERATIONS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 24

The total gastrectomy is the standard treatment for tumours arising in the proximal stomach and for diffuse cancer according to the Lauren classification. The laparoscopic approach is progressively accepted and provides encouraging results. In order to reduce complications associated to the esophago-jejunal anastomosis, the concept of the 95% open gastrectomy was developed in Japan, in the early eighties. This procedure provides the spearing of a small remnant gastric stump of 2 cm and allows performing a gastro-jejunal anastomosis. Unlike the 7/8 gastrectomy, the 95% gastrectomy allows the complete resection of the gastric fundus and an optimized pericardial lymph node dissection (group 1 and 2). When is possible to respect the oncologic criteria regarding proximal resection margin, 95% gastrectomy would offer best short-term results, such as lower anastomotic leak rate and a better quality of life, limiting the effect of disruption of the eso-gastric junction. In this oral communication we will be pleased to illustrate, step by step, our technique of full laparoscopic G95%, with D2 lymphadenectomy, including complete lymphadenectomy of the cardial nodes. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Sergey Baydo; Peter Fomin; Alla Vinnytska; Andriy Zhigulin; Sergey Pryndyuk; Valentin Palitsa; Oleg Dmytrenko; Dmytro Golub; **TOTALLY LAPAROSCOPIC GASTRECTOMY WITH TRANSVAGINAL SPECIMEN EXTRACTION: OUR EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 24

**Objectives:** Even during laparoscopic gastrectomy (LG) an abdominal incision 6-8 cm is required for specimen extraction. This may increase postoperative pain and thus reduce the advantages of laparoscopic surgery. We want to report about our experience in performing totally LG with transvaginal extraction of the specimen. **Methods:** Since 2011 we performed 65 LG with D2 lymphadenectomy for gastric cancer. Among them 57 (87.7%) operations were done for advanced gastric cancer. For specimen extraction in 11 female patients the natural orifice (NOSE) transvaginal route was used. Subtotal LG was done in 8, total - 3. Seven patients had cT2N0 stage, 4 - cT3N1 and received neoadjuvant chemotherapy. We used 5-6 trocars and a conventional procedure. Anastomoses were performed using linear staplers (8) and intracorporeal manual suture (3). Then posterior colpotomy was done with 11-mm trocar and dilator. The specimen was extracted through vagina in plastic bag. **Results:** Mean age was 61.3 years. Mean operating time - 275 minutes. Median hospital stay - 6.7 and was shorter than after conventional LG. Mean number of resected lymphnodes - 18.3. No death or complications in extraction site occurred. The level of postoperative pain was assessed by visual-analog pain scale, and was significantly lower after transvaginal extraction versus "traditional". **Conclusions:** The presented technique may provide an effective way to reduce postoperative pain and abdominal wall morbidity, with low complication rate and may be a safe and feasible procedure for some elderly female patients with gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Chang Hyun Kim; Jin-Jo Kim; **UNCUT ROUX-EN-Y GASTROJEJUNOSTOMY IN TOTALLY LAPAROSCOPIC DISTAL GASTRECTOMY FOR GASTRIC CANCER : TEN YEARS OF SINGLE CENTER EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 24

**Purpose:** The aim of this study is to present our ten years of experiences in terms of the evolution of surgical procedures and short and long term clinical outcomes of totally laparoscopic distal gastrectomy with uncut Roux-en-Y gastrojejunostomy. **Methods:** We retrospectively reviewed the medical record of 191 patients who underwent totally laparoscopic distal gastrectomy with uncut Roux-en-Y gastrojejunostomy from December 2004 to June 2014 at Department of Surgery of Incheon St. Mary's Hospital, College of Medicine, The Catholic University of Korea. The evaluated parameters included patients and tumor characteristics, operative details, postoperative complications classified according to Clavien-Dindo classification, and endoscopic findings of the gastric remnant at postoperative 6 months, 1 year, 2 years, and 5 years. Endoscopic findings of the gastric remnant were evaluated according to the "residue, gastritis, bile (RGB)" classification and modified Los Angeles classification. **Results:** The total number of patients who underwent totally laparoscopic distal gastrectomy with uncut Roux-en-Y gastrojejunostomy was 191. The mean age was 55.4±10.31 years. The stage IA was 134 (70.2 %). The tumor of middle portion was 121 (63.4 %). The mean operation time was 192.7±64.68 minutes and reconstruction time was 30.8±14.82 minutes. None of the in-continuity staple line was recanalized during the follow up endoscopic examination. The mean time to first flatus and diet were 3.0±0.62 and 3.3±1.90 days. The mean of postoperative hospital stay was 9.6±5.71 days. There were 31 cases (16.2 %) of postoperative complications. The early complication occurred in 24 (12.6 %) and the late complication occurred in 7 (3.7 %). The postoperative complications which are more than Clavien-Dindo grade IIIa occurred in 15 (7.9 %). There was no postoperative mortality. Among the 2 case of Petersen hernia, one patient expired due to sepsis after two times of bowel resections. The endoscopic findings showed very low incidence of bile reflux and reflux-induced remnant gastritis. **Conclusion:** Uncut Roux-en-Y gastrojejunostomy was useful reconstruction method in totally laparoscopic distal gastrectomy for cancer especially in diverting enteral contents from the remnant stomach and preventing remnant gastritis. Therefore, it is recommendable to young patients with early stage disease who have to live very long time after distal gastrectomy for cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Minimally invasive surgery

Souya Nunobe; Koshi Kumagai; Manabu Ohashi; Shinji Mine; Kojiro Nishida; Masayuki Watanabe; Naoki Hiki; Takeshi Sano; Toshiharu Yamaguchi; **VALVULOPLASTY WITH DOUBLE-FLAP METHOD UNDER LAPAROSCOPIC SUTURING TECHNIQUE AFTER PROXIMAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 25

Background. Esophagogastrostomy is a frequently used reconstruction method following proximal gastrectomy for early upper gastric cancer. Although it is a safe and straightforward procedure, it can sometimes be accompanied by reflux of gastric or bile juice. This report presents a novel technique of intracorporeal esophagogastrostomy with double-flap method designed to prevent the reflux. Patients and Methods. We applied this technique to 45 patients diagnosed with early gastric cancer located at the upper stomach after laparoscopic proximal gastrectomy from 2009 to 2014. After removal of the regional lymph nodes and the proximal stomach securing the distal surgical margin, 2.5 x 3.5 cm "double-door" seromuscular flaps were created at the tip of the remnant stomach using electric cautery via mini-laparotomy at the umbilical port site. After making the flaps, esophagogastrostomy was performed laparoscopically. Firstly, the esophagus at the previously marked point 5 cm above the esophagogastric junction was fixed to the superior end of the mucosal "window" using 3 or 4 stitches. Secondly, continuous suturing was performed between the posterior wall of the esophagus and the proximal edge of the opening on the anterior wall of the remnant stomach. Thirdly, interrupted layer-to-layer sutures were placed between the anterior wall of the esophagus and the distal edge of the opening. Finally, the anastomosis was covered with sero-muscular flaps in collar-shaped. Results. One patient required the balloon dilatation after surgery due to the stricture. None of the patients developed anastomotic leakage or suffered from reflux or belching. Contrast swallow examination showed no regurgitation into the esophagus in supine position or even in the Trendelenburg position in any patients. Conclusion. In conclusion, by applying this novel anastomotic procedure to esophagogastrostomy using laparoscopic suturing technique, reflux of gastric or bile juice could be prevented after resection of the esophagogastric junction. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Robotic Surgery

Yeon-Ju Huh; Seung-Young Oh; Jun-Young Yang; Ji-Ho Park; Youn-Gil Son; Tae-Han Kim; Yun-Suhk Suh; Seong-Ho Kong; Hyuk-Joon Lee; Han-Kwang Yang; **COMPLICATIONS OF THE ROBOTIC GASTRECTOMY COMPARED TO THE LAPAROSCOPIC GASTRECTOMY : ARE THEY DIFFERENT?** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 25

Introduction : The real benefits of the robotic gastrectomy remain elusive. The aim of this study is to analyze the complications of robot gastrectomies compared to laparoscopic gastrectomies. Methods : From January 2008 to May 2014, 175 patients who underwent robotic gastrectomy for primary gastric adenocarcinoma at Seoul National University Hospital were retrospectively analyzed compared with 395 patients who underwent laparoscopic gastrectomy for primary gastric adenocarcinoma from March 2011 to February 2012 at Seoul National University Hospital. Complications were categorized according to the Clavien-Dindo classification. The effect of surgical approach (robot vs. laparoscopic gastrectomy) was evaluated. Results : The robotic group was younger than the laparoscopic group (53.0±10.0 vs. 58.6±11.9, p<0.001). The final stage was similar. The operative methods were significantly different (p=<0.001). The mean operative time for the robotic group (283.1±62.5 minutes) was on average 88.7 minutes longer than the laparoscopic group (194.4±51.3 minutes) (p<0.001). While there were no significant differences in both groups in mean blood loss, open conversion rates and hospital stay. The total complication rate was 25.1% and complication rate over grade IIIa was 11.4%. And there was no mortality case within the postoperative 1 month. In terms of local complications, the rate of total complications was significantly different between robotic group and laparoscopic group (25.1% vs. 15.2%, p=0.005). The wound problem was significant frequent after robotic gastrectomy (8.6% vs. 1.8%, p<0.001). However, there was no significant difference in the rate of severe complications which mean Clavien-Dindo classification grade III or IV (1.4% vs. 7.1%, p=0.085). There was no significant difference in the rate of severe wound complications (4.6% vs. 1.8%, p=0.054). In robotic group, the severe stenosis were more frequently occurred with significance (3.4% vs. 1.0%, p=0.03). In terms of systemic complications, the rate of total complications was significantly different between two groups (6.3% vs. 1.8%, p=0.004) and the rate of severe complications were statistically no differences (1.7% vs. 0.5%, p=0.154). Conclusion : The total complication rates after robotic gastrectomy were higher than those after laparoscopic gastrectomy for gastric cancer and severe complication rates were similar. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Robotic Surgery

Joong-Min Park; Keun Won Ryu; Hyoung-Il Kim; Sang-Uk Han; Han-Kwang Yang; Young-Woo Kim; Hyuk-Joon Lee; Min-Chan Kim; Sung-Soo Park; Kyo Young Song; Woo Jin Hyung; Ji Yeong An; Sung Jin Oh; Byoung Jo Suh; Dae Hyun Yang; Tae Kyung Ha; **ROBOTIC GASTRECTOMY FOR GASTRIC CANCER IS BENEFICIAL COMPARED TO LAPAROSCOPIC GASTRECTOMY IN D2 LYMPH NODE DISSECTION FOR NON-OBESE PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 25

Background: Robotic system has been adopted to overcome the technical difficulties in conventional laparoscopic gastrectomy for gastric cancer and has been proven feasible and safe. However, the benefit of robotic gastrectomy has not been documented with constant results. This study was aimed to identify which subgroup of patients has the advantage of robotic gastrectomy over the conventional laparoscopic gastrectomy. Methods: Prospective multicenter comparative study was conducted. Patients were matched according to surgeons, extent of gastrectomy, and sex. A total of 434 patients were enrolled for robotic (n=223) and laparoscopic (n=211) group. Estimated blood loss (EBL) and number of retrieved lymph nodes (RLN) were compared between robotic and laparoscopic group as the parameters of surgical outcome representing the benefits of robotic gastrectomy. The analysis was conducted in each subgroup according to patients' obesity status, the type of gastrectomy, and the extent of lymph node dissection. Results: Regardless of obesity status and gastrectomy type, there was no difference of EBL between robotic and laparoscopic group (p=0.552 in obese group and p=0.511 in non-obese group, p=0.709 in total gastrectomy group and p=0.397 in partial gastrectomy group). According to the extent of lymph node dissection, robotic group showed significant lower EBL than laparoscopic group in D2 dissection group (98.9ml in robotic group and 140.5ml in laparoscopic group, p=0.021), while there was no difference of EBL in D1 group (96.5ml in robotic group and 82.6ml in laparoscopic group, p=0.365). RLN did not significantly differ between surgical approaches regardless of obesity, gastrectomy type, and the extent of lymph node dissection. Further analysis on subgroups showed that non-obese patients who underwent D2 lymph node dissection was the subgroup patients who have benefit of robotic gastrectomy in terms of less blood loss (83.5ml in robotic group and 146.4ml in laparoscopic group, p=0.002). Conclusion: Robotic assistance did not improve surgical outcomes over the laparoscopic approach in obese patients or patients undergoing D1 lymph node dissection. However, non-obese patients who are scheduled to undergo D2 lymph node dissection may benefit from robotic system. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Robotic Surgery

Amilcare Paris; Jacopo Desiderio; Stefano Trastulli; Francesco Ricci; Federico Farinacci; Stefano Mazzetti; Lorenzo Guerci; Roberto Ciocchi; **ROBOTIC TOTAL GASTRECTOMY WITH INTRACORPOREAL ROBOT-SEWN ANASTOMOSIS: A NOVEL APPROACH ADOPTING THE DOUBLE LOOP RECONSTRUCTION METHOD.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 25

Background Gastric cancer constitutes a major health problem. Robotic surgery has been progressively developed in this field. Although the feasibility of robotic procedures have been demonstrated, there are unresolved aspects being debated, including the reproducibility of intracorporeal in place of extracorporeal anastomosis. Difficulties of traditional laparoscopy have been described and there are well-known advantages of robotic systems, but few articles in literature describe a full robotic execution of the reconstructive phase while others don't give a thorough explanation how this phase was run. Methods A new reconstructive approach, not yet described in literature, was recently adopted at our center. Robotic total gastrectomy with lymphadenectomy and a so called "double loop" reconstruction method with intracorporeal robot-sewn anastomosis was performed. This technique consists on a loop of bowel shifted up antecolic to directly perform the esophago-enteric anastomosis followed by a second loop, measured up to 30-40 cm starting from the esophagejunostomy, fixed to the biliary limb to create an enteroenteric anastomosis. The continuity between the two anastomoses is interrupted just firing a linear stapler, so obtaining the Roux-en-Y by avoiding to interrupt the mesentery. Preoperative, intraoperative, postoperative data were collected and a technical note was documented. Results All tumors were located at the upper third of the stomach, no conversions or intraoperative complications occurred. Histopathological analysis showed R0 resection obtained in all specimens. Hospital stay was regular in all patients and discharge was recommended starting from the 4th post-operative day. No major post-operative complications or reoperations occurred. Conclusions Reconstruction of the digestive tract after total gastrectomy is one of the main areas of surgical research in the treatment of gastric cancer and in the field of minimally invasive surgery. The double loop method is a valid simplification of the traditional technique of construction of the Roux-limb that could increase the feasibility and safety in performing a full hand-sewn intracorporeal reconstruction and it appears to fit the characteristics of the robotic system thus obtaining excellent post-operative clinical outcomes. |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Robotic Surgery

Lin Chen; Weisong Shen; Hongqing Xi; Jianxin Cui; Shibo Bian; Kecheng Zhang; Ning Wang; Bo Wei; **ROBOTIC VERSUS LAPAROSCOPIC GASTRECTOMY FOR GASTRIC CANCER: COMPARISON OF SHORT-TERM SURGICAL OUTCOMES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 26

**INTRODUCTION:** Robot-assisted gastrectomy (RAG) is a new minimally invasive surgical technique for gastric cancer. This study was designed to compare RAG with laparoscopy-assisted gastrectomy (LAG) in short-term surgical outcomes and evaluate the comparative safety and efficacy of RAG for gastric cancer. **METHODS AND PROCEDURES:** Between October 2011 and August 2014, 511 patients underwent robotic or laparoscopic gastrectomy for gastric cancer: 122 RAG and 389 LAG. A retrospective data of patients were collected. We performed a comparative analysis between RAG group and LAG group for clinicopathological characteristics and short-term surgical outcomes. **RESULTS:** All the operations were performed successfully without conversion. RAG was associated with a longer operative time (257.1 ± 74.5 vs. 226.2 ± 61.3, P < 0.001), lower blood loss (176.6 ± 217.2 vs. 212.5 ± 198.8, P = 0.001) and more harvested lymph nodes (33 ± 8.5 vs. 31.3 ± 9.5, P = 0.047). Only 3 patients in LAG group had positive margins, and R0 resection rate for RAG and LAG were similar (P = 0.769). The RAG group had postoperative complications of 9.8%, comparable with those of the LAG group (P = 0.78). Proximal margin, distal margin, hospital stay, days of first flatus and days of eating liquid diet for RAG and LAG were similar. In the subgroup of serosa-negative patients, RAG had a longer operation time (255.6 ± 84.1 vs. 219.6 ± 59.2, P = 0.003), less intraoperative blood loss (151.6 ± 146.1 vs. 202.9 ± 209.1, P = 0.005) and more harvested lymph nodes (31.8 ± 7.7 vs. 29.3 ± 9.5, P = 0.04). However, in the subgroup of serosa-positive patients, RAG had a longer operation time (258.7 ± 62.9 vs. 230.4 ± 62.4, P = 0.001), but no less intraoperative blood loss (204.1 ± 274 vs. 218.6 ± 192.3, P = 0.139). Similarly, in the subgroup of total gastrectomy patients, RAG had a longer operation time (274.5 ± 55.5 vs. 249.2 ± 62.2, P = 0.018), but no less intraoperative blood loss (207.1 ± 157.4 vs. 275.3 ± 245.3, P = 0.173), no more harvested lymph nodes (36.3 ± 9.1 vs. 34 ± 9.5, P = 0.286). **CONCLUSIONS:** The comparative study demonstrates that RAG is as acceptable as LAG in terms of surgical and oncologic outcomes. With lower estimated blood loss, acceptable complications and radical resection, RAG is a promising approach for the treatment of gastric cancer. However, the indication of patients for RAG is critical. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Young-Gil Son; Ji-Ho Park; Yeon-Ju Huh; Tae Han Kim; Jun-Young Yang; Jia Xu; Maria Bencivenga; Yun-Suhk Suh; Seong-Ho Kong; Hyuk-Joon Lee; Han-Kwang Yang; **ANASTOMOTIC LEAKAGE AFTER GASTRECTOMY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 26

**Background:** Anastomotic leakage is a major complication that is often associated with increased morbidity, mortality, and prolonged hospital stay. The aim of this study was to define the leakage rate and management after gastrectomy for gastric cancer using prospectively collected database. **Methods:** Complication data including anastomotic leakage were collected prospectively through weekly conference with all gastric cancer patients who underwent gastrectomy between 2011 and 2014 at Seoul National University Hospital. Eighty-two anastomotic leakages in 3,367 gastrectomies for primary gastric cancer were identified and analyzed. **Results:** Overall anastomotic leakage rate was 2.44% (82/3367) after gastrectomy. Anastomotic leakage rate of gastro-duodenostomy, gastro-jejunostomy, esophago-jejunostomy, esophago-gastrostomy, gastro-gastrostomy, and duodenal stump was 1.83% (28/1526), 1.44% (6/416), 1.53% (10/654), 5.71% (6/105), 1.49% (10/671), and 1.41% (15/1065), respectively. In multivariate analysis, male gender (OR 2.303, 95% CI 1.306-4.062, p<0.05) and type of reconstruction (Billroth II vs. Billroth I; OR 2.407, 95% CI 1.273-4.553, p<0.05 and esophago-gastrostomy vs. Billroth I; OR 3.042, 95% CI 1.231-7.516, p<0.05) were identified as independent risk factors for anastomotic leakage development. Mortality rate after anastomotic leakage was 2.44% (2/82). Mean time to anastomotic leakage diagnosis was 10.5 days postoperatively (range: 1-30 days). Twenty-one patients (25.6%) were diagnosed after readmission, with mean time to diagnosis 17.5 days versus 8.1 days for in patients (p<0.05). Overall length of hospital stay was 30.8 days (range: 9-86 days). Fifty-nine patients (72.0%) were managed with percutaneous drainage and four patients (4.9%) required operative management. **Conclusion:** Anastomotic leakages after gastrectomy are diagnosed with relatively low incidence and often after readmission. Male gender and type of reconstruction were associated with increased risk for anastomotic leakage after gastrectomy. Most anastomotic leakage can be managed non-operatively with percutaneous drainage. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Yanbing Zhou; Cheng Meng; Shougen Cao; Dong Chen; Dongsheng Wang; Liang LV; Haitao Jiang; **CLINICAL EFFICACY OF ENHANCED RECOVERY AFTER SURGERY IN THE RADICAL GASTRECTOMY FOR GASTRIC CANCER: A PROSPECTIVE STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 26

**Objective:** To investigate the clinical efficacy of enhanced recovery after surgery (ERAS) in the radical gastrectomy for gastric cancer. **Methods:** A double-blind, randomized, controlled study was performed in the 140 patients, and all of them were divided into the ERAS group and the control group based on a random number table. The inflammatory markers, nutritional index and postoperative recovery of patients were observed. **Results:** The total protein in serum (TP), albumin (Alb), prealbumin, TNF $\alpha$ , IL-6, creatinine, resting energy expenditure (REE), glycemic index, insulin index and Insulin resistance index in the 2 groups showed a range of variations at postoperative day 1, 3, and 5, and these were (61±5)g/L, (34±3)g/L, (160±18)g/L, (12.3±2.3)mmol/L, (101±34)ng/L, (43±11)g/L, (1 336±105)kal/d, (7.6±0.8)mmol/L, (16.8±3.5)mU/L and 5.7±1.3 in the ERAS group at postoperative day 1, and (58±4)g/L, (31±4)g/L, (147±18)g/L, (15.3±2.2)mmol/L, (122±37)ng/L, (56±27)g/L, (1 450±164)kal/d, (9.3±1.4)mmol/L, (30.5±6.8)mU/L and 12.5±3.2 in the control group, respectively, showing a significant difference between the 2 groups (F=31.63, 8.03, 67.36, 147.04, 9.63, 6.84, 16.10, 54.85, 104.51, 139.47, P<0.05). The duration of fever, time to flatus, duration of hospital stay, hospital expenses, numeric rating scale and quality of life (QOL) were (2.9±0.9)days, (2.9±0.6)days, (7.6±2.1)days, (28 495±4 722) yuan, 1.4±1.0 and 15.4±0.9 in the ERAS group after operation, and (3.8±0.6)days, (3.5±0.7)days, (8.9±2.6)days, (35 318±7 610)yuan, 2.4±1.1 and 14.4±1.2 in the control group, respectively, with a significant difference between the 2 groups (t=-0.91, -3.66, -2.85, -4.82, -4.20, 3.92, P<0.05). Two patients were complicated with respiratory diseases, 1 patient received reoperation and 1 was readmitted to the hospital at postoperative day 30 in the ERAS group. Three patients had respiratory diseases, 1 received reoperation and 2 were readmitted to the hospital at postoperative day 30 in the control group, with no significant difference between the 2 groups (P>0.05). **Conclusions:** ERAS is safe and feasible for the perioperative treatment of patients with gastric cancer, meanwhile it could reduce the surgical stress, shorten the duration of hospital stay and improve QOL and postoperative complications. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Anna Carolina Batista Dantas; Marcus Fernando Kodama Pertille Ramos; André Fonseca Duarte; André Roncon Dias; Carlos Eduardo Jacob; Osmar Kenji Yagi; Donato Roberto Mucirino; Marcelo Mester; Cláudio José Caldas Bresciani; Fábio Pinatel Lopasso; Ulysses Ribeiro Júnior; Bruno Zilberstein; Ivan Cecconello; Miller Barreto de Brito e Silva; **CLINICOPATHOLOGIC FEATURES AND SURGICAL OUTCOME OF GASTRIC STUMP CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 26

**Introduction:** Patients with prior resection of distal stomach are at increased risk of developing Gastric Stump Cancer (GSC). A tumor with difficult diagnosis and low resectability, GSC has a poor prognosis with 7-25% 5-year survival rates. **Objectives:** The aim of this study is to retrospectively evaluate the clinicopathologic features and surgical outcome of GSC treatment. **Methods:** Retrospective analysis of 53 patients resected with curative intent for GSC at University of São Paulo Medical School between 2000 and 2014. The clinical, operative and follow-up data were analyzed. **Results:** Forty patients were men, the mean age at the time of diagnosis was 67 years-old and had a mean pre-operative BMI of 20.7 kg/m<sup>2</sup>. Forty one patients (77,3%) had the first surgery for the treatment of benign peptic ulcer, with a mean time from this to GSC diagnosis of 28 years (1-60 years). Reconstruction was performed with Billroth II technique in 81%, Billroth I in 1,8% and Roux-en-Y in 16,9%. R0 resection was achieved in 50 (94,3%) patients, associated organ resection was performed in 13 (24%) and in 38, (71,6%) lymph node dissection was D2. Post-operative morbidity rate was 50,9% and 11 patients (20,7%) had a Clavien-Dindo classification  $\geq$  3. Post-operative mortality was 13,2%. T4 tumor was diagnosed in 14 patients (26,4%) and lymph node metastasis was evident in 22 patients (41,5%). Mean follow-up was 39 months and overall 5-year survival was 48%. **Conclusion:** GSC represents a clinical challenge with high surgical morbidity and less favorable outcomes. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Dong Joon Shin; **COMPARISON OF SURGICAL OUTCOMES BETWEEN ROUX-EN Y AND UNCUT ROUX-EN Y ANASTOMOSIS AFTER LAPAROSCOPIC DISTAL GASTRECTOMY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 27

**Background** Postoperative complications occurred after distal gastrectomy with Roux-en-Y anastomosis for gastric cancer is the cause that makes impedes the quality of life (QOL) for the patients. The aim of this study is to investigate the more effective anastomosis method in terms of improve QOL after distal gastrectomy for gastric cancer. **Method** We analyzed 529 patients who underwent laparoscopic distal gastrectomy in Seoul National University Bundang hospital from March 2006 to October 2013. The eligible patients were divided into two groups based on anastomosis method: Roux-en-Y (n=62) and Uncut Roux-en-Y (n=467). We analyzed postoperative complications including Roux stasis syndrome in each group. Delayed gastric emptying without mechanical obstruction after Roux-en-Y reconstruction has been defined as Roux stasis syndrome. **Results** The operating time was significantly longer in the Roux-en-Y group (224.1±57.3 min) than in the Uncut Roux-en-Y group (189.7±60.8min), (P=0.001). There was no significant difference in the post-operative complications such as wound infection (4.8% vs. 1.7%, P = 0.128), anastomosis site leakage (3.2% vs. 0.4%, P = 0.069), postoperative bleeding (3.2% vs. 0.4%, P=0.069), duodenal stump leakage (1.6% vs. 1.1%, P=0.528), pancreatic fistula (9.7% vs. 3.2%, P = 0.027). Roux stasis syndrome was significantly higher in the Roux-en-Y group than in the Uncut Roux-en-Y group (24.2% vs. 3.2%, P = 0.001). **Conclusion** We conclude that Uncut Roux-en-Y reconstruction technique is superior to Roux-en-Y reconstruction technique in terms of Roux stasis syndrome and operating time. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Tae Han Kim; Young Gil Son; Ji Ho Park; Yeon Ju Huh; Jun Young Yang; Yun Suhk Suh; Seong Ho Kong; Hyuk Joon Lee; Han Kwang Yang; **COMPLICATIONS IN PYLORUS PRESERVING GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 27

Pylorus preserving gastrectomy (PPG) was introduced for function preserving surgery to treat early gastric (EGC) cancer with better functional outcome and enhanced quality of life. In this study we investigated the surgical outcomes of PPG complications and the risk factors related to severe complications. During January 1st, 2013 to December 31st 2014 patients who were diagnosed EGC and underwent PPG were enrolled in the study. Patient factors and operative factors were investigated and surgical outcomes were recorded. Complication outcomes were described in Clavien Dindo classifications. Factors related to severe complications were assessed by multivariable analysis. 198 male and 160 females in total of 358 patients were assessed with 269, 59, 20, 8, 1 patients respective to Charlson comorbidity score 0, 1, 2, 3, 4. Overall complication was 17% and 9.2% for complication more severe than grade IIIa Clavien Dindo Classification. Complication rate differed in the anastomosis method, 10.7% for intracorporeal vs 17.7% for extracorporeal however no significant difference in terms of leakage and severe complication. Most frequent cause of severe complication was pyloric stenosis (3.8%) followed by wound complication (1.9%). In multivariate analysis old age were associated with severe complications however failed to display statistical significance. PPG is a safe procedure with tolerable complication profiles however in old age patients it should be performed with more caution. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Tae Han Kim; Young Gil Son; Ji Ho Park; Jun Young Yang; Yeon Ju Huh; Yun Suhk Suh; Seong Ho Kong; Hyuk Joon Lee; Han Kwang Yang; **COMPREHENSIVE COMPLICATION INDEX (CCI) IN GASTRECTOMY PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 27

Comprehensive complication index (CCI) integrates all respective complications depicted in Clavien-Dindo classification (CDC) which displays a feasible and sensitive marker for clinical practice. The aim of this study is to investigate postoperative complications in gastric cancer patients with this novel method. We reviewed the prospective data collection of 887 patients who underwent surgery for gastric cancer at our hospital from 1st Jan, 2013 to 31st Dec, 2013. Comprehensive complication index was calculated and analyzed. Correlation with hospital stay was investigated and multivariate analysis was done to define risk factors for prolonged hospital stay. A total of 887 patients were collected 319 complications in 213 patients were analyzed 24.1% overall complication. Overall CCI score was 5.8 ±10.2. Male, total gastrectomy, open gastrectomy, age over 70, BMI under 20, Charlson comorbidity index more than 1, combined resection were factors shown to be related to elevated CCI with significance in the analysis (p<0.05). The relationship with hospital stay and CCI showed a moderate positive correlation with  $r = 0.676$  (P=0.001) in Pearson correlation analysis. Male, BMI<20, open gastrectomy, combined resection was related as risk factor for elongated hospital stay(>14days) and combined resection was the single risk factor for complication which required 30 days of postoperative hospital stay. Application of CCI was feasible in our dataset. Regardless of quantity and quality of the complications, outcome was displayed in figures, easy to comprehend and comparable. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Shougen Cao; Yanbing Zhou; Wang Dongsheng; Chen Dong; Liang LV; Yu Yang; **EFFECTS OF PREOPERATIVE ORAL CARBOHYDRATE ON POSTOPERATIVE INSULIN RESISTANCE IN RADICAL GASTRECTOMY PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 27

**Objective** To investigate the effects and mechanism of postoperative insulin resistance in gastrectomy patients with preoperative oral carbohydrate. **Methods** From April to October 2011,60 consecutive gastric cancer patients met inclusion criteria were divided into oral carbohydrate group and placebo group by randomized double-blind principles. Resting energy expenditure (REE), fasting blood glucose, insulin and triglyceride level were detected in 4 hours preoperatively. The 500 ml carbohydrate or placebo were administered orally 2-3 hours before anaesthesia. Two group patients underwent radical distal subtotal gastrectomy under epidural compounded intravenous anesthesia. After laparotomy and before the abdomen was closed, a piece of rectus abdominis was taken and fixed in 3% glutaraldehyde. REE, fasting blood glucose, insulin and triglyceride level were detected immediately after surgery. The changes of insulin resistance index, blood triglycerides level, REE and respiratory quotient were compared pre- and postoperatively. The changes of rectus abdominis mitochondrial ultrastructure were observed by transmission electron microscopy respectively. **Results** There were 48 patients (34 males and 14 females) completed the trial. The 24 and 24 patients in oral placebo and carbohydrate groups respectively. In oral placebo group, post-operative insulin resistance index, REE, respiratory quotient, serum triglyceride level and the rectus abdominis mitochondrial damage index were 12.68 ± 3.13, (1458 ± 169) kcal/d, 0.73 ± 0.42, (0.53 ± 0.24) g/L and 1.14 ± 0.33, respectively. And the above items were 5.67 ± 1.40, (1341 ± 110) kcal/d, 0.79 ± 0.22, (1.04 ± 0.97) g/L and 0.92 ± 0.19 in oral carbohydrate groups respectively. All difference was statistically significant (t = 6.646, 2.851, 6.546, 2.542 and 2.730, all P < 0.05). Oral placebo group showed a markedly swollen mitochondria, steep membrane was not clear, mitochondria appeared vacuolated changes. **Conclusions** Preoperative oral carbohydrate could reduce the insulin resistance and REE, improve the material metabolism status in radical gastrectomy patients. The possible mechanisms should be related to promotion of insulin release and protection of mitochondrial function. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Eleonora Colciago; Paolo Morgagni; Massimo Framarini; Alessio Vagliasindi; Giovanni Vittimberga; Andrea Gardini; Giuliano La Barba; Maurizio Nizzoli; Lisa Buci; Chiara Caselli; Carlotta Lucchi; **GASTRECTOMY IN NON OBESE DIABETIC GASTRIC CANCER PATIENTS. RESECTION DOES NOT IMPROVE DIABETES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 28

Background Bariatric surgery is considered to induce improvement or resolution in type II diabetes mellitus (T2DM) obese patients. Several studies reported good outcomes after metabolic surgery also in T2DM morbidly or non obese patients. The aim of this study is to investigate long term effects of gastrectomy on T2DM clinical course, according to reconstruction type in gastric cancer patients. Methods A retrospective multicentric study of patients with T2DM who underwent gastrectomy for gastric cancer with curative intent from January 2004 to December 2013 in two Italian surgery centres was performed. In this period, 772 patients underwent curative surgery. Only patients who required preoperative insulin or oral hyperglycemic agents due to concurrent T2DM attended at institutional antidiabetic centres were considered. A complete follow up was carried out on 66 patients, The diabetes status was assessed before surgery, and then one, three, five years or more postoperatively. Patient's outcome was compared on regard to reconstruction types. Results We analyzed 66 patients with T2DM submitted to gastrectomy: 49 patients who underwent distal gastrectomy with Billroth II reconstruction (20) or Roux-en-Y gastrojejunostomy (29) and 17 patients who underwent total gastrectomy with Roux-en-Y esophagojejunostomy. The average BMI of all patients was 29,3 (23,4 – 36,6). No patient with T2DM was cured, 8 improved, 43 patients did not show remarkable postoperative changes, 15 patients presented worse outcome. No significant differences were observed between different reconstruction techniques. Two patients developed diabetes after resective surgery. Conclusion Even if several studies suggest gastrectomy as a therapy for diabetes, we did not observed any significant improvement in our patients. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Ramakrishnan Ayloor Seshadri; Sunil BJ; Hemanth Raj E; **MORBIDITY AND MORTALITY FOLLOWING D2 GASTRECTOMY: AN INDIAN EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 28

Background and objectives: D2 gastrectomy is routinely performed in Japanese centres for carcinoma stomach with low morbidity and mortality. Randomised trials in western countries showed high morbidity and mortality rates. This study was aimed to study the postoperative morbidity and mortality following D2 gastrectomy for carcinoma stomach in a high volume centre in India. Methods: This was a retrospective analysis of all the patients who underwent D2 gastrectomy from 1991 to 2010. Morbidity and mortality was reviewed from the case records and analysed over different time periods. Univariate and multivariate analysis was performed to identify factors predicting morbidity. Results: D2 gastrectomy was performed in 456 patients during this period. Overall morbidity was 16.7% and mortality was 1.8%. Respiratory events were the most common cause of morbidity in the study group (2.4%). Male gender (p= 0.007), presence of gastric outlet obstruction (p= 0.01) and pathological T4 (p=0.05) independently predicted increased post operative morbidity in multivariate analysis. The morbidity/ mortality rates in the time periods 1991-2000 and 2001-2010 were 21.9%/ 4.4% and 14.4%/ 0.6% respectively. Conclusion: D2 gastrectomy for carcinoma stomach can be performed safely in specialized centres with low morbidity and mortality rates. With an increase in hospital volume and experience of the surgeon, the complication rates can be further reduced. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Sang-Hoon Ahn; Young-Suk Park; Dong Jun Shin; Do Joong Park; Hyung-Ho Kim; **MULTIMODAL ERAS (EARLY RECOVERY AFTER SURGERY) PROGRAM IN COMBINATION WITH TOTALLY LAPAROSCOPIC DISTAL GASTRECTOMY IS THE OPTIMAL PERIOPERATIVE CARE IN PATIENTS WITH GASTRIC CANCER: A PROSPECTIVE RANDOMIZED CLINICAL TRIAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 28

Introduction: Although early recovery after surgery (ERAS) program has been shown to enhance postoperative recovery in several surgical fields, there have been no well-designed study in laparoscopic gastric surgery. This study aimed to evaluate the efficacy of ERAS program after totally laparoscopic distal gastrectomy (TLDG) in context of a prospective randomized controlled trial. Methods: Between Oct 2012 and Aug 2014, 106 patients who had gastric cancer for which TLDG was indicated and randomly assigned on a 1:1 basis to ERAS group (n=46) and conventional group (n=51). The ERAS program received intensive preoperative education, a preoperative carbohydrate solution, sufficient pain control using epidural patient control analgesics, early ambulation, and early oral diet. The primary end point was recovery time, measured with criteria of tolerable diet, safe ambulation, analgesic-free, and afebrile status without complications. Secondary outcome were postoperative hospital stay, complications, quality of life, pain by visual analog scale, and readmission. This study was registered (ID number: NCT 01938313, www.clinicaltrials.gov) Results: Recovery time was faster in the ERAS group, in terms of the rate of recovery on the operative day 2 and 3. (30.4 vs. 0%, P<0.001; 48.2% vs. 33.3%, P=0.037), and the less maximum pain score on the operative day 1, 2, 3, and 4. The possible postoperative hospital stays were shorter in the ERAS group (4.98 vs. 5.69 days, P=0.038). However, there was no difference in the real postoperative hospital stays and complications rates between the 2 groups (5.41 vs. 5.76 days, P=0.295; 13.0 vs. 17.6%, P=0.531). Quality of life were similar in both groups. There were no readmission or mortality. Conclusion: ERAS program after TLDG results in reduced recovery time without increased complications. These results suggest that a multimodal ERAS program can increase the short-term benefits after TLDG. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Yanbing Zhou; Shougen Cao; Jinzhe Zhou; **MULTIVARIATE LOGISTIC REGRESSION ANALYSIS OF POSTOPERATIVE COMPLICATIONS AND RISK MODEL ESTABLISHMENT OF GASTRECTOMY FOR GASTRIC CANCER: A SINGLE CENTER COHORT REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 28

Objective: To evaluate the risk factors of postoperative complications and establish logistic regression model in a real life cohort of patients with gastric cancer following gastrectomy. Results: 24 out of 86 variables were identified statistically significant in univariate logistic regression analysis, 11 significant variables entered multivariate analysis were employed to produce the risk model. Liver cirrhosis, diabetes mellitus, Child classification, invasion of neighboring organs, combined resection, intraoperative transfusion, Billroth II anastomosis of reconstruction, malnutrition, surgical volume of surgeons, operating time and age were independent risk factors for postoperative complications after gastrectomy. Based on logistic regression equation,  $P = \text{Exp}(\text{BiXi} + 1) + \text{Exp}(\text{BiXi})$ , multivariate logistic regression predictive model that calculated the risk of postoperative morbidity was developed,  $P = 1 / (1 + e^{(4.810 - 1.287X1 - 0.504X2 - 0.500X3 - 0.474X4 - 0.405X5 - 0.318X6 - 0.316X7 - 0.305X8 - 0.278X9 - 0.255X10 - 0.138X11)})$ . the accuracy/sensitivity and specificity of the model to predict the postoperative complications were 86.7%/76.2% and 88.6%, respectively. Conclusions: This risk model based on Clavien-Dindo grading severity of complications system and logistic regression analysis can predict severe morbidity specific to an individual patient's risk factors, estimate patients' risks and benefits of gastric surgery as an accurate decision-making tool and may serve as a template for the development of risk models for other surgical groups. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Young-Kyu Park; Oh Jeong; Min-Chan Kim; Seung-Wan Ryu; Mi-ran Jung; Ki-Han Kim; Seong-Yeop Ryu.; **NO ANTIMICROBIAL PROPHYLAXIS FOR LAPAROSCOPIC DISTAL GASTRECTOMY FOR GASTRIC CARCINOMA: INTERIM RESULT OF PHASE II MULTICENTER STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 29

Background: A prophylactic antibiotic is recommended in open gastrectomy for advanced gastric cancer, but there is no consensus on the use of antibiotic prophylaxis before laparoscopic distal gastrectomy (LDG) for earlier stage gastric cancer. The aim of this study is to evaluate the feasibility and safety of no use of antibiotic prophylaxis before LDG for gastric cancer with low risk. Methods: This study is designed with single arm, multicenter, phase II study. By Simon's two-stage design with power of 80%, two-sided  $\alpha$ -level of 5% and response probability of poor response of 87.5%, target enrollment is 99 subjects. Interim analysis of safety was planned at the time of enrollment of 40 patients and less than 4 events are calculated continuing the study. Since June 2014, patients with newly diagnosed cT1Nany and cT2N0-1 gastric cancer have been recruited. Key exclusion criteria are recent antibiotic treatment, recent infection history, previous major abdominal surgery, uncontrolled metabolic disease, moderate to severe pulmonary dysfunction, or malnutrition. Primary end point is the incidence of surgical site infection (SSI), including superficial to space infection until postoperative 1 month. Results: Mean age was 53.9 and mean BMI was 24.9. Mean length of hospital stay was 8.28 days. Overall morbidity was 17.5% and mortality was zero. Three Surgical site infections, including two deep and one space, were developed and the patient with space SSI was readmitted and treated with antibiotics and percutaneous drainage. Conclusions: This interim analysis indicates no antibiotic prophylaxis may be feasible during LDG and recommended continuing the study as planned. NCT02200315 |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Claudio; Fausto Rosa; Giuseppe Quero; Antonio Pio Tortorelli; Dario Di Miceli; Caterina Cina; Roberta Menghi; Giovanni Battista Doglietto; Sergio Alfieri.; **POSTOPERATIVE HYPERGLYCEMIA IN NONDIABETIC PATIENTS AFTER GASTRIC SURGERY FOR CANCER: PERIOPERATIVE OUTCOMES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 29

ABSTRACT Background Hyperglycemia is generated as physical response after major surgery in both diabetic or non-diabetic patients. Postoperative hyperglycemia (HG) is widely known to be associated to increased postoperative complications after colo-rectal surgery or in critically ill patients. Limited data are reported in literature on the effects of HG on nondiabetic gastric surgery patients for cancer. Methods One hundred nineteen consecutive gastrectomy for cancer performed between January 2010 and October 2013 in a single institution, with curative aim, were retrospectively entered into a computerized database. Diabetics patients, and patients undergoing pancreatic resections were excluded, a total 109 patients were selected for statistical analysis. Postoperative blood glucose level were monitored in the first 72 hours after surgery. We analyzed postoperative complications, mortality, and postoperative course in patients experienced postoperative HG (blood glucose level –BGL- >125 mg/dl) comparing with euglycemic patients (BGL  $\leq$ 125 mg/dl). We also analyzed the differences between mild HG (BGL between 125 and 200 mg/dl) and severe HG (BGL  $\geq$  200 mg/dl). Results 66/109 (60.5%) patients experienced postoperative HG, in 8 (7%) we found a severe postoperative HG. Postoperative BGL > 200 mg/dl is related to worse outcomes compared to euglycemic patients (and even with patients who experienced mild postoperative HG). Patients with severe postoperative HG had a longer hospital stay respect to mild postoperative HG and normoglycemic patients, [10 days (4-64), 8 days (4-39), and 8 days (6-36), respectively (P = ns)]. Postoperative complications rate was 22% (24 patients out of 109), significantly higher in patients with postoperative severe HG respect to mild HG and normoglycemic patients (62.5%, 22%, and 13.3%, respectively, p= 0.011). Perioperative mortality rate was 2.2%, 3.4% and 25%, respectively (p=0.049). Conclusion Poor postoperative glycemic control seems to be related with worse postoperative outcomes even in patients undergoing elective gastric surgery for cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Ji-Ho Park; Young-Gil Son; Tae Han Kim; Yeon-Ju Huh; Jun-Young Yang; Jia Xu; Yun-Suhk Suh; Seong-Ho Kong; Hyuk-Joon Lee; Han-Kwang Yang.; **PREDICTING UNCOMPLICATED PATIENTS AFTER GASTRECTOMY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 29

Background: The aim of this study was to investigate clinical and laboratory data set of gastrectomized patients to clarify normal range of postoperative course and thus define patients who could be candidates for successful early discharge. Methods: Consecutive patients undergoing gastrectomy at Seoul National University Hospital from January and December 2013 were identified from a prospective complication database. The electronic medical record was queried for postoperative vital signs and laboratory studies, which were digitally abstracted. Clinicopathologic and laboratory data were analyzed. Additional validation was performed using the data from March to May 2014. Complications were categorized according to the Clavien-Dindo classification. Results: Out of the 855 patients, overall morbidity including simple hospital course deviation was 24.2%, whereas severe morbidity more than grade IIIa was 8.3%. Age over 68 (OR, 1.64), open approach (OR, 1.9), and combined resection (OR, 1.67) were found to be significant independent risk factors for complication (p <0.05). The ratio of white blood cell count at postoperative days (POD) 5 and preoperative (RR, 2.01), C-reactive protein at POD 5 (RR, 1.1), and maximal body temperature at POD 4 (RR, 2.36) were independent laboratory predictors in multivariate analysis (p < 0.05). Using the risk profile included these 6 variables, 17.1% (146/855) of patients were predicted uncomplicated. Eight (8/146, 5.5%) of these patients suffered complications. In validation set of 217 patients, 19.8% (43/217) of patients could be candidate for early discharge at POD 5 and 3 patients (7.0%) were false negative for the risk profile. Conclusions: We developed and internally validated a risk profile predicting uncomplicated patients after gastrectomy for gastric cancer, which allow to identify who will be candidate for early discharge. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Yeon-Ju Huh; Hyuk-Joon Lee; Ju-Ri Na; Yun-Suhk Suh; Seong Ho Kong; Han-Kwang Yang.; **RANDOMIZED CONTROLLED TRIAL EVALUATING NUTRITIONAL SUPPORT IN MALNOURISHED PATIENTS BEFORE AND AFTER GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 29

Introduction: The aim of this prospective randomized trial is to examine the role of perioperative oral nutritional supplements (ONS) in malnourished patient who will receive gastrectomy. Methods: The patients determined as malnourished subject in PG-SGA or had BMI less than 18.5 and who will receive gastrectomy were eligible. Experimental group received standard ONS (Ensure powder, Abbott) 500mg per day for 6 weeks. The primary endpoint was postoperative complications within 30 days. Secondary endpoints included body weight change, length of hospital stay, and compliance for ONS. Results: Gastrectomy was performed in 127 patients. Overall complication rate including hospital course deviation was not different between groups (p=0.578). However, complication rate had a tendency to be lowered in ONS group (7.7%) than in control group (19.4%, p=0.069). Compliance of ONS was tolerable before surgery, but significantly decreased after surgery although adaptation occurred with time. In patients with severe malnourished PG-SGA, the rate of severe complication (Clavien-Dindo classification?IIIa) was significantly lower in ONS group (4.5%) than in control group (42.9%, p=0.041). Conclusion: Although overall complication rate was not different as a whole, severe complication was reduced in severely malnourished patients when applying ONS. To overcome reduced compliance of after surgery, parenteral nutrition with ONS can be considered in the future. (ClinicalTrials.gov No: NCT01421680) |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Postoperative care

Peng Ed; Kiyofumi Morishita; Takahiro Akiyama; **THE FEASIBILITY OF GASTRECTOMY PERFORMED BY RESIDENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 30

**Objectives?** Japan has a lot of patients of gastric cancer. In our hospital, gastrectomy is performed by both attending surgeons and resident surgeons. We discussed the feasibility of gastrectomy performed by resident surgeons. **Methods?** A retrospective analysis was made on 2144 gastric cancers, which were subjected to gastrectomy in our hospital from January 2002 to December 2014. These gastrectomy were performed by resident surgeons (Group-RS, n=1273) or attending surgeons (Group-AS, n=871). And we divided total gastrectomy (TG) in 510 cases, distal gastrectomy (DG) in 1020 cases, proximal gastrectomy (PG) and pylorus preserving gastrectomy (PPG) in 340 and laparoscopic gastrectomy (LAG) in 274 cases. Background factors of the patients, duration of surgery, operative blood loss, duration of postoperative hospitalization, complications, five year survival rate and disease-free survival were compared between the Group-RS and the Group-AS retrospectively. almost performed over 25 BMI in 559 case and under 25 BMI in 1585 case. **Results?** These were no significant differences in other factors between the Group-RS and the Group-AS. Total complication ratio of RS (7.8%) is not higher than AS (8.5%) (p=0.59). TG's complications were 42 (14%) in RS and 31 (14%) in AS. DG's were 46 (6.6%) in RS and 27 (8.1%) in AS. PG and PPG's were 11 (5.2%) in RS and 9 (5.8%) in AS. LAG's were 0 (0%) in RS and 7 (3.6%) in AS. Over 25 BMI's were 40 (11%) in RS and 31 (15%) in AS. Under 25 BMI's were 60 (6.5%) in RS and 43 (6.4%) in AS. **Conclusions?** These results indicate that the gastrectomy can safely be performed by resident doctors without causing major complications under the guidance of attending doctors. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Maryam Elmi; Alyson Mahar; Daniel Kagedan; Calvin Law; Paul Karanicolas; Natalie Coburn; Julie Hallett; **THE IMPACT OF BLOOD TRANSFUSION ON PERIOPERATIVE OUTCOMES FOLLOWING RESECTION OF GASTRIC CANCER: AN ANALYSIS OF THE ACS-NSQIP.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 30

**Introduction:** Allogeneic red blood cell transfusions (RBCT) cause immunosuppression and may impact outcomes in patients with gastric malignancies undergoing resection. We investigated the association between perioperative RBCT and post-operative short-term outcomes following gastrectomy for gastric cancer. **Methods:** We conducted a retrospective comparative cohort study using the ACS-NSQIP database for patients who underwent a gastrectomy for gastric malignancy from 2007 to 2012. Patients with an emergent operation, disseminated cancer or who were missing data on cardiac history, pre-operative hematocrit and ASA class were excluded. Outcomes included post-operative infection, cardiac event, respiratory failure, venous thromboembolic event, mortality, re-operation and length of stay. Major morbidity included infection, cardiac, respiratory, VTE, cerebrovascular, wound dehiscence, and renal failure. Modified Poisson regression, logistic regression and negative binomial regression were used for multivariate analysis. **Results:** Among 3520 patients undergoing gastrectomy for adenocarcinoma, we included 2884 patients, of whom 535 (18.6%) received RBCT. Overall, 20% of patients experienced major morbidity, 20% experienced a post-operative infection, and 3.5% died within 30 days. After adjustment for baseline and clinical characteristics, perioperative RBCT was independently associated with increased 30-day mortality (RR 3.1; 95% CI: 1.9-5.0, p<0.0001), major morbidity (RR 1.6; 95% CI: 1.3-1.9, p<0.0001), post-operative infections (RR 1.4; 95% CI: 1.1-1.6, p<0.0001), respiratory failure (RR 2.3; 95% CI: 1.6-3.3, p<0.0001) and re-operation (RR 1.6, 95% CI: 1.1-2.3). Transfusion was also associated with an increased length of hospital stay (RR 1.2; 95% CI: 1.1-1.2). **Conclusion:** Receipt of RBCT is associated with worse post-operative short-term outcomes, increased mortality, and prolonged length of stay. Comprehensive strategies are needed to minimize the use of perioperative RBCT in gastric cancer patients. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Postoperative care

Mi Ran Jung; Young Kyu Park; Oh Jeong; Seong Yeob Ryu; **THE PHASE II STUDY ABOUT THE COMPLIANCE TO ENHANCED RECOVERY AFTER SURGERY (ERAS) PROGRAM IN PATIENTS UNDERGOING GASTRECTOMY FOR GASTRIC CARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 30

**Objectives:** Recent advances in understanding perioperative pathophysiology have led to the concept of multimodal strategies to improve surgical outcomes, known as Enhanced Recovery after Surgery (ERAS) program. The advantages of ERAS, such as reduction of hospital stay or lower complication rates, have been well demonstrated in colorectal surgery. However, the safety and efficacy of the ERAS program for gastric cancer surgery have yet to be proven. The aim of this study was to evaluate the compliance and surgical outcomes of ERAS program that was administered to the patients undergoing gastric cancer surgery. **Methods:** Between August 2012 and December 2013, 168 patients undergoing gastrectomy for gastric carcinoma were prospectively enrolled. Patients were perioperatively managed using the ERAS protocol consisting of 18 main elements. Primary end point was the compliance to ERAS program and the secondary outcomes were postoperative morbidity and hospital stay. The study protocol was registered to the ClinicalTrials.gov (NCT01653496). **Results:** The study subject consisted of 102 males and 66 females with mean age of 53.3±10.1 years. ERAS protocol was successfully administered without violations in 122 of 168 patients (overall compliance rate = 72.6%). Of 18 main elements of ERAS protocol, compliance rates of early oral diet (88.1%) and restricted fluid administration (88.7%) were found to be relatively lower than that of other elements. Overall compliance rates to ERAS protocol significantly improved over time, from 65.5% in the early study period to 79.8% in the late study period (P=0.038). Type of surgical approach and postoperative morbidity were also significantly associated with the compliance rate (P<0.001, P=0.003). Postoperative complications occurred in 16 patients (9.5%) and there was no hospital mortality. Mean hospital stay was 7.2±3.6 days with 5 (3.0%) readmitted patients within postoperative 30 days. **Conclusions:** Our study suggests that ERAS program is safe and feasible for patients undergoing gastric cancer surgery with acceptable compliance rate and short-term surgical outcomes. Future studies are required to demonstrate the clinical benefits of ERAS program for patients undergoing gastric cancer surgery. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Wentao Liu; Qiumeng Yang; Bingya Liu; Min Yan; Zhenggang Zhu; **A NOVEL GASTRIC CANCER DIAGNOSTIC MODE ESTABLISHMENT BY SEROLOGICAL GLYCOPROTEOMIC TECHNIQUES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 30

**Objective:** The glycosylation changes of glycoproteins are important features of tumors and the glycosylation of serum glycoproteins is also closely related to the occurrence and development of gastric cancer. Therefore, this study used lectin-mediated affinity capture to specifically collect serum glycoproteins associated with MALDI-TOF mass spectrometry technology, the differences in the serum glycosylated saccharide strand information between preoperative and postoperative gastric cancer patients was compared with normal persons, in order to establish a novel gastric cancer diagnostic mode by glycomics. **Methods:** The serum glycoproteome was obtained and purified by the lectin-beads. The HPLC method to separate the saccharide chain and protein whereby the saccharide chain obtained was purified. Then by MALDI-TOF mass spectrometry, the differences in glycosylation information of patients and normal control was assessed. The diagnostic model for the prediction of gastric cancer was set up by the method of statistical information where the model was verified by a total of 40 mix cases comprising of gastric cancer patients and normal control. **Results:** The 3 kinds of lectin beads were complementary in the affinity and capture of glycopeptides and based on the mass spectrometry where it was found that 6 glycopeptides peak values were significantly different. The comparison of different statistical algorithm established the diagnostic model and its optimization found that while using genetic algorithm GA statistics, choosing 4 differential peak values to establish the gastric cancer diagnostic model had a recognition rate of 94.44%; while the accuracy statistics were 88.89% and 100% for the normal and gastric cancer groups respectively, with prediction rate attaining 82.57%. The 40 mixed samples verified group was investigated whereby the sensitivity and specificity of the GA algorithm was highest, approximately 100%. **Conclusion:** This study used proteomics, glycomics and informatics to compare the difference in the saccharide strand of glycoproteins between the normal controls and gastric cancer patients, established a new diagnostic gastric cancer model. It was found out that the differential serum glycoprotein saccharide chain may be used as a new marker for gastric cancer diagnosis, not only providing new methods for research of gastric cancer glycomics, but also laying the foundation for in-depth study for gastric cancer saccharide modification. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Sang-Yong Son; Hye Seung Lee; Young Suk Park; Aung Myint Oo; Do Hyun Jung; Sang-Hoon Ahn; Do Joong Park; Hyung-Ho Kim; **A NOVEL STAINING METHOD FOR INTRAOPERATIVE PERITONEAL WASHING CYTOLOGY IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 31

Background: Intraoperative peritoneal washing cytology (PWC) is required to determine treatment strategies especially in gastric cancer with suspected serosa invasion, however the staining method for it has not been established. We evaluate the feasibility of a rapid and simple method 'Shorr staining' for intraoperative PWC in advanced gastric cancer. Methods: From November 2012 to December 2014, seventy seven patients with more than clinical T3 gastric cancer were prospectively enrolled to this study. The sensitivity, specificity and concordance between Shorr staining method and conventional Papanicolaou (Pap) staining method were analyzed. Results: PWC was performed laparoscopically in 69 patients (89.6%). The average time of the procedure was 8.3 ± 4.5 minutes, and the average amount of aspirated fluids was 83.3 ± 33.0 ml. Of the 77 patients, sixteen (20.7%) had positive cytology, and 9 (11.6%) showed atypical findings. The sensitivity and specificity were 72.2% and 96.6% in Shorr method, and 61.1% and 98.3% in Pap method, respectively. The concordance of diagnosis between two methods was observed in 88.3%. Of the 9 discordances, 3 patients were diagnosed with positive cytology by Shorr method and 1 patient by Pap method. Conclusion: Shorr staining method could be a promising staining method for intraoperative PWC in gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Jimmy So; Ruiyang Zou; Lihan Zhou; Heng-Phon Too; Feng Zhu; Yik Ying Teo; Celestial T Yap; Sun Young Rha; Koji Kono; Joanne Yoong; Wei Peng Yong; Khay Guan Yeoh; **A SERUM MICRORNA BIOMARKER PANEL FOR DETECTION OF GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 31

Background: Gastric cancer is the 2nd most common cause of cancer deaths worldwide. Currently, endoscopy is the only reliable method for early diagnosis. However, the invasiveness and cost limit its usage as a screening test. MicroRNAs (miRNAs) have been shown to be important in the pathogenesis of cancers. They are exceptionally stable in body fluids, making them potential noninvasive biomarker for cancers. Methods: We screened 600 miRNAs using our MiR-XES® qPCR technology in the sera of 236 gastric cancer subjects and 236 matched high risk subjects, serving as the discovery set. 191 miRNAs were reliably detected in all the serum samples, out of which 75 informative ones were identified to be significantly (false discovered corrected P value lower than 0.01) altered between gastric cancer and high risk subjects. Multivariate miRNA biomarker panels were then formulated by sequence forward floating search and support vector machine using all the quantitative data obtained for the expression of 191 miRNAs. Result: Multiple iterations of two-fold cross-validation were performed in silico where the panels with 8 or more miRNAs consistently achieved high accuracy [areas under the curve (AUC) >0.87 in the receiver operating characteristic (ROC) curve]. A 24-miRNA model was optimized based on the discovery set [AUC=0.92 (95% Confidence Interval [CI]: 0.88-0.95)] and validated in two blinded studies with fixed algorithm and threshold definition; Korean case-control cohort (n=129, 74 cancer cases) and Singaporean Chinese case-control cohort (n=89, 20 cancer cases). The 24-miR panel showed 90% sensitivity and 81% specificity in the Korean cohort (AUC=0.91 (95% CI: 0.86-0.96)) and had 90% sensitivity and 75% specificity in the Singaporean Chinese cohort [AUC=0.89 (95% CI: 0.79-0.99)]. Importantly, the 24-miR panel was able to distinguish stage 1 and 2 gastric cancer in both Korean [AUC=0.88 (95% CI: 0.81-0.96)] and Singaporean Chinese [AUC=0.91 (95% CI: 0.80-1.00)] cohorts. Conclusion: We have identified a serum miRNA panel which can confidently differentiate patients with gastric cancer including the early-staged cancers from controls. This may be able to serve as a non-invasive screening test for gastric cancer which warrants study in larger cohorts. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Daniel Jonathan Kagedari; Fadi Frankul; Abraham El-Sedfy; Caitlin McGregor; Maryam Elmi; Brandon Zagorski; Matthew Dixon; Alyson L. Mahar; Jovanka Vasilevska-Ristovska; Daniela Cortinovis; Lucy Helyer; Corwyn Rowsell; Carol J. Swallow; Calvin H. Law; Natalie G. Coburn; **ACCURACY OF ABDOMINAL CT IN DETERMINING GASTRIC CANCER RESECTABILITY ON A POPULATION LEVEL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 31

Background: Accurate preoperative staging of gastric adenocarcinoma (GA) is essential for selecting patients for curative-intent resection. Most patients undergo abdominal computed tomography (CT) scan to determine contraindications to resection (local invasion, metastases), however the reported accuracy of CT is variable, and the literature is limited to single institution studies. Objectives: To determine the accuracy of preoperative abdominal CT scan in assessing local invasion, nodal metastasis, and intra-abdominal distant metastases among patients undergoing surgery for gastric adenocarcinoma. Methods: Using a provincial cancer registry, 2414 patients with GA diagnosed between 2005-2008 at 116 institutions were identified, with a primary chart review of radiologic, operative, and pathologic reports performed for all patients. 570 patients underwent gastrectomy without neoadjuvant therapy, and 1127 underwent surgical exploration without neoadjuvant therapy. Preoperative abdominal CT and intraoperative findings were compared to final pathology reports (the gold standard) to determine the accuracy of CT in assessing local invasion, nodal metastasis, and intra-abdominal distant metastases. Results: In detecting local invasion, the accuracy of CT scan alone was 84.3% (n = 561); when combined with intraoperative findings, the accuracy was 74.2% (n = 233). For nodal metastasis, the accuracy of CT was 51.5% (n = 563). The accuracy of CT scan for detecting intra-abdominal metastases was 57.6% (n = 484). The accuracy of CT reports indicating uncertainty regarding local invasion was 55.9% (n = 34), and 63.5% (n = 126) for intra-abdominal metastases. Conclusions: Preoperative abdominal CT is most accurate in determining local invasion, and least accurate in nodal assessment. The poor accuracy of CT should be taken into account when selecting patients for neoadjuvant therapy and staging laparoscopy. Disclaimer: Please note that the data presented in this abstract has been accepted for a poster presentation at the Society of Surgical Oncology 2015 conference in Houston, TX. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Noriko Wada; Yukinori Kurokawa; Yasuhiro Miyazaki; Tomoki Makino; Tsuyoshi Takahashi; Makoto Yamasaki; Kiyokazu Nakajima; Shuji Takiguchi; Masaki Mori; Yuichiro Doki; **CLINICAL USEFULNESS OF PREOPERATIVE POSITRON EMISSION TOMOGRAPHY-COMPUTED TOMOGRAPHY IN ESOPHAGOGASTRIC JUNCTION ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 31

Object. The incidence of esophagogastric junction (EGJ) adenocarcinoma has increased substantially in the past few decades. Although the operative approach for EGJ adenocarcinoma is mainly based on the location of the tumor epicenter, accurate diagnosis of location is difficult in conventional imaging. Positron emission tomography-computed tomography (PET-CT) has been recently applied for diagnosis in patients with digestive cancer. As the clinical usefulness of PET-CT for EGJ adenocarcinoma has not been established yet, we assessed the diagnostic ability of PET-CT in preoperative settings. Methods. Between October 2001 and December 2014, 29 patients with cT2-4 EGJ adenocarcinomas (Siewert type I / II) underwent preoperative PET-CT and surgical resection. We investigated the sensitivity for primary tumors and metastatic lymph nodes, and evaluated the relationship between maximal standardized uptake value (SUVmax) in primary tumors and the clinicopathological factors. We also compared the distance from the EGJ to the tumor epicenter between PET-CT and pathological findings to evaluate whether PET-CT could accurately diagnose tumor location or not. Results. In total, 7 patients with Siewert type I and 22 with type II tumors were included in this study. The sensitivity was 100% for primary tumors and 24% (4/17) for metastatic lymph nodes. Among 16 patients that underwent neoadjuvant chemotherapy, decreased ratio of SUVmax were a significant indicator of pathological N stage after neoadjuvant chemotherapy (P=0.013), and posttreatment SUVmax tended to reflect endoscopic responder (P=0.057). In evaluating tumor location, 10 of 13 patients (77%) showed similar (within 1 cm) distance from the EGJ to the tumor epicenter between PET-CT and pathological findings, and the proportion of agreement for Siewert classification was 92% (12/13). Conclusions. PET-CT had high sensitivity for primary tumor of EGJ but not lymph node metastasis. It would be useful for tumor screening, evaluating treatment response and diagnosing tumor location. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging  
Yukinari Tokoro; Nobuhiro Takiguchi; **CLINICOPATHOLOGICAL FINDINGS OF GASTRIC MUCINOUS ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 32

Clinicopathological findings of gastric mucinous adenocarcinoma? Background? Although mucinous gastric carcinoma (MGC) is defined as a common histological subtype of gastric carcinoma which is composed of mucous nodules and a few cancer cells according to Japan classification of gastric carcinoma, it is rare. The clinicopathological characteristics and prognosis of MGC are not well known. We aimed to clarify the clinicopathologic features and prognosis of patients with MGC. Methods? We retrospectively reviewed a database of 2,018 gastrectomized patients for gastric cancer between 2,000 and 2013. We compared the clinicopathologic findings and postoperative survival data of MGC with those of differentiated (tub1+ tub2) gastric carcinoma (DGC) and undifferentiated (por1+por2+sig) gastric carcinoma (UDGC). Analyzed clinicopathologic parameters were age, gender, tumor size, tumor location, macroscopic type, histological type, depth of invasion, lymph node metastasis, lymph-vascular invasion, distant metastasis and tumor stage. Results? There are 32 patients with MGC, 1,036 patients with DGC, and 950 patients with UDGC. MGC patients account for only 1.6% of all gastrectomized gastric cancer patients. Of the 32 MGC cases, 5 patients (15.6%) were early stage, and other 27 patients (84.4%) were advanced stage. In comparison with DGC and UDGC, MGC showed larger in size (MGC: 64.5±37.9mm, DGC: 38.9±23.8mm, UDGC: 53.8±40.0mm), high incidence of T4 (53.1% vs. 25.5% vs 34.1%), high incidence of lymphatic vessel invasion (87.5% vs. 46.6% vs. 38.1%), and high incidence of venous invasion (90.6% vs. 47.1% vs. 41.5%). Although the high incidence of lymph node metastases in T4 MGC, lower incidence of lymph node metastases in T1-T3 MGC than those of T1-T3 in other groups. In MGC, Six patients (18.8%) were received neoadjuvant chemotherapy. The 5-year overall survival rate of MGC was 65.5%. Peritoneal recurrence accounted for seven cases most commonly, and subsequently lymph node recurrence was found in three patients. Conclusion? MGC is rare in spite of a common histological subtype of gastric carcinoma. Preoperative chemotherapy may be related with MGC. This study was population limited and more large scale examination is needed to clarify the true feature of MGC. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging  
Mi Ran Jung; Young Kyu Park; Oh Jeong; Seong Yeob Ryu; **COMPARISON OF ENDOSCOPIC ULTRASONOGRAPHY AND MULTIDETECTOR-ROW COMPUTED TOMOGRAPHY FOR THE PREOPERATIVE T STAGING OF GASTRIC CANCER WITH SPECIAL REFERENCE TO THE DISCRIMINATION OF T1 CANCER FROM ADVANCED TUMORS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 32

Objective With increasing of early gastric cancer, minimal invasive and function-preserving surgery was more frequently performed. Accordingly, accurate preoperative staging is critical, and endoscopic ultrasonography (EUS) and multidetector-row computed tomography (MDCT) are the most commonly used modalities. However, the results of studies regarding predictive value of those two techniques are conflicting. The present study was conducted to compare the T staging accuracy of EUS with that of MDCT. Methods Total of 82 patients were underwent EUS and MDCT, followed by gastrectomy for gastric cancer at our institution from January 2013 to December 2014. Among them, 73 patients who performed EUS for differentiating T1 cancer from more deep lesions were included. The results from the EUS and MDCT were compared to the postoperative pathological staging. Results The overall accuracy of EUS and MDCT for T staging was 67.1% and 72.6%, respectively. Stratified analysis revealed that the sensitivity of EUS for T1 staging was lower than that of MDCT (68.9% vs. 82.0%), while the sensitivity for T2 staging was higher (63.6% vs. 27.3%). For delineation of more than T2 stage from T1 cancer, the EUS showed higher sensitivity than MDCT (75.0% vs. 41.7%, P=0.034) with fair agreement to the pathologic T staging (kappa value =0.286). Conclusions The study demonstrated that the overall accuracy of MDCT for preoperative T staging was slightly better than that of EUS. However, the EUS might be more useful to discriminate between T1 cancer and advanced tumor. As such, adding EUS should be considered to select patients for limited surgery. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging  
Lei Tang; Ying-Shi Sun; Zi-Yu Li; Zi-Ran Li; Kun Cao; Xiao-Ting Li; Fei Shan; Jia-Fu Ji; **CORRELATION OF DIFFUSION WEIGHTED MR IMAGING WITH THE PROGNOSIS OF LOCALLY ADVANCED GASTRIC ADENOCARCINOMA TO NEOADJUVANT CHEMOTHERAPY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 32

Objective To investigate the correlation of the apparent diffusion coefficient (ADC) on diffusion-weighted MRI (DWI) with the prognosis of locally advanced gastric carcinoma to neoadjuvant chemotherapy (NACT). Methods Patients with locally advanced gastric carcinoma were enrolled in this prospective study. MRI examinations were performed before and after NACT. ADCs of the whole lesion (ADCentire) and high signal area on DWI (ADCmin) were calculated, and the cancer thickness on T2-weighted images was measured. All patients were divided into long-term survival group and poor prognosis group, according to the three-year survival status. The pre-therapy baseline values and early percentage changes (%) of the above parameters were compared between groups. Receiver operating characteristics (ROC) curves were employed to compare the performance of the above parameters in the discrimination of different prognosis groups. Results A total of 24 patients enrolled in the study. There were 14 patients of long-term survival group and 10 patients of poor prognosis group. No statistical difference in baseline ADCmin and ADCentire was displayed between long-term survival group and poor prognosis group [ADCmin: (1.17 ± 0.23) × 10<sup>-3</sup> mm<sup>2</sup>/s vs. (1.23 ± 0.27) × 10<sup>-3</sup> mm<sup>2</sup>/s, P > 0.05; ADCentire: (1.43 ± 0.20) × 10<sup>-3</sup> mm<sup>2</sup>/s vs. (1.50 ± 0.24) × 10<sup>-3</sup> mm<sup>2</sup>/s, P > 0.05]. The %ADCmin and %ADCentire both had differences between long-term survival group and poor prognosis group (%ADCmin: 21% vs. 5%, P = 0.06; %ADCentire: 23% vs. 1%, P = 0.02). Through ROC curves, the AUCs for pre-therapy thickness, ADCmin and ADCentire were 0.693, 0.543 and 0.600, respectively; and AUCs for %thickness, %ADCmin and %ADCentire were 0.532, 0.729 and 0.779, respectively, in the differentiation of prognosis. Using %ADC ? 15% to predict long-term survival, the positive predictive value (PPV) for %ADCmin was 81.8% and %ADCentire was 83.3%. Using %ADC ? 10% to predict poor prognosis, the PPV for %ADCmin was 63.6% and %ADCentire was 70.0%. Conclusion The change of ADC after NACT of gastric carcinoma has correlation with long-term prognosis; the significantly increased ADC is more prone to signify long-term survival. ADCentire is better than ADCmin in the prognosis prediction. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging  
LI ZIYU; LI ZHEMIN; LI ZIRAN; JI JIAFU; **DIAGNOSTIC LAPAROSCOPY FOR LOCALLY ADVANCED GASTRIC CANCER IN BEIJING CANCER HOSPITAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 32

Background/Aims: Although diagnostic laparoscopy has been recommend by various guidelines, the indication for laparoscopy is yet to be determined, here we report single institution's experience in China. Methods: Patients with locally advanced gastric cancer (cT2+M0) who underwent preoperative diagnostic laparoscopy in Beijing Cancer Hospital during 2011.8-2013.12 were enrolled. Patients who underwent preoperative chemo(radio)therapy were excluded. Positive for peritoneal deposits and peritoneal cytology was recorded as P1 and CY1. Results: In the period 2011.8-2013.12, diagnostic laparoscopy were undergone in 301 patients, positive rate (P1 or CY1) is 22.9%, P1 and CY1 were detected in 48(15.9%) and 46(15.3%) patients, respectively. 25(8.3%) patients were both P1 and CY1. Positive rate increases significantly as cT and cN stage increases (cT2 vs cT3 vs cT4, 7.4% vs 15.0% vs 27.7%; p = 0.021. cN0 vs cN1 vs cN2 vs cN3, 5.0% vs 15.8% vs 17.6% vs 35.9%; p = 0.037). Among patients with cT2N0M0, which does not fit the indication under some guidelines, the positive rate is 10.5%, with 2 positive for peritoneal cytology. Conclusions: Occult peritoneal dissemination was detected in 22.9% in patients with tumors deeper than T2 in our institute, relatively early stage may still have high positive rate. Based upon this result, in order to explore indication for diagnostic laparoscopy in Chinese patients, we have already launched a multi-center study in China, estimated to enroll 450 patients from 2014-2017, clinical trial information: NCT02172690. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Ricardo Hoelz de Oliveira Barros; Thiago José Penachim; Daniel Lahan Martins; Nelson Marcio Gomes Caserta; Nelson Adami Andreollo; **DIAGNOSTIC PERFORMANCE OF MULTIDETECTOR COMPUTED TOMOGRAPHY IN THE PREOPERATIVE STAGING OF GASTRIC ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 33

**Aims:** To evaluate the diagnostic performance of multidetector computed tomography (MDCT) with regard to preoperative evaluation of tumor invasion depth and the presence of lymph node and metastatic involvement according to the TNM classification, in patients with gastric adenocarcinomas. **Study design:** Blinded, non-randomized, prospective transversal observational. **Place and Duration of Study:** Clinic's Hospital, State University of Campinas – UNICAMP between June 2009 and July 2011. **Methodology:** Fifty-four patients with biopsy-confirmed gastric cancer were subjected to pre-surgical staging by 64 channel MDCT. Two radiologists independently analyzed the images and classified the findings according to the TNM classification. The sensitivity, specificity, accuracy and overall accuracy were calculated for each reviewer. The inter-reviewer agreement regarding categorization of the degree of tumor invasion was evaluated according to weighted Kappa statistical methodology. **Results:** When classifying the T categories, accuracy varied from 74 to 96% for reviewer 1 and from 80 to 92% for reviewer 2. The overall accuracy was 70% for both reviewers. There was substantial inter-reviewer agreement (kappa = 0.75). The accuracy of the lymph node involvement (category N) classification varied from 55–79% for reviewer 1 and 73–82% for reviewer 2. The evaluation of metastatic involvement showed an overall accuracy of 89.6% for both reviewers. **Conclusion:** The 64 channel MDCT showed excellent accuracy in clinically relevant depth of invasion staging (T category), and in metastatic disease staging (M category), for the pre surgical staging of gastric carcinoma. The largest current limitation remains the appropriate staging of lymph node involvement (N category), despite a good accuracy in patients without nodal disease (N0). |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Chengxue Dang; Rong Yan; Kang Li; Kun Zhu; **DIAGNOSTIC VALUE OF SERUM METHYLATION SPECIFIC PCR (MSP) OF P16 GENE IN GASTRIC CANCER: A META-ANALYSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 33

**Objective:** To explore the clinical diagnostic value of p16 gene promoter methylation in gastric cancer through a meta-analysis. **Methods:** The PubMed, Medline, Web of Science, Google Scholar, EBSCO, CNKI, WANFANG and Cochrane Library were retrieved up to February, 20, 2015. The pooled sensitivity, specificity, positive likelihood ratio (+LR) and negative likelihood ratio (-LR) were calculated by Meta-DiSc1.4. The qualities of the included literatures were assessed by the QUADAS scale. The heterogeneity test and meta-analysis were conducted by Stata12. **Results:** 47 articles were retrieved from databases. 15 articles containing 1128 cases conformed to the included standard. The median methylation rate for gastric cancer group was 34.1% (range: 11.8%-84.6%). And for healthy control group was 0.0% (range: 0.0%-18.2%). The methylation rate in gastric cancer was statistical higher than in the healthy control (P < 0.05). The sensitivity of serum p16 MSP in diagnosing gastric cancer was 0.545 (95% CI: 0.504-0.586), its specificity was 0.989 (95% CI: 0.976-0.996), the +LR was 16.581 (95% CI: 6.539-41.726), the -LR was 0.484 (95% CI: 0.352-0.666), and the Area under the SROC Curve (AUC) was 0.9892. **Conclusion:** The comprehensive research results indicate that p16 gene promoter MSP has high sensitivity and specificity for diagnosing gastric cancer, which is higher than that of currently used diagnostic markers such as CEA, CA50 and CA19-9. And the AUC of p16 gene promoter MSP was 0.9892, which indicates a high value for diagnosing. The hyper-methylation of this gene might be used as a new noninvasive marker for gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Lei Tang; Zi-Yu Li; Ying-Shi Sun; Kun Cao; Xiao-Ting Li; Jia-Fu Ji; **DIFFUSION-WEIGHTED MAGNETIC RESONANCE IMAGING IN THE DEPICTION OF GASTRIC CANCER: INITIAL EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 33

**Objective** The aim of the study was to explore the feasibility of diffusion-weighted magnetic resonance imaging (DW-MRI) in gastric cancer and to investigate the signal characteristics and apparent diffusion coefficient (ADC) of gastric cancer. **Methods** An institutional review board-approved protocol was developed. DW-MRI was performed on 101 patients with gastric cancer that was detected by gastroscopy biopsy. The optimal number of excitations (NEX) for DW-MRI was determined, and the signal characteristics of gastric cancer on DW-MRI were analyzed. The ADC of gastric cancer was measured by two experienced radiologists independently, and the reproducibility of measurement was investigated by the Bland-Altman analysis. **Results** When DW-MRI was used with four NEXs, areas of gastric cancer showed a good contrast and contrast-to-noise ratio (CNR). Four kinds of signal characteristics of gastric cancer were observed on DW-MRI: uniformly high signal, inner higher signal and outer lower signal (two-layer type), high-low-high signal (three-layer type), and mixed type. The mean ADC of gastric cancer measured by two observers was (1.18 ± 0.29) × 10<sup>-3</sup> mm<sup>2</sup>/s and (1.20 ± 0.31) × 10<sup>-3</sup> mm<sup>2</sup>/s respectively, which showed good agreement with Bland-Altman analysis (95% limits of agreement: -0.16 to +0.19 × 10<sup>-3</sup> mm<sup>2</sup>/s). **Conclusion** Gastric cancers have various signal characteristics on DW-MRI and the reproducibility of ADC measurement is satisfactory. DW-MRI is helpful in the depiction of gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Lin Chen; Ke-Cheng Zhang; Hong-Qing Xi; Jian-Xin Cui; Wei-song Shen; Ji-yang Li; Bo Wei; **HEMOLYSIS-FREE PLASMA MIR-214 AS NOVEL BIOMARKER OF GASTRIC CANCER AND IS CORRELATED WITH DISTANT METASTASIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 33

**Abstract Background** Circulating miRNAs gains popularity for its potential ability to serve as biomarkers of cancer. We evaluated the usefulness of plasma miR-214 as novel biomarkers for gastric cancer (GC) detection. **Methods** Attempts were made to address several pitfalls in sample processing and study design in previous studies. We conducted a two-step analysis using plasma samples from gastric cancer patients and healthy controls: (1) In pilot study comprising of 30 patients and 30 controls, we compared expression levels of plasma miR-214 in this two groups and explored differential expression levels of miR-214 between primary GC tissues and normal tissues. (2) In test of larger cohort, we analyzed levels of plasma miR-214 by comparing results from 80 patients and 70 controls and investigated dynamic changes of miRNAs from patients before, 14 days and 1 month after surgical resection. **Results** (1) In pilot study, levels of miR-214 were significantly higher in primary GC tissues than normal tissues (P = 0.0215). Plasma miR-214 was significantly higher in patients with GC than in controls (P < 0.0001). (2) In larger cohort, there was significantly decreasing tendency of plasma miR-214 from patients before, 14 days and 1 month after surgical resection (P < 0.0001). There were significantly higher levels of miR-214 in 80 GC patients than in 70 controls (P < 0.0001). Receiver operating characteristics (ROC) curves yielded area under the curve (AUC) value of 0.845. Moreover, high plasma miR-214 had significant correlation with distant metastasis (P = 0.038). **Conclusion** Plasma miR-214 was novel hemolysis-free markers of gastric cancer. |

SEM CONFLITOS DE INTERESSE



**Apresentação Oral - Diagnosis and staging**

Anna Nieminen; Pentti Sipponen; Juha Kontto; Jarmo Virtamo; Pauli Puolakkainen; Arto Kokkola; **OLGA AND OLGIM STAGING SYSTEMS FOR PREDICTING THE RISK OF GASTRIC CANCER IN MEN WITH ATROPHIC GASTRITIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 34

**Introduction** Intestinal type of gastric cancer develops through precancerous changes, but only minority of these subjects will eventually have carcinoma. Two staging systems (Operative Link for Gastritis Assessment ?OLGA? and Operative Link on Gastric Intestinal Metaplasia Assessment ?OLGIM?) have been developed in order to detect patients with highest gastric cancer risk. **Objectives** In our aim was to investigate the value of OLGA and OLGIM staging systems to detect patients with gastric cancer risk in smoking men with atrophic gastritis. **Methods** Serum pepsinogens (SPGs) were measured from 22,436 smoking men (50-69 years) who participated The Alpha-Tocopherol, Beta-Carotene Cancer Prevention (ATBC) study in Finland. Low serum pepsinogen I (SPG1) was measured in 2132 men, and they were invited to gastroscopy. Endoscopy was performed to 1344 men, and after excluding the men with gastric cancer in a beginning of the study and 180 men with history of gastric surgery, 1140 men were enrolled in this study. The first gastroscopies were performed in 1989-1993, and the surveillance continued until the end of year 2012, the gastric cancer diagnosis, or death. The median follow-up time was 13.7 years (range 16 days – 23.3 years). Twenty eight gastric cancers were diagnosed during the follow-up period. Results Gastric cancers were detected by different OLGA stages as follows: 1/103, 3/136, 18/724, 1/65, and 5/109 persons (stages 0-IV, respectively; p=0.10), and the incidences were 0.67/1000, 1.70/1000, 1.85/1000, 1.16/1000, and 3.55/1000 person years, respectively. Corresponding figures in different OLGIM stages were: 3/206, 7/404, 10/315, 4/115, and 4/100 (stages 0-IV, respectively; p=0.03), and the incidences were: 1.02/1000, 1.28/1000, 2.35/1000, 2.83/1000, and 3.32/1000, in OLGIM stages 0-IV, respectively. **Conclusion** Interobserver agreement is good with intestinal metaplasia, but weaker with atrophy. Patients with OLGA/OLGIM stage IV are candidates for endoscopic surveillance. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Diagnosis and staging**

Maryam Elmi; Daniel Kagedan; Juan Camilo Correa; Abraham El-Sedfy; Jill Tinmouth; Alyson Mahar; Brandon Zagorski; Nadia Gunraj; Jovanka Vasilevska-Ristovska; Calvin Law; Natalie Coburn; **QUALITY OF ESOPHAGOGASTRODUODENOSCOPY REPORTS IN THE DIAGNOSIS OF GASTRIC CANCER: A POPULATION-BASED ANALYSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 34

**Background:** The diagnosis and treatment of gastric cancer relies on the accurate reporting of esophagogastroduodenoscopy (EGD). **Methods:** We conducted a province-wide chart review (116 institutions) of all patients diagnosed with gastric adenocarcinoma (GA) between April 1, 2005- March 31, 2008. Patients were included in this analysis if they had an esophagogastroduodenoscopy (EGD) report available within the inpatient chart for abstraction. We identified the patient's first EGD that occurred in the 6 months prior to the date of GA diagnosis. We assessed patients' EGD reports in order to determine the frequency with which important features of an EGD were documented. Rates of reporting were also described by provider specialty. Results: 1906 of 2516 patients satisfied the inclusion criteria. More than 90% of the reports documented tumor appearance (93%), general tumor location (98%), whether or not there was involvement of gastro-esophageal junction (GEJ) for proximal tumors (93%), and tumor biopsy (98%). Only 20% of endoscopists reported tumor size. Less than 5% reported the distance of the tumor above and below the GEJ, for proximal tumors. When it comes to distal tumors, only 66% reported whether or not there was duodenal involvement. Gastroenterologists performed 59% of EGDs, general surgeons performed 33%. A minority were performed by other specialists such as thoracic surgeons or general practitioners. There were no statistically significant differences in reporting patterns between surgeons and non-surgeons. **Conclusion:** No guidelines exist to inform the reporting of EGD for gastric cancer. This population-based study provides further evidence that potentially critical information needed for gastric cancer treatment planning is often missing. The clinical and economic impact of low quality EGD reporting requires further investigation. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Diagnosis and staging**

Lei Tang; Zi-Yu Li; Ying-Shi Sun; Xiao-Ting Li; Zi-Ran Li; Fei Shan; Jia-Fu Ji; **REGION-BY-REGION COMPARISON OF CT MISSED PERITONEAL METASTASIS WITH DIAGNOSTIC LAPAROSCOPY IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 34

**Objective:** To explore the characteristics of the CT missed peritoneal metastasis (PM) of gastric cancer through the region-by-region comparison with diagnostic laparoscopy findings. **Methods:** Total of 251 consecutive patients with advanced gastric cancer and diagnosed as free of PM by spectral CT enrolled in the study. All of the patients were performed diagnostic laparoscopy to verify the findings on CT. If PM detected during laparoscopic exploration, the exact metastasis location would be recorded and compared with CT findings. The target observation regions included the omentum, diaphragm, transverse mesocolon, parietal peritoneum and hepatogastric ligament. The concerning signs included smudge sign, uncertain small nodules and thickening of the parietal peritoneum. The smudge sign was further divided into (1) mild type: slightly and evenly increased fat density appeared as ground glass opacity (GGO), (2) moderate type: unevenly increased fat density, with patchy-like or intensive GGO, (3) severe type: unevenly and obviously increased fat density, with multiple strands, curls sign or blurred small nodules. The demonstration rates of the above signs on spectral CT would be compared and analyzed between PM positive and negative patients. **Results:** Forty-six patients were confirmed as PM positive through laparoscopic exploration. Through the region-by-region comparison, there was still no any suspected CT sign in 16 patients. Total of 43 abnormal regions in 30 patients with PM positive signs on retrospective spectral CT were detected. There were 30 PM regions in 24 patients displayed as smudge sign (mild type, 7 regions; moderate type, 11 regions; severe type, 12 regions), ten regions as thickening of the parietal peritoneum, and three regions of undetermined small nodules. The detection rate of the smudge sign on spectral CT in PM positive patients was significantly higher than that of the PM negative ones (24/46, 52.2% vs. 31/205, 15.1%, p<0.01). **Discussion:** Smudge sign is the most common finding in CT missed PM patients with gastric cancer, paying attention to this sign will contribute to the early detection of peritoneal metastasis. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Diagnosis and staging**

Palanisamy Selvarathinam; V.Rajendran; R.Emmanuel; Thirumarai chelvan Perungo; John Rose John Grifson; J.M.V.Amar Jothi; K.Kavin; A.Amudhan; D.Bennet; R.Prabhakaran; D.Kannan; S.M.Chandramohan; **ROLE OF MDCT, MRI, PET-CT, AND LAPAROSCOPY IN ASSESSING LOCALLY ADVANCED GE JUNCTION ADENOCARCINOMA – A PILOT STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 34

**Introduction:** Surgery remains the main stay in the management of potentially resectable GE junction tumours. Proper assessment plays a major role in deciding on surgery and avoiding Non Therapeutic laparotomies. Many centres still use MDCT for assessing resectability and only few centres use PET-CT as a routine though laparoscopy before surgery has become a standard. **Aim:** Our study analyses the efficacy of MDCT, MRI, PET-CT and Laparoscopy in assessing the resectability of GEJ adenocarcinoma. **Methods:** This is a prospective study conducted at our institution, from October 2014 to December 2014. The inclusion criteria was those patients who were diagnosed with GEJ adenocarcinoma without clinical evidence of metastasis with good performance status. Those patients with clinically evident distant disease and poor performance status were excluded from the study. Informed consent and Ethical committee clearance were obtained. The patients had MDCT chest and abdomen, MRI chest and abdomen, PET-CT whole body and staging Laparoscopy before proceeding to surgery. All the radiological investigations were interpreted by a single radiologists team. The laparoscopy and Surgery were performed by a single surgical team. All the Preoperative reports were correlated with the intraoperative findings. **Results:** Ten patients were enrolled in this pilot study. MDCT and MRI showed resectable disease in 5 patients. Of which, 3 had distant metastasis detected by PET and were offered palliative Chemo-RT. As the PET and staging Laparoscopy was normal in the other 2, one of them underwent THE and the other Esophago-Gastrectomy. MDCT showed Borderline resectable tumour in 3 patients in whom PET and Staging laparoscopy was normal. However, MRI revealed unresectability in 1 patient and resectability in 2 patients which correlated with the surgical findings. Subsequently one patient underwent THE and the other Total Gastrectomy. Two patients in whom the tumour was unresectable by MDCT and Borderline resectable by MRI, the PET was normal. But staging Laparoscopy detected peritoneal metastasis in 1 patient in whom surgery was deferred and the other underwent Esophago Gastrectomy. **Conclusion:** In our study, in the assessment of potentially resectable adenocarcinoma of GEJ, MRI has a better yield than MDCT in assessing resectability. PET-CT scores over both in detecting small distant metastasis. Laparoscopy gives the best yield for small peritoneal metastasis. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Lin Chen; Ke-Cheng Zhang; Hong-Qing Xi; Jian-Xin Cui; Wei-song Shen; Ji-yang Li; Bo Wei.; **SERUM HER2 IS POTENTIAL SURROGATE FOR TISSUE HER2 STATUS IN GASTRIC CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 35

**Abstract Background** Determining the expression level of human epidermal growth factor receptor 2 (HER2) is of great importance for personalized therapy in gastric cancer. Several studies investigated whether serum HER2 could serve as surrogates of tissue HER2 status, however, results are inconsistent. Thus, we performed meta-analysis to address this problem. Methods PubMed, Embase, Web of Science, the Cochrane Library and Science Direct were queried for eligible studies which could provide sufficient data to construct 2 × 2 contingency tables. We assessed the quality of including study in accordance with the revised Quality Assessment of Diagnostic Accuracy Studies (QUADAS-2) criteria. Pooled sensitivity, specificity and diagnostic odds ratio (DOR) were calculated and the summary receiver operating curve (SROC) and area under SROC (AUSROC) were applied to evaluate the overall diagnostic performance. Results A total of 8 studies comprising of 1170 participants were included and analyzed in our meta-analysis. The pooled sensitivity, specificity and DOR were 0.39 (95% confidence interval (CI): 0.21-0.61), 0.98 (95% CI: 0.87-1.00), and 27 (95% CI: 9-81). The AUSROC was 0.77 (95% CI: 0.73-0.80) and Deek's funnel plot suggested the absence of publication bias (P = 0.91). Meta-regression analysis indicated that threshold effect was the main source of heterogeneity. Conclusion Serum HER2 is highly specific and enjoys a moderate diagnostic performance to detect tissue HER2 status in gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Nevada Cioffi Squitieri; Chiara Pozzessere; Susanna Guerrini; Carla Vindigni; Francesco Mazzei; Franco Roviello; Daniele Marrelli; Enrico Petrella; Mario Framarini; Paolo Morgagni; Maria Antonietta Mazzei; Luca Volterrani; Luca Saragoni; on behalf of GIRCG/SICO.; **TO INVESTIGATE THE ACCURACY OF MDCT IN PREDICTING PATHOLOGIC RESPONSE TO NEOADJUVANT CHEMOTHERAPY IN ADVANCED GASTRIC CANCER (AGC): A GIRCG STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 35

**Objectives:** To investigate the accuracy of MDCT in predicting pathologic response to neoadjuvant chemotherapy in advanced gastric cancer (AGC). **Methods:** 32 consecutive patients with resectable AGC, clinical stage  $\geq$  T2 N1, who had been treated with neoadjuvant chemotherapy and gastric resection with D2 lymph nodal dissection, were prospectively enrolled in this study. Pre and Post-chemotherapy abdominal CT were analysed by two radiologists in consensus, measuring the Dmax and depth invasion of the primary gastric lesion. Lymph nodal status were also evaluated, according to the III Japanese Classification of Gastric Carcinoma, using two dimensional criteria: a) the measurement of the short axis, with a cut-off of 5mm for station in group 1, and 8mm for station in group 2 and 3, and b) the calculation of the reduction rate between the two CT examinations. The sensitivity, specificity, and overall accuracy for both T and N staging of AGC were calculated. **Results:** The overall accuracy of MDCT in the T staging was 77.7%. Regarding the N staging, the dimensional criteria based on the evaluation of reduction rate was more accurate in comparison with the other one. **Conclusions:** MDCT may be an accurate tool in the prediction of pathologic response following neoadjuvant chemotherapy in patients with resectable AGC, in spite of the problems related to fibrous changes after chemotherapy. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Takashi Kijima; Yoshikazu Uenosono; Takaaki Arigami; Shigehiro Yanagita; Keishi Okubo; Yuka Nishizono; Munetugu Hirata; Hisashi Haraguchi; Takeshi Arima; Sumiya Ishigami; Syuichi Hokita; Syoji Natsugoe.; **USEFULNESS OF THE FREE CANCER CELLS DETECTION IN THE PERITONEAL CAVITY BY QUICK RT-PCR OF THE PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 35

**[Background]** Peritoneal dissemination is one of the major metastatic patterns in patients with advanced gastric cancer. Recent developments of an attractive chemotherapy have allowed the prognostic improvement in patients with peritoneal dissemination. However, it is difficult to diagnose intraoperative peritoneal tumor dissemination using conventional cytology (CY) in the clinical management. Therefore, a comprehensive method for an intraoperative diagnosis is required to determine the accurate peritoneal dissemination. We assessed the clinical utility of RT-PCR assay for detecting peritoneal tumor cells in comparison with conventional cytology. **[Methods]** Peritoneal washes were laparoscopically obtained from 63 patients with gastric cancer and 8 patients with benign disease. Each sample was assessed by cytologic examination and RT-PCR assay using SmartCycler II. This RT-PCR assay has a clinical ability to determine both CEA and CK 19 mRNA expressions. **[Results]** The incidences of overt peritoneal dissemination (P) and occult free cancer cells determined by CY and RT-PCR assay were 39.7% (25/63), 34.9% (22/63) and 54.0% (34/63), respectively. In 25 patients with P (+), positive rates by CY and RT-PCR assay were 72.0% (18/25) and 76.0% (19/25), respectively. In 7 patients with both P (+) and CY (-), RT-PCR demonstrated that positive rates was 57.0% (4/7). Three patients with RT-PCR (+) were shown in 4 patients with CY (+) identified from 38 patients with P (-). In 37 patients of the Non-resectable Group, RT-PCR demonstrated 25 patients with positive and 12 patients with negative. In these 37 patients of the Non-resectable Group, the prognosis was poorer among patients with RT-PCR positive, than RT-PCR negative. **[Conclusions]** SmartCycler II system is a promising tool for intraoperative detection of occult peritoneal cancer cells in patients with gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Han Hong Lee; Su Lim Lee; Young Mi Ku; Hae Myung Jeon.; **USEFULNESS OF TWO-DIMENSIONAL VALUES MEASURED USING PREOPERATIVE MULTIDETECTOR COMPUTED TOMOGRAPHY IN PREDICTING LYMPH NODE METASTASIS OF GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 35

**Background.** Multidetector computed tomography (MDCT) is essential for the prediction of lymph node (LN) metastasis in gastric cancer. However, the measurement method and size criteria for metastatic LNs using MDCT are unclear. **Methods.** MDCTs of gastric cancer patients who underwent surgery and had pathological staging were reviewed by radiologists. The two-dimensional cut-off values for LNs with suspected metastasis were calculated, and clinicopathological data were analyzed using those cut-off values. **Results.** The total number of enrolled patients was 327. The cut-off values of the maximal area with metastatic LNs were obtained significantly at stations 3, 4 and 6, and those values were 112.09, 33.79, and 85.88 mm<sup>2</sup>, respectively. The common cut-off value was 112.09 mm<sup>2</sup>, and the area under the curve was 0.617 (P = 0.002). The overall survival rate of the patients with LNs less than 112.09 mm<sup>2</sup> was significantly better than those with LNs greater than 112.09 mm<sup>2</sup> (P < 0.001). In multivariate analysis, the maximal LN area was an independent prognostic factor (adjusted hazard ratio, 1.697 [95% confidence interval, 1.116-2.582]). **Conclusions.** Using two-dimensional values for LNs measured by MDCT is a practical method of predicting metastatic LNs in gastric cancer. The maximal area value of 112.09 mm<sup>2</sup> would be useful in both the preoperative staging and prognosis prediction of gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Audrey H Choi; John B Hamner; Rebecca A Nelson; Joseph Chao; James Lin; Joseph Kim; Jinha Park.; **UTILITY OF COMPUTED TOMOGRAPHY GASTROGRAPHY FOR DIAGNOSIS OF GASTRIC MASSES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 36

**Introduction:** CT gastrography (CTG) is a method of evaluating gastric masses for both benign and malignant gastric lesions. Data regarding the utility of CTG in the diagnosis of gastric masses are limited. **Methods:** A single institution review of CTG cases from 2012-2014 was performed. Patients ingested effervescent granules followed by water, after which CT images were taken in multiple positions. Gastric cancers were staged using CTG by a single radiologist blinded to endoscopic ultrasound (EUS) and final pathologic stage. T stage was assigned according to the degree of gastric wall invasion on CTG. Regional lymph nodes >6 mm in short-axis diameter were considered positive. EUS reports were reviewed and staging by both CTG and EUS were compared to final pathology. Accuracy and 95% confidence intervals (95% CI) of each diagnostic study were calculated. **Results:** A total of 83 CTG studies were performed on 52 patients. Most patients (N=45/52, 86.5%) had gastric adenocarcinoma. Nineteen of 52 (34.6%) patients had CTG performed pre-operatively. Two of 19 patients were diagnosed with gastric mass by conventional CT, but had absence of disease on upper endoscopy. In both cases, CTG confirmed negative endoscopy findings. Seventeen of 19 (89.5%) patients underwent preoperative CTG for gastric cancer, with 11 patients eventually undergoing surgical resection. Peritoneal carcinomatosis was identified on CTG in 3 of 6 patients who failed to undergo resection. Nine of 11 surgically-resected patients were staged by CTG. When compared to final pathology, CTG (N=9) accurately predicted T and N stages in 6/9 cases (accuracy 67%, 95% CI 30-93%). This was comparable to the accuracy of EUS (N=8), which correctly predicted T stage in 5/8 cases (accuracy 63%, 95% CI 24-91%) and N stage in 6/8 cases (accuracy 75%, 95% CI 35-97%). Surveillance CTG was also performed for 38 patients. Of 6/38 (15.8%) patients diagnosed with recurrence, only 1 recurrence was diagnosed by CTG; the remaining 5 were diagnosed by endoscopy (n=2), conventional CT (n=1), physical exam (n=1) or cytology (n=1). **Conclusion:** Although further study is needed, CTG demonstrated similar staging accuracy in gastric adenocarcinoma as EUS in this small cohort. CTG may be considered for use as a preoperative imaging tool for both benign and malignant gastric masses, but appears to have limited utility for the detection of recurrence in post-operative surveillance. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Diagnosis and staging

Rubens Kesley; Leonaldson dos Santos Castro; José Humberto Simões Correa; João Pedro Simões Correa; Francisco Nolasco de Carvalho Neto; Rafael Albagli; Marvin Willie Silva Foster; Ana Carolina Barros Peña ; Rubens Kesley; Leonaldson dos Santos Castro; José Humberto Simões Correa; João Pedro Simões Correa; Francisco Nolasco de Carvalho Neto; Rafael Albagli; Marvin Willie Silva Foster; Ana Carolina Barros Peña ; **Validation of New TNM (AJCC, 2010) in Gastric Cancer.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 36

**Introduction:** The universal form of staging of gastric cancer is the TNM system. In 2010 the American Joint Committee on Cancer (AJCC) launched the 7th edition which made structural and conceptual changes in this system. The objective was to compare the potential benefits of the new edition of the TNM classification in 2010 with the TNM 2002 to determine if there is better accuracy with the new system. **Method:** Retrospective evaluation was carried out of 1479 cases of gastric adenocarcinoma presented consecutively for elective surgery at the Cancer Hospital I, INCA, Ministry of Health, from January 1997 to December 2008. The staging according to the 6th edition (2002) was compared with the 7th edition (2010). Survival curves were generated in each of the 2002 TNM stages and tested against TNM 2010 to identify whether there was a significant difference between the groups. **Results:** In 1479 cases of gastric adenocarcinoma the average global age was 60 ± 19, with female predominance (897 cases: 60.6% of the total). According to the TNM classification 2002 Ia group patients remained with the same group Ia (TNM 2010). Ib stage patients (TNM 2002) showed 82% survival at 5 years and Ib cases remaining in the TNM System 2010 (89% survival at 5 years), or migrated to IIa (52% survival at 5 years), or migrated to IIb (40% survival at 5 years), p = 0.04. Stage II patients (68% survival at 5 years) were divided into IIa (44% survival at 5 years) and IIb (72% survival at 5 years), or migrated to IIIa (62% survival at 5 years), or migrated to IIIb (33% survival at 5 years), p = 0.14. Stage IIIa patients (53% remained IIIa (61%) or migrated to IIIb (47%), p = 0.03. Stage IIIb patients (41%) remain in stage IIIb (33%) or migrated to IIIc (42%), p = 0.53. Stage IV patients (31%) made to downstage IIIc (30%) or remained in stage IV (31%), p = 0.13. **Conclusion:** The 7th Edition, in comparison with the 6th edition of the TNM, did not change the Ia stage; became more accurate for groups Ib and IIIa (TNM 2002); and did not significantly change stages II, IIIb and IV (TNM 2002). |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Epidemiology - Gastric Cancer in the world

Wei-cheng You.; **A LARGE INTERVENTION TRIAL TO PREVENT GASTRIC CANCER BY ERADICATION OF H. PYLORI IN LINQU, CHINA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 36

Linqu County is a rural area with high risk of gastric cancer (GC) in the northern part of China. Studies of GC and precancerous gastric lesions in Linqu identified H. pylori infection played a crucial role in the development of GC, suggesting that intervention trial including antibiotic treatment of H. pylori may inhibit the progression of gastric lesions and reduce the incidence of GC. In 1995, we conducted a Shandong Intervention Trial (SIT) in Linqu, including one-time antibiotic treatment of H. pylori and a 7.3 years supplementation with vitamin or garlic preparation. This trial yielded a 40% reduction in the prevalence of advanced gastric lesions as well as a favourable effect on GC after 7 years by eradication of H. pylori. Furthermore, the trial participants were continually followed for additional 8 years, showing a 39% reduction in GC incidence rate even among older subjects and those with advanced baseline pathology. To further clarify the full range of benefits and adverse consequences of H. pylori eradication as a strategy for GC prevention, we launched a community-based intervention trial in Linqu in 2011. A total of 184,786 residents aged 25-54 years were enrolled in this trial and received the 13C-urea Breath Test (13C-UBT). H. pylori positive participants were assigned into two groups, either receiving a 10-day quadruple anti-H. pylori treatment or look-alike placebos together with single dosage of omeprazole and bismuth. Our findings suggested that the large community-based intervention trial to eradicate H. pylori is feasible and acceptable. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Epidemiology - Gastric Cancer in the world

Ignacio Alberto Wichmann Perez; Gonzalo Carrasco Avino; Rocío A. Artigas; Alejandro Herman Corvalan Rodriguez.; **ANALYSIS OF GASTRIC CANCER RNA-SEQ TCGA DATA GENE EXPRESSION PROFILE REVEALS A POTENTIAL ETHNICAL SEGREGATION OF A SUBGROUP OF SOUTH KOREAN PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 36

**INTRODUCTION** The Cancer Genome Atlas (TCGA) has classified gastric cancer (GC) by its molecular profile, making data available for additional analyses. Differential expression analysis between eastern and western GC samples has already been described. Our aim is to find differentially expressed genes (DEG) between ethnic groups using the TCGA data. **METHODS** TCGA GC Level 3 RNA-Seq expression data (mRNA; IlluminaHiSeq platform) were downloaded and classified by country (USA, Russia, Ukraine, Poland, Vietnam and South Korea). RPKM data were normalized using sRAP R package and filtered and analyzed using MultiExperiment Viewer (MeV). Class comparison analysis using Significance Analysis of Microarrays (SAM) and Hierarchical Clustering Analysis (HCA) of significant genes were performed. Pathway enrichment analysis was performed using Ingenuity Pathway Analysis. Histological data was retrieved. **RESULTS** Normalization and filtering yielded 14849 genes used for SAM, finding 477 significant DEG across 6 countries. HCA formed two main groups by gene expression profiles. Cluster 1 had 21 subjects, mainly Russian and Ukrainian and some Vietnamese samples of which 76% (16/21) were "genome stable" (GS) molecular and 90% (19/21) were diffuse histological types. Cluster 2 was subsequently divided into 3 clusters (2a, 2b and 2c). Cluster 2a grouped 47% (29/62) of total diffuse cases and presented mixed molecular subtypes and ethnicities. Cluster 2b had 41 subjects, 19 (41%) corresponding to South Koreans (SK) (59% of the SK) 49% (20/41) were "microsatellite unstable" (MSI), and 85% (35/41) were intestinal histological type. Cluster 2c had mixed ethnicities, but was enriched for intestinal histological and CIN molecular types (83%, 57/69; 65%, 45/69, respectively). Finally, we found 55 up-regulated and 81 down-regulated genes in Clusters 1 and 2b involved in neuronal communicating pathways (e.g. monoamine transport) and molecular mechanisms of cancer (e.g. cell adhesion), respectively. **CONCLUSIONS** Reanalysis of gastric cancer TCGA data clustered the samples by gene expression profiling rather than by ethnicity. Despite this, a significant proportion of South Korean GC samples clustered in a subgroup characterized by downregulation of genes involved in molecular mechanisms of cancer, suggesting an ethnical component that may warrant further exploration. Grant Support: CONICYT-FONDAP 15130011 and FONDECYT 1111014 and 1151411 to AH Corvalan from the Government of Chile. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Epidemiology - Gastric Cancer in the world  
Ji Yong Ahn; Hwoon-Yong Jung; Jeong Hoon Lee; Kee Wook Jung; Do Hoon Kim; Kee Don Choi; Ho June Song; Gin Hyug Lee; Jin-Ho Kim; **CLINICAL CHARACTERISTICS AND OUTCOMES OF GASTRIC CANCER PATIENTS AGED OVER 80 YEARS: A RETROSPECTIVE CASE-CONTROL STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 37

**OBJECTIVES** The average human life expectancy is increasing worldwide, thus the proportion of elderly gastric cancer patients is also increasing. In this case-control study, we investigated the clinical and oncologic outcomes of gastric cancer in patients over 80 years old. **METHODS** From January 2004 to December 2010, 291 patients aged over 80 years old (case group) were diagnosed and treated with gastric cancer at Asan Medical Center, Seoul, Korea. From the same period, 291 patients aged 18 to 80 years old were selected as the control group. The clinical findings, histopathological parameters, and clinical outcomes of gastric cancer were retrospectively reviewed and compared between the two groups. **RESULTS** There were significant differences in the overall 5-year survival rate between the case and control groups (30.9% vs. 73.8%, respectively;  $P < 0.001$ ). When analysis was confined to resectable elderly patients with a favorable performance [American Society of Anesthesiologists (ASA) score 1 or 2], the curative resection group showed significantly better overall 3- and 5-year survival rates than the conservative treatment group (73.7% and 58.8% vs. 29.8% and 0%, respectively). In multivariate analysis, a lower body mass index and advanced TNM stage were independent prognostic predictors of poorer survival. The ASA score showed borderline significance as a predictor of poorer survival ( $P = 0.087$ ). **CONCLUSIONS** Although elderly gastric cancer patients show an advanced stage at diagnosis and poor prognosis compared with non-elderly patients, elderly patients with good performance could benefit from curative resection. Thus, the clinical decision whether to undergo curative resection or conservative management should be made on an individualized basis. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Epidemiology - Gastric Cancer in the world  
Michael C. Lowe, MD; Joanne F. Chou, MPH; Marinela Capanu, PhD; Vivian E. Strong, MD; Daniel G. Coit, MD; Sam S. Yoon, MD; Do Joong Park, MD; **COMPARISON OF OUTCOMES IN UNITED STATES AND KOREA PATIENTS FOLLOWING COMPLETE RESECTION FOR DIFFUSE TYPE GASTRIC ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 37

**Introduction:** Molecular characterization of gastric adenocarcinoma (GA) reveals four subtypes with the majority of Lauren diffuse tumors being genomically stable and the majority of intestinal tumors having chromosomal instability. While Korean patients undergoing gastrectomy for intestinal GA often have better overall survival (OS) compared to US patients, we hypothesize that patient race and environment do not influence OS for genomically stable diffuse GA. **Methods:** We queried prospectively-maintained gastric cancer databases at Memorial Sloan Kettering Cancer Center (MSKCC) and Seoul National University Bundang Hospital (SNUBH) for patients undergoing curative resection for diffuse GA between 1998 and 2011. Patients receiving neoadjuvant treatment and Asian patients at MSKCC were excluded. Differences in lymph node (LN) retrieval were accounted for in the N stage survival analysis by using LN ratio. **Results:** A total of 166 MSKCC (86% Caucasian, 14% other) and 1,252 SNUBH (100% Asian) patients were included. Type of surgery, tumor location, differentiation, and perineural invasion were similar. MSKCC tumors more commonly had vascular invasion (42% vs. 17%). OS by T stage was the same in MSKCC and SNUBH patients for T1 tumors (89% vs. 90%  $p = 0.80$ ), T2 tumors (86% vs. 85%,  $p = 0.82$ ), and T4 tumors (26% vs. 34%,  $p = 0.11$ ) but not for T3 tumors (42% vs. 71%,  $p = 0.01$ ). The mean number of examined LN was 26 at MSKCC and 51 at SNUBH. OS was similar for LN ratio categories of 0 (83% vs. 91%,  $p = 0.09$ ), <10% (60% vs. 74%,  $p = 0.08$ ), 10-25% (39% vs. 55%,  $p = 0.25$ ), and >25% (15 vs. 23%,  $p = 0.57$ ). There was no difference between MSKCC and SNUBH patients in OS for stage I or stage III (89% vs. 93%,  $p = 0.69$ ; and 67% vs. 82%,  $p = 0.15$ ), but stage II patients from MSKCC had worse OS (20% vs. 44%,  $p = 0.04$ ). On univariate analysis, significant predictors of OS included age, tumor size, tumor location, vascular invasion, perineural invasion, T status, N status, and institution (MSKCC vs. SNUBH; all  $p < 0.01$ ). On multivariate analysis, independent predictors of OS included age, vascular invasion, T status, and N status; institution was not an independent predictor ( $p = 0.14$ ). **Conclusions:** Unlike for intestinal type GA, race (Korean vs. US) is not independently associated with OS for patients undergoing resection for diffuse GA. Thus it may be less important to consider race and environment in patients with genomically stable diffuse GA when determining treatment and outcomes. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Epidemiology - Gastric Cancer in the world  
Daniel Reim; Young Woo Kim; **DIFFERENT SURVIVAL OUTCOMES AFTER CURATIVE RESECTION FOR EASTERN ASIAN AND EUROPEAN GASTRIC CANCER PATIENTS: RESULTS FROM A PROPENSITY SCORE MATCHED ANALYSIS COMPARING A KOREAN AND A GERMAN SPECIALIZED CENTER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 37

**Background:** Several retrospective analyses after gastric cancer surgery between Eastern (Korean, Japanese) and Western patients (USA, Europe) revealed different survival outcomes due to potential ethnical and biological differences. This study is determined to investigate on treatment outcomes between specialized institutions for gastric cancer. **Methods:** The prospectively documented databases of the Gastric Cancer Center of the National Cancer Center Korea and the Department of Surgery of the Technische Universitaet Muenchen, Germany were screened for patients having undergone primary surgical resection for gastric cancer between 2002 and 2008. Baseline characteristics were compared using  $\chi^2$  testing. Comparative survival analyses were computed with the Kaplan-Meier method and multivariate regression analysis models. Further the two cohorts were matched using the propensity score matching method. **Results:** 4026 patients were included in the final analysis, 3694 from Korea and 332 from Germany. Baseline characteristics revealed statistically significant differences for pT-, pN-, pM-, UICC-stages as much as differences in postoperative recurrence, age, comorbidities, tumor location, BMI, R-status, lymphatic vessel infiltration (LVI) and types of surgery. Overall- and recurrence-free survival was significantly longer for Korean patients ( $p < 0.0001$ ). Propensity-score-matching of 264 patients revealed balanced baseline characteristics for both cohorts except number of dissected lymph nodes, postoperative complication rates, LNR-stage and frequency of adjuvant chemotherapy. Overall survival was significantly prolonged in the Korean center over all UICC- stages in multivariate regression and Kaplan Meier analysis after propensity score matching. **Conclusion:** This propensity score matched analysis demonstrates different survival outcomes of a Korean and a German center despite comparable baseline characteristics. Possible reasons besides non-negligible biological properties of the respective patients may be differences in the number of dissected lymph nodes, higher lymph-node-ratio stages and the higher frequency of postoperative complications in the German center. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Epidemiology - Gastric Cancer in the world  
Daniel Reim; Alexander Novotny; Bang Wool Eom; Keun Won Ryu; Young Woo Kim; **EXTERNAL VALIDATION OF AN EASTERN ASIAN NOMOGRAM FOR SURVIVAL PREDICTION AFTER GASTRIC CANCER SURGERY IN A EUROPEAN PATIENT COHORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 37

**Background** Several nomograms for prediction of survival after curative gastric cancer surgery have been published over the recent years. Previous validation studies failed to prove applicability of Eastern Asian nomograms in Western patients. Here we present the data on a validation analysis of a newly developed Korean nomogram in a German patient cohort. **Materials and Methods** Among a total of 2771 patients having been treated in the Department of Surgery of the Technische Universitaet Muenchen from 1982 to 2008, 908 patients were eligible to undergo this analysis. Patients were treated according to Japanese Gastric Cancer guidelines and followed via a comprehensive cancer center for at least 60 months postoperatively. Baseline characteristics were compared using  $\chi^2$  testing. Survival analyses were computed with the Kaplan Meier method and multivariate regression analysis models. The c-statistics and Hosmer-Lemeshow chisquare statistics were computed for comparisons of the nomogram's predictive ability. **Results** All baseline characteristics were significantly different ( $p < 0.0001$ ) between Korean and German patients except UICC stages ( $p = 0.427$ ). Multivariate regression analysis revealed the same predictive factors for overall survival in the German and Korean cohorts respectively with the exception of tumor size >10cm and an exclusive correlation of whole stomach spread and pN1-stage for German patients only. The C-index was 0.76, representing an adequate value for predictability of the Korea nomogram in German patients. The Hosmer-Lemeshow statistic implied applicability of the nomogram in the TUM cohort. **Conclusion** A newly developed multicenter Korean nomogram for survival prediction after curative gastric cancer surgery may be applicable for estimating survival prognosis in Western (European) patients. |

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Apresentação Oral - Epidemiology - Gastric Cancer in the world  
Andrew Sporle; Lis Ellison-Loschmann; Parry Guilford; Chris Hakkart; Michelle Gray; Tracey Whaanga; Neil Pearce; Jonathan Koea; **GASTRIC CANCER IN MAORI - INITIAL RESULTS FROM A FIVE YEAR NATIONAL CASE-CONTROL STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 38

Stomach cancer has one of the largest ethnic inequalities of any cancer site in the New Zealand population with rates amongst the indigenous Maori population being up to five times those of non-Maori in the late 1990s. Stomach cancer also shows a strong socio-economic gradient for both incidence and mortality. Lifestyle factors, physiological factors, genetic factors and gene-environment interactions have all been identified as potential risk factors for the development of stomach cancer, but the relative contributions of these risk factors to stomach cancer in Maori are not well understood. A relatively high rate of Hereditary Diffuse Gastric Cancer (HDGC) is suspected as this was the population in which the CDH-1 gene was first described, however there has never been a prevalence study of either HDGC or CDH-1 amongst the Maori population. This paper presents the initial results of a five year national case-control study of stomach cancer for the years 2008-2012. The study involved review of cancer registry and pathology reports for all cases during this time period as well as interviews and blood specimens from those patients well enough to participate. The control group consisted of Maori adults selected from the electoral roll, with this group also being interviewed and providing a blood sample. The initial results to be presented will include incidence of gastric cancer (incl HDGC) and CDH-1, and age of onset in the Maori population, as well as associations with family cancer history, current lifestyle factors, early life course factors including smoking and diet, biometric variables and concurrent health issues. This will be the first time these results have been presented outside of New Zealand. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Epidemiology - Gastric Cancer in the world  
Dr RAAD ALMEHDI; **GASTRIC CANCER IN OMAN : UNUSUAL ENCOUNTERS OF A PREVALENT DISEASE: A CASE SERIES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 38

Introduction Gastric cancer is the number one killer among cancers affecting males in Oman, with an age standardised incidence of 12:100000. The prevalence is among the highest in the Middle East. H pylori infection, salted fish consumption at sea side towns and genetic clusters in certain ethnic groups and families is implicated. The Royal Hospital of Muscat is the biggest referral centre in the country. Its Upper GI unit was established in 2010. Objectives Among 65 gastric cancer patients operated between 2010 and 2014, this aims to highlight three surgical patients with the combined challenge of delayed presentation and rare histopathological diagnosis. Case series Case 1 Neuroendocrine tumour 63 years male, Diabetic with renal dysfunction ,presented with chronic dyspepsia. Endoscopy showed an ulcerative gastric body mass. He underwent in Oct 2012 an R0 Laparoscopic assisted total gastrectomy. Histology showed a Poorly differentiated neuroendocrine carcinoma, grade 3 ( pT4N1 with metastasis in 2 or 36 lymph nodes). He remains alive , though a recent octreotide scan showed liver metastasis. Case2 Choriocarcinoma 56 year male, presented with Hematemesis. Endoscopy showed a fungating high lesser curve mass . He underwent an R0 Open near total gastrectomy. (pT4N3a with 23/57 nodes involved). Histology showed poorly differentiated adenocarcinoma-choriocarcinoma-like variant. Her-2 ( 3+ positive). His b-HCG was negative . He is currently receiving his third cycle of chemotherapy. Case 3 Metachronous lymphoma and Adenocarcinoma 85 years male, presented in 2012 with chronic dyspepsia . Endoscopy in a reputed private centre showed antral gastric ulcer and features of Non Hodgkin's lymphoma. He received and improved on anti H.Pylori regimens.He presented again 3 years later with recent vomiting from a new antral mass. He underwent an R0 laparoscopic subtotal gastrectomy. (pT3N1 with 1/37 nodes).Histology was poorly differentiated adenocarcinoma. He currently is receiving adjuvant chemotherapy Conclusion Over the recent past, improvement in diagnostics, better awareness and an actual increase in cancer incidence has meant unusual cases of cancer were seen more frequently in Oman. This analysis sheds a light on our dual challenge of attempting to offer the standard of care while managing both surgically advanced disease and unusual pathological entities. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Epidemiology - Gastric Cancer in the world  
Marcus Fernando Kodama Pertille Ramos; Jose Eluf Neto; Juliana Yukari Kodaira Viscondi; Bruno Zilberstein; Carlos Eduardo Jacob; Ulysses Ribeiro Júnior; Ivan Ceconello; **RISK FACTORS ASSOCIATED WITH GASTRIC CANCER DEVELOPMENT - CASE-CONTROL STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 38

Introduction: Gastric cancer still the fourth most common cancer in the world despite the recent decrease in incidence. Factors associated with the development include: smoking, alcoholism, diet and H. pylori infection. Objective: Analyze the risk of gastric cancer development associated with alcohol drinking, smoking and level of education in a Brazilian population. Methods: This is a case control study and part of a larger project named Clinical Cancer Genome. This project involves epidemiological risk factors analysis, gene expression profiles and the possible association with nine types of cancer. Cases and controls were interviewed with a standardized questionnaire application and the information obtained included sociodemographic data, smoking and alcohol consumption. Odds ratios (OR) and 95% confidence interval (CI) were calculated. Results: 245 cases of gastric adenocarcinoma were included. These patients were selected during a 6 years period and underwent partial or total gastrectomy. 499 control subjects were selected with diagnosis distributed by various categories of ICD10. The age of cases ranged from 21 to 93 years, with a mean of 62 years, while among the controls aged between 21-96 years with a mean of 58 years. The level of education was lower in cases than in controls. The proportion of cases (16%) who did not attend school was greater than in the control group (4%). Similarly, there was a lower proportion of individuals with high school and university graduation among the cases. Schooling was associated with a lower risk of gastric cancer in all education levels analyzed with significant OR and CI. University level of education had OR of 0.20 (CI: 0.08 – 0.45). More than half of the controls (55%), compared to 36% of cases had never smoked at least one cigarette, cigar or pipe per day for at least one year. It was observed that smokers have an increased risk of gastric cancer, slightly higher in current smokers (OR: 2.69; CI: 1.74 – 4.16) than in former smokers (OR: 2.34; CI: 1.59 – 3.44). Apparently the risk of gastric cancer increases with the number of pack-years. Alcohol consumption was associated with increased risk of gastric cancer. Subjects who drank more than 128 grams-year of alcohol had an OR of 3.02 (CI: 1.75 – 5.21). However, the risk does not increase consistently with alcohol consumption in grams-year. Conclusion: Level of education, smoking and alcohol consumption were associated with increased risk of gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Epidemiology - Gastric Cancer in the world  
Maryam Elmi; Daniel Kagedan; Abraham El-Sedfy; Matt Dixon; Alyson Mahar; Corwyn Roswell; Lucy Helyer; Jovanka Vasilevska-Ristovska; Calvin Law; Daniela Cortinovis; Brandon Zagorski; Natalie Coburn; **RISK FACTORS FOR POSITIVE RESECTION MARGINS IN GASTRIC ADENOCARCINOMA: A POPULATION-BASED ANALYSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 38

Background: Cure in gastric cancer is contingent upon complete resection, but the positive margin resection rates remain high in the West. We sought to determine the risk factors associated with positive resection margins. Methods: We conducted a province-wide chart review (116 institutions) and included, for this analysis, all patients with non-metastatic gastric adenocarcinoma (GA) who underwent a curative intent resection between April 1, 2005-March 31, 2008. Patients were excluded if they received neoadjuvant chemotherapy or radiation therapy, or were missing data on key variables pertaining to tumor staging and location. Multivariate logistic regression modeling was used to identify demographic, surgical, and clinicopathologic risk factors associated with positive resection margins on final pathology. Results: Out of 2414 GA patients, 1476 had an operation, of which, 904 had a resection, with 691 resections performed for curative-intent. 610 patients satisfied the inclusion criteria for analysis with no missing data, and 171 (28%) of these included patients had a positive resection margin. Multivariate analysis revealed the following significant risk factors for positive resection margins on final pathology: positive nodal status (OR 2.2, CI 1.6-3.1), higher T-stage (OR 5.2, CI 3.9-6.9), signet cell histology (OR 2.0, CI 1.4-3.0), and proximal tumour location (OR 2.7, CI 1.9- 3.7). Patient demographics, Lauren classification, tumour differentiation, presence of perineural involvement, type of resection, or gross margin distance were not significantly associated with positive resection margins. Conclusion: In this population-based study of the largest western cohort to date, predictors for positive resection margins in gastric cancer surgery were identified; these pertained mainly to tumour characteristics, as opposed to patient or operative factors. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Epidemiology - Gastric Cancer in the world  
Nieminen Anna; Sipponen Pentti; Konitto Juha; Puolakainen Pauli; Virtamo Jarmo; Kakkola Arto; **THE LONG-TERM GASTRIC CANCER RISK IN SMOKING MEN WITH ATROPHIC GASTRITIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 39

**Introduction** The incidence of gastric cancer has declined dramatically during last decades in the West. Because of the low incidence, screening programs are not considered effective. Early gastric cancer rarely causes symptoms, and, thus majority of gastric cancers are diagnosed in advanced, symptomatic stage. Atrophic gastritis is the best known premalignant condition of gastric cancer, and it has been suggested that persons with extensive atrophic changes in stomach should undergo surveillance. Objectives Our aim was to evaluate the long-term gastric cancer risk in smoking men with atrophic gastritis. Methods Serum pepsinogens (SPGs) were measured from 22,436 smoking men (age 50-69 years) who participated The Alpha-Tocopherol, Beta-Carotene Cancer Prevention (ATBC) study in Finland. Low serum pepsinogen I (SPGI) was measured in 2132 men, and they were invited to gastroscopy. Endoscopy was performed to 1344 men, and after excluding the men with gastric cancer in a beginning of study, 1327 men were enrolled in this study. The first gastroscopies were performed between years 1989-1993, and the surveillance continued until the end of year 2012, the gastric cancer diagnosis, or death. The median follow-up time was 13.6 years (range 16 days - 23.3 years). Thirty-four gastric cancers were diagnosed during the follow-up period. Results 80.2% of the men had atrophic gastritis in the histological samples of the corpus (mild 11.4%, moderate 41.7%, severe 27.1%). Atrophic gastritis of the antrum was found in 34% of the subjects. Intestinal metaplasia was found in 66.5% patients in corpus and 40.1% in antrum. The incidence of gastric cancer increased as the grade of the atrophy of the corpus mucosa increased: 1.54/1000, 1.91/1000, and 2.05/1000 person-years in mild, moderate, and severe mucosal atrophy, respectively. In the antrum mucosa, the corresponding figures are: 2.16/1000, 2.21/1000, and 3.44/1000 person-years in mild, moderate, and severe mucosal atrophy, respectively. The gastric cancer incidence was 1.35/1000, 2.27/1000, and 2.84/1000 person-years in mild, moderate, and severe corpus intestinal metaplasia (IM), respectively. In the antrum, the incidence of gastric cancer was 1.87/1000, 2.23/1000, and 3.99/1000 person-years, in mild, moderate, and severe IM, respectively. Conclusion In patients with atrophic gastritis, the long-term risk for gastric cancer increased as the grade of the mucosal atrophy and IM progressed. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - TNM staging  
Michelle Corrêa Hygino; Rubens Kesley; José Humberto Simões Correa; Leonaldson dos Santos Castro; Rafael Albagli; Danielle de Carvalho Dantas; Rafael Albagli.; **Gastric Adenocarcinoma with Signet Ring Cells: Experience at the National Cancer Center of Brazil.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 39

**Introduction:** The World Health Organization (WHO) suggests that gastric tumors are evaluated according to the pattern of cellularity, highlighting those with signet ring cells (SRC) (characterized by having a disproportionately large cytoplasm, being rich in mucin, and a peripheral and hyperchromatic nucleus) usually associated with poor prognoses due to early blood and peritoneal dissemination. The aim of the study was to evaluate the experience of a Center of Excellence in the treatment of gastric adenocarcinoma with signet ring cells. Method: Retrospective evaluation was carried out of surgery on 491 cases of gastric adenocarcinoma with SRC, as defined by the WHO, operated on electively and consecutively at the Cancer Hospital I, INCA, Ministry of Health, Brazil, from January 1997 to December 2008. Factors considered were demographic, clinical and pathological, and included recurrence and survival. Results: These patients with adenocarcinomas with SRC had an average age of 58 ± 13 and were predominantly male (257 cases: 52.3% of the total). Tumors located at the middle and distal thirds were the most common, accounting for approximately 53.3% of the cases, and 74.4% of tumors were Borrmann type III and IV. R0 surgery was performed in 56.4% of the cases and 33.8% of the patients were considered inoperable. The average number of lymph nodes in surgical specimens was 20 ± 18 with an average of 4.4 ± 7 metastatic lymph nodes. As for cancer staging: 55 cases (11.2%) were stage IA; 24 (4.9%) IB; 13 (2.7%) IIA; 37 (7.6%) IIB; 30 (6.1%) IIIA; 41 (8.4%) IIIB; 98 (20%) IIIC; and 191 (39%) were stage IV. The overall estimate of 5-year survival was 35%. Estimated survival was 94% in stage I tumors, 59% in stage II, 34% in stage III and 1% in stage IV. As for residual tumor, patients who underwent R0 surgery had estimated 5-year survival rates of 57%, 18% in R1 and R2 and R3 0%. Conclusion: Gastric adenocarcinomas with signet ring cells are aggressive tumors and only 56% of patients are submitted for radical surgery. Of those cases submitted for radical surgery the majority present advanced stages of the diseased the prognosis is defined according to the TNM classification of the disease. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - TNM staging  
yuzhe wei.; **PATHOLOGIC CHARACTERISTICS OF WIDELY FIRST STATION VS FIRST AND SECOND STATION LYMPH NODE METASTASIS GASTRIC CANCER PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 39

**Background and Objective:** We found a lot of patients even more the first station lymph node metastasis, nor the second and third station lymph node metastasis in clinical. At the same time, a minority of patients had few first station lymph node metastasis, but the second and third station lymph node metastasis were plenty. Why was there this kind of phenomenon? This study was to investigate the pathologic characteristics of WFLM (widely first station lymph node metastasis) Vs FSLM (first and second station lymph node metastasis) gastric cancer patients. Methods: Clinical data of 409 patients with pathologically confirmed gastric cancer treated at the affiliated Tumor Hospital of Harbin Medical University between January 2013 and January 2014 were analyzed. Of the 409 patients, 142 WFLM and 267 FSLM. Univariate and multivariate analyses were performed to evaluate the independent factors for predicting lymph node metastasis. Results: Of the patients with WFLM, 93 were male (65.5%) and 49 female (34.5%), and 203 were male (76.0%) and 64 female (24.0%) in FSLM group. The higher than normal proportion of the CEA were 16.2%(23/119) in WFLM and 27.3%(73/267). Compared with other location, the distal gastric cancer were more likely to happen the second station lymph node metastasis. adjacent organs invaded, the number of lymph node metastasis and TNM were significant difference between two group. Multivariate analysis showed that sex, CEA, tumor location, adjacent organs invaded and Lymph node metastasis was independent prognostic factors. Conclusions: The distal gastric cancer, male, higher than normal CEA, adjacent organs invaded and the number of lymph node metastasis were associated with a higher incidence of lymph node metastasis in gastric cancer patients. D2 lymph node dissection and more rigorous follow-up or additional chemotherapy/radiation after D2 gastrectomy for poor prognosis and high recurrence/metastasis rate. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - TNM staging  
Rubens Kesley; José Humberto Simões Correa; Leonaldson dos Santos Castro; Rafael Albagli; Helena Knebel Vieira de Souza; Marjorie Caroline Fernandes Gray.; **Study Stage Migration Phenomenon: The Number of Lymph Nodes in Surgical Specimen Influences Prognosis for Gastric Adenocarcinoma.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 39

**Introduction:** Surgeons of the Japanese Gastric Cancer Association (JGCA) have on average more than 60 lymph nodes in each surgical specimen (SS) resected. The objective is to evaluate the influence the increasing number of lymph nodes identified has on the prognosis of patients with gastric adenocarcinoma. Method: We retrospectively evaluated 1079 resected SS presenting gastric adenocarcinoma at the Cancer Hospital I, INCA, Ministry of Health, from January 1997 to December 2008. The cases were divided into 4 groups. Group I: less than 15 lymph nodes; Group II: from 15 to 30 lymph nodes; Group III: 31-45 lymph nodes; and Group IV: more than 45 lymph nodes. The mean number of metastatic lymph nodes was compared, in relation to the stages, in each of the groups. Results: The 1079 cases analyzed were found to have a mean age of 62 ± 13 years, with male predominance of 643 cases (59.6%). Group I consisted of 141 cases (13.1%); Group II: 417 cases (38.6%); Group III: 329 cases (30.5%); and the Group IV: 192 cases (17.8%). The median number of metastatic lymph nodes (MLN) in Group I was 1 MLN; Group II: MLN 2; Group III: MLN 3; and Group IV: MLN 5 (p < 0.000). The pT4a was the most common level of infiltration with 726 cases and there was no difference in frequency between the groups (p = 0.48). pN0 was found in 383 cases (35.5%), pN1 in 166 cases (15.4%), pN2 in 214 cases (19.8%), pN3a in 200 cases (18.5%) and pN3b in 116 cases (10.8%). To find 15 or more MLN in a surgical specimen it was necessary to study more than 30 lymph nodes in a specimen in 84.5% of the sample. To find 7-14 MLN required the examination of between 15 and 45 lymph nodes in the surgical specimen in 74.5% of the sample. The estimated 5-year survival in the Group I was 44%, in Group II it was 49%, in Group III 51% and in Group IV 58% (p = 0.12). Approximately 50% of pM1 patients died within 7 months. In stage I patients 5-year survival was 82%, 66% at II, 36% at III and 3% at stage IV. Conclusion: In gastric adenocarcinoma cases the more lymph nodes are studied, in a surgical specimen, the more metastatic lymph nodes are found. In accordance with this for every 15 lymph nodes studied 1 or more MLN was found. For accurate staging in pN3a and pN3b cases we recommend the study of more than 30 lymph nodes in the surgical specimen. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Stage specific treatment

Juraci Leite Neves Neto; Moysés Fagundes de Araujo Neto; Elaine Guedes Fontoura; **EVALUATION OF LIFE QUALITY OF A PATIENT WITH CANCER GASTRIC SUBMITTED TO CHEMOTHERAPY TREATMENT IN A REFERENCE ONCOLOGY UNIT IN FEIRA DE SANTANA – BAHIA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 40

**INTRODUCTION:** The gastric cancer is characterized by the types: adenocarcinoma, corresponding to 95% of stomach's tumors, and lymphoma (diagnosed in 3% of cases) and leiomyosarcoma (started in tissues that give rise to the muscles and bones), being the less common histological types. The symptoms of gastric cancer are non-specific, what difficult the early diagnosis and contributes to the cancer incidence rate. Symptoms such as palpable mass in abdomen, hepatomegaly, supraclavicular and periumbilical lymphadenomegaly, are the most common symptoms and suggest a stage of advanced disease with metastasis. Between the many factors that contribute to the incidence of gastric cancer are: poor eating habits, like excessive consumption of sodium, processed foods and infection by *Helicobacter pylori* bacteria, precancerous conditions like chronic gastritis, pernicious anemia and intestinal metaplasia, family history, smoking, alcohol consumption and patients who were underwent subtotal gastrectomy. **OBJECTIVES:** Assess the quality of life of a patient admitted in oncology referral center in Feira de Santana; identify risk factors that had contributed to the patient developing the disease. **METHODS:** This is a descriptive and qualitative study, which was applied to a patient diagnosed with Gastric adenocarcinoma (AG) in chemotherapy a questionnaire that examines the quality of life of this kind of patient (EORTC QLQ-30). **RESULTS:** Were eliminated the main risk factors when was verified that the patient was non-smoking, non-alcoholic and without Family History of AG. Before the diagnosis of AG, the patient had trouble to eat and drink foods and liquids acids, had flatulence, bloating and abdominal pain and a rapid feeling of satiety, she had a sedentary life and with a high salt diet; The patient has a low quality of life. **CONCLUSION:** The high salt diet and sedentary for long periods of time are related to reduced quality of life, and the development of several pathologies, including GA. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Stage specific treatment

Kunihito Suzuki; Kazuhito Yajima; Yoshiaki Iwasaki; Ken Yuu; Ryouki Oohinata; Satoshi Ishiyama; **THE CLINICAL AND PROGNOSTIC IMPACT OF S1 FOLLOWING GASTRECTOMY FOR PATIENTS WITH GASTRIC CANCER COMPLICATED WITH POSITIVE WASHING CYTOLOGY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 40

**[Background]** Systemic chemotherapy including S1 following gastrectomy is a common treatment strategy for patients with positive washing cytology (CY1) in Japan. However, patients with microscopically residual tumor (R1) with only CY1 have a relatively better prognosis in Stage IV gastric cancer. The aim of this study was to clarify the clinical and prognostic impact of S1 following gastrectomy for patients with gastric cancer complicated with R1CY1. **[Patients and Methods]** Between 2007 and 2013, 1099 consecutive patients with initial gastric cancer underwent radical gastrectomy with regional lymphadenectomy. Among these, 59 patients with R1CY1 were enrolled. Their clinicopathological characteristics, treatment outcomes, and long-term outcomes were evaluated. Median follow-up period was 36.6 months (range: 12.7 to 93.3). **[Results]** S1 following gastrectomy was administered to 38 of 59 patients (64.4%). The other 21 patients without S1 administration mainly showed advanced age and/or co-morbidities. The regimens of chemotherapy were S1 monotherapy in 34 patients and S1 plus cisplatin in 4 patients. The median number of cycles of S1 was 8 (range: 1-25 cycles), and 17 patients were administered more than 8 cycles. In the 59 patients, median overall survival time was 18.5 months and 3-year overall survival rate was 35.7%. With a median progression-free survival time of 9.8 months, the 3-year progression-free survival rate was 16.8%. Median survival time and 3-year overall survival rate of the S1 chemotherapy group (N=38) were 47.6 months and 54.7%, and those of the no chemotherapy group (N=21) were 5.6 months and 5.0%, respectively (P<0.001). Two patients treated with S1 following gastrectomy were alive with no evidence of tumor relapse after more than 5 years. **[Conclusions]** Thirty-eight (64%) patients were treated with chemotherapy with S1, and the most common reason for no chemotherapy was the patient's condition. The survival of the S1 chemotherapy group was significantly better than that of the no chemotherapy group. Although chemotherapy with S1 following gastrectomy was necessary for patients with R1CY1, the suitable regime and administration period remain unclear. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Stage specific treatment

Kun Yang; Kai Liu; Wei-Han Zhang; Zheng-Hao Lu; Xin-Zu Chen; Xiao-Long Chen; Dong-Jiao Guo; Zong-Guang Zhou; Jian-Kun Hu; **THE VALUE OF PALLIATIVE GASTRECTOMY FOR GASTRIC CANCER PATIENTS WITH INTRAOPERATIVE PROVED PERITONEAL SEEDING.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 40

**Objective:** The value of palliative resection for gastric cancer patients with intraoperative proved peritoneal metastasis is still controversial. The aim of this study was to evaluate the survival benefit of palliative gastrectomy for gastric cancer patients with intraoperative proved peritoneal seeding and to identify positive predictive factors for improving survival. **Methods:** From 2006 to 2013, 267 gastric cancer patients with intraoperative identified peritoneal dissemination were retrospectively analyzed. Patients were divided into resection group and non-resection group according to whether palliative gastrectomy was performed. Clinicopathological variables and survival were compared. Subgroup analyses stratified by clinicopathological factors and multivariate analysis for overall survival were also performed. **Results:** There were 114 patients in resection group, while 153 in non-resection group. The morbidity in resection group and non-resection group were 14.91% and 5.88% respectively (P=0.014). However, there was no difference in mortality between the two groups. The median survival time of patients in the resection group was longer than that in non-resection group (14.00 vs 8.57 months, P=0.000). The median survival months were statistic significant among the patients with different classifications of peritoneal metastasis (P = 0.000). Patients undergoing resection followed by chemotherapy had a significant longest median survival months, compared to that of patients who had chemotherapy alone, those who had resection alone or those who had not received chemotherapy nor resection (P =0.000). Results of subgroup analyses showed except for P3 patients and patients with multiple incurative factors, overall survivals were significantly better in patients with palliative gastrectomy, compared to non-resection group. In multivariate analysis, P3 disease (P = 0.000), absence of resection (P = 0.000), lack of chemotherapy (P = 0.000) were identified as independently associated with poor survival. **Conclusions:** Palliative gastrectomy might be beneficial to the survival of gastric cancer patients with intraoperative proved P1/P2 alone, rather than P3. Postoperative palliative chemotherapy could improve survival regardless of operation and should be recommended. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment

Taeil Son; In Gyu Kwon; Hyoung-Il Kim; Ji Yeong An; Jae-Ho Cheong; Sung Hoon Noh; Woo Jin Hyung; **A RISK SCORING MODEL TO PREDICT SPLENIC HILAR LYMPH NODE (LN #10) METASTASIS IN GASTRIC CANCER PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 40

**Introduction** Splenic hilar lymph node (LN) dissection with or without splenectomy during total gastrectomy with D2 LN dissection is technically-demanding procedure with high morbidity and mortality. Preoperative prediction model of splenic hilar LN metastasis make it possible to avoid unnecessary LN dissection. **Objectives** To predict LN metastasis of splenic hilum for gastric cancer which requires total gastrectomy with D2 LN dissection, clinicopathologic characteristics were analyzed to establish a risk scoring model. **Methods** Between 2000 and 2010, clinicopathologic data of 2453 patients underwent total gastrectomy for gastric cancer were retrospectively analyzed. Risk factors for splenic hilar (station No. 10) LN metastasis were identified using logistic regression analyses. A risk scoring model using several potential risk factors for hilar LN metastasis was established. **Results** Among a total of 776 patients who are suitable for the analyses, 91 patients had a metastasis, while 685 patients had no metastasis to splenic hilar LNs. Tumor histology (differentiated (point 1) vs. undifferentiated (point 2)), tumor size (<4cm (point 1) vs. 4cm? <6cm (point 2) vs. ?6cm (point 3)), serosa invasion (negative (point 1) vs. positive (point 2)) and tumor location (lesser curvature (point 1) vs. anterior or posterior wall (point 2) vs. greater curvature or circumferential (point 3)) were included for the risk predicting model. There was no risk of splenic hilar lymph node metastasis when the score (sum of the points) was 4 or 5 (0/140 patients); tumors <4cm in size, differentiated histology, no serosa involvement and located at lesser curvature or anterior (posterior) wall of stomach, tumors 4cm? and <6cm, differentiated, no serosa involvement and at lesser curvature, tumors <4cm, differentiated, serosa involvement and at lesser curvature, and tumors <4cm, undifferentiated, no serosa involvement and at lesser curvature was included in the no risk group. The probability of splenic hilar lymph node were 5.9% (score 6 or 7, 18/307 patients), 19.1% (score 8 or 9, 54/283 patients), and 41.3% (score 10, 19/46 patients). **Conclusions** This predictive scoring model demonstrated that splenic hilar LN metastasis can be judiciously anticipated based on the clinicopathologic data. It helps patients avoid unnecessary splenic hilar LN dissection or splenectomy during total gastrectomy for gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Daniel Reim; Andreas Strobl; Christian Buchner; Donna Pauler Ankerst; Rebekka Schirren; Helmut Friess; Alexander Novotny; **AN INDEPENDENT INFLUENCE OF PERIOPERATIVE TRANSFUSION ON PATIENT SURVIVAL FOLLOWING SURGICAL TREATMENT FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 41

Background: Perioperative transfusion (PT) has been independently associated with poor survival following surgical resection for gastric cancer (GC) among Asian populations, but has not been investigated for Western populations. Methods: Data from 610 patients who underwent curative surgery for GC at a tertiary referral hospital in southern Germany from 2001 to 2013 were evaluated to identify the risk factors associated with receiving PT (logistic regression), as well as the independent predictive value of PT to the established risk factors for poor survival and relapse-free survival (Cox proportional hazards regression). Optimal predictive models were selected using the stepwise AIC. To correct for the observational bias in receiving PT, we performed an additional propensity score analysis for time to death and time to relapse. Propensity scores were calculated using logistic regression with PT as the outcome variable and the previously selected optimal variables as predictors. We then performed a weighted Cox proportional hazards regression using the scores as inverse-weights to assess the effect of PT on time to death and time to relapse. Results: Factors predicting whether patients were more likely to receive PT were higher age ( $p=0.05$ ), extension of the resection to adjacent organs/structures ( $p=0.002$ ), location of tumor, with proximal at highest risk ( $p=0.003$ ) and female gender ( $p=0.03$ ). In a multivariable analysis, the following factors were independently associated with increased mortality rates: Higher UICC stage ( $p<0.001$ ), postoperative complications and severity (Clavien Dindo classification) ( $p=0.02$ ), higher age at surgery ( $p<0.001$ ) and neoadjuvant therapy ( $p<0.001$ ). Higher UICC stage ( $p<0.001$ ), neoadjuvant therapy ( $p<0.001$ ) and type of surgery ( $p=0.02$ ) were independently associated with increased relapse rates. In the adjusted propensity score analysis, receiving PT was associated with an increased risk of death (HR: 1.44, 95%-CI: 1.14-1.83,  $p=0.002$ ). Conclusion: A limitation to this observational assessment is that patients with less operable tumors tended to receive PT, thus confounding the effect of transfusion. A propensity score analysis adjusting for this confounding revealed PT to remain statistically significantly associated with an increased risk of death. This observational series in Western patients demonstrates a potential independent association of PT with decreased patient survival following resection. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
LORENZO DE FRANCO; DANIELE MARRELLI; FRANCESCO FERRARA; COSTANTINO VOGLINO; GIULIO DI MARE; ALESSANDRO NERI; RICCARDO PIAGNERELLI; CARLA VINDIGNI; FRANCO ROVIELLO; **CLINICAL AND PROGNOSTIC SIGNIFICANCE OF PERINEURAL INVASION IN GASTRIC CANCER: A SINGLE CENTER EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 41

Introduction: Perineural invasion (PNI) as a prognostic factor in gastric cancer has been investigated in few studies with contrasting results. Our purpose is to evaluate this pathological parameter to determine its impact on surgical outcomes and long-term survival. Material and Methods: 539 primary gastric cancer patients surgically treated between 1994 and 2012 were retrospectively studied. Patients were categorized in two groups according to the PNI: group A negative, group B positive. On histopathological evaluation, PNI positivity was assessed in presence of cancer cells in the perineurium or the neural fascicles using hematoxylin and eosin staining. Statistical analysis was performed with the X2 test or Fisher exact test to compare categorical variables. The Mann-Whitney U test was used to compare continuous variables not normally distributed. Cumulative survival was calculated by the life table method of Kaplan and Meier, and the log-rank test was used to distinguish significant differences. Statistical significance was determined at  $p$  value of  $<0.05$ . Results: 183 patients (33.95%) had positive PNI (group B). Median age was 70 and 68 for group A and group B respectively. PNI positivity was strongly associated with advanced disease (pT, pN, pM, stage and grading). Positivity of PNI was also significantly related with lymphovascular invasion, Borrmann type III/IV, Lauren diffuse-mixed histotype, tumor size, and positive peritoneal cytology. Regarding primary tumor site, diffuse involvement and upper third lesions were more often associated with positive PNI. R1 or R2 procedures were less frequent in patients without PNI ( $p=0.000$ ). 10 yr OS was 61% in PNI negative vs. 16% in PNI positive group ( $p<0.01$ ). 10 yr DFS was 60% and 19% in PNI negative vs. positive groups, respectively ( $p<0.01$ ). The prognostic impact of PNI was particularly evident in patients submitted to R0/R1 surgery, stage II/III, advanced nodal status, and mucinous/signet ring cell histotypes. Conclusions: PNI in gastric cancer patients seems to be related to an advanced stage of disease, low possibility of curative surgery and poor long-term survival probability. More in-depth biological studies are necessary to clarify clinical meanings of this parameter. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Jang Kyu Choi; Do-Hyun Jung; Sang-Yong Son; Young Suk Park; Sang-Hoon Ahn; Do Joong Park; Hyung-Ho Kim; **CLINICAL APPLICATION OF LAUREN CLASSIFICATION ASSOCIATED WITH TUMOR LOCATION IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 41

Introduction: Although the Lauren classification system dates back to 1965, it is still one of the most world-widely used pathologic classification system of gastric adenocarcinoma nowadays. Furthermore, there is a study about differences of molecular biology of Lauren classification associated with tumor location. So we aimed to evaluate clinical significance of this new modified Lauren classification system. Methods: A total of 677 patients who underwent curative gastrectomy between January 2005 and December 2007 for histologically confirmed gastric cancer were included in the retrospective analysis. We compared various clinical features according to this new classification to find out possible clinical significances of modified Lauren classification. The correlation of modified Lauren classification with patient survival was also evaluated by multivariate analysis. Results: There were 48 patients in the proximal non-diffuse (PND) group, 358 patients in the diffuse (D) group and 271 patients in the distal non-diffuse (DND) group. The 5-year overall survival rates of PND, D, DND groups were 77.1%, 77.7%, and 90.4%, respectively. DND group showed more favorable overall survival compared to the D and PND group ( $P<0.01$ ). In multivariate analysis, age, T and N stage were independent prognostic factors for overall survival. In subgroup analysis, modified Lauren classification was also independent prognostic factor for overall survival by multivariate analysis. Conclusion: The modified Lauren classification can be a prognostic factor of survival in patients with gastric adenocarcinoma, especially in early gastric cancer. The DND group showed more favorable prognosis than PND and D groups. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Karol Polom; Daniele Marrelli; Valeria Pascale; Carla Vindigni; Roberto Petrioli; Francesco Ferrara; Lorenzo De Franco; Franco Roviello; **CLINICAL VALUE OF MICROSATELLITE INSTABILITY IN GASTRIC CANCER PATIENTS- WESTERN COUNTRY LONG TERM SINGLE CENTER EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 41

Background: Microsatellite instability (MSI) is associated with clinicopathologic characteristic and prognosis in gastric cancer (GC) patients. The aim of the study was an analysis of prospectively collected data of MSI GC patients. Methods: We analyzed 472 patients from our database with primary GC. Frozen samples of normal mucosa and tumor tissue were available for each patient in our biologic material bank. Microsatellite analysis was evaluated using 5 quasi monomorphic mononucleotide repeats, namely, BAT-26, BAT-25, NR-24, NR-21, and NR-27. Tumor as having MSI whenever 2 or more markers showed instability (MSI-H). Results: MSI was found in 111 of 472 patients (23.5%). Are commonly observed in older age, female, non-cardia tumors, with intestinal pathology. We can observe a strong correlation with T status as only 18% of neoplasms involving the serosa were MSI-H  $p<0.001$ . The lymph node involvement was much lower in MSI-H group and N0 was seen in 42.3% vs 23.8%, and most of N3 cases were MSS  $p<0.001$ . Additionally as we observe N3a, and N3b cases here MSI showed much less cases 9% vs 17.7%, and 9.9% vs 20.2%. The 5 year survival in MSI-H was 67.6% ( $\pm$ SE 4.9) and in MSS 35% ( $\pm$ SE 02.9) ( $p=0.001$ ). For stage I, 5-years survival showed no difference between MSI-H and MSS patients- 100% vs 84%;  $p=0.52$ , the most significant difference was observed in stage II- page 89.2% vs 52.1% ;  $p<0.005$ . In stage III a 5 years survival did not show a significant difference 33.2% vs 19%  $p=0.088$ . And for stage 4 also no difference in 5 years survival was seen ( $p=0.071$ ). Multivariate analysis confirmed that MSI-H was an independent prognostic factor. Further stratified analysis revealed that MSI-H was a strong prognostic factor in intestinal non-cardia tumors even with adjusting to tumor stage. Conclusions. A MSI-H showed a significant prognostic factor in GC patients. MSI significantly influenced survival in multivariate analysis, particularly in the intestinal non-cardia histotype, even when adjusting for tumor stage. Our data suggest that MSI should be considered a significant prognostic factor, in addition to commonly used parameters, in intestinal non-cardia GC. MSI-H is a subgroup of GC that shows a clear clinicopathologic feature representing better prognosis. |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Prognostic factors and tools in defining treatment

Sarah Molfino; Gian Luca Baiocchi; Anna Tomezzoli; Luca Saragoni; Daniele Marrelli; Paolo Morgagni; Franco Roviello; Giovanni De Manzoni; Nazario Portolani; on behalf of GIRCG/SICO. **CLINICAL, PATHOLOGICAL AND BIOLOGICAL PROGNOSTIC FACTORS IN PATIENTS WITH NODE-NEGATIVE GASTRIC CANCER: A GIRCG STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 42

Background and aim. Lymph node metastasis is the most important prognostic factor in patients undergoing radical surgery for gastric carcinoma. Even if node-negative patients have a better outcome, a subgroup of them has disease recurrence. Aim of this study is to analyze the clinical-pathological characteristics of patients with node-negative advanced gastric carcinoma and with diagnosis of recurrence at the follow-up. Study design: We enrolled 23 patients treated with curative gastrectomy for pathologically proven NO gastric carcinoma between 1992 and 2002, that subsequently developed a tumor recurrence (Group 1). This group of patients was retrospectively analyzed from the prospectively collected database of 4 centers participating to the Italian Research Group for Gastric Cancer, and compared with 455 pN0 patients without recurrence (Group 2). Determination of p53, Ki67 and HER2r were also performed in Group 1 and in a subgroup of 23 cases from Group 2, matched by demographic and pathological characteristics with group1. Results: At univariate analysis, T stage, lymphatic embolization, microvascular embolization and perineural infiltration were significant factors for recurrence, while at multivariate analysis only lymphatic embolization and perineural infiltration remained significant. The molecular analysis has further showed a significant difference in the rate of p53 and Ki67, but not in HER-2 expression. Conclusion. Lymphatic embolization, perineural infiltration, p53 and Ki67 expression rate should be considered predictive factors of recurrence and they could be useful to stratify node-negative gastric cancer patients for an adjuvant treatment and tailored follow-up. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment

Anna Carolina Batista Dantas; Carlos Eduardo Jacob; Rodrigo José de Oliveira; Amir Zeide Charuf; Marcus Fernando Kodama Pertille Ramos; André Roncon Dias; Osmar Kenji Yagi; Donato Roberto Mucerino; Leandro Cardoso Barchi; Marcelo Mester; Cláudio José Caldas Bresciani; Fábio Pinatel Lopasso; Bruno Zilberstein; Ivan Ceconello; Miller Barreto de Brito e Silva. **CLINICOPATHOLOGIC FEATURES AND SURGICAL OUTCOME OF GASTRIC CANCER IN YOUNG PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 42

Introduction: Gastric Cancer is usually diagnosed in the sixth decade of life. Despite the low incidence in younger patients, they mostly present at an advanced stage and with histologically poorly differentiated types of cancer. Objectives: The aim of this study is to retrospectively review the clinicopathologic features and surgical outcome of young patients treated for GC. Methods: Retrospective cohort study of 1159 patients resected with curative intent for GC between 1985 and 2014. The findings of 136 patients (11.7%) aged 45 or less were compared with those of 1023 older than 45 years. Results: In the younger group there were significantly more women (47 vs. 36,9%, p=0,036). There was no difference in tumor size, but Lauren diffuse type was more frequent in the younger (62,7 vs. 46,7%, p=0,015). No significant difference was observed in the D2 lymphadenectomy rate (97,4 vs. 96,5%, p=0,79), advanced T-stage (62,2 vs. 60,8%, p=0,062) or N2-N3 stage (48,6 vs. 39,2%, p=0,35). Younger patients had less perioperative mortality (0 vs. 4,5%, p=0,011) and morbidity (13,4 vs. 26,8%, p=0,001), but the 5-year overall survival was equivalent between groups (52 vs. 46%, p=0,217). Conclusion: Gastric Cancer in younger patients is poorly differentiated, but as stage and survival rates are equivalent, aggressive surgical approach is justified in this population. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment

Takaaki Arigami; Yoshikazu Uenosono; Keishi Ohkubo; Takashi Kijima; Daisuke Matsushita; Shigehiro Yanagita; Yasuto Uchikado; Hiroshi Okumura; Yoshiaki Kita; Shinichiro Mori; Kenji Baba; Sumiya Ishigami; Shoji Natsugoe. **COMBINED ANALYSIS OF FIBRINOGEN AND NEUTROPHIL-LYMPHOCYTE RATIO IN GASTRIC CANCER: A PROMISING BLOOD MARKER FOR PREDICTING TUMOR PROGRESSION AND PROGNOSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 42

Background: Some patients with early gastric cancer die of recurrent disease and cancer-related complications. The key cause of such recurrence is difficult to determine because promising clinical blood markers able to predict the tumor properties of gastric cancer are limited. We investigated the fibrinogen and neutrophil-lymphocyte ratio (NLR) in blood specimens from patients with gastric cancer and assessed the clinical applicability of combining the fibrinogen score with the NLR (CFS-NLR) as a prognostic marker of gastric cancer. Methods: We divided 275 patients with gastric cancer into groups according to having both hyperfibrinogenemia (? 305 mg/dL) and high NLR (? 2.34) (CFS-NLR 2 group), one (CFS-NLR 1 group) or neither (CFS-NLR 0 group) of these hematological abnormalities. Results: The CFS-NLR significantly correlated with depth of tumor invasion, lymph node metastasis, lymphovascular invasion and stage (P < 0.0001, P < 0.0001, P < 0.0001, P < 0.0001 and P < 0.0001, respectively). Prognostic differences among the groups were significant (P = 0.0016). Conclusion: The CFS-NLR is a potentially useful blood marker for predicting tumor progression and prognosis in patients with gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment

Kyong-Choun Chi; Joong-Min Park. **DISCREPANCY BETWEEN PREOPERATIVE AND POSTOPERATIVE STAGING OF GASTRIC CANCER IS A SIGNIFICANT PROGNOSTIC FACTOR.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 42

Purpose: The aim of this study was to clarify the prognostic significance of diagnostic discrepancy between preoperative CT staging and postoperative pathologic stage in the patients with gastric cancer. Methods: We analyzed the clinicopathologic features and survival data of 320 patients with gastric cancer who had undergone curative gastrectomy between April 2011 and December 2012. CT scan was used for preoperative staging. Results: Of the 302 patients, preoperative T stage was same as pathologic T stage in 228 patients (71.3%) whereas 54 patients (16.9%) had over-estimated T stage (negative discrepancy) and 38 patients (11.9%) had under-estimated T stage (positive discrepancy). In terms of N stage, 201 patients (62.8%) had accurate preoperative N stage while there were negative discrepancy in 38 patients (11.9%) and positive discrepancy in 81 patients (25.3%). Both T and N staging were correct in 169 patients (52.8%). The patients with discrepancy in TNM staging had higher proportion of total gastrectomy, advanced T and N stage, larger tumor size, undifferentiated histologic type, more frequent lymphovascular and perineural invasion. The patients with positive discrepancy (T stage, N stage, and cumulative discrepancy of TNM stage) showed significantly poorer survival rates (p=0.044, p<0.001, and p<0.001, respectively). On multivariate survival analysis using Cox model, old age (>65 years, p=0.029), T stage (p<0.001), N stage (p<0.001) and positive discrepancy of cumulative TNM stage (p=0.010) were independently significant prognostic factors. Conclusion: Incorrect preoperative diagnosis that was suggesting under-estimation of tumor stage was related with poor prognosis after surgery. Postoperative treatment for those patients should be carefully conducted. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment

Chiari Damiano; Orsenigo Elena; Baiocchi Gianluca; Molino Sarah; Guarneri Giovanni D; Albarello Luca; Staudacher C; GRUPPO ITALIANO RICERCA CANCRO GASTRICO; EFFECT OF NEOADJUVANT CHEMOTHERAPY ON HER-2 EXPRESSION IN SURGICALLY TREATED GASTRIC AND OESOPHAGO-GASTRIC JUNCTION CARCINOMA: A MULTICENTRE ITALIAN TRIAL. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 43

**INTRODUCTION AND OBJECTIVES** Predictors of response to neoadjuvant chemotherapy are not available for gastric and oesophago-gastric junction carcinoma. First aim of this study was to evaluate if the HER-2 expression/amplification is predictive of response to neoadjuvant chemotherapy in terms of survival and pathologic regression. Secondary aim was to evaluate if HER-2 expression varies after neoadjuvant treatment. **METHODS** Thirty-five patients with locally advanced gastric or oesophago-gastric junction carcinoma submitted to preoperative chemotherapy and surgical resection were enrolled. HER-2 expression/amplification was evaluated on every biopsy at diagnosis time and on every surgical sample after neoadjuvant chemotherapy. Pathologic response to chemotherapy was evaluated according to TNM classification (ypT status and ypN status) and Mandard's tumour regression grade classification. **RESULTS** In our series, HER-2 status at diagnosis time was not related to survival ( $p>0.05$ ) and to pathologic response in terms of ypT and TRG ( $p>0.05$ ). Pathologic lymph node positivity was directly related with HER-2 positivity at diagnosis time ( $p=0.026$ ) and with HER-2 positivity on surgical sample ( $p=0.017$ ). In our study, lymph node positivity was confirmed to be a negative prognostic factor in terms of disease free survival ( $p=0.011$ ). In our series, 10 patients (28.6%) showed a reduction of HER-2 overexpression and in 6 cases (17.1%) HER-2 expression completely disappeared. One of these cases had a disappearance of gene amplification after neoadjuvant chemotherapy. Only three of the six patients with HER-2 disappearance had a complete pathological response to neoadjuvant chemotherapy. **CONCLUSIONS** HER-2 positivity seems to be predictive of lymph node metastasis in gastric cancer. Therefore, target therapy against HER-2 should be considered in neoadjuvant setting. Secondly, it is important to assess HER-2 status of gastric cancer before the neoadjuvant treatment because of the possibility of chemotherapy-induced HER-2 reduction. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment

Baorui Liu; Jia Wei; Nandie Wu; Lixia Yu; Zhengyun Zou; Yang Yang; EVALUATION OF DRIVER MUTATIONS INVOLVING IN RAS-RAF/PI3K-MTOR PATHWAY IN GASTRIC SIGNET RING CELL CARCINOMA. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 43

**Background:** Signet ring cell carcinoma (SRCC) accounts for one thirds of gastric cancer (GC). Previous studies have confirmed that SRCC has a worse prognosis than other forms of GC. Trastuzumab was recently approved for the treatment of advanced HER2-positive GC patients as the encouraging result of ToGA study. However, the incidence of HER2 positivity in SRCC was merely 1%, leaving a significant proportion of patients whose clinical options can only limited to chemotherapy. Furthermore, no molecular profiling specific to SRCC has been explored until now. **Methods:** We assessed the mutation status of driver mutations in KRAS, NRAS, BRAF, PIK3CA by sanger sequencing in 5 GC cell lines and 400 SRCC samples. Correlation between drug sensitivity of MEK and mTOR inhibitors and gene mutations status was evaluated in 5 GC cell lines. Gene mutations status was also analyzed for association with patients' overall survival. **Results:** The frequency of KRAS mutations in codon 12, 13 and 61 was 15%. G12V and G12D mutant KRAS alleles account for 80% of all KRAS mutant alleles. No mutant KRAS allele in codon 61 was observed. NRAS mutations of codon 12 or 13 were detected in 17.5% of samples. Frequency of BRAF mutation in codon 15 was 1.73%, PIK3CA mutations in exon 9 or exon 20 was 2.27%, respectively. No correlation was found between patients' overall survival and gene status. GC cell line AGS with KRAS mutation was hypersensitive to MEK inhibitor compared with other four wild-type GC cell lines. **Conclusions:** KRAS mutation rate is higher in SRCC than other types of GC. GC with such oncogenic KRAS mutations might be suitable for targeted therapy with MEK inhibitors. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment

Yoshikazu Uenosono; Takaaki Arigami; Shigehiro Yanagita; Daisuke Matsushita; Keishi Okubo; Takashi Kijima; Hiroshi Okumura; Sumiya Ishigami; Shuichi Hokita; Shoji Natsugoe; EVALUATION OF HER2 EXPRESSION ON PRIMARY TUMOR AND CIRCULATING TUMOR CELLS IN PATIENTS WITH GASTRIC CANCER. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 43

HER2 status is one of the important information in advanced gastric cancer, because Trastuzumab is very useful for patients with high expression of HER2. In this study, we evaluated circulating tumor cells (CTCs) in patients with advanced gastric cancer and clarified correlation of HER2 expression on primary tumors and CTCs. **Methods** A total of 71 consecutive patients with advanced gastric cancer were enrolled. All patients had distant metastasis such as liver metastasis, lung metastasis and peritoneal dissemination. Peripheral blood samples were collected before chemotherapy. The CellSearch system was used for the isolation and enumeration of CTCs. The procedure enriches the sample for cells expressing EpCAM with antibody-coated magnetic beads, and it labels the nucleus with the fluorescent nucleic acid dye. Fluorescently labeled monoclonal antibodies specific for leukocytes (CD45-allophycocyan) and epithelial cells (pancytokeratin) are used to distinguish epithelial cells from leukocytes. CTCs were defined as nucleated cells lacking CD45 and expressing cytokeratin. HER2 expression of CTCs was examined in this system. Pathological diagnosis of HER2 expression was evaluated on biopsy specimen. **Results** CTCs were detected in 48 patients (67.6 %), and CTCs with HER2 expression were detected in 18 patients (25.4%). Primary tumors of 11 patients were pathological HER2 positive among 48 patients with CTCs. Seven patients were found HER2 expression both CTC and primary tumor. Eleven patients (29.7%) were found CTCs with HER2 expression although primary tumors were not found HER2 expression in pathological findings. There was significantly correlate between primary tumor and CTCs in HER2 expression ( $p=0.03$ ). HER2 expression of primary tumor accorded with CTCs in 77.1 %. Overall survival in patients who was given Trastuzumab was significantly better than patients without it ( $p=0.0419$ ). **Conclusion** The evaluation of HER2 expression of CTCs in peripheral blood may be a useful tool for adaptation of Trastuzumab, and the effect of chemotherapy in patients with gastric cancer. HER2 expression of CTCs may be extended the adaptation of Trastuzumab for gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment

Xiao-Long Chen; Wei-Han Zhang; Kai Liu; Xin-Zu Chen; Kun Yang; Bo Zhang; Zhi-Xin Chen; Jia-Ping Chen; Zong-Guang Zhou; Jian-Kun Hu; IMPACT OF EXTRANODAL METASTASIS WITHIN REGIONAL LYMPH NODES STATION ON PROGNOSIS IN GASTRIC CARCINOMA. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 43

**Introduction** Extranodal metastasis (ENM) is sometimes found within regional lymph nodes (LN) station in postoperative pathological examination after gastrectomy for gastric carcinoma (GC), but the role of ENM is still controversial. **Objectives** The aim of this study was to investigate the impact of ENM on prognosis and clinicopathological traits of GC. **Methods** The patients who underwent gastrectomy with negative marginal residue for primary GC in West China Hospital from January 2005 to December 2011 were retrospectively enrolled. ENM was not considered in N-category. The prognosis and clinicopathological traits were compared between ENM positive (ENMP) and negative (ENMN) groups in all patients, subpopulations of TNM stage I-II, stage III and stage IV, respectively. The role of the number of ENM was also assessed in ENMP group. **Results** A total of 1712 patients were enrolled, with 1546 (90.3%) in ENMN group and 166 (9.7%) in ENMP group. Half (83, 50%) ENM was found within No.3 LN station. Median survival time (MST, month) and 3-year survival rates (3-ysr) of ENMN group was 92.7/64%, 96.0/83%, 46.1/49% and 20.1/19%, comparing with 31.0/31%, 48.7/53%, 32.2/33% and 20.7/14% of ENMP group in all patients, subpopulation of stage I-II, stage III and stage IV, respectively. In Cox regression, prognosis of ENMP group was significantly worse in all patients ( $p=0.003$ ), subpopulation of stage I-II ( $p=0.010$ ) and stage III ( $p=0.029$ ) than that of ENMN group, but they were similar in stage IV. Meanwhile, ENMP group had generally more advanced GC (like tumor size) than ENMN group in different subgroup analyses. In ENMP group, the patients (86/51.8%) with more than one ENM had larger tumor size ( $p<0.001$ ) and more advanced pN stage ( $p=0.018$ ) than the patients (80/48.2%) with only one ENM. MST and 3-ysr of patients with one ENM was 37.0/39%, comparing 26.2/25% of patients with more than one ENM. In Cox regression, the number of ENM was an independent prognostic factor ( $p=0.029$ ). The prognoses of ENMP group, stage I-III, stage IV in ENMP group and stage IV in ENMN group were similar and significantly worse than those of stage I, stage II and stage III in ENMN group ( $p<0.0001$ ). **Conclusion** ENM was mainly found within No.3 LN station. ENM was an independent prognostic factor, indicating poor survival outcome. And more ENM might cause worse prognosis. Funding source National Natural Science Foundation of China (No. 81372344) |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
song wu. **MUCINOUS GASTRIC CARCINOMA: AN UPDATE OF CLINICOPATHOLOGIC FEATURES AND PROGNOSTIC VALUE FROM A RETROSPECTIVE REVIEW OF CLINICAL SERIES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 44

This study aimed to explore clinical features and prognostic value of mucinous gastric carcinoma (MGC). Patients with gastric carcinoma were divided into MGC, other poorly differentiated (PD), and well or moderately differentiated groups. In all, 68 (6.8%) of 996 patients had MGC, with 599 (60.2%) cases for PD. MGC had older age, more distant and peritoneal metastasis, but less radical gastrectomy than PD. The overall survival rate of MGC declined compared with PD gastric cancer (22.3% vs. 28.8%,  $P=0.032$ ). MGC was associated with poorer prognosis than other gastric carcinoma. However, mucinous carcinoma was not an independent predictive factor for survival. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Thirumarai Chelvan Perungo; John Rose John Grifson; J.M.V.Amar Jothi; D.Bennet; A.Amudhan; Prabhakaran Raju; P.Selvarathinam; S.Mohammed Nishar; D.Kannan; S.M.Chandramohan. **NEUTROPHIL-LYMPHOCYTE RATIO AND PLATELET-LYMPHOCYTE RATIO IN GASTRIC CANCER – DOES IT INFLUENCE RESECTABILITY?.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 44

Introduction : Locally advanced gastric cancer is the commonest form of presentation in our part of the country. During attempts of curative resection, many are found to be unresectable due to infiltration with neighbouring structures. Neutrophils , Lymphocytes and platelets are proved to be regulating carcinogenesis and disease progression. Studies have shown that the Neutrophil-Lymphocyte Ratio(NLR) and the Platelet-Lymphocyte Ratio(PLR) can be used as a prognostic marker in Gastric cancer. AIM: The aim of our study is to find out if any positive association exists between the NLR, PLR and the resectability of the Locally advanced Gastric carcinoma. Methods : From January 2012 to December 2014,687 patients who were diagnosed to have gastric cancer in Rajiv Gandhi Government General Hospital, Chennai were selected. All the patients who were potential candidates for a curative resection( $n=430$ ) were included in the study. Those who had metastatic disease or were planned for a non surgical management were excluded( $n=257$ ) from the study. The study population was divided into two groups: group A – patients who had a curative resection( $n=233$ ) and Group B- patients who were found unresectable during surgery and hence had a palliative bypass( $n=197$ ). The pre operative NLR and PLR for both the groups were calculated from the ratio of absolute neutrophil, lymphocyte and the platelet count. The NLR and PLR of both the groups were compared. Also , a subgroup analysis of males and females in both the groups were analysed. Results :The mean age in Group A was 54.36 years and in Group B was 53.90 years. The M:F sex ratio was 2.8 : 1 in group A and 2.9:1 in group B. The mean NLR in group A was  $3.086 \pm 3.0$  which was much less than group B  $3.851 \pm 2.9$  and the difference was statistically significant ( $p=0.009$ ). Similarly , the mean PLR in group A was  $151.18 \pm 100.3$  being much lower than in group B  $184.96 \pm 125.3$  and the difference showed statistical significance( $p=0.002$ ). On sub group analysis, among the males, the mean PLR between two groups had significant difference( $p=0.016$ ) and in the case of females, the NLR showed a significant difference( $p=0.000$ ). Conclusion:The NLR and the PLR can be used as a surrogate marker to assess the resectability of the tumour in a case of Locally advanced gastric cancer. A specific cut-off value for NLR and PLR could not be derived from the study. Further studies in this aspect may help to find out a specific cut-off value. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Paolo Del Rio; Elisa Bertocchi; Lorenzo Viani; Paolo Dell'Abate; Gioacchino Giovanni Iapichino; Mario Sianesi. **NUMBER OF METASTATIC Lymph NODES VS NODE RATIO: TWO DIFFERENT PROGNOSTIC FACTORS OF GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 44

Introduction Lymph node involvement is a prognostic factor in gastric cancer (GC). The number of metastatic lymph nodes (NMLN) has a deep impact on prognosis such that cut-off values were modified in the seventh TNM classification. Objectives The ratio of metastatic lymph nodes (NR) has been proposed as a new prognostic factor that may be useful to identify different prognostic subgroups among N stages. The major limit for the clinical application of NR is the difficulty to identify homogeneous groups. Our study is a preliminary report validating the importance of the NMLN in the staging of GC. Methods We retrospectively reviewed 463 patients who underwent surgery for GC at OU General Surgery and Organ Transplantation, University Hospital of Parma, from January 1996 to December 2010. The following data were collected: TNM stage, Lauren histotype, number of removed lymph node (NRLN), overall survival according to NR and to NMLN. The media of follow-up period for surviving patients was 43 months (range= 0 – 221,10). Results The prognostic value of the criteria analyzed were determined by Kaplan and Meier method and long-rank test. TNM stage, NR ( $? 20\% / > 20\%$ ), NMLN ( $? 5 / > 5$ ) were significant prognostic factors ( $p = 0,01$ ). In patients with diffuse histotype NRLN were statistically related to overall survival ( $p = 0,0037$ ); in patients with intestinal histotype it wasn't a significant prognostic factor. We validated that  $NR > 20\%$  and  $NMLN > 5$  defined the better criteria for overall survival in patients with GC as independent prognostic factors.  $NMLN > 5$  showed a greater accuracy for survival in the first forty-eight months. Conclusion NMLN is a valuable prognostic factor because it is a sensitive tool to differentiate overall-survival in the first forty-eight months in patients affected by GC. In our study NR is an independent prognostic factor but it doesn't improve survival prediction in gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Fomin Petro Dmitrovich; Ivanchov Pavlo Vasilyovich; Gichka Sergey Grigoryevich. **PATHOMORPHOLOGICAL FACTORS OF SEVERITY OF HAEMORRHAGE IN BLEEDING GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 44

Introduction. Study of pathomorphological factors of gastric cancer (GC) that determines progress of the disease and course of such complication as acute hemorrhage is important. Our research is devoted to retrospective review of pathomorphology of bleeding GC with purpose to identify some factors affecting the development and severity of bleedings in various forms of GC. Methods. The work was based on analysis of severity of bleeding in 1125 patients with acutely bleeding gastric cancer that have been on treatment in Kiev surgical center of acute gastrointestinal bleedings during 1997-2014. The details of pathomorphology features and histology variants GC were investigated on the data of biopsy, operative and sectional materials. Results. In determining the morphological type of acutely bleeding GC exophytic forms were identified in 411(36,5%) patients (pulpous-69(6,1%), saucer-like-342(30,4%)), and endophytic forms in 714(63,5%) patients (infiltrative-ulcerative-585(52,0%), diffuse infiltrative-129(11,5%)). The biggest number of bleedings of average degree of the severity of bleeding was observed in patients with infiltrative-ulcerative-494 (84,4 %) and saucer-like-260 (76,0 %) types of malignant lesions which were in 2/3 of all patients. Studies have established the existence of metabolic effect of malignant tumors on the local hemostasis system without signs of thrombosis in the lumen of blood vessels of the tumor. Explanations of it we see that structural changes in the lining of the stomach tumor lesions, especially in sarcomatous and diffuse types of malignant tumors, increase of interstitial pressure and lead to deformations, changes and violations of architectonics vascular bed, obstruction of lymphatic collectors, increase of the volume of venous outflow in perifocal areas and development of necrosis. The presence of phenomenon of eosinophilic infiltration in tumors and the next activation of these cells is accompanied by dilatation and damage of the vessel walls of microcirculation together with the action of necrotic factors, promotes degranulation of labrocytes with release of heparin-like substances that explains the development sometimes of massive, not only from ruptured vessels, but also diffuse unstoppable or recurrence tumor bleedings. Conclusion. Pathological features explain some mechanisms of development tumor bleeding, their recurrences and should be taken into account when selecting the surgical tactics. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Lian Xue; Xiao-Long Chen; Wei-Han Zhang; Kai Liu; Kun Yang; Xin-Zu Chen; Bo Zhang; Zhi-Xin Chen; Jia-Ping Chen; Zong-Guang Zhou; Jian-Kun Hu; **PERIOPERATIVE BLOOD TRANSFUSION PREDICT POOR PROGNOSIS OF PATIENTS WITH GASTRIC ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 45

**Introduction:** Gastric adenocarcinoma is one of the most common malignant cancers in the world. Patients with gastric adenocarcinoma may receive perioperative blood transfusion. The impact of perioperative blood transfusion on the prognosis of gastric adenocarcinoma patients is still controversial. **Objective:** The aim of this study was to elucidate the relationship between perioperative blood transfusion and prognosis of patients who underwent gastrectomy for gastric adenocarcinoma with different levels of preoperative hemoglobin value (POHb). **Method:** From January 2003 to April 2011, 1199 patients who underwent curative gastrectomy for primary gastric adenocarcinoma were retrospectively enrolled and followed up to October 2014. Patients were grouped according to their POHb: Group 1: POHb  $\geq$  70 g/L; Group 2: POHb between 70-100 g/L; Group 3: POHb  $>$  100 g/L. Clinicopathological features and survival outcomes were compared between transfused and non-transfused patients. **Results:** In our study, 345 (28.8%) patients received perioperative blood transfusion. In survival analysis (rate of follow-up was 83.13%), difference wasn't significant between transfused and non-transfused patients with POHb between 70-100 g/L (3-year survival rate: 51% and 61% respectively,  $p=0.339$ ). However, in patients with POHb  $>$  100 g/L, transfused patients had significantly worse prognosis (3-year survival rate: 44% and 65% respectively,  $p<0.001$ ), especially in TNM III stage patients. And blood transfusion predicted poor overall survival by univariate survival analyses. The amount of transfused blood had less impact on prognosis ( $p=0.153$ ) while intraoperative blood transfusion predicted poor prognosis ( $p=0.001$ ). **Conclusion:** Perioperative blood transfusion might lead to poor survival in gastric adenocarcinoma patients, thus it's better to refrain from unnecessary perioperative blood transfusion in patients with gastric adenocarcinoma, especially for those with advanced stage. **Key words:** gastric adenocarcinoma; blood transfusion; hemoglobin; prognosis **Funding sources:** Domestic support from National Natural Science Foundation of China (No. 81372344) |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Marek Sierzega; Piotr Kolodziejczyk; Anna Pituch-Noworolska; Grazyna Drabik; Antoni M Szczepanik; Maciej Siedlar; Jan Kulig; **PHENOTYPE DETERMINES PROGNOSTIC RELEVANCE OF ISOLATED TUMOR CELLS IN BLOOD AND BONE MARROW OF PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 45

**Purpose:** Isolated tumor cells (ITC) in bone marrow and peripheral blood potentially reflects the extent of disease and influence prognosis of solid tumors. Data for gastric cancer are conflicting and this may be related to the heterogeneity of ITC populations. In the present study we investigated prognostic implications of two different phenotypes of ITC in resectable gastric cancer. **Experimental Design:** Three hundred and eighteen patients with histologically proven adenocarcinoma of the stomach were examined for the presence of CTC and DTC. A total of 229 consecutive patients who underwent elective gastric resections were selected for this study. Cancer cells were sampled from peripheral blood and bone marrow aspirates from the iliac crest prior to any treatment. ITC expressing cytokeratins (8, 18 and 19) and CD44 variants were examined after sorting out the CD45-positive cells using flow cytometry. **Results:** Ninety eight (43%) patients had cytokeratin positive cancer cells in either blood or bone marrow, and cancer cells expressing CD44 were found in 23 (10%) cases. CD44 positive cells were significantly more common among patients with distant metastases (48% vs 19%,  $P=0.002$ ), while no such correlations were demonstrated for cytokeratin positive cells. Patients with CD44 positive ITC had significantly shorter median survival (6.7 vs 19.5,  $P<0.001$ ). Moreover, the Cox proportional hazards model identified CD44 positive cells as an independent prognostic factor with the odds ratio of 2.097 (95%CI 1.269-3.465),  $P=0.004$ . Presence of cytokeratin positive isolated tumor cells was not associated with patients' survival. **Conclusions:** Prognostic relevance of isolated tumor cells in blood and bone marrow of patients with gastric cancer is determined by their phenotype. Detection of cytokeratin-positive cells in either body compartment does not portend poorer prognosis. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Alexander Novotny; Chiara Tosolini; Rebekka Schirren; Stefan Thorban; Helmut Friess; Daniel Reim; **PROGNOSTIC FACTORS IN GASTRIC STUMP CARCINOMA - AN UPDATE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 45

**Background:** In an earlier report from 1999 we could show that prognosis of patients with gastric stump cancer (GSC) did not differ from patients with primary cancer of the proximal third (PGC) after resection and adequate lymphadenectomy. The present work is an update on the previous analysis additionally including the patients from the previous 15 years. **Methods:** Surgical treatment of 114 patients with gastric stump cancer (GSC) was compared to 1238 patients with primary gastric cancer (PGC) of the proximal third of the stomach. OS between the two groups was compared using the Kaplan-Meier method and log-rank test. Differences in the baseline characteristics were analyzed using the Mann Whitney U-test, Student's t-test or  $\chi^2$ -statistics where appropriate. Prognosticators were identified using uni- and multivariate Cox regression analysis. **Results:** Resection was curative in 64.9% of GSC patients and 66.3% of PGC patients ( $p=0.762$ ), without significant differences concerning 30d mortality rate (6.7% vs. 4.2%,  $p=0.327$ ) and median survival time (21 vs. 25 months,  $p=0.670$ ). Patients with GSC were more often of male sex ( $p=0.007$ ), significantly older ( $p=0.005$ ), had received neoadjuvant therapy less often ( $p<0.001$ ), underwent extended resections less frequently ( $p<0.001$ ), showed a higher rate of postoperative complications ( $p=0.021$ ), exhibited a mixed Laurén histotype more frequently ( $p=0.038$ ), presented with more advanced (T4) tumors ( $p<0.001$ ) and were better differentiated ( $p<0.001$ ) when compared to patients with PGC. Multivariate analysis showed an independent prognostic effect of postoperative complications ( $p<0.001$ ), number of nodes removed ( $p=0.003$ ), T-stage ( $p<0.001$ ), N-stage ( $p<0.001$ ) and R-status ( $p<0.001$ ). **Conclusion:** Analyses showed that prognosis after resection and adequate lymphadenectomy in GSC and PGC patients is not different. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Xiujuan Qu; Jinglei Qu; Jingdong Zhang; Jing Liu; Yunpeng Liu; **PROGNOSTIC MODEL BASED ON SYSTEMIC INFLAMMATORY RESPONSE AND CLINICOPATHOLOGICAL FACTORS TO PREDICT OUTCOME OF PATIENTS WITH NODE-NEGATIVE GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 45

**Background:** The prognostic models are generally used for predicting outcome in gastric cancer, but there is no model combined patient-, tumor- and host-related factors to predict outcome of patients underwent gastrectomy and D2 lymphadenectomy, much less for patients without nodal involvement. The aim of this study was to develop a prognostic model based on systemic inflammatory response and clinicopathological factors for resectable gastric cancer patients, investigated whether the model could improve prognostic accuracy in node-negative gastric cancer. **Methods:** Clinical, laboratory and histopathological data of 1123 patients underwent gastrectomy and D2 lymphadenectomy was analyzed for their effect on overall survival by univariate and multivariate analysis. Of 1123 patients, there were 440 patients with node-negative gastric cancer. The scoring system was calculated on the basis of the hazard ratios in the Cox proportional hazard model. **Results:** In multivariate analysis, age, tumor size, Lauren type, depth of invasion, lymph node metastasis and neutrophil-lymphocyte ratio were identified as independent prognostic indicators of overall survival. Then, a prognostic model was established based on the significant factors. Patients were categorized into five groups according to their scores, and the 3-year survival rates for low, low-intermediate, intermediate, intermediate-high and high-risk groups were 98.9%, 92.8%, 82.4%, 58.4%, and 36.9%, respectively ( $P < 0.001$ ). For patients with pT1-4N0M0 stage, the prognostic model dramatically discriminated these patients into four different risk groups, and the 3-year survival rates from low to high-risk groups were 98.9%, 92.5%, 86.4% and 65.6%, respectively ( $P < 0.001$ ). Compared with pathological T stage, the model improved the predictive accuracy of 3-year survival rate by 5% for patients without nodal involvement. Furthermore, the prognostic scores also stratified the patients with pT4aN0M0 stage into two risk groups, between which there were significant survival differences ( $P = 0.004$ ). **Conclusions:** The model comprising the systemic inflammatory response and clinicopathological factors was more effective in predicting the prognosis of patients with node-negative gastric cancer than traditional staging systems. The constructed model separated these patients with deferent risk of death, implying adjuvant chemotherapy might be considered for high-risk group. |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Prognostic factors and tools in defining treatment  
LORENZO DE FRANCO; ALESSANDRO NERI; DANIELE MARRELLI; FRANCESCO FERRARA; COSTANTINO VOGLINO; GIULIO DI MARE; RICCARDO PIAGNERELLI; MARIO MARINI; FRANCO ROVIELLO. **PROGNOSTIC SIGNIFICANCE OF PRE-OPERATIVE ALBUMIN SERUM LEVELS IN CURATIVE SURGERY (R0) FOR GASTRIC CANCER: A COHORT STUDY ON 375 CASES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 46

Objective: Serum albumin level is an universally accepted factor for assessing the nutritional status and evidences suggest an inverse relationship between serum albumin levels and mortality in cohorts of patients with benign and malignant diseases. The clinical value of preoperative albumin serum levels in patients with gastric cancer is still debated. The aim of the study was to investigate the prognostic impact of serum albumin on the outcome of gastric cancer patients submitted to R0 resections. Methods: 375 consecutive patients treated from 1994 to 2011 with curative intent and without residual disease were enrolled. Patients were stratified by preoperative albumin serum level into a normal group (>4 g/dl, 177 cases), an intermediate group (3-4 g/dl, 170 cases) and a low group (<3, 28 cases). Correlations between preoperative albumin levels and other clinical factors were analysed by means of contingency tables and their statistical significance was assessed by means of chi square test. Actuarial gastric cancer specific survival (GCSS) was calculated using Kaplan-Meier test and the prognostic value of different variables was studied by log-rank test. Results: Low preoperative albumin serum levels were related to advanced age, BMI <20 Kg/m<sup>2</sup> and low preoperative haemoglobin values. Low albumin was not significantly related to tumor extension, nodal involvement and tumor stage. There were no significant differences in postoperative morbidity, but low albumin levels were associated with increased need for perioperative blood transfusions. Post-operative mortality was 7.1% in the low albumin group compared to 3.2% in intermediate/normal group, but this difference didn't reach the statistical significance because of the low number of events. GCSS at 10 years was 61.3% in the normal group, 57.6% in the intermediate group and 37.8% in the low group, respectively (log-rank test: p<0.05). Such difference remained statistically significant when GCSS was analysed dividing patients in subgroups according to tumor stage, and such impact was confirmed at multivariate analysis. Conclusions: Low preoperative albumin serum levels are associated to poorer nutritional status, increased need for blood transfusions and higher risk of post-operative mortality. Patients with low levels of albumin have a poorer prognosis with reduced GCSS independently from the pathological stage of disease. Such influence on survival is not related to tumor extension or loco-regional spread. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Lin-Yong Zhao; Wei-Han Zhang; Xin-Zu Chen; Xiao-Long Chen; Kun Yang; Kai Liu; Jia-Ping Chen; Bo Zhang; Zhi-Xin Chen; Zong-Guang Zhou; Jian-Kun Hu. **PROGNOSTIC SIGNIFICANCE OF TUMOR SIZE IN 2,152 PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 46

Background: The clinical prognostic significance of tumor size in gastric cancer remains under debate. This study was aimed to evaluate the prognostic value of tumor size in patients with gastric cancer. Methods: A total of 2,152 patients with gastric cancer who received radical resection were retrospectively enrolled in this study from 2000 to 2011 (the follow-up time was up to December, 2014 and the follow-up rate was 85.92%). Patients were categorized into small-sized tumor (SST) and large-sized tumor (LST) groups. The survival outcomes were compared between these two groups, and the correlation between tumor size and other clinicopathological characteristics were also analyzed. Results: The patients were divided into SST group (<4.75cm, n=1120, 52%) and LST group (≥4.75cm, n=1032, 48%) by receiver-operating characteristic (ROC) curve analysis. Tumor size was significantly associated with gender (P=0.027), age (p=0.018), tumor location (p=0.025), macroscopic type (p<0.001), degree of differentiation (p<0.001), vessel invasion (p=0.001), perineural invasion (p=0.004), pT stage (p<0.001), pN stage (p<0.001) and pTNM stage (p<0.001). The prognostics were much worse in LST group than in SST group in univariate survival analysis for patients with IIB(x<sup>2</sup>=4.084, p=0.043), IIIB(x<sup>2</sup>=5.316, p=0.021) and IIIC(x<sup>2</sup>=5.287, p=0.021) stage. Multivariate analysis revealed that tumor size was an independent prognostic factor (HR=1.273, p=0.003). Conclusions: Tumor size can be regarded as a reliable prognostic factor, which may be of some help to the staging system of gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Xiaofang Xing; Jiafu Ji; Xianzi Wen. **PROGNOSTIC VALUE OF PHOSPHATASE OF REGENERATING LIVER-3 (PRL-3) IN GASTRIC CANCER METASTASIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 46

Background: PRL-3 is a member of phosphatases of regenerating liver family, characterized by phosphatase active domain and C-terminal prenylation motif. Overexpression of PRL-3 has been implicated in multiple cancers. Here we examined the clinical significance of PRL-3 in gastric cancer together with its metastatic biological functions utilizing different structural mutants. Methods: PRL-3 expression was analyzed immunohistochemically in 196 gastric cancer patients and 21 cases of liver metastasis. A series of wild type PRL-3 or its mutant plasmids were expressed in gastric cancer BGC823 cells to investigate the relationship between its catalytic activity, cellular localization and metastatic potential in vitro. Results: PRL-3 was observed in 19.4% (38/196) gastric cancer tissues mainly localized at the membrane and cytoplasm. Statistical analysis showed that PRL-3 expression correlated with lymph node metastasis and vascular invasion (P < 0.05). PRL-3 expression in the metastatic lesion has been greatly elevated to 76.2% (16/21). Patients with high PRL-3 expression showed poorer 5-year overall survival (P = 0.011). Wild type PRL-3 expressing cells resulted in enhanced migration and invasion ability, which were greatly crippled in form of PRL-3(C104S) or PRL-3(?CAAX) mutants accompanied with its alteration in subcellular localization. Conclusions: Metastasis associated protein PRL-3 may serve as a potential prognostic biomarker in human gastric cancer. Both the phosphatase catalytic activity and cellular localization are critical for its function. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment  
Massimiliano Bissolati; Matteo Desio; Damiano Chiari; Fausto Rosa; Stefano Rausei; Lorenzo Defranco; Daniele Marrelli; Sarah Molfetta; Gian Luca Baiocchi; Chiara Cipollari; Giovanni De Manzoni; Elena Orsenigo; on behalf of GIRCG/SICO. **RISK-FACTORS ANALYSIS FOR RESECTION MARGINS INVOLVEMENT IN GASTRIC AND ESOPHAGO-GASTRIC JUCTION CANCER: A MULTICENTER GIRCG STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 46

Introduction: Positive resection margins (RM) are associated with negative prognosis in gastric and esophago-gastric junction (EGJ) cancer. The routine use of intraoperative frozen section analysis (IFS) is the safest way to achieve radical resection in a single operation, but is time and resource consuming. Objectives: The aim of this study is to identify risk factors associated with RM involvement, in order to identify patients who really would benefit from IFS. Methods: we retrospectively analyzed patients underwent total or sub-total gastrectomy with curative intent for gastric or EGJ adenocarcinoma between 1998 and 2014 in 6 different Italian hospitals. RM status was assessed on IFS and/or definitive histopathological examination (DHE). Exclusion criteria were Siewert I/II adenocarcinoma, metastatic disease, R2 resections, circumferential R1 resections and previous gastric surgery. A set of 21 potential risks factors were compared in a multivariate analysis between patients with positive RM (on IFS or DHE) and a similar cohort of 529 patients underwent negative RM resections in the same time span, stratifying the sample in 3 groups (T1, T2-T4 intestinal Lauren pattern, T2-T4 diffuse/mixed Lauren pattern), accordingly to the Japanese Gastric Cancer Association guidelines for adequacy of RM. Results: 145 patients underwent gastrectomy with positive RM: 32 on IFS and 113 on DHE. Involved margin was proximal in 45%, distal in 45% or both in 10%. Margin involvement was due to infiltration in 83% or embolization in 17%. DHE positive RM patients had a worse survival than negative RM patients (89.5±3.9 vs. 28.8±5.4 months; p<0.001). In multivariate analysis, only margins distance <2 cm is a risk factor for RM involvement (OR:15.7; p=0.02) in T1 cancers; in T2-T4 intestinal type cancers, serosal invasion (RR:6.1; p<0.001), EGJ location (RR:4.1; p=0.002) and margins distance <3 cm (RR:4.0; p=0.033) are independent risk factors; in T2-T4 diffuse/mixed type cancers, lymphatic infiltration (RR:3.9; p=0.004), tumor's diameter >4 cm (RR:3.6; p<0.001), EGJ location (RR:2.6; p=0.042) and serosal invasion (RR:2.3; p=0.011) are independent risk factors. Conclusions: survival after gastric cancer resection is negatively affected by positive RM. IFS should be routinely used in those patients with high risk of positive RM. Since in T2-T4 diffuse/mixed cases no "safety distance" for resection was found, the use of IFS should be widely extended in these patients. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment

Mi Ran Jung; Young Kyu Park; Seong Yeob Ryu; Oh Jeong. **THE IMPACT OF AGE ON 5-YEAR DISEASE-SPECIFIC SURVIVAL RATE FOR THE PATIENTS WITH GASTRIC CANCER: RESULTS OF SINGLE HIGH VOLUME CENTER IN ENDEMIC AREA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 47

**Introduction:** The age is one of the widely known prognostic factors for gastric cancer. However, findings comparing prognosis between age groups have been inconsistent. In this study, we investigated the impact of age on the survival of patients with gastric cancer. **Methods:** We reviewed 4,159 cases of newly diagnosed gastric cancer underwent surgery in our institution between 2004 and 2011. The patients were divided into three age groups as follows: Young age group (< 40 yrs), Middle age group (40~65 yrs) and Old age group (≥ 65 yrs). Clinicopathological features and 5yr survival rates were compared among the age groups. **Results:** The number of included patients were 227 (5.5%), 2178 (52.4%) and 1753 (42.2%) in the Young, Middle and Old age group, respectively. The mean follow-up period was 42.0±18.8 months. Young age group had higher female ratio (47.0% vs. 30.2% vs. 33.2%, p<0.001) and higher incidence of undifferentiated histologic type (92.0% vs. 60.9% vs. 44.6%, p<0.001) and advanced stage (more than TNM stage II; 47.5% vs. 35.5% vs. 40.3%, p<0.001). The ASA score was higher in the Old age group (more than ASA 2; 22.9% vs. 52.5% vs. 96.4%, p<0.001). The 5yr disease specific survival rate was significantly better in Middle age group than other two groups (78.7% vs. 85.3% vs. 78.4%, p<0.001). After adjusting for other prognostic factors including sex, ASA score, extent of resection, radicality, TNM stage, histologic differentiation and chemotherapy, Old age group was still revealed as an independent prognostic factor (HR, 1.421; 95% CI, 1.080-1.870; p=0.012), however, Young age group was not significant (HR, 1.244; 95% CI, 0.796-1.944; p=0.337). **Conclusions:** Middle aged patients with gastric cancer had better survival rate than those of Young and Old aged. These survival differences may be due to more aggressive disease and poorer biological predisposition of Young and Old age group, respectively. Further investigations will be needed to confirm prognostic effect of age and to identify its pathogenesis. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment

Oh Kyoung Kwon; Chaeyoon Lee; Seung Soo Lee; Ho Young Chung; Wansik Yu. **THE IMPACT OF BASELINE HEALTH-RELATED QUALITY OF LIFE ON THE EARLY RECURRENCE (< 2 YEARS) AFTER CURATIVE SURGERY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 47

**Objectives** Baseline health-related quality of life (HRQOL) is known to have prognostic significance in the far advanced status of various malignancies. But little is known about the impact of the baseline HRQOL on the prognosis of gastric cancer patients especially after curative surgery. This study is to evaluate the difference in the baseline HRQOL between patients with or without early recurrence after curative surgery for gastric cancer. **Methods** Among patients who underwent curative gastrectomy in Kyungpook National University Medical Center from Jan. 2011 to Dec. 2013, data of 83 patients with identified early recurrence within 2 years were collected and matched to the data of patients without recurrence for more than 2 years according to age, sex, and pathological stage. Baseline HRQOL was checked preoperatively with EORTC QLQ C30 and STO 22 by self-reporting manner. **Results** There was no significant difference in the characteristics of patients between two groups. In HRQOL, there was no difference in the global health status scale but significant difference in favor of the group without early recurrence was identified in physical functioning (p=0.020), role functioning (p=0.045), and emotional functioning (p=0.039). In the symptom scales, significantly higher score was identified in fatigue (p=0.004), appetite loss (p=0.006), gastric pain (p=0.043), eating restriction (p=0.014), anxiety (p=0.018), and taste problem (p=0.004). **Conclusions** In gastric cancer, baseline HRQOL seems to have prognostic significance as in other malignancies. Through present study, it is suggested to take the baseline HRQOL into consideration for the estimation of the prognosis of gastric cancer patients before surgical treatment. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Prognostic factors and tools in defining treatment

Mario Vásquez-Chaves; Federico Rojas Montero; Luis Loria-Sáenz; Juan Porras Peñaranda. **THE QUOTIENT OF METASTATIC TO TOTAL NUMBER OF RESECTED LYMPH NODES PREDICTS MORTALITY IN GASTRIC CANCER PATIENTS AFTER CURATIVE SURGERY IN COSTA RICA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 47

**Introduction:** Costa Rica is one of the countries with the highest incidence of gastric adenocarcinoma in the world. In Costa Rica, following the Japanese approach, D2 lymphadenectomy is the standard of care and has been performed systematically and successfully for more than two decades. The positive to total lymph node ratio (P/T LR) is the quotient of the number of lymph nodes with metastatic involvement divided by the total number of lymph nodes resected during lymphadenectomy. This quotient provides information about the completeness of the lymphadenectomy and also the lymph node stage of the patient. Our hypothesis was that the P/T LR is superior to the 7th edition AJCC TNM lymph node staging system for predicting mortality in patients with gastric cancer. For simplicity, patients were classified as node negative when no metastatic lymph nodes were detected, P/T LR low when less than 20% of the resected lymph nodes were positive for metastasis of adenocarcinoma, and P/T LR high if more than 21% of the lymph nodes were positive for metastasis. **Methodology:** From the San Juan de Dios Hospital institutional gastric cancer database including patients undergoing curative surgery from January 1st 2007 to February 20th 2015, 414 consecutive patients were analyzed. Patients with positive peritoneal cytology or metastatic disease detected on laparotomy or laparoscopy were excluded. **Results:** 242 (58.4%) of the patients were male and 172 were female. Average age upon surgery was 64.2 year-old. Poorly differentiated tumors (POR 1 and POR 2) represented 20.8% of the cases, signet cell tumors 15%, and intestinal (TUB 1 and TUB 2) represented 61.1% of the cases. 26% of the patients had early gastric cancer, while serosa invasive tumors were resected in 38.2% of the patients. Average tumor diameter was 4.6 cm. Average number of lymph nodes resected on lymphadenectomy was 26.8. 49.3% of the patients had no lymph node metastasis after D2 lymphadenectomy, 22% had a low P/T LR, and 27.9% had a high P/T LR. Node negative patients had an overall 5-year survival of 82%, low P/T LR had 48%, and high P/T LR had 19%. Median survival for P/T LR negative, low P/T LR and high P/T LR was 51 months, 29.3 months and 23 months respectively. Patient stratification according to P/T LR was strong predictor of mortality with a Log-Rank test <0.0001. **Conclusion:** P/T LR is a strong predictor for mortality in gastric cancer patients after curative surgery. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - GIST

Yanbing Zhou; Liang Ning. **A MULTICENTRE RETROSPECTIVE COHORT STUDY OF PATIENTS WITH GASTROINTESTINAL STROMAL TUMOR IN SHANDONG PROVINCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 47

**Objective** To investigate the clinicopathologic features and prognosis of patients with gastrointestinal stromal tumor (GIST) after surgery in Shandong Province. **Methods** The clinicopathological data of gastrointestinal stromal tumor with immunohistochemical CD117 positive or DOG-1 positive were collected from January 2001 to June 2013 in four University Teaching Hospitals in Shandong Province. The prognostic factors were evaluated by univariate and multivariate analysis with Log-rank test and Cox proportional hazard model respectively. **Results** A total of 1039 cases were retrieved, including 509 males and 530 females. The age ranged from 18 to 87 years (median 58). 93 patients died from GIST. The 1-, 3-, 5-year survival rates were 94.6%:91.7% and 87.8%, respectively. Patients underwent R0 resection had a higher 5-year overall survival rate than patients underwent R1 resection (88.8% vs 69.0%, P<0.05). For patients with intermediate risk to relapse after surgery, the 5-year overall survival rate was 94.4% and 89.2% individually in imatinib and no-imatinib intervention group (P>0.05). For patients with high risk to relapse after surgery, the 5-year overall survival rate was 76.8% and 67.7% (P<0.05) separately. On multivariate analysis, tumor size (P<0.01;RR=1.988;95%CI: 1.497-2.641), mitotic count (P<0.01;RR=2.326;95%CI: 1.686-3.208) and rupture or not (P<0.01;RR=3.032;95%CI: 1.732-5.308) were independent prognostic factors. **Conclusions** Tumor size, mitotic count and rupture or not affect the prognosis of patients after resection of primary GIST independently. The standard treatment of localized GIST is R0 resection. Adjuvant imatinib can improve overall survival of patients with high risk to relapse after surgery. The efficacy of imatinib for patients with intermediate risk to recurrence remains to be verified. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - GIST

Laura Capelli; Elisabetta Petracci; Luca Saragoni; Daniele Calistri; Paolo Morgagni; Davide Gulino; Marco Catarci; Luigi Coppola; Fausto Rosa; Riccardo Ricci; Franco Roviello; Carla Vindigni; Arianna Coniglio; Vincenzo Villanacci; Colombo Piergiuseppe; Vittorio Quagliolo; Carlo Capella; Stefano Rausei; Anna Tomazzoli; Giovanni De Manzoni; Paola Ulivi; C-KIT, PDGFRα AND BRAF MUTATIONS IN GASTRIC GISTS: CORRELATION WITH PROGNOSIS AND CLINICAL-PATHOLOGICAL CHARACTERISTICS – A GIRCG STUDY. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 48

**Introduction:** The important role played by c-Kit and PDGFRα mutations in the therapeutic management of gastrointestinal stromal tumors (GIST) is widely acknowledged. Conversely, little is known about the prognostic relevance of the type and position of these mutations, in addition to that of other clinical-pathologic factors. **Objectives:** In this retrospective study we performed a molecular characterization of a series of patients with gastric GISTs recruited from the "Italian Research Group of Gastric Cancer" in relation to their clinical-pathological characteristics and prognosis. **Methods:** DNA was extracted from paraffin-embedded sections derived from 221 gastric GIST patients submitted to surgery between March 1995 and December 2012. Exons 9,11,13 and 17 of c-Kit, exons 12 and 18 of PDGFRα and exon 15 of BRAF were analyzed by direct sequencing. Cox regression analysis was performed, adjusting for clinical factors, to evaluate the role of c-Kit and PDGFRα mutations in the composite endpoint of relapse or death. **Results:** c-Kit and PDGFRα mutations were observed in 119 (54%) and 56 (25%) patients, respectively; whereas 46 (21%) patients had wild type disease. For the survival analysis, complete data were available for 190 patients; 23 relapses and 34 deaths were observed, and the median follow up time was 72 months. Univariate analyses showed that a high Miettinen risk category, the presence of ulceration and c-Kit deletions were associated with an increased risk of relapse or death ( $p < 0.001$ ;  $p = 0.0389$ ;  $p = 0.002$ , respectively). After adjusting for clinical covariates, c-Kit deletions remained an independent prognostic factor (HR=2.65, 95%CI [1.15 – 6.13],  $p = 0.023$ ). Moreover, c-Kit deletions in exon 11 and involving codons 557, 558 and 559 were associated with a higher risk of relapse or death compared to wild type tumors (HR=3.45 95%CI [1.43 – 8.34]). **Conclusions:** c-Kit deletions in exon 11, in particular those involving codons 557, 558 and 559 were correlated with a more aggressive gastric GIST phenotype in terms of relapse or death. "On behalf on Italian Gastric Cancer Research Group (GIRCG) |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - GIST

Hugo Mesquita Fernandes; Ana Cristina Carvalho; Carlos Santos Costa; Vânia Castro; Diana Brito; Andreia Santos; Luis Maia; José Pinto Correia; GASTRIC GASTROINTESTINAL STROMAL TUMORS, A SINGLE-CENTER EXPERIENCE: A FIVE YEARS STUDY. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 48

**Introduction:** Gastrointestinal stromal tumors (GISTs) are mesenchymal neoplasms of the gastrointestinal (GI) tract and are thought to develop from the interstitial cells of Cajal. These tumors are rare. The stomach is the most common location of GI mesenchymal neoplasms. **Methods:** In the present study, sixteen cases of GIST are reported. The records of all surgically-resected GI stromal tumors treated between January 2010 and December 2014 were reviewed. **Results:** There were sixteen cases of surgically resected GISTs during this time period, ten males and six females, with a mean age of  $62.2 \pm 11.49$  years. The location in stomach was: fundus 2, body 12 (greater curvature 6, lesser curvature 4, anterior wall 1, posterior wall 1) antrum 2. The most common symptom at presentation was epigastric pain (37.5%), followed by GI bleeding (18.75%). In seven patients gastric GISTs were found incidentally; six at endoscopy and one at an abdominal tomography done for other medical condition. All patients were studied with abdominal computed tomography and endoscopic ultrasonography. The mean tumor size was  $5.125 \pm 3.46$  cm. In fifteen patients a wedge resection was possible, nine of them with laparoscopic approach. In one patient, a wedge resection plus solitary liver metastase resection was done. In another patient, due a large and antrum tumor location, a subtotal gastrectomy was done. No concern about lymphadenectomy was done. No tumor rupture was documented during any operation. All tumors were completely resected with histologically negative margins. The diagnoses were established by immunohistochemistry. Regarding the risk stratification of Miettinen Score, the patients were classified: none risk (2), very low (7), low (2), moderate (2) and high (2). The patients stratified as moderate to high risk of progressive disease were submitted to biological therapy with imatinib. After a mean follow up of 26 months, no mortality was detected but a liver recurrence was detected in one patient classified as high risk of progressive disease. **Conclusion:** Complete surgical resection with tumor-free margins is the standard treatment for localized GISTs. An atypical gastrectomy and laparoscopic approach must be applied if technically feasible. A tyrosine kinase inhibitors treatment should be used as adjuvant therapy if the risk of progressive disease is high |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - GIST

Zhi Dong; Jian Li; Ji Fang Gong; Jing Gao; Lin Shen; IMATINIB REINTRODUCTION AFTER IMATINIB ADJUVANT THERAPY FAILURE IN GASTROINTESTINAL STROMAL TUMOR (GIST). ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 48

**Background:** Imatinib has been approved to be effective in the adjuvant treatment for GIST. However, the impact of imatinib reintroduction after adjuvant therapy failure is unknown. We evaluated the efficacy of imatinib reintroduction in GISTs with recurrence after stopping imatinib adjuvant therapy. **Methods:** From March 2005 to June 2013, we collected clinical data from 17 GIST patients with high risk of recurrence who had tumor recurrence after stopping imatinib adjuvant therapy. Response rates, recurrence-free survival (RFS) and time to imatinib seoncd failure (TTSF) were evaluated. **Results:** Of the 17 patients, 15 patients have exon 11 mutation and 2 had exon 9 mutation. 6, 8 and 3 patients received imatinib adjuvant therapy for 1 year, 2 years and more than 3 years, respectively. 7 patients had partial response and 10 patients had stable disease after receiving imatinib reintroduction therapy. Up to March 2014, 11 patients had tumor progression after reintroduction, and the median recurrence time from stopping adjuvant therapy was 13.0 months (95%CI: 10.3 – 15.7). The median RFS was 46.0 months (95%CI, 26.7-65.3). The median TTSF was 68.0 months (95%CI, 48.3-87.7 months). The median TTSF in the patients receiving adjuvant therapy 1 year, 2 years and more than 3 years were 40, 48 and 78 months. **Conclusion:** imatinib reintroduction is effective to GIST with adjuvant therapy failure. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - GIST

TATSUO MATSUDA; Naoki Hiki; Souya Nunobe; Koshi Kumagai; Manabu Ohashi; Takeshi Sano; Toshiharu Yamaguchi; LAPAROSCOPIC ENDOSCOPIC COOPERATIVE SURGERY FOR GASTRIC SUBMUCOSAL TUMORS. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 48

**Introduction:** Laparoscopic gastric resection is widely used to resect gastric submucosal tumors (SMT) including gastrointestinal stromal tumors (GIST). However, it is difficult to determine an appropriate resection line using only the laparoscopic approach. We developed the laparoscopic and endoscopic cooperative surgery (LECS) technique to resect SMTs from the gastric wall. One hundred seven patients underwent LECS for SMTs at the Department of Gastroenterological Surgery, Cancer Institute, between June 2006 and October 2014. **Objective:** We introduce the LECS technique for gastric SMT in detail. **LECS technique:** The patient was placed in the lithotomy position under general anaesthesia. A camera port was inserted in the umbilicus and four additional ports were inserted under pneumoperitoneum. The tumor location was confirmed by intraluminal endoscopy. The blood vessels in the excision area were prepared using an ultrasonically activated device. The periphery of the tumor was carefully marked using a standard needle knife. After injection of 10% glycerine into the submucosal layer, a small initial incision was made using a standard needle knife, and the tip of an IT-2 knife was inserted into the submucosal layer. The marked area was then cut circumferentially. Finally, the opening of the submucosa was pushed towards the serosa using a standard needle knife. The tip of the standard needle knife was used to perforate the seromuscular layer. The tip of the IT-2 knife was inserted into the perforation, and seromuscular dissection was initiated along the incision line of the submucosal layer. The full-thickness incision was performed endoscopically as far as possible. The residual part of the full-thickness wall dissection was performed laparoscopically. After the tumor had been resected, the edge of incision line was temporarily closed with hand-sewn sutures. The incision line was then closed using a laparoscopic stapling device. **Conclusion:** LECS is useful technique for the resection of gastric submucosal tumors including GIST. The advantages of LECS are that the tumors are observed both intra- and extraluminally and that the gastric wall is dissected layer-by-layer. These advantages make it possible to resect the tumor with a minimal margin and less stomach deformation. We hope that LECS become a standard surgical procedure for gastric SMT all over the world in the future. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - GIST

Chang In Choi; Si Hak Lee; Sun Hwi Hwang; Dae Hwan Kim; Tae Yong Jeon; Dong Heon Kim.; **LAPAROSCOPIC RESECTION FOR GASTRIC SUBMUCOSAL TUMOR LOCATED AT ESOPHAGOGASTRIC JUNCTION; ESTABLISHMENT OF A SURGICAL STRATEGY TO PREVENT POSTOPERATIVE STRICTURE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 49

Background: It still remains difficult problem to select the appropriate approach for gastric submucosal tumor(SMT) located at esophagogastric junction(EGJ) due to concern of postoperative stricture. The aim of this study was to evaluate the tailored surgical strategy for gastric SMT located at EGJ. Methods: Between January 2009 and July 2013, 12 consecutive patients underwent laparoscopic resection for gastric submucosal tumor were enrolled. The patients' demographics, clinicopathologic data and surgical outcomes was collected prospectively and reviewed retrospectively. Results: Mean age was 54.7±16.6 years and body mass index was 23.7±3.2 kg/m<sup>2</sup>. Laparoscopic exo-gastric wedge resection was performed in 3 cases (25.0%), single-port intra-gastric resection in 7 cases (58.3%), laparoscopic proximal gastrectomy in 2 cases (16.7%). Among 12 total cases, there was 1 open conversion. Mean operation time was 163.8±140.0 minutes and there was no postoperative complication. Tumor's growth type was endophytic in 8 cases, dumbbell in 4 cases. Gastrointestinal tumors were 10 cases and leiomyomas were 2 cases. Mean follow up period was 45.6±17.5 months (range, 19-73 months) and there was no local recurrence in this period. Conclusion: Laparoscopic gastric resection is feasible and safe for gastric SMT located at EGJ. The tailored surgical strategy according to tumor's characteristic including growth type should be established in order to prevent the postoperative complication such as the stricture. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - GIST

PIESSEN Guillaume; Jérémie Lefevre; Magalie Cabau; Alain Duhamel; Hélène Beal; Beatrice Ulloa Severino; Jean-Yves Mabrut; Jean-Marc Regimbeau; Sylvie Bonvalot; Guido Tiberio; Muriel Mathonnet; Nicolas Regenet; Antoine Guillaud; Olivier Glehen; Pascale Mariani; Quentin Denost; Léon Maggiori; Léonor Benhaim; Gilles Manceau; Didier Mutter; Jean Pierre Bail; Bernard Meunier; Jack Porcheron; Christophe Mariette; Cécile Brigrand.; **LAPAROSCOPIC VERSUS OPEN SURGERY FOR GASTRIC GASTROINTESTINAL STROMAL TUMORS: WHICH IMPACT ON POSTOPERATIVE OUTCOME AND ONCOLOGICAL RESULTS?.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 49

Objectives: To compare postoperative outcomes and oncological results of laparoscopic versus open surgery for gastric gastrointestinal stromal tumors (GISTs). Background: The feasibility of a laparoscopic approach for gastric GIST resection has been demonstrated but its impact on outcomes, especially its oncological safety for tumors > 5 cm, remains unknown Methods: Among 1413 patients treated for a GIST in 61 European centers between 2001 and 2013, patients who underwent primary resection for a gastric GIST < 20cm (n=666) by either laparoscopy (group L, n=282) or open surgery (group O, n=384) were compared. Multivariable analyses and propensity score matching was used to compensate for differences in baseline characteristics. Results: In-hospital mortality and morbidity rates in groups L and O were 0.4% versus 2.1% (P=0.086) and 11.3% versus 19.5% (P=0.004), respectively. Laparoscopic resection was independently protective against in-hospital morbidity (OR=0.525, P=0.009). The rate of R0 resection was 95.7% in group L and 92.7% in group O (P=0.103). After propensity score matching 1:1 (n=248), groups were comparable by age, gender, tumor location and size, mitotic index, ASA score, and extent of surgical resection. After adjustment for BMI, overall morbidity (10.3% versus 19.6%, P=0.005), surgical morbidity (4.9% versus 9.8%, P=0.048) and medical morbidity (6.25% versus 13.4%, P=0.01) were significantly lower in group L. Five-year recurrence free survival was significantly better in group L (92.0% versus 85.2%, P=0.026). In tumors > 5cm, in hospital morbidity and five-year recurrence free survival were similar between groups L and O (P=0.255 and P=0.668, respectively). Conclusions: Laparoscopic resection for gastric GISTs is associated with favorable short term outcomes without compromising oncological results, even for tumors > 5cm. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - GIST

Moon Kyung Joo; Jong-Jae Park; Jin Sung Koh; Sang Woo Lee; Hoon Jai; Young-Tae.; **LONG-TERM CLINICAL OUTCOMES OF ENDOSCOPIC RESECTION FOR THE TREATMENT OF GASTROINTESTINAL STROMAL TUMOR (GIST) IN UPPER GASTROINTESTINAL TRACT (UGIT): COMPARED WITH SURGICAL APPROACH.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 49

Background and study aims: With the advance of endoscopic technique, endoscopic resection has been performed for gastrointestinal stromal tumors (GISTs) in upper gastrointestinal tract (UGIT), however, some debates still remain about the therapeutic roles of endoscopic procedure. We conducted a retrospective study to evaluate the feasibility and long-term follow-up results of endoscopic resection of GIST in UGIT, compared with surgical methods. Patients and Methods: Between March 2005 and August 2014, a total of 130 cases of GIST in UGIT were resected. We compared baseline characteristics and clinical outcomes between endoscopy (n = 90) and surgery group (n = 40). Results: The most common location of GIST was stomach body in endoscopy group, whereas duodenum in surgery group (P= 0.001). Tumor size was significantly smaller (2.3 vs. 5.1 cm, P< 0.001), and procedure time (51.8 ± 36.2 vs. 124.6 ± 74.7 minutes, P< 0.001) and hospital stay (3.3 ± 2.4 vs. 8.3 ± 5.4 days, P< 0.001) were shorter in endoscopy group than surgery group. R0 resection rate was 25.6 % in endoscopy group, whereas 85.0 % in surgery group (P= 0.001), and 50.0 % of resected tumors belonged to very low risk in endoscopy group, whereas 35.0 and 30.0 % belonged to low and high risk in surgery group (P= 0.001). However, during 39.4 months of follow-up, recurrence rate was not significantly different between 2 groups (1.1 vs. 5.0 %, P= 0.224) Conclusions: Endoscopic resection might be an alternative therapeutic modality for GIST in UGIT in selective cases. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - GIST

Lei Tang; Jian Li; Zi-Yu Li; Ying-Shi Sun; Xiao-Ting Li; Lin Shen; Jia-Fu Ji.; **MRI IN THE RESPONSE PREDICTION OF GASTROINTESTINAL STROMAL TUMOR TO TARGETED THERAPY: A PATIENT-BASED MULTI-PARAMETER STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 49

Objective: To investigate the performance of quantitative indicators provided by MRI in the early prediction of the response of gastrointestinal stromal tumor (GIST) to targeted therapy in a patient-based study. Methods: MRI examinations were performed in 62 patients with GIST on 1.5T scanners before and at two and 12 weeks after the treatment with targeted agents. The longest diameter (LD) and contrast-to-noise ratio (CNR) of the tumors were measured on T2-weighted images, and the apparent diffusion coefficient (ADC) was measured on diffusion-weighted images (DWI). A maximum of two lesions per organ/site and five lesions per patient were enrolled and the quantitative parameters were averaged according to the regulation of RECIST 1.1. The pre-therapy values and early percentage changes (%) of the three averaged parameters were compared for their performance in the differentiation of the good response (GoodR) and poor response (PoorR) cases using the receiver operating characteristic (ROC) curves. Results: Total of 141 GIST lesions in 62 patients were enrolled in the study. There were 42 patients in the GoodR group and 20 in the PoorR group. No significant differences were found between the GoodR and PoorR cases concerning all of the three baseline parameters (P > 0.05). After two weeks of therapy, the percentage changes in the ADC and LD were significantly different between the two groups (ADC: GoodR 30% vs. PoorR 1%, Z = -4.819, P < 0.001; LD: GoodR -7% vs. PoorR -2%, Z = -3.238, P = 0.001), but not in T2WI-CNR (GoodR -3% vs. PoorR 9%, Z = -0.663, P = 0.508). Through ROC curves, the AUCs for the pre-therapy LD, T2WI-CNR and ADC were 0.644, 0.615 and 0.508, respectively, while AUCs for the percentage changes of LD, T2WI-CNR and ADC after two weeks of therapy were 0.756, 0.552 and 0.881, respectively, in the differentiation of response groups. Taken %?ADC ? 15% to predict GoodR, the PPV was 93.3%; taken %?ADC ? 1% to predict PoorR, the PPV was 85.7%. Conclusion: The percentage change of the ADC after two weeks of therapy outperforms T2WI-CNR and the longest diameter in the early response prediction of GIST to targeted therapy. |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - GIST

Jian Li; Yunzhi Dang; Jing Gao; Yanyan Li; Lin Shen; **PI3K/AKT/MTOR PATHWAY IS ACTIVATED AFTER IMATINIB SECONDARY RESISTANCE IN GASTROINTESTINAL STROMAL TUMORS (GISTS)**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 50

Background and aims: Phosphatidylinositol-3-kinase (PI3K)/AKT/mammalian the target of the rapamycin (mTOR) pathway activation may be related to imatinib resistance; however, no study has focused on whether signal conduction of this pathway will change after imatinib resistance. Methods: A total of 111 GIST samples from 91 patients were used in this study, including 20 pairs of samples before and after imatinib treatment. Immunohistochemistry was performed on tissue for p-KIT (phospho-KIT), PTEN (phosphatase and tensin homolog deleted on chromosome ten), PI3K, phospho-AKT (p-AKT), phospho-4EBP1 (p-4EBP1) and phospho-S6 (p-S6RP). Results: The activation of AKT/mTOR activation was significantly higher in imatinib secondary resistant GIST (53.1%) than in imatinib sensitive (27.1%) and primary resistant GIST (33.3%) (P=0.049). Analysis of 20 pairs of samples, comparing pre-imatinib GIST with on-treatment ones, the PI3K status was changed from inactivated to activated in 4 cases each in 8 patients with effective imatinib and 12 patients who secondary resistance happened, respectively. AKT/mTOR status was inactivated in pre-imatinib and on-treatment samples in 8 patients with effective imatinib; however, the status of 6 patients was changed from inactivated to activated in 12 patients at the time of tumor progression. The negative expression of p-KIT was accompanied with PI3K pathway and/or AKT/mTOR pathway activity in some GISTs with secondary resistance. Conclusions: PI3K/AKT/mTOR pathway can be partly activated after imatinib secondary resistance in GIST. In this pathway, activation of AKT/mTOR is a more crucial factor, and PI3K activation may be the early part of secondary resistance. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - GIST

Xin Wu; Jian Li; Wentong Xu; Jing Gao; Yanyan Li; Lin Shen; **POST-OPERATIVE IMATINIB IN PATIENTS WITH INTERMEDIATE RISK GASTROINTESTINAL STROMAL TUMOR - A MULTICENTER RETROSPECTIVE CONTROLLED STUDY**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 50

Background: Imatinib adjuvant therapy improves recurrence-free survival (RFS) in patients with gastrointestinal stromal tumor (GIST) despite the associated high recurrence risk. Nevertheless, it remains uncertain whether imatinib adjuvant treatment is effective in GIST patients with an associated intermediate risk. This study aimed to determine whether adjuvant treatment with imatinib improved RFS in cases of GIST with intermediate risk. Methods: Patients who had undergone complete tumor resection with intermediate risk of recurrence followed by imatinib adjuvant therapy at least one year or only observation were enrolled in this multi-centre, controlled, retrospective study. Recurrence-free survival and safety of imatinib adjuvant therapy were subsequently evaluated. Results: Of 192 patients, 99 made the adjuvant group and 93 patients were in the control group. Median follow-up was 39.0 months (95%CI: 35.0-43.1). Kaplan-Meier analysis showed RFS rates at 1, 2 and 3 years to be higher in the adjuvant group than in the control group (100% vs. 98.9% in 1st year; 100% vs. 96.1% in the second, and 98.2% versus 90.2% during the 3rd year) (P=0.004). Subgroup analysis revealed that imatinib adjuvant therapy had significantly improved the RFS in GIST patients of intestinal or rectal location (P=0.009) and with c-kit exon 11 deletion mutation (P=0.039). Multivariate analysis of RFS showed stomach location was significantly associated with good RFS. Gastric GIST reduced recurrence risk by 85.0% (HR 0.150, p=0.034) compared with intestinal or rectal GIST. Imatinib adjuvant therapy was well tolerated. Conclusions: Adjuvant imatinib improves the level of RFS in cases of GIST with an intermediate risk of recurrence after complete tumor resection, particularly observed in GIST with intestinal and rectal location or c-kit gene exon 11 deletion mutation. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - GIST

Nobuhiro Takiguchi; Yoshihiro Nabeya; Atsushi Ikeda; Osamu Kainuma; Hiroaki Soda; Akihiro Cho; Toru Tonooka; Yukinari Tokoro; Hiroshi Yamamoto; Matsuo Nagata; Hidehito Arimitsu; Hiroo Yanagibashi; Hiroshige Saito; Tomofumi Chibana; Ishige. **THE STATUS OF TREATMENT FOR STOMACH GIST IN OUR HOSPITAL**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 50

Objectives The treatment concept of the submucosal tumor of the stomach changed greatly since the definition of Gastrointestinal tumor (GIST) was built, and imatinib showed effective for GIST. Because GIST is a relatively rare tumor, the epidemiology and therapy guideline has not still established. In this study, the epidemiology and the treatment outcome of stomach GIST was investigated. Methods One hundred and eight cases of stomach GIST were operated from 1999 to 2013. They were classified by the risk classification of GIST. The feature of stomach GIST, the status of chemotherapy by Imatinib and the clinical outcome were investigated. Results The ratio of stomach GIST for all GISTs (n=125 cases) was 85%. Stomach GIST was composed of 62 male and 46 female, 66.2 years old in average, and 28mm in diameter (from 1.5mm to 155mm). Ruptures were found in six cases (5.6%). Stomach GIST was often found in upper and middle third of stomach and 49 cases (45.4%) were combined with other malignant tumors. According to modified Fletcher classification, stomach GIST was composed of 28 cases in high risk, 11 cases in intermediate, and 67 cases in low or very low risk. Lymph node metastatic positive was found in a high-risk case of tumor diameter 78mm. Post-operative recurrence was found in five cases (two liver, one lung, and two peritoneal metastases). All five recurrent cases were more than 80% recurrent risk group in Contour map. Adjuvant chemotherapy has been introduced for high risk GIST since 2011, and 5 cases were treated by Imatinib. Conclusions Stomach GIST accounted for 85% of all GISTs. Risk classification of GIST and Contour map reflect recurrent risk. More case collection is necessary in order to estimate adjuvant chemotherapy for GIST. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Esophagogastric junction

Andrea Zanoni; Francesco Casella; Alberto Di Leo; Giuseppe Verlatto; Riccardo Rosati; Daniele Marrelli; Uberto Fumagalli; Franco Roviello; Andrea Cossu; Francesco Ricci; Giovanni de Manzoni; **A FACEBOOK PROFILE OF SIEWERT III CANCER IN ITALY. DO WE "LIKE IT"? A GIRCG STUDY**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 50

Background Siewert III cancers do not have a homogenous treatment in Western countries, have very few dedicated studies, and are often excluded from study protocols. Aim of this study was to describe Siewert III profile in high-volume centers in Italy. Methods From 2000 to 2014, 133 patients with Siewert III adenocarcinoma were treated at 4 high-volume centers for Upper GI surgery, belonging to the GIRCG (Italian Research Group for Gastric Cancer). Type of surgery and pathological stage were reported. We retrospectively analyzed overall survival and pattern of recurrence. Results Of 133 treated patients, 96 were males and 37 females. Median age was 68 (35-88) years. The most used surgical approach was a total gastrectomy and distal esophagectomy with D2 lymphadenectomy (103/133, 77%). Upfront surgery was performed in 87 (65%) patients, while 46 (35%) underwent induction or peri-operative chemotherapy (CT) with different protocols. R0 resection was achieved in 72/87 (83%) patients in the only surgery group and in 40/46 (87%) patients treated with induction CT. Post-operative mortality was 5% (7/133). 40 (30%) patients underwent post-operative chemotherapy. Most patients were locally advanced (128/133, 96%) and 75% (100/133) had nodes involved. Five-year OS was 32% (95% CI 22-42%) for entire population and 37% (25-48%) for R0 cases respectively. Five-year OS was 33% (22-44%) after upfront surgery and 24% (7-47%) after induction CT (p=0.665). 50% of the patients died of recurrence and recurrence was mainly systemic or peritoneal. Discussion The Facebook profile of Siewert III cancer in Italy shows, consistently with the literature, that Siewert III has very few "friends". Therapeutic strategy is not uniform and prognosis dismal. Multimodal treatments are not homogenous and this may reflect on the lack of survival advantage. We believe Siewert III needs more consideration and a homogeneous approach, especially for locally advanced cases, where we should focus on a well defined multimodal strategy. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Esophagogastric junction

Yanbing Zhou; Shougen Cao; Jinzhe Zhou; Dongsheng Wang; Dong Chen; Liang LV; **COMPARISON OF CLINICAL OUTCOME AND PROGNOSIS IN PATIENTS WITH GASTROESOPHAGEAL JUNCTION ADENOCARCINOMA BY TRANSTHORACIC AND TRANSABDOMINAL HIATAL APPROACHES: A SINGLE CHINESE TEACHING HOSPITAL RETROSPECTIVE COHORT STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 51

Objective To compare the clinical outcome and prognosis in patients with gastroesophageal junction adenocarcinoma (Siewert type ? / ?) by transthoracic and transabdominal hiatal approaches. Methods 334 cases Siewert ?? GEJ adenocarcinomas patients underwent different surgical procedures in Affiliated Hospital of Qingdao University from July 2007 to July 2012 were analysed retrospectively. Of which 140 cases by transthoracic approach, 194 cases by transabdominal hiatal approach mainly underwent radical total and proximal gastrectomy?D2? All the patients were followed up by telephone review or outpatients' reexamination until July 2013. The surgical-related and clinical outcomes were compared using the chi-square test, t test, Fisher's exact test or nonparametric rank sum test according to different dates. The survival curve was drawn by the Kaplan-Meier method and survival analysis used Log-rank test. Results The operative time, length of resected esophagus, number of lymph nodes harvested, postoperative pain scores, postoperative hospital stay, time of antibiotics use, postoperative morbidity and costs, transabdominal surgery group was better than that of transthoracic group (202±34 vs 153±48?t=3.126?4.1±1.1 vs 3.8±1.1?t=2.634?17±7 vs 22±7?t=5.417? 5.9±1.8 vs 4.8±1.6?t=4.662?13±6 vs 11±6?t=2.030?6.8±2.4 vs 2.3±1.1?t=9.384?27.14% vs 15.46%??2=6.841?4.7±1.8 vs 4.5±1.5?t=2.398?P <0.05). The follow-up rate was 90.42%(302/334) and the median survival time was 38 months in 2-72 months. The overall 5-year survival rate was 35.3% and 40.3% respectively in transthoracic and transabdominal surgery group, there were not statistically differences between them (?2 = 2.311, P >0.05). According to TNM staging, stratification analysis showed that that staging III patients' overall survival rates were 25.7% and 37.2 % separately, the difference was statistically significant (?2 = 4.127, P <0.05). Conclusion There was no significant differences of 5-year overall survival in TNM stage I and II of Siewert II / III adenocarcinoma patients but improved survival of TNM stage III by transabdominal hiatal compared with transthoracic radical total and proximal gastrectomy?There was more dominant short-term clinical outcomes improving in transabdominal hiatal approach group. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Esophagogastric junction

Chandramohan.S.M; Perungo.T; John Grifson.J; Moses Vikram Amarjothi Joacquir; Jasper Sandeep Rajasekar; Rajendran Vellaisamy; Bennet.D; A.Amudhan; R.Prabhakaran; Selvarathinam Palanisamy; D.Kannan; **MANAGEMENT OF ESOPHAGOGASTRIC JUNCTION TUMOURS IN INDIA: IS IT DIFFERENT FROM THE WEST?.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 51

Background Management of Esophagogastric (EGJ) Junction tumours has evolved into a highly specialized practice. The outcomes for the patient is dependent on multimodality which is a challenge in a developing country. We aim to understand the patient demographic and current practice of EGJ cancer surgery in India. Methods Data were analyzed from a 18 point questionnaire which was given via online Survey (www.Surveymonkey.net) and via telephonic survey to 531 Indian surgeons practicing upper gastrointestinal surgery from all over India. The surgeons were asked to report on the patient's demographics, their practice of diagnosis and staging the disease, their experience and surgical technique and the use of adjuvant and neo-adjuvant strategies. We examined the impact of surgeons sociality on the practice of EGJ tumor surgery in India. Results The response rate for the survey was 52.9% (n=281). The surgeons included in the survey were surgical oncologists (n=36), surgical gastroenterologists (n=47) and general surgeons/trainees in oncology and gastroenterology (n=198). The imaging used for staging in CECT chest and abdomen in 77.6% of respondents, PET CT imaging was used as a first line staging modality by 22.4% and selectively by 25.9% of respondents in neoadjuvant settings. Endoscopic Ultrasound use was limited to 19.2% of respondents for staging. Diagnostic laparoscopy was done by 64.4% of respondents as a routine (23.5%) or selectively (40.9%) when operability is doubtful and after neoadjuvant therapy. 53.4% of respondents report that 26-50% of their patients was considered for surgery, 86% practice neoadjuvant therapy in their patients. The surgical procedure based on the Siewart classification of tumors was commonly TTE (65.83%) and THE (54.80%) in Type I tumors. Transabdominal esophagogastrectomy with intrathoracic anastomosis (55.16%) and Trans abdominal with Right thoracic approach (44.8%) in the II tumors and Total gastrectomy with D2 lymphadenectomy in Type III tumors (54.4%). Discussion From our observation most EGJ tumors present at a locally advanced or metastatic stage. The use of imaging for diagnosis and staging and chemo\_ radiotherapy protocols is uniform among specialists. While majority of Surgical gastroenterologists tend to practice transhiatal approach, oncologists practice transthoracic approach for type I and type II tumors. The study gives an overview of the current practice in india. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Lymphadenectomy

Stefano Rauser; Laura Ruspi; Federica Galli; Fausto Rosa; Giovanni Battista Doglietto; Paolo Morgagni; Giovanni Vittimberga; Daniele Marrelli; Franco Roviello; Chiara Cipollari; Simone Giacomuzzi; Luigina Graziosi; Annibale Donini; Alberto Di Leo; Andrea Zanoni; Chiara Peverelli; Gianlorenzo Dionigi; on behalf of GIRCG/SICG; **EXTENDED LYMPHADENECTOMY IN ELDERLY AND HIGH-MORBIDITY PATIENTS: IS IT WORTH IT? A GIRCG STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 51

Background: In most recent guidelines, D2 lymphadenectomy is considered as the gold standard of treatment in gastric cancer patients, regardless of patients' age and comorbidities. We tested survival effects of extended lymphadenectomy also in elderly and high-morbidity patients in order to discriminate subgroups who may benefit from D2-3 lymphadenectomy with an acceptable perioperative risk. Patients and methods: We considered 1.112 patients from 7 Institutes with expertise in gastric cancer surgery (belonging to the Italian Research Group for Gastric Cancer, GIRCG), underwent curative gastrectomy with limited (D1) or extended (D2) and superextended (D3) lymphadenectomy from January 2000 to December 2009. Patients' comorbidities have been scored by the Charlson Comorbidity Scoring System. Clavien-Dindo Classification has been used to assess severity of postoperative complications. Five-year overall survival (OS) and cancer-related survival (CRS) have been analysed to compare prognostic outcomes of D1 and D2-3 lymphadenectomy. Results: Median age was 71 years (23-93 years). Median Charlson Comorbidity Score was 4 (84,6% of patients with Charlson Score >4 were aged 70 years or older). Three hundred twenty-eight (29,5%) patients underwent D1 lymphadenectomy, 668 (60,1%) underwent D2 and 116 (10,4%) D3 lymphadenectomy. Postoperative morbidity rate was 19,2% (214/1112): 24 grade V, 14 grade IV, 29 grade III, 147 grade I-II. D1 lymphadenectomy was significantly associated with a Charlson Comorbidity Score > 4 (p<0.001), and with an increased complication rate (p<0,001). Complications negatively affected OS (p<0,05), but not CRS. D2-3 lymphadenectomy significantly improved 5-year OS and CRS compared with D1 (p<0,001) in all the patients. However, this positive effect on OS increased with the age increasing (<70 years: p= 0,1; >70 years: p=0,012) and on CRS decreased with age increasing (<70 years: p<0,05; >70 years: p=0,06). Conclusions: Extended lymphadenectomy has a high prognostic impact after curative surgery for gastric cancer. However, this benefit seems to be less relevant in oldest and high-morbidity population. Likely prudential clinical attitudes often induce surgeons to a limited lymphadenectomy in high-risk patients, conditioning age- depending differences between OS and CRS, as result of a obvious selection bias. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Lymphadenectomy

Maria Bencivenga; Giuseppe Verlatto; Daniele Marrelli; Alberto Di Leo; Simone Giacomuzzi; Chiara Cipollari; Franco Roviello; Giovanni de Manzoni; **IMPACT OF SUPER-EXTENDED (D3) LYMPHADENECTOMY ON RELAPSE IN ADVANCED GASTRIC CANCER: A GIRCG (ITALIAN RESEARCH GROUP FOR GASTRIC CANCER) STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 51

Background: In advanced gastric cancer (AGC) the incidence of locoregional recurrences decreases when lymphadenectomy is expanded from D1 to D2. The present study aimed at evaluating whether the pattern of recurrence is further modified when lymphadenectomy is expanded from D2 to D3. Methods: 568 patients undergoing curative gastrectomy for AGC (274 D2 and 294 D3) in the two GIRCG (Gruppo Italiano di Ricerca sul Cancro Gastrico) centers of Verona and Siena were considered; none of them received preoperative chemotherapy. Mantel-Haenszel test of homogeneity was used to verify whether the relation between extension of lymphadenectomy and recurrence varied as a function of each risk factor considered. The impact of D2 and D3 on relapse was further investigated by multivariable logistic regression model. Results: Cumulative incidence of recurrence did not significantly differ after D2 and after D3 in the whole series (45.3% vs 46.3%; p=0.866). However, the association between recurrence and extension of lymphadenectomy was significantly affected by histology (Mantel-Haenszel test of homogeneity: p=0.007). The risk of recurrence was higher after D3 than after D2 (45.1% vs 35.3%) in the intestinal histotype while the pattern was reversed in the mixed/diffuse histotype (48.3% vs 61.5%). This pattern was confirmed in multivariable logistic regression: the interaction between histology and extension of lymphadenectomy was highly significant (p=0.004). In particular, cumulative incidence of locoregional recurrences was higher in the diffuse histotype after D2, while being higher in the intestinal histotype after D3. Conclusions: D3 reverses the negative impact of diffuse histotype on relapses, especially on locoregional recurrences. Therefore D3 could be considered a valid therapeutic option in histotype-oriented tailored treatment of AGC. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Lymphadenectomy

Francesco Ferrara; Daniele Marrelli; Simone Giacomuzzi; Paolo Morgagni; Corrado Pedrazzani; Alberto Di Leo; Riccardo Piagnerelli; Lorenzo De Franco; Luca Saragoni; Giovanni de Manzoni; Franco Roviello; on behalf of the Italian Research Group for Gastric Cancer; **INCIDENCE AND PROGNOSTIC VALUE OF LYMPH NODE METASTASIS IN "POSTERIOR" STATIONS (8p, 12p, 13) IN RESECTABLE GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 52

**Background:** The last guidelines of the Japanese Gastric Cancer Association (JGCA) excluded the removal of the "posterior" nodal stations (8p, posterior common hepatic artery; 12p, posterior hepatoduodenal ligament; 13, retropancreatic) from the standard D2 lymphadenectomy. The aim of the present retrospective study was to evaluate the incidence of lymph node metastases and their prognostic value in a large series of patients submitted to gastrectomy and "D2 plus" lymphadenectomy. **Methods:** A total of 827 patients operated on between 1991 and 2012 in five centers belonging to the Italian Research Group for Gastric Cancer (GIRCG) were considered. The extent of lymphadenectomy was classified according to the last JGCA criteria (2010). In all cases lymph node mapping and node retrieval were performed on the fresh specimen, and then sent for histopathological examination. A long follow-up period was obtained for the entire series (median 32 months, range: 1-240) and for survivors (median 61 month, range: 26-240). Survival analysis was conducted according to the Kaplan-Maier method, considering death for cancer as the end-point. **Results:** 38 patients (4.9%) had metastases to 8p12p stations and 24 (2.9%) to station n.13; 54 patients (6.5%) had metastases to para-aortic nodes (stations 16a2-b1). In total, 42 patients had metastases to "posterior" stations (8p12p13), 38 patients to para-aortic nodes only, 16 to both areas and 732 patients to none of these. The incidence of metastases to "posterior" stations was significantly related to the depth of invasion ( $p < 0.005$ ) and distal tumor location ( $p < 0.05$ ); metastases to para-aortic nodes were significantly related to the depth of invasion ( $p < 0.001$ ) and diffuse-mixed histotype ( $p < 0.05$ ); 16% of patients with upper third tumor had metastases to para-aortic nodes. Five-yr survival of patients with metastases to posterior nodes and para-aortic nodes was similar (11% and 8%, respectively). However, when stratifying the patients according to tumor location, 5-yr survival rate was 20% in distal tumors with "posterior" positivity, and 19% in proximal tumors with para-aortic metastases. No virtual chance of survival probability was observed in other subgroups. **Conclusions:** The results of the present study support the hypothesis that "posterior" stations may be considered as regional lymph nodes in distal gastric cancer and para-aortic nodes as regional nodes in proximal tumors. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Lymphadenectomy

Jia Xu; Young-Gil Son; Hui Cao; Jun-Young Yang; Yun-Suhk Suh; Seong-Ho Kong; Se-Hyung Kim; Sang-Gyun Kim; Hyuk-Joon Lee; Woo-Ho Kim; Han-Kwang Yang; **IS PREOPERATIVE STAGING ENOUGH TO GUIDE LYMPH NODE DISSECTION IN CLINICALLY EARLY GASTRIC CANCER?.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 52

**Background:** Limited by the accuracy of preoperative staging, some cases of gastric cancer invading the muscularis propria (pT2) are commonly underestimated as early gastric cancer (EGC) in the preoperative assessment. The aim of this present study was to discover prognostic factors and to propose indication for limited lymph node dissection in patients with clinically EGC (cEGC). **Methods:** Patients of cEGC (n=2,072) who were postoperatively diagnosed as pT1 (cT1pT1, n=1,858) and pT2 (cT1pT2, n=214) from 2005 to 2009 at Seoul National University Hospital were retrospectively analyzed. **Results:** There was no difference in 5-year survival rate between cT1pT1 and cT1pT2 group (95.5% vs. 92.5%,  $P=0.059$ ), and both groups had better overall survival than pT2 patients who were preoperatively diagnosed as locally advanced gastric cancer (cTApT2), whose 5-year survival rate was 78.0% ( $P < 0.001$ ). Multivariate analysis indicated lymph node metastases (LNM) was the only independent prognostic factor for both cT1pT1 ( $P=0.001$ ) and cT1pT2 group ( $P=0.004$ ). In cEGC patients, three preoperative factors, including N stage by multidetector row computed tomography (MDCT) ( $P < 0.001$ ), preoperative histological type ( $P < 0.001$ ) and tumor size ( $P < 0.001$ ) were associated with LNM by multivariate analysis. Regarding the possibility of LNM, low risk (4.4%) and high risk (17.3%) groups were developed based on weighted score of the above mentioned independent three variables. Among 52 patients in the low-risk group, the extension of LNM was limited to the perigastric area. **Conclusions:** Comprehensive evaluation based on MDCT, preoperative histological type and tumor size is an effective method to predict LNM and guide tailored LN dissection for cEGC. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Lymphadenectomy

In Gyu Kwon; Hyoung-Il Kim; Sung Hoon Noh; Woo Jin Hyung; **NEAR INFRARED FLUORESCENCE IMAGE GUIDED SURGERY TO COMPLETE LYMPH NODE DISSECTION FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 52

**Introduction:** In contrast with sentinel lymph node (LN) sampling, this study using near infrared fluorescence image was designed to complete lymph node dissection in planned area. We hypothesized that every drainable LN from primary tumor can be displayed by near infrared fluorescence image with local injection of indocyanine green. **Objective:** The purpose of this study is to verify the effect of LN dissection under visualization via fluorescence image by comparing the number of harvested LN. **Method:** A total of 40 patients who give their written informed consent to participate were enrolled in this pilot study, prospectively (NCT01926743). Every patients were scheduled to receive a robotic gastrectomy (T1-2N0-1M0). For comparison, 40 patients was selected by case matching among 132 patients who already underwent robotic gastrectomy for gastric cancer between 2012 and 2013. Endoscopist injected indocyanine green at submucosal layer a day ahead. The specimen was divided along LN station by surgeon under visualization of Da Vinci system. **Results:** Operation time, blood loss, complication rate were similar between two groups ( $P=0.169, 0.525$  and  $0.712$ , respectively). The mean number of total retrieved LN was more in fluorescence image group than in control group (48.9 vs. 34.1;  $p < 0.001$ ). The mean number of LNs in D1+ area of distal gastrectomy was also more in fluorescence image group than in control group (42.6 vs. 30.4;  $p < 0.001$ ). In fluorescence group, 5 patients had LN metastasis, and their metastatic LN was found in fluorescence enhancing LNs. **Conclusions:** Near infrared fluorescence image is able to inform surgeons invisible anatomy by naked eye and lymphatic drainage pattern. In conclusion, near infrared fluorescence image guidance during gastric cancer surgery could help to achieve a complete LN removal. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Lymphadenectomy

Henk Hartgrink; Johan Dikken; Cornelis van de Velde; Wobbe de Steur; **QUALITY ASSURANCE IN LYMPHADENECTOMY FOR GASTRIC CANCER IN THE DUTCH RANDOMIZED GASTRIC CANCER TRIAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 52

**Background:** Current European guidelines indicate a D2 resection as standard of care after long debate and controversial study results. In order to assess the impact of quality assurance of lymph node removal prospectively, non-compliance and contamination in both the D1 and D2 study arms of the Dutch Gastric Cancer Trial were investigated with respect to recurrence and survival. **Methods:** In the Dutch Gastric cancer Trial 1078 patients were included, of which 711 patients with potentially curative surgical resections were evaluated. Location and numbers of lymph nodes detected at pathological investigation were compared according to the guidelines of the Japanese Research Society for the study of Gastric Cancer. Non-compliance was defined as inadequate removal of lymph node stations and contamination was defined as lymph nodes removed outside the intended level of resection. The dissection groups D1 and D2 were divided into non-compliance, compliance and contamination. Long term overall survival was calculated for minor (<2 lymph nodes) and major (>2 lymph nodes) non-compliance and contamination in the D1 and D2 group, using Kaplan Meijer plots. **Results:** Overall non-compliance was 80.6% in the D1 and 81.5% in the D2 group. Minor non-compliance was 65.3% in the D1 and 55.5% in the D2 group. Minor contamination occurred in 25% of the D1 and 29% of the D2 dissection group. Long-term survival (15 years) for the correct dissected D1 group (minor non-compliance + compliance, n=319) and correct dissected D2 group (minor non-compliance + compliance, n=245) was 23% and 32%, respectively ( $P = 0.26$ ). The survival for major non-compliance in the D1 (n=58) and D2 (n=86) groups was 10% and 17%, respectively. The D2 compliant + contaminated group (n=139) (surv = 35.7%) showed a significant survival benefit over the D1 group without contamination (surv=19.9%)(n=282  $p=0.04$ ). The overall survival in the contaminated D2 resection group (n= 95) was 39% and 25% in the non-contaminated group (n=236)  $P=0.04$ . **Conclusion:** After 15 years of follow up with quality assurance for compliance, a compliant D1 as well as a compliant D2 dissection leads to better survival as compared to their non-compliance groups. A D2 dissection with contamination gave the best survival, suggesting that extended lymph node dissections improve survival. **Keywords:** Gastric cancer, lymph node dissection, quality control |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Lymphadenectomy**  
Phillipe Abreu-Reis; Flavio Daniel Saavedra Tomasich; José Luiz Silva de Carvalho; Carlos Marcelo Dotti Rodrigues Silva; Massakazu Kato; **RADIO-DETECTION OF SENTINEL LYMPH NODE IN GASTRIC CANCER: A MILESTONE CLINICALLY APPROPRIATE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 53

**Background:** The sentinel lymph node (SLN) is the first node of the natural drainage pathway of the tumor and is a common spot for regional metastasis. The SLN search with intraoperative gamma probe can make surgeon to change the surgical plan in real time. **Objectives:** This study aims to describe the results after a series of gastrectomy with selective lymphadenectomy by SLN technique and to analyze this technique validity as a routine in the treatment of gastric cancer. **Method:** Descriptive analysis of all cases of gastric carcinoma treated with gastrectomy and selective lymphadenectomy for sentinel lymph node technique, treated at Hospital Erasto Gaertner, in Curitiba-PR, between January 2005 and April 2008. The statistical analysis was performed with student test -t for continuous variables and chi-square for non-continuous variables. **Results:** 33 patients were operated, 54% male, mean age of 57.12 years. All patients were diagnosed as adenocarcinomas. 22 patients had radiological stage I, 45% were considered early gastric tumors. Tumors were 45% Borrmann I. The time between the injection of radiopharmaceutical solution in tumor submucosa and the operation ranged from 10 to 1080 minutes (855 + - 358.5 min). In one case SLN was not detected. The time to identify the tumor and injection of the radiopharmaceutical endoscopy ranged from 5 to 30 minutes. The time for sentinel lymph node detection in the intraoperative period ranged between 8 and 20 minutes (mean 14.4 min). The overall operation time ranged 90-300 minutes (mean 217 min). 18 subtotals gastrectomy were performed. 15% of all surgeries were laparoscopic. The lymphadenectomy was performed as D2 in 91% of cases. There were 1-5 SLN detected, averaging 2.22 per patient. 911 lymph nodes were dissected in total of all surgeries, with an average of 27.6 + - 9.8 per procedure. **Conclusion:** The radio-detection for SLN in early gastric cancer was effective in this series, with a sensitivity of 97%. The adoption of routinely method in several specialized cancer services should be widely encouraged. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Lymphadenectomy**  
Andre Fonseca Duarte; Marcus Fernando Kodama Pertille Ramos; Rodrigo José de Oliveira; André Roncon Dias; Osmar Kenji Yagi; Ulysses Ribeiro Junior; Bruno Zilberstein; Ivan Ceconello; **SURGICAL OUTCOMES OF PATIENTS UNDERGOING GASTRECTOMY WITH D1 LYMPHADENECTOMY DUE TO CLINICALLY UNFAVORABLE CONDITIONS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 53

**Introduction:** The clinical comorbidities of gastric cancer patients often compromise the success of treatment and sometimes are an obstacle to the pursuit of the best therapeutic strategy. The increase in the number of elderly patients with gastric cancer combined with the high prevalence of comorbidities add greater complexity in need of individualization to the extent the decision of lymphadenectomy. The aim of our study is to evaluate the immediate surgical outcome of patients who underwent lymphadenectomy D1 due to clinically unfavorable conditions. **Method:** A descriptive cross-sectional study of patients undergoing gastrectomy with D1 lymphadenectomy for stomach cancer and the presence of multiple comorbidities and / or advanced age at São Paulo State Cancer Institute (ICESP) between November 2011 and June 2014. The variables analyzed were age at surgery, comorbidities and Karnofsky performance status index (KPS). The outcome measures were surgical complications, lymph node numbers and deaths during hospitalization and after discharge. **Results:** Of 30 patients were analyzed 18 patients were male (60%). The mean age at surgery was 71.3 years, ranging 41-95 years. Regarding comorbidities 8 (26%) patients had a history of heart attack, 6 (20%) cerebrovascular disease and 1 (3.3%) hemiparesis (stroke). The KPS varied between 50 and 100 and has larger and equal to 80 in 20 patients (66.67%). ECOG less than or equal to 1 was found in 21 patients (70%). Half of the patients were ASA II and the other half ASA III. 9 total gastrectomy and 21 subtotals were performed. The average length of hospital stay in total gastrectomy was 13.3 days, while the subtotal gastrectomy 12.2 days. The mean patient follow-up was 17 months. In the last reevaluation, 21 (70%) patients presented with no evidence of disease, there was only 1 (3.33%) case of recurrence and 8 (26%) died. Of these, five (16.67%) patients died without being discharged. Only one death was directly related to surgical complications by early intestinal adhesions which lead to other two reoperations. The remaining seven had clinical decompensation as triggering factors of death. **Conclusion:** Patients analyzed showed high perioperative mortality rate at the expense of clinical deterioration of their bases of diseases and there was only one case of recurrence detected in the segment despite reduced lymphadenectomy. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Lymphadenectomy**  
Fausto Rosa; Claudio Fiorillo; Antonio Pio Tortorelli; Dario Di Miceli; Giuseppe Quero; Caterina Cina; Roberta Menghi; Giovanni Battista Doglietto; Sergio Alfieri; **THE ROLE OF LYMPHADENECTOMY FOR GASTRIC CANCER: TRENDS IN A WESTERN EXPERIENCE WITH 1278 PATIENTS OVER 30 YEARS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 53

**ABSTRACT Background:** The aim of the present study was to identify temporal trends in lymph node dissection in patients with gastric cancer (GC) treated in a 30-year interval in a tertiary referral Western Institution. **Methods:** Between January 1980 and December 2010, 1278 patients who were diagnosed with GC at the Digestive Surgery Department, Catholic University of Rome, Italy, were identified. Among them, 936 patients underwent surgical resection, and were included in the analysis. **Results:** Over time there was a significant improvement in the number of lymph node retrieved during the three decades ( $p < 0.001$ ). Morbidity and mortality rates decreased to 19.4% and 1.6%, respectively, in the last decade. Overall 5-year survival rate steadily increased over time for patients with < 15 lymph nodes dissected, reaching 39.2% in the last decade. For patients with a lymph node dissection between 15 and 30 nodes and > 30 nodes, overall 5-year survival increased only comparing the first and the last decade ( $p=0.279$  and  $p=0.03$ , respectively). Multivariate analysis showed a higher probability of overall survival for extended lymphadenectomy ( $p=0.009$ ). **Conclusions:** Over three decades there was a significant improvement in peri- and postoperative care and an increase in overall survival for patients undergoing extended lymphadenectomy. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Lymphoma**  
Jing Yuan; Huaiyin Shi; **PRIMARY GASTRIC LYMPHOMA-- A STUDY OF 228 CASES FROM A GENERAL HOSPITAL IN CHINA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 53

**Introduction:** Primary gastrointestinal lymphomas accounts for 30-40% of the total extranodal lymphomas and 10-15% of all non-Hodgkin lymphomas. About 60-75% of the cases occur in the stomach, with the majority of B cell lymphomas. There has been few data about primary gastric lymphomas from China. Here, we summarized 228 cases in our hospital to evaluate their incidence, clinical and pathological characteristics. **Objectives:** Retrospective analysis of 228 cases of primary gastric lymphomas to illustrate their incidence, clinical and pathological characteristics. **Methods:** Consecutive gastric lymphoma specimens were collected in the last 10 years 2005.01-2015.02 at the department of pathology in a large hospital in China. Submission department, age, gender, site, and histological subtypes were analysed. Pathological slides were reviewed when appropriate. **Results:** There were 228 cases from 202 patients, including 169 endoscopic biopsies, 2 ultrasound-guided core needle biopsies and 53 resection specimens. There were 124 males and 77 females. Ages ranged from 4 to 84 years with median age of 56 years. Site distributions were the whole stomach 2, fundus 14, corpus 98, antrum 66, corpus and antrum 30, notch 7, gastric remnant 2, and unclear site 2. Histological subtypes were diffuse large B cell lymphoma (DLBCL) in 101 cases (44.3%), extranodal marginal zone mucosa associated lymphoid tissue (MALT) lymphoma 82 (36.0%), MALT with large cell transformation 20 (8.8%), T or NK/T cell lymphoma 11 (4.8%), grey zone lymphoma (between DLBCL and Burkitt's lymphoma) 5 (2.2%), follicular lymphoma 4 (1.8%), mantle cell lymphoma 3 (1.3%), and plasmacytoma 2 (0.9%). In mantle cell lymphoma (n=3), there was 1 case of blastoid subtype. In T or NK/T cell lymphoma (n=11), there were 1 cases of ALK-negative anaplastic large cell lymphoma (ALK-negative ALCL), 2 cases of extranodal NK/T cell lymphoma, nasal type and 8 cases of peripheral T-cell lymphoma. **Conclusion:** Primary gastric lymphomas frequently occurred in middle and older males. Gastric corpus and antrum were the commonest site and DLBCL being the commonest histological subtypes. Rare cases like ALK-negative ALCL and extranodal NK/T cell lymphoma, nasal type were also observed. |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Miscellaneous

Thirumarachelvan Perungo; JohnRose John Grifson; J.M.V.Amarjothi; D.Bennet; A.Amudhan; R.Prabhakaran; Ramaswamy Chidambaram; Kanagavel.M; Sreejayan.M.P; P.Selvarathinam; D.Kannan; S.M.Chandramohan. " **TAILORED TREATMENT STRATEGIES IN THE MANAGEMENT OF SPONTANEOUS PERFORATIONS IN ADVANCED GASTRIC CANCER- EXPERIENCE FROM A TERTIARY REFERRAL CENTRE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 54

**Introduction :** Spontaneous gastric cancer perforations are difficult to treat as they commonly occur in locally advanced disease. The patients usually present with shock and sepsis. Early presentation, degree of sepsis, prompt resuscitation, staged surgery if necessary are the cornerstones for a better outcome. **Aim:** This study analyses the demographics, pattern of presentation, therapeutic strategies adopted and the outcome from a tertiary referral centre. **Methodology :** This is a retrospective analysis of a prospectively maintained database from 2001 to 2014. Patients who had a spontaneous gastric perforation with either a pre or post op diagnosis of Gastric cancer were included in the study. All the patients were initially resuscitated and their general condition optimized. Further evaluation and management were individualised. **Results :** Of the 35 patients diagnosed to have gastric cancer perforation 29 were males and 6 were females. The age group ranged between 45 and 86 years. The time of presentation varied from 5 hours to 6 weeks. Pre operatively only 6 patients had established diagnosis of gastric cancer. 25 patients presented with generalised peritonitis, 4 had lesser sac collection and 6 had a contained perforation. The commonest presentation was with pneumoperitoneum. Majority of the patients were in sepsis with or without shock. Two patients were unwilling for any form of treatment. Three patients were moribund and were offered only flank peritoneal drainage. Three patients had open peritoneal drainage and staged resection. For Five patients with disseminated disease only a tube gastrostomy was done. Two patients had primary tube gastrostomy and delayed resection. Six patients had primary vascularised patch closure, of which 4 had staged resection and 2 had only a staged bypass procedure. In 3 patients nothing more than a patch closure was possible. Primary resection was possible in 11 patients, of which nine had subtotal gastrectomy and two had total gastrectomy. The in-hospital mortality was 9. Major morbidity included prolonged ICU stay, duodenal blow out, anastomotic leak and ARDS. **Conclusion :** Management of Advanced Gastric cancer presenting with spontaneous perforation demands judicious therapy. The major determinants are the status of the patient and the stage of the disease at presentation. The expertise of the management team also plays a pivotal role. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Miscellaneous

Kazunori Yawata; Makoto Yamada; Kakeru Tawada; Ayumi Hara; Jin Takano; Hiroyuki Kano; Koji Matsui; Takahito Adachi; Takuo, Nishina; Tsuneaki Hato; Yasuyuki Sugiyama. **A CLINICOPATHOLOGICAL STUDY OF CANCER IN THE REMNANT STOMACH AFTER DISTAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 54

**[Purpose]** We clinicopathologically evaluated cancer in the remnant stomach after distal gastrectomy. **[Materials and Methods]** From January 1993 to December 2014, thirty-four patients with cancer in the remnant stomach after distal gastrectomy who underwent surgery at Gifu Municipal Hospital were enrolled in this retrospective study. **[Results]** The average age at the second surgery was 66.1± 11.1 years old. The primary disease was malignant in twenty-four patients and benign in ten patients. Reconstruction method at the primary operation was Billroth ? anastomosis in nineteen patients, Billroth ? anastomosis in fourteen patients and Roux-en-Y reconstruction in one patient. The mean interval between initial and remnant gastric operation was 35.3 years in the benign group and 12.9 years in the malignant group. In the benign group, nine (90 %) of ten patients underwent distal gastrectomy with Billroth ? anastomosis, and cancer in the remnant stomach arose at the anastomotic site in 80 % patients. On the other hand, in the malignant group, eighteen (75 %) of twenty-four patients underwent Billroth ? anastomosis, and second primary cancer at the anastomotic occurred in only 16.7 % patients. Advanced cancer in the remnant stomach was twenty of thirty-four patients, and in the benign group, advanced cancer was found in 80 % patients. The curative resection rate for the remnant stomach was 58.8 % and there were four patients resulted in gastrojejunostomy or exploratory laparotomy. Five year survival rate was 91.7 % in the early gastric cancer group and 87.6 % in the curative resection group. Furthermore, five year survival rate was 100 % in both group when excluding the case of death by other disease. **[Conclusion]** When remnant gastric cancer is diagnosed, curative resection is essential to improve the survival. It is therefore important to follow patients up by endoscopy for long periods after initial gastrectomy to detect the remnant gastric cancer at an early stage. |

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Apresentação Oral - Miscellaneous

Hamilton Belo de França Costa; Juliana Alves Aguiar da Silva Costa; Adriana Farrant Braz; Gabrielle Diniz de França Costa; Izabelle Diniz de França Costa; Washington Luiz da Costa Filho; **ADENOCARCINOMA IN THE EXCLUDED STOMACH FOLLOWING BARIATRIC SURGERY: A REVIEW.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 54

**Background:** Some bariatric procedures, such as Capella's Surgery and Roux-en-Y Gastric Bypass (RYGP), exclude almost 90% of the stomach area. The excluded stomach cannot be accessed via traditional upper gastrointestinal endoscopy (UGE), making difficult the early diagnosis of some gastric diseases as gastric cancer. **Objective:** The aim of this study is to evaluate the gastric cancer incidence in the remnant stomach after gastric bypass performed in obese patients. **Methods:** We conducted a literature review in PubMed database about gastric cancer incidence in the bypassed stomach after bariatric surgery, including a case related by the authors - an advanced gastric adenocarcinoma with gastrohepatic fistula diagnosed 17y after Capella's Gastric Bypass. **Results:** 8 articles describing 9 patients were retrieved, including the case related by the authors. 7 patients (77.7%) were female, the age varied from 39yr to 71yr. The diagnosis of tumor varied between 1 to 22 years after gastric bypass. The tumor was localized in the excluded stomach in all patients (100%). 3 patients were submitted to palliative treatment due to inoperable tumors. 1 patient were submitted to total gastrectomy. In the other patients, a remnant or subtotal gastrectomy was performed. **Conclusions:** There is little evidence about the late gastric cancer occurrence following obesity surgery and its surveillance in the recent literature. Although the UGE is a preoperative mandatory exam, there's no need for periodic UGE evaluation after surgery, due the low incidence of this tumor in the bypassed stomach. |

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Apresentação Oral - Miscellaneous

Daniel Alfredo González González; Gabriela Wagner; Gabriela Espinosa; Leandro Telles; Gustavo Rodríguez; Luis Ruso Martínez. **COMPARISON BETWEEN BLOOD TYPE A PREVALENCE IN GASTRIC CANCER AND BLOOD DONORS IN TWO PUBLIC HOSPITALS OF URUGUAY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 54

**Introduction.** Gastric cancer constitutes the third cause of death of cancer in men and the fifth cause of death of cancer in women in Uruguay. Blood group A has been considered a risk factor for gastric cancer. Even though some studies show its highest prevalence, there is not a clear cause effect demonstrated relation. The propose of this study is to compare the prevalence of blood type A in patients with gastric cancer and in a group of healthy blood donors in two public hospitals in the period between 2004- 2014. **Material and methods.** This is an observational, analytic, transversal study that compares the prevalence of blood type A in patients with histological confirmed gastric adenocarcinoma and a healthy group of blood donors. The sample size was calculated by the two proportion comparison formula using an unilateral test with a confidence level of 95%, power of 80%, a proportion of gastric cancer group with blood type A of 42,7% and a proportion of healthy blood donors with blood type A of 32%. Establishing a necessary n of 109 for each group. The analysis was performed using chi square test, being statistically significant  $p < 0.05$ . **Results.** 110 cases of gastric cancer and 499 blood donors were analyzed. Blood type A represented 42,7% of the cases with gastric cancer and 37,7% in blood donors. The analysis of chi square test in the comparison between gastric cancer and healthy population was of 0,97 with a  $p = 0,324$ . **Discussion** Since the high prevalence of gastric cancer in Northern England during the mid twentieth century a genetic involvement was hypothesized, considering the blood group type as a risk factor. It was then established a significance prevalence of type A blood group in patients with gastric cancer over healthy ones. These results have been controversially maintained in general and in our cases, without evidenced statistical significant difference ( $p = 0,324$ ) between both groups. As well as there are not methodologically consistent studies that demonstrates the cause effect. **Conclusion** There is not statistically significant differences in the prevalence of blood type A in patients with gastric cancer and healthy blood donors in our group of study. |

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Apresentação Oral - Miscellaneous

Daniele Belotti; Francesco Puccetti; Stefano De Pascale; Pietro Muselli; Uberto Fumagalli; Emanuela Morengi; Riccardo Rosati; **GASTRECTOMY FOR CANCER IN ELDERLY PATIENTS: IS IT WORTH?**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 55

**Background:** The number of patients with advanced age at diagnosis of gastric cancer is increasing with this cancer presenting often in octogenarians. Discussion exists about their treatment with concerns about morbidity and mortality rates and survival of these patients. Specific operative risk scores based on patients' age are not commonly used and appropriate preoperative assessment to define therapeutic strategy is often lacking. We report the short-term outcomes and long-term survival results of standard radical gastrectomy in this group of patients. **Methods:** A retrospective analysis of 222 patients with gastric cancer who underwent resection in the ten year period between January 2005 and December 2014 was done: study population was stratified according to age in 3 groups (younger than 70 years, from 70 to 80 and older than 80) and the following outcomes were evaluated: morbidity, in-hospital mortality and overall survival. **Results:** 120 (54,5%) were in group A (< 70 yrs), 78 (35,5%) were in group B (70-80) and 24 (10,9%) in group C (>80). Clinical tumor stage did not differ between the groups at the time of diagnosis; younger patients had more diffuse cancers. The number of patients receiving a neoadjuvant treatment decreased progressively in the 3 groups. ASA, Charlson comorbidity index scores, and the POSSUM and P POSSUM scores were generally higher in the eldest population. This was associated with increasing postoperative morbidity and in-hospital mortality rates in the three groups (1,6% vs 6,4% vs 8,3%). At a median follow-up of 25 months, the overall survival rate decreased from the older group to the younger group. However, the cumulative incidence of gastric cancer-related deaths was comparable between the groups. Nodal involvement was an independent predictor of survival. **Conclusions:** Elderly patients had a higher postoperative morbidity rate but comparable cancer-specific survival. A careful patient selection for gastrectomy is warranted in elderly patients, particularly in case of advanced stage (N+).

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Apresentação Oral - Miscellaneous

Tatsuya Toyokawa; Tomoki Inaba; Shizuma Omote; Koichi Izumikawa; Joichiro Horii; Isao Fujita; Shigenao Ishikawa; Jun Tomoda; **LONG-TERM FOLLOW-UP OF EARLY GASTRIC CANCER PATIENTS WITH COMORBID DISEASES TREATED BY ENDOSCOPIC SUBMUCOSAL DISSECTION**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 55

**Background:** Endoscopic submucosal dissection (ESD) has been established as a standard treatment for early gastric cancers in Japan. ESD has been performed on patients with comorbid diseases; however, the outcomes of ESD for these patients have not been investigated in detail. In this study, we evaluated the long-term follow-up outcomes in early gastric cancer patients with comorbid diseases treated by ESD and compared with those in early gastric cancer patients without comorbid diseases. **Methods:** Study subjects included 874 cases with early gastric cancers who underwent ESD from May 2003 to August 2010 at Fukuyama Medical Center, Kagawa Central Prefectural Hospital, and Mitoyo General Hospital. Patients were allocated into two groups: the comorbid diseases group (patients with hypertension, diabetes mellitus, hyperlipidemia, heart diseases, cerebrovascular diseases, or chronic renal failure) and the non-comorbid diseases group (patients without the aforementioned diseases). We compared the characteristics of patients and lesions, treatment outcomes, procedure-related complications, and prognosis between the two groups. **Statistical analysis** was performed using the Mann-Whitney U-test and Chi-square test;  $p < 0.05$  was considered to be statistically significant. **Results:** The comorbid diseases group included 495 cases and the non-comorbid diseases group included 379 cases. The mean follow-up period was approximately 62 months, and all patients were followed up more than 4 years. The median age of the comorbid diseases group was significantly higher than that of the non-comorbid diseases group (75 years vs. 68 years). The frequency of administration of antithrombotic drugs was significantly higher in the comorbid diseases group (30% vs. 0%). The location, size, and endoscopic type of lesions did not differ significantly between the two groups. Undifferentiated adenocarcinomas were observed more frequently in the non-comorbid diseases group (2.4% vs. 6.3%). The en-bloc resection (93% vs. 93%) and curative resection (82% vs. 79%) rates were high in both groups. The procedure time was similar in the two groups. No significant differences about the frequency of the procedure-related complications, such as perforation or delayed bleeding, were observed in the two groups. The rates of residual disease or recurrence in both groups were very low (1.1% vs. 1.0%), and the difference was not significant. The mortality rate during the follow-up period was significantly higher in the comorbid diseases group (11% vs. 7.1%). However, gastric cancer was not the cause of death in either the groups, and there were no significant intergroup differences in the cause of death and the duration from ESD to death. **Conclusions:** In this study, the treatment of early gastric cancers by ESD was equally effective in the patients with and without comorbid diseases. Furthermore, it was elucidated that the mortality rate due to other diseases is higher in patients with comorbid diseases over a long-term follow-up period. Therefore, the indications for performing ESD in patients with comorbid diseases should be carefully considered.

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Miscellaneous

Takaki Yoshikawa; Kazuaki Tanabe; Yuichi Ito; Kazuaki Nishikawa; Kazumasa Fujitani; Takanori Matsui; Tsutomu Hayashi; Toru Aoyama; Haruhiko Cho; Satoshi Morita; Yumi Miyashita; Akira Tsuburaya; Junichi Sakamoto; **OPTIMAL DURATION AND COURSES OF NEOADJUVANT CHEMOTHERAPY FOR LOCALLY ADVANCED GASTRIC CANCER: SURVIVAL RESULTS OF A RANDOMIZED PHASE II TRIAL, COMPASS**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 55

**Backgrounds:** The prognosis for stage III gastric cancer is not satisfactory even by S-1 adjuvant chemotherapy. Neoadjuvant chemotherapy is a promising approach but its optimal duration and regimen have not been established yet. **Methods:** We conducted a randomized phase II trial to compare two or four courses and regimen of SC or PC using a two-by-two factorial design. **Key eligibility criteria** was (i) T2-3/N+ or T4aN0 in case of schirrhous or junctional tumors, T2-3 with N+ to the major branched artery, T4aN+, T4b, para-aortic nodal metastases, or resectable minimal peritoneal metastases confirmed by laparoscopy and (ii) no other distant metastasis. **Patients** received S-1 (80 mg/m<sup>2</sup> for 21 days with 1 week rest) / cisplatin (60 mg/m<sup>2</sup> at day 8) or paclitaxel / cisplatin (80 mg/m<sup>2</sup> and 25 mg/m<sup>2</sup>, respectively, on days 1, 8, and 15 with 1 week rest) as neoadjuvant chemotherapy. Then, patients received D2 gastrectomy with curative intent. **The primary endpoint** was 3-year overall survival. **The planned sample size** was 80 eligible patients in total so that the treatment group with the superior observed 3-year OS rate by 10% increase was to be selected with a probability of 88% or higher. **Results:** Eighty-three patients were assigned to SC (n=41, two courses in 21 and four courses in 20) and PC (n=42, two courses in 21 and four courses in 21). **Pathological response rate** was 42% (17/41) in SC and 33% (14/42) in PC, and 36% (15/42) in the two courses and 39% (16/41) in the four courses. **Pathological CR** was 0% (0/42) in the two courses and 10% (4/41) in the four courses. **Grade 3/4 adverse events** by chemotherapy and grade 3/4 surgical morbidities defined by Clavien-Dindo classification were both less than 10% in each arm without treatment-related death. **The 3-year OS** was 60.9% (95% CI, 44.3-73.9%) in SC and 64.3% (95% CI, 47.9-76.7%) in PC, and 64.3% (95% CI, 47.9-76.7%) in the two courses and 61.0% (95% CI, 44.4-74.0%) in the four courses. **Conclusions:** Two courses of SC as neoadjuvant chemotherapy is recommended for a test arm of future phase III study for patients with locally advanced gastric cancer.

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Miscellaneous

Jie Li; Ming Lu; Jian Li; Yan Li; Xiaotian Zhang; Zhihao Lu; Xicheng Wang; Jun Zhou; Lin Shen; **RETROSPECTIVE ANALYSIS OF CLINICAL AND PATHOLOGICAL FEATURES OF 74 PATIENTS WITH ESOPHAGEAL NEUROENDOCRINE TUMORS (NETS)**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 55

**Background:** Esophageal NETs was considered a rare malignant tumor. This study was to explore the clinical and pathological characteristics and prognostic features of esophageal NETs. **Methods:** The clinical and pathological data of esophageal and esophagogastric junction NETs patients treated in the Department of GI Oncology, Peking University Cancer Hospital, were collected. The data was retrospectively analyzed. **Results:** 74 patients were enrolled from November 2009 to December 2014. **Table 1** is the clinical and pathological features. 59 cases (79.7%) were male and 15 (20.3%) were female, with a median age of 62 years (35-85). Of these cases, 12 postoperative received adjuvant therapy, 62 were unresectable or recurrence. All patients were Grade 3 (WHO 2010 version), of these, 31 small cell, 3 large cell, 3 mixed large cell and small cell, 16 mixed adenocarcinoma or squamous cell carcinoma NEC, and 21 other poorly differentiated NEC. 48 patients accepted somatostatin receptor scintigraphy (SRS), the positive rate was 50% (24/48). **Pathologic IHC** showed Syn (+) 67/71 (94.4%), CgA (+) 49.3% (34/69), CD56 (+) 86% (49/57), and Ki67 > 50% 82.1% (55/67). 60 cases completed follow-up data survival analysis. In 52 cases of unresectable or recurrent metastasis, 32 patients died, with a median survival time of 13.7 months (95% CI 8.6-18.8 months). **Subgroup analysis** showed that liver metastases was the main prognostic factor (9.2 vs. 17.8 months,  $P = 0.036$ ). The Ki67 index did not show the impact on survival (Ki67 < 50% vs Ki67 > 50%, 6.9 vs. 14.0 months,  $P = 0.208$ ). **Conclusion:** Most of the esophagus NETs were poorly differentiated high-level NEC. Liver metastases was the main prognostic factor for poorly differentiated NEC. The Ki67 index seems to have limited affection for the prognosis of poorly differentiated NEC, but need further analysis.

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Curative treatment in metastatic Gastric câncer  
Lin Chen; Senfeng Liu; Canrong Lu; **COMPARATIVE ANALYSIS OF GASTRECTOMY WITH TRANSARTERIAL CHEMOEMBOLIZATION PLUS SYSTEMIC CHEMOTHERAPY FOR GASTRIC CANCER WITH SYNCHRONOUS LIVER METASTASES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 56

**Abstract Background** Systemic chemotherapy is the recommended treatment for gastric cancer with liver metastasis. However, the improvement in survival has been disappointing. The aim of this study was to compare the therapeutic efficacy of gastrectomy with transarterial chemoembolization plus systemic chemotherapy (GTC) and systemic chemotherapy alone for gastric cancer with synchronous liver metastasis. **Methods** From January 2008 to December 2013, 107 gastric cancer patients with synchronous liver metastasis attending the four participating centers were enrolled in this multicenter, ambispective, controlled cohort study. Patients who underwent GTC (n=32) were compared with controls who were received systemic chemotherapy alone (n=75). The primary endpoints of the study were overall and progression-free survival. The secondary endpoints were rate of response rate to treatment and treatment-related adverse effects. **Results** The median overall survival was 14.0 months (95% confidence interval [CI]: 13.1–14.9 months) in the GTC treatment group and 8.0 months (95% CI: 6.6–9.4 months) in systemic chemotherapy group, this difference being statistically significant (P<0.001). The median progression-free survival was significantly longer in the GTC than in the systemic chemotherapy group (5.0 months, 95% CI: 2.2–7.8 months vs. 3.0 months, 95% CI: 2.3–3.4 months, respectively) (P<0.001). The rate of response to treatment was significantly better in the GTC than the systemic chemotherapy group (59.4% vs. 37.4%, respectively) (P=0.035). According to multivariate analysis, overall survival in patients receiving combination treatment was significantly correlated with the size (P=0.037) and extent of liver metastases (P<0.001). Progression-free survival was also correlated with the extent of liver metastases (P= 0.003). **Conclusions** Our findings indicate that GTC is more effective than systemic chemotherapy alone in patients with gastric cancer with synchronous liver metastasis; GTC therapy prolongs the survival of selected gastric cancer patients with synchronous liver metastasis. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Curative treatment in metastatic Gastric câncer  
Fausto Rosa; Daniele Marrelli; Paolo Morgagni; Chiara Cipollari; Giovanni Vittimberga; Massimo Framarini; Luca Cozzaglio; Corrado Pedrazzani; Stefano Berardi; Gian Luca Baiocchi; Franco Roviello; Nazario Portolani; Giovanni de Manzoni; Guido Costamagna; Giovanni Battista Doglietto; Fabio Pacelli; **KRUKENBERG TUMOURS OF GASTRIC ORIGIN: THE RATIONALE OF SURGICAL RESECTION AND PERIOPERATIVE TREATMENTS IN A MULTICENTRIC WESTERN EXPERIENCE. A G.I.R.C.G. STUDY (GRUPPO ITALIANO DI RICERCA PER IL CANCRO GASTRICO - ITALIAN RESEARCH GROUP FOR GASTRIC CANCER).** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 56

**ABSTRACT Background:** Krukenberg tumour (KT) is described as metastasis of the ovary usually from a tumour of gastro-intestinal origin. In case of KT of gastric origin it is controversial and debated whether radical surgery in case of synchronous KT or metastasectomy in case of metachronous ones is associated with additional benefits. Role of perioperative treatments is unclear. **Methods:** Among 2515 female patients who were diagnosed with gastric cancer between January 1990 and December 2012 from 9 Italian centres, 63 presented simultaneously or developed KT as recurrence. **Results:** Thirty patients presented with synchronous KT, while 33 developed metachronous ovarian metastases during follow up. The differences between the two groups were analyzed and compared. The median age of 63 patients was 48.0 years (range 31-71). Resection was possible in 53 patients (23 synchronous and 30 metachronous). Twelve patients in the synchronous group and 15 patients of the metachronous group underwent hyperthermic intraperitoneal chemotherapy (HIPEC) after resection of KT. All of them underwent adjuvant chemotherapy after KT resection. The median survival for all population was 23 months (95% confidence interval, 7-39 months). The median survival time in the metachronous group was 36 months, which was significantly longer than that in the synchronous group, 17 months, p < 0.0001. **Conclusion:** KT remains a clinical challenge for gastric cancer therapy. Adjuvant therapies (HIPEC and postoperative systemic chemotherapy - CT) seem to improve survival, mostly in the metachronous group. The great prognostic difference between metachronous and synchronous types is mainly due to the different clinical stage of the disease and the possibility to achieve a R0 resection. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Curative treatment in metastatic Gastric câncer  
Ali GUNER; In Cho; In Gyu Kwon; Ji Yeong An; Hyoung-Il Kim; Jae-Ho Cheong; Sung Hoon Noh; Woo Jin Hyung; **LIVER-DIRECTED TREATMENTS FOR LIVER METASTASIS FROM GASTRIC ADENOCARCINOMA: COMPARISON BETWEEN LIVER RESECTION AND RADIOFREQUENCY ABLATION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 56

**Background:** Although various liver-directed treatment modalities, such as liver resection and radiofrequency ablation (RFA), have been applied to treat liver metastases from gastric cancer, optimal management thereof remains controversial. In patients with liver metastasis from gastric cancer, we investigated the short- and long-term outcomes of liver resection and RFA and analyzed factors influencing survival. **Methods:** A total of 98 gastric cancer patients with liver metastasis and no extrahepatic disease were treated by liver resection (n=68) or RFA (n=30). Short- and long-term outcomes were retrospectively compared between the two treatment groups. **Results:** Rates of severe complication did not differ between liver resection (18%) and RFA (10%) (p=0.333). Only one treatment-related mortality occurred in the liver resection group. No statistically significant difference in survival was noted between the treatment groups. Median overall survival after liver resection was 24 months, with 3-year overall and progression-free survival rates of 40.6% and 30.4%, respectively. Median overall survival after RFA was 23 months, with 3-year overall and progression-free survival rates of 43.0% and 37.4%, respectively. The size of metastases was shown to be an independent prognostic factor of survival while treatment modality was not. **Conclusions:** In selected patients with liver metastasis from gastric cancer, liver resection and RFA showed satisfactory and comparable short- and long-term results. Thus, although liver-directed treatments to patients with liver metastasis from gastric cancer should be considered on an individual basis, not all patients should be considered hopeless. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Curative treatment in metastatic Gastric câncer  
Mitsuru Sasako; **MAKING INCURABLES CURABLE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 56

Jin-Pok Kim Lecture Making incurables curable Even in East Asian countries where stage I is the majority among gastric cancer patients, there are still incurable patients when their gastric cancers are diagnosed. Peritoneal metastasis, distant lymph node metastasis and liver metastasis are the main reasons of incurability. In Japan, we have been trying to cure gastric cancer patients with M1 diseases. Regarding peritoneal metastasis, there are two ways of challenge: Single dose hyperthermic intraperitoneal chemotherapy (HIPEC) with peritonectomy and the other is repeated intraperitoneal chemotherapy (RIPC) for long-term with conversion surgery aiming R0 resection. Ishigami et al reported remarkable results of RIPC followed by surgery and now another phase II study using more intensive chemotherapy has terminated its accrual. In my department, several patients in this study showed disappearance of cancer cells from ascites and of fibrotic tissue which used to be cancer metastasis and R0 resection could be carried out. For liver metastasis, many Asian institute have reported pretty good results of D2 + metastasectomy, with or without preoperative chemotherapy. For M1(LYM) or possibly unresectable bulky nodal metastasis surrounding celiac artery, we carried out three clinical phase II study and has got remarkably improved survival results. The detail of these studies together with video of para-aortic node dissection will be presented. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Curative treatment in metastatic Gastric câncer  
Lin Chen; Jiyang Li; Hongqing Xi; Jianxin Cui; Bo Wei; Zhigang Bai; Peng Guo; Zhaodong Xing; **SURGICAL TREATMENT OF LIVER METASTASES FROM GASTRIC CANCER: AN AMBISPECTIVE COHORT STUDY FROM MULTICENTER AND META-ANALYSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 57

**Abstract Background** The benefit of surgical resection for gastric cancer with liver metastases has not been well established. The aim of this study was to assess the value of surgical treatment for GCLM patients and find the optimal therapy combination. **Methods** A multicenter cohort of patients from 2004 to 2013 was analyzed in an ambispective study. Among these 122 enrolled patients, 45 received gastrectomy combined with management of liver metastases (Group I) while 77 received gastrectomy alone (Group II). The clinicopathologic factors and overall survival were analyzed. And we also conducted meta-analyses combining our results with previously published studies. **Results** Multivariate analysis showed that degree of histologic differentiation (RR=1.397, P=0.020) and type of liver metastases (RR=0.643, P=0.009) were independent prognostic factors of GCLM. The median overall survival of the 122 patients was 15 months: 18 months in the 45 patients of group I and 12 months in the 77 patients of group II. The cumulative 1-, 3-, and 5-year survival rates were 80.0%, 17.8%, and 11.1%, respectively, in group I and 55.8%, 5.2%, and 0, respectively, in group II ( $\chi^2=12.690$ , P=0.000). The therapeutic composition of gastrectomy plus hepatic resection plus chemotherapy plus TACE resulted in a 5-year survival rates of 33.3%, which is higher than the worldwide average (22.2% according to meta-analyses). Five patients survived for more than 5 years. **Conclusions** Metachronous metastases and moderately-differentiated degree of primary tumors and were independent determinants for a favorable prognosis of patients with GCLM. Hepatic resection is an effective treatment for GCLM patients who have operative indications. Chemotherapy and TACE should be recommended after resection of both the primary gastric cancer and hepatic metastases. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Technological advances and their role in prognosis  
ALESSANDRA MARANO; GIAMPAOLO FORMISANO; GIUSEPPE SPINOGLIO;  
**APPLICATION OF FLUORESCENCE IN MINIMALLY INVASIVE GASTRIC SURGERY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 57

**Introduction** Indocyanine green (ICG) is a vital dye with the distinctive feature of being fluorescent if properly excited and it is currently used in near-infrared (NIR) fluorescence image-guided surgery. Since NIR imaging systems became commercially available for laparoscopic and robotic surgery in 2011, its application has further accelerated. This technique has been applied in several fields of gastric surgery, some still experimental and continuously evolving. **Objective** To review the current status of the use of ICG fluorescence in minimally invasive gastric surgery. **Methods** A MEDLINE search was carried out using the keywords "fluorescence imaging" and "gastric surgery". **Results** To date, the main applications of ICG fluorescence in minimally invasive gastric surgery are as follows: evaluation of gastric perfusion, assessment of the route of lymphatic drainage and detection of sentinel lymph nodes during gastrectomy. According to reported experience, ICG fluorescence has a potential role in evaluating blood flow in the gastric tube, especially for upper gastric cancer. Intraoperative evaluation of lymphatic drainage patterns showed to be useful in order to perform a proper lymph node dissection. Finally, although clinical application of SLN biopsy in early gastric cancer is still controversial, we hope that the Korean SENORITA trial will provide useful information about sentinel node navigation together with stomach preserving surgery in early selected stages. **Conclusion** The role of fluorescence in minimally invasive gastric surgery is difficult to define since only a few clinical experiences have been reported. Although its use has not been standardized yet, especially in terms of dose and injection technique, first reports describe promising results that need to be further investigated by means of well-designed clinical trials. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Technological advances and their role in prognosis  
Yu Chaoran; Jianping Gong; Daxing Xie; **DOES STOMACH HAVE MESENTERY? LEARNING FROM GASTRIC CANCER SURGERY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 57

**Advanced laparoscopic equipment** accelerates the development of gastric cancer surgery in invasive way with more feasible standard D2 resection and less blood lost. However, the local regional recurrence in gastric cancer is still high and avoidable with disputation even standard D2 lymph node resection has been performed following the distribution of lymphovascular vessels. Noteworthy, isolated cancer nodules in the adipose tissues around stomach have been found in more and more researches, indicating a potential need for complete eradication of soft tissues at perigastric area in gastric cancer surgery, not on vessel-base level, but on adipose-base level. Back in history of digestive tract surgery, the "Total Mesorectal Excision (TME)", proposed by Heald et al., and the "Complete Mesocolic Excision (CME)", proposed by Hohenberger et al., have proved to be an effective measure to improve the prognosis ratio in colorectal cancer surgery respectively on adipose-base level. Here, we have observed an optimal pattern to distinguish the peri-gastric adipose tissues which contain vessels and lymphovascular vessels and the fat tissues close to the adjacent organs. Those seemingly randomized distributed adipose tissues, although have lost primitive structures during embryonic stages, can still be described as the gastric mesentery, known as mesogastrium, especially when observed by high quality laparoscopic picture. For instance, the mobilization of adipose tissue in the area of infra-pyloric can be interpreted into the excision of mesogastrium, great omentum, instead of part of transverse colon mesentery. This article is aimed to illustrate the distribution of mesogastrium in adult level and locate the positions of related membranous fusion fascia in gastric cancer surgery. Given the concepts of fusion fascia and mesenteries characteristics in mesogastrium, the dissection of lymph nodes in gastric cancer, along with the clearance of scattered isolated cancer nodules, will be effective and may lead to recurrence-free. The further investigations will be focused on the clinical outcomes of gastric cancer surgery on each patient, from short term to long term. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Technological advances and their role in prognosis  
Audrey H Choi; Joseph Kim; James R Bading; David M Colcher; Sangjun Lee; Vincent Chung; Jinha Park; **EVALUATION OF A NOVEL TRASTUZUMAB-LINKED RADIOIMMUNOCONJUGATE FOR IN VIVO ASSESSMENT OF HER2 EXPRESSION IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 57

**Introduction:** The addition of trastuzumab, a monoclonal antibody against the receptor tyrosine kinase HER2, to chemotherapy has been shown to improve gastric cancer survival. However, current methods of HER2 assessment may be insufficient to accurately identify patients eligible for trastuzumab therapy due to tumor heterogeneity and limitations of immunohistochemistry (IHC) or fluorescence in situ hybridization (FISH). As a result, the number of patients eligible to receive trastuzumab may be erroneously low. We designed a clinical trial (NCT01939275) to evaluate a novel trastuzumab-linked radioimmunoconjugate to better assess in vivo HER2 expression with modified positron emission tomography (PET)/computed tomography (CT) imaging of gastric cancer patients. **Methods/Design:** Pharmacologic-grade trastuzumab was conjugated to tetra-azacyclododecanetetraacetic acid (DOTA) and labeled with the radioisotope <sup>64</sup>Cu. Eligible patients are at least 18 years of age, have a histological diagnosis of gastric or gastroesophageal junction adenocarcinoma, and are candidates for surgical therapy. Accrued patients will be injected with 15 mCi of <sup>64</sup>Cu-DOTA-Trastuzumab, then undergo PET/CT 48 hours post-injection to allow for radioisotope decay and antibody accumulation. <sup>64</sup>Cu standardized uptake values (SUVs) will be evaluated in the tumors and adjacent non-tumor tissues and organs for comparison. Patients will then be taken to the operating room for curative-intent gastrectomy. Areas corresponding to <sup>64</sup>Cu-DOTA-Trastuzumab uptake on PET/CT will be marked by suture at the time of surgery and sent to pathology for HER2 evaluation by IHC/FISH. For IHC, paraffin-embedded tissue will be cut into 4 µm sections and stained with anti-HER2 antibody per protocol. Commercially-available FISH assay will be used to determine HER2 copy number. The SUVs on PET/CT will be compared to the degree of HER2 positivity by IHC and FISH for the suture-marked surgical tissue and the adjacent non-marked surgical tissue, as well as to IHC/FISH results obtained from preoperative endoscopic tissue biopsies. **Conclusion:** Results of this study will demonstrate whether <sup>64</sup>Cu-DOTA-Trastuzumab PET/CT may improve HER2 detection in gastric cancer patients by identifying specific areas in surgical specimens that should be tested for IHC/FISH. Improvements in HER2 detection would increase the number of patients who may potentially benefit from trastuzumab therapy, impacting long-term outcomes in gastric cancer. |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Technological advances and their role in prognosis  
fanghai han; hongming li; wenhua zhan; **THE IMPACT OF VASCULARIZING LYMPH NODE DISSECTION ON THE CLINICAL OUTCOME OF PATIENTS WITH GASTRIC CANCER: A SINGLE-INSTITUTION EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 58

Background. This study was designed to compare the impact of vascularizing lymph node dissection (VLND) versus non-vascularizing lymph node dissection (NVLND) on the clinical outcome of patients with advanced gastric cancer. So far no randomized controlled trial was found on the comparison of the two methods. Methods. Data on 315 patients with advanced gastric cancer who underwent standard D2 lymphadenectomy with curative intent was collected from a prospective gastric cancer database between January 1994 and December 2006. One hundred and fifty two patients underwent VLND (Group VLND) while one hundred and sixty three patients received NVLND (Group NVLND). The two Groups were matched based on the clinicopathological data. Short-term and long-term clinical outcomes were compared between the two groups. Results. The rates of post-operative complications was 13.2% in VLND group as compared with 11.7% in NVLND group (P=0.686). The overall 5-year survival rate was 64% in the VLND group and 59% in the NVLND group; significant difference was found between the two groups (p=0.047). When subgroup analyses were performed according to Borrmann types, types of differentiation and lymph node status, survival benefit from patients in Group VLND was demonstrated in patients with Borrmann type ? or ? (59% vs. 50%, P=0.032), undifferentiated type (63% vs. 49%, P=0.021) or presence of lymph node metastasis gastric cancer (53% vs. 38%, P=0.010). Conclusion. D2 VLND in gastric cancer treatment allows survival benefit and acceptable morbidity and mortality. VLND for patients with potentially curable advanced gastric cancer is feasible and safe when performed by a well-trained surgical team. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Technological advances and their role in prognosis  
Shuqin Jia; Hongwu Xin; Wen Zhang; Xianzi Wen; Kaitai Zhang; Binlei Liu; Shujun Cheng; Jiafu Ji; **TUMOR-SELECTIVE HERPES SIMPLEX VIRUS SIGNIFICANTLY IMPROVES CLINICAL DETECTION OF CIRCULATING TUMOR CELLS OF GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 58

Circulating tumor cells (CTCs) are associated with metastasis and are considered a clinically useful prognostic parameter, a surrogate marker for treatment response, and samples for molecular and genetic profiling and precision medicine. Although the existing methods show some advantages in detecting CTCs, they have limitations or are impractical for clinical use. We developed a novel epithelial marker-independent technology based on telomerase-specific, replication-selective herpes simplex virus ?HSV? expressing GFP to identify viable CTCs. The detection accuracy was verified with an in vitro model and confirmed by single-cell sequencing. Then, CTCs in 40 clinical patient samples of gastric cancer and 100 normal control samples were evaluated. The data indicated that our approach precisely detected CTCs from patients with high specificity and sensitivity, and showed that the CTC-positive rate is commensurate with cancer progression. Thus, our tumor-selective HSV significantly improves clinical detection of CTCs of gastric cancer. This novel clinically-applicable technology may have significant implications on cancer metastasis, prognosis, and precision treatment. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Surgical treatment standardization  
Wei-Han Zhang; Kun Yang; Kai Liu; Xin-Zu Chen; Zhi-Xin Chen; Bo Zhang; Jia-Ping Chen; Zong-Guang Zhou; Jian-Kun Hu; **BURSECTOMY AND NON-BURSECTOMY D2 DISTAL GASTRECTOMY FOR ADVANCED GASTRIC CANCER, INITIAL EXPERIENCE FROM A SINGLE INSTITUTE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 58

Introduction: Bursectomy is mainly defined as the dissection of the peritoneal lining covering the pancreas and the anterior plane of the transverse mesocolon and with an omentectomy. However, the therapeutic value of bursectomy is controversial. Objectives: Because of the complexity surgical procedure of the bursectomy and the high proportion of advanced stage patients in China. This study is with aimed to evaluate the safety and efficacy of bursectomy with D2 distal gastrectomy in terms of the postoperative complications and survival outcomes. Methods: From January 2012 to December 2013, 257 gastric cancer patients with advanced tumor stage underwent D2 radical distal gastrectomy were grouped according to whether bursectomy was performed or not. Clinicopathological characteristics, postoperative complications and overall survival outcomes were analyzed. Results: Finally, 73 patients were in bursectomy group and 184 patients the non-bursectomy group. Surgical duration was 246.2±41.2 min in the bursectomy group, compared to 214.7±32.5 min in the non-bursectomy group (p<0.001). The intraoperative blood loss was slightly increased in the bursectomy group than the non-bursectomy group (191.9±74.4 ml vs. 176.7±87.1 ml, p=0.647). Postoperative morbidity rate showed no significant difference between the two groups, which were 19.2% in the bursectomy group and 12.0% in the non-bursectomy group, p=0.665. For the survival outcomes, there existed no significant of overall survival outcomes between the groups of all patients (p=0.129), pT2-3 stage patients (p=0.435) and pT4a stage patients (p=0.154). Conclusions: Bursectomy may increase the surgical duration than non-bursectomy when D2 distal gastrectomy was performed. Experienced surgeons could safely perform it without increased postoperative complications. However, for the survival benefits of bursectomy, long-term and high grade study is expected. Therefore, the performing of the bursectomy should in clinical trials rather than routine use. Correspondence: Prof. Jian-Kun Hu, M.D., Ph.D., Department of Gastrointestinal Surgery, West China Hospital, Sichuan University. Funding sources: Domestic support from (1) National Natural Science Foundation of China (No. 81372344); (2) New Century Excellent Talents in University support program, Ministry of Education of China (2012SCU-NCET-11-0343). |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Surgical treatment standardization  
Yoshitomo Yanagimoto; Shuji Takiguchi; Yasuhiro Miyazaki; Tsuyoshi Takahashi; Yukinori Kurokawa; Tomoki Makino; Makoto Yamasaki; Kiyokazu Nakajima; Masaki Mori; Yuichiro Doki; **COMPARATIVE STUDY OF CLINICAL OUTCOMES BETWEEN LAPAROSCOPIC PROXIMAL GASTRECTOMY (LPG) AND LAPAROSCOPIC TOTAL GASTRECTOMY (LATG) FOR PROXIMAL GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 58

Aims The advantages of the postoperative gastrointestinal function and nutrition in proximal gastrectomy are yet controversial. Moreover the reconstructive procedure for proximal gastrectomy has not been yet standardized. We have performed laparoscopic proximal gastrectomy with double tract reconstruction for proximal gastric cancer (LPG DT) for the purpose of preventing postoperative reflux and preserving remnant stomach. The purpose of this study is to evaluate the feasibility, safety and nutritional outcome at one year after surgery of LPG DT and laparoscopic total gastrectomy (LTG). Methods Between March 2005 and November 2014, 168 patients with proximal gastric cancer underwent LPG DT (n=22) or LTG (n=146) at Osaka University Hospital. The data of this study were collected retrospectively. The clinicopathologic characteristics, surgical outcome and nutritional outcome at one year after surgery were compared between the 2 groups. Results There were no significant difference in sex, age, body mass index, Anesthetic risk classification of American Society of Anesthesiologists, histology, tumor stage, bleeding, postoperative day of oral intake, and postoperative complications between 2 groups. The LPG DT group had a longer operation time (320.6±98.7 vs 266.7±70.3, p=0.002) and smaller number of lymph node dissection (26.6±11.5 vs 40.6±21.6, p<0.001) than the LTG group. There were less body weight loss (88.9±8.5% vs 85.5±7.8%, p=0.088) and decreasing serum hemoglobin level (102.3±18.45% vs 93.3±11.7%, p=0.036) in the LPG DT group than the LTG group. Conclusions LPG DT is a feasible and acceptable procedure for proximal gastric cancer and better nutritional status compared with LTG. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Surgical treatment standardization

Igor Shchepotin; Andrii Lukashenko; Olena Kolesnik; Priymak V; Burlaka A; Gukov U; Volk M.; **COMPARISON OF FAST TRACK PROTOCOL AND STANDARD CARE IN PATIENTS UNDERGOING ELECTIVE OPEN GASTRECTOMY: RANDOMIZED TRIAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 59

Background. Gastric cancer remains to be it the fifth most common cancer. In Ukraine it tends to occupy second place in oncological mortality among adults. More than 70% of patients are presented with stage I-III and require curative surgery. However, severe postoperative complications occur in 20-30% of cases, requiring a multimodal approach program for improving overall treatment results. Methods. A randomized multi-center study was provided with 280 patients included. Main group (MG) (115 patients) received curative surgery for gastric cancer with implementation of a multimodal enhanced recovery program, control group 1 (CG1) and control group 2 (CG2) – with conventional approach. Overall recovery period, postoperative morbidity and mortality were assessed. Results. There were no significant differences between anthropometrical parameters, tumor site, stage and type of surgery. Overall postoperative complications rate for MG, CG1 and CG2 was 10 (8,7%), 16 (20%) and 15 (18%), overall mortality – 1 (0,9%), 5 (6,25%) and 1 (1,2%) respectively. Relative risk for developing postoperative complications for CG1 and CG2 patients was 2,198 (95% CI 1.122-4.305). Overall recovery period after surgery for MG, CG1 and CG2 was 6,3±3,4, 18,4±8,7 and 15±7 days respectively. Conclusions. Applying a multimodal enhanced recovery approach program in surgical treatment of patients with gastric cancer reduces overall rate of postoperative morbidity and overall recovery period. Conventional care patients had increased relative risk of developing postoperative complications. In our study the influence on postoperative mortality was unconvincing. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Surgical treatment standardization

Sumiya Ishigami; Yoshikazu Uenosono; Takaaki Arigami; Keishi Okubo; Takashi Kijima; Yoichi Yamasaki; Kosuke Tsuruda; Hiroshi Okumura; Yasuto Uchikado; Kuniaki Aridome; Shoji Natsugoe.; **CONVERSION SURGERY FOR STAGE IV PATIENTS FOLLOWING CHEMOTHERAPY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 59

Background and aim: Patients with Stage IV gastric cancer are systemic disease and treated with chemotherapy. Recently, novel combined chemotherapeutic regimen have a power of drastic tumor shrinkage and the patients occasionally are chance to receive curative gastrectomy even though, the patients were regarded as stage IV. We retrospectively evaluated the clinical implication of additional surgery following the good response to the primary chemotherapy for Stage IV gastric cancer. Patients and Methods: Total of 32 stage IV gastric cancer patients, who had partial response (PR) or complete regression (CR) following combination chemotherapy, received R0 gastrectomy were enrolled. 24, 6 and 2 patients received total, distal and proximal gastrectomy respectively. Five, two and one patients were extensively resected liver, colon and lung with curative intent. Results: Three-year survival rate of 32 patients was 62%, which was significantly better than that of the patients without surgical intervention (p<0.01). Univariate analysis revealed sex, tumor grade and histological effect of chemotherapy were selected as prognostic marker (p<0.05). Minute metastasis was found and removed in 4 patients of the dissected distant lesion showing clinical CR. Conclusion: Conversion gastrectomy for stage IV patients following chemotherapy is definitely useful. The regimen and course of the chemotherapy and the dissected area of distant lesion should be discussed. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Surgical treatment standardization

Jian-Kun Hu; Wei-Han Zhang; Xin- Zu Chen; Kun Yang; Jia-Ping Chen; Zhi-Xin Chen; Bo Zhang; Zong-Guang Zhou.; **LONG-TERM QUALITY OF LIFE COMPARISON OF BILLROTH-I VERSUS ROUX-EN-Y RECONSTRUCTION IN RADICALLY DISTAL GASTRECTOMY FOR GASTRIC CANCER: A PROSPECTIVE RANDOMIZED CONTROLLED TRIAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 59

INTRODUCTION: Several previous studies compared the postoperative quality of life between Billroth-I (B-I) and Roux-en-Y (R-Y) reconstructions after distal gastrectomy, but with different results. Quality of Life is an individuals' perception of their position in life. OBJECTIVES: This randomized, controlled trial was aimed to evaluate the quality of life of one-year postoperative for Chinese gastric cancer patients underwent B-I and R-Y reconstruction after distal gastrectomy. METHODS: The primary end point was quality of life (one-year postoperative follow-up), and secondary end points included postoperative complications, nutritional status and the endoscopic evaluation. The quality of life was evaluated according to EORTC QLQ-C30 and QLQ-STO22 questionnaires. RESULTS: Totally, 140 gastric cancer patients were included in this study, of which 70 patients were randomized to the B-I group and 70 patients were assigned to the R-Y group. There was no significant difference of clinicopathological characteristics existed between B-I and R-Y groups, except the surgical duration (min) was longer of R-Y group than B-I group (271.2+39.2 vs. 239.4+40.8, respectively, p<0.001). The follow-up information was updated in January, 2015. Therefore, 131 patients finished pre-operation, 3-month, 6-month and 9-month and 12-month postoperative evaluation were analyzed. The R-Y reconstruction existed advantage in the reflux symptom scale than B-I reconstruction at 6-month (p=0.013) and 9-month (p=0.021) postoperative evaluation. Analysis of variance of repeated measures indicated that although reflux symptom of the two reconstructions had to decrease as time prolonged (p=0.006), and the reflux symptom scale is more severe in B-I group than R-Y group (p<0.001). For the pain scale, the R-Y reconstruction existed advantage than B-I reconstruction at 9-month postoperative evaluation (p=0.049). However, the pain scale existed no significant difference of the two reconstruction methods by the time prolonged with the repeated measures analysis of variance. CONCLUSIONS: The B-I and R-Y anastomosis is both safe and effective reconstruction methods of the distal gastrectomy. The R-Y reconstruction was superior to B-I in terms of the control of the reflux symptoms. Funding sources: Domestic support from (1) National Natural Science Foundation of China (No. 81372344); (2) New Century Excellent Talents in University support program, Ministry of Education of China (2012SCU-NCET-11-0343). |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Surgical treatment standardization

S.M.Chandramohan; John Grifson J; Perungo T; Bennet D; A.Amudhan; R.Prabhakaran; P.Selvarathinam; D.Kannan.; **MANAGEMENT OF GASTRIC CANCER IN INDIA-A NATIONWIDE SURVEY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 59

Background and objectives: Management of Gastric cancer has changed drastically over the last few decades . This change is attributed to the advances in evaluation and development of multimodality approach in the management which has resulted in improved survival .This survey is done to analyze the epidemiology , pattern of presentation, evaluation strategies, therapeutic modalities adopted by surgeons managing Gastric cancer in India. Methods: We conducted a survey based on 43 point questionnaire. which was communicated electronically via surveymonkey.com and via telephone. General surgeons, GI Surgeons and Onco surgeons were involved in the study.The following were analyzed : demographical data, the stage at presentation, the management strategies adopted and the follow-up protocol. Results: From a total of 1500 surgeon pool, survey was completed by 495 (33%).More than 50 cases per year was seen by 65.65% of surgeons. The incidence of the disease was commonly seen in male- female ratio of 70:30 (75.96%)and in the age group of 41-50 years (46.46%). The commonest presentation was vomiting (47.17%) followed by dyspepsia(40.28%). The primary staging modality was CECT (96.73%). EUS and PET was selectively used by 46.07% and 58.38% surgeons respectively. 57.67% always do a staging laparoscopy. Neoadjuvant chemotherapy was used selectively by 80.96%. 99.19% perform subtotal gastrectomy for distal gastric cancer. Total gastrectomy was done by 85.10% and 72.76% for tumours involving body and proximal stomach respectively. The standard practice of Lymphadenectomy was D2 (83.13%). Totally Laparoscopic surgery was done by 22.40% of surgeons. 75.76% prefer to resect up to first part of duodenum when it is involved. When the tumour is adherent to pancreas 65.45% preferred neoadjuvant therapy and reassessment. 50.81% preferred to do a PET scan selectively during follow up. Five year follow up was done by 87.19%. Chemotherapy alone was used as an adjuvant therapy by 70.17%. Conclusions: From our survey, it is observed that the disease is more common in males and in the age group of 41 to 50 years. Vomiting is the most common presenting symptom as Distal Gastric Cancer is common in our country. CECT is the commonest staging modality used .D2 lymphadenectomy is followed by majority (83.13%) of the surgeons. Only 22.40% do totally minimal invasive surgery. Most of the surgeons (87.19%) follow up the patients for a period of 5 years. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Surgical treatment standardization**

Erika Jongerius; Djamilia Boerma; Kees Seldenhijk; Sybren Meijer; Joris Scheepers; Frank Smedts; Sjoerd Lagarde; Olga Balague Ponz; Mark van Berge Henegouwen; Johanna van Sandick; **OMENTECTOMY IN GASTRIC CANCER: A PROSPECTIVE MULTICENTER COHORT TRIAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 60

**Introduction** In patients with gastric cancer traditionally a complete omentectomy is performed as part of a (sub)total gastrectomy with a modified D2-lymphadenectomy. The omentum however, offers protection against peritoneal infections and intestinal adhesions. Omentum preservation decreases operation time, especially in laparoscopic procedures. Moreover, less surgical complications such as mesocolonic injuries are observed. There is no evidence for survival benefit of complete omentectomy. **Objective** To prospectively evaluate the presence of metastases in the greater omentum in potentially curative radical gastrectomy for gastric cancer patients. **Methods** In this multicenter prospective cohort trial 100 consecutive patients with gastric cancer underwent a (sub)total gastrectomy with complete en-bloc omentectomy and a modified D2-lymphadenectomy. After resection of the specimen, the omentum was separated from the stomach distal to the gastro-epiploic vessels and separately sent for pathological examination. The primary endpoint was presence of metastases in the greater omentum. **Results** In 5 of 100 patients (5.0%) metastases were detected in the greater omentum. In these 5 patients a total gastrectomy was performed. Pathology results showed pT4N1M1, ypT4N1M0, ypT4N1M0, ypT3N0M1, ypT3N3M0 disease. In all 5 patients with omental metastases, the resection was irradical (R1) at the proximal (n=3) or distal (n=2) resection margin. Two patients were operated for linitis plastica and 3 had a proximal gastric tumor of > 5 cm. Four tumors were poorly and 1 was moderately differentiated. All had perineural, 4 had vaso-invasive growth. Three were diffuse and 2 were intestinal type adenocarcinoma. **Conclusion** Metastases in the greater omentum are infrequent. It seems that there are factors demonstrable that coincide with the presence of metastases in the greater omentum. In all patients with omental metastases the resection was irradical. This study suggests that omentectomy could possibly be omitted in some gastrectomy for gastric cancer patients. Safety and true benefit of omentum preservation needs further investigation in a randomized controlled trial. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Surgical treatment standardization**

Jimmy So Bok Yan; Jaideep Raj Rao; Pang Ning Qi; Wong Siang Yih Andrew; Tay Yuh Ling Amy; Su Zheng; Sim Hong Chui; Phua Niam Sin Janelle; Asim Shabbir; NG Kwok Wai Enders; **PERIOPERATIVE OUTCOMES AFTER BILLROTH II VERSUS ROUX-EN-Y RECONSTRUCTION AFTER RADICAL DISTAL GASTRECTOMY FOR CANCER - A MULTI-CENTRE RANDOMIZED CONTROLLED TRIAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 60

**Background:** Surgery is the mainstay of treatment for resectable gastric cancer. However, the method of reconstruction after distal subtotal gastrectomy (DG) is still a matter of debate. Both Billroth II (B-II) and Roux-en-Y (R-Y) remain accepted as standard of care. **Methods:** This is a prospective multi-center randomized controlled trial (RCT). Patients who underwent an open or laparoscopic radical DG with curative intent for gastric cancer were randomized into either B-II or R-Y reconstruction. In this study, B-II reconstruction was performed without an additional Braun anastomosis, and the creation of the R-Y jejunostomy was done at 40cm of the Roux limb. We measured nutritional status, gastrointestinal (GI) symptoms and quality of life up to 2 years after surgery. The primary endpoint was GI symptoms score 1 year after surgery. This is a report on the feasibility and peri-operative outcomes of the study. **Results:** From October 2008 to October 2014, 162 patients who underwent DG were randomly allocated to B-II (n=81) and R-Y (n=81) groups. A significant difference was noted in the operative time taken for B-II (247.3 ± 56.7min) compared to R-Y (270.3 ± 58.7min, p=0.012). The B-II and R-Y groups had a morbidity rate of 28.4% and 33.8% respectively (p=0.50) and mortality rate of 1.2% and 2.5% respectively (p=0.62). There were no significant differences in terms of median duration of hospital stay (B-II 9 days, IQR 8-12; R-Y 8 day, IQR 7-12; p=0.20) and median time to resume solid food (B-II 5 days, IQR 4-6; R-Y 5 days, IQR 4-6; p=0.36). **Conclusion:** This is the first multi-center international RCT on gastric cancer surgery in our region. Our early post-operative outcome data shows that both procedures were safe with no significant differences between B-II and R-Y. We await the outcome of our primary endpoint to compare the 2 reconstruction methods. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Surgical treatment standardization**

Carlos Garcia Carrasco; Carlos Benavides castillo; Carlos Esperguel Galaz; Hector Cid B; Patricio Rubilar Ottone; Alvaro Barria; Sebastian Cáceres B; Luis Palominos.; **REAL SURVIVAL IN GASTRIC CANCER PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 60

**Introduction:** Current advances in treatment of gastric cancer require comparing time series with series of cases involving the new treatment. It is therefore essential to have homogeneous and reliable series with clear definitions, especially concerning survival. **Aim:** The aim of this paper is to show the results of real survival at 5 years in patients undergoing surgery for gastric cancer, as the only method of treatment, taking into account current staging systems. (TNM 2010) **Method:** Retrospective cohort study. The series includes all patients operated with curative intent January 2000 and December 2004, with biopsy confirmed adenocarcinoma type gastric cancer. (inclusion criteria). All patients were followed for at least five years. Operative mortality cases were excluded. **Study variables:** demographic, clinical, pathological and monitoring. **Descriptive and analytical statistical analysis** according to the variables. **Results:** Analysis of 180 consecutive patients. 107 men and 73 women (59.4 and 40.6% respectively). average age 63.1 years. 86.4% of causes of death were gastric cancer. 49.4% of patients are alive at 5 years. The frequency and actual survival (in brackets) for TNM 2010: IA 34 patients (85.2%), IB 11 cases (81.8%), IIA 16 cases (68.7%), IIB 35 (48.6%), IIIA 22 cases (54.5%), IIIB 39 patients (23.07%) and IIIC 23 (8.69%). **Conclusions:** Published survival usually corresponds to the actuarial, corresponding to a probabilistic calculation. This series shows the raw and real 5-year survival, therefore correspond to patients who are truly alive at 5 years. For a proper comparison, it is essential to have homogeneous, standardized and precise definitions of survival series. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Surgical treatment standardization**

Kuniaki Aridome; Shin-ichiro Mori; Kenji Baba; Kouichi Megumi; Tetsuro Setoyama; Kei Andou; Dai Aoki; Takaaki Arigami; Masayuki Yanagi; Sumiya Ishigami; Shigehito Maenohara; Shoji Natsugoe.; **RECONSTRUCTION WITH DISTAL JEJUNAL POUCH AT Y-LIMB DURING LAPAROSCOPY-ASSISTED TOTAL GASTRECTOMY OR PROXIMAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 60

**(Introduction)** We modified the Roux-en-Y reconstruction using a distal jejunal pouch at the Y-lymb during open total gastrectomy. And, we have applied it to laparoscopy-assisted total gastrectomy (LATG) in early stage (Stage I) of gastric cancer patients. Meanwhile, laparoscopy-assisted proximal gastrectomy (LAPG) has become a widely accepted procedure for the treatment of early stage cancers of upper stomach in Japan. We tried to establish the double tract reconstruction method using a distal jejunal pouch at the Y-lymb during LAPG in early stage cancers of upper stomach. **?(Objectives)** We present the operative technique and the outcome of LATG / Roux-en-Y reconstruction using the distal jejunal pouch at the Y-lymb (33cases; male: female 27:6), and the LAPG / double tract reconstruction using the distal jejunal pouch (8 patients; male: female 4:4), as well. **(Methods)** Following LATG or LAPG with lymph node dissection, the 12mm trocar site at the umbilicus was extended to about 4 cm to 5cm in length. The laparotomy wound was protected and retracted using a wound-sealing device and the entire stomach or proximal was removed through it. A distal isoperistaltic jejunal pouch was fashioned extracorporeally as follows. The jejunum was cut approximately 30-35 cm distal to the Treitz ligament. A side-to-side jejunostomy was created using linear staplers at the Y-lymb to construct a distal isoperistaltic jejunal pouch of about 8 cm in length at about 40 cm distal to the area of esophagojejunostomy. For the reconstruction of the double tract reconstruction during LAPG, a side-to-side gastrojejunostomy was added using linear staplers at about 20 cm distal to the area of esophagojejunostomy. Then, OrVITM-assisted esophagojejunostomy was performed using hemi-double stapling method by the manner of intracorporeal laparoscopy-assisted anastomosis. **(Results)** No serious intraoperative complications were encountered in the series. Postoperative symptoms due to Reflux esophagitis and early dumping syndrome were quite low for both reconstructions, individually. Moreover, their dietary volume and body weight gradually increased during the first 6 months after surgery of LATG, during 3 months after surgery of LAPG. **(Conclusion)** Our experience showed that the distal jejunal pouch at the Y-lymb in LATG / Roux-en-Y reconstruction or LAPG/Double tract reconstruction results in favorable postoperative meal intake, minimized weight loss and maintenance of an optimal BMI. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Surgical treatment standardization

Ana Cristina Carvalho; Hugo Mesquita Fernandes; Carlos Santos Costa; Teresa Santos; Diana Brito; Jorge Magalhães; Andrea Santos; José Maria Pinto Correia. **SHORT-TERM OUTCOMES OF LAPAROSCOPIC D2 GASTRECTOMY DURING A SURGICAL TEAM'S LEARNING CURVE PERIOD.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 61

**Introduction/ Objective:** Since 1991, laparoscopic surgery has been adopted for the treatment of gastric cancer and it has been performed worldwide. However many gastric surgeons are still reluctant to perform laparoscopic D2 gastrectomy (LG), mainly because this procedure entails a considerable learning curve. In our institution, we started this procedure in 2013 and we pretend to analyse that learning curve. We aimed to evaluate the technical feasibility and short-term outcomes of performing LG by a single surgical team who initially only had some experience with bariatric surgery as compared with open gastrectomy (OG). **Methods:** Between January 2013 and December 2014, 107 patients with resectable gastric adenocarcinoma were analysed. Three patients with degastrogastrectomy surgery were excluded. 17 patients underwent LG, 2 had open conversion and 87 patients underwent conventional open procedure. The operative and early postoperative outcomes from a database were compared between two groups: the operation time, conversion to open surgery, number of lymph nodes harvested, complications and recovery. **Discussion:** The pathologic stage in LG was: 35.5% IA, 11.8% IB, 5.88% IIA and IIB, 23.3% IIIA, 11.8% IIIB and 5.88% IIIC. In the OG: 33.3% IA, 8.4% IB, 11.5% IIA, 4.16% IIB, 9.20% IIIA, 12.6% IIIB, 5.74% IIIC and 14.93% IV. No operation-related deaths occurred with LG. The 30 days post-operative mortality in OG was 6.89%. The average operation time for LG gastrectomy was 259 minutes and 187 minutes to the open procedure. Postoperative hospital stay was 17.17 days (min 8; max 32) in the LG and 16.54 days (min 7; max 69) in OG. The average of retrieved lymph nodes was from 23,17±8,83 to de laparoscopic procedure and 21.51±11.94 in OG. The post-operative relevant complications were 23.52% in LG and 32.18% in OG. **Conclusion:** A number of reports have presented the excellent short term outcomes like less pain, better cosmetics, faster recovery and shorter hospital stay. However there is little evidence of the oncological outcome of LG as treatment modality for gastric cancer. In our institution, although LG has more surgery time and a longer hospital stay, it seems to be a safe procedure that meets the oncological requirements. Postoperative complications were less in LG. In our institution and at this moment it is important to emphasize LG should continue to be performed carefully especially during this early learning curve. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Surgical treatment standardization

Elson Gjoni; Tommaso Zurleni; Luca Marzoli; Andrea Ballabio; Roberto Casieri; Francesco Zurleni. **STANDARDIZED D2 LYMPHADENECTOMY AS OPTIMUM TREATMENT IN ELDERLY PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 61

**INTRODUCTION** Extended lymphadenectomy have a key role in the treatment of gastric cancer. The high incidence of gastric cancer in elderly patients is emerging as an important management issue. **OBJECTIVES** Elderly patients (>75) with resectable gastric cancer should not be denied of the potential benefits of an extended lymphadenectomy. The purpose of this study is to determine the surgical short-term outcomes and long-term survival in this group of patients. **METHODS** From June 1998 to December 2014, 550 patients were submitted to surgery for gastric cancer in our unit. 219 (40%) of these patients are more than 75 years old. We excluded from this study the following: 1) patients who underwent surgery with palliative intent; 2) patients with nonadenocarcinoma pathology; 3) patients with important comorbidities that perform a D1 lymph-node dissection. We studied 122 of patients that underwent a standardized D2 extended lymphadenectomy (38% of 321 D2 extended dissection population). All operations were performed with the same standardized extended lymph-node dissection. **RESULTS** The estimated 5 and 10-year Disease Specific Survival rates were 58% and 44,5% respectively. Overall Survival rates were 51,4 % and 18,2%. The mortality rate was 0,8% (1 death). The overall morbidity rate was 20,5%. The major complications were pulmonary related. We had 3 pancreatic fistula. Reoperation was necessary in 4 patients and it was successful in 3 of them. The mean number of lymph nodes removed in the standardized extended lymphadenectomy was 41. **CONCLUSIONS** A D2 extended lymph node dissection can be performed safely in elderly patients with low rate of morbidity and mortality. A 5-year OS and DSS rate in this selected population was the same with long-term survival of D2 extended lymphadenectomy population. This data compares favorably with other series from specialized western centers in non-elderly patients. This study affirm that D2 extended lymphadenectomy offer an optimal treatment in elderly gastric cancer patient depending on their functional status not on chronological age. Performing an optimum gastric cancer surgery could overcome the lack and low compliance of adjuvant therapy in these patients |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Hypertermic intraperitoneal chemotherapy

JOJI KITAYAMA; Hironori Ishigami; Hironori Yamaguchi; Norio Hanafusa. **CELL-FREE AND CONCENTRATED ASCITES REINFUSION THERAPY (CART) FOR MANAGEMENT OF MASSIVE MALIGNANT ASCITES IN GASTRIC CANCER PATIENTS WITH PERITONEAL METASTASIS TREATED WITH INTRAVENOUS AND INTRAPERITONEAL ADMINISTRATION OF PACLITAXEL WITH ORAL S-1.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 61

**Background:** Peritoneal metastasis is the most frequent and life-threatening types of metastasis in gastric cancer. We have treated the patients with peritoneal metastasis with combination chemotherapy using intravenous (IV) and intraperitoneal (IP) paclitaxel (PTX) and oral Tegafur/Gimeracil/Oteracil potassium (S-1), which results in a marked improvement of outcome with median survival of around 2 years. Massive malignant ascites are often associated with peritoneal metastasis of gastric cancer and is considered to be difficult to control and resistant to chemotherapy. Cell-free and Concentrated Ascites Reinfusion Therapy (CART) is one of the variation of apheresis therapy, by which filtered and concentrated ascites containing albumin and globulin is reinfused intravenously to patients. In this study, we retrospectively studied the safety and efficacy of IP chemotherapy combined with CART in gastric cancer patients with massive malignant ascites. **Methods:** Paclitaxel (PTX) was administered via IP access port implanted in subcutaneous space. If patient had massive ascites at the beginning of treatment, paracentesis was performed through a percutaneous IP catheter and CART was performed. PTX was administered through the catheter until the ascites diminished. PTX was administered IP at 20 mg/m<sup>2</sup> from the subcutaneous implanted peritoneal access ports as well as IV at 50 mg/m<sup>2</sup> on days 1 and 8. S-1 was administered at 80 mg/m<sup>2</sup>/day for 14 consecutive days, followed by 7 days rest. **Results:** A total of 127 CART procedures in 30 patients were analyzed. The average volume of processed ascites was 3.1 L, which was concentrated to 0.33 L containing 85.5 g protein on average. Significant increase in the urine volume, serum total protein and albumin level was found after CART procedure. The significant increase in the body temperature (0.3 oC), decrease in platelet count (3.8 × 10<sup>4</sup>/μl), and changes in blood pressure (2 mm Hg) were also found after CART procedure but no clinically significant adverse event was experienced. The MST and 1-year survival of 30 patients who received IP chemotherapy combined with CART procedure was 10.2 months and 43.3% respectively. Two patients received salvage gastrectomy after apparent downstage and survived for 15 and 33 months. **Conclusions:** IP chemotherapy combined with CART is a promising strategy even for patients with massive malignant ascites originated from peritoneal metastasis of gastric cancer. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Hypertermic intraperitoneal chemotherapy

Yutaka Yonemura; **MANAGEMENT OF PERITONEAL METASTASES DEVELOPED FROM GASTRIC CANCER: LAPAROSCOPIC HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY IN NEOADJUVANT SETTING.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 61

**Background:** Peritoneal Metastases (PM) of gastric cancer (GC) are lesions of peritoneal surfaces, which may cause the dissemination throughout the abdominal cavity. The role of laparoscopic hyperthermic intraperitoneal chemotherapy (HIPEC) as neoadjuvant purpose in the management of PM of GC is undefined. **Methods:** Fifty patients were enrolled into this study with histopathological diagnosis of PM of GC referred to our center between 2012. and 2014. All patients were underwent two cycles of neoadjuvant laparoscopic HIPEC. At the second session of LHIPEC, ascites volume, cytological status and PCI levels were compared with those at the 1st LHIPEC. **Results:** There was no intraoperative complication and mortality after LHIPEC. Four patients developed mild azotemia of Grade 2. Amount of ascites were completely abolished or decreased in 22 of 34 (64.7%) and positive peritoneal cytology changed to be a negative in 14 of 20 (70%) patients at the 2nd LHIPEC. Complete response was in 6 (12%), and peritoneal cancer indices were significantly reduced from 14.3 ± 10.2 at the 1st LHIPEC to 10.8 ± 10.5 at the 2nd LHIPEC (p<0.05). Furthermore, lesion size scores on small bowel mesentery at 1st and 2nd LHIPEC were 6.56±2.92 and 5.25±3.78 (P=0.016). **Conclusions:** This study identified two outcomes. Diagnostic and therapeutic laparoscopy can be performed safely in patients with PM of GC. Laparoscopic HIPEC can be applied as a neoadjuvant treatment modality in order to reduce the tumor burden and disease control until complete managements to be achieved in patients with PM of GC. |

SEM CONFLITOS DE INTERESSE



Apresentação Oral - Hyperthermic intraperitoneal chemotherapy  
Mléna Quaresma Lopes; Lucimere Maria dos Santos; Cristiane de Sousa Lourenço; Maria Amália de Lima Cury Cunha; Ann Mary Machado Tinoco Feitosa Rosas; Elaine Ramos Pereira; Valdete Oliveira Santos; **NURSING IN FRONT OF POST OPERATIVE PATIENT CHEMOTHERAPY HIPERTHERMIC INTRAPERITONEAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 62

**SUMMARY:** Int: In recent years there has been controversial in the publications that raised proposals for treatment of patients with neoplastic peritoneal implants, a group of difficult technical and emotional management, the result of treatment failure and rapid and progressive loss of quality of life. Obj: To raise in the literature the importance of nursing care to patients in the postoperative period of cytoreductive surgery and intraperitoneal hyperthermic chemotherapy. Met: Qualitative study that sought through integrative review, to raise the primary nursing care to this clientele. The search was performed in Pubmed where they were found 91 items with the descriptor "Intraperitoneal Hyperthermic Chemotherapy". Seventeen were excluded for not meeting the objective. Then, we proceeded to the analytical reading of 74 and the other items were discussed therethrough. Resul: The cytoreductive surgery followed by hyperthermic intraperitoneal chemotherapy by continuous infusion, or simply hyperthermic chemotherapy intraperitoneal (QIPH), has its principles based on the assumption that surgery allows the reduction of the disease, which creates conditions for more effective chemotherapeutic agents, enhanced by the action of heat, which itself exerts a cytotoxic effect. The professionals involved should be familiar with the concepts and characteristics that fall on these patients. Nurses need to be aware of the complex range of possible and actual answers, working in critical and conscious, and be able to guide for speedy recovery after hospital discharge. Conc: The nursing care is essential for speedy recovery of the patient in the postoperative period of hyperthermic chemotherapy Intraperitoneal. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Complex resections in locally advanced tumors - Tips and Tricks  
Rubens Kesley; José Humberto Simões Correa; Leonaldson dos Santos Castro; Sérgio Bertolacce; Odilon de Souza Filho; Rafael Albagli; Luisa Vieira Souto Salgueirinho de Salles Abreu; Laís Felix Teixeira da Cunha ; **Extended Surgery in Locally Advanced Gastric Tumors (T4b): Experience at the National Cancer Center of Brazil.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 62

**Introduction:** Surgical resection is the only form of treatment in advanced gastric adenocarcinoma that can provide a cure. Nevertheless, in cases of invasion of adjacent organs, T4b (AJCC, 2010), conducting extensive surgery has a high mortality and low 5-year survival. The aim of the study was to evaluate the results of radical surgery in patients staged as T4b at a center of excellence for the treatment of gastrointestinal cancers. **Method:** Retrospective analysis of 35 gastric adenocarcinoma patients with T4b organ invasion (AJCC, 2010), who underwent radical surgery electively at Cancer Hospital I, INCA, Ministry of Health, from January 1997 to December 2008. Evaluation considered the following factors: epidemiological, clinical, surgical, histopathological and survival. **Results:** Mean age of the 35 cases studied was 61 ± 12, with a predominance of males, 23 cases (65.7%). Pancreatic invasion was most frequent, 17 cases (48.6%); followed by liver 11 cases (31.8%); colon 4 (11.4%) cases; diaphragm 3 cases (8.6%); and adrenal in 1 case (2.9%). Postoperative mortality was 3 cases (8%). The average number of lymph nodes found in the surgical specimens was 34 ± 16 and that of metastatic nodes was 11 ± 9. The predominant (TNM 2010) stage was IIIc (57.1%), followed by IIIb (31.4%) and IV (11.4%). Recurrence occurred early (less than 6 months) in 2 cases and after 6 months in 11 cases: the main site was peritoneal (6 cases). The overall survival rate at 5 years was 40%. In stage IIIb cases it was 45%, at stage IIIc 38%, and no patients in stage IV survived more than 15 months. **Conclusion:** The invasion of adjacent organs is not a contraindication for performing radical surgery and in cases with locally advanced tumors surgery promotes disease control in 40% of cases despite having high operative mortality (8%). |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Trail Updates  
Fei Shan; Ziyu Li; Zhaode Bu; Aiwen Wu; Lianhai Zhang; Xiaojiang Wu; Xianglong Zong; Shuangxi Li; Xin Ji; Ziyu Jia; Jiafu Ji; **PHASE II STUDY OF OXALIPLATIN PLUS S-1 AS NEOADJUVANT CHEMOTHERAPY FOR ADVANCED GASTRIC CANCER: RESULTS OF 3 YEARS FOLLOW-UP.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 62

**OBJECTIVES** The efficacy and safety of Oxaliplatin combined with S-1 (SOX regimen) for advanced gastric cancer were investigated. **METHODS** Patients with locally advanced adenocarcinoma of the stomach or esophagogastric junction were enrolled. Oxaliplatin was administered i.v. (100mg/m<sup>2</sup>) on day 1, while S-1 was administered orally (80mg/m<sup>2</sup>/day, b.i.d.) for 14 days every 21 days. Surgery was performed after 2 cycles of SOX. **RESULTS** Between March 2009 and May 2011, 82 patients, of median age 57.8 years (range 30–81years), who were clinically staged IIB in 9.8%, IIIA in 14.6%, IIIB in 45.1%, IIIC in 30.5% according to AJCC 7th edition, were treated with the combination of Oxaliplatin and S-1. After a 2 cycles of chemotherapy, 82 patients were evaluable for response, and underwent surgery (74 had an R0 resection). A total of 9 patients (11%) showed complete response and 36 (43.9%) showed partial response making the overall response rate 54.9%. In 70 patients assessed for safety, the major toxic effects were fatigue (47.1%), nausea (45.7%), anorexia (40.0%), anemia (17.1%) and neutropenia (14.3%), the major grade 3 or 4 adverse events include diarrhea (4.3%) and anorexia (2.9%). The median follow-up time was 37.8 months, the mean time to recurrence was 43.8±2.1 months, and the 3-year overall survival rate was 65%. **CONCLUSIONS** Oxaliplatin and S-1 combination chemotherapy was active and highly tolerable as a neoadjuvant chemotherapy for AGC. |

SEM CONFLITOS DE INTERESSE

Apresentação Oral - Trail Updates  
LUCAS VIEIRA; H. Wilke; Eric Van Cutsem; Sang Cheul Oh; György Bodoky; Yasuhiro Shimada; Shuichi Hironaka; Naotoshi Sugimoto; Oleg Lipatov; Tae You Kim; David Cunningham; Atsushi Ohtsu; Philippe Rougier; Michael Emig; Roberto Carles; Kumari Chandrawansa; Kei Muro; **RAINBOW: A Global, Phase 3, Randomized, Double-Blind Trial of Ramucirumab and Paclitaxel (PTX) Versus Placebo and PTX in the Treatment of Metastatic Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma Following Disease Progression on First-Line Plat.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 62

**Background:** RAM is a human IgG1 monoclonal antibody VEGF-receptor 2 antagonist. We conducted a global, placebo-controlled, double-blind, phase III trial to evaluate the efficacy and safety of PTX +/- RAM in patients with metastatic gastric or GEJ adenocarcinoma who had disease progression on or within 4 months after first-line platinum- and fluoropyrimidine-based combination therapy. **Methods:** Pts received RAM (8 mg/kg IV q2w) or placebo (PL) plus PTX (80 mg/m<sup>2</sup> days 1, 8, and 15 of a 4-week cycle) until disease progression, unacceptable toxicity, or death. Eligible pts had ECOG PS ≤ 1; and adequate organ function. The primary endpoint was overall survival (OS). Secondary endpoints included progression-free survival (PFS), objective response rate (ORR), time to progression (TTP), and safety. **Results:** From Dec 2010 to Sep 2012, 665 pts were randomized (RAM+PTX: 330; PTX: 335). Baseline characteristics were generally balanced between arms. The OS Hazard Ratio (HR) was 0.807 (95% CI 0.678, 0.962; p=0.0169). Median OS was 9.63m for RAM+PTX and 7.36m for PTX. The HR for PFS was 0.635 (95% CI 0.536, 0.752; p <0.0001). Median PFS was 4.40m and 2.86m. Median TTP was 5.5m RAM+PTX; 3.0m PTX (p <0.0001). ORR was 28% RAM+PTX; 16% PTX (p=0.0001). Grade ≥ 3 adverse events occurring in >5% of patients on RAM+PTX were: neutropenia (40.7% RAM+PTX; 18.8% PTX), leukopenia (17.4% vs. 6.7%), hypertension (14.1% vs. 2.4%), anemia (9.2% vs. 10.3%), fatigue (7.0% vs. 4.0%), abdominal pain (5.5% vs. 3.3%), and asthenia (5.5% vs. 3.3%). Febrile neutropenia was reported in 3.1% RAM+PTX; 2.4% PTX. **Conclusions:** The primary endpoint of improved OS was met. A statistically significant and clinically meaningful OS benefit of > 2 months was observed for RAM+PTX vs. PTX in gastric and GEJ cancer after progression on first-line therapy, as were significant benefits in PFS and ORR. Neutropenia was more frequently reported in the RAM+PTX arm but incidence of febrile neutropenia was comparable between arms. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Trail Updates**

Lucas Vieira ; C.S. Fuchs; J. Tomasek; J.Y. Cho; D. Filip; R. Passalacqua; C. Goswami; H. Safran; L.V. Dos Santos; G. Aprile; D. Ferry; B. Melichar; M. Tehfe; E. Topuzov; J.R. Zalberg; I. Chau; M. Koshiji; Y. Hsu; J.D. Schwartz; J. Ajani; **REGARD: A Phase 3, Randomized, Double-Blind Trial of Ramucirumab and Best Supportive Care (BSC) Versus Placebo and BSC in the Treatment of Metastatic Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma Following Disease Progression on First-Line Pla.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 63

Background: VEGF and VEGF receptor-2 mediated signaling and angiogenesis may contribute to gastric cancer pathogenesis. Ramucirumab (RAM; IMC-1121B) is a fully human IgG1 monoclonal antibody targeting VEGF-receptor 2. We conducted a placebo-controlled, double-blind, phase III international trial to evaluate the safety and efficacy of RAM in pts with metastatic gastric or GEJ adenocarcinoma progressing on first-line platinum- and/or fluoropyrimidine containing combination therapy. Methods: Pts were randomized 2:1 to receive RAM (8 mg/kg IV) plus BSC or placebo (PL) plus BSC every 2 weeks (wks) until disease progression, unacceptable toxicity, or death. Eligible patients had disease progression within 4 months (m) after 1st-line therapy for metastatic disease or within 6 m after adjuvant therapy. The primary endpoint was overall survival (OS). Secondary endpoints included progression-free survival (PFS), 12-wk PFS rate, overall response rate (ORR) and safety. Results: From 10/09 to 01/12, 355 pts were randomized (RAM: 238; PL: 117). Baseline characteristics were well balanced between arms. The Hazard Ratio (HR) for OS was 0.776 (95% CI, 0.603-0.998; p = 0.0473). Median OS was 5.2 m for RAM and 3.8 m for PL. The HR for PFS was 0.483 (95% CI, 0.376-0.620; p < 0.0001). Median PFS was 2.1 m for RAM and 1.3 m for PL. 12-wk PFS was 40% for RAM and 16% for PL. ORR was 3.4% for RAM and 2.6% for PL. Disease control rate was 49% for RAM and 23% for PL (p < 0.0001). Use of anti-cancer therapy post-study: 32% RAM; 39% PL. The most frequent of grade ≥ 3 adverse events (AEs) were: hypertension (7.2% RAM; 2.6% PL), anemia (6.4% RAM; 7.8% PL), abdominal pain (5.1% RAM; 2.6% PL), ascites (4.2% RAM; 4.3% PL), fatigue (4.2% RAM; 3.5% PL), decreased appetite (3.4% RAM; 3.5% PL) and hyponatremia (3.4% RAM; 0.9% PL). Conclusions: Ramucirumab conferred a statistically significant benefit in OS and PFS compared to PL in metastatic gastric or GEJ adenocarcinoma following progression on 1st-line therapy with an acceptable safety profile. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Tailored multidisciplinary treatment**

Antonio Carlos Weston; Gustavo Laporte; Arthur Palludo; Carlos Cereser; Diego Giordani; **10 YEAR MULTIDISCIPLINARY GASTRIC CANCER TREATMENT: LESSON WE LEARNED.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 63

Gastric Cancer is one of the most frequent diseases in Brazil. The absence of a program headed to prevention is responsible for the high frequency we notice in Brazil and genetic and social aspects as well. Since 2002 we started with the multidisciplinary approach for the treatment in Gastric Cancer based on McDonald's paper published then. This paper review and analyze almost 600 cases treated in Santa Casa de Porto Alegre, Brazil. We take data as histological type, location of the tumor, gender, staging and treatment considering adjuvancy or not. Overall survival and quality of life of this patients were seen and analyzed as well. The results shown better overall survival in the group treated with a multidisciplinary team and adjuvancy (67% in 5 year) compared to 34% five year survive in patients whose this multidisciplinary approach was not used. Although the quality of life was impaired in patients submitted to chemo or radiotherapy, this effects were transient and most intensive during the treatment. As a conclusion, the author considered is worth to head the patient to a multidisciplinary approach despite some hard side effects observed. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Tailored multidisciplinary treatment**

Daisuke Takahari; Seiji Ito; Takeshi Sano; Hiroshi Katayama; Junki Mizusawa; Mitsuru Sasako; Hitoshi Katai; Yoichi Tanaka; Takahiro Kinoshita; Masanori Terashima; Atsushi Nashimoto; Hiroki Yamaue; Norimasa Fukushima; Makoto Yamada; Yoshiyuki Fujiwara; Yutaka Kimura; Takeshi Azuma; Tsunehiro Yoshimura; **A PHASE II STUDY OF NEOADJUVANT CHEMOTHERAPY (NAC) WITH DOCETAXEL, CISPLATIN, AND S-1 (DCS) FOLLOWED BY GASTRECTOMY WITH D2 PLUS PARA-AORTIC LYMPH NODE (PAN) DISSECTION FOR GASTRIC CANCER WITH EXTENSIVE LYMPH NODE METASTASIS (ELM): JAPAN CLINICAL ONCOLOGY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 63

Introduction: Gastric cancer with ELM is commonly regarded as unresectable with poor prognosis. We previously reported the safety and efficacy of cisplatin and S-1 (CS) followed by D2 gastrectomy with PAN dissection for this target (JCOG0405, Br J Surg 2014). Objective: To evaluate the efficacy and safety of DCS as preoperative chemotherapy for gastric cancer with ELM. Methods: Eligibility criteria included histologically proven gastric adenocarcinoma; bulky nodal involvement around major branched arteries to the stomach (Bulky N) and/or PAN metastases; cM0 (except PANs); negative lavage cytology; neither Borrmann type 4 nor large (8cm or more) type 3; PS 0 or 1. Patients received two or three cycles of induction chemotherapy of docetaxel (40mg/m2 day1), cisplatin (60mg/m2 day1), and S-1 (80mg/m2 from day 1 to 14) every 4 weeks, and then underwent D2 gastrectomy with PAN dissection. After R0 resection, postoperative chemotherapy with S-1 was given for one year. The primary endpoint is response rate (RR) of NAC by central peer review. The planned sample size was 50 patients, provided 80% power under the hypothesis of primary endpoint as the expected RR of 80% and threshold RR of 65% with a one-sided alpha of 10%. Results: Between 07/2011 and 05/2013, 53 patients were enrolled and 1 patient was ineligible: 30 had Bulky N, 14 had PAN metastases, and 9 had both. 51 of 52 patients (98.1%) completed a planned NAC. The clinical RR was 57.7% (30/52) (80%CI [47.9%-67.1%], one-sided p=0.89). The R0 resection rate was 84.6% (44/52). During DCS chemotherapy, grade 3/4 neutropenia occurred in 39.6% and grade 3/4 non-hematological adverse events in 20.8%. The incidence of grade 3/4 adverse events related to surgery was 30.6%. There was no treatment-related death. The pathological finding revealed minor response (residual tumor <1/3) was achieved in 50.0% (26/52) and major response (residual tumor <2/3) in 34.6% (18/52). The long-term survival is still under follow-up. Conclusions: Preoperative DCS is feasible but could not show sufficient efficacy. Preoperative CS is still being considered a standard treatment for gastric cancer with ELM. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Tailored multidisciplinary treatment**

Seung Wan Ryu; In Gyu Kwon; Young Gil Son; Soo Sang Sohn; **COULD ADJUVANT CHEMOTHERAPY BE A REASONABLE TREATMENT FOR ELDERLY PATIENTS WITH ADVANCED GASTRIC CANCER?** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 63

Introduction: According to rising life expectancy, there is a growing interest in treatment for elderly patients gradually. Objective: This study was to evaluate efficacy of adjuvant chemotherapy for elderly patients, who are vulnerable to toxic agent. Methods: We retrospectively analyzed data from 138 stage II or III gastric cancer patients aged 75 years or older, who underwent gastrectomy from 1998 to 2013. Clinicopathologic features, overall survival rate, cause of death were compared between surgery only group and adjuvant chemotherapy group. In addition, we investigated kinds of chemotherapy agent, completion rate and related complication for patients receiving adjuvant chemotherapy. Results: Among 138 patients, 71 patients underwent gastrectomy only and 67 patients received adjuvant chemotherapy after surgery. Mean age of surgery only group and adjuvant chemotherapy group were 78.2 and 77.9 years, respectively (p=0.73). Extent of gastric resection, T and N stage was similar between two groups. There was no statistically difference in overall 5-year survival rate (35.2% in surgery only group vs. 27.1% in adjuvant chemotherapy group; p=0.527 by log-rank test). Conclusions: There was no statistically significant difference in overall survival rate depending on receiving chemotherapy. Although two survival graph was close gradually over time, adjuvant chemotherapy group showed a tendency of superior survival in early period. For advanced gastric cancer patients whose life expectancy is predicted to be sufficiently long, adjuvant chemotherapy after surgery could be considerable. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Tailored multidisciplinary treatment**

Enrique Norero; Marisa Bustos; María Elisa Herrera; Jaime Cerda; Paulina González; Marco Ceroni; Cristian Martínez; Eduardo Viñuela; Eduardo Briceño; Hernan Rojas; Raúl Cártes; Ramón Baeza; Sergio Báez; Mario Caracci; Alfonso Díaz.; **POSTOPERATIVE ADJUVANT TREATMENT FOR GASTRIC CANCER IMPROVES LONG-TERM SURVIVAL AFTER D2 LYMPHADENECTOMY. EXPERIENCE IN A SINGLE CENTER DURING A 17 YEAR PERIOD.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 64

**Introduction:** The benefits of adjuvant treatment in the context of an adequate lymph node dissection are largely unknown. **Aim:** To investigate the effects of postoperative adjuvant treatment on the survival of patients with a curative resection for gastric cancer and a D2 lymph node dissection. **Patients and methods:** We performed a retrospective cohort study. Patients operated from 1996 to 2013, with a curative surgery for gastric adenocarcinoma were selected. A D2 lymph node dissection was standard practice. We compared long term survival of patients treated with surgery alone and those with surgery plus postoperative adjuvant treatment. A multivariate analysis for survival adjusted for several clinical variables was applied in every stage. Postoperative adjuvant treatment was mainly chemoradiotherapy. **Results:** The study included 580 patients. In 204 patients postoperative adjuvant treatment (AD) was used and 376 patients were treated only with surgery (SU). Patients in the SU group were older (Age over 70 years; 44% vs. 17%,  $p < 0.001$ ), had a higher rate of multiple organ resection (39% vs. 21%,  $p < 0.001$ ) and had more postoperative complications (32% vs. 14%,  $p < 0.001$ ). In the AD group, patients had more advanced disease (stage III; 66% vs. 77%,  $p < 0.001$ ). The two groups didn't have differences in type of surgery or lymph node count. The median number resected nodes was 31. The median overall survival was 26 months. On multivariate analysis, patients with stage IIIb (HR 0.553; CI 0.328-0.934) and IIIc (HR 0.550; CI 0.375-0.805) had significantly better long-term survival with adjuvant treatment. **Conclusion:** These results suggest that there is a long-term survival benefit for patients treated with postoperative adjuvant treatment for stages IIIb and IIIc gastric cancer after D2 lymph node dissection. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Noncurative treatment**

Alberto Carmona-Bayonas; Marcelo Garrido; Ana Custodio; María Ángeles Vicente; Carlos López; Alberto Rodríguez Palomo; Laura Visa; Avinash Ramchandani; Raquel Hernandez; Montserrat Manga; Elvira Buxo; María Luisa Limón; Raquel Serrano; Oliver Higuera; Paula Cerda; Asuncion Diaz Serrano; Laura Faez; Ana Heredia; Patricio Yañez; Ruth Zapata; Javier Gallego Plazas; Paula Jimenez Fonseca.; **EFFICACY AND TOXICITY OF COMBINED CHEMOTHERAPY WITH TWO OR THREE AGENTS IN FIRST LINE IN GASTRIC ADENOCARCINOMA: RESULTS OF COHORT OF 414 PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 64

**Introduction:** The treatment of advanced gastric cancer (AGC) is complex because there is no standard chemotherapy scheme in first line chemotherapy. Schemes with two agents/doublets (D) or three agents/triplets (T) remain as standart frontline but T, the most active regimens have high toxicity, this limits its use. **Objective:** To compare the efficacy and toxicity with D and T in first line chemotherapy in AGC. **Methods:** Data from patients with AGC consecutively treated with first-line chemotherapy in Spanish and Chilean centers were analyzed. Survival curves Kaplan-Meier curves were generated and used the log-rank test to compare overall survival (OS) and progression-free survival (PFS) to compare patients treated with D and T. The Cox regression analysis was used to calculate hazard ratios (HR) and confidence intervals of 95% (95%), and propensity score matching to adjust the bias. **Results:** Between 2007 and 2013, 418 patients received chemotherapy (T, D 28% and 72%). The T consisted of anthracycline-based schemes in 79%, and docetaxel in 21%, associated with platinum and fluoropyrimidine in both cases. The response rate was similar (T, 49%; D 50%,  $p = 0.8$ ). No differences in median PFS and OS were observed. Patients with: AGC Her2 +, chronic disease, metastatic unique location, LDH and alkaline phosphatase with normal hemoglobin values and  $\geq 10$  gr / dL were more likely to receive D. After adjusting for potential bias, no significant changes were observed in mortality at 1 year (41.1% T and 47.3 % D,  $p = 0.3$ ). Grade 3-4 toxicity was higher in patients with T (35% versus 24%,  $p = .009$ ). **Conclusion:** In this observational study, the use of T was associated with a significantly greater toxicity grade 3-4, with no apparent additional benefit in patients with AGC. A prospective study is needed with larger sample size to confirm these findings. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Noncurative treatment**

Ana Heredia; Marcelo Garrido; Ana Custodio; María Ángeles Vicente; Carlos López; Alberto Rodríguez Palomo; Laura Visa; Avinash Ramchandani; Raquel Hernandez; Montserrat Manga; Elvira Buxo; María Luisa Limón; Raquel Serrano; Oliver Higuera; Paula Cerda; Asuncion Diaz Serrano; Laura Faez; Patricio Yañez; Ruth Zapata; Javier Gallego Plazas; Alberto Carmona-Bayonas; Paula Jimenez Fonseca.; **EVALUATION OF PROGNOSTIC FACTORS OF OVERALL SURVIVAL IN METASTATIC GASTRIC CANCER PATIENTS TREATED WITH CHEMOTHERAPY. PRELIMINARY RESULT OF MULTICENTER AGAMENON STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 64

**Introduction:** The prognostic models for advanced gastric cancer can also be used to stratify patients into subgroups in clinical trials and to compare between uniform groups of patients and to contribute in the decision-making process between physicians and patients. **Aim:** To know the prognostic factors of survival in patients with metastatic gastric adenocarcinoma treated with chemotherapy in reference centers of Spain and Chile. **Methods:** A retrospective analysis was carried out on 484 patients who received standart combined chemotherapy from 2008 to 2013. We used the multivariate Cox proportional hazards regression with bootstrap resampling to identify prognostic factors for overall survival (OS). **Results:** 356 (75%) patients had died with a median progression-free survival (PFS) and OS of: 6.2 (95%CI, 5.6-6.7) and 10.7 (95%CI, 9.4-12.1) months (m), respectively. Eight independent prognostic factors were identified in the multivariate analysis: two or more chronic comorbidities (hazard ratio [HR] 1.19; 95%CI, 1.04-1.36), East Cooperative Oncology Group (ECOG) performance status  $\geq 2$  (HR 1.40; 95%CI, 0.99-2.14), presence of signet ring cells (HR, 1.37; 95% CI, 1.07-1.72), Her2-overexpressing tumors treated with trastuzumab (HR, 0.71; 95% CI, 0.50-0.96), two or more sites of metastatic disease (HR 1.26; 95% CI, 1.08-1.63), carcinoembryonic antigen (CEA)  $\geq 20$  ng/ml (HR, 1.32; 95% CI, 1.23-1.69), presence of bone metastasis (HR, 1.99; 95% CI, 1.37-2.87) and ascitis (HR, 1.67; 95% CI, 1.26-2.21). We integrated these variables into a prognostic index with patients classified as low (n=84) (Group 1), moderate (n=324) (Group2) and poor (n=42) (Group 3) risk categories, with median OS of Group 1: 13.9 m, Group 2: 8.9 m and Group 3: 6.2m, with statistically significant differences ( $p < 0.001$ ). **Conclusions:** We have identified eight prognostic factors that could stratify patients in 3 groups that allow a better selection of chemotherapy in metastatic gastric cancer. |

SEM CONFLITOS DE INTERESSE

**Apresentação Oral - Noncurative treatment**

John Grifson; Perungo.T; Bennet.D; M.Kanagavel; A.Amudhan; R.Prabhakaran; Asmita Chandramohan; P.Selvarathinam; D.Kannan; S.M.Chandramohan.; **ROLE OF SURGERY IN ADVANCED BLEEDING GASTRIC CANCERS – AN AUDIT OF 55 PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 64

**Introduction:** The outcome of advanced gastric cancer is poor. Obstruction, bleeding, internal fistulation and perforation are the major complications. Bleeding from a gastric cancer is an uncommon troublesome complication. Interventional and endoscopic -therapy remain the main stay of treatment. We present our experience in 55 advanced gastric cancer patients with bleed who were offered surgery as the treatment modality over a ten year period. **Methodology:** Data was obtained from a prospectively maintained database. Statistical analysis included the staging particulars, type of surgery and outcome following surgery. **Results:** Of the 55, 45 were men and 10 were women. Preoperative histology was available in 42 patients. Primary therapy was conservative and interventional. Failure of non surgical interventions warranted surgery in these patients. Six of them presented with bleed and perforation were taken for surgery first. Final histopathology report was adenocarcinoma in 41, stromal tumor in 9 and lymphoma in 4. The type of surgery offered in the non-perforation group were esophago gastrectomy in three, total gastrectomy in 9, subtotal gastrectomy in 20, sleeve gastrectomy in 6, gastroenterostomy with ligation of vascular pedicles in 9 and ligation of vascular pedicles alone in 2. In the perforation group of six patients two had subtotal gastrectomy, two had vascularised omental pull closure and two had foley catheter tube gastrostomy alone. 11 of 55 patients expired in the postoperative period. Three had duodenal stump leak and one patient had leak from jejunojunal anastomosis. 27 of them were alive at the end of one year. **Conclusion:** Advanced gastric cancer with bleed is an uncommon presentation. Conservative and interventional therapies are the mainstay of primary therapy. Even though there is high mortality , surgery is the only salvage option in case of failure of non-surgical therapy. |

SEM CONFLITOS DE INTERESSE

## POSTER / PÔSTER

Pôster - Basic science and clinical relevance

Shikofumi Tei; Keiichi Fujiya; Masayuki Ando; Kuniyoshi Arai; Masafumi Takimoto.; **A CASE OF MULTIPLE CANCERS WITH HYPERPLASTIC POLYPS IN THE STOMACH.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 65

**Objectives:** Hyperplastic polyps in the stomach have been indicated to be mostly benign. However, in rare cases, carcinomas have been reported within hyperplastic polyps. This is a case report of multiple cancers arising from hyperplastic polyps in the stomach, which is a rare event. **Methods:** An 78-year old femal was followed due to the gastric hyperplastic polyps since 11 years ago. She was detected a growing tumor by annual medical check-up for the hyperplastic polyps in the stomach. In upper GI and GI fiber, the tumor was found in the lower part of the stomach, and the biopsy examination revealed that the tumor was adenocarcinoma. The patient was performed a total gastrectomy. **Results:** Gross examination of the resected stomach revealed as follows, lower part, Antrum, 5.0x4.5x4.0cm, type 0-Isp. Many polyps were found in the upper to lower area of the stomach. Microscopically, the tumor consisted mainly well differentiated adenocarcinoma, and accompanied with hyperplastic lesion. The carcinoma invaded in the subserosal layer. Additionally, two intramucosal carcinomas and two adenomas were found with hyperplastic polyps. In immunohistochemical study, all of three carcinomas revealed positive signal used anti-MUC5AC antibody in almost all cancer cells. **Conclusions:** The existence of the adenoma and the adenocarcinoma with the hyperplastic polyps suggests the pathway as hyperplastic polyp-adenoma-adenocarcinoma sequence. Hyperplastic polyps in resected stomach specimen should be carefully examined microscopically as a polypectomy specimen. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Cui Yuehong; Liu Tianshu.; **ASPARAGINYL ENDOPEPTIDASE PROMOTES INVASION AND METASTASIS OF GASTRIC CANCER BY MODULATING EPITHELIAL-MESENCHYMAL TRANSITION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 65

**Introduction:** It was found that asparaginyl endopeptidase(AEP) is much higher expressive in poor-differentiated gastric cancer cell line than that in well- and middle-differentiated gastric cancer cell line. We tested the expression of AEP and E-cadherin in primary gastric cancer and peritoneal metastatic lesion. It was demonstrated that the expression of AEP in peritoneal metastatic lesion was obviously higher than that in primary gastric cancer, and E-cadherin was on the contrary. Therefore, we speculated that AEP might promote peritoneal metastasis in gastric cancer, but the mechanism was unknown. **Objectives:** In order to investigate the mechanism of AEP promoting invasion and metastasis in gastric cancer, we will test the expressive changes of integrin, integrin linked kinase (ILK) and genes that was associated with epithelial-mesenchymal transition (EMT) by up-regulating and down-regulating AEP. **Methods:** We constructed AEP overexpressive and knocking down lentiviral vector to infect gastric cancer cell line and investigate the change of invasive and metastatic ability in vitro and in vivo. Real-time PCR and western blot were used to study the expressive changes of integrin, ILK and the genes of epithelial-mesenchymal transition. **Results:** When down-regulated AEP, the proliferation of gastric cancer and the ability of invasive and metastatic decreased. The ability of peritoneal metastasis in nude mice also reduced. The transcriptional factor of snail and twist was inhibited. The epithelial marker E-cadherin of EMT was increasing, but the mesenchymal marker N-cadherin, ?-catenin and vimentin of EMT was decreasing. Vice versa, when up-regulated AEP. Importantly, we found that integrin and ILK were not up-/down- regulated with AEP overexpressing and knocking-down expression. **Conclusion:** We have found that AEP could promote invasion and metastasis by modulating EMT, but was not associated with the integrin signaling pathway. |

SEM CONFLITOS DE INTERESSE



Pôster - Basic science and clinical relevance

Gleyce dos Santos Barbosa; Luciana Gregório; Telma L. G. Lemos; Rommel Burbano; Raquel C. Montenegro; Marne Carvalho de Vasconcelos; Luciana Gregório; **BIFLORIN INDUCES HUMAN GASTRIC CANCER CELLS REDIFFERENTIATION**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 66

Cell differentiation is a natural embryo process where totipotent cells becomes specialized. This process enables the formation of well-defined roles tissues. As well as other processes, it is controlled by gene expression. On tumorigenesis the reverse process occurs. Cancer cells lose their function, become undifferentiated and acquire embryonic traits, including high cell division rate and ability to move throughout the organism. In this context, differentiation therapy emerged as a potentially less toxic approach, using agents that modify cancer cell differentiation and reprograms the tumor. The currently available gastric cancer therapy does not have a drug with these properties. So, considering previous results obtained with biflorin on MYC and hTERT gene amplification and expression reduction, we decided to evaluate its effect on the differentiation state of ACP02, a gastric adenocarcinoma cell. Nitro blue tetrazolium (NBT) assay and morphology analyses were performed on ACP02 cells treated with biflorin (1.0, 2.5 and 5.0 uM), DMSO (negative control - 10 uL/mL) and TPA (positive control - 0,16 uM) for 24 and 72 h. After treatment we observed that biflorin induces marked alterations in cellular morphology, such as elongation/stretching of the cells, in a time- and dose-dependent manner, while untreated cells appeared in their fusiform regular shape. NBT forms insoluble blue formazan granules after reduction, occurred during the stimulus-induced respiratory burst of mature cells, indicating the extent of differentiation. We observed that negative control cells were not able to reduce NBT, while cells treated with biflorin were. The ability of treated cells on reduce NBT implies in a cell functional redifferentiation and the results demonstrated a time- and dose-dependent effect on NBT reduction, which was maximal at 72 h with 5.0 uM. These results suggested that ACP02 cells underwent differentiation after biflorin treatment. This may be a consequence of reducing MYC overexpression and re-activation of Myc repressed target genes, including the cell cycle inhibitor, gene p21, which contributes to cell differentiation. Our findings corroborates to earlier results and brings up another possible biflorin mechanism of action, showing that biflorin can become a leading drug in the gastric cancer therapy in the future. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Tiantian Tian; Jing Gao; Na Li; Yanyan Li; Ming Lu; Jie Li; Lin Shen; **CIRCULATING CHROMOGRANIN A AS A MARKER FOR MONITORING RESPONSE IN ADVANCED GASTROENTEROPANCREATIC NEUROENDOCRINE TUMORS TREATED WITH IRINOTECAN PLUS CISPLATIN**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 66

Irinotecan plus cisplatin (IP) regimen was first reported to be effective and well tolerated in advanced gastroenteropancreatic neuroendocrine tumors (GEP-NETs) in our previous study, and circulating chromogranin A (CgA) was reported to be a marker for diagnosis of GEP-NETs. This study was aimed to investigate the role of Chromogranin A (CgA) for monitoring response of advanced GEP-NETs treated with IP regimen. Eighty patients with advanced GEP-NETs treated in Peking University Cancer Hospital from September 2011 to May 2014 and 65 healthy individuals were included in this study. Serum CgA levels were analyzed for relationship with patient's characteristics and clinical outcome. The median CgA levels were significantly higher in patients with advanced GEP-NETs than in healthy individuals (93.75 ng/mL vs. 37.1 ng/mL; P<0.01), as well as significantly higher in patients with carcinoid syndrome or liver metastasis than in those without carcinoid syndrome (298.8 ng/mL vs. 82.9 ng/mL; P=0.011) or liver metastasis (137.0 ng/mL vs. 64.4 ng/mL; P=0.023). A CgA cutoff value of 46.15 ng/mL was used in this study with sensitivity 78.8% and specificity 73.8%, respectively. Serial CgA levels could indicate the clinical response of chemotherapy with IP regimen. Patients with CgA levels higher than 46.15 ng/mL had a poorer survival than patients with CgA levels lower than 46.15 ng/mL (P=0.048). Serum CgA level functions as a potential marker for monitoring the response in patients with advanced GEP-NETs treated with IP regimen, which would be validated in future large cohort. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Pedro Antônio Mufarrej Hage; Yaissa Gomes de Castro; Kelly Cristina da Silva Oliveira; Carolina Oliveira Gigek; Fernanda Wisniewski; Marília da Arruda Cardoso Smith; Paulo Pimentel Assumpcao; Samia Demachki; Rommel Rodriguez Burbano; Danielle Queiroz Calcano; **CLINICAL IMPLICATION OF REDUCED TFF1 AND TFF2 MRNA EXPRESSION IN GASTRIC ADENOCARCINOMA**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 66

Gastric cancer remains a serious public health issue with high morbidity and mortality. Generally, the diagnoses occur in advanced disease state when the available therapeutic options have limited effectiveness. Despite advances in the understanding carcinogenesis process of the gastric adenocarcinoma, particularly on genetic and epigenetic mechanisms involved, the clinical applicability remains limited. In order to identify potential biomarkers in gastric cancer, we conducted a study using microarray comparing gene expression in gastric adenocarcinomas and paired samples of non-neoplastic gastric mucosa. Preliminary, the results showed significant differences in expression of 53 genes. Among these, the TFF1 and TFF2 genes were selected for mRNA expression validation by real-time PCR in 78 additional samples. Expression of TFF1 and TFF2 were significantly reduced in samples of gastric adenocarcinoma when compared paired non-neoplastic tissues (p<0.05). Additionally, the TFF2 gene expression was significantly lower in the intestinal subtype than in the diffuse subtype. The expression of the two genes showed a strong correlation, the similar pattern of expression suggests that TFF1 and TFF2 may have common regulatory elements. This hypothesis is enhanced due to the short physical distances between them. The results suggest involvement of TFF1 and TFF2 in gastric carcinogenesis and demonstrate the potential for clinical use of these genes as biomarkers and potential therapeutic targets in gastric adenocarcinoma. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Dai Shimizu; Mitsuro Kanda; Chie Tanaka; Daisuke Kobayashi; Naoki Iwata; Suguru Yamada; Tsutomu Fujii; Goro Nakayama; Hiroyuki Sugimoto; Masahiko Koike; Michitaka Fujiwara; Yasuhiro Kodera; **CLINICAL SIGNIFICANCE OF EXPRESSION AND EPIGENETIC PROFILING OF TUSC1 IN GASTRIC CANCER**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 66

Background and Objectives: The prognosis of advanced gastric cancer (GC) remains dismal. The aim of this study was to identify a novel tumor suppressor gene (TSG) with repressed transcription by aberrant DNA methylation in GC. Methods: The expression and methylation status of tumor suppressor candidate 1 (TUSC1) were evaluated in GC cell lines and 112 pairs of surgical specimens. TUSC1 protein expression and distribution in GC tissue were determined by immunohistochemistry. Results: The majority of GC cell lines (83%) and GC tissues (82%) showed downregulation of TUSC1 mRNA compared with noncancerous tissues. No significant differences were found in TUSC1 mRNA expression between three GC subtypes categorized by tumor locations and morphology. Reduced expression of TUSC1 mRNA in GC tissues was significantly associated with advanced T stage, vessel invasion and lymph node metastasis, leading to poor prognosis. The expression patterns of TUSC1 protein were confirmed to be consistent with those of TUSC1 mRNA. Sixty-three (57%) of 112 patients showed intragenic hypermethylation of TUSC1 in GC tissues. Conclusions: Our results suggested that reduced expression of TUSC1 mRNA was related to poor prognosis and TUSC1 is a putative TSG that is suppressed through intragenic hypermethylation in GC. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

wen-bin zhang; xin-cai xu., **CLINICAL SIGNIFICANCE OF IMMUNOGENIC CELL DEATH BIOMARKER RAGE AND EARLY GROWTH RESPONSE 1 IN HUMAN PRIMARY GASTRIC.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 67

The receptor for advanced glycation end products (RAGE), a pattern recognition receptor that binds multiple ligands derived from a damaged cell environment, contributes to multiple pathologies including cancer. Early growth response 1 (EGR1) is a tumor suppressor gene or a tumor promoter involved in tumorigenesis and progression of some cancers. However, there is some lack of knowledge about the expression and clinical significance of RAGE and EGR1 in human primary gastric adenocarcinoma (GAC). The present study was aimed to investigate the expression and clinical significance of RAGE and EGR1 in human GAC. 120 cases of GAC tissues, adjacent non-cancer tissues (ANCT) and metastatic lymph node (MLN) tissues were collected. The expression of RAGE and EGR1 was assessed using immunohistochemistry (IHC) through tissue microarray procedure. The clinicopathologic characteristics of all patients were analyzed. As a result, the expression of RAGE in GAC and MLN tissues showed the positive staining mainly in the cytoplasm, with lower reactivity rate compared with the ANCT (42.5 % vs. 82.5 %, 65.0 % vs. 82.5 %,  $P < 0.001$ ), while EGR1 expression had no significant difference between GAC, MLN tissues and ANCT ( $P = 0.565$ ). Moreover, the positive expression of RAGE was closely associated with the N stage of GAC patients, but did not correlate with their age, gender, tumor size, tumor sites, T stage, and metastatic lymph node (each  $P > 0.05$ ). In addition, spearman rank correlation analysis showed the positive correlation of RAGE expression with EGR1 in GAC tissues ( $r = 0.658$ ). Taken together, the expression of RAGE is decreased in GAC and MLN tissues, and is associated with the N stage of GAC patients, suggesting that RAGE may represent a potential therapeutic target for the treatment of GAC. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Carolina Hager Ribeiro; Karina Kramm; Felipe Gálvez Jirón; Víctor Pola Véliz; Gabriel Ascui Gac; Josefina Siña Barriga; Marco Bustamante; María Carmen Molina.; **CLINICAL SIGNIFICANCE OF TUMOR INFILTRATION BY NKG2D RECEPTOR-EXPRESSING NATURAL KILLER T CELLS IN GASTRIC ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 67

Introduction: Natural killer T (NKT) cells are cytolytic T lymphocytes that contribute to tumor immunosurveillance. They recognize glycolipid antigens presented by CD1d, an antigen-presenting molecule expressed by several cell types, including tumor cells. In gastric cancer (GC), the second most common cause of cancer death worldwide, the role of NKT cell functions still remains to be established. Aims: We investigated the correlation between the frequency and levels of the cytotoxicity-associated activating receptor NKG2D on tumor-infiltrating NKT cells from GC patients and tumor clinicopathological parameters. Methods: Tumor cell suspensions were stained with specific antibodies to NKT cell surface markers and NKG2D receptor for flow cytometry analysis. Gastric mucosa of GC patients was used as controls. Results: We found that similar percentages of NKT cells as well as NKG2D+ NKT cells infiltrate the tumor and gastric mucosal tissues. In addition, NKT cells in both tissues present more membrane-associated NKG2D levels than CD3+ T lymphocytes. However, the frequency of NKG2D-expressing NKT cells is lower in tumors at more advanced stages (III and IV), although the percentage of NKT cells or NKG2D+ NKT cells does not associate with tumor differentiation, lymph node metastasis, or the overall patients' survival rate. Discussion: Our results suggest that tumor-associated NKG2D+ NKT cells in GC patients at advanced stages of the disease may present compromised cytolytic properties, which may contribute to tumor immunoevasion and progression. The cytotoxic function of NKT cells in gastric adenocarcinoma are under our current investigation. Financial support: FONDECYT Grants 11110456 and 1130330 |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Hugo Ju Preciado; Alejandro Corvalan; Carlos García Carrasco; Alejandra Alarcon; Wanda Fernandez; Francisca Alfaro; Jose Antonio Sola; María José Maturana; Rodrigo Ascui; Jorge Arancibia; Bettina Müller.; **COULD METHYLATED REPRIMO CELL-FREE DNA SERVE AS A NOVEL TUMOR MARKER TO ASSESS RESPONSE IN LOCALLY ADVANCED GASTRIC CANCER TREATED WITH PREOPERATIVE CHEMOTHERAPY?** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 67

INTRODUCTION: Perioperative chemotherapy (CT) for locally advanced gastric cancer (LAGC) improves curative resection rates and survival compared to surgery alone. Early response assessment is challenging and no tumor markers are validated for this purpose. Cell-free circulating DNA (cfDNA) is increased in patients with cancer compared to healthy controls and circulating DNA containing genomic alterations of the tumor (ctDNA) has been shown to increase with disease stage and could monitor tumor burden and response to treatment. The methylated Reprimo (RPRM) cfDNA represents a ctDNA studied for early detection of GC showing a high specificity and sensibility. This pilot study was conducted with patients enrolled in the GOCCHI 2009-01 study (NCT01633203). OBJECTIVE: To explore if the change in number of copies of RPRM cfDNA detected in blood correlates with histopathological response to preoperative CT in locally advanced GC. METHODS: Patients with histologically proven, operable, LAGC were eligible for this study. All patients signed the informed consent form allowing blood sampling for tumor marker measurement. Preoperative CT treatment was ECX regimen q21d for 3 cycles. Blood samples for RPRM assessments were taken at day 1 of each cycle (Baseline, Day 22, Day 43). Pathological response was defined if  $< 50\%$  residual tumor was present at surgery. Pathologists were blinded to the results of RPRM analysis and clinical response. cfDNA was obtained from plasma and modified with bisulfite. Absolute quantification of methylated cfDNA of RPRM was performed by MethyLight technology. RESULTS: 13 patients had at least 1 blood sample available for analysis. 11 patients had at least 2 samples for response assessment and 5 had all three samples taken. 10 of 13 GC patients were RPRM positive at baseline (77% sensitivity for detection of GC). 5 patients presented a decline in the number of copies of detectable RPRM from baseline to the second measurement. Of these, 4 had a pathological response. In contrast, 5 patients presented an increase from baseline. 2 of them had no response on pathological evaluation, and 1 patient had metastatic non-resectable disease. Decrease of RPRM copies was found to have 80% sensitivity and 75% specificity to predict response to treatment. CONCLUSIONS: Our preliminary findings suggest that methylated RPRM cfDNA could serve as a novel tumor marker for early response assessment in locally advanced GC treated with preoperative chemotherapy. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Lin Chen; Shi-Bo Bian; Jian-Xin Cui; Lian-Gang Ma; Rong Chen; Hong-Qing Xi.; **DECREASED SCRIBBLE EXPRESSION AND DOWN-REGULATING HIPPO-YAP PATHWAY FACTORS ARE ASSOCIATED WITH POOR PROGNOSIS IN GASTRIC CANCER PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 67

Background Gastric cancer (GC) is the second leading cause of cancer-related mortality worldwide and is associated with poor prognosis for patients. The Hippo pathway is important in the development of several different types of cancer, including GC. The deregulation of the SCRIBBLE/Hippo-YAP pathway in GC has, however, not yet been described. Methods In this study, we identify SCRIBBLE as a gastric cancer metastasis suppressor upstream of Hippo signaling by immunohistochemistry(IHC) in tumor and non-tumor gastric mucosa from patients with advanced GC. 150 tumor samples and 150 non-tumor gastric mucosa samples were evaluated from advanced GC patients, selected from the Chinese PLA general Hospital. SCRIBBLE, MST1, p-MST1/MST2, LATS1, p-LATS1/LATS2, YAP, p-YAP were studied. Results YAP and p-YAP were significantly overexpressed in tumor tissues. Conversely, SCRIBBLE, p-MST1/MST2 and p-LATS1/LATS2 was down regulated in GC, notably in pT3-pT4 tumors ( $p = 0.03$ ) and inversely correlated with lymph node metastasis ( $p < 0.01$ ). SCRIBBLE expression status correlated with metastasis-free, recurrence-free and overall survival outcomes in the patients. Conclusions Our results suggest that the SCRIBBLE/Hippo-YAP pathway is inhibited in GC, with low expression in tumor tissue of most of the studied phosphorylated proteins. These might be considered SCRIBBLE as a metastasis suppressor that functions through the Hippo-YAP pathway and specific target for targeted treatment. SCRIBBLE has significant prognostic and predictive value in GC. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Aline Maria Pereira Cruz; Amanda Ferreira Vidal; Leandro Lopes de Magalhaes; Ana Karyssa Mendes Anaissi; Samia Demachki; Andrea Keli Campos Ribeiro-dos-Santos; **DIFFERENTIAL EXPRESSION OF HSA-MIR-10A AND HSA-MIR-17 PERIPHERAL BLOOD OF PATIENTS WITH GASTRIC ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 68

Gastric adenocarcinoma is the fourth type of cancer most incident and second most mortal worldwide. This higher mortality may be related to the asymptomatic or inespecific characteristics in the early stages of the disease, to the lack of specific and sensitive biomarkers and to the hard management due its molecular heterogeneity. MicroRNAs (miRNAs) are becoming promisor less invasive biomarkers once they present specific expression and stability in biofluids, such as blood. This work aimed to quantify the expression levels of five miRNAs (hsa-miR-10a, hsa-miR-17, hsa-miR-29c, hsa-miR-31 and hsa-miR-135b) in peripheral blood samples of 23 pacients with gastric adenocarcinoma and 23 volunteers without the disease. Samples were collected in PAXgene Blood RNA tubes (Qiagen) and total RNA was extracted using PAXgene Blood miRNA kit (Qiagen). Reverse transcription and qRT-PCR were performed using Taqman MicroRNA Assays (Life Technologies). RNU6B was used as endogenous control. Experiments were performed in triplicates and mean and standard deviation were calculated for every miRNA and RNU6B. After observing that the expression of the endogenous control was highly incostant, the mean value of the expression of hsa-miR-10a and hsa-miR-17 as normalizer to all reactions as indicated by the Normfinder software. Comparative Ct method was used to measure expression levels and Kolmogorov-Smirnov, Mann-Whitney and Student t test were used to verify statistical differences ( $P < 0.05$ ). Hsa-miR-10a and hsa-miR-17 showed a elevated ( $P = 0.02$ ; 2.13 fold) and reduced ( $P = 0.02$ ; fold -2.13) expression levels, respectively, in patients with gastric adenocarcinoma compared to volunteers. Principal component analysis revealed the ability of both miRNAs expression to separate patients in three groups: before resection surgery; after resection surgery; and volunteers. Target gene prediction was performed using miRtarbase and TargetCompare databases. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Aline Maria Pereira Cruz; Amanda Ferreira Vidal; Leandro Lopes de Magalhaes; Adenilson Leão Pereira; Ana Karyssa Mendes Anaissi; Samia Demachki; Andrea Keli Campos Ribeiro- dos-Santos; **DIFFERENTIAL EXPRESSION OF HSA-MIR-135B IN THE STOOL ACCORDING TO LAUREN'S CLASSIFICATION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 68

Gastric adenocarcinoma is the fourth type of cancer most incident and second most mortal worldwide. This higher mortality may be related to the asymptomatic or inespecific characteristics in the early stages of the disease, to the lack of specific and sensitive biomarkers and to the hard management due its molecular heterogeneity. MicroRNAs (miRNAs) are becoming promisor less invasive biomarkers once they present specific expression and stability in biofluids, such as feces. Therefore, cellular exfoliation of the gastrointestinal mucosa allows the feces to be a important source of biological information to the molecular analysis in gastric cancer. This work aimed to quantify the expression levels of five miRNAs (hsa-miR-10a, hsa-miR-17, hsa-miR-29c, hsa-miR-31 and hsa-miR-135b) in feces samples of 23 pacients with gastric adenocarcinoma and 23 volunteers without the disease. Samples were collected without the use of laxatives. Total RNA was extracted using the High Pure miRNA Isolation kit (Roche). Reverse transcription and qRT-PCR were performed using Taqman MicroRNA Assays (Life Technologies). RNU6B was used as endogenous control. Experiments were performed in triplicates and mean and standard deviation were calculated for every miRNA and RNU6B. After observing that the expression of the endogenous control was highly incostant, the mean value of the expression of hsa-miR-10a and hsa-miR-17 as normalizer to all reactions as indicated by the Normfinder software. Comparative Ct method was used to measure expression levels and Kolmogorov-Smirnov, Mann-Whitney and Student t test were used to verify statistical differences ( $P < 0.05$ ). Hsa-miR-135b was hiperexpressed in samples of patients with gastric cancer compared to volunteers ( $P = 0.02$ ; 2.18 fold). Higher levels of expressions were correlated with the intestinal subtype classification proposed by Laurén (1965). Target gene prediction was performed using miRtarbase and TargetCompare databases. This is the first study that analysed miRNA expression profiles in feces of patients with gastric adenocarcinoma according to its histological subtype. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Pauli Puolakkainen; Tuuli Kauttu; Harri Mustonen; Sanna Vainionpää; Leena Krogerus; Ilkka Ilonen; Jari Räsänen; Jarmo Salo; **DISINTEGRIN AND METALLOPROTEINASES (ADAMS) EXPRESSION IN GASTROESOPHAGEAL REFLUX DISEASE AND IN GASTROESOPHAGEAL ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 68

Background: Clinically useful marker molecules for the progression of gastroesophageal reflux disease (GERD) and Barrett's esophagus (BE) to esophageal adenocarcinoma (EAC) are lacking. Increased expression of ADAMs, 'a disintegrin and metalloproteinase's, is found in many adenocarcinomas and inflammatory conditions. To study cancer development, we investigated their expression in EAC and different phases of GERD. Methods: We assessed the mRNA and protein expression of five ADAMs (9, 10, 12, 17, 19) in three esophageal cell lines (Het-1A, OE19, OE33) by RT-PCR and western blotting, and in human samples of normal esophagus, esophagitis, BE, Barrett's dysplasia, and EAC by RT-PCR, and in selected samples by immunohistochemistry. Results: EAC patients showed increased expression of ADAMs 9, 12, 17 and 19 mRNA, as compared to controls. At immunohistochemistry, ADAM9 and ADAM10 proteins were increased in EAC. Patient samples also showed an increase of ADAM12 mRNA in esophagitis, of ADAM9 in BE, and of ADAMs 9, 12 and 19 in dysplastic Barrett's esophagus, as compared to controls. In cell lines, an increase in ADAMs 9 and 17 was detected in a Barrett's adenocarcinoma cell line, and for ADAM9 in a cell line of an adenocarcinoma of the gastroesophageal junction. Conclusions: ADAM9 expression is increased in EAC, and in its predecessors, ADAM9 mRNA is increased. The expression of other ADAMs in various stages of GERD shows alterations as well, suggesting that ADAMs may be involved in the development of EAC. The importance of the altered expression warrants further studies. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Kelly Renata Sabino; Gisele Araújo Pereira; Dafne Maria Villar Gonçalves; Elvis Benys Baldiviezo Plaza; Neemias Moreira da Silva Júnior; Joel Faintuch; Andy Petroianu; **EFFECT OF GASTRECTOMY FOR TREATMENT OF GASTRIC CANCER ON GLYCEMIA VALUES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 68

INTRODUCTION: The gastroplasty for the treatment of morbid obesity reduces the glycemia level of patients with diabetes mellitus even before their weight loss. Weight reduction after gastrectomy for cancer is well known even in patients free of their disease and without any complication. OBJECTIVE: To verify the effect of gastrectomy for treatment of gastric cancer on values of glycemia. METHOD: A prospective study was performed on 95 patients with gastric adenocarcinoma to assess the glycemia values before and after subtotal gastrectomy. The patients were identified according to their age, gender, presence of diabetes mellitus, pre- and postoperative glycemia. RESULTS: Diabetes mellitus was verified in 14 (14.74%) of patients. In 5 (35.71%) of them the preoperative glycemia was  $131.8 \pm 39.14$  and the postoperative glycemia was  $112.8 \pm 28.09$  ( $p = 0.1875$ ). CONCLUSION: Subtotal gastrectomy to treat gastric cancer of patients with diabetes mellitus does not interfere with the glycemia level. ACKNOWLEDGMENT: To FAPEMIG for the financial support |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Wilda Olivares; Carolina Bernal; Maria Jose Maturana; Cinthya Escobar; Leda Guzman; Alejandro Corvalan.; **EPIGENETIC AND GENETIC INACTIVATION OF THE E-CADHERIN GENE IN SPORADIC DIFFUSE-TYPE GASTRIC CARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 69

E-cadherin is a calcium dependent cell-cell adhesion glycoprotein comprised of five extracellular cadherin repeats, a transmembrane region and a highly conserved cytoplasmic tail. Loss of E-cadherin has been observed in a variety of human tumors and it is well accepted that loss of expression of E-cadherin might contribute to the diffuse phenotype of gastric cancer. Furthermore, abundant evidence links a great variety of germ-line mutations of CDH-1 gene to the development of hereditary diffuse-type gastric carcinoma (HDGC). However the mechanisms of this inactivation in sporadic diffuse-type gastric carcinoma (SDGC) are unknown. To identify major silencing mechanisms in SDGC, we evaluated 33 SDGC cases by immunohistochemistry and mutational analysis and a subset of 26 SDGC cases by methylation-specific PCR (MSP). Among SDGCs, total loss of E-cadherin expression or aberrant pattern (granular cytoplasmic staining) was observed in 27% (9/33) of cases. Mutational analysis revealed five cases (15%) with nucleotides changes, in exon 14 (CxT), exon 16 (CxT and GxT) and 2 intronic mutations (Int 2 TxG and Int 15 CxG). Aberrant methylation of the CDH-1 promoter region was observed in 81% (21/26) of cases. Integrative analysis of all three approaches was performed in 20 cases. In this approach, loss of E-cadherin expression was observed in 35% (7/20) cases, all of them associated with methylation but no mutation was found. Among 13 cases without loss of E-cadherin expression, methylation was found in 69% (9/13) cases and three cases with nucleotide changes, (Int2 TxG, E14 CxT, E16 GxT). Our results show that aberrant methylation of the CDH-1 promoter region is the most common mechanism of inactivation of E-cadherin gene in SDGC and that mutational inactivation is an infrequent event. In addition, the presence of aberrant cytoplasmic staining suggests a post-transcriptional mechanism of inactivation for CDH-1 gene. Grant Support: CONICYT-Fondap 15130011 and Fondecyt 1111014 to AH Corvalan from the Government of Chile |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Yachao Hou; Jingyu Deng; Xingming Xie; Xishan Hao; Han Liang.; **EVALUATING THE CLINICAL FEASIBILITY: THE DIRECT BISULFITE GENOMIC SEQUENCING FOR EXAMINATION OF METHYLATED STATUS OF PROTOCADHERIN10 (PCDH10) PROMOTER TO PREDICT THE PROGNOSIS OF GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 69

Abstract Objective: To elucidate the clinical significance of the methylated status of CpG site count of PCDH10 promoter in the survival prediction in gastric cancer (GC). Methods: In our previous study, we demonstrated that the methylated CpG site count was significantly associated with the survival of patients with gastric cancer using the bisulfite genomic sequencing (BGS) in the gastric cancer tissue with five clones per sample. It was so complicate for each patient underwent the BGS detection with clones. In this study, we detected hypermethylated and hypomethylated CpG site count of PCDH10 DNA promoter in samples of 471 GC patients by direct bisulfite genomic sequencing. Moreover, relationships between the methylated status of PCDH10 promoter and overall survival were evaluated. Results: PCDH10 promoter methylation was found 257(54.6%) in all patients. Gastric cancer (GC) patients with 5 or more methylated CpG site counts of PCDH10 promoter was significantly associated with poorer survival ( $p=0.039$ ). On the multivariate survival analysis, we found that T stage, N stage and hypermethylated CpG site counts of PCDH10 DNA promoter were the independent predictors of prognosis for GC patients. In addition, the hypermethylated CpG site counts of PCDH10 DNA promoter had smaller Akaike information criterion (AIC) and Bayesian information criterion (BIC) values than the other 2 independent predictors of the survival. Conclusions: Our present findings suggested that hypermethylated CpG site counts of PCDH10 DNA for evaluating the prognosis of gastric cancer was reasonable by using the direct sequencing. Key words: PCDH10; methylation; Direct bisulfite genomic sequencing; Prognosis; Gastric cancer |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

guanyu zhu.; **EXPRESSION OF 14-3-3BETA IN GASTRIC CANCER AND ITS CORRELATION WITH CLINICOPATHOLOGICAL FEATURES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 69

Abstract 14-3-3beta protein has been implicated in the initiation and progression of cancers. We had compared the protein profile separate by two-dimensional gel electrophoresis (2-DE) between two groups of gastric cancer samples, which one with lymphonode metastasis and the other without lymphonode metastasis. All of the cancer samples were in the same invasion depth in our previous study. Among all the changed proteins, 14-3-3 beta protein was the most elevated one in the protein profile. Then 14-3-3beta protein expression was down-regulated by RNA interference, and a series of cytobiology functions were examined in vitro. Furthermore, 14-3-3beta protein expression levels in gastric cancer samples were analysed by immunohistochemistry staining, and the significance between 14-3-3 beta protein expressing levels with clinicopathological factors was explored in these samples. Based on the detection of western-blot analysis, we have confirmed that 14-3-3beta protein was stable expressed in SGC7901, MGC803 and HGC27 gastric cancer cell lines. The absent of 14-3-3beta expression may reduce the MGC803 invasion and decreased HGC27 and MGC803 cell proliferation. The present of serosal invasion was an independent risk factor for lymphonode metastasis. 14-3-3beta protein stably expressed in SGC7901, MGC803 and HGC27 cell lines. RNA interference could downregulate 14-3-3 beta expression efficiently. 14-3-3beta protein was involved in gastric tumor cell proliferation and invasion. 14-3-3beta was related to lymphonode metastasis in gastric carcinoma. Overall, these results suggest that 14-3-3beta protein has the potential to be used as a diagnostic and prognostic biomarker in gastric cancer. Key words: 14-3-3beta protein, gastric cancer, lymphonode metastasis, biomarker. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Xiuwen Lan.; **EXPRESSION OF GST-? IN GASTRIC CANCER WITH PERITONEAL METASTASIS AND ITS SIGNIFICANCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 69

Objective To study the clinical significance of glutathione-s-transferase (GST-?) expression in gastric carcinoma with peritoneal metastasis. Methods The GST-? protein expression of resected specimens from 56 cases of primary gastric cancer with peritoneal metastasis and 24 peritoneal metastasis in contrast with 40 cases of primary gastric cancer without peritoneal metastasis were detected by using Immunohistochemistry and their clinical data were also investigated. Results The positive GST-? expression rate in paratumor normal tissues, in primary gastric cancer without peritoneal metastasis, in primary gastric cancer with peritoneal metastasis, and peritoneal metastasis was 30.0% (6/20) ,72.5% (29/40) ,89.3%(50/56),66.7%(16/24) respectively. The positive GST-? expression rate in group without peritoneal metastasis was lower than that in group with peritoneal metastasis. The difference was statistically significant. The positive GST-? expression rate in peritoneal metastasis was lower than that in primary gastric cancer. The GST-? protein expression was correlated with the histology type of the patients with peritoneal metastasis ( $P>0.05$ ), but not related to age, sex, organ infiltration, Borrmann types, serous infiltration, lymph node metastasis and peritoneal metastasis ( $P<0.05$ ). Kaplan-Meier survival statistical results show the drug resistance of GST-? of the patients with peritoneal metastasis was related to the life span ( $P>0.05$ ). Conclusions The expression of GST-? had correlation with the histological category of tumor and the determination of GST-? may be useful for the estimation of prognosis and the establishment of chemical therapy regimen in gastric carcinoma with peritoneal metastasis. |

SEM CONFLITOS DE INTERESSE



Pôster - Basic science and clinical relevance

Guanghai Dai; Yalin Han; Niansong Qian; EXPRESSIONS AND PROGNOSTIC ROLES OF ANGIOGENESIS-RELATED MOLECULARS IN PATIENTS WITH 166 GASTRIC CANCER IN CHINA. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 70

Objective? The aim of this study was to investigate the clinicopathological and prognostic relevance of metastasis associated with lysyl oxidase (LOX), vascular endothelial growth factor-A(VEGF-A), Hypoxia inducible factor 1 alpha (HIF1?) and Platelet-derived growth factor receptor ? (PDGFR-?) in gastric cancer Methods? All 166 patients included in the study were gastric cancer and had complete follow-up information from January 2007 to June 2008 and was detected the correlation of the clinicopathology and therapy with their survival. The expression profiles of LOX, VEGF-A, HIF1? and PDGFR-? in association with the clinicopathological factors were determined by immunohistochemistry, and their prognostic values were investigated by comparing the survival rate between positive and negative patients. Results? The median follow-up time of the 166 gastric cancer patients was 64.3 months. There were 110 patients was recurrence or metastasis (66.3%) and 101 patients died (60.8%). The DFS was 25.4 months and the OS was 35.2 months. The over expression rate of LOX in the tissues of gastric cancer (39.8?) was significantly higher than that in non-cancerous adjacent gastric tissue (18.6%). The DFS and OS in the weak-expression group were significantly longer than the overexpression group (DFS: 31.3 months vs 15.1 months, P=0.005; OS: 49.2 months vs 21.9 months, P=0.004). So was in VEGF-A (DFS: 31.3 months vs 17.5 months, P=0.019; OS: 50.2 months vs 26.4 months, P=0.034), HIF1? (DFS: 27.0 months vs 16.1 months, P=0.048; OS: 39.8 months vs 20.4 months, P=0.046), PDGFR-?(DFS: 30.4 months vs 15.1 months, P=0.040; OS: 46.8 months vs 22.5 months, P=0.007) overexpression groups. In addition, patients with LOX, VEGF-A, HIF1? and PDGFR-? co-overexpression had significantly poorer outcomes than the negative group (OS: 5.8 months vs 48 months, P = 0.002) and (DFS: 3.9 months vs 37.3 months, P = 0.002). Moreover, LOX, Borrmann types, TNM stages and adjuvant chemotherapy cycles were independent prognostic factors for DFS (P=0.047, 0.016, 0.000 and 0.000, respectively) and OS (P=0.010, 0.000, 0.000 and 0.000, respectively). Conclusions? LOX is an independent prognostic marker of DFS and OS of gastric cancer patients. Further studies are needed to investigate the precise function of LOX in the progression of gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Guanghai Dai; Rui Qin; Niansong Qian; EXPRESSIONS AND PROGNOSTIC ROLES OF MACC1, C-MET AND CTEN IN 160 PATIENTS WITH CARCINOMA OF THE GASTROESOPHAGEAL JUNCTION IN CHINA. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 70

Objective? The aim of this study was to investigate the clinicopathological and prognostic relevance of metastasis associated with colon cancer 1 (MACC1), C-Met and terminus tensin-like molecule (CTEN) in carcinoma of the gastroesophageal junction (CGEJ). Methods? Clinical data of CGEJ patients who underwent radical surgery and had complete follow-up information from January 2008 to June 2013 were analyzed retrospectively. The expression profiles of MACC1?C-Met?CTEN in association with the clinicopathological factors were determined by immunohistochemistry, and their prognostic values were investigated by comparing the survival rate between positive and negative patients. Results? All 160 patients included in the study were CGEJ with radical Surgery. The median follow-up time was 64.7 months. Of the 160 patients, 112 patients (70.0%) had experienced tumor recurrence and metastasis, and 103 (64.4%) patients had died by the end of the follow-up date (June 31, 2013). The DFS was 18.2 months and the OS was 29.3 months. The 5-year overall survival rates were 36.4%. In addition, total gastrectomy, thrombosis, TNM stage and postoperative adjuvant chemotherapy were independent risk factors in predicting DFS (P=0.008, 0.016, 0.000 and 0.025, respectively) and OS (P=0.003, 0.044, 0.005, 0.000 and 0.02, respectively). Moreover, the patients treated with postoperative adjuvant chemotherapy had a longer survival time (DFS: 28.9 months vs 12.2 months, P = 0.000; OS: 49.8 months vs 21.7 months, P = 0.001). There was no difference between patients treated with oxaliplatin or with docetaxel (DFS: 46.6 months vs 18.2 months, P = 0.033; OS: 62.3 months vs 29.3 months, P = 0.069). Depth of invasion, lymph node metastasis, thrombosis and poor differentiation were detected significantly more frequently in MACC1(+) (P= 0.000, 0.000, 0.011 and 0.02, respectively), C-Met(+) (P=0.000, 0.000, 0.000 and 0.014, respectively) and CTEN (+)(P=0.002, 0.000, 0.000 and 0.014, respectively) group. In addition, MACC1(+)/C-Met(+)/CTEN(+) group had significantly poorer outcomes than the negative group (OS: did not reach vs 15.8 months, P = 0.000; DFS: 9.4 months vs 56.9 months, P = 0.002) Conclusions? MACC1(+)/C-Met(+)/CTEN(+) is correlated with unfavorable prognostic outcomes of CGEJ patients in china. Our data indicate that MACC1, C-Met and CTEN expression levels could help identify a particular subgroup of CGEJ with potentially poor survival |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

yue kang; EXTENT OF SEROSAL CHANGES PREDICTS PERITONEAL RECURRENCE AND POOR PROGNOSIS AFTER CURATIVE SURGERY FOR GASTRIC CANCER. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 70

Objective: To investigate, whether the width of gastric serosal lesions in advanced gastric cancer patients has a predictive value for peritoneal recurrence and 5-Year survival rates. Methods: In this retrospective study, 1,109 patients with advanced primary gastric adenocarcinoma, who underwent curative gastrectomy in our hospital between January 1997 and December 2007, were included. Data of tumor size, resection type, longitudinal tumor location, serum albumin concentration, lymphatic/venous invasion, lymphnode metastasis status, lesion size, histological and Borrmann type of tumor as well as recurrence rate and width of gastric serosal lesions were collected and analyzed. Results: The peritoneal recurrence rate of patients with gastric serosal lesions > 3cm was lower than in patients with gastric serosal lesions > 3cm (7.1% vs 70.4%). Multivariate analyses of 5 year survival rate variables for all included patients revealed significant correlations with serum albumin concentrations (HR 1.382, P=0.002, 95% CI 1.123-1.701), width of serosa changes (HR 1.377, P=0.020, 95% CI 1.053-1.802), depth of invasion (HR 1.529, P<0.001, 95% CI 1.288-1.814) and lymphnode metastasis ( HR 1.551, P<0.001, 95% CI 1.420-1.694), whereas for recurrent patients only serum albumin concentrations (HR 2.000, P< 0.001, 95% CI 1.425 - 2.805), width of serosa changes (HR 1.867, P=0.002, 95% CI 1.248 - 2.793) and lymphnode metastasis (HR 1.521, P< 0.001, 95% CI 1.249 - 1.852) correlated with the 5-year survival rate. Conclusion: Gastric serosal lesions > 3cm might indicate high risks for peritoneal recurrence and serve as additional indicators for preventive postoperative adjuvant chemotherapies in patients with advanced gastric cancers. Keywords: Gastric cancer, gastric serosal lesions, 5-Year survival rate, peritoneal recurrence, curative gastrectomy. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Sai Ge; Qiyue Zhang; Qiong He; Jianling Zou; Jing Gao; Lin Shen; FAMITINIB EXHIBITS POWERFUL ANTITUMOR ACTIVITY IN HUMAN GASTRIC CANCER CELLS AND XENOGRAPTS. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 70

Objective: Famitinib (SHR1020), a novel multitargeted tyrosine kinase inhibitor, exerts antitumor activity in several solid tumors by mainly targeting VEGFR2, c-kit, and PDGFR, etc. This study was designed to investigate the potential activity against human gastric cancer cells in vitro and in vivo. Methods: The IC50 values of drugs were determined by MTS assay. Cell cycle and cell apoptosis were analyzed using flow cytometry, TUNEL assay, and western blot. CD34 staining was employed to evaluate the microvessel density. BGC-823 derived xenografts in nude mice were established to assess the efficacy of drugs in vivo. Results Famitinib could inhibit cell proliferation by inducing cell cycle arrest at G2/M phase and cell apoptosis in a dose-dependent manner in vitro gastric cancer cell lines. In vivo BGC-823 xenograft models, famitinib retarded tumor growth significantly through inhibiting angiogenesis. Compared to the common used chemotherapeutic drugs (5-fluorouracil, cisplatin, or paclitaxel alone), famitinib exerted the highest tumor suppression with the inhibitory ratio >85%. Conclusion This study demonstrated for the first time that famitinib had powerful antitumor activity against human gastric cancer in vitro and in vivo, which provided solid evidence for the future clinical trial. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Morgana Terezinha Alves de Queiroz; Carolina Rosa Queiroz Fulas; Silvia Regina Cardoso; Bruna Maria Roessler; José Murilo Robillota Zeitune; Rita Barbosa de Carvalho; José Olympio Meirelles dos Santos.; **GASTRIC ADENOCARCINOMA IN HYPERPLASTIC POLYP: A CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 71

**Introduction:** The presence of malignant gastric neoplasia in hyperplastic polyp is very rare. There is controversy as to whether hyperplastic gastric polyps, considered benign, could trigger the carcinogenic process. The aim of the research is to report a case of a patient who was diagnosed with gastric cancer in a hyperplastic polyp. **Methodology:** a male patient, 71 years old, from Campinas, São Paulo, Brazil, presenting progressive complaint of dyspepsia and postprandial discomfort. The diagnostic investigation by upper digestive endoscopy demonstrated macroscopically the presence of a pre-pyloric gastric elevated lesion with about 1.2 cm long, with lobulated and long appendice (IV Classification of Yamada). The lesion transfixed intermittently the duodenum, also causing discontinued obstruction of the pylorus. The lesion was resected with polypectomy snare uneventful and sent to pathology. The patient signed the informed consent. **Results:** After analysis by two pathologists the lesion was classified as a well-differentiated adenocarcinoma in intramucosal gastric hyperplastic polyp, in which the base was free of tumor resection. Four months after the excision of the lesion, it was reported a normal condition on the endoscopic exam. On this occasion, many gastric fragments were removed of the site of insertion of the previous polyp and sent for histopathological analysis. In microscopic diagnosis it was verified the presence of regenerative changes and the absence of neoplastic or even dysplastic epithelium. The prognostic was good and the patient has remained asymptomatic after the procedures. **Conclusion:** this case demonstrates the importance of the resection of all high gastric injury hyperplastic aspect, regardless of size, with detailed and regular endoscopic follow-up, because the possibility of associated gastric neoplasia. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Elisabete Cristina Nunes Fernandes; Elsa Ribeiro; Bruno Sarmentos; Luis Lima; José Alexandre Ferreira; Lúcio Lara Santos.; **GLYCONANOMED: ANTIBODY-BASED NANOMEDICINE TARGETING CA19-9 POSITIVE GASTRIC CANCER CELLS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 71

**Introduction:** Gastric cancer is the fourth most common cancer and the second leading cause of cancer death worldwide. Chemotherapy drugs are the main treatment for advanced or recurrent digestive cancer, however due to the adverse effects on normal tissue the dosage of chemotherapy drugs that can be administered to patients must be limited, which may lead to a tumor relapse and often metastatic disease. Furthermore, some subpopulations of cancer cells present or develop during the course of treatment resistance to conventional anticancer drugs. Guided nanocarriers systems have great potential for drug delivery since they potentiate the efficacy and pharmacokinetics of conventional chemotherapy drugs, thereby reducing systemic toxicity. We performed a systematic review on available nanotherapeutics for digestive cancer and found that only 19 % of the studies used gastric cancer as a model. All studies showed that nanoencapsulation improved antitumor activity of the anticancer agents, promoted inhibition of tumor growth and significantly reduced of tumor volume. Still, none of them explored the altered cell surface glycosylation presented by chemoresistant cancer cells in hypoxic tumour areas for selective delivery of nanoencapsulated agents. **Objective:** Herein we explore the fact that hypoxic gastric cancer cells overexpress selectin-ligand sialyl-Lewis A (sLea; CA19-9 antigen) to develop a targeted nanotherapeutics. **Materials and methods:** We have functionalized PLGA nanoparticles encapsulating cisplatin with an anti-CA19-9 monoclonal antibody using EDC-NHS coupling chemistry (GlycoNanoMed). These conjugates showed to be completely stable by a high-performance liquid chromatography (HPLC), DLS (dynamic light scattering), dark field microscopy and TEM (transmission electron microscopy). The GlycoNanoMed was further tested in gastric tissue sections for its capability to specific recognize CA19-9 expressing cells, by immunohistochemistry. **Results / Discussion:** HPLC method demonstrates an association efficiency for PLGA – Cisplatin of about 30%. Labeled tissue sections examined by confocal microscopy indicated that these bioconjugates nanoparticles can bind selectively to CA19-9 positive gastric cancer tissues. **Conclusion:** We have developed a GlycoNanoMed able to selectively target CA19-9 expressing cells in ex vivo settings. In vitro and in vivo studies will follow to determine its potential to improve gastric cancer treatment. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

TIZIANO LOTTINI; Elena Lastraioli; Marie Aimee Gloria Munezero Butorano; Antonio Taddei; Carla Vindigni; Luca Messerini; Anna Tomezzoli; Luca Saragoni; Ilaria Manzi; Bruno Compagnoni; Mariella Chiudinelli; Marilena Fazi; Giancarlo Freschi; Luca Boni; Marianna; Vincenzo; Paolo Bechi; Annarosa Arcangeli.; **HERG1 POTASSIUM CHANNEL EXPRESSION IN UPPER GI PRENEOPLASTIC LESIONS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 71

**Objectives:** hERG1 potassium channels are expressed in neoplastic lesions of the GI tract (Lastraioli E et al, 2012; Crociani O et al, 2014). Based on these data we evaluated hERG1 expression and role in upper GI pre-neoplastic conditions such as gastric dysplasia and Barrett's esophagus. **Methods:** From different centers belonging to GIRCG (Florence, Siena, Brescia, Verona and Forlì), 85 paraffin embedded samples of esophageal tissue obtained from Barrett's esophagus (BE) patients and 71 samples of gastric dysplasia were collected from. All the samples were analyzed for hERG1 expression by immunohistochemistry (Lastraioli E et al, 2012). We also performed in vivo experiments using different mouse strains to produce BE mouse model: (1) Balb-C wild type mice, (2) hERG1-transgenic (TG) mice (Fiore A et al, 2013) and (3) beta IL1 TG mice. In Balb-C and hERG1-TG mice we performed the surgical esophago-jejunal anastomosis. Samples were taken soon after the mice sacrifice, and the entire stomach and esophagus were fixed in formalin for at least 24 hours. **Results:** hERG1 was expressed in 82.3% of BE patients whose lesions proceeded towards adenocarcinoma and in 20.0% not-progressed BE (p < 0.0001, 2-sided Fisher Exact Test). hERG1 is expressed in 59.1% of dysplasia samples. hERG1 turned out to be more frequently expressed in high grade dysplasias than in low grade lesions (66.7% vs 59.2%). An increased hERG1 expression was observed in patients whose lesions progressed towards adenocarcinoma with respect to not-progressed dysplasias (78.6% vs 50.0%). Since 26/39 mice died within the first week after surgery, we performed surgery maintaining the operating room temperature around 25-28°C. 9 mice survived (4 TGs and 6 wild-type Balb-C). At now was observed the presence of metaplastic tissue in the esophagus of the hERG1-TG mouse operated first (with a follow up of 12 months). **Conclusions:** hERG1 is expressed in the early phases of GI tract cancerogenesis and it might play a role in the progression to esophageal and gastric adenocarcinoma. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

SUNGSOO PARK; SANGCHEUL OH; YOUNGJAE MOK.; **HETEROGENIETY OF SONIC HEDGEHOG SIGNALING PATHWAY BETWEEN PRIMAY AND METASTATIC LYMPH NODE IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 71

**Background** Hedgehog signaling pathway was shown be involved cell motility and invasion in gastric cancer. The objective of this study was to evaluate the sonic hedgehog signaling pathway of primary tumor and metastatic lymph node from gastric adenocarcinoma. **Methods** A total of 99 cases of gastric cancers with lymph node metastasis were collected from Korea University Guro Hospital tissue bank between 2005 and 2006. Immunohistochemical stain of tumors and lymph nodes were studied using antibodies were used: Shh (1:50, 5H4, Abcam, Cambridge, MA, USA), Gli-1 (1:50, cell signaling). The correlation between the IHC stain of primary tumor and metastatic lymph node and several clinicopathological factors and survival were evaluated. **Results** There were significant differences in the 5-year survival rates according to the shh status of primary tumor. Also we observed survival difference according to the shh status of metastatic lymph node. The discordance rate of the shh status between primary tumor and metastatic lymph node was 38%. **Conclusions** Sonic hedgehog signaling pathway of primary tumor and metastatic lymph node made a difference in our study. Therefore, chemotherapeutic agents for hedgehog pathway targeted chemotherapy were very carefully selected in patient with gastric cancer. **Keywords :** sonic hedgehog signaling, tumor heterogeneity |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Taniely Cristina Raiol Silva; Mariana Ferreira Leal; Danielle Queiroz Calcagno; Carolina Rosal Teixeira de Souza; André Salim Khayat; Ney Pereira Carneiro dos Santos; Raquel Carvalho Montenegro; Sílvia Helena Barem Rabenhorst; Mayara Quaresma Nascimento; Joana de Fátima Ferreira Borges da Costa; Paulo Pimentel Assumpção; Marília de Arruda Cardoso Smith; Rommel Rodríguez Burbano; **HTERT, MYC AND TP53 DEREGLATION IN GASTRIC PRENEOPLASTIC LESIONS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 72

Gastric cancer is a serious public health problem in the world due to its high incidence and mortality. Despite the severity of the disease, more studies are needed to better understand the molecular events involved, mainly in this intestinal-type gastric carcinogenesis process. Since precancerous lesions precede intestinal-type gastric cancer, in this work, it was evaluated the hTERT, MYC, and TP53 mRNA expression, as well as their protein products, in gastric preneoplastic lesions (19 superficial gastritis, 18 atrophic gastritis, and 18 intestinal metaplasia) from cancer-free individuals of Northern and Northeast Brazil. The genes hTERT, MYC and TP53 was described as a key element in a variety of tumors, MYC is a oncogene described in several carcinogenesis, TP53 is tumor suppressor gene mutated in more than 50% of human cancers and hTERT expression have correlation with telomerase activity. The number of TP53 gene copies was also investigated in gastric diseases by quantitative PCR. Quantitative reverse transcription PCR was used to analyze the mRNA expression and immunohistochemical methods were used to assess protein immunoreactivity in tissue samples. It was observed hTERT, MYC, and p53 immunoreactivity only in intestinal metaplasia samples. The immunoreactivity of these proteins was strongly associated with each other. A significantly higher MYC mRNA expression was observed in intestinal metaplasia compared to gastritis samples. Loss of TP53 it was just detected in intestinal metaplasia specimens. In that way, it is ended that hTERT, MYC, and TP53 are deregulated in intestinal metaplasia of individuals from Northern and Northeast Brazil and these alterations may facilitate tumor initiation. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

TAISSA MAIRA THOMAZ ARAUJO; ALINE DAMASCENO SEABRA; FERNANDO AUGUSTO RODRIGUES MELLO JUNIOR; DIEGO DI FELIPE AVILA ALCANTARA; AMANDA PAIVA DE BARROS; PAULO PIMENTEL DE ASSUMPÇÃO; RAQUEL CARVALHO MONTENEGRO; ADRIANA COSTA GUIMARAES; SAMIA DEMACHKI; ROMMEL MARIO RODRIGUEZ BURBANO; ANDRE SALIM KHAYAT; **IDENTIFICATION OF RECURRENT COPY NUMBER VARIATIONS IN INTESTINAL-TYPE GASTRIC ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 72

The aim of this study was to investigate frequent quantitative alterations of intestinal-type gastric adenocarcinoma. We analyzed genome-wide DNA copy numbers of 22 samples using CytoScan HD Array. The highest frequent alterations observed in patients were amplifications involving 8q (55.5%), 20q (55.5%), 17q (50%), 1q (41%), 7p (41%), 6p (36.4%), 5p (36.4%), 13q (36.4%), 3q (32%), 7q (32%) e 20p (32%); deletions involving 3p (55.5%), 6q (50%), 2q (50%), 1p (45.5%), 5q (41%), 9p (36.4%), Xq (32%) e Xp (27.3%) and loss of heterozygosity involving 1q (36.4%) e 16p (77.3%). We identified 29 frequently altered genes (at least 50% of patients). Between them, we highlight the 22 alterations that to the best of our knowledge have not been described for gastric cancer (TP53TG3B, TP53TG3, ZNF267, ERBB4, LUZP2, CDH8, GBE1, ADAM3A, NRG3, SOX6, GPC5, KIAA0125, ADAM6, RTEL1, ZGPAT, SLC2A4RG, ZBTB46, TPD52L2, PRPF6, ASXL1, RGS19, B4GALT5). The protein analysis are now being performed with the purpose to validate these results by immunohistochemistry and verify if these quantitative changes may be used as markers in evaluating poor prognosis, as well as act as potential therapeutic targets for gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Yuxiang Liang; Jingyu Deng; Han Liang; **IMPACT OF NO.14V LYMPH NODE DISSECTION ON SURVIVAL AFTER SURGERY FOR MIDDLE AND.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 72

Background: D2 lymphadenectomy has been increasingly regarded as standard surgical procedure for advanced gastric cancer (GC), while necessity No.14v lymph node dissection for distal GC is still controversial. Methods: A total of 920 distal GC patients receiving at least D1+ (D1+7, 8a, 9) or D2 lymph node dissection in our center were enrolled in this study, of whom, 243 patients also had the No.14v lymph node dissected. Other 677 patients without No.14v lymph node dissection were used for comparison. Results: Forty-five (18.5%) patients had No.14v lymph node metastasis. There was no significant difference in overall survival (OS) rate between patients with and without No.14v lymph node dissection. Following stratified analysis, in TNM stages I, II, IIIa and IV, No.14v lymph node dissection did not affect OS; in contrast, patients with No.14v lymph node dissection had a significant higher OS than those without in TNM stages IIIb and IIIc. In multivariate analysis, No.14v lymph node dissection was found to be an independent prognostic factor in patients with TNM stage IIIb/IIIc GC (hazard ratio, 0.670; 95% confidence interval, 0.506-0.886; p=0.005). |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Yanbing Zhou; Hao Wang; Shougen Cao; Dong Chen; Dongsheng Wang; **IMPACT OF THE SURGICAL SAFETY CHECKLIST ON POSTOPERATIVE CLINICAL OUTCOMES IN GASTROINTESTINAL TUMOR PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 72

BACKGROUND: A 19-item Surgical Safety Checklist (SSC) was published by the World Health Organization in 2008 and was proved to reduce postoperative complications. It was issued by the National Health and Family Planning Commission of the People's Republic of China in 2010. To date, however, the impact of SSC implementation in China has not been evaluated. The study was performed to evaluate the impact of the SSC on postoperative clinical outcomes in gastrointestinal tumor patients. STUDY DESIGN: Between April 2007 and March 2013, 7209 patients with gastrointestinal tumor who underwent elective surgery at the Affiliated Hospital of Qingdao University were studied. Data on the clinical records and outcomes of 3238 consecutive surgeries prior to SSC implementation were retrospectively collected; data on another 3971 consecutive surgeries performed after implementation of the checklist system were prospectively collected. The clinical outcomes (including mortality, morbidity, readmission, reoperation, unplanned intervention and postoperative hospital stay) occurring within 30 days after operation were compared between the two groups. Univariate and multivariate logistic regression analysis were performed to identify independent factors for postoperative complications. RESULTS: The rates of morbidity prior to and after checklist implementation were 16.43% and 14.33% (P = 0.018), respectively. In-hospital mortality occurred in 0.46% of the patients surveyed at the baseline and in 0.18% of the patients after checklist implementation (P = 0.028). Median of postoperative hospital stay before checklist implementation was 1 day longer than that observed afterward (P < 0.001). Multivariable analysis demonstrated that the SSC was an independent factor influencing any postoperative complications (odds ratio=0.860; 95% CI, 0.750-0.988). CONCLUSIONS: Implementation of the SSC could improve the clinical outcomes in gastrointestinal tumor patients undergoing general surgery in China. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Dingzhi Huang; Yongyin Gao; Rubing Han; Xia Wang; Shaohua Ge; Hongli Li; Ting Deng; Rui Liu; Ming Bai; Likun Zhou; Yi Ba; **INFLUENCE OF CHEMOTHERAPY ON THE SPARC EXPRESSION IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 73

**Objectives:** The expression of tumor biomarkers may change after chemotherapy. However, whether secreted protein, acidic and rich in cysteine (SPARC) expression changes after chemotherapy in gastric cancer (GC) is unclear. We investigated the influence of chemotherapy on SPARC expression in GC. **Methods:** Immunohistochemistry was used to analyze SPARC expression in 132 GC cases (including 54 cases with preoperative chemotherapy and 78 cases without preoperative chemotherapy). We assessed SPARC expression of postoperative specimens with and without preoperative chemotherapy to analyze the influence of chemotherapy on SPARC expression. **Results:** SPARC was highly expressed in GC compared with the desmoplastic stroma surrounding tumor cells and noncancerous tissues. High SPARC expression correlated with invasion depth, lymph node, and TNM stage. After chemotherapy, a lower proportion of high SPARC expression was observed in patients with preoperative chemotherapy than in the controls. For 54 patients with preoperative chemotherapy, gross type, histology, depth of invasion, lymph node, TNM stage, and SPARC expression were related to overall survival. Further multivariate analysis showed that lymph node, histology, and SPARC expression after chemotherapy were independent prognostic factors. **Conclusions:** SPARC expression may change after chemotherapy in GC. SPARC expression may be reassessed for patients with GC after chemotherapy. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Marianne Rodrigues Fernandes; Giovanna Chaves Cavalcante; Darlen Cardoso de Carvalho; Amanda de Nazare Cohen Lima de Castro; Tayna Ires Costa Novas; Sidney Emanuel Batista dos Santos; Paulo Pimentel de Assumpcao; Ney Pereira Carneiro dos Santos; Andrea Kely Campos Ribeiro dos Santos; Rommel Mario Rodriguez Burbano; **INVESTIGATING THE POLYMORPHISMS IN GENES CYP2E1 AND CYP19A1 FOR DEVELOPING THE GASTRIC CANCER IN THE NORTHERN OF BRAZIL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 73

**Introduction:** Gastric cancer (GC) is one of the most incidents malignancies in Brazil. In the north of Brazil, gastric cancer is the second most incident tumor in men and the third one in women. Cytochromes P450 family genes are involved in the activation and detoxification of several potential carcinogens. The enzyme encoded by CYP2E1 gene has as function to oxidize ethanol, generating its metabolite acetaldehyde, a known human carcinogen and is detoxified by aldehyde dehydrogenase 2 (ALDH2). The CYP19A1 is a gene involved in estrogen biosynthesis pathways in the ovary, and encodes an aromatase, which converts androgens into estrogens. Both cytochromes P450 family genes have been widely investigated in association with the development of different types neoplastic. **Objectives:** To investigate the genetic polymorphisms INDEL type in CYP19A1 genes (rs11575899) and CYP2E1 (96pb), and the possible association with susceptibility to the development of CG, the population of the northern region of Brazil. **Methods:** Samples of 125 patients diagnosed with adenocarcinoma Gastric were used and 279 individuals without cancer. Genotyping was performed by multiplex PCR (QIAGEN Multiplex PCR kit) and fragment analysis (ABI PRISM 3130 Genetic Analyzer) and used GeneMapper software v3.2 ID (Life Technologies). Logistic regression was performed to control for confounding factors (genomic ancestry, Age and Gender). **Results:** The risk for the development of GC analysis in CYP2E1 gene (INS/INS: p=0.999; DEL/DEL: p = 0.780) and for the CYP19A1 (INS/INS: p=0.749; DEL/DEL: p=0.496), there was not significant association between patient groups with CG and control. It Was performed genomic control of ancestry to avoid spurious associations arising from the effect of population admixture. In the analysis of ancestry, there was a significant association of European ancestry (p<0.001) in the study group and the control of African ancestry (p=0.027) in patients with CG. The Amerindian ancestry contribution did not show statistical significance (p=0.151). **Conclusion:** The polymorphisms INDEL type of CYP19A1 and CY2E1 genes did not showed any effect on the CG significant susceptibility association. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

NEY PEREIRA CARNEIRO DOS SANTOS; MARIANNE RODRIGUES FERNANDES; Karla Beatriz Cardias Cereja Pantoja; Daisy Esther Batista do Nascimento; Juliana Carla Gomes Rodrigues; Antonio Andre Conde Modesto; Williams Fernandes Barra; Danielle Feio da COSTA; Sidney Emanuel Batista dos Santos; Andrea Kely Campos Ribeiro dos Santos; Paulo Pimentel de Assumpção; **INVESTIGATION OF POLYMORPHISM GSTP1 (RS1695) AND XRCC1 (RS1799782) IN GASTRIC CANCER PATIENTS TREATED WITH PLATINUM – BASED CHEMOTHERAPICS IN THE NORTH REGION OF BRAZIL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 73

**Introduction:** Platinum – based drugs (cisplatin, carboplatin and oxaplatin) are largely used in different chemotherapy scheme in the oncologic treatments of a largely tumours types, included the gastric type. It is known a significant variability on the clinic response treatment and toxic development of patients who have been receiving these medicaments. Genetics polymorphism presents in the genes GSTP1 and XRCC1 have been identified as modulators of this interindividual variability in the treatments of the patients with platinum – based drugs. **Objective:** Search into the relation of the polymorphism Ala105Val A>G (rs1695) of the GSTP1 gene and Arg194Trp A>G (rs1799782) in the XRCC1 with the toxicity development (haematological, of the gastrointestinal tract and peripheral neuropathy) in 78 gastric cancer patients treat with platinum – based drugs of the University Hospital João de Barros Barreto and Hospital Ophir Loyola. **Methods:** The genetic material was extracted of peripheral blood samples using commercial kit, the polymorphism genotyping was realized with Real Time PCR using TaqMan probes (Applied Biosystems, Foster City, Califórnia, EUA). The statistical analysis was done on the SPSS v.18.0 program. **Results:** A significative association was found to the Polymorphism Ala105Val of the GSTP1 gene with a protect effect in the relation with the mucositis development (1 – 4 levels) in patients who have the G allele (in homozygosis or heterozygosis), in parallel relation with patients without the allele G (P= 0,024, OR= 0,208, IC 95%=0,055–0,790). Any significant statistic was found in the polymorphism Arg194Trp of the XRCC1 gene. **Conclusion:** Investigate polymorphisms variants in metabolic genes, can assist on treatment personification, get in more efficient and with less collateral effects to the patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

xin-cai xu; wen-bin zhang;. **KNOCKDOWN OF RAGE INHIBITS GROWTH AND INVASION OF GASTRICCANCER CELLS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 73

The receptor for advanced glycation end-products (RAGE) is an oncogenic trans-membranous receptor, which is overexpressed in multiple human cancers. However, the role of RAGE in gastric cancer is still elusive. In this study, we investigated the expression and molecular mechanisms of RAGE in gastric cancer cells. Forty cases of gastric cancer and corresponding adjacent non-cancerous tissues (ANCT) were collected, and the expression of RAGE was assessed using immunohistochemistry (IHC) in biopsy samples. Furthermore, RAGE signaling was blocked by constructed recombinant small hairpin RNA lentiviral vector (Lv-shRAGE) used to transfect into human gastric cancer SGC-7901 cells. The expression of AKT, proliferating cell nuclear antigen (PCNA) and matrix metalloproteinase-2 (MMP-2) was detected by Real-time PCR and Western blot assays. Cell proliferative activities and invasive capability were respectively determined by MTT and Transwell assays. Cell apoptosis and cycle distribution were analyzed by flow cytometry. As a consequence, RAGE was found highly expressed in cancer tissues compared with the ANCT (70.0% vs 45.0%, P=0.039), and correlated with lymph node metastases (P=0.026). Knockdown of RAGE reduced cell proliferation and invasion of gastric cancer with decreased expression of AKT, PCNA and MMP-2, and induced cell apoptosis and cycle arrest. Altogether, upregulation of RAGE expression is associated with lymph node metastases of gastric cancer, and blockade of RAGE signaling suppresses growth and invasion of gastric cancer cells through AKT pathway, suggesting that RAGE may represent a potential therapeutic target for this aggressive malignancy. |

SEM CONFLITOS DE INTERESSE



Pôster - Basic science and clinical relevance

Xiaojing Cheng; Lianhai Zhang; Xianzi Wen; Jiafu Ji; **LAPTM4B-35, A CANCER-RELATED GENE, IS ASSOCIATED WITH POOR PROGNOSIS IN TNM STAGES I-III GASTRIC CANCER PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 74

Background: Lysosome-associated transmembrane protein 4?-35 (LAPTM4B-35), a member of the mammalian 4-tetratransmembrane spanning protein superfamily, has been reported to be overexpressed in several cancers. However the expression of LAPTM4B-35 and its role in the progression of gastric cancer (GC) remains unknown. The aim of this study was to investigate LAPTM4B-35 expression in GC, its potential relevance to clinicopathologic parameters and role of LAPTM4B-35 during gastric carcinogenesis. Material and methods: In the present study, paraffin-embedded specimens with GC (n=240, including 180 paired specimens) and 24 paired fresh frozen tissues were analyzed. qRT-PCR and immunohistochemistry (IHC) were used to analyze the expression of LAPTM4B-35 in GC. The effects of LAPTM4B-35 on GC cell proliferation, migration and invasion were determined by overexpression and knockdown assays. Results: IHC showed that LAPTM4B-35 was expressed in 68.3% (123/180) of GC tissues, while in 16.1% (29/180) of their paired adjacent noncancerous gastric tissues (P=0.000). LAPTM4B-35 mRNA levels in GC tissues were also significantly elevated when compared with their paired adjacent noncancerous tissues (P=0.017). Overexpression of LAPTM4B-35 was significantly associated with degree of differentiation, depth of invasion, lymphovascular invasion and lymph node metastasis (P<0.05). Kaplan-Meier survival curves revealed that patients with LAPTM4B-35 expression had a significant decrease in overall survival (OS) in stages I-III GC patients (P=0.006). Multivariate analysis showed high expression of LAPTM4B-35 was an independent prognostic factor for OS in stage I-III GC patients (P=0.025). Conclusion: These findings indicate that LAPTM4B-35 overexpression may be related to GC progression and poor prognosis, and thus may serve as a new prediction marker of prognosis in GC patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Jacqueline Fry Kattan; Nicole Roldán; Paulina Cerda; Alejandra Alarcón; Alejandro H. Corvalán; Leda Guzmán; María José Marchant. **LOSS OF EXPRESSION BY ABERRANT HYPERMETHYLATION OF REPRIMO IN THE MULTISTEP CASCADE OF GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 74

INTRODUCTION: Aberrant methylation of the promoter region of tumor suppressor genes is a key event in the development and progression of cancer. Lesions of the multistep cascade of gastric cancer (GC) include multiphocal atrophic gastritis (MAG), intestinal metaplasia (IM), dysplasia (DY), early (EGC) and advanced gastric cancer (AGC). Loss of expression due to aberrant methylation of Reprimo (RPRM), a tumor suppressor gene that arrests cell cycle in G2/M, has been detected in patients with GC, but not in healthy tissue. OBJECTIVES: Evaluate and correlate expression and methylation levels of RPRM in lesions of the multistep cascade of GC. METHODS: Tissue biopsies of 8 MAG, 6 IM, 4 DY, 5 EGC and 8 AGC were included. Expression and methylation levels of RPRM were detected by qPCR and by a quantitative molecular beacon-based PCR (Methylight), respectively (t-test; 95% confidence). Spearman correlation for expression and methylation was performed in GraphPad Prism6 software. Bisulfite sequencing of the promoter of RPRM was realized in 2 MAG, 2 IM, 1 DY, 3 EGC and 5 AGC cases to analyze the methylation status of 30 CpG sites. RESULTS: Relative expression levels of the mRNA of RPRM decrease as carcinogenesis progress, being significant from IM to DY and from EGC to AGC (5.8 to 1.9 and 1.1 to 0.1 RPRM/GADPH, respectively; P<0.05). Methylation of the promoter of RPRM was detected in 4/8 MAG, 3/6 IM, 4/4 DY, 5/5 EGC and 8/8 AGC. Levels of methylation increased significant from IM to DY and from EGC to AGC (202 to 2700 and 2200 to 32000 copies/ug DNA, respectively; P<0.05). Spearman correlation analysis showed a significant inverse association between methylation and expression (r=-0.99, P<0.0001). From bisulfite sequencing we identified that the CpG site 24, a potential binding site for the RPRM positive regulator p53, is hypermethylated from DY towards EGC and AGC, with methylation of 37.9, 21.1, 22.7, 24.4 and 60.6% in MAG, IM, DY, EGC and AGC, respectively. CONCLUSION: Our results show an inverse correlation between downregulation of RPRM and hypermethylation. This inverse correlation is determinant in DY, EGC and AGC and suggests that is a key event in the progression of GC. The identification of methylation of CpG site 24 may be critical for p53 positive regulation of RPRM. Grant Support: CONICYT-FONDAP 15130011 -FONDECYT 1111014 and 1151411 to AH Corvalan from the Government of Chile |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Hae Yoen Jung; Myoung Won Son; Moon-Soo Lee; **LOSS OF FAT ATYPICAL CADHERIN 4 EXPRESSION IS ASSOCIATED WITH HIGH PATHOLOGIC T STAGE IN RADICALLY RESECTED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 74

Introduction: Recent studies have revealed recurrent alterations in the cell adhesion gene FAT4, a candidate tumor suppressor gene. FAT atypical cadherin 4 (FAT4) is a transmembrane receptor in the Hippo signaling pathway, which is involved in the control of organ size. Objectives: We investigated the loss of FAT4 expression and its association with clinicopathological risk factors in gastric cancer. Materials and Methods: We assessed the expression of FAT4 by using immunohistochemistry on three tissue microarrays containing samples from 136 gastric cancer cases, radically resected in our institution between July 2006 and June 2008. Cytoplasmic immunorexpression of FAT4 was semi-quantitatively scored using the H-score system, with an H-score of ?10 considered positive FAT4 expression. Results: Variable cytoplasmic expression of FAT4 was observed in gastric cancers, with 33 cases (24.3%) showing loss of expression (H-score of <10). Loss of FAT4 expression was associated with a higher rate of perineural invasion (H-score <10 vs. ?10; 36.4% vs. 16.5%, p=0.015), high pathologic T stage (p=0.015), tumor-node-metastasis stage (p=0.017), and shorter disease-free survival (H-score<10 vs. ?10, mean survival 62.7±7.3 months vs. 79.1±3.1 months, p=0.025). However, no association was found between loss of FAT4 expression and tumor size, gross type, histologic subtype, Lauren classification, lymphovascular invasion, or overall survival. Conclusion: Loss of FAT4 expression appears to be associated with invasiveness in gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Yuxin Zhang; **LUMICAN EXPRESSION IN GASTRIC CANCER AND ITS PROGNOSTIC VALUE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 74

Lumican is a member of a small leucine-rich proteoglycan family, which includes decorin, lumican, biglycan and fibromodulin, constitutes an abundant component of the extracellular matrix. and its overexpression has been reported in carcinoid tumor, breast, colorectal, neuroendocrine cell, uterine cervical and pancreatic cancers. But the role of lumican in gastric cancer is still not understood. In this study, we investigated the Lumican expression in human gastric cancer tissues, lymphatic metastasis, organ metastasis and normal gastric tissues, then study its relationship with patho-characteristic and survival rate. Methods: The Lumican expression was examined by immunohistochemistry in 146 cases of primary gastric cancer, 45 cases of lymphatic metastasis, 15 cases of organ metastasis and 55 cases of normal gastric tissues. Then the significance of Lumican expression in the patho-characteristic and survival rate of patients was evaluated. Results: In normal gastric tissues, Lumican was expressed weakly with a rate of 10.9% (6/55). In sharp contrast, Lumican expression rate was 66.4% (97/146) in gastric cancer lesions, 64.4% (29/45) in lymphatic metastasis and 66.7% (10/15) in organ metastasis. Lumican protein expression was closely related to the lymphatic metastasis, organ metastasis and histological types (P<0.05), but not related to the location of tumor, the size of tumor, the invasive depth of tumor and the Borrmann types (P>0.05). The medium survival time in patients with negative, weak and positive Lumican expression was 46.3, 39.6 and 24.3 months, respectively (?2=8.492, P=0.014). Conclusions: There is a significant relationship between the Lumican expression and the invasive potential in gastric cancer, so we suggest Lumican might be served as a prognostic referential factor. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Kyung Ho Pak; Jae-Ho Cheong; Hyoun Jung Kim; **LYMPHATIC MICROVESSEL DENSITY AS A PROGNOSTIC FACTOR IN GASTRIC CANCER: A META-ANALYSIS OF THE LITERATURE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 75

(BACKGROUND) Lymph node metastasis is the most important prognostic factor in gastric cancer. Lymphangiogenesis, expressed with lymphatic vessel density (LVD), is related with lymph node metastasis. LVD as a prognostic factor for survival of patients with gastric cancer remains controversial. (METHODS) To evaluate this potential role, we performed a systematic review of the electronic databases PubMed and EMBASE for relevant literature to review and compile available survival results. To be eligible, a study had to assess LVD in patients with gastric cancer and to compare survival based on LVD stratification. We evaluated the prognostic role of LVD according to intratumoral and peritumoral location. (RESULTS) An electronic search of the PubMed and EMBASE databases retrieved 89 references concerning LVD in gastric cancer; 12 publications (published between 2005 and 2014) were found to be eligible. The total number of patients included in this review is 1,423 (range 50-237, median 102). In case of intratumoral LVD, the overall survival hazard ratio for the 12 evaluable studies (1,423 patients) was calculated to be 2.00 (95% CI: 1.48-2.71) using a random effects model, indicating a poorer survival in gastric cancer patients with high LVD. For peritumoral LVD, the overall survival hazard ratio for the 6 evaluable studies (402 patients) was calculated to be 4.05 (95% CI: 2.20-7.44) using a random effects model, indicating a poorer survival in gastric cancer patients with high LVD. (CONCLUSIONS) This study supports the hypothesis that the lymphatic microvessel count or LVD, which reflects levels of lymphangiogenesis, is a poor prognostic factor for patient survival in surgically treated gastric cancer. However, the present findings may overestimate the prognostic capacity of LVD because of publication and report bias. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Boram Choi; Tae-Su Han; Jimin Min; Sunmin Lee; Keun Hur; Hyuk-Joon Lee; Young-Joon Kim; Han-Kwang Yang; **MAL AND TMEM220 AS NOVEL METHYLATION MARKERS IN HUMAN GASTRIC.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 75

Thus far, no reliable methylation marker is available for detecting gastric cancer. Here, we evaluated the methylation status and mRNA expression levels of candidate genes for gastric cancer that we identified in a previous study. Gene expression levels of MAL, TMEM220, MMP28, IL-19, and HOPX in 10 gastric cancer cell lines and 30 gastric cancer tissue samples were lower than the average expression level in 30 normal gastric mucosa samples. HOPX was up-regulated, but not significantly. MAL and TMEM220 were highly methylated in gastric cancer tissue samples and the methylation status was inversely correlated with gene expression. Expression of MAL and TMEM220 was restored by treatment with 5-aza-2'-deoxycytidine. Our findings suggest that expression of MAL and TMEM220 is regulated by DNA methylation, and may thus serve as a novel diagnostic marker for human gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

You Qi; **MIR-214-3P PROMOTES TUMOR PROGRESSION BY TARGETING ING4 VIA THE MAPK SIGNALING IN HUMAN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 75

Objective: To explore the effect and molecular mechanism of the growth inhibitor 4 (ING4) and miRNA-214 on proliferation and metastasis in gastric cancer. Methods: The expression of ING4 in gastric cancer cell lines and tissues was detected using quantitative PCR (qRT-PCR), western blot and immunohistochemical method. The expression of miR-214 in gastric cancer tissues was detected by quantitative PCR (qRT-PCR). We constructed the ING4 3' UTR expression vector and verify whether ING4 is miR-214 target gene. The relationship between ING4 and miR-214 was investigated by using qRT-PCR and Western-blot method. MiR-214 transient over-expression or knock-down model were established in HGC27 and MGC803 cells by transfecting with miR-214 mimic or inhibitor. The cell migration ability was assessed by using Transwell chamber assay. HGC27 and MGC803 cell proliferation ability were determined by MTT experiment. To observe the function of ING4 in miR-214 regulation of gastric cancer epithelial mesenchymal cell transformation by using EMT experiment. The effects of miR-214 targeting ING4 on gastric cancer cell skeleton reconstruction were assessed by Cytoskeleton remodeling experiment. To observe the MAPK signaling pathways of gene differential expression level in HGC27 and MGC803 cell lines. Results: In this study, miR-214 over-expression promoted cancer progression by targeting ING4 when transfect the mir-214-3p mimic into the gastric cancer cells HGC27 and MGC803. Conversely, mir-214-3p inhibitor rescued the development of the cancer. Extracellular signal-regulated kinases (ERK1/2) and P38 MAPK signaling were remarkably activated when mir-214-3p was increased in cancer cells, indicating miR-214 exhibits the function through the MAPK pathway. Conclusion: In the study, we also verified mir-214 targeting ING4 promotes the gastric cancer progression through the MAPK signaling. Thus, our research is likely to provide a new direction to explore the pathogenesis and therapeutic strategies for gastric cancer progression. Keywords: Gastric cancer, Mir-214, ING4, Target gene, MAPK signaling |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Na Li; Jing Gao; Qiyue Zhang; Yanyan Li; Lin Shen; **MIR-215 PROMOTES MALIGNANT PROGRESSION OF GASTRIC CANCER BY TARGETING RUNX1.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 75

Objective: miR-215 was reported to be downregulated and function as a tumor suppressor in several kinds of cancers; on the contrary, miR-215 was preferentially upregulated in gastric cancer based on our previous result. This study was undertaken to investigate the potential biological function of miR-215 in gastric cancer (GC). Methods: miR-215 expression was detected in 77 paired GC tissues and adjacent non-tumor tissues. The biological functions of miR-215 were analyzed by cell viability, colony formation, migration, invasion, cell cycle and apoptosis and luciferase assays in vitro as well as in vivo tumorigenicity and metastasis analysis. Results: miR-215 was significantly upregulated in 7 gastric cancer cells and 77 GC tissues compared to their adjacent non-tumor tissues ( $P < 0.05$ ), and miR-215 expression was higher in advanced gastric cancer (stage III/IV) than early stage (stage I/II) gastric cancer ( $P < 0.05$ ). Ectopic expression of miR-215 in GES-1 and HGC-27 cells (miR-215 low expression) promoted cell growth, migration, invasion and metastasis abilities, which were reversed in NCI-N87 cell (miR-215 high expression) after downregulation of miR-215. Potential target genes of miR-215 were predicted and RUNX1, a transcription factor and a tumor suppressor, was confirmed as one of the potential targets by luciferase assay. RUNX1 was downregulated in gastric cancer tissues compared to their adjacent non-tumor tissues ( $P < 0.05$ ), and RUNX1 could reverse partial functions of miR-215 in vitro. Conclusion: miR-215 promotes malignant progression of gastric cancer by targeting RUNX1, and RUNX1 could reverse partial property of miR-215. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Leandro Lopes de Magalhães; Luciana Gonçalves Quintana; Amanda Ferreira Vidal; Aline Maria Pereira Cruz; Paulo Pimentel Assumpção; Andrea Kely Campos Ribeiro dos Santos; **MIR-29C AND MIR-135B EXPRESSION PROFILES IN A GASTRIC CANCER IN VITRO 3D CELL CULTURE MODEL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 76

Cell culture is a technique widely used to study biological functions of a living cell, usually in a polyethylene flask. One of the main critics to this type of study is that a monolayer of cells (2D) in a flask does not represent the physiology of the in vivo environment. Recently, it has been developed a method of culturing cells in three dimensions (3D) to minimize the biological difference between a 2D culture of cells and the living organ. Some studies reported that there is a difference in the expression profile of microRNAs (miRNAs) between 2D and 3D cultures of stem cells. This work aimed to establish an in vitro 3D gastric cancer cell culture and compare the miRNA expression profiles of miR-29c and miR-135b to a 2D model and tissue samples of gastric cancer, to find out which cell model represents better the human tumor expression pattern. AGP01 cell lines were cultured using DMEM with 20% of fetal bovine serum at 37°C and 5% of CO<sub>2</sub> until it reached 80% confluence. Cells were converted to 3D using the Bio-Assembler Kit by treating 2D cells with magnetic nanoparticles at a concentration of 50µL/mL of media and incubated overnight. In the next day, cells were detached using trypsin and resuspended in 2mL per well in a 6-well low-adhesion plate. A neodymium magnet was placed on the top of the plate to levitate the cells to the media-air interface. 3D cultures were levitated for 48h before RNA extraction. Total RNA was extracted from both 2D and 3D cultures as well as from 13 patients with gastric cancer using the High Pure miRNA Isolation Kit. Reverse Transcription and qRT-PCR were performed using Taqman MicroRNA Assays in a ABI Prism 7500. ANOVA was used to test if there was statistical difference (P < 0.05) of the miRNA expression levels between the groups and Bonferroni correction was used in multiple comparisons. Expression levels of miR-29c in the groups were different (P = 0.00023) and pairwise comparisons showed statistical difference in: 2D vs 3D cultures (P = 0.0015); 2D vs cancer tissue (P = 0.0003). No difference was observed between 3D culture vs cancer tissue (p = 1.0). For the miR-135b, there was no difference between the groups (P = 0.339). These results indicate that a 3D model resembles much better the molecular profile of miR-29c present in samples of gastric cancer than a standard 2D culture. Thus, 3D culture seems to be the best model to study molecular mechanisms of gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Jimin Min; Tae-Su Han; Yeon-Ju Huh; Boram Choi; Keun Hur; Kazuyoshi Yanagihara; V Narry Kim; Hyuk-Joon Lee; Han-Kwang Yang; **MIR-30A-5P FUNCTIONS AS A TUMOR SUPPRESSOR GENE IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 76

Gastric cancer (GC) is the second leading cause of cancer-related death. MicroRNAs (miRNAs) are an abundant class of negative gene regulator and regulate multiple gene targets. miRNAs control a wide range of biological functions such as cellular proliferation, differentiation and apoptosis. Moreover, many miRNAs are highly conserved, and their deregulation is often associated with human malignancies. The aims of this study are to determine the miR-30a functions as a tumor suppressor gene and to evaluate whether the miR-30a-5p is able to use the diagnostic or prognostic marker in GC. To identify the gastric tumor-associated miRNAs, miRNA microarray was performed using the gastric cancer tissues. Among them, miR-30a-5p was down-regulated in GC tissues compared to normal mucosa. qRT-PCR was employed to confirm the microarray results. MiR-30a-5p expression was frequently down-regulated in our GC cohort, (n=55, P<0.0001). To determine the miR-30a-5p biological functions in GC, miR-30a-5p mimic or inhibitor was treated in GC cell lines. Ectopic expression of miR-30a-5p decreased cell growth, migration capacity and colony formation in vitro. Taken together, the miR-30a-5p expression was frequently down-regulated in GC. In addition, the miR-30a-5p suppressed tumorigenesis. Therefore, we suggest that miR-30a-5p activation may be a useful strategy of GC patient therapy and it can serve as a diagnostic or prognostic marker for GC. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Sylvain Darnet; Fabiano Cordeiro Moreira; Igor Guerreiro Hamoy; Rommel Mario Rodriguez Burbano; André Salin Khayat; Aline Cruz; Leandro Magalhães; Artur Silva; Carolina Baraúna Assumpção; Sidney Emmanuel Batista dos Santos; Samia Demachki; Monica Baraúna de Assumpção; Paulo Pimentel de Assumpção; Andrea Kely Campos Ribeiro dos Santos; **MIRNAS AS BIOMARKERS IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 76

Introduction: Gastric cancer has a high incidence and mortality worldwide; however, the use of biomarkers for its clinical management remains limited. miRNAs are biomarkers with potential applications in the identification of cancer risk, prognosis and therapeutic targets. Aim: to provide gastric cancer miRnome and search for potential cancer biomarkers Method: We performed ultra-deep miRNomes sequencing of gastric adenocarcinomas and one antrum sample without tumor. Five fresh tissue samples obtained from surgical dissection were investigated by ultra-deep sequencing: four samples of GC and one sample from the antrum of a patient without GC Results: A small set of mRNAs were responsible for approximately 80% of total miRNAs expression, and these might represent a microRNA tissue signature. Additionally, seven miRNAs exhibit significant differences, between tumor and non tumor samples. From those, hsa-miR-135b and hsa-miR-29c, were differentially expressed in every tumor sample compared to antrum sample without tumor, regardless of histological type. These findings were validated by quantitative Real Time PCR. These results revealed hsa-miR-135b and hsa-miR-29c as potential gastric adenocarcinoma occurrence biomarkers with the ability to identify individuals at a higher risk of developing this cancer, and could be even used as therapeutic targets to allow individualized clinical management. Conclusion: The high throughput sequencing demonstrated that a restrict set of microRNAs are responsible for the majority of the miRNAs expression in the gastric cancer, providing a tissue signature. Additionally, we successfully identified two potential miRNAs biomarkers (miR-135b and miR-29c) validated by qRT-PCR, capable of discriminate the occurrence of GC. These results open new clinical perspectives for application and may be useful to provide individualized GC management. |

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Pôster - Basic science and clinical relevance

Thais Messias Mac-Cormick; Guilherme Pinto Bravo Neto; Carlos Eduardo Carvalho; Paulo Costa Carvalho; Juliana de Saldanha da Gama Fischer; Priscila Ferreira de Aquino; Maria da Glória da Costa Carvalho; **MOLECULAR ANALYSIS OF DISTINCT TUMOR LOCATIONS OF GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 76

Introduction: Gastric cancer (GC) corresponds to the fourth most common malignancy among men and sixth among women in Brazil. GC is a multifactorial disease that results from individual genetic predisposition and exposure to ambient factors such as diet, alcohol consumption, smoking, chronic Helicobacter pylori or Epstein-Barr virus (EBV) infection. EBV are known to up-regulate DNA methyltransferases. Aim: Compare patients diagnosed with gastric adenocarcinoma from different tumor location: 1. the promoter methylation profiles of CDH1, RB1, p16, DAPK, and TIMP-2 genes of tumor area with proximal and distal margins; 2. investigate the presence of DNA-EBV; 3. Compare, by proteomic analysis, the expression of unique tumor proteins. Methods: Three male patients were admitted to surgical division of University Hospital CFF of UFRJ, Brazil. The tumors were localized in corpus, antrum - both moderately differentiated intestinal type - and in the cardia III (poorly differentiated diffuse type). The samples correspond to tumor (T), proximal margin (PM), and distal margin (DM) of each patient. Methylation-specific PCR analysis was used to determine the promoter methylation status of the five genes by bisulfite modification. The presence of EBV was investigated by PCR. A shotgun proteomic was performed using an Orbitrap Velos. Results: DNA-EBV was found in the T, PM and DM only in antrum. The total methylation for the five genes in the 3 tumors and its respectively DM and PM was: 6/45 in PM, 7/45 in T and 9/45 for DM. The proteomic analysis of the patient with T localized in the corpus area disclosed 786 proteins identified in the T (58 unique proteins), 777 to histologically normal PM (87 unique proteins) and 750 to histologically normal DM (132 unique proteins). For patient with T localized in the antrum: 331 proteins was in the T (83 unique proteins); 275 in PM (18 unique proteins); and 245 in DM (15 unique proteins). In patient with T localized in Cardia III: 348 proteins in T (111 unique proteins); 234 in PM (18 unique proteins); and 242 in DM (18 unique proteins). The proteomic analysis of T from the three different anatomical locations was compared, and they shared 131 proteins. Conclusion: Tumor at distinct location and its margins are molecularly compromised by methylation and by up regulation of proteins, even in samples not infected with EBV. |

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Pôster - Basic science and clinical relevance  
LICHUNFENG; MOLECULAR MECHANISM OF DIOSBULBIN IN INHIBITING GASTRIC CARCINOMATOUS METASTASIS. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 77

Objective: To identify the monomeric compounds with anti-gastric cancer activity, we screened different extract fractions of Dioscorea bulbifera L by gastric cancer cytological experiments and purified them for effective extracts. Methods We carried on extraction and separation by the system solvent extraction and got petroleum ether extract, ethyl acetate extract, water extract and ethanol extract of Dioscorea bulbifera L. MTT was performed to observe inhibition effects of four extracts of Dioscorea bulbifera L on proliferations of MGC803, BGC823 and SGC7901. Silica gel column chromatography, high performance liquid chromatography, and recrystallization were performed to isolate and purify petroleum ether extract of Dioscorea bulbifera L. Spectral analysis was performed to structural identify the isolated compound. Results Five compounds were isolated and purified from the petroleum ether extract which was of anti-gastric cancer activity. They were diosbulbin-B(I), ?-rosasterol(II), ?-sitosterol(III), (S)-5-Ethyl-8, 8-dimethyl nonanal(IV) and 2,3-Dihydroxycosanoic acid(V). Compounds bulbiferaB(I) and ?-rosasterol(II) showed inhibiting effects on the proliferation of gastric cancer cells. Compound ?-rosasterol (II) was found for the first time in Dioscorea plants. Conclusions The petroleum ether extract and ethanol extract of Dioscorea bulbifera L had inhibiting effects on the proliferation of three gastric cancer cell lines. Five monomeric compounds were isolated and purified from the petroleum ether extract. Compounds bulbiferaB(I) and ?-rosasterol(II) showed inhibiting effects on the proliferation of gastric cancer cells. Compound ?-rosasterol (II) was found for the first time in Dioscorea plants. Key words?Gastric cancer, Dioscorea bulbifera L, Diosbulbin-B, ?-rosasterol |

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Pôster - Basic science and clinical relevance  
Hua Huang; MTBP AS A PREDICTOR OF METASTASIS AND A NOVEL PROGNOSTIC BIOMARKER IN PATIENTS WITH GASTRIC CANCER. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 77

Introduction?MTBP expression can be detected in a wide variety of tissues, with the highest levels of expression in the thymus, testis, and ovary, moreover, the same tissues exhibited the highest levels of expression of MDM2. Study showed that decreased MTBP expression has been associated with tumor metastasis. MDM2 binding protein (MTBP) has been involved in cancer progression and metastasis. However, the role and clinical implication of MTBP expression in gastric cancer is poorly understood. Objective: This study aimed to explore the clinicopathological significance of MTBP and the prognostic determinant in gastric cancer. Methods: We examined the expression of MTBP in cancerous and matched adjacent noncancerous gastric mucosa tissues by real-time quantitative RT-PCR and western blotting. MTBP expression levels were evaluated by immunohistochemical analysis of tissue microarrays (TMA) for 352 patients. Kaplan-Meier analysis and Cox regression models were used to investigate the correlation between MTBP expression and prognosis of gastric cancer patients. Results: Our results revealed decreased MTBP mRNA (P = 0.005) and protein (P = 0.001) expression in tumor tissue compared with matched adjacent normal tissue mucosa. MTBP expression in gastric cancer was associated with gender (P = 0.026), lymph node metastasis (P < 0.001), distant metastasis (P = 0.026) and pTNM stage (P < 0.001). Kaplan-Meier survival analysis showed that patients with high MTBP expression have shorter survival time compared to patients with low MTBP expression. The multivariate logistic regression analysis showed that MTBP was independently correlated with the presence of lymph node (OR: 0.282; 95% CI: 0.161-0.494; P < 0.001) and distant metastasis (OR: 0.365; 95% CI: 0.138-0.965; P = 0.042). Moreover, the multivariate Cox analysis revealed that low MTBP expression was significantly associated with long overall survival, and was recognized as an independent prognostic factor of patient's survival. Conclusion: MTBP expression was significantly correlation with progressed and metastasized in gastric cancer, suggesting that MTBP could be used as a predictive marker for patient prognosis of gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance  
Ney Pereira Carneiro dos Santos; Marianne Rodrigues Fernandes; Larissa Mayane Reis Barros; Antonio Andre Conde Modesto; Mayara Ferreira Mota; Tayssa Cristina Lima de Vilhena; Luciana Pereira Colares Leitão; Williams Fernandes Barra; Danielle Feio da Costa; Sidney Emanuel Batista dos Santos; Andrea Kely Campos; Paulo Pimentel de Assumpção; MTHFR GENE POLYMORPHISMS ASSOCIATED WITH TOXICITY IN GASTROINTESTINAL CANCER PATIENTS TREATED WITH FLUOROPYRIMIDINES. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 77

Introduction: Among the most incident malignant tumors in the Stated of Pará, it can be highlighted the gastrointestinal neoplasia in both genders. The fluoropyrimidine-based chemotherapy for the treatment of gastrointestinal cancer has been used in various schemes worldwide. However, the adverse drug reactions to this therapy are a major clinical problem, it is probably associated with polymorphisms involved in the metabolic pathway of 5-FU (5-fluorouracil), often demanding treatment disruption. Many studies have correlated Single Nucleotide Polymorphisms (SNP) found in the MTHFR gene with a significant reduction of enzyme activity and a stronger chemosensitivity of tumor cells. The polymorphisms C677T and A1298C of the MTHFR gene may have an important role in the toxicity modulation and clinical efficacy of drugs based on fluoropyrimidines. Objectives: To investigate the polymorphisms C677T and A1298C of the MTHFR gene in patients with gastrointestinal cancer treated with fluoropyrimidines in order to correlate these polymorphisms with toxicities developed by the patients. Methods: Samples of peripheral blood were collected from 166 patients diagnosed with gastrointestinal cancer treated with fluoropyrimidines-based chemotherapy, attended at University Hospital João de Barros Barreto (HUJBB)/Unity of High Complexity in Oncology (UNACON) and Hospital Ophir Loyola (HOL) - Belém/Pará. The genetic variants C677T and A1298C of the MTHFR gene were genotyped by Real Time PCR. In order to avoid spurious correlations due to population substructure, it was used a panel of 48 Ancestry Informative Markers (AIM). Results: The MTHFR C677T polymorphism was not associated with the development of toxicities in general (grades 1-4). The MTHFR A1298C polymorphism was significantly associated with severe mucositis (grades 3-4) during the treatment with 5-FU. The genotypes 1298AA and 1298CC show, respectively, a protective effect and a deleterious effect to the development of severe mucositis. Regarding the ancestry of patients, it was observed that the absence of the 1298C mutant allele was significant for patients with higher Amerindian ancestry, suggesting they are less likely to develop severe mucositis. Conclusion: In this paper, the MTHFR A1298C polymorphism showed to be an important predictor of toxicity during the fluoropyrimidine-based chemotherapy. |

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Pôster - Basic science and clinical relevance  
Luciana Teixeira Siqueira; José Luiz de Lima Filho; Euclides Dias Martins Filho; Álvaro Antônio Bandeira Ferraz; OBESIDADE VERSUS CÂNCER GÁSTRICO: ANÁLISE PROTEÔMICA. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 77

Introdução: A obesidade tem sido associada ao desenvolvimento de diferentes tipos de câncer, sobretudo hormônio-dependentes e do aparelho digestivo, como estômago. Recente estudo descobriu biomarcadores em tecidos de neoplasia gástrica através da plataforma proteômica. Alguns incluem as proteínas GRP78GST, GSTp1, ApoA1, A1AT e GKN-1. Na análise sérica, já foram identificados a caliceína 11 e o PGFR?. Assim, a plataforma proteômica pode fornecer conhecimentos a nível molecular, melhorando a prática clínica. Objetivos: Avaliar os efeitos da perda de peso na regulação da expressão de proteínas potencialmente carcinogênicas, bem como analisar a influência da insulina na expressão destas proteínas após a cirurgia bariátrica. Métodos: Foram estudados 40 pacientes: controle (n=10) e obesos (n=30), o último foi estratificado de acordo com a técnica cirúrgica (Derivação gástrica em Y de Roux, DGYR, n=11 e Gastrectomia vertical, GV, n=19), o IMC (? 40 kg/m2 e >40 Kg/m2) e concentração sérica de insulina (?21 mU/L e >21 mU/L). Foram coletadas amostras de sangue para análise proteômica, utilizando a eletroforese bidimensional. As proteínas foram identificadas pelo TagIdent tool Expert protein Analysis System (Expasy), através do ponto isoeletrico (pI) e peso molecular da proteína; espécie Homo sapiens. Resultados: Seis proteínas relacionadas à carcinogênese estavam hiperexpressas nos pacientes obesos e ausentes no grupo controle e após a cirurgia, destacando-se o receptor beta do fator de crescimento derivado das plaquetas. A apolipoproteína A1 estava hiperexpressa em todos os subgrupos pré-operatórios, desaparecendo em pacientes com hiperinsulinemia. Finalmente, a Caliceína 11, foi detectada em todos os grupos de obesos, pré-operatório, permanecendo presente após a cirurgia. Conclusões: Na amostra estudada, foram identificadas proteínas potencialmente carcinogênicas relacionadas ao câncer gástrico nos pacientes portadores de obesidade, entre elas, o Receptor beta do fator de crescimento derivado de plaquetas. A perda de peso induzida pela cirurgia promoveu o desaparecimento dessas proteínas. A mudança nos níveis séricos de insulina influenciou na expressão da ApoA1 após a cirurgia; a caliceína 11 não foi influenciada pela perda de peso nem pela mudança nos níveis de insulina |

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Pôster - Basic science and clinical relevance

Yun-Suhk Suh; Jieun Yu; Byung Chul Kim; Boram Choi; Tae-Su Han; Seong-Ho Kong; Hyuk-Joon Lee; Woo-Ho Kim; Han-Kwang Yang. **OVEREXPRESSION OF PLASMINOGEN ACTIVATOR INHIBITOR-1 IN ADVANCED GASTRIC CANCER WITH AGGRESSIVE LYMPH NODE METASTASIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 78

**Purpose:** The purpose of this study is to investigate differentially expressed genes using DNA microarray between advanced gastric cancer (AGC) with aggressive lymph node (LN) metastasis and that with a more advanced tumor stage but without LN metastasis. **Materials and Methods:** Five sample pairs of gastric cancer tissue and normal gastric mucosa were taken from three patients with T3N3 stage (highN) and two with T4N0 stage (lowN). The data were analyzed from triplicate DNA microarray experiments, and candidate genes were identified using volcano plot that showed 2-fold differential expression and were significant by Welch's t-test ( $P < 0.05$ ) between highN and lowN. Those selected genes were validated independently by reverse-transcriptase-polymerase chain reaction (RT-PCR) using 5 advanced gastric cancer patients, and tissue-microarray (TMA) comprising 47 advanced gastric cancer patients. **Results:** CFTR, LAMC2, SERPINE2, F2R, MMP7, FN1, TIMP1, PAI-1 (plasminogen activator inhibitor-1), ITGB8, SDS, and TMPRSS4 were commonly up-regulated over 2-fold in highN. REG3A, CD24, ITLN1, and WBP5 were commonly down regulated over 2-fold in lowN. Among these genes, overexpression of PAI-1 was validated by RT-PCR, and TMA showed 16.7% (7/42) of PAI-1 expression in T3N3, but none (0/5) in T4N0 ( $P = 0.393$ ). **Conclusion:** DNA microarray analysis and validation by RT-PCR and TMA reveals that overexpression of PAI-1 is related to aggressive LN metastasis in AGC. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Feng Qin; Lian shenyi; Meng Lin. **PES1 IS HIGHLY EXPRESSION IN THE GASTRIC CANCER TISSUES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 78

Despite a decrease in incidences, gastric cancer is still the second leading cause of cancer-related death worldwide, especially for those in advanced stages with metastasis lesions that still has a rather poor outcome. As personalized medicine is the development trend in clinic, it is necessary and urgent to explore new molecular target to understand and the key mechanism in the process of metastasis. PES1 (Pescadillo Ribosomal Biogenesis Factor 1) is a nucleolus protein, which was identified in the mutational study of the embryonic development of Zebrafish. Its biological functions include regulating ribosomal biogenesis, promoting cell proliferation and regulating cell cycle. PES1 associated with estrogen receptor a/b in breast and ovarian cancer; PES1 induces the breast cancer growth by increasing the ration of ERa/ERb. In this study, we generated three novel monoclonal antibody against PES1, we confirmed their specificity and affinity in the ELISA Western Blot immunocytochemistry and immunofluorescence application. The specificity of our generated 3B1 monoclonal antibody was obviously better than the commercial antibody, in the immunofluorescence and immunoprecipitation application. In the 17 cases paired tissues comes from gastric patients, we found that PES1 was significantly higher expression in gastric cancer tissues (10/17), compare with the tumor-adjacent tissues and normal tissues. positive staining of PES1 was observed in 18.75% (6/32) gastric cancer tissues compares with 0% (0/32) in adjacent tissues. Our results indicated that PES1 may serve as a potential biomarker in human gastric cancer, the intrinsic mechanism remains further explored. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Fernanda Fernandez Madeira; Ayla Blanco Poltronieri; Joice Mattos Biselli-Périco; Marcela Alcântara Proença; Ana Elizabete Silva. **POLYMORPHISM IN THE MICRORNA-499 GENE AND ASSOCIATION WITH GASTRIC CANCER RISK IN THE BRAZILIAN POPULATION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 78

Gastric cancer (GC) displays a high incidence worldwide, being the second cause of death from malignancy. The regulation of the expression of important genes in carcinogenic process can occur through posttranscriptional gene silencing achieved by microRNAs (miRs), such as miR-499. However, single nucleotide polymorphisms (SNPs) in miRs genes may interfere with their ability to regulate the expression of target genes. Thus, the objective of this study was to evaluate the association of the polymorphism miR-499 (rs3746444 T > C) and risk factors (gender, age, smoking and drinking habits) with the development of gastric cancer. A total of 407 samples of DNA extracted from peripheral blood were genotyped, from 251 healthy individuals (control group-C) and 156 with gastric cancer (GC group). For genotyping, the PCR-RFLP technique (Polymerase Chain Reaction - Restriction Fragment Length Polymorphism) was used. The SNP analysis was performed using the dominant, recessive and log-additive models, each accordingly adjusted to risk factors. In both GC and C groups the highest frequencies observed were the TT genotype (62.8% and 61%, respectively), while the frequency of the polymorphic genotype CC was 4.5% for the CG group and 2% for the control. The TC heterozygous genotype showed the similar pattern: 32.7% for the CG group and 37% for the C group. As for the allele frequencies, both T and C alleles displayed the same percentage in both groups, 79% and 21%, respectively. In the dominant model, no association was found between the genotypes TC and CC and the risk of developing GC (OR = 0.74; 95% CI 0.46 to 1.18;  $p = 0.21$ ). Similarly, the recessive and log-additive models showed no significant differences as well (OR = 1.34; 95% CI 0.34 to 5.27;  $p = 0.68$  and OR = 0.81, 95% CI 0.53 to 1.23;  $p = 0.31$ , respectively). The risk factors were evaluated in 388 of the genotyped samples. The association analysis showed that advanced age ( $> 55$  years) (OR = 5.34, 95% CI 3.38 to 8.45;  $p = 0.000$ ) and the smoking habit (OR = 1.88; 95% CI = 1.13 to 3.13;  $p = 0.016$ ) were associated with the risk of developing gastric cancer. We conclude that there is no evidence of association between the polymorphism in the microRNA-499 and the risk of developing gastric cancer in the Brazilian population. However, the smoking habit and advanced age were observed to have association with a higher risk of developing this neoplasm. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Kelly Renata Sabino; Gisele Araújo Pereira; Neemias Moreira da Silva Júnior; Elvis Benys Baldiviezo Plaza; Andy Petroianu. **PREVALENCE OF DIABETES MELLITUS IN PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 78

**INTRODUCTION:** It is well established the association of diabetes mellitus with some types of cancer. However the risk of cancer due to diabetes mellitus was not proved. **OBJECTIVES:** To assess the prevalence of diabetes mellitus in patients with gastric adenocarcinomas. **METHODS:** This study was carried out on a retrospective analysis of hospital records regarding to 57 adult patients with gastric adenocarcinoma. All these cases have been previously submitted to total or partial gastrectomies with curative intention. The diagnosis of diabetes mellitus was based on glycemia, according to American Diabetes Association, and specific treatment for diabetes. **RESULTS:** The patients were 21 women (37%) and 36 men (43%), at 28 to 78 years of age. Diabetes mellitus was verified in only 10 (17.5%) of patients with adenocarcinoma and, in accordance with Brazilian statistics, in 13.5% of population. The gastric adenocarcinoma was intestinal in 43 (75.4%) patients and diffuse in the other 14 (24.6%) patients. **CONCLUSION:** Diabetes mellitus is not associated with gastric adenocarcinoma. **ACKNOWLEDGMENT:** To FAPEMIG for the financial support |

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Pôster - Basic science and clinical relevance

Mariana Ferreira Leal; Janete Chung; Danielle Queiroz Calcagno; Ana Carolina Anauate Pereira; Fernanda Wisniewski; Leonardo Caires Santos; Elizabeth Suchi Chen; Carolina Oliveira Gigeck; Paulo Pimentel Assumpção; Laércio Gomes Lourenço; Sâmia Demachki; Ricardo Artigiani; Ismael Dale Cotrim Guerreiro da Silva; Rommel Rodríguez Burbano; Marília Cardoso Smith; **PROTEOMIC ANALYSIS OF GASTRIC CANCER CELL LINES REVEALS BAT1 ROLE IN GASTRIC CARCINOGENESIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 79

**Introduction:** Gastric cancer is the second leading cause of cancer-related death worldwide. Cancer cell lines are a useful tool for the understanding of carcinogenesis processes. Our group previously established three gastric cancer cell lines – ACP02, ACP03 and AGP01. The AGP01 cells migrate more than ACP02 and ACP03. Moreover, AGP01 cells invade more than ACP03. Since proteins are ultimately responsible for the malignant phenotype, proteomic analyses may reflect the functional state of cancer cells, and may help in the identification of target molecules of anticancer drugs. **Objectives:** We aimed to compare the protein profile of ACP02, ACP03 and AGP01 cell lines. **Methods:** ACP02, ACP03 and AGP01 proteins were analyzed by two-dimensional electrophoresis and mass spectrometry. All experiments were performed in triplicates. For the identification of differentially expressed proteins, we used statistical tests with bootstrapping resampling to control the type I error in the multiple comparison analyses. The identified proteins were classified using the DAVID functional annotation tool. The chromosomal location of identified proteins was accessed using BioMart data mining tool directly from Ensembl database. Moreover, BAT1 protein expression was evaluated by immunohistochemistry in 25 pairs of gastric tumors and non-neoplastic gastric samples. BAT1 gene expression was analyzed in 34 pairs of neoplastic and non-neoplastic gastric samples. **Results:** We detected 25 differentially expressed proteins between AGP01 and ACP02 cell lines, as well as between AGP01 and ACP03 cells. Only 4 proteins were differently expressed between ACP02 and ACP03 cell lines. 14-3-3 pathway was the main pathway. Most of the differentially expressed proteins were located at 6p21.3 chromosome region, where BAT1 gene is located. BAT1 was only expressed in the ACP02 and ACP03 cell lines. Neoplastic and non-neoplastic samples presented BAT1 immunoreactivity. However, 28% of tumor presented higher intensity of BAT1 immunoreactivity than matched non-neoplastic cells. In addition, 16% of tumors presented lower intensity of BAT1 immunoreactivity than matched non-neoplastic cells. Tumors presented a significantly reduced BAT1 expression than matched non-neoplastic gastric samples ( $p = 0.017$ ). **Conclusion:** BAT1 may have a role in gastric carcinogenesis. **Keywords:** gastric cancer, cell lines, proteome, mass spectrometry, c |

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Pôster - Basic science and clinical relevance

Xiaoqiang Guo; Haochen Xia; Li Deng; Jizeng Xia; Chenglong Li; Kaiyuan Deng; **PSEUDOGENE PTENP1 SUPPRESSES GASTRIC CANCER PROGRESSION BY MODULATING PTEN.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 79

**Introduction:** PTENP1 has been demonstrated to function as a tumor suppressor in several cancer cells. However, its expression and biological roles in gastric cancer (GC) have not yet been investigated. **Objective:** This study aimed to explore the expression of PTENP1 in GC tissues and cell lines, and investigate the correlation between PTENP1 mRNA expression levels in GC tissues and clinicopathological factors in GC patients, as well as the biological role and underlying mechanism of PTENP1 in GC cells. **Methods:** Expressions of PTENP1 were analyzed in 68 GC tissues and 4 GC cell lines by qRT-PCR. Over-expression approaches were used to investigate the biological functions of PTENP1 3'UTR in GC cells. Treatment of 5-aza-dC was used to investigate DNA methylation on PTENP1 expression. The effect of PTENP1 on proliferation was evaluated by CCK-8 and colony formation assays, and cell apoptosis was evaluated by Hoechst staining as well as Flow-cytometric analysis. Moreover, the role of PTENP1 3'UTR on migration and invasion of GC cells was analyzed by transwell and wound healing assay. Protein level of PTEN was determined by western blot analysis. **Results:** In this study, we demonstrated that PTENP1 was frequently decreased in GC tissues and cell lines, which might be partly associated with DNA hypermethylation, and lower PTENP1 expression was associated with larger tumor size, more advanced stage, deeper invasion depth and lymphatic metastasis. In addition, our data suggested that PTENP1 could regulate GC cell proliferation, apoptosis, migration and invasion in vitro. Furthermore, we demonstrated that PTENP1 could modulate the PTEN protein expression. **Conclusions:** Taken together, these results suggest that PTENP1 functions as a novel tumor suppressor in GC and its suppressive ability may be involved in the modulation of PTEN. |

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Pôster - Basic science and clinical relevance

Laura Ruspì; Federica Galli; Chiara Peverelli; Giuseppe Di Rocco; Francesca Rovera; Luigi Boni; Gianlorenzo Dionigi; Stefano Rausei; **PT4(A-B)N0 GASTRIC ADENOCARCINOMA: PROGNOSTIC CONSIDERATIONS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 79

**Background and aim:** To investigate clinical-pathological features and prognostic factors of pT4(a-b)N0 adenocarcinoma of the stomach. **Patients and methods:** In a consecutive series of 217 gastric cancer patients, we considered patients underwent curative surgery for gastric adenocarcinoma classified as pT4(a-b)N0 according to VII TNM. **Results:** Five-year overall survival was 100% in pT4N0 and 47,1% in pT4N+ patients ( $p = 0,011$ ). Total number of retrieved lymphnodes was significantly lower in pT4N0 than pT4N+ (median: 8,50 VS 22,50). Intestinal type according to Lauren's classification and grading G1-G2 were more frequent in pT4N0 patients. **Conclusions:** Although possible pathological understaging, pT4(a-b)N0 patients seem to have better survival because of less aggressive pattern. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

LEONARDO CAIRES DOS SANTOS; FERNANDA WISNIEWSKI; MARIANA FERREIRA LEAL; DANIELLE QUEIROZ CALCAGNO; CAROLINA OLIVEIRA GIGECK; ELIZABETH SUCHI CHEN; SÂMIA DEMACHKI; PAULO PIMENTEL ASSUMPÇÃO; RICARDO ARTIGIANI; LAÉRCIO GOMES LOURENÇO; ROMMEL RODRÍGUEZ BURBANO; MARÍLIA CARDOSO SMITH; **REDUCED EXPRESSION OF HUMAN TELOMERE AND TELOMERASE COMPLEX GENES IN INTESTINAL-TYPE GASTRIC ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 79

**INTRODUCTION:** Gastric cancer is the fourth most prevalent and the second cause of cancer death worldwide. Changes in gene expression of telomere and telomerase complex have been observed in carcinogenic processes. The investigation of these genetic mechanisms may help to determine more accurate diagnosis, prognosis and the establishment of a therapeutic approach. **OBJECTIVES:** We aimed to identify differentially expressed genes of telomere and telomerase complex in gastric tumors compared to matched noncancerous gastric samples. Possible associations between the expression level of these genes and clinicopathological features were also evaluated. **METHODS:** The expression of 84 key genes involved in telomere replication and maintenance was evaluated using the Human Telomeres & Telomerase RT<sup>2</sup> Profiler™ PCR Array (SABiosciences, PAHS-010). We analyzed 22 paired intestinal-type gastric cancer and adjacent noncancerous gastric tissues from individuals of Northern Brazil. **RESULTS:** We observed that ACD, MUS81, RAD17, SIRT2 and SIRT6 expression were downregulated in neoplastic samples compared to matched noncancerous samples (-1.9, -1.8, -1.6, -1.5 and -1.6 fold regulation;  $p = 0.004$ ,  $p = 0.04$ ,  $p = 0.022$ ,  $p = 0.04$ ,  $p = 0.028$ ; respectively). Reduced transcript level of ACD was associated with moderately differentiated gastric tumors ( $p = 0.008$ ). In addition, reduced expression of SIRT2 was associated with early staging gastric tumors ( $p = 0.023$ ). ACD gene encodes a protein that is involved in telomere maintenance. This protein is one of six core proteins of shelterin telomeric complex. MUS81 and RAD17 are required for efficient DNA repair of telomere-associated complexes. SIRT2 and SIRT6 have been implicated in influencing a wide range of cellular processes like aging, DNA repair, telomere maintenance and energetic metabolism. **CONCLUSIONS:** These differentially expressed genes highlight the importance of telomere and telomerase complex in intestinal-type gastric carcinogenesis. These results contribute to the understanding of gastric cancer biology with possible future clinical implications to be tested in a subsequent study in a larger number of gastric cancer patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Lin Chen; Liangang Ma; **REDUCED FAT4 ENHANCES THE PROLIFERATION AND MIGRATION OF GASTRIC CANCER VIA PHOSPHORYLATION OF YAP AND LEADS TO POOR PROGNOSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 80

**Abstract Background:** The present study aims to investigate the expression and prognostic significance of Fat4 in gastric cancer (GC) and functional mechanisms in vivo and in vitro. **Methods:** Western blotting, RT-PCR and immunohistochemical staining were applied to analyze the expression of Fat4 in 128 gastric cancer tissue and 94 adjacent non-tumor counterpart samples which were included between 2008 and 2009 from Chinese PLA general hospital. Fat4 was knocked down with lentivirus in HGC-27 cell line and stable clone was screened, cultured and planted in nude mouse subcutaneous tissues. Colony formation, cck-8 and flow cytometry (FCM) were used to observe the proliferation of Fat4-knockdown GC cells, and transwell test was applied to investigate the migration and invasion of them. What's more, Western blotting and immunofluorescence (IF) were used to find out the underlying functional mechanisms. **Results:** Fat4 was found suppressed in GC tissues and correlated to oncogenic factor Yap negatively, and associated with the TNM stage, lymph node metastasis and 5-year survival of GC patients. The Fat4 knockdown GC cell clone (Fat4-KD) demonstrated stronger proliferation, migration and invasion abilities than the control cells. The Fat4 knockdown GC cells expressed lower p-LATS and p-Yap but higher cyclinD1, c-Myc, MMP-9 and MMP2 than control, moreover, more Yap was found translocated from cytoplasm to nucleus in Fat4-KD clone as well. However, the translocation of Yap can be rescued when tumor suppressor scrib was knocked down in Fat4-KD clone, so scrib maybe involved in the regulation mechanisms of Fat4. **Conclusion:** Fat4 acts as a tumor suppressor via the Hippo pathway and the loss of which may enhance the proliferation, migration and invasion. Fat4 associated with TNM stage and lymph node metastasis negatively and 5-year survival positively. The Fat4 usually phosphorylate Yap in cytoplasm to stop who translocate to nucleus, which can be rescued by the knockdown of scrib. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Paulina Cerda Opazo; Ignacio Wichmann; Andrés Rodríguez; Jacqueline Fry; Nicole Roldán; Claudia Calderón; Andrew Quest; Alejandro Corvalán; **REGULATION OF REPRIMO BY SURVIVIN, THROUGH P53, IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 80

**INTRODUCTION:** Gastric cancer (GC) is one of the leading causes of cancer death worldwide. It is necessary to understand the pathogenesis of this disease for the development of novel approaches for early detection. p53 plays a central role in the pathogenesis of GC by regulating several biological processes such as cell cycle and apoptosis. **PURPOSE:** The aim of this study is to analyze in silico and in vitro expression of p53 and associated apoptosis and cell cycle genes in GC and tissue samples from GC patients. **METHODS:** In silico analysis of p53 and p53-dependent apoptosis and cell cycle genes was performed on available expression data from the stomach adenocarcinoma (STAD) TCGA (The Cancer Genome Atlas). Thirty-three p53 wildtype-cases were identified and are the main subject of this analysis. Spearman correlation data for mRNA expression was performed using GraphPad Prism6 software. Results were validated by immunohistochemical staining for the most promissory candidates Survivin and Reprimo (RPRM), as well as p53, on paraffin-embedded paired tumor and non-tumor tissue sample from GC patients (n=30). Immunostaining was considered positive for >20% nuclei and cytoplasm stained, >10% cytoplasm stained and >10% nuclei stained for Survivin, RPRM and p53 proteins, respectively. **RESULTS:** In silico analysis showed a mutually exclusive association between RPRM and Survivin ( $0 < r <= " " < /or >$  |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Yuexiang Liang; Jingyu Deng; Han Liang; **RISK FACTORS FOR METASTASIS TO NO.14V LYMPH NODE AND PROGNOSTIC VALUE OF POSITIVE 14V.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 80

**Background:** D2 lymphadenectomy has been increasingly regarded as standard surgical procedure for advanced gastric cancer (GC), while necessity No.14v lymph node dissection for lower GC is still controversial. **Methods:** A total of 311 GC patients receiving D1+ (D1+7, 8a, 9) or D2 plus No.14v lymph node dissection in our center were enrolled. Patients were categorized into two groups based on No.14v lymph node status: positive group (PG) and negative group (NG). Clinicopathological factors correlated with No.14v lymph node metastasis and prognostic variables were respectively analyzed. **Results:** Fifty patients (16.1%) had No.14v lymph node metastasis. Metastasis to No.4d, No.6 lymph node and distant metastasis were independent variables affecting No.14v lymph node metastasis. Patients with positive No.14v lymph node had a significant lower overall survival (OS) rate than those without (3-year OS: 34.0% vs. 67.0%,  $p < 0.001$ ). Multivariable analysis demonstrated that No.14v lymph node status was a significant independent prognostic factor for GC staged TNM III (hazard ratio 1.694, 95%CI: 1.071-2.680,  $p = 0.024$ ). The prognosis of No.14v lymph node positive patients correlated with tumor stage, distant metastasis and tumor size in univariate analysis. **Conclusion:** GC patients with positive No.4d and No.6 lymph node often metastasis to No.14v lymph node. Status of No.14v lymph node was an independent prognostic factor for GC staged TNM III. Patients with positive No.14v lymph node usually have a poor prognosis, while such patients without distant metastasis may benefit from a curative surgery. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Lin Chen; Lei Niu; Hong-Zhen Qin; Hong-Qing Xi; Bo Wei; Shao-You Xia; **RNF43 IS A POTENTIAL PROGNOSTIC FACTOR FOR HUMAN GASTRIC CARCINOMA AND INHIBITS CANCER CELL PROLIFERATION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 80

**Abstract Purpose:** RNF43 is a member of transmembrane E3 ubiquitin ligases and plays important roles in tumor formation progression. We aimed to explore RNF43 expression and analyze its role in gastric carcinoma. **Methods:** RNF43 mRNA was assessed by qRT-PCR in gastric carcinoma and normal cell lines. Immunohistochemistry for RNF43 was performed in 77 cases of gastric carcinoma and matched normal tissues. Western blotting was used to analyze RNF43 expression both in the cell lines and in tissues. The over-expression and knockdown of RNF43, which were accomplished via infection with pEGFP-RNF43 recombinant adenovirus and RNF43-shRNA lentivirus into the cell lines, were confirmed by western blot analysis. The potential functions of RNF43 in cell proliferation and apoptosis were investigated by Flow-cytometry-based and Cell Counting Kit-8 (CCK8) assays. **Results:** RNF43 mRNA and protein expression were significantly lower in the gastric carcinoma than that in the normal mucosae both in the cell lines and tissues (all  $P < 0.001$ ). RNF43 was significantly correlated with histological differentiation ( $P = 0.001$ ), T-stage cancer ( $P < 0.001$ ), depth of invasion ( $P < 0.001$ ), metastasis of regional lymph nodes ( $P < 0.001$ ), pTNM stage ( $P < 0.001$ ) and survival ( $P = 0.021$ ). According to the western blotting results, RNF43 was positively correlated with p53 and cleaved-caspase3 and negatively correlated with Ki67 and Lgr5. Flow-cytometry-based and CCK8 assays revealed that the over-expression of RNF43 induced apoptosis and suppressed proliferation. Knockdown of RNF43 induced the opposite results. **Conclusions:** RNF43 might act as a tumor suppressor in gastric carcinoma and might become a potential indicator for the clinical assessment of tumor prognosis. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Hua Huang; Jie-Jie Jin; Ya-nong Wang. **ROLE AND CLINICOPATHOLOGIC SIGNIFICANCE OF CHEMOKINE (C-X-C MOTIF) RECEPTOR 6 EXPRESSION IN GASTRIC CARCINOMAS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 81

**Introduction?**CXCR6 was reported to be overexpressed in prostate cancer, colorectal cancer, hepatocellular cancer, and renal cell cancer et al. CXCR6 was extensively detected in gastric cell lines. CXCR6 expression by tumor cells plays an important role in the development, invasion and metastasis of malignancies. Objective: The aim of this study is to explore the clinicopathological significance of CXCR6 and the prognostic determinant in gastric cancer. Methods: We examined the expression of CXCR6 in paired cancerous and matched adjacent noncancerous gastric mucosa tissues and gastric cancer cell lines by real-time quantitative RT-PCR and western blotting. CXCR6 expression levels were evaluated by immunohistochemical analysis of tissue microarrays (TMA) for 352 patients, and attempted to correlate their expression with prognosis in gastric cancer patients. Kaplan-Meier analysis and Cox regression models were used to investigate the correlation between CXCR6 expression and prognosis of gastric cancer patients. Results: CXCR6 was extensively detected in gastric cell lines, and was proved to be higher expressed in gastric tumour tissues than in paired nonneoplastic tissues. Moreover we found CXCR6 expression is greater in poorly differentiated gastric cancer cell lines MKN45 and BGC803 than in mediate differentiated gastric cancer cell lines AGS and SGC7901. These results suggested that CXCR6 may play a role in gastric tumorigenesis, and could be relative with survival of GC patients. We examined CXCR6 expression in a cohort of 352 patients through immunohistochemistry in a tissue microarray, found that patients with high CXCR6 expression exhibited shorter overall survival time and was prone to suffer from distant metastasis. Conclusion: Together our findings suggested that CXCR6 may promote gastric cancer invasion and could act as a prognostic predictor in gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Shen Li; Xian-Zi Wen; Jia-Fu Ji. **ROLE OF MATERNAL EMBRYONIC LEUCINE ZIPPER KINASE FOR OUTCOME PREDICTION AND TARGETING THERAPY IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 81

**[Introduction]:** Maternal embryonic leucine zipper kinase (MELK), also known as MPK38, belongs to serine/ threonine kinases, involved in mammalian embryonic development. MELK expression is hardly detectable in normal adult tissues including stomach except in testis. Emerging evidences indicate that MELK act as an oncogenic agent in a variety of cancers, including breast cancer, prostate cancer and glioblastoma. However, little is known about the relevance of this kinase in gastric cancer. **[Objectives]:** To clarify the role of MELK in gastric carcinogenesis. **[Methods]:** MELK expression in gastric cancer (GC) cell lines, primary tumors and adjacent noncancerous tissues was examined by western blotting and Immunohistochemical staining (IHC). Stable GC cells with depleted endogenous MELK expression was established using lentiviral vector, and proliferation assay, migration, invasion and cell cycle assay were done. GC cell line derived xenograft models were established to assess influence of down regulation of MELK in tumor growth. Anti tumor efficacy of MELK inhibitor OTSSP167 was evaluated in the gastric cancer patient (with positive MELK expression and negative expression) derived tissue xenograft (PDTX) mouse models. **[Results]:** MELK overexpressed in majority of GC cell lines and primary GCs (128/178), but in normal stomach mucosa, and its expression was significantly associated with lymph node and distant metastasis ( $p=0.010$  and  $0.024$ , respectively). Furthermore, MELK was an independent prognostic factor in gastric cancer ( $p=0.008$ , Cox regression analysis). Down regulation of MELK resulted in cell shape change, suppression of cell growth and G2/M phase arrest. Loss of function analysis demonstrated that MELK depletion inhibited cell migration and invasion in vitro and tumor growth as well as metastasis in xenograft. Besides, down regulation of MELK in GC cells exhibited EMT-related genes' alteration, further supporting outcomes of IHC. What is more, MELK inhibitor OTSSP167 was dramatically inhibited tumor growth in gastric cancer PDTX models where MELK was highly expressed, and this efficacy was MELK dependent. **[Conclusion]:** Our study has provided the evidence that aberrant overexpression of MELK may greatly contribute to gastric carcinogenesis. Meanwhile, warrants clinical evaluation of MELK inhibitor as a novel targeted therapy for gastric cancer patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Kathleen Saavedra; Paulina Cerda; Wilda Olivares; Jose Valbuena; Andrew Quest; Juan Carlos Roa; Alejandro H. Corvalán. **RPRM EXPRESSION IS LOST IN GASTRIC CANCER TISSUES AND DECREASES IN VITRO TUMORIGENIC CHARACTERISTICS OF GASTRIC CANCER CELLS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 81

**Introduction:** Reprimo (RPRM), a downstream effector of p53-induced cell cycle arrest at G2/M, has been proposed as a tumor suppressor gene (TSG) and a potential biomarker for non-invasive detection of gastric cancer (GC). Objectives: To characterize RPRM expression, evaluate epigenetic silencing by promoter methylation, explore the clinical significance of RPRM protein expression in GC and to evaluate its tumor suppressor function in GC cell lines. Methods: 8 GC cell lines were characterized for RPRM expression by RT-qPCR and Western blot. Epigenetic silencing of RPRM gene by promoter methylation was evaluated in 4 GC cell lines. RPRM protein expression was evaluated in 20 tumor and matched non-tumor cases. Clinical significance of RPRM was assessed in 114 GC cases. To study the role of RPRM as TSG in GC cells, AGS cells were transfected with the pCMV6-RPRM or with pCMV6 and stable transfectants were selected in medium with G418. The effects of RPRM expression on tumorigenic characteristics in GC cells were evaluated in vitro in colony formation, proliferation, wound healing, transwell migration and invasion, cell cycle and apoptosis assays. A  $p$  value  $< 0.05$  was considered statistically significant. Results: RPRM gene expression was low in 6 of 8 GC cell lines ( $p<0.05$ ) while the protein expression of RPRM was negative for all GC cell lines. RPRM gene expression was negatively correlated with promoter methylation (Spearman rank  $r=-1$ ;  $p=0.042$ ). In clinical samples, RPRM gene protein expression was detected in 75% (15/20) of non-tumor adjacent mucosa, but only 25% (5/20) of tumor tissues ( $p=0.001$ ). Clinicopathological correlation of loss of RPRM expression was significantly associated with the invasive stage of GC (stage I to II-IV,  $p=0.006$ ) and lymph node metastasis ( $p=0.037$ ). The RPRM expression in stably transfected AGS cells decreased colony formation, proliferation, migration and invasion ( $p<0.05$ ). Furthermore, the expression of RPRM in AGS cells caused an accumulation of cells in the transition G2/M of cell cycle ( $p<0.05$ ). No effect of the RPRM expression on apoptosis was observed. Conclusion: Epigenetic silencing of RPRM by promoter methylation is associated with loss of RPRM expression. Loss of RPRM protein expression is associated with the invasive stage of GC. Functional assays suggest that RPRM behaves as a TSG. Supporting Grants: Fondecyt 1111014 (AC), CONICYT\_FONDAP 15130011 (AQ, AC) and Conicyt-PCHA/NationalMagister/2014 - 22140115 (PC) |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Yong Liu. **SMYD3 OVEREXPRESSION WAS A RISK FACTOR IN THE BIOLOGICAL BEHAVIOR AND PROGNOSIS OF GASTRIC CARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 81

**Background:** SET and MYND domain-containing protein 3 (SMYD3), a histone methyltransferase, plays a key function in the progression of human cancer. However, the role of SMYD3 in gastric carcinoma carcinogenesis has yet to be elucidated. This study aimed to determine the relationships of SMYD3 expression with clinicopathological characteristics and prognosis in gastric carcinoma. Methods: The expression of SMYD3 was detected by real-time quantitative reverse transcription PCR and Western blot in gastric carcinoma (GC) cell lines, normal gastric mucosa cell line, GC tissues, and adjacent non-tumor tissues. SMYD3 expression in tissue sections of 180 gastric carcinoma samples were evaluated using immunohistochemistry. The staining results were compared with clinicopathological characteristics and to the outcome of patients. Results: The expression levels of SMYD3 messenger RNA (mRNA) and protein in GC tissues were both higher than those in adjacent non-tumor tissues ( $p<0.05$ ). SMYD3 mRNA and protein expression levels were higher in GC cell lines MKN28, SGC7901, and MGC803 than normal gastric mucosa cell line GES-1. SMYD3 expression in gastric carcinoma was significantly correlated with primary tumor size ( $p<0.001$ ), lymph node metastasis ( $p<0.001$ ), and TNM stage ( $p=0.011$ ). Degree of differentiation [hazard ratio (HR)= 5.113;  $p=0.006$ ], serosal invasion (HR=2.074;  $p=0.024$ ), lymph node metastasis (HR=1.354;  $p<0.001$ ), and SMYD3 expression (HR=0.564;  $p=0.004$ ) were identified as the independent factors of the overall survival (OS) in all enrolled GC patients. For patients with positive lymph node metastasis, degree of differentiation (HR=5.974;  $p=0.015$ ), lymph node metastasis (HR=1.257;  $p<0.001$ ), and SMYD3 expression (HR=0.529;  $p=0.004$ ) were the independent prognostic factors of the OS. Conclusion: SMYD3 performed an important function in the aggressiveness of gastric carcinoma and may act as a promising target for prognostic prediction. |

SEM CONFLITOS DE INTERESSE



Pôster - Basic science and clinical relevance

Joanna Darc Carola Correia Lima; Raquel Galvão Figueredo; Rodolfo Gonzalez Camargo; Katrin Radloff; Linda Ferreira Maximiano; Flávio Tokeshi; José Pinhata Otoch; Marília Cerqueira Leite Seelaender; Paulo Sérgio Martins Alcantara; **SYSTEMIC INFLAMMATION AND GASTRIC CANCER ASSOCIATED CACHEXIA: COMPROMISING QUALITY OF LIFE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 82

**Objective:** The aim of this study was to examine systemic inflammation in cachexia associated with gastric cancer and to examine its influence upon quality of life and anorexia in patients. **Methods:** The present study involved 18 patients diagnosed with gastric cancer, who were submitted to elective surgery at the University of São Paulo Hospital. Patients were enrolled into two groups: Cancer without cachexia (n=8) and Cancer with cachexia (n=10). For the diagnosis of cachexia the following criteria were employed: involuntary body weight loss in the last 12 months (?5% from the reported previous body weight); albumin < 3.2g/dL; and systemic inflammation (CRP > 5mg/l). Quality of life was evaluated with questionnaire EORTC-QLQ-C30 (lower score = lower quality of life) that comprises three scales: functionality, symptomatic and global health. Anorexia score was obtained employing FAAC-ESPEN. The signature of the free informed consent form, as well as the measurements of anthropometric data, blood collection and questionnaires were carried out the day before surgery. None of the patients were previously, or at the moment, under chemotherapy. **Results:** The groups showed homogeneous distribution regarding gender, age and height. CTB showed higher weight loss percentage as compared with TB (TB: 4.75 ± 4.83; CTB: 16.70 ± 2.10; p=0.026). The analysis of the biochemical parameters showed that serum levels of CRP were significantly higher in CTB (TB= 3.13 ± 0.84; CTB= 9.61 ± 1.38; p=0.0015). While those of albumin were significantly lower than in TB (TB= 4.94 ± 0.24; CTB= 3.88 ± 0.35; p=0.029). EORTC QLQ-C30 questionnaire scores were significantly inferior (p=0.0003) in CTB (54.92 ± 2.60) compared to TB (39.94 ± 1.98). The prevalence of anorexia was increased in CTB (TB= 36.13 ± 1.60; CTB= 24.70 ± 2.61; p=0.003). The analysis of tumour staging demonstrated that in TB 75% of tumours were at the initial stages (I-II) and 25% in final stages (III-IV). For CTB 60% tumours at initial stages (I-II) and 40% at final stages (III-IV) was observed. **Conclusion:** The cachectic patients present significant weight loss, systemic inflammation and hypoalbuminemia, all related with worsened prognosis in gastric cancer. Cachexia played a strong influence on quality of life of patients, and was associated with anorexia. Tumour stage seems not to be a predictor of cachexia and decreased life quality. Taken together the results point out that cachexia should be diagnosed as soon as possible, allowing improved prognosis |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Zhaode Bu; Zhixue Zheng; Ziyu Li; Xiaojiang Wu; Lianhai Zhang; Aiwu Wu; Jiafu Ji; **THE CHANGES OF SERUM CYTOKINES IN ADVANCED GASTRIC CANCER PATIENTS DURING NEOADJUVANT CHEMOTHERAPY AND ITS CLINICAL SIGNIFICANCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 82

**Abstract Background:** To observe the serum level changes of T cell related cytokines (IL-17?, IFN?, TNF, IL-10, IL-6, IL4, IL2, TGF-?1) during neoadjuvant chemotherapy in patients with advanced gastric cancer and evaluate the pathological effectiveness of chemotherapy. **Methods:** The serum levels of IL-17?, IFN?, TNF, IL-10, IL-6, IL4, IL2 and TGF-?1 in 37 patients with advanced gastric cancer during neoadjuvant chemotherapy and 24 healthy people were analyzed by flow cytometry, and we analyzed the response of pathology with these serum cytokines levels. **Results:** The serum level of IL-17? and IL-4 in advanced cancer patients were significantly lower than healthy people (P<0.05). The IFN?, TNF, IL-4, IL-2 and TGF-?1 levels decreased significantly after neoadjuvant chemotherapy (P<0.05), while the ratio of Th1 cells to Th2 cells was higher before chemotherapy than after chemotherapy in advanced gastric cancer patients (P<0.01). AUCs for the discrimination of response groups (Complete/moderate vs. Minimal/poor responses) revealed best performance for pretherapeutic serum level of IL-10 and TNF (P<0.05). Moreover, the patients' responses were correlated with pretherapeutic depth of invasion by endoscopic ultrasonography and TNM stage, and also with tumor size and lymph node metastasis after neoadjuvant chemotherapy (P<0.05). The further multivariate logistic regression analysis showed that the serum levels of IL-10 and TNF and depth of invasion by endoscopic ultrasonography before neoadjuvant chemotherapy were independent risk factors of neoadjuvant chemotherapeutic response in advanced gastric cancer patients. **Conclusions:** The levels of T cell related cytokines in circulating blood were significantly changes in advanced gastric cancer patients and health controls, and the Th1/Th2 balance shifts during neoadjuvant chemotherapy. The prechemotherapeutic serum levels of IL-10 and TNF would be useful and easy tools as early signals to predict the responses to neoadjuvant chemotherapy for advanced gastric cancer patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Adenilson Leão Pereira; Leandro Lopes de Magalhães; Amanda Ferreira Vidal; Aline Pereira Cruz; Fabiano Cordeiro Moreira; Mônica Assumpção; Paulo Assumpção; Sâmia Demachki; Sidney Santos; Ângela Ribeiro-dos-Santos; **THE DIFFERENTIAL EXPRESSION OF HSA-MIR-664 SUGGESTS FIELD EFFECT IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 82

The field cancerization (field effect) is based on the assumption that the tissue adjacent to the tumor, although present histopathological characteristic of a normal mucosa, is composed of molecularly altered cells. However, the mechanisms involved in this process are not yet fully understood. In order to evaluate the field effect in gastric cancer, we compared the differential expression profile of hsa-miR-664 among samples of gastric cancer tissues, tissues adjacent to cancer and gastric tissues of patients without cancer. We analyzed 51 samples from patients treated at the University Hospital João de Barros Barreto / Federal University of Pará, Brazil, distributed in: (i) 26 samples of gastric cancer tissues (14 fresh and 12 paraffin-embedded samples); (ii) 4 samples paraffin-embedded adjacent to cancer; and (iii) 21 fresh samples of gastric antrum of patients without cancer. To analyze the expression profile, we used qRT-PCR. Data were normalized by the average between the Cts of miRNAs most stable among the samples (hsa-miR-29c and hsa-miR-150), according to NormFinder software. Statistical analysis was performed using ANOVA with p<0.05, adjusted by the Dunnett T3 test. We found that the expression of hsa-miR-664 was increased in gastric tissues of patients without cancer, when compared to tissues of patients with gastric cancer (0.89 vs. 0.085; p=0.013) and tissues adjacent to cancer (0.078 vs. 0.89; p=0.009). When we compared the expression levels between gastric cancer tissue and tissue around the cancer, we observed that there is no statistically significant difference between them (0.085 vs. 0.078; p=0.67). Our results demonstrate that hsa-miR-664 is downregulated in gastric cancer tissues and adjacent to cancer tissues, when compared to tissues of patients without gastric cancer. Therefore, we found no significant difference in expression between the two tissues (with cancer and adjacent to cancer). Thus, we cannot consider the adjacent region to gastric cancer as a normal tissue, because it showed a modified expression profile of hsa-miR-664 when compared to tissue from patients without cancer. Our data point to the hsa-miR-664 as new and promising biomarker of gastric carcinogenesis, and corroborate the hypothesis of a field effect in this type of cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Yan Zhu; Tian Tian Tian; Jing Gao; Jianling Zou; Qiwei Wang; Lin Shen; **THE DUAL PI3K/MTOR INHIBITOR BEZ235 EXERTS PROMINENT ANTITUMOR ACTIVITY IN HER2-POSITIVE GASTRIC CANCER AND HAS SYNERGY WITH TRASTUZUMAB.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 82

**Objective:** To investigate the antitumor activity of the dual PI3K/mTOR inhibitor BEZ235 in HER2-positive gastric cancer in vitro and in vivo and the synergism between BEZ235 and Trastuzumab. **Methods:** HER2-positive gastric cancer cells NCI-N87 and SNU216 were used in this study in vitro. Cell viability, cell cycle, and HER2 downstream pathway were measured using MTS assay, flow cytometry, and western blot, respectively. In vivo, HER2-positive gastric cancer patient-derived xenografts (PDX) were established and treated with BEZ235 or Trastuzumab alone or combined to assess the antitumor activity. **Results:** Both BEZ235 and Trastuzumab inhibit the growth of NCI-N87 and SNU216 cells in a dose-dependent manner in vitro by inducing cell cycle arrest at G1 phase. BEZ235 alone has superior inhibitory effect than Trastuzumab alone in vitro cells and in vivo patient-derived xenografts (PDX). Also, BEZ235 had synergistic inhibitory effect with Trastuzumab against gastric cancer in vitro and in vivo through inhibiting HER2 downstream important pathways as shown by repression of phosphorylated AKT, S6, and ERK. **Conclusion:** BEZ235 was demonstrated for the first time to exert powerful activity against HER2-positive gastric cancer in patient-derived xenografts (PDX) and had synergy with Trastuzumab, which provided solid evidence to future clinical trials. |

SEM CONFLITOS DE INTERESSE

Pöster - Basic science and clinical relevance

Mehmet Yildirim; Nazif Erkan; Enver Vardar; Enver İlhan; Zehra Erkul; **THE GASTRIC ADENOCARCINOMA WITH CHORIOCARCINOMATOUS DIFFERENTIATION IN THE REMNANT STOMACH 54 YEARS AFTER BILLROTH II PARTIAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 83

The gastric remnant cancer is important disease following operations for benign gastric pathologies. This lesion is presumed to have its origin within gastritis due to bile reflux. The time after operation is also important, since studies indicate that the risk of cancer is rises after 10 years. In this report we present a case of gastric remnant cancer found in the anastomotic line after the patient had undergone a subtotal gastrectomy 54 years earlier. A 75 year-old woman was admitted to our Surgical Department with an indefinite epigastric pain. She had a medical history of a partial gastrectomy with Billroth II reconstruction for a benign condition, but was healthy and had experienced no symptoms and any endoscopic examination of upper gastrointestinal tract along 50 years. Physical examination, biochemical studies, and CT were unremarkable. Gastroscopy disclosed a polypoid lesion protruding from anastomotic line and histologic evaluation of biopsy showed adenocarcinoma. The patient underwent a total gastrectomy with Roux-en-Y esophagojejunostomy reconstruction as the lesion was just above the anastomosis line. Postoperative course was normal. Macroscopic pathologic examination revealed a 2.2x1.7 cm ulcerous tumorous mass. Microscopically, tumor infiltrated the subserosa. Histopathologically, the tumor was composed of two component of poorly differentiated adenocarcinoma and choriocarcinomatous differentiation areas. Immunohistochemically, cells were stained by HCG, PLAP, CK7 and panitokeratin diffusely and by HPL and vimentine negatively. There was no invasion in lymph nodes (0/21) and tumor was no lymphatic/perineural invasion and the patient was accepted as having a stage IIA tumor. Our patient was an extremely uncommon case of primary remnant gastric adenocarcinoma who had choriocarcinomatous differentiation. Choriocarcinoma is a malign tumor secreting HCG and occur frequently in the uterus, rarely ovary or testis. The prognosis is poor. In our case, we did not detect the choriocarcinoma because of no sufficient biopsy specimen of tumor. Our case report emphasizes the importance of periodically done gastroscopy in a patient with gastric resection although it has been many years before and all facilities should be used to leads accurate diagnosis. |

SEM CONFLITOS DE INTERESSE

Pöster - Basic science and clinical relevance

Yong Liu; **THE LAW AND CLINICAL PROBATION EVALUATION OF LYMPH NODE METASTASIS WITH DISTAL GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 83

Background and Objective: To investigate the characteristics of distal gastric cancer lymph nodes metastasis, guiding the the extent of lymph node dissection with the D2 or D2+ distal subtotal gastrectomy of distal gastric cancer. METHODS: We retrospectively collected clinical data of 773 cases with distal 1/3 lower gastric cancer who accepted D2 or D2+ distal subtotal gastrectomy from February 2010 to September 2014 in Tianjin Medical University Cancer Hospital. Analysis the characteristics of lymph node metastasis. RESULTS: 773 distal gastric cancer cases, there are 443 (54.72%) cases have lymph node metastasis. 112 cases (14.49%) have lymph nodes metastasis only within the first station. 314 cases (40.62%) have lymph nodes metastasis only within the first and second station. 109 cases (24.60%) have lymph nodes metastasis within the third station. The highest rate of lymph node metastasis of the first?second?third station of lymph nodes are No.3(23.12%)?No.8a(12.97%)?No.16a2(33.79%). CONCLUSIONS: Distal 1/3 lower gastric cancer patients with lymph node metastasis should focus on lymph node dissection of No.3?No.5?No.6 lymph nodes. If we find a set of suspicious lymph nodes metastasis during operation, should pay attention to the dissection of corresponding lymph nodes. |

SEM CONFLITOS DE INTERESSE

Pöster - Basic science and clinical relevance

Fernanda Wisnieski; Danielle Queiroz Calcagno; Leonardo Caires dos Santos; Mariana Ferreira Leal; Carolina de Oliveira Gigeck; Elizabeth Suchi Chen; Sâmia Demacki; Ricardo Artigiani; Paulo Pimentel Assumpção; Laércio Gomes Lourenço; Rommel Rodriguez Burbano; Marília Cardoso Smith; **THE ROLE OF HISTONE ACETYLATION IN THE REGULATION OF P21 EXPRESSION IN GASTRIC ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 83

Introduction: The cyclin-dependent kinase inhibitor, p21, is the better-characterized transcriptional target of p53, which is upregulated in a p53-dependent manner, in response to physiologic stresses, resulting in cell cycle arrest. Studies have reported the involvement of histone acetylation in the p53-dependent p21 activation. Previous results of our research group demonstrated a reduction in cell proliferation and an increased expression of p21 after treatment of two gastric cancer cell lines with the histone deacetylase inhibitor, trichostatin A (TSA). Objectives: This study aimed to quantify and correlate the p21 and p53 expression, as well as, the histone acetylation levels in gastric tissue samples. Methods: The p21 and p53 expression was assessed in 46 paired tumor and adjacent non-tumor samples using quantitative reverse transcription PCR (qRT-PCR). The analysis of histone acetylation was conducted using antibodies against acetyl-H3K9/H4K16 in 21 paired tumor and adjacent non-tumor samples by chromatin immunoprecipitation (ChIP). Three amplicons were used in qRT-PCR of ChIP-enriched DNA according to their relative distance (pb) to the transcription start site: - 402, - 20, and + 182). Results: A significant decreased expression of p21 was observed in gastric tumor tissues compared with adjacent non-tumor samples (p = 0.01). A positive correlation was observed between p21 and p53 expression levels (r = 0.46; p = 0.004). Surprisingly, tumor samples presented increased acetylation in both H3K9 and H4K16 marks compared with non-tumor samples (p < 0.05). In addition, a negative correlation between p21 expression and H3K9 and H4K16 acetylation levels was detected (r = 0.46; p = 0.03 and r = 0.58; p = 0.006, respectively for comparisons including the amplicon - 402). Conclusions: Although histone acetylation did not explain the p21 decreased expression in tumor gastric tissues, this gene seems to be a potential target for epigenetic therapy through histone deacetylase inhibitors. The loss of histone acetylation associated to other regions of p21 not evaluated in this study may influence its transcriptional regulation. |

SEM CONFLITOS DE INTERESSE

Pöster - Basic science and clinical relevance

Long Zi-Wen; Wang Ya-Nong; **WISP1 PROMOTES GASTRIC CANCER PROGRESSION AND INDICATES POOR SURVIVAL OUTCOME.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 83

Objectives: Like many epithelial-derived cancers, Gastric cancer (GC) results from a multistep tumorigenic process. However, the detailed mechanisms involved in GC formations are poorly characterized. Methods: Gene expression profile analyses were performed and Gene Set Enrichment Analysis (GSEA) was used to explore its gene signature. RKO and LOVO cells were transfected with WISP1 shRNA or control plasmids and analyzed for gene expression, proliferation, cell cycle, apoptosis, and invasion in vitro. Real-time PCR and Western blot were used to identify expression of cell adhesion molecules and cytokine cytokine receptor interaction pathways-related genes. In vivo, tumor formation in nude mice was also studied. Results: Integrated analysis in the GSE 33113 and Hospital datasets revealed that WISP1 expression was significantly increased in GC cases, positivity correlated with the poor pathologic stage in Hospital datasets and a poor prognosis was more likely in GC patients with higher levels of WISP1 in the GSE 33113, GSE 14333 and Hospital datasets. Gain of WISP1 function promoted cell proliferation and invasion by decreasing of apoptosis and blocking of cell cycle in GC cells. Besides, Gene Set Enrichment Analysis (GSEA) revealed that cell adhesion molecules and cytokine cytokine receptor interaction pathways-related genes were enriched in WISP1-higher expression patients. WISP1 expression positively correlated with ICAM-1, VCAW-1, VEGFC, CCL18 and CXCR4, and negatively correlated with SDC2, CDH2 and TGFBR1. Further in vivo tumor formation study in nude mice indicated that inhibition of WISP1 in GC cells delayed the progress of tumor formation. Conclusions: WISP1 acts as a tumor promoter in GC through direct interaction with cell adhesion molecules and cytokine cytokine receptor interaction pathways and can be a potential biomarker of carcinogenesis. Keywords: WISP1; Gastric cancer; GSEA; carcinogenesis; tumor promoter |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Gleyce dos Santos Barbosa; Michele Hanae Uratani; Emerson Silva Lima; Paula Fernandes Carneiro; Vitor Francisco Ferreira; Mame Carvalho de Vasconcelos. **XANTHENES DERIVATIVES: CYTOTOXICITY AND PHOTOSENSITIZER EFFECTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 84

Radical surgery remains the standard form gastric cancer therapy, once there is no curative pharmacological protocol known. Efforts have been made to find potential molecules and alternative procedures for this disease management. Natural products and their synthetic derivatives have been shown useful. Approaches, such as photodynamic therapy, have been described as less invasive alternatives of treatment. Xanthenes are alkaloids known for its several biological activities, including as dyes precursors used on photodynamic therapy. In this study we determined the cytotoxic effect of fifteen synthetic xanthenes on eight human cell lines. Furthermore, the photosensitizer effect was evaluated on ACP02, a human gastric adenocarcinoma cell line. Alamar blue assay was performed in all lineages after xanthenes treatment (0.0 – 20 µM/ 72 h) followed from no stimulation, ultraviolet (UV) light exposure for 30 minutes and fluorescent light (FL) exposure for 1h. The results showed that six molecules were cytotoxic on MRC-5 (fibroblast), MCF-7 (breast cancer), MESA (uterus sarcoma), HCT-116 (colorectal carcinoma), Skmel-19 (melanoma), AGP01 (peritoneal metastasis), ACP03 (gastric adenocarcinoma) and ACP02 (gastric adenocarcinoma), with IC50 ranging from 1.8 to 17.3 µM. The xanthene 3445 was more cytotoxic to Skmel-19 (2.0 µM), AGP01 (2.9 µM) and ACP03 (3.1 µM) than to MRC-5 (4.1 µM). The 3447 derivative was more cytotoxic to Skmel-19 (1.8 µM), AGP01 (2.5 µM) and ACP02 (4.1 µM) than to MRC-5 (5.1 µM). The 3450 xanthene was more cytotoxic to Skmel-19 (3.4 µM), AGP01 (3.3 µM), ACP03 (4.0 µM) and ACP02 (3.4 µM) than to MRC5 (6.5 µM). When exposed to the light (both UV and FL) the derivatives 3447 and 3448 enhanced significantly their cytotoxic effect on ACP02, 3447 went from 4.1 µM to 3.3 µM, while 3448 went from 9.8 µM to 3.9 µM. Both FL and UV light exposure reduced non treated ACP02 viability, comparing to the not exposure cells. However, the FL resulted in a significant lower cytotoxicity than the UV (14% and 30%, respectively). These results showed that six xanthenes derivatives tested may be potential non specific anticancer drugs. Specifically three molecules, 3445, 3447 and 3450, were more effective against malignant cells than normal cells. Furthermore, we found out that two derivatives (3447 and 3448) were activated for light exposure, so they may be used on therapy of gastric adenocarcinoma as a photosensitizer adjuvant. |

SEM CONFLITOS DE INTERESSE

Pôster - Basic science and clinical relevance

Lin Chen; Hongzhen Qin; Aizhen Cai; Hongqing Xi; Jing Yuan. **ZNRF3 INDUCES APOPTOSIS OF GASTRIC CANCER CELLS BY ANTAGONIZING WNT AND HEDGEHOG SIGNALING.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 84

Abstract A large proportion of malignant cancers of the stomach are gastric adenocarcinoma type. In spite of many studies, the molecular basis for this cancer is still unclear. Deregulated cell proliferative signaling via Wnt/b-catenin and Hedgehog pathways is considered important in the pathogenesis of many cancers including the gastric cancer. Recent studies identified ZnRF3 protein, which is a E3-ubiquitin ligase and which is either deleted or mutated in cancers, to inhibit Wnt signaling. However, the significance of ZnRF3 in the control of gastric cancer and whether it also regulates Hedgehog signaling pathway, is not known. In the present study, we assessed the expression of ZnRF3 in gastric tumors and paracancerous tissues from 58 patients (44 male and 14 female) of different ages and related this to patient survival. We observed a clear relationship between ZnRF3 expression in paracancerous tissue and tumor size. Also, ZnRF3 expression was much higher in tumors from aged patients. Male patients showed higher mortality than the females. Mechanistic studies using normal gastric cells (GES1) and gastric cancer cells (MGC-803) infected with either AdZnRF3 or AdGFP viral vectors, revealed that ZnRF3 overexpression causes significantly more apoptosis and lowered proliferation of cancer cells. ZnRF3 overexpression led to greatly reduced levels of Lgr5, a component of Wnt signaling and also Gli1, a component of Hedgehog signaling. Thus, ZnRF3 negatively influences both the Wnt and Hedgehog proliferative pathways and probably this way it negatively regulates cancer progression. These results suggest the importance of normal ZnRF3 function in checking the progression of cancer cell growth and indicate that a lack of this protein can lead to poorer clinical outcomes for gastric cancer patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Multimodal approach

Zhang Xiaotian; Ji Jiafu; Shen Lin; Liang Han; Xue Ying Wei; Wang Yanong; Zhou Zhi wei; Wu Dan; Wang Xinbao; Li Guoli; Yu Jiren; Xiao Gang; Zhang Zhongtao; Dang Chengxue; Li Yong; He Yulong; Yu Peiwei; Zhou Yanbing; Chen Lin; Chen Huanqiu; Li Leping; Ye Yingjiang; Li Fei; Wang Xin; ?China; Sun Yihong; Xu Huimian; Huang Changming. **A RANDOMIZED, MULTICENTER, CONTROLLED STUDY TO COMPARE PERIOPERATIVE CHEMOTHERAPY OF OXALIPLATIN COMBINED WITH S-1(SOX) VERSUS SOX OR OXALIPLATIN WITH CAPECITABINE(XELOX) AS POST-OPERATIVE CHEMOTHERAPY IN LOCALLY ADVANCED GASTRIC ADENOCARCINOMA WITH D2 DL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 84

Background: Perioperative treatment of locally advanced gastric cancer (LAGC) has always been argued by eastern and western scholars. For patients with clinical stage of cT4b/N+M0, or cT4aN+M0, the prognosis is rather poor, and the primary lesions might not be resectable at the time of diagnosis. So whether perioperative or post-operative therapy is more beneficial for LAGC patients lacks of data supported by prospective study. Methods: RESOLVE Trial (ClinicalTrials.gov, NCT01534546) is a 3-arm, randomized, multi-center, open-label phase III trial to compare perioperative chemotherapy of Oxaliplatin combined with S-1 (SOX) Versus SOX or Oxaliplatin with Capecitabine (XELOX) as Post-operative Chemotherapy in Locally Advanced Gastric Adenocarcinoma with D2 Dissection. Arm A will receive standard gastrectomy with D2 Lymphadenectomy first and 8 cycles of adjuvant XELOX later. [capecitabine?1000 mg/m<sup>2</sup> bid, d1~14 q3W oxaliplatin?130mg/m<sup>2</sup>?iv drip for 2h?d1, q3W 8 cycles]. Arm B will receive standard gastrectomy with D2 Lymphadenectomy first, and 8 cycles of adjuvant SOX later. [S-1: 40~60mg bid?d1~14 q3W oxaliplatin?130mg/m<sup>2</sup>?iv drip for 2h?d1,q3W 8 cycles]. Arm C will receive 3 cycles of neoadjuvant SOX first, and then standard gastrectomy with D2 lymphadenectomy, and 5 cycles of adjuvant SOX followed by 3 cycles of S-1 monotherapy. Dose of s-1 and oxaliplatin are same to arm B Dose of S-1 monotherapy is same to combination therapy. Patients are randomized 1:1:1 with 2 strata: site and Lauren classification (diffuse or intestinal type). Eligibility criteria include gastric or gastro-esophageal junction adenocarcinoma, D2 or higher surgery with no residual disease, clinical stages cT4b/N+M0 or cT4aN+M0, lymph node positive disease. Primary endpoint is DFS, and secondary endpoints include overall survival, safety, and molecular biomarkers. We need 1059 patients (353 per arm) with 80% of overall statistical power. First patient entered onto the study in Aug 2012. As of January 2015, a total of 427 patients were recruited by 27 Chinese centers. Clinical trial information: NCT01534546. |

SEM CONFLITOS DE INTERESSE

Pôster - Multimodal approach

Cynthia Maria Chiaradia de Melo; Osmar Kenji Yagi; Lidiane Aparecida Catalani; Donato Roberto Mucirino; Marcus Fernando Pertille Kodama Ramos; Fabio Pinatel Lopasso; Carlos Eduardo Jacob; Ulysses Ribeiro Junior; Bruno Zilberstein; Ivan Ceconello. **BODY WEIGHT LOSS AND BMI AFTER GASTRECTOMY FOR GASTRIC ADENOCARCINOMA - LONG TERM ANALYSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 84

Introduction: In Brazil about 20.000 new cases of gastric cancer were estimated for 2014. Long term body weight loss after gastric resections due to gastric cancer and the difference in weight loss between patients submitted to subtotal (STG) and total gastrectomy (TG) are not available in Brazil. Objective: The aim of this study was to analyze the long term postoperative weight loss and other features of patients after STG and TG resections for gastric adenocarcinoma. Methods and Materials: From January 2001 to December 2009 the 72 patients with gastric adenocarcinoma of this series were underwent radical total (TG) or subtotal (STG) gastrectomy associated to D2 lymphadenectomy. In all of them the Roux-en-Y reconstruction was performed. The weight loss parameters, percentage and BMI before and after the intervention, were compared through the Mann-Whitney test. Results: The TG and the STG were performed respectively in 45 (62.5%) and 27 (37.5%) of patients. The median age in STG was 64.4 years and 64.6 years in TG. The postoperative weight loss for STG was statistically lesser than TG, respectively, 11.4%, and 20.2% (p < 0.005). The informed value of BMI before the illness was achieved to be similar in both STG or TG types of resection, respectively (28.16 and 28.12); however, the BMI value was statistically lower after STG (24.65) than TG (22.32). Patients with higher preoperative BMI when compared with lower ones had significant higher weight loss. Conclusion In this current series, 1) The patients underwent TG had greater weight loss in comparison with ones that underwent STG. 2) Overweight patients had a greater weight loss than underweight ones. |

SEM CONFLITOS DE INTERESSE

Pôster - Multimodal approach

Tiago Biachi de Castria; Manoel Carlos Leonardi de Azevedo Souza. **COMPARATIVE ANALYSIS BETWEEN INTESTINAL AND DIFFUSE GASTRIC ADENOCARCINOMA WHO UNDERWENT TO CURATIVE MULTIMODAL TREATMENT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 85

**Purpose:** Gastric cancer is a highly lethal disease with 5-year survival rate of 70, 35 and 15% in stages I, II and III, respectively. Adjuvant 5-fluorouracil-based chemoradiotherapy is the more accepted regimen in Western countries. Intestinal and diffuse subtypes have distinct molecular (CDH1 mutation), histological (loss of cellular adhesion) and clinical (early relapse/metastasis) aspects, with poorer prognosis in the second. This is a retrospective and unicentric study to evaluate the impact of curative treatment and pattern of relapse comparing both histological subtypes. **Patients and Methods:** Patients (pts) with stage I to III gastric adenocarcinoma who underwent to curative resection with D2-lymphadenectomy followed by adjuvant chemoradiotherapy between April/2010 and Jan/2012 at Instituto do Câncer do Estado de São Paulo (ICESP) were included. Patients with esophagogastric junction tumors Siewert I and II and those who received less than 80% of chemo and radiotherapy dose were excluded. Disease free survival at 2 years, disease free survival, overall survival and site of relapse were analyzed. **Results:** Overall, 68 pts with a median age of 60 years (range, 30 to 77 years) were included. Tumor localization was esophagogastric junction (5), body (36), antrum (26) and linitis plastica (1). Thirty-five (51%) patients had intestinal and thirty-three (49%) had diffuse subtype tumor. At 2 years, 23 (65%) pts with intestinal and 16 (48%) pts with diffuse histology were alive and free of disease, but the difference is not statistically significant (qui-square test,  $p=0.22$ ). Overall survival was not statistically different (intestinal: 26.4 months; diffuse 25.1 months, t-test,  $p=0.79$ ). Five of 10 (50%) and 10 of 17 (58%) relapses were peritoneal in intestinal and diffuse subtypes, respectively. **Conclusion:** Diffuse histology was related to more relapse at 2 years of follow-up and more peritoneal relapse. However, given the small sample size, these differences were not statistically significant. |

SEM CONFLITOS DE INTERESSE

Pôster - Multimodal approach

Durval R Wohnrath; Antonio T Oliveira; Gilberto Fava; Croider F Lacerda; Paulo Bertolucci; Teoclito S Carvalho. **GASTRIC CANCER SURVIVAL RATES IN BRAZILIAN PATIENTS UNDERGOING MULTIMODAL TREATMENT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 85

**Introduction.** Although the incidence of gastric cancer and its mortality are decreasing worldwide, the latest global estimate made nearly 1 million new cases of gastric cancer in 2012, making it the fifth most common malignancy in the world. In Brazil, according to the National Cancer Institute (INCA), we expect 12,870 new cases in men and 7,520 in women, in 2014, corresponding to an estimated risk of 13.2 new cases per 100,000 men and 7.4 per 100,000 women. In the Barretos Cancer Hospital, Brazil, the prevalence of new cases of gastric cancer in 2012 was 399 cases. **Objective.** The objective of this work is to calculate the overall survival rate of Brazilian patients with gastric cancer who underwent multimodal treatment in a single institution. **Methods.** A retrospective study of 613 sequential patients, patients with gastric adenocarcinoma who underwent gastrectomy in the period August 1994 to December 2013, the Barretos Cancer Hospital - SP, Brazil, in accordance with the standards of the Japanese Society for Research of Gastric Cancer (JRS GC) and Brazilian Association of Gastric Cancer (ABCG). Radiotherapy and chemotherapy was indicated as adjuvant therapy in cases of invasion of muscularis propria and / or in the presence of positive lymph nodes. The tumors were staged or re-staged for the 7th edition of the TNM. **Variables analyzed:** age, gender, type of surgery, type of lymphadenectomy, tumor size, number of lymph nodes affected by tumor / number of lymph nodes removed, histological grade, staging and overall survival. For overall survival calculation purposes, we included deaths from tumor progression, postoperative and post-chemotherapy deaths and any other causes. The stages IA and IB, IIA and IIB and IIIA and IIIB were grouped in order to make them more homogeneous groups. **Results.** The following variables had statistical significance in the univariate and multivariate analysis: age ( $p = 0.014$ ), histological grade ( $p = 0.037$ ), type of lymphadenectomy ( $p = 0.028$ ) and positive lymph nodes index / removed ( $p < 0.001$ ). Overall survival rate at 5 and 10 years were 39.2% and 24.5%, respectively. In accordance with the stages IA + IB, IIA + IIB, IIIA + IIIB, IIIC and IV, survival rates were 80.7% and 51.1%; 55.3% and 39.3%; 37.2% and 21.0%; 17.0% and 8.7%; 0% and 1.1% respectively at 5 and 10 years ( $p < 0.001$ ). **Conclusion.** We believe these survival rates can contribute as a parameter to other institutions in our country. |

SEM CONFLITOS DE INTERESSE

Pôster - Multimodal approach

Márcio Carmona Marques; Felipe José Fernández Coimbra; Wilson Luiz da Costa Jr; Alessandro Landskron Diniz; Heber Salvador de Castro Ribeiro; André Luiz de Godoy; Igor Correia de Farias; Antonio Moris Cury Filho; Milton José de Barros e Silva; Celso Abdon Lopes de Mello; Helano Carioca Freitas; Ricardo Cesar Fogaroli. **IMPACT OF NEO-ADJUVANT CHEMOTHERAPY FOR GASTRIC ADENOCARCINOMA ON EARLY POSTOPERATIVE OUTCOMES AND COMPARISON OF LONG-TERM SURVIVAL WITH ADJUVANT CHEMORADIOOTHERAPY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 85

**Introduction:** The use of neoadjuvant chemotherapy for gastric carcinoma has increased in later years, replacing the use of adjuvant chemoradiotherapy. However, survival comparisons between both treatment modalities are scarce in literature. The aim of this study is to identify the impact of neoadjuvant chemotherapy in early postoperative outcomes and to compare survival outcomes between the patients who received neoadjuvant chemotherapy and adjuvant chemoradiotherapy. **Methods:** The medical charts from patients who received gastrectomy for gastric carcinoma from 2000 to 2014 were retrospectively analyzed. In order to compare the impact of neoadjuvant treatment on morbidity, all patients who received preoperative chemotherapy were compared with those who would be selected for adjuvant chemoradiotherapy (stage Ib through IIIC in the TNM 7th Ed, no significant comorbidities, up to 70 years old). For long-term survival, only patients who received adjuvant chemoradiotherapy were compared with the neoadjuvant group. **Results:** In the study period, 53 patients underwent gastrectomy after neo-adjuvant chemotherapy and 175 patients with gastric cancer stage Ib to IIIC were operated without preoperative treatment. Between them, 93 patients received adjuvant chemoradiotherapy. In the neoadjuvant group there was a higher percentage of blood transfusion and a longer operative time. However, length of hospital stay and occurrence of postoperative complications were similar in the two groups. There were more intestinal-type tumors, more lesions higher than 4,0cm, more G1 and G2 tumors and a smaller percentage of N2 and N3 lesions in the neoadjuvant group. In survival analysis, the neoadjuvant treatment group had better survival numbers, but they were not significant. Among the neoadjuvant patients only, those with clinical response had significantly better outcomes. Independent prognostic factors in overall survival were lymph node ratio  $\geq 10\%$ , Clavien grade III and IV complications, multivisceral resection and perineural invasion. For disease-free survival, the independent predictors were multivisceral resections and lymph node ratio  $\geq 10\%$ . **Conclusion:** Neoadjuvant chemotherapy does not increase postoperative morbidity. Long-term survival in patients who receive neoadjuvant treatment seems to be similar to patients who were treated with adjuvant chemoradiotherapy. |

SEM CONFLITOS DE INTERESSE

Pôster - Multimodal approach

Ramakrishnan Ayloor Seshadri; Suhaildeen Kamaludeen. **NEOADJUVANT CHEMOTHERAPY IN LOCALLY ADVANCED GASTRIC CANCER WITH EPIRUBICIN, OXALIPLATIN, CAPECITABINE [EOX] AND CAPECITABINE AND OXALIPLATIN [XELOX] REGIMENS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 85

**Background:** Gastric cancer is one of the leading causes of cancer deaths. To improve treatment outcomes multimodality therapy has been commonly used. Here, we report on the use of the EOX and XELOX chemotherapy regimen in the neoadjuvant setting in patients with locally advanced carcinoma stomach. **Methods:** Patients with locally advanced adenocarcinoma of the stomach and the gastro-oesophageal junction between Aug 2010 to Jan 2014 who received neoadjuvant chemotherapy were analysed. 41 Patients (median age: 52, range 24-72 years) with locally advanced adenocarcinoma of the stomach or gastro-esophageal junction received up to 3 courses of neoadjuvant chemotherapy with EOX or XELOX. Five patients had potentially operable disease and 36 patients had borderline/ potentially inoperable disease on CT Scan. Post neo-adjuvant treatment response was assessed and patients underwent surgery followed by adjuvant chemotherapy. **Results:** 40 patients completed all three planned cycles of neoadjuvant chemotherapy, 1 patient received only two cycles and defaulted. Of the 36 patients considered initially inoperable 17 underwent surgery with R0 resection [47%] with 4 pathological complete response [pCR]. 5 patients had progression on CT scan and 10 patients were found to be inoperable at surgery. Of 5 patients with potentially operable disease 3 underwent surgery with R0 resection, 2 were inoperable due to peritoneal disease. Only 3 patients experienced toxicities including grade III Thrombocytopenia, grade I myelosuppression, and grade II diarrhoea (one patient each). **Conclusions:** We conclude that EOX and XELOX is a well-tolerated neo-adjuvant treatment in patients with locally advanced adenocarcinoma of the upper GI-tract. The high efficacy in terms of R0 resection rate and pCR is very promising. |

SEM CONFLITOS DE INTERESSE



Pôster - Multimodal approach

José Carlos Pereira; Donzília Brito; Ana Ferreira; Cátia Ribeiro; Alexandre Sousa; Sofia Patrão; Cristina Oliveira; Manuela Machado; Paula Ferreira; Ana Raimundo; Maria Fragosos; Lúcio Santos; Flávio Videira; Joaquim Abreu de Sousa.; **PERIOPERATIVE CHEMOTHERAPY IN LOCALLY ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 86

**BACKGROUND** In patients with locally advanced gastric cancer(LAGC) the overall survival(OS) is poor, even with a R0 resection. Recent studies have demonstrated that these patients can benefit from perioperative chemotherapy (PC), resulting in an improvement of the disease free(DFS) and OS rates. The aim of this study is to analyse the results of the implementation of PC in our Institution.**METHODS** Between January 2010 and April 2014, 71 consecutive patients with LAGC [cT3/4 and/or cN+] treated with PC based on a fluoropyrimidine and a platinum-based drug were reviewed. All patients were staged with a CT-scan.**RESULTS** The median age was 62 years old and 70% were male gender. The majority of tumors were located in the esophagogastric junction and gastric body (70%) and they were intestinal type on histological analysis in 48%. The tumors were cN+ in 93% of the patients. It was performed a median of 3 preoperative chemotherapy cycles and a grade 3/4 toxicity was observed in 29 patients (40.8%). Clinical partial response on CT-scan was achieved in 47 cases (72.3%). A surgery with a curative intent was performed in 73.2% (52) of the patients, with a R0 resection rate of 90.4% (47). A median of 30 (10-95) lymph nodes were retrieved. Occult metastases, R1/R2 resection and irresectability rates were 15.7%, 9.8% and 21% respectively. The rate of pN+ was 60.3% and one patient had a complete pathologic response (CPR). Surgical morbidity and mortality rates were 13.2% and 1.5% respectively. Thirty four patients (54.8%) received postoperative chemotherapy. Only 3 patients with pN0 have recurred. The median OS was 29 months (M) and the median DFS was 24 M, with a median time of follow-up of 18 (4-56) M. There was a statistically significant difference between the median OS in patients treated with surgery with curative intent or not as in patients treated with R0 resection compared with R1/R2, in patients with partial vs no response on CT-scan and in pN0 vs pN+ (p<0,001).**CONCLUSIONS** Although the rate of CPR was low (2%), 32.7 % of the patients were converted from cN+ to pN0 and the rate of T1/ T2 was raised from 2.8% to 7%. Compared to the literature, the R0 resection rate of this study was higher and a significant increase in OS and DFS in this subset of patients was observed, although the time of follow-up was short. The high rate of occult metastases detected gave rise to an improvement in our PC protocol, as we now perform staging laparoscopy for all patients with LAGC. |

SEM CONFLITOS DE INTERESSE

Pôster - Multimodal approach

Thaina Dalla Valle; Vanessa de Brito Poveda.; **STOMACH AND COLORECTAL CANCER: INFLUENCE OF SOCIAL AND CULTURAL ASPECTS IN SEARCH FOR HEALTH AID.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 86

**BACKGROUND:** Colorectal and stomach cancer are distinguished by their frequency and although risk factors, prevention and diagnosis are well-established, in Brazil, many patients are diagnosed at an advanced stage of the disease, a situation that works for worse prognosis. **OBJECTIVES:** To analyze the process of searching for medical care by patients with stomach or colorectal cancer; identifying: the time between the first symptoms and the start of treatment; biopsychosocial aspects that affect the search for medical care, the commitment generated by the disease of daily activities, family and financial. **METHODS:** This is a quantitative, descriptive-exploratory study, which included adult patients diagnosed with stomach or colorectal cancer, undergoing elective surgery in a hospital specialized in oncology. The data was collected by an instrument, which contained social and demographic aspects, aspects related to the diagnosis, treatment and changes in the style of personal and family life. **RESULTS:** The study group consisted of 71 patients, mostly men (53.5%), with an average age of 61.2 years (SD = 12.97 years) with rectal cancer diagnoses (53, 5%) and stomach (33.8%), from these patients only 16.9% had prevention screening, even though 66.2% of them had a family history of cancer. Of the respondents, 90.1% noticed the symptoms themselves, which were associated in 36.6% of cases with other diseases but not cancer. The most frequent changes after diagnosis occurred in feeding (67.3%), work (50%) and family dynamics (46.5%). Financial changes were reported by 42.3%, including the drop of income (63.3%) and work absence (50%). The children (33.8%) and partners (23.9%) were the most significant people in the process. Most sought medical attention within 30 days after the onset of symptoms (70.4%). The average time delay between the onset of symptoms and the start of treatment was 10.47 months. **CONCLUSION:** Lack of knowledge about the key signs and symptoms of the disease leads to delay in the start of treatment, which can reach nearly a year. Thus, it is believed that health education, strengthened by family participation, combined with an efficient health system, are the best ways to minimize delays in diagnosis and treatment of cancers. |

SEM CONFLITOS DE INTERESSE

Pôster - Technical aspects in open resections

Koshiro Ishiyama; Nomura Takashi; Nemoto Daisuke; Fukushima Norimasa.; **ANALYSIS OF POSTOPERATIVE QOL FOR RECONSTRUCTION METHODS AFTER PROXIMAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 86

**(AIM)** For early gastric cancer, Proximal gastrectomy(PG) for the purpose of preserving function is to be selected . There are a variety of ways for reconstruction,there is no certain opinino.We have compared the Quality Of Life (QOL) of esophago-gastro anastomosis(EGK) and Double tract reconstruction(DT). **(METHODS)** EGK is 53 cases among the PG, DT is 47 cases(2006-2012). Total Gastrectomy(TG) is 78 cases for early gastric cancer who underwent the same time.We have compared the nutrition and dietary intake among the three groups. **(FINDINGS)** For age,gender,stage, There was no significant difference among the three groups.For Hb,Lymphocyte count,EGK and DT are both significantly higher results than TG.For TP Alb,EGK is significantly higher results than TG.For TP and Alb, significant difference between DT and TG did not found.For bodyweighth loss, EGK was significantly lower results than DT and TG.For dietary intake, EGK was significantly higher results than TG.For dumping, It was no significant difference among the three groups. **(CONCLUSION)** For nutritional assessment,EGK seemed to be more useful than TG.EGK is likely to be more useful than DT for QOL. |

SEM CONFLITOS DE INTERESSE

Pôster - Technical aspects in open resections

Kelly Renata Sabino; Matheus Sewastjanow Silva; Patrícia Sutic Silva Paes de Vasconcellos; Andy Petroianu.; **CANCER RECURRENCE IN THE LATE POSTOPERATIVE OF TOTAL AND PARTIAL RADICAL GASTRECTOMIES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 86

**INTRODUCTION:** Total gastrectomy associated with lymphadenectomy is established as being the standard surgical procedure for undifferentiated (diffuse) gastric adenocarcinoma. However in the presence of a well-differentiated (intestinal) adenocarcinoma, a subtotal gastrectomy associated with lymphadenectomy is accepted as being sufficient to treat a disease restricted to the gastric antrum. **OBJECTIVES:** To verify the late recurrence of gastric adenocarcinoma in patients submitted to total and subtotal gastrectomies associated with lymphadenectomy. **METHODS:** This retrospective study was performed on hospital records of 200 consecutive adult patients (18 to 86 y.o.) with intestinal (N = 100) or diffuse (N = 100) adenocarcinomas of gastric antrum submitted to total or subtotal gastrectomies associated with D2 lymphadenectomies. The follow-up period considered for this study was 5 to 14 years. Patients with early postoperative complications were not included in this investigation. **RESULTS:** The five-year or more survival rate of the patients submitted to total gastrectomies due to undifferentiated adenocarcinoma was 74 %, and in 22 % of them metastasis were found. The five-year or more survival rate of the patients submitted to subtotal gastrectomies due to well-differentiated adenocarcinoma was 58 %,and in 36 % of them metastasis were found. **CONCLUSION:** Total gastrectomy associated with D2 lymphadenectomy should be considered as a more adequate treatment for gastric adenocarcinoma independently of location and histological type. **ACKNOWLEDGMENT:** To FAPEMIG for the financial support |

SEM CONFLITOS DE INTERESSE

Pöster - Technical aspects in open resections  
Igor Shchepotin; Andrii Lukashenko; Kolesnik O; Priymak V; Burlaka A; Gukov U; **MAJOR COMPLICATIONS AFTER MULTIVISCERAL RESECTIONS FOR LOCALLY ADVANCED GASTRIC CANCER WITH HEPATOPANCREATOBILIARY INVOLVEMENT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 87

Objective: locally advanced gastric cancer (LAGC) remains to carry a challenge in surgical treatment due to low resectability and high level of postoperative complications. However, the majority of articles represent studies with low amount of patients treated, what makes it complicated to give a precise assessment to this entity. Methods: in our study we enrolled 116 patients with LAGC, complicated by direct invasion into either liver, gallbladder or pancreas, who underwent an extended curative R0 multivisceral resections. Our aim was to evaluate the treatment results and to define the most common and specific complications, following this type of surgery. Results: LAGC-procedure with left colectomy took place in 68 cases, gastrectomy with partial hepatectomy and cholecystectomy – in 44 cases and gastrectomy with gastropancreatoduodenal resection – in 4 case. Anastomotic leakage was observed in 1 cases (0,9%), pancreatic fistula – in 16 cases (14%), acute abdominal bleeding – in 4 case (3,4%) and reactive pleuritis was observed in 8 cases (7%). Twenty two patients (76%) passed through without complications. Fore patient (3.5%) developed 2 complications. No cases of postoperative mortality were observed. Conclusion: extended multivisceral resections for gastric cancer invading hepatopancreatobiliary structures are strongly associated with increased rates of postoperative morbidity and mortality. Besides general complications following major gastric surgery we've determined, that this kind of surgery is associated with enhanced risk of developing pancreatic fistula and pulmonary complications. This should be emphasized during postoperative care planning. |

SEM CONFLITOS DE INTERESSE

Pöster - Technical aspects in open resections  
Xiangdong Cheng; Yian Du; Zhiyuan Xu.; **METASTATIC PATTERN OF LYMPH NODE AND SURGERY FOR GASTRIC CANCER WITH PYLORIC STENOSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 87

Introduction: D2 lymph node dissection has become the standard surgical approach for advanced gastric cancer. However, in the case of lower gastric cancer complicated by pyloric stenosis(GPS), the lymphatic drainage and pattern of metastases are different due to the anatomical restriction, and a higher rate of metastases into the hepatoduodenal ligament and the posterior area of the pancreatic head are often seen. Objectives: The primary aim of this study was to investigate metastatic pattern of lymph node for GPS, A secondary aim was to know whether extended lymph node dissection for GPS is associated with higher morbidity and improved overall survival. Methods: From January 2013 to December 2014, 21 patients with GPS were enrolled. A distal subtotal gastrectomy was selected. D2 lymph node dissection according to the guidelines of the Japanese Research Society for Gastric Cancer, including the lymph nodes along the perigastric region, celiac axis. Extended lymphadenectomy adding dissection of lymph nodes (LN) around superior mesenteric vein(No. 14V), hepatoduodenal ligament(No. 12b, No. 12p), retropancreatic region(No. 13) and posterior group of LN along the common hepatic artery (No. 8P). Gallbladder was removed routinely. Their clinicopathological features were evaluated Results: The median operative time was 150 minutes (range, 100 to 230 minutes), The median operative blood loss was 200 mL (range, 100 to 400 mL), no patient received a blood transfusion. The median hospital stay after extended hepatic resection was 9 days (range, 7 to 15 days). The overall postoperative complication rate was 30.7%. No Gastrointestinal anastomotic leak or duodenal stump leakage was observed. The median number of harvested LNs was 47(range, 24 to 89);The incidence of No.8p, No.12b, No.12p, No.13 and No.14 lymph node metastasis was 0%,9.5 %, 4.8 %, 19.1% and 9.5 % respectively. The risk factors for No.13, No.12b, No.14V lymph node metastasis were identified as the tumor size and depth of tumor invasion, the No.14V lymph node metastasis was also associated with lymphovascular invasion. Conclusion: Extended lymphadenectomy for GCP can be performed with a near zero operative mortality rate and associated with increased number of harvested LN. The incidence of No.13, No.12b, No.14V lymph node metastasis were considerable in GCP patients. Survival benefit provided by adding the dissection of No.13, No.12b, No.14V lymph node need further exploration. |

SEM CONFLITOS DE INTERESSE

Pöster - Technical aspects in open resections  
Xiaohua Jiang; Tao Du; Shun Zhang; Ming Xu; Ping Zheng; **SUBTOTAL GASTRECTOMY WITH REMNANT DUMPLING STOMACH FOR ADVANCED GASTRIC CANCER IN GASTRIC BODY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 87

Background. For advanced gastric cancer (AGC) located in the gastric body, especially in the lesser curvature, it is often necessary to perform total gastrectomy, which might cause the increased postoperative complication and the decreased quality of life. The authors report a novel surgical procedure, subtotal gastrectomy with remnant dumping stomach (STG-D), for the surgery of selected AGC in the lesser curvature of gastric body. Methods. Twelve patients with AGC in the lesser curvature of gastric body underwent subtotal gastrectomy with remnant dumping stomach. After lymph node dissection and mobilization of the stomach, the stomach was transected about 4-5 cm proximal to the tumor and very near to EG junction, and a very small remnant stomach, called "dumping stomach", was preserved. The reconstruction method was Rou-en-Y, and double-stapling side-to-end gastrojejunostomy with a 28mm circular stapler was performed. The surgical procedures and short-term surgical outcomes were assessed and compared with those of 15 patients who underwent total gastrectomy (TG). Results. Subtotal gastrectomy with remnant dumping stomach was performed successfully in all the 12 patients. Compared with TG, the sTG-D procedure needed less operation time, had less blood loss. Less proximal surgical margin was dissected for sTG-D, whereas no cancer-positive proximal margin was found. Incidence of early postoperative complication of sTG-D was lower than TG. Conclusions. Compared to total gastrectomy, subtotal gastrectomy with remnant dumping stomach is a less invasive operation and may be applied for the treatment of AGC in the lesser curvature of gastric body. |

SEM CONFLITOS DE INTERESSE

Pöster - Technical aspects in open resections  
Marco Ceroni Villanelo; Eduardo Viñuela Fawaz; Enrique Norero Muñoz; Cristian Martinez Belmar; Alfonso Diaz Fernandez; **THE EXTENSIVE INTRAOPERATIVE PERITONEAL LAVAGE IS A SAFE PROCEDURE IN THE TREATMENT OF ADVANCED GASTRIC CANCER: INITIAL REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 87

Introduction: Gastric cancer is the leading cause of cancer death in Chile. The extensive intraoperative peritoneal lavage (EIP) is one of the measures used in prevention of peritoneal recurrence in some centers in Japan. In our center started in 2014 a randomized prospective protocol, to demonstrate its utility. Objective: To describe EIP postoperative complications in patients with gastric serosa invasion without distant metastases, whom underwent gastrectomy with curative intent. Material and Methods: A prospective, randomized 2 branches began in January 2014. The treatment involves the intraperitoneal washing with one liter of normal saline with a temperature near 41 degrees celsius for 10 times, after stomach resection and dissection lymphatic D2 and before starting the reconstruction. Complications in both groups was recorded and Clavien classification was used. Descriptive statistical analysis and Student's t test was performed. Statistical significance was considered at p <0.05. Results: A total of 24 patients met the inclusion criteria. The median age was 64.5 years (46-83), 75% male. 10 patients correspond to EIP group. The median operative time was 285 minutes in the group EIP; and 240 minutes in the control group (p = NS). Intraoperative blood loss was 300 cc in both groups. The first patient temperature at the end of surgery was 36.1 ° C in the EIP group; and 36 ° C in the control group (p = NS). The hospital stay was 9 days (6-30) in the EIP group; and 9.5 days in the control group (p = NS). Of the 10 patients with EIP, 4 had complications: 3 patients had type 2 Clavien and 1 patient presented a type 4 Clavien. In the 14 control patients, seven complications were observed: 4 patients with type 2 Clavien; 2 patients with Clavien 3 and a patient with a Clavien 5 (p = NS). Conclusion: In this initial report shows that EIP is a safe procedure in the treatment of advanced gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Familiar gastric câncer

Milena Quaresma Lopes; Lucimere Maria dos Santos; Ann Mary Machado Tinoco Feitosa Rosas; Maria Amália de Lima Cury Cunha; Cristiane de Sousa Lourenço; Elaine Ramos Pereira; Valdete Oliveira Santos.; **A LOOK OF NURSING TO THE PATIENTS WITH GASTRIC CANCER AND THEIR FAMILY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 88

**Introduction:** Malignant gastric cancer is the second leading cause of death from malignant lesions in the world. In Brazil were estimated for the year 2014, according to the INCA - National Cancer Institute, 20,390 new cases and 13,328 deaths expected. The treatment of these malignant gastric tumors with curative intention is mainly surgical. Unfortunately, the diagnosis beyond most cases already in advanced stages, limit the effectiveness of this method. **Objective:** Taking into consideration the scope of the condition this study seeks to open a discussion on the need for a look of nursing professionals who follow this client and their families. **Methodology:** For this study a qualitative approach according to Minayo (2007) was designed. It is the way for the incorporation of meaning and intentionality as a way to understand the actions, relationships, and social structures. To identify productions in SciELO platform we used as descriptors the terms "Nursing" and "Gastric Cancer", using these descriptors in combination only one publication was identified. It demonstrates the importance of the present study. The descriptors separately rendered in 24 publications we used to enrich this discussion. We proceeded to an integrative literature review, as proposed by Ganong (1987) since it contributes to the systematization process and analyze the results in order to understand certain topic, from other independent studies. **Results:** The literature review allowed us to realize that many patients have good notions about the risk factors for Gastric Cancer. However, little is known about inherited trait. Another factor that alerted us was the observation in several studies, of psychological stressors experienced prior to disease. Periodic assessment in population groups at risk as the Japanese and their families in which it recognizes the familiar character are recommended. **Conclusion:** We can perceive that there is little knowledge about the Gastric Cancer in Family by patients, it is essential that nursing is responsible for the monitoring of these patients as well as, guiding their families to assist the process of coping with the possibility and / or early diagnosis, given that the latter is essential for obtaining curative treatment. |

SEM CONFLITOS DE INTERESSE

Pôster - Familiar gastric câncer

Shuqin Jia; Zhenhua Fan; Zhao de Bu; Ziyu Li; Ziran Li; Mengmeng Feng; Ying Hu; Hongwu Xin; Yuntao Xie; Jiafu Ji; Juan Zhang.; **CDH1 (CADHERIN-1) GERMLINE MUTATIONS IN CHINESE DIFFUSE GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 88

**Background:** Diffuse-type gastric cancer (DGC) is typical of dismal prognosis, of which hereditary diffuse gastric cancer (HDGC) is a rare autosomal dominant cancer syndrome with CDH1 germline mutations in about 30%~50% cases. As sporadic gastric cancer is more commonly seen in China, CDH1 germline mutation data from Chinese gastric cancer population are rare. **Material and methods:** To investigate if CDH1 germline mutations occur in Chinese diffuse gastric cancer patients with or without a positive family history, DNA samples were extracted from the blood of unrelated 94 Chinese diffuse gastric cancer patients. Sixteen exons of CDH1 were amplified for each sample and the products were purified and sequenced. Germline mutation identified in a HDGC proband was then detected in her family members. **Results:** Seven CDH1 germline mutations were identified in 94 patients (7/94 = 7.45%). Three missense mutations (p.T340A, p.L630V and p.V425L) were found in 3 individual. Patients who carried p.T340A or p.L630V had very strong family history of HDGC. p.T340A was a known deleterious mutation and p.L630V and p.V425L were likely pathogenic. Three synonymous mutations were identified in 3 unrelated individual. One splice site mutation was identified in one individual. In the pedigree whose proband carried p.T340A, totally 3 among 21 family members from maternal and paternal lines individually were identified as mutation carriers after resequencing. **Conclusions:** This is a preliminary report. More cases would be included to explicate the CDH1 variants in Chinese diffuse gastric cancer patients. Notably, a known deleterious mutation which occurred in 3 members of a HDGC pedigree, both in maternal and paternal lines, needs special caution for their next step prophylactic treatment and follow up. A genotype-phenotype correlation should be further discovered on the pathogenicity of p.L630V and p.V425L. For the strong HDGC family without CDH1 germline mutations, CDH1 somatic mutations, promoter methylation and loss of heterozygosity (LOH) detection should be carried out. Although the incidence is low, it is recommended that patients with DGC, especially HDGC, be offered appropriate genetic counseling and testing to decrease the gastric cancer incidence and risk in family members in China. |

SEM CONFLITOS DE INTERESSE

Pôster - Familiar gastric câncer

Jelena Pogodina; Jelena Pogodina; Jelena Pogodina; Jelena Pogodina.; **CDH1 GENE MUTATIONS IN HEREDITARY GASTRIC CANCER PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 88

**Objectives:** CDH1 germline mutations are associated with the development of the autosomal cancer syndrome namely Hereditary Diffuse Gastric Cancer (HDGC). Approximately 25-40% of families fulfilling the clinical criteria for HDGC established by the International Gastric Cancer Linkage Consortium (IGCLC) have constitutional alterations of the CDH1 gene. The incidence of patients with hereditary gastric cancer syndrome in Latvia is unknown. We analysed the mutations status of the CDH1 gene in patients who fulfilled the hereditary gastric cancer criteria. **Methods:** For analysis of CDH1 gene 26 patients from families fulfilling the modified criteria of HDGC were selected. Polymorphisms detection in the CDH1 gene was done by DHPLC follow by DNA sequencing. **Results:** From 26 probands, 3 of them had at least 2 gastric cancer cases with 1 case of gastric cancer in a person younger than 50 years; 12 had multiple cases of gastric cancer diagnosed in person older than 50 years and 11 probands were younger than 40 years. All gastric cancer patients were with poorly differentiated adenocarcinoma. CDH1 gene mutations (3'UTR+54C>T) were detected in seven (26.9%) of 26 HDGC patients. No mutation were identified in 19 (73.1%) of HDGC patients. **Conclusion:** This is the first result of CDH1 gene mutations in the Latvian population, in which we analysed 26 patients with HDGC. Seven mutations were detected. According to recent studies, our results confirm these data. |

SEM CONFLITOS DE INTERESSE

Pôster - Familiar gastric câncer

Caroline Aquino Moreira-Nunes; José Alexandre Rodrigues de Lemos; Leticia Martins Lamarão; Paulo Pimentel Assumpção; André Salim Khayat; Diego Di Felipe Alcântara; Amanda Braga Bona; Joana de Fátima ferreira Borges da Costa; Aline Damasceno Seabra; Tanielly Cristina Raiol Silva; Rommel Rodríguez Burbano.; **COMPARATIVE GENOMIC HYBRIDIZATION ANALYSIS IN PATIENTS WITH HEREDITARY DIFFUSE GASTRIC CANCER FROM NORTH AND NORTHEAST OF BRAZIL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 88

Hereditary diffuse gastric cancer (HDGC) is an autosomal dominant inherited form of diffuse gastric cancer, a highly invasive tumor that is characterized by early presentation and a poor prognosis. Diffuse carcinomas display a prominent molecular abnormality; defective intercellular adhesions, which can result from loss of expression of the cell adhesion protein E-cadherin, encoded by CDH1 gene. To date, mechanisms such as large deletions and hypermethylation have been considered, along with germline mutations, responsible for inactivation of CDH1 and lead to functional haploinsufficiency of E-cadherin. Around 30-40% of HDGC families carry CDH1 germline mutations, but this frequency is highly variable between countries. In Brazil, gastrointestinal tumors are one of the most incidents and a serious public health problem, especially in the North and Northeast regions. This purpose aimed to investigate possible genomic rearrangements in CDH1 or other possible involved genes in HDGC patients from North and Northeast of Brazil. We analyzed DNA obtained from peripheral blood of 28 patients diagnosed with HDGC, with presence of mutations in CDH1 gene, belonging to four different families, using the CytoScan™ HD Cytogenetics Solution from Affymetrix. We found no evidence of gain and loss events or any type of rearrangements in all the tested samples. This is the first CGH analysis in HDGC families from Brazil, and our data corroborates with the literature that CDH1 large deletions only occur in approximately 4% of HDGC families with low incidence for this disease, since here we have a high incidence of gastric cancer in the investigated regions. |

SEM CONFLITOS DE INTERESSE

Pôster - Familiar gastric câncer

Ednaldo de Souza Silva; Rebeca Aparecida Dos Santos Di Tommaso; Carlo Javier Valdivia Sanz; Marcelo Henrique dos Santos; Adalberto Caoru Haji Junior; Márcio Neves Stefani; **FAMILIAR LOCALLY ADVANCED GASTRIC CANCER: A CASE REPORT IN FCECON – FUNDAÇÃO CENTRO DE CONTROLE DE ONCOLOGIA DO ESTADO DO AMAZONAS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 89

**Introduction:** Familial aggregation of gastric cancer (GC) has pointed out to a possible hereditary and genetic factor involved in the carcinogenesis of this disease. The aim of this article is to report 2 cases of T4 GC brothers treated in FCECON. Cases report: 1: Female, 68, admitted in the emergency department with obstructive acute abdomen, underwent exploratory laparotomy revealing plastic linite in stomach and tumor in the splenic flexure infiltrating pancreatic tail, splenic hilum and duodenojejunal flexure. Submitted to colostomy and mesocolon's biopsy. Transferred on the 3rd day to FCECON. Underwent total gastrectomy, subtotal colectomy, distal pancreatectomy, splenectomy en bloc, jejunostomy. Evolved with pancreatic fistula treated conservatively. Discharged on day 18th. Currently is in adjuvant therapy- INT0116 protocol. Diffuse G3 gastric carcinoma at histopathology - pT4bN1M0. 2: Male, 76, PS1, 4 months with epigastric pain, sister with GC. Endoscopy showed ulcerative lesion at angular notch and gastric antrum, reaching pyloric canal, resulting in obstruction-Borrmann IV. Gastric adenocarcinoma G2 at histopathology. CT showed multiple hepatic lesions. Underwent subtotal gastrectomy, lymphadenectomy D1, transectomy due to invasion of transverse mesocolon, liver biopsy (segment 2), reconstruction in Roux-Y with colon-colon anastomosis. Currently is in follow-up, waiting for surgical specimen histopathology. Both are waiting for E-cadherin measure. Discussion: Gastric cancer can be a manifestation of syndromes that predispose to cancers. The most important are HNPCC, Li-Fraumeni and FAP. There is evidence suggesting that germline genetic alterations in gene CDH1/E-cadherin could be responsible for a syndrome of familial gastric cancer (FGC). Diffuse FGC is defined as any family presenting: 2 first-degree relatives with diffuse GC, 1 of them with age under 50 yr or at least 3 first-degree relatives irrespective of age of onset. It's estimated that 25% of these cases are associated with CDH1 germline mutations. Use of E-cadherin levels is also important in predicting and detecting recurrent GC in the first 3-6 months after patients undergo curative surgery, with a sensitivity better than CEA. Conclusion: The precise identification of these families by clinical and molecular tools, the use of E-cadherin to stratify patients into low/ high-risk groups for consideration of more aggressive adjuvant therapy is of great importance to improve survival. |

SEM CONFLITOS DE INTERESSE

Pôster - Familiar gastric câncer

Gláucio Nóbrega de Souza; Daniel C. Chung; Manish K. Gala; **HEREDITARY INTESTINAL-TYPE GASTRIC CANCER—A REPORT OF A SERIES OF CASES IN BRAZIL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 89

**Introduction:** Gastric cancer is the fourth most common cancer worldwide and the second leading cause of cancer-related deaths. Most cases occur in developing countries (70%), where the prevalence of H. pylori is the highest (60-90%). Although the majority of cases are sporadic, familial clustering is observed in about 10% of cases, with 1-3% of the carcinomas arising as result of an inherited gastric cancer predisposition syndrome. Whereas the genetic basis of hereditary forms of diffuse gastric cancer has been elucidated, the genetic basis of hereditary intestinal-type gastric cancer is poorly understood. Objectives: The goal of this study is to characterize a unique intestinal-type gastric cancer kindred from northeast Brazil on a clinical and molecular basis. Methods: Exome sequencing of germline DNA was performed on the Illumina HiSeq2000 using the Nimblegen v 2.0 Exome Enrichment kit on 14 family members spanning 2 generations. Variants were analyzed according to the Broad Institute's Genome Analysis Tool Kit (GATK) Best Practices v.3.0. Variants with minor allele frequency less than 1% were prioritized for analysis. Results: In Family "G", 11 cases of intestinal-type gastric cancer that spanned 2 generations were identified. There were four cases in one generation and seven in the second. Three males and nine females were affected. The average age of cancer diagnosis was 58 years (range 34-78 years). Germline DNA was available from 6 individuals with cancer and 8 unaffected family members. Exome sequencing did not identify any rare variant (minor allele frequency < 1%) that segregated with phenotype. Several early onset cases carried a heterozygous ATM mutation in the germline. Conclusion: We have identified a large and unique kindred with a clustering of intestinal-type gastric cancers. Exome sequencing did not reveal any rare genetic variants that segregated with a cancer diagnosis. The underlying pathogenesis of these cases may be explained by a combination of multiple genetic hits, epigenetic alterations and/or environmental influences. |

SEM CONFLITOS DE INTERESSE

Pôster - Familiar gastric câncer

Alyson Mahar; Daniel Kagedan; Natalie Coburn; **INCREASED INCIDENCE OF GASTRIC CANCER FOLLOWING A PRIMARY LOBULAR BREAST CANCER DIAGNOSIS: POPULATION-BASED EVIDENCE FOR FAMILIAL GASTRIC CANCER SYNDROMES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 89

**Introduction:** Familial gastric cancer syndromes (FGCS), such as hereditary diffuse gastric cancer syndrome and Lynch syndrome have been linked to the development of gastric, breast, colorectal, and endometrial cancers. Objectives: To better assess the burden of FGCS, we sought to quantify the risk of developing gastric cancer following diagnosis of an FGCS-related cancer (lobular breast, colon, rectum and endometrial cancers). Methods: Data from nine registries reporting to the Surveillance, Epidemiology and End Results (SEER) database, 1973-2011, were included. Individuals were excluded if they had a previous cancer diagnosis, were diagnosed <20 years old or were diagnosed on death certificate only. Patients with ductal breast carcinoma were included as a control group for lobular breast cancer. A latency period of two months was observed before measuring the incidence of gastric cancer. Age and sex stratified standardized incidence ratios (SIR) and 95% confidence intervals (CI), were calculated using SEER\*Stat software. Statistical significance was considered at p <0.05. Results: 349,813 ductal breast cancer, 36,222 lobular breast cancer, 21,573 uterine cancer, 253,910 colon cancer and 66,469 rectal cancer patients were included in the study. Women diagnosed with a primary lobular breast cancer between the ages of 35 to 75 had a significantly higher incidence of gastric cancer than the general population. Women aged 35-39 and 40-49 had the highest increased risk (SIR 5.74, 95% CI 0.7-20.75 and SIR 6.09, CI 2.63-12.0, respectively). The rates of gastric cancer in both men and women diagnosed with colon cancer age 30-70 were significantly higher than expected. Risk was highest in younger colon cancer patients (age 30-34, SIR 7.7, 95% CI 2.1-19.6). Patients diagnosed with ductal breast, rectal, or endometrial cancer had rates of gastric cancer similar to the general population. However, in younger patients with rectal or ductal breast cancer (age < 45), an increased, non-significant risk was evident. Conclusions: Lobular breast cancer and CRC are associated with an increased risk of gastric cancer in the US population, suggesting the FGCS may be an important consideration in these patients. Given the excellent survival for many breast and CRC patients, endoscopic screening for gastric cancer should be considered in these patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Familiar gastric câncer

Gabriel Roman Souza; Silvio Feiber Filho; Luiz Henrique Rezende Pacheco; Danton Spohr Corrêa; **PROPHYLACTIC TOTAL GASTRECTOMY FOR HEREDITARY DIFFUSE GASTRIC CANCER: A CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 89

**Introduction:** Hereditary diffuse gastric cancer (HDGC) is an autosomal dominant inherited cancer syndrome, which leads to an increased risk of developing invasive diffuse type gastric adenocarcinoma. Approximately 30% of cases are caused by mutations of the type 1 E-cadherin gene CDH1. The importance of identifying a CDH1 mutation carrier early is the 70% to 80% lifetime risk of disease expression. Unfortunately, it is not yet possible to determine which carriers will develop the illness and the severity. Considering that gastric cancer is an aggressive type of tumor and there is no effective screening test, prophylactic total gastrectomy has been indicated in such cases. Case Report A 40 year-old male of Japanese ethnicity, with a family history of gastric cancer and lobular breast cancer, runs a genetic test to determine if there is a p.R335X mutation in the CDH1 gene after his sister had been previously identified with it. The test was positive. He was offered a prophylactic total gastrectomy and decided to undergo the operation. The procedure was performed laparoscopically (Roux-en-Y end-to-side esophagojejunal anastomosis), took 3h30min to be completed and was uneventful. The patient was discharged at the 4th post-operative day, taking liquids by mouth. Histopathological examination of the specimen showed no evidence of disease besides a leiomyoma in the distal esophagus. The patient's body mass index was 26.7 prior to the operation and 6 months after it became 21. Discussion A total gastrectomy is the surgery recommended for a CDH1 mutation carrier, because cancer cells may appear in any place of the stomach. Proximal and distal margins should be checked, to be certain that no gastric mucosa has been left. Gastric cancers are generally aggressive with early metastases to lymph nodes or distant organs, having a poor prognosis when not diagnosed at an early stage. This stresses the importance of prophylaxis. It is still controversial, however, at what age the surgery should be performed. Until the decision to operate is taken, close follow-up is necessary. The above patient, although reached a maximum loss of 23% of his body weight 6 months after the operation, is still in his normal Body Mass Index range and has no other quality of life issues. |

SEM CONFLITOS DE INTERESSE



Pôster - Familiar gastric cancer

André Petter Rodrigues; Marcelo de Figueiredo; Mariana Blanck Zilio; Vinícius Jardim Campos; André Ricardo Pereira da Rosa; Cleber Dario Pinto Kruef. **PROPHYLACTIC TOTAL GASTRECTOMY FOR HEREDITARY DIFFUSE GASTRIC CANCER - HOSPITAL DE CLÍNICAS DE PORTO ALEGRE EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 90

**Introduction:** gastric cancer is one of the leading causes of cancer death and the majority of cases occur in a sporadic fashion. However, about 10% show familial pattern and 1 to 3% fulfill the criteria for hereditary diffuse gastric cancer syndrome. Mutations in the CDH1 gene inherited in an autosomal dominant pattern are responsible for these cases, for whom upper endoscopy surveillance has already proved to be of low value in the early detection of tumors. Then, prophylactic total gastrectomy is recommended for the prevention of this malignancies. **Objectives:** to show the initial experience of Hospital de Clínicas de Porto Alegre in total prophylactic gastrectomies for patients with CDH1 gene mutations. **Methods:** starting from an index case of diffuse gastric cancer where the patient history was suspecting for a hereditary transmission pattern and additional testing were positive for CDH1 mutation, Medical Genetics department started investigation of her offspring, revealing the presence of the mutation in four people. All were screened with upper endoscopy and received genetic counseling, after what it was decided for prophylactic total gastrectomy. **Results:** Four patients tested positive for c.1565+1G>A mutation in CDH1 gene underwent total prophylactic total gastrectomy with Roux-en-Y reconstruction between May 2013 and January 2015. One patient did have early dumping syndrome that was controlled by dietetic measures and one patient had esophagojejunal leakage with pleural and peritoneal complications requiring surgical exploration for resuture and drainage. There was not mortality in this series. All patients' preoperative upper endoscopies were negative for malignancies, including random biopsies. In all cases, histopathological analysis revealed intramucosal foci of signet-ring cell adenocarcinoma, without lymphnode compromise. **Conclusion:** prophylactic total gastrectomy is an adequate procedure for patients with CDH1 gene mutation and a high risk for diffuse gastric cancer. Upper endoscopy screening in these patients is of poor value due to high false-negative levels, so that a normal test do not lower the importance of prophylactic gastrectomy. Although total gastrectomy is a complex procedure, it can be done with good results and a low morbidity in high-volume centers, what is of great importance for a prophylactic procedure. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Vanderlei Segatelli; Alice Rebelo de Matos Borges dos Reis; Ebe Christie de Oliveira; Marina Epstein; Antonio Luiz de Vasconcellos Macedo;. **A CASE REPORT OF EARLY GASTRIC ADENOCARCINOMA WITH PANETH CELLS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 90

**Introduction:** A rare case of well-differentiated adenocarcinoma with Paneth cell of the stomach in a 63-year-old woman is reported. **Objectives and methods:** The tumor was a carcinoma measuring 1,2 cm (Ib + Ic) at the body along the greater curvature. Total robotic gastrectomy with regional lymphadenectomy was performed. The neoplasm was confined to the submucosa (sm2), composed of well-formed tubules with goblet cells and Paneth cells. The Paneth cell differentiation was characterized histologically, confirmed by histochemical stains and immunohistochemical stain for lysozyme. We also observed focal immunoreactivity for p53. The pathological staging was pT1b pN0. **Conclusion:** Adenocarcinoma with Paneth cell is a rare distinct morphological variant of a intestinal type adenocarcinoma of the stomach. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Alejandra Alarcon; María José Maturana; Solange Valdes; Andres Rodriguez; Patricio Madrid; Oslando Padilla; Carlos Barrientos; Edmundo Aravena; Ricardo Estela; Alfonso Calvo; Alejandro Corvalan;. **COMBINATION OF METHYLATED RPRM CFDNA AND PGI/II AND ITS ACCURACY FOR NONINVASIVE DETECTION OF EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 90

**Background and aim:** A blood test might increase the rate of detection of gastric cancer (GC). We assessed the accuracy of a liquid biopsy strategy based on methylated Reprimo (RPRM) cell-free DNA in a cross-sectional study. We further complemented this strategy in combination with Pepsinogen (PG) I/II ratio in a nested case-control study. **Methods:** 1344 symptomatic consultants >40 y.o. scheduled for upper gastrointestinal endoscopy (UGE) were enrolled from a population-based gastric cancer screening program conducted in Santiago, Chile. A heparinized venous blood sample was collected from 1208 cases simultaneously as UGE was performed. Methylated RPRM cfDNA value > 0 copies/ml by MethyLight (Roche) was considered a positive result. For the nested case-control study, we randomly selected 16 EGC cases and matched them individually by sex and age ( $\pm$  4 years) to 1-3 controls from each lesion of the precancerous cascade (49 atrophic gastritis, 44 intestinal metaplasia, and 14 dysplasia). Serum PG I and II were assessed using Biohit Immunoassays. PGI/II <3.0 was considered a positive result. **Results:** 911 patients (67.2% female, age average 59.2 y.o.) completed the enrollment. Samples included 688 Atrophic Gastritis (AG), 137 Intestinal Metaplasia (IM), 18 Dysplasia, 19 Early GC (EGC) and 49 Advanced GC (AGC). Sensitivity to detect EGC+AGC vs AG+IM+DY was 67.65 % (95% CI: 55.21 % to 78.49 %), specificity was 74.61 % (95% CI: 71.53 % to 77.52 %), and positive and negative predictive values were 17.69 % (95% CI: 13.25 % to 22.88 %) and 96.62 % (95% CI: 94.93 % to 97.87 %), respectively. No differences were observed between methylated RPRM cfDNA positive vs. negative GC cases. In order to improve sensitivity, we further assessed the role of combined use of methylated RPRM cfDNA and PGI/II ratio in a nested case-control study. This approach showed a substantial increase in sensitivity to 87.5% (95% CI 61.62 to 98.08) between EGC vs AG+IM+DY, with a specificity of 64.9% (95%CI: 54.65- 73.50), and an OR of 12.71 (95%CI: 2.74 -58.91, p value 0.001). **Conclusion:** Liquid biopsy strategy based on methylated RPRM cfDNA from a blood sample can identify GC. Combination of methylated RPRM cfDNA and PGI/II substantially improves the sensitivity for noninvasive detection of GC and its impact on mortality should be evaluated on a population-based study. Grant Support: CONICYT-FONDAP 15130011 and FONDECYT 1111014 and 1151411 to AH Corvalán from the Government of Chile. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Kyung Eun Lee; In Gyu Kwon; Young Gil Son; Seung Wan Ryu; Soo Sang Sohn;. **COMPARISON OF QUALITY OF LIFE AND WORRY OF CANCER RECURRENCE BETWEEN ENDOSCOPIC AND SURGICAL TREATMENT FOR EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 90

**Objectives:** We compared the QOL and degree of worry of cancer recurrence in EGC patients who underwent endoscopic submucosal dissection (ESD) or surgery. **Methods:** A total of 565 patients who were treated for EGC were included in this study (ESD group, 246 patients; surgery group, 319 patients). QOL was evaluated using the Short-form Health Survey (SF-36v2) and the European Organization for Research and Treatment of Cancer (EORTC) QOL Questionnaires (QLQ-C30 and EORTC-QLQ-STO22). Mood disorders and the worry of cancer recurrence were estimated using the Hospital Anxiety and Depression Scale (HADS) and Worry of Cancer Scale (WOCS), respectively. **Results:** Questionnaires were completed by 55.7% of the ESD (137/246) and 58.9% of the surgery (188/319) patients. The surgery group had more QOL-related symptomatic and functional problems, including fatigue (p = 0.044), nausea/vomiting (p = 0.032), appetite loss (p = 0.023), diarrhea (p < 0.001), pain (p = 0.013), reflux symptoms (p = 0.005), eating restrictions (p < 0.001), anxiety (p = 0.015), taste impairment (p = 0.011), and poor body image (p < 0.001). The ESD group had significantly higher worry of cancer recurrence scores after adjusting for covariates, especially when visiting their physicians. The HADS results did not differ between the groups. **Conclusions:** Endoscopic treatment for EGC provides a better QOL, but stomach preservation might provoke cancer recurrence worries. Doctors should consider this issue for decision of a treatment or follow-up after ESD. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Eui Han Jung; Jin Seok Jang; Duk Song Cho; Hwan Cheol Ryu; Seung Hee Han; Dong Kyun Kim; Sang Hyun Kang. **CORRELATION OF HEALING TYPE OF LESION AND RECURRENCE IN GASTRIC.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 91

Because only a small part of visible gastric mucosal lesion can be removed by endoscopic resection, accurate detection of multiple lesions is important. This prospective study was aimed to identify incidence rate and associated risk factors of multiple and missed gastric lesions, and proper timing of follow up endoscopy within one year after endoscopic resection. Intensive endoscopic surveillance was performed on 1 week, and 1, 6, 12 months after endoscopic resection. All multiple gastric lesions were divided into main and accessory lesions, and accessory lesions were subdivided into detected and missed lesions. A total 250 lesions of 215 patients were analyzed, and there were 81 of early gastric cancer, 50 of high grade dysplasias and 119 of low grade dysplasias. A total 30(14%) of 215 patients had multiple gastric neoplastic lesions, either adenoma or cancer, within 1 year follow up after endoscopic resection. In univariate and multivariate analysis, old age, men and severe intestinal metaplasia were independent risk factors of multiple gastric lesions. Small size (<1cm) and flat morphology were major risk factors of missed lesion ( $p=0.047$ ,  $p=0.027$ ). Among 10 missed lesions, 9 (90%) could be detected within 6 month after resection. Old age, men and severe intestinal metaplasia were risk factors for multiple gastric lesions after endoscopic resection. Multiple gastric lesions can often be missed at the time of treatment. Therefore, the entire stomach should be carefully examined, and follow up endoscopy might be necessary at least one time within six month after endoscopic resection. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Bruna Maria Roesler; Elizabeth Maria Afonso Rabelo-Gonçalves; José Murilo Robilotta Zeitune. **EARLY AND ADVANCED GASTRIC CANCER: A COMPARISON AMONG HELICOBACTER PYLORI STRAINS BASED ON THEIR VIRULENCE FACTORS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 91

Introduction: Gastric cancer continues to be a major global health problem and, despite the decreasing incidence and mortality rates observed worldwide over the last 50 years, it still ranks as a leading cause of cancer-related deaths in many parts of the world. Unlike patients with advanced gastric cancer, patients diagnosed on the early stage of the disease present an excellent prognostic. Helicobacter pylori isolation has led to a better understanding in the pathogenesis of gastroduodenal diseases and the microorganism was considered to have a causal relationship with gastric carcinogenesis and was defined as type I carcinogen by the International Agency for Research on Cancer. The high level of genetic diversity of H. pylori can be an important factor in its adaptation on the host stomach, influencing the microorganism pathogenicity and the clinical outcome of the infection. Aims: to identify and compare virulence factors of H. pylori strains from Brazilian patients with early and advanced gastric cancer. Materials: 89 paraffin wax-embedded specimens of gastric tissue were analyzed: 31 from early gastric adenocarcinoma patients and 58 from advanced cases. DNA extraction was carried out and polymerase chain reaction was performed for important genes of H. pylori: ureaseC, vacA s and m, cagA, cagT and dupA (jhp0917 and jhp0918). Results were analyzed by chi-square test, related to the stages of the disease in study. Values of  $p<0.05$  were considered to be statistically significant. Tables with frequencies and percentages were used to determine genotype combinations and Exact Fischer's Test was done. Values of  $p<0.05$  were considered to be statistically significant. Results: The principal genotype combination was the same both for early and advanced gastric cancer: vacAs1m1, cagA positive, cagT positive, dupA (jhp0917/jhp0918) negative. Considering the genes individually, there was a statistically significant value for cagA gene ( $p=0.025$ ), OR=3.032, 95% confidence interval (1.123-8.185). Conclusions: The identification of specific virulence factors of H. pylori can become a tool of great importance in clinical practice, making possible the better understanding of the gastric carcinogenesis. cagA is an important virulence factor that is frequent in H. pylori strains from patients with severe diseases, such as advanced stage in gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Il Ju Choi; Ki-Woo Seo; Young-Il Kim; Jong Yeul Lee; Myeong-Cherl Kook; Chan Gyoou Kim. **EFFICACY AND SAFETY OF SIMULTANEOUS ENDOSCOPIC SUBMUCOSAL DISSECTION FOR SYNCHRONOUS GASTRIC LESIONS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 91

Introduction and objectives: Multiple gastric neoplasms are often found during routine surveillance endoscopy. We compared the clinical outcome and safety of single day endoscopic submucosal dissection (ESD) for synchronous double gastric neoplasms with ESD for single lesion. Methods: We retrospectively compared clinical outcome and safety of 264 double lesions (early gastric cancers (EGC) or dysplasia) from 132 patients simultaneously treated on the same day (double lesions) and 1,474 lesions from 1,474 patients (single lesion group). All patients were treated with ESD at the National Cancer Center between January 2005 and December 2013. Results: The en-bloc resection rates (96.9% vs. 95.3%,  $p=0.337$ ), complete resection rates (92.3% vs. 92.2%,  $p=0.943$ ), and curative resection rates (89.6% vs. 91.4%,  $p=0.508$ ) were comparable between single lesion group and double lesion group, respectively. Sixteen cases (1.1%) of perforation occurred in single lesion group, whereas none occurred in double lesion group ( $p=0.089$ ). Delayed bleeding rates did not differ between single lesion group (3.5%) and double lesion group (3.1%) ( $p=0.843$ ). All complications were successfully treated by conservative or endoscopic management without the need for surgery. Duration of hospital stay for ESD showed no difference between the two groups ( $p=0.715$ ). Conclusion: The simultaneous ESD in a single session for double gastric neoplasms was feasible and safe in comparison with ESD for single gastric neoplasm. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

TIAGO TORRES MELO; HUMBERTO BONA; MAURÍCIO SAAB ASSEF; THOMY JUN AHN; FÁBIO MARIONI. **ENDOSCOPIC RESECTION OF SPORADIC LARGE GASTRIC ADENOMA: A CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 91

Introduction: Adenomas are the most common neoplastic gastric polyps. They are rare in the West, corresponding to 6-10 % of gastric polyps, are located more often in the angularis and antrum, usually unique and can be precursor lesions of gastric adenocarcinomas. The adenomas larger than 2 cm have adenocarcinoma focus present in 50% of cases. The sporadic gastric adenoma is more common in the elderly. Objective: To report a case of endoscopic resection of sporadic large gastric adenoma. Case: Male, 70 years, complaining of epigastric pain, underwent upper gastrointestinal endoscopy (UGE) at an endoscopic clinic. It showed a large polypoid lesion at the anterior wall of the mid corpus, measuring about 6cm, with wide pedicle and enanthematic, lobular surface with ulceration areas covered with fibrin. He had no other endoscopic abnormalities or comorbidities. Results: The patient was referred for hospitalization in the surgical service of the Santa Casa de São Paulo for resection of the lesion. He underwent another UGE. It was done submucosal injection into the pedicle of the lesion with epinephrine solution 1:10000 and methylene blue and proceeded endoscopic mucosal resection with diathermy loop. Active spurting bleeding was realized in the wound bed. Hemostasis was performed with injection of epinephrine solution 1:10,000, bipolar electro coagulation and endoclips with complete stop of the bleeding. On the first postoperative day (POD), the patient remained hemodynamically stable without hematimetric decrease, oral fasting with use of proton pump inhibitor. On the second POD, it was introduced liquid diet. On the third POD, he was discharged with directions. Pathological diagnosis was tubulovillous adenoma with low-grade dysplasia (moderate cytoarchitectural atypia) with tumor-free pedicle. He is now in attendance with no complaints. Conclusion: Endoscopic resection of sporadic large gastric adenomas is feasible, with low complication rates. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Leonardo Medeiros Milhomem; Daniela Medeiros Milhomem Cardoso; Orlando Milhomem da Mota; Washington Luiz Murgj de Farias; Edesio Martins; Jales Benevides Santana Filho; **ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD) AND GASTRECTOMY FOR THE TREATMENT OF EARLY GASTRIC CANCER: COMPARISON OF EARLY AND LATE RESULTS IN A WESTERN CENTER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 92

**Introduction:** Gastric cancer is a disease with decreasing incidence in the world. But with unusual diagnosis in early stages in developing countries. Conventional treatments also feature not negligible morbidity and mortality. **Objectives:** To compare early and late outcomes of patients undergoing endoscopic treatment by the ESD technique and patients undergoing conventional surgery, with pathological criteria determined after surgery to allow the inclusion in endoscopic resection criteria. **Methods:** During the period from 1998 to 2012, 31 patients with early gastric cancer were treated with ESD (group 1), and 52 patients who underwent gastrectomy (group 2), were compared. We analyzed clinical and pathological features, complications and survival at 1, 3 and 5 years between the two groups. **Results:** The mean age of the patients submitted to ESD was 64.7 years and 57.5 years for gastrectomy. Resection was considered curative in 90% (28 patients) undergoing ESD and 100% (52 patients) who underwent gastrectomy. Morbidity and mortality in the first group was 3.2% and 0% respectively, and the second group, 21.1% and 1.9%. Survival of the 1, 3 and 5 years after ESD was 89.7%, 80% and 76.8%, and for patients undergoing gastrectomy 94.2%, 80.7% and 76.9% respectively. **Conclusions:** ESD is a treatment with early and late outcomes safe, and ESD achieved similar oncological outcomes when compared with gastrectomy in selected patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Souya Nunobe; Naoki Hiki; Manabu Ohashi; Koshi Kumagai; Tatsuo Matsuda; Masaru Hayami; Masahiro Tsujiura; Haruna Furukawa; Satoshi Kamiya; Michitaka Honda; Takehi Sano; Toshiharu Yamaguchi; **EVALUATION OF PATHOLOGICAL FACTORS RELATED TO LYMPH NODE METASTASIS IN ADDITIONAL GASTRECTOMY AFTER NON-CURATIVE ENDOSCOPIC RESECTION FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 92

**Background.** Endoscopic resection (ER) has been widely accepted treatment for those early gastric cancers associated with a minimal risk of regional lymph node metastasis. Although non-curative ER is indication of additional gastrectomy, the risk factor for lymph node metastasis was not fully understood. The aim of this study was to clarify the relationship between clinicopathological characteristics and lymph node metastasis in patients with additional gastrectomy after non-curative ER for gastric cancer. **Methods.** A total of 3306 patients who underwent ER at Cancer Institute Hospital from January 2006 to March 2014. The subjects evaluated in this study were 241 patients (7.3%) with gastric cancer who undergone additional gastrectomy for non-curative ER. The relationship between five non-curative clinicopathological factors; the depth of invasion, the size of the tumor, histological findings, lymphovascular invasion, and horizontal and/or vertical margin, and lymph node metastasis were assessed. **Results.** The major reasons for additional resection were submucosal invasion, positive lymphatic invasion, and positive vascular invasion. The incidence was 171 patients (71.0%), 80 patients (32.1%), and 54 patients (21.8%), respectively. Among the 241 patients who underwent additional gastrectomy, lymph node metastasis was in 17 patients (7%). Lymph node metastasis occurred more frequently in the patient with depressed lesion and horizontal margin positive. Furthermore, among the 17 patients, 16 patients had the multiple non-curative factors, and only 1 patient had a single factor ( $p=0.0001$ ). **Conclusions.** Multiple non-curative factors may be a predictor of lymph node metastasis. Furthermore, the patient with single non-curative factor may be able to avoid the additional gastrectomy after non-curative ER for gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

ALINE TRUGILHO FERRARI; OTAVIO DRUMOND GUJNA; RODRIGOMARQUES HATUM; **GASTRIC CANCER PATIENTS IN YOUTH: AN IMPORTANT DIFFERENTIAL DIAGNOSIS. CASE REPORT AND LITERATURE REVIEW.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 92

**BACKGROUND:** Previous studies have in other countries show that less than 5% of cases of gastric cancer occur in people under 40 years age group that is not common to suspect this diagnosis. This complicates the treatment because it confused with benign and comorbidities, so curative treatment is not possible. The goal is to show that gastric cancer should be considered as a diagnosis on a young patient who identifies gastric ulcer and report a case of gastric cancer in young patients and their desfecho. **MATERIAL AND METHODS:** Study of literature and report of CASE caso. **RELATO:** Patient, female, 23, of Nova Iguaçu RJ-resident. Was admitted to a hospital in Rio de Janeiro, with heartburn, vomiting, epigastric pain and weight loss of about 12 kg in 3 upper gastrointestinal meses. Endoscopy in March 2014: "deformed den with apparent infiltrating lesion in justapilórica region of imprecise limits. Deformed pylorus not allowing the appliance passage "biopsy". Antral gastritis with ulceration showing atypical glands, near the ulcerated edge ". Prescrito omeprazole and Plasil, thinking be benign gastric ulcer. Patient developed worsening presenting uncontrollable vomiting, with secretion in "coffee grounds"; anorexia, caquexia. Na admission was in good general condition, emaciated, pale, ictérica. Abdome hipertimpânico percussion, painful on palpation, palpable mass in the epigastrium dolorosa. Dispneia with abolition of sounds in basic laboratory direito. Exames hemithorax: severe anemia, thrombocytopenia, leukocytosis without left shift, hipopotassemia. Endoscopia: "injury in gastric antrum, infiltrating, Biopsy: gastric adenocarcinoma with positive edges". Chest CT: pleural effusion of moderate-large volume on the right hemithorax; Abdominal CT: gastric stasis with large volume of liquid in stomach topography, infiltrating lesions in pylorus topography, numerous hypodense images in figado. Paciente region evolved, cardiac arrest death on 29/05 / 14. **DISCUSSÃO:** Before the case reported is important not to rule out gastric neoplasia in patients with stomach ulcers, since most diagnoses are made late preventing an effective and often curative treatment. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Jing Jingjing; Yuan Yuan; **INDIVIDUAL EFFECT OF ERCC8 TAGSNP AND ITS INTERACTION WITH H. PYLORI INFECTION, SMOKING AND ALCOHOL CONSUMPTION ON THE RISK OF GASTRIC CANCER AND ATROPHIC GASTRITIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 92

Excision repair cross-complementing group 8 (ERCC8) places a very important role in DNA repair. Genetic polymorphisms in ERCC8 may contribute to the risk of cancer development. We selected the tagSNPs from the HapMap database for the Chinese to investigate their associations with gastric cancer and its precursors. Genomic DNA were extracted from 394 controls, 394 atrophic gastritis and 394 gastric cancer cases in north Chinese and genotypes were identified using Sequenom MassARRAY system. We identified that those with an ERCC8 rs158572 GG+GA genotype showed a 1.651-fold (95% CI= 1.109-2.457;  $P=0.013$ ) increased risk of gastric cancer compared to those with AA; this association remained significant after Bonferroni correction ( $P<0.025$ ). Stratified analysis comparing the common genotype revealed significantly increased gastric cancer risk in males who harbored rs158572 GA/GG+GA genotypes, while individuals older than 50 years old who carried rs158916 CT genotypes were less susceptible to atrophic gastritis (after Bonferroni correction,  $P<0.0125$ ). Haplotype analysis showed that the G-T haplotype was associated with increased risk of gastric cancer. Statistically significant interactions between the two ERCC8 tagSNPs and Helicobacter pylori (H. pylori) infection were observed for gastric cancer and atrophic gastritis risk ( $P<0.05$ ). Smokers and drinkers with ERCC8 rs158572 GG+GA genotype were more susceptible to gastric cancer compared with non-smokers and non-drinkers homozygous for AA. Our findings suggested that ERCC8 rs158572 and rs158916, alone or together with environmental factors may be associated with gastric cancer and atrophic gastritis susceptibility. Further validation of our results in larger populations and additional studies evaluating their molecular function are required. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Hitoshi Kondo; Michiaki Hirayama; Ryouji Fujii; Takeyoshi Minagawa; Tetsuya Sumiyoshi;  
**IS ENDOSCOPIC SUBMUCOSAL DISSECTION SAFE AND USEFUL AS TREATMENT FOR EARLY GASTRIC CANCER IN ELDERLY PATIENTS?**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 93

Background and Aim: Endoscopic submucosal dissection (ESD) is has gained acceptable widely for early gastric cancer (EGC). This study aimed to investigate clinical outcomes of ESD in elderly patients laying stress on perioperative safety and prognosis. Methods: A total of 385 patients (421 EGC) who met the incision criteria and underwent ESD from January 2003 to March 2009 at Tonan Hosp. were divided into two groups according to age; 136 elderly patients (?75 yrs, 159 EGC) and 231 non-elderly patients (<75 yrs, 262 EGC). Patient characteristics, perioperative outcomes, adverse events and survival were compared between the elderly and non-elderly groups. RESULTS: All patients had a PS of 0, 1, or 2, and took medical check-up before ESD. Though the rates of patients with cardiovascular diseases (59.5% vs 40.6%, P<0.05) and anticoagulant agents (16.9% vs 9.0%, P<0.05) were significantly higher in the elderly group, there was no significant difference in perioperative outcomes and adverse events between two groups. The five and ten year survival rates of the elderly patients (median age 83 yrs) were 82.7% and 60.7%, respectively, which are better than life expectancy at age 83. No patients died of primary EGC in both groups, but the other cancers. CONCLUSIONS: We conclude that ESD is safe and useful in elderly patients. Scheduled follow-up after ESD would be necessary for elderly and non-elderly patients considering to diagnose the other malignancies. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

RAFAEL KRIEGER MARTINS; ROBERTO DE MORAES CORDTS FILHO; MAURICIO ALVES RIBEIRO; FABIO THULER; WILSON RODRIGUES FREITAS JUNIOR; OSVALDO ANTONIO PRADO CASTRO; WAGNER CARNEIRO GOMES; DANIEL FUKUHARA; LAURA CAROLINA LOPES CLARO; MARINEIDE PRUDENCIO CARVALHO; ELIAS JIRJOSS ILIAS; PAULO KASSAB; LUIZ ARNALDO SZUTAN; FARES RAHAL; CARLOS ALBERTO MALHEIROS;. **LONG TERM SURVIVAL OF EARLY GASTRIC CANCER WITH RESECTED HEPATIC METASTASIS**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 93

Objectives: To present a case of a patient with an early gastric cancer, who developed hepatic metastasis and had a good evolution after resection of the metastasis and chemotherapy. Methods: A 64 years old patient presented with a one-year epigastric burning pain. He had also hypertension and diabetes. The endoscopy revealed a distal gastric tumor suggesting a Borrmann I type. He underwent a subtotal D2 gastrectomy with a Roux en Y reconstruction. Results: The final stage was T1bN0M0, a total of 23 lymph nodes were retrieved. The histological type was a moderately differentiated type without angiolymphatic or perineural invasion and moderate inflammatory response. At 18 months of follow up, a CT scan showed an hepatic mass in segment II with 0.5 cm and another one with 3 cm in the transition of segments II and III. He was submitted to a laparotomy with intra operative ultrasound and to a lateral left hepatic segmentectomy. The histological analysis showed metastasis of gastric adenocarcinoma and the patient underwent adjuvant chemotherapy with docetaxel and cisplatin. He is alive without any signs of recurrence after 5 years of follow up. Conclusions: The hepatic resection in non-multiple hepatic metastasis from gastric adenocarcinoma promoted the healing of the patient. This can be the beginning of changes of treatment concepts in hepatic metastasis from gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Hiroiyuki Kitagawa; Tsutomu Namikawa; Eri Munekage; Masaya Munekage; Mai Shiga; Hironichi Maeda; Michiya Kobayashi; Kazuhiro Hanazaki;. **METACHRONOUS LIVER AND BONE METASTASIS FROM SMALL EARLY GASTRIC CARCINOMA WITHOUT LYMPH NODE INVOLVEMENT**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 93

Objectives: In this study, a case of metachronous liver and bone metastasis after laparoscopy-assisted distal gastrectomy is described, following initial treatment by ESD for small EGC without lymph node metastasis, showing human epidermal growth factor receptor 2 (HER2) overexpression. Case presentation: A 65-year-old Japanese man was referred to our hospital for further examination of gastric cancer diagnosed by medical check-up. Esophagogastroduodenoscopy (EGD) revealed a superficial depressed-type gastric cancer in the antrum, and abdominal computed tomography (CT) showed no evidence of distant metastases. A tumor measuring 11 mm in diameter was removed by endoscopic submucosal dissection (ESD). Because histological examinations of ESD specimens showed a well-differentiated adenocarcinoma invading the submucosal layer with lymphatic invasion, the patient subsequently underwent laparoscopy-assisted distal gastrectomy with regional lymph node dissection, resulting in no residual carcinoma and no lymph node metastasis. He subsequently developed liver metastasis 1 year later and was treated with trastuzumab plus capecitabine/cisplatin because immunohistochemistry analysis of tumor biopsies revealed overexpression of human epidermal growth factor receptor 2 (HER2). He was alive 11 months after surgical resection of the liver metastasis and subsequently developed bone metastasis. Discussion: Although HER2 overexpression has been reported to correlate with aggressive biological behavior and poor prognosis, there have been no universal conclusions regarding its significance as a prognostic factor. While certain studies have reported that HER2 overexpression is associated with a poor prognosis in gastric cancer, the impact of HER2 expression on patient survival is limited, particularly in earlier stages of the disease. The present case emphasizes the need for including HER2 status as a risk factor for tumor recurrence even in EGC cases. Conclusions: There is still controversy over the role of HER2 status as a prognostic factor in gastric cancer; however, it generally reported that HER2 overexpression correlates with aggressive biological behavior and poor prognosis. HER2 overexpression might be a useful predictive factor for tumor recurrence and a poor prognosis even in cases of early gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Bruna Maria Roesler; Elizabeth Maria Afonso Rabelo-Gonçalves; José Murilo Robilotta Zeitune;. **MOLECULAR EPIDEMIOLOGY OF HELICOBACTER PYLORI IN BRAZILIAN PATIENTS WITH EARLY GASTRIC CANCER**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 93

Introduction: Since H. pylori isolation by Warren and Marshall many investigators have emphasized its role in gastric carcinogenesis. Unlike patients with advanced gastric cancer, patients diagnosed in an early stage of the disease present an excellent prognostic, in which a five-year survival rate is more than 90%. Virulence factors of H. pylori together with the host characteristics and environmental factors can be important for the development of gastric cancer. Consequently, it is of great importance the study of H. pylori prevalent strains in early gastric cancer, also considering that eradication of this microorganism can prevent and even discontinue this process. Aims: to identify the genetic pattern of H. pylori strains from Brazilian patients diagnosed with early distal type intestinal gastric adenocarcinoma. Methods: 31 paraffin wax-embedded gastric tissue samples were analyzed. DNA extraction was carried out and quantification of the obtained product as well as betaglobin gene reaction was done in order to guarantee the internal quality of the results. After DNA extraction, polymerase chain reaction (PCR) for ureaseC, vacA (s and m), cagA, cagT and dupA (jhp0917 and jhp0918) genes were performed. Each PCR product was analyzed by eletrophoresis on a 2% agarose gel stained with ethidium bromide. A 100-bp ladder was used as standard. The study was approved by the Ethics Committee of the Faculty of Medical Sciences, State University of Campinas. Results: Frequencies and percentages of ureaseC, vacA s and m, cagA, cagT and dupA (jhp0917 and jhp0918) genes of H. pylori were determined. Genotypes combinations were then analyzed and the most prevalent genotype of H. pylori in gastric samples from Brazilian patients with early gastric cancer was vacA s1m1 (71.0%), cagA positive (61.3%), cagT positive, dupA negative. Conclusions: The identification of specific virulence factors of H. pylori can become a tool of great importance in clinical practice, assisting the diagnosis of patients with greater propensity for developing severe gastric diseases, such as gastric cancer. The knowledge of the genetic characteristics of H. pylori strains, together with the host characteristics and environmental factors, can lead to a better understanding of gastric carcinogenesis, especially considering the carcinogenesis cascade that precedes the intestinal type gastric cancer. |

SEM CONFLITOS DE INTERESSE



Pöster - Early gastric Cancer

Patrick Sven Plum; Elfriede Bollschweiler; Uta Drebber; Felix Berth; Hakan Alakus; Seung-Hun Chon; Ralf Metzger; Arnulf H. Hölscher; Ute Warnecke-Eberz; Stefan Paul Mönig; **MOLECULAR MARKER PANEL DIFFERENTIATES BETWEEN ADENOCARCINOMAS OF THE UPPER GASTROINTESTINAL TRACT AND PREDICTS LONG-TERM SURVIVAL IN EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 94

**INTRODUCTION:** Adenocarcinomas of the upper gastrointestinal tract are still one of the leading causes of cancer related death in the western world. Even in early stage of disease lymph node metastasis (LNM) occurs and represents a significant prognostic parameter. Until now, no preinterventional diagnostic procedure is appropriate to identify lymphatic infiltration. Aim of this study was to characterize putative predictive molecular markers in early esophageal and gastric adenocarcinomas. **OBJECTIVES AND METHODS:** Between 1989 and 2004, 78 patients with pT1 gastric cancer underwent gastrectomy within our department. Resected tumors and lymph nodes were immunohistochemically analyzed for tissue infiltration and LNM. We focused on MMP-2 (matrix-metalloproteinase-2), TIMP-2 (tissue inhibitor of metalloproteinase-2), PIM-1 and survivin as the most promising marker candidates. We compared these data with a second cohort of pT1 esophageal adenocarcinomas (EAC) (39 patients between 1996 and 2004) receiving esophagectomy. **RESULTS:** We found 28 pT1a and 50 pT1b gastric carcinomas. 11% of the mucosal and 30% of the submucosal carcinomas showed lymphatic metastasis. In submucosal tumors, survivin expression negatively correlated with positive LNM: Low grade survivin expression (<30%) was significantly associated with occurrence of LNM ( $p=0.009$ ) while LNM was detectable in only 17% of submucosal tumors with high expression of survivin (?30%). Further, we identify deviated expression levels of the chosen marker panel when comparing early gastric and esophageal adenocarcinomas: High grade expression of TIMP-2 (?70%) or PIM-1 were exclusively detected in gastric cancer specimens (each  $p<0.05$ ). Similarly, low expression levels of survivin (<30%) were only found in gastric carcinomas ( $p<0.05$ ). Interestingly, high grade survivin expression (?70%) had different impact on patients' survival in adenocarcinomas of both entities. Median survival was 18 years in patients with pT1 gastric cancer while patients with pT1 EAC had a median survival of 4 years ( $p<0.001$ ). **CONCLUSION:** We identified a molecular marker panel which differentiated between early gastric and esophageal adenocarcinomas. Furthermore, we showed the predictive value of survivin expression within both tumor entities. Remarkably, results could not be transmitted from one tumor to another. So, adenocarcinomas of the upper gastrointestinal tract seem to distinguish considering their molecular profiles. |

SEM CONFLITOS DE INTERESSE

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Tommaso Zurleni; Elson Gjoni; Andrea Ballabio; Giovanni Serio; Francesco Zurleni; **MULTIFOCAL EARLY GASTRIC CANCER IN A PATIENT WITH ATROPHIC GASTRITIS AND PERNICIOUS ANEMIA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 94

**OBJECTIVES:** Pernicious anemia caused by vitamin B12 deficiency is associated with atrophic gastritis. These factors are associated with the risk of the development of gastric cancer. **METHODS:** We report a case of a 66 year old man with a history of 6 years of pernicious anemia and detection of atrophic antral-corpor gastritis. Antibodies against intrinsic factor and anti parietal cell were positive. During annual endoscopy control, it was found a small size distal lesion of the antral area of the stomach. Histological examination revealed a high-grade dysplasia (Hp neg with expression of Ki67 and p53 in more than 95% of cells). Therefore the patient underwent chromoendoscopy and new biopsies of the superficial elevated prepyloric lesion of 22 mm (macroscopic evaluation: Type 0 T1m Ila). Histological examination showed an intestinal type adenocarcinoma by Lauren. CT scan excluded distant metastases and lymphadenopathy, CEA: 3.8 and CA19.9: 4. We decided to perform surgery after a multidisciplinary group discussion of the clinical case. **RESULTS:** In October 2014 the patient underwent open subtotal gastrectomy with D2 type of lymphadenectomy (stat. n° 1-3-4-5-6-7-8(a,p)-9-11p-12(a,b,p)). Gastrojejunal circular mechanical anastomosis with a Roux-en-Y type of reconstruction was performed. Neither intra nor post-operative complication occurred. Histological examination revealed a Multifocal Early Gastric Cancer infiltrating the muscularis mucosae; intestinal type by Lauren, tubular type by WHO moderately differentiated. Cytology on peritoneal washing was negative. 48 negative nodes were retrieved (pT1aN0M0 G2). He had an uneventful recovery and he was discharged from the hospital 11 days post surgery. **CONCLUSION:** Multifocality in early gastric cancer can be a problem for minimally invasive treatment such as endoscopic excision. An adequate preoperative investigation by endoscopy and chromoendoscopy and multidisciplinary approach are very important to plan the best therapeutic strategy in order to reduce the under-treatment risk. Further studies will be needed to evaluate the safety of subtotal vs total gastrectomy in this kind of disease. |

SEM CONFLITOS DE INTERESSE

Pöster - Early gastric Cancer

Sang-Yong Son; Dong Joon Shin; Young Suk Park; Aung Myint Oo; Do Hyung Jung; Sang-Hoon Ahn; Do Joong Park; Hyung-Ho Kim; **NUTRITIONAL STATUS AFTER LAPAROSCOPIC SENTINEL NODE NAVIGATION SURGERY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 94

**Background:** The potential benefits of sentinel node navigation surgery (SNNS) are assumed to preserve gastric function and reduce the nutritional impairment after surgery. The aim of this study was to investigate the nutritional benefits of laparoscopic SNNS (L-SNNS). **Methods:** A retrospective case-matched analysis using propensity score method was performed. 80 patients who underwent L-SNNS were compared with 160 patients who underwent laparoscopic distal gastrectomy (L-DG). Nutritional status was assessed by body weight, biochemical data, and anthropometric data measured using computed tomography images. **Results:** Body weight losses after were 0.6% in L-SNNS and 8.0% in L-DG at 3 years after discharge, respectively ( $p<0.001$ ). Decreases of abdominal fat area were significantly greater in L-DG than in L-SNNS (visceral fat area: 41.4% vs. 15.9%,  $p=0.002$ ; subcutaneous fat area: 16.6% vs. 4.8% increase,  $p=0.010$ ). The biochemical data including total lymphocyte count, total cholesterol, total protein, and serum albumin showed no significant difference between two groups, but serum hemoglobin and transferrin showed significant changes between two groups (hemoglobin changes at postoperative 2 year: -0.27g/dl in L-SNNS vs. -0.81g/dl in L-DG,  $p=0.006$ ; transferrin changes at postoperative 2 years: 6.2mg/dl in L-SNNS vs. 86.9mg/dl in L-DG,  $p=0.005$ ). The incidence of anemia was 5% in L-SNNS and 23.2% in L-DG ( $p=0.002$ ) at postoperative 2 years. **Conclusion:** L-SNNS showed better nutritional outcomes than L-DG in terms of less body weight loss, less decreases in abdominal fat area and hemoglobin. |

SEM CONFLITOS DE INTERESSE

Pöster - Early gastric Cancer

Jin Seok Jang; Eui Han Jung; Hwa Seong Nam; Ji Sun Han; Min Chan Kim; Ki Han Kim; Dong Kyun Kim; **RISK FACTORS ASSOCIATED WITH MULTIPLE AND MISSED GASTRIC NEOPLASTIC LESIONS AFTER ENDOSCOPIC RESECTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 94

Because only a small part of visible gastric mucosal lesion can be removed by endoscopic resection, accurate detection of multiple lesions is important. This prospective study was aimed to identify incidence rate and associated risk factors of multiple and missed gastric lesions, and proper timing of follow up endoscopy within one year after endoscopic resection. Intensive endoscopic surveillance was performed on 1 week, and 1, 6, 12 months after endoscopic resection. All multiple gastric lesions were divided into main and accessory lesions, and accessory lesions were subdivided into detected and missed lesions. A total 250 lesions of 215 patients were analyzed, and there were 81 of early gastric cancer, 50 of high grade dysplasias and 119 of low grade dysplasias. A total 30(14%) of 215 patients had multiple gastric neoplastic lesions, either adenoma or cancer, within 1 year follow up after endoscopic resection. In univariate and multivariate analysis, old age, men and severe intestinal metaplasia were independent risk factors of multiple gastric lesions. Small size (?1cm) and flat morphology were major risk factors of missed lesion ( $p=0.047$ ,  $p=0.027$ ). Among 10 missed lesions, 9 (90%) could be detected within 6 month after resection. Old age, men and severe intestinal metaplasia were risk factors for multiple gastric lesions after endoscopic resection. Multiple gastric lesions can often be missed at the time of treatment. Therefore, the entire stomach should be carefully examined, and follow up endoscopy might be necessary at least one time within six month after endoscopic resection. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Gulherme Pinto Bravo Neto; Elizabeth Gomes dos Santos; Felipe Carvalho Victor; Marcelo Soares Neves; Márcia ferreira Pinto; Carlos Eduardo de Souza Carvalho; Fernando Bráulio Ponce Leon Pereira de Castro; **SENTINEL LYMPH NODE NAVIGATION SURGERY FOR EARLY GASTRIC CANCER: IS IT A SAFE PROCEDURE IN NON-ENDEMIC GASTRIC CANCER COUNTRIES?**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 95

Background: Diagnosis of early gastric cancer (EGC) is still the exception in Western countries. In Japan and Korea, where gastric cancer is an endemic disorder, early diagnosis favors an increasing rate of more conservative procedures for treatment of EGC such as endoscopic resections. Minor gastric resections with less extensive lymphadenectomies through sentinel lymph node navigation surgery (SNS) are also becoming an attractive option. The objective of this study is to evaluate the outcome of patients with EGC that underwent SNS in a Brazilian University Hospital (HUCFF - UFRJ). Methods: Fourteen patients with EGC out of 205 gastric cancer patients were treated by minor gastric resections with D1 or D1+ lymphadenectomy through SNS performed by intraoperative peritumoral endoscopic injection of patent blue dye, from September 2008 to March 2014. Results: Of the 14 patients, six were female and eight male with age varying from 36 to 83 years (average 64,6 years). Tumor size varied from 0,5 cm to 4,3 cm (average 2 cm). Type III tumors were observed in 11 patients. Tumors were well differentiated in six and moderately or poorly differentiated in eight patients and were located in the lower third of the stomach in seven, in middle third in five and in the upper third in two. The average number of sentinel lymph nodes (SLN) was 2,5 (1 to 5 nodes). In all but two patients SLN were located in N1 stations. Antrectomy with gastroduodenostomy was performed in the seven patients with distal tumors. The others underwent limited resection such as wedge resection. D1 lymphadenectomy was performed in four patients, and D1+ in 10. One patient had a false negative result in SLN biopsies and another showed the presence of micrometastasis in two of the resected lymph nodes. Four patients were T upstaged after histopathological examination of the surgical specimen: two had actually T2 tumors and the other two T3 tumors. There was one postoperative death from liver failure in a cirrhotic patient. Another cirrhotic patient died after two years also from liver failure, without recurrence of gastric cancer. All others have been accompanied from 11 to 77 months, with no evidence of recurrence. Two patients had a second EGC one and two years after surgery respectively. Conclusions: Although our small sample of patients showed unexpected variables, the complete absence of tumor recurrence suggests that SNS is a safe procedure in a non-endemic gastric cancer country. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Eri Muneke; Tsutomu Namikawa; Masaya Muneke; Mai Shiga; Hiromichi Maeda; Hiroyuki Kitagawa; Hiroshi Mizuta; Michiya Kobayashi; Toshiji Saibara; Kazuhiro Hanazaki; **SYNCHRONOUS LIPOMA AND ADENOCARCINOMA IN THE STOMACH**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 95

Objectives: The stomach is a rare location for lipomas, and only a few cases of gastric lipoma associated with an early gastric cancer have been reported previously. The aim of this study was to report an unusual case of simultaneous occurrence of gastric lipoma and early gastric cancer and to discuss with previous literatures. Case presentation: An asymptomatic 72-year-old man underwent a screening esophagogastroduodenoscopy (EGD) at our hospital. The EGD showed a sessile polypoid lesion with a smooth surface in the greater curvature of the gastric antrum that was diagnosed as a submucosal tumor (SMT). A slightly elevated lesion with a shallow depression in the greater curvature of the lower gastric body was observed near the polypoid lesion, which was confirmed a well-differentiated tubular adenocarcinoma by a biopsy. The borders of this lesion became distinct when indigo carmine dye was used in a chromoendoscopy. Abdominal contrast-enhanced computed tomography revealed a well-circumscribed and low-density mass in the gastric wall of the antrum. The patient underwent endoscopic submucosal dissection (ESD) for gastric cancer, and histological examination confirmed the presence of a well-differentiated tubular adenocarcinoma with dimensions of 17 × 15 mm that was confined to the gastric mucosal layer without lymphatic and venous infiltration. Subsequently, partial resection of the stomach for the SMT. Gross and histological examination of the resected specimen revealed a well-circumscribed, encapsulated lipoma measuring 8.5 × 5.5 cm. Follow-up after discharge was uneventful. After fifteen months, there has been no evidence of metastasis. Discussion: Interestingly, the gastric cancer and lipoma were located very close to each other in the previous three cases as well as in this case, suggesting that they were concomitant tumors. Although lipomas are benign tumors, they can cause gastrointestinal bleeding, intussusception, and obstruction, and minimally invasive therapy by ESD for early gastric cancer and partial gastric resection for large lipomas should be considered. Conclusion: Clinicians should examine gastric tumor patients carefully, bearing in mind the possibility of synchronous tumors as demonstrated by this case and previous cases. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Haruna Furukawa; Manabu Ohashi; Koshi Kumagai; Soya Nunobe; Naoki Hiki; Takeshi Sano; Toshiharu Yamaguchi; **THE CLINICAL EVALUATION OF PYLORUS-PRESERVING GASTRECTOMY WITH PRESERVATION OF THE CELIAC BRANCH OF THE VAGAL NERVE**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 95

Background We have adopted laparoscopic pylorus preserving gastrectomy (LPPG) with preservation of the celiac branch of the vagal nerve for clinically early gastric cancer located at the middle gastric body. Preservation of the vagal nerve is in the spotlight in Japan as a function-preserving surgical technique. However, there has been no analysis of the effect of this type of surgery. Patients and Method Between January 2005 and December 2010, 391 patients who underwent LPPG were included. One hundred and sixteen patients in whom the celiac branch had been preserved (CBP group) were matched with 58 patients in whom it had not (non-CBP group) using propensity score matching to obtain background-adjusted outcome comparisons between the two groups. The safety of the surgery, curability, endoscopic findings one year after gastrectomy, gallstone formation, and nutritional status (body weight, serum hemoglobin, total protein, and albumin) were reviewed and compared between two groups. Results There was no significant difference in the safety (operation time; 240.8 vs 245.9min, p=0.504, blood loss; 54.4 vs 72.6g, p=0.123), postoperative complications including delayed gastric emptying (7.8% vs 5.2%, p=0.403), endoscopic findings (gastritis; 45.4% vs 52.0%, p=0.545, residual food; 50.9% vs 54.7%, p=0.770), gallstone formation (7.8% vs 1.7%, p=0.153), and nutritional status between two groups. In 60 months of the median follow-up period, one patient in CBP group and one in non-CBP suffered from cancer relapse. Conclusion In the present small and retrospective study, LPPG with CBP is a safe procedure in the short and long term. However, we do not identify the clinical significance of CBP in LPPG. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Jong Won Kim; Seung Ho Choi; **THE MINIMUM DISTANCE REQUIREMENT OF PROXIMAL RESECTION MARGIN IN GASTRECTOMY FOR EARLY GASTRIC CANCER**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 95

Objectives To determine the minimum distance requirement of proximal resection margin from gross tumor border on surgical specimen in early gastric cancer (EGC) and to find out the relating factors to the difference between surgical gross tumor border and pathologic microscopic tumor border. Methods From Jun 2010 to Jan 2015, 159 EGC patients were enrolled in this study. Just after gastrectomy, two surgeons marked tumor border using suture material under an agreement. The gross margin (GM: distance from resected margin to marked tumor border) was compared to the microscopic margin (MM: distance from resected margin to microscopic tumor border). The difference of margin (DM=MM-GM; negative means underestimation of tumor border) was analyzed. Results The tumor depth was T1a:T1b=89:70, gross type was type IIb : others = 48:111, histologic type was poorly differentiated type(PD) : others = 48:111, and Lauren classification was intestinal : mixed : diffuse = 75:20:64. The DM was 0.04 (±0.64) cm in average, 0.0 cm in median (-1.9 to 2.0 cm). The tumor border was significantly underestimated in case of type IIb (-0.11 ±0.70 in IIb vs 0.10±0.60 in other type, p=0.05) or PD type (-0.15±0.65 in PD vs 0.12±0.62 in other type, p=0.014). But the DM was not significantly correlated with approach type, gastrectomy type, tumor depth, node metastasis status and Lauren classification. Conclusion The distance of 2.0 cm and over from gross margin in proximal side should be secured in EGC. Because the tumor border could be underestimated by surgeon in type IIb or PD adenocarcinoma, we may need longer distance in that cases than others. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Guilherme Pinto Bravo Neto; Elizabeth Gomes dos Santos; Felipe Carvalho Viter; Carlos Eduardo de Souza Carvalho; **TREATMENT RESULTS OF EARLY GASTRIC CANCER IN A BRAZILIAN UNIVERSITY HOSPITAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 96

Background: Diagnosis of early gastric cancer (EGC) is still low in the West. With lower incidence of lymph node metastasis, treatment of EGC may be less radical with high survival rates. The objective of this study is to evaluate the results of EGC treatment at the University Hospital Clementino Fraga Filho, Federal University of Rio de Janeiro. Methods: This is a prospective study of 29 EGC patients treated from January 2006 to December 2014. Results: Incidence of EGC was 14.1% (29/205). Endoscopic diagnosis was made during investigation of other diseases in 75% of cases and these patients presented high surgical risk (ASA III). All patients underwent surgical treatment. Gastrectomy with D2 lymphadenectomy was performed in 19 patients (65.5%) and atypical resections with D1 or D1 plus lymphadenectomy in 10 (34.5%). In these cases, the endoscopic diagnosis of EGC was confirmed by eco-endoscopy and these patients underwent sentinel lymph node navigation surgery. The tumors were well differentiated in 10 patients (34.5%) and moderately or poorly differentiated in 19 (65.5%). Incidence of lymph node metastasis in EGC was 27.6% being 13.3% in T1a tumors (2/15) and 42.9% in T1b (6/14). The main risk factors for metastasis were: histological type, size > 2 cm and type III tumors. There were five postoperative deaths from non-surgical complications and three late deaths (> 2 years), none from tumor recurrence. The 21 remaining patients are doing well, with no evidence of recurrence and with median survival rate of 4,6 years (range 7 to 106 months). Conclusions: The frequency of diagnosis of EGC was low and in patients with high surgical risk. There was a high incidence of moderately and poorly differentiated tumors with high lymph node metastasis rate. Despite this, the survival rate is seemingly high, either after radical surgery either after more conservative procedures. |

SEM CONFLITOS DE INTERESSE

Pôster - Early gastric Cancer

Eiko Okamoto; Katsunori Ami; Mayumi Kondoh; Takeshi Nagahama; Shikofumi Tei; **TWO CASES OF ENDOSCOPIC SUBMUCOSAL DISSECTION FOR GASTRIC TUBE CANCERS RECONSTRUCTED THROUGH THE POSTERIOR MEDIASTINAL ROUTE AFTER ESOPHAGECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 96

[Objectives] Gastric tube cancer (GTC) is a carcinoma that arises in the pulled-up stomach conduit after esophagectomy for esophageal cancer. GTC has increased recently because of improvement in the survival of patients, but a treatment strategy for GTC has not yet been established. We report two cases of GTC removed with endoscopic submucosal dissection (ESD). [Methods] Case 1: The patient was a 70-year-old man who underwent esophagectomy with reconstruction through the posterior mediastinal route for esophageal cancer twenty two years ago. An endoscopic examination revealed two GTCs, one cancer was a flat-depressed lesion in the gastric tube originating from the body of stomach, and another cancer was an elevated lesion in the antrum. We performed ESD for two lesions. Case 2: The patient was a 76-year-old man who also underwent esophagectomy with reconstruction through the posterior mediastinal route two years ago. With an endoscopy a flat-depressed GTC was found on the linear scar made with a surgical stapler. The size of a lesion was almost 35mm and it was suspected to invade submucosal layer, but we tried to perform ESD because of the risk of the surgical approach. [Results] Case 1: The pathological diagnosis reported that two lesions were well-differentiated adenocarcinomas limited to the mucosa layer. The tumors were free from the lateral and vertical margins of the resected specimen. Case 2: The pathological diagnosis was the moderately differentiated adenocarcinoma invaded submucosal layer with lymphovascular invasion, and the vertical margin was positive. Both of two cases had no complication such as bleeding and perforation. [Conclusions] The surgical approaches for GTC is highly invasive, especially if the esophagus is reconstructed through the posterior-mediastinal route because a right thoracotomy is needed to complete the radical operation. ESD is a technique to achieve en bloc resection for early stage of cancers and is recently developed as a minimally-invasive treatment. We have to decide a treatment strategy for GTC in consideration for a risk of surgery, and ESD can be a useful and safe treatment modality for GTC. |

SEM CONFLITOS DE INTERESSE

Pôster - Minimally invasive surgery

Ping Li; Chang-Ming Huang; Jian-Xian Lin; Chao-Hui Zheng; Jian-Wei Xie; Jia-Bin Wang; Jun Lu; Qi-Yue Chen; Long-Long Cao; Mi Lin; Ru-Hong Tu; **A SCORING SYSTEM TO PREDICT THE DIFFICULTY OF LAPAROSCOPIC SPLEEN-PRESERVING SPLENIC HILAR LYMPH NODE DISSECTION FOR GASTRIC CANCER: EXPERIENCE FROM A LARGE-SCALE SINGLE CENTER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 96

Abstract Objectives: The purpose of this study was to evaluate the risk factors that influence the difficulty of performing laparoscopic spleen-preserving splenic hilar lymph node dissection (SHLND) for gastric cancer, and to establish a preoperatively predictive difficulty score. Methods: Between January 2011 and December 2013, we prospectively collected and retrospectively analyzed the medical records of 317 patients with upper- or middle-third gastric cancer who underwent laparoscopic spleen-preserving SHLND. Univariate and multivariate analyses were performed to determine the independent predictors for surgical difficulty based on operative time during spleen-preserving SHLND. A logistic regression model was used to identify determinant variables and construct a predictive difficulty scoring system. Results: Multivariate analysis showed that gender (p=0.009), body mass index (BMI) (P < 0.001), number of splenic lobar artery (P = 0.008), and type of splenic lobar artery (p<0.001) were independently predictive of operation time. According to these factors, we developed a predictive surgical difficulty scoring system with the following categories: low difficulty, intermediate difficulty, and high difficulty. The patients with long operation time accounted for 19.6%, 43.6% and 90.9% for the three categories, respectively (P<0.001); The area under the receiver operating characteristic curve for the logistic regression model and the simplified difficulty scoring model was 0.717 and 0.715, respectively. Conclusions: Based on four independent risk factors including gender, BMI, number of splenic lobar artery, and type of splenic lobar artery, we developed a simple and effective scoring system to predict difficulty of laparoscopic spleen-preserving SHLND preoperatively. This scoring system might facilitate surgeons to perform operation at different levels of difficulty. Key words: Stomach neoplasms; Laparoscopy; Spleen-preserving; Scoring system; Surgical difficulty |

SEM CONFLITOS DE INTERESSE

Pôster - Minimally invasive surgery

Chang-Ming Huang; Ru-Hong Tu; Jian-Xian Lin; Chao-Hui Zheng; Ping Li; Jian-Wei Xie; Jia-Bin Wang; Jun Lu; Qi-Yue Chen; Long-Long Cao; Mi Lin; **A SCORING SYSTEM TO PREDICT THE RISK OF POSTOPERATIVE COMPLICATIONS AFTER LAPAROSCOPIC GASTRECTOMY FOR GASTRIC CANCER BASED ON A LARGE-SCALE RETROSPECTIVE STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 96

Abstract Objectives To investigate the risk factors for postoperative complications following laparoscopic gastrectomy for gastric cancer and to use the risk factors to develop a predictive scoring system. Background Few studies have been designed to develop scoring systems to predict complications after laparoscopic gastrectomy for gastric cancer. Methods We analyzed records of 2170 patients who underwent a laparoscopic gastrectomy for gastric cancer. A logistic regression model was used to identify the determinant variables and develop a predictive score. Results There were 2170 patients, of whom 299 (13.8%) developed overall complications and 78 (3.6%) developed major complications. A multivariate analysis showed the following adverse risk factors for overall complications: age ≥65 years, BMI ≥28 kg/m<sup>2</sup>, tumor with pyloric obstruction, tumor with bleeding and intraoperative blood loss ≥75 ml; age ≥65 years, a Charlson co-morbidity score ≥3, tumor with bleeding and intraoperative blood loss ≥75 ml were identified as independent risk factors for major complications. Based on these factors, the authors developed the following predictive score: low risk (no risk factors), intermediate risk (1 risk factor), and high risk (≥2 risk factors). The overall complication rates were 8.3%, 15.6% and 29.9% for the low-, intermediate-, and high-risk categories, respectively (P <0.001); the major complication rates in the 3 respective groups were 1.2%, 4.7% and 10.0% (P <0.001). Conclusions This simple scoring system could accurately predict the risk of postoperative complications after laparoscopic gastrectomy for gastric cancer. The score might be helpful in the selection of risk-adapted interventions to improve surgical safety. Keywords Stomach cancer; Laparoscopy; Gastrectomy; Complications; Scoring system |

SEM CONFLITOS DE INTERESSE

Pôster - Minimally invasive surgery

Ru-Hong Tu; Chang-Ming Huang; Qi-Yue Chen; Jian-Xian Lin; Chao-Hui Zheng; Ping Li; Jian-Wei Xie; Jia-Bin Wang; Jun Lu; Long-Long Cao; Mi Lin; **A SCORING SYSTEM TO PREDICT THE RISK OF SURGICAL SITE INFECTIONS AFTER LAPAROSCOPIC GASTRECTOMY FOR GASTRIC CANCER: BASED ON A LARGE-SCALE RETROSPECTIVE STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 97

**Abstract Objectives** To investigate the risk factors for surgical site infections (SSIs) following laparoscopic gastrectomy for gastric cancer and to use the risk factors to develop a predictive scoring system. **Methods** We analyzed records of 2364 patients who underwent a laparoscopic gastrectomy for gastric cancer. A logistic regression model was used to identify the determinant variables and develop a predictive score. **Results** There were 2364 patients, of whom 131 (5.5%) developed overall SSIs and 98 (4.1%) developed organ/space SSIs. A multivariate analysis showed the following adverse risk factors for overall SSIs and organ/space SSIs: BMI $\geq$ 25 kg/m<sup>2</sup>, intraoperative blood loss  $\geq$ 75 ml; operation time  $\geq$ 240min, and perioperative transfusion. Each of these contributed 1 point to the risk score, the authors developed the following predictive score: low risk (no risk factors), intermediate risk (1 risk factor), high risk (2 risk factors), and extremely high risk ( $\geq$ 3 risk factors). The overall SSIs rates were 3.4%, 5.6%, 11.1%, and 39.0% for the low-, intermediate-, high-, and extremely high-risk categories, respectively (P <0.001); the organ/space SSIs rates in the 4 respective groups were 1.8%, 3.9%, 9.9% and 39.0% (P <0.001). The area under the receiver operating characteristic curve for the score of overall SSIs and organ/space SSIs were 0.670 and 0.734, respectively. There were no statistically significant differences between observed and predicted incidence rates for overall SSIs, and organ/space SSIs in the validation set. **Conclusions** This validated and simple scoring system could accurately predict the risk of overall SSIs and organ/space SSIs after laparoscopic gastrectomy for gastric cancer. The score might be helpful in the selection of risk-adapted interventions to decrease the incidence rates of SSIs. **Keywords** Stomach cancer, Laparoscopy, Gastrectomy, SSI, Scoring system |

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Pôster - Minimally invasive surgery

Suzana Angélica Silva Lustosa; Antonio Talvane Torres de Oliveira; Croider Franco Lacerda; Flavio Jose Garani; Davi dos Santos Romão; Paula Silva Lustosa; Delcio Matos; **AN OVERVIEW OF SYSTEMATIC REVIEWS AND META-ANALYSES OF RANDOMIZED CONTROLLED TRIALS OF LAPAROSCOPY-ASSISTED VERSUS OPEN DISTAL GASTRECTOMY IN EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 97

**Background:** Laparoscopic surgery for gastrointestinal disease has gained worldwide acceptance. However laparoscopy-assisted gastrectomy for gastric cancer has not yet become a widely used alternative, perhaps because of the complexity of the procedure and the extended lymph node dissection. In this context it is important to assess the quality of evidence of available information on short and long-term outcomes were obtained. **Aim:** To qualify the evidence through an overview of systematic reviews and meta-analyses of randomized controlled trials of laparoscopy-assisted versus open distal gastrectomy in early gastric cancer. **Methods:** A search of PubMed, Embase and Cochrane Databases was performed. Individual study methodological quality and the quality of evidence were assessed using the AMSTAR checklist and the GRADE system, that defines the quality of a body of evidence as the extent to which one can be confident that an estimate of effect or association is close to the quality of specific interest. This involves consideration of within study risk of bias, directness of evidence, heterogeneity, precision of effect estimates and risk of publication bias. Quality rating falls by one level for each factor, up to a maximum of three levels for all factors. **Results:** Of the 32 initial non-duplicate records, 9 systematic reviews and meta-analysis met the inclusion criteria that focused exclusively on laparoscopy-assisted or open distal gastrectomy in early gastric cancer in randomized clinical trial. These studies were published between 2008 and 2013 and included as outcomes blood loss, number of harvested lymph nodes, operation time, morbidity, mortality, hospital stay and tumor recurrence as the same of this overview. The reviews met all the criteria of the AMSTAR assessment. The levels of quality of a body of evidence in the GRADE approach were high (9); Factors that may decrease the quality level of a body of evidence such as: limitations in the design and implementation of available studies suggesting high likelihood of bias (5), indirectness of evidence (2), unexplained heterogeneity (0), wide confidence intervals (0) and high probability of publication bias (0 reviews). **Conclusion:** There is a moderate quality of evidence to allow to draw a effectiveness and safety for the short-terms outcomes and a low quality of evidence to demonstrate benefit of long term survival benefit of laparoscopy-assisted distal gastrectomy in early gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Minimally invasive surgery

Chiakra Kunisaki; Hirochika Makino; Jun Kimura; Ryo Takagawa; Mitsuyoshi Ota; Akira Tsuburaya; Takashi Kosaka; Hirotohi Akiyama; Itaru Endo; **APPLICATION OF REDUCED-PORT LAPAROSCOPIC GASTRECTOMY IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 97

**Introduction/Objectives** The feasibility of using reduced-port laparoscopic gastrectomy (RPG) for gastric cancer remains unclear. This study aimed to address the potentially important advantages of this surgical technique. **Methods** Between April 2002 and December 2014, 236 patients underwent laparoscopic gastrectomy, performed by a single surgeon. Of these, 145 patients underwent RPG (DG81/64TG) and 91 patients underwent conventional laparoscopy-assisted gastrectomy (DG46/TG45). Short-term outcomes were compared to evaluate the feasibility of RPG for gastric cancer. **Surgical procedure** In the RPG group, a small 25–40 mm skin incision was made at the umbilicus to insert the OCTOTM Port V2 and a 12 mm port was inserted into the right lateral abdomen to support laparoscopic manipulation. Throughout the laparoscopic manipulation, the energy device was mainly inserted from the 12-mm port in the right lateral abdomen. In the RPG group, the stomach was intracorporeally resected using an linear stapler at the proximal side of the tumor after confirmation of the tumor site by endoscopy in DG or at the abdominal esophagus in TG. The resected stomach was extracted through the umbilical incision. The intracorporeal Converse ? method was employed as Billroth-I anastomosis after RPDG and intracorporeal esophagojejunostomy with circular stapler was done after RPTG. **Results** In DG group, total operation time (min) (269.7 versus 240.0, p=0.009) was longer, total blood loss (ml) (68.5 vs 115.2, p=0.003) and blood loss during reconstruction (15.8 vs 34.1, p=0.01) were significantly reduced in the RPG. Postoperative morbidity was observed in 14 (17.3%) in RPG and 9 (19.6%) in LADG (p=0.812). In TG group, total operation time (min) (313.6 vs 259.0, p=0.001) and operation time during lymph node dissection (170.6 vs 140.2, p=0.001) were longer, and total blood loss (86.6 vs 118.9, p=0.029) and blood loss during reconstruction (24.4 vs 54.9, p=0.001) was reduced in the RPG. Postoperative morbidity was observed in 10 (15.6%) in RPG and 13 (28.9%) in LADG (p=0.102). **Conclusions** We have shown that RPG could be an acceptable and satisfactory procedure for the treatment of gastric cancer requiring total gastrectomy for surgeons sufficiently experienced in LAD/TG. |

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LEANDRO CARDOSO BARCHI; BRUNO ZILBERSTEIN; CELY COSTA BUSSONS; GUILHERME TOMMAZI KAPPAS; RICARDO NAEGELE STAFFA; MAURICIO CORREIA MAUAD; EDISON RODRIGUES FILHO; **CIRURGIA MINIMAMENTE INVASIVA PARA TUMOR DE TRANSIÇÃO ESÓFAGO-GÁSTRICA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 97

Paciente do sexo masculino, 62 anos, procurou o consultório do gastroenterologista, com queixas de odinofagia com início há 1 mês. Realizado exame de endoscopia digestiva alta, que revelou lesão infiltrativa, circunferencial, intransponível ao aparelho, com localização esôfago-gástrica. A Biópsia realizada revelou adenocarcinoma moderadamente diferenciado. O estadiamento pré-operatório realizado com TC de tórax e abdome, radiografia contrastada de esôfago-estômago- duodeno e Pet-CT não identificou metástases ou comprometimento linfonodal. Foi submetido a radio e quimioterapia neoadjuvante, seguida de nutrição enteral por 14 dias e posterior tratamento cirúrgico. Foi indicada a esôfago-gastrectomia, com dissecação esofágica e gástrica por laparoscopia, com retirada da peça e a anastomose esôfago-gástrica por cervicotomia esquerda, apresentando evolução favorável. É uma opção de tratamento factível, que deve ser levada em consideração, com resultados favoráveis. Trata-se de um procedimento complexo, que exige uma longa curva de aprendizado, mas pode ser realizado com segurança por grupos com experiência em laparoscopia avançada. |

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Chang-Ming Huang; Rui-Fu Chen; Chao-Hui Zheng; Ping Li; Jian-Wei Xie; Jia-Bin Wang; Jian-Xian Lin; Jun Lu; Qi-Yue Chen; Long-Long Cao; Mi Lin. **CLINICAL VALUES OF A NEW ANATOMIC CLASSIFICATION FOR COMMON HEPATIC ARTERY ABSENCE DURING LAPAROSCOPIC RADICAL RESECTIONS FOR GASTRIC CANCER: A SINGLE-CENTER LARGE-SCALE STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 98

**Abstract Background** When the common hepatic artery (CHA) is absent, the vascular injury risk increases. The aim of this study was to explore the new anatomic classification for CHA absence during laparoscopic gastrectomy. **Study Design** The clinical data were collected prospectively and analyzed retrospectively from 2,170 gastric cancer patients. **Results** CHA absence was found in 38 cases (1.8%), and was classified into 6 types: type I [the replaced CHA (RCHA) from the superior mesenteric artery (SMA) with retropancreatic course, 28], type II (the RCHA from the SMA with circumambulated course, 1), type III [the RCHA from the aortic artery, 1], type IV [the replaced left hepatic artery (RLHA) from the left gastric artery (LGA) and the replaced right hepatic artery (RRHA) from the SMA, 5], type V [the RLHA from the LGA and the RRHA from the celiac artery, 2], and type VI [the RLHA from the aberrant gastroduodenal artery and the RRHA from the SMA, 1]. The vascular injury rate was significantly higher in patients with different RLHA and RRHA origins than with same origins [87.5% vs. 3.3%, P=0.005], as well the ALT and AST values on postoperative days 1, 3, and 5 and the TBIL values on postoperative day 3 (P <0.05, each). **Conclusions** A 6-type anatomic classification can demonstrate in detail the variation in features resulting from CHA absence. Knowing the anatomic variations, especially those with different RLHA and RRHA origins, is helpful for surgeons to reduce vascular injury and liver function damage. **Keywords** Common hepatic artery absence, Laparoscopic, Gastric cancer, Lymphadenectomy, Vascular injury |

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Takashi Nonoshita; Shinya Otsuka; Yuki Hamada; Masaaki Akai; Nanako Yasui; yuki Kajioaka; Kenta Isoda; Kouji Kitada; Ryouzuke Hamano; Naoyuki Tokunaga; Hideaki Miyasou; Yousuke Tsunemitsu; Masaru Inagaki; Kazuhide Iwakawa; Hlromi Iwagaki. **CLINICOPATHOLOGICAL ANALYSIS OF LAPAROSCOPY-ASSISTED GASTRECTOMY AFTER ENDOSCOPIC SUBMUCOSAL DISSECTION FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 98

**Objectives?**The introduction of endoscopic submucosal dissection (ESD) and laparoscopy-assisted gastrectomy (LAG) for early gastric cancer has provided good results as a minimally invasive procedure. Here we report the results of cases of LAG following ESD. **Methods?**We treated 796 cases of early gastric cancer (198 cases by open surgery, 487 cases by ESD and 130 cases by LAG) between January 2004 and July 2014. ESD is indicated for cancer of up to SM1 in depth and differentiated-type tumors of UL (-). In the pathological examination following ESD, cases of SM2 or more in depth, positive margins, and ly (+) or v (+) are included for additional resection. **Results?**In 19 cases of ESD, additional resection was required; for these cases, LAG with lymph node dissection is performed in our hospital. The indications were: SM2 or more in depth, 13 cases; ly and v factor positive, 5 cases; and positive margins, 5 cases. Macroscopic type of the lesion was: type IIa, 8 cases; type IIb, 1 cases; type IIc, 6 cases; and type IIa+IIc, 4 cases. Regarding LAG, laparoscopy-assisted distal gastrectomy (LADG) was performed in 17 cases and laparoscopy-assisted proximal gastrectomy (LAPG) was performed in 2 cases. Abdominal adhesive states were recognized in 13 cases (68%); in these cases, the operation time was prolonged slightly. No significant complication was observed, but in one case conversion to open surgery was required due to intraoperative bleeding. Final pathological findings revealed a diagnosis of submucosal in all cases, with an invasive depth within SM2, and in all cases, there was no lymph node metastasis. In 5 cases, gastric cancer remnants were recognized. **Conclusions?**Combination therapy by ESD and LAG is very effective as a minimally invasive procedure. However, abdominal adhesions should be considered as a risk factor if additional resection is performed by LAG following ESD. |

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Koichi Furukawa; Shoichi Manabe; Shiro Kuwabara; Kazuaki Kobayashi. **COMPARISON EXAMINATION OF THE SHORT-TERM RESULTS OF CLEAN-NET VS LECS FOR GASTRIC SUBMUCOSAL TUMOR.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 98

Laparoscopic resection has been common methods for gastric submucosal tumors such as gastrointestinal stromal tumor (GIST). Laparoscopic and endoscopic cooperative surgery (LECS) for gastric submucosal tumors have been developed, as a method of performing full-thickness excision to avoid excessive surgical margin, two major methods CLEAN-NET (Combination of Laparo- and Endo-scopio Approaches to Neoplasia with NonExposure Technique) and classical LECS. Aim Consideration of the appropriate method selection (CLEAN-NET vs LECS) for a gastric submucosal tumor. **Methods** 24 cases (CLEAN-NET : 15 cases, LECS : 9 cases) were operated in our institution, May 2010 ~ March 2014. The short-term results of both methods were compared (Operation time, blood loss, number of stapling device used, conversion to open surgery, postoperative complication, time until start of oral intake, and postoperative hospital stay). **Results** Average (range), CLEAN-NET / LACS; the diameters of tumor size are 27.1 (12 - 42) / 33.2 (20 - 63) mm. There was no difference in operation time 108.7 (53-160) / 102.6 (68-132) min. Number of stapling device used are 1.2 (1-3)/2.6 (2-4), p<0.001. Time until start of oral intake are 2.2/2.7 days, P=0.033. **Discussions** The advantage points of the CLEAN-NET are the procedures without expose to the abdominal cavity side and less the number of stapling device used. On the other hand the LECS can determine a dissection line securely by using ESD, even if near the pylorus or the EGJ. In additional point is no limitation of the tumor size. **Conclusion** It is though important to use both methods properly according to the size of tumor, localization and quality of exposes or disclose. |

SEM CONFLITOS DE INTERESSE

Pöster - Minimally invasive surgery

Taeil Son; Hyoung-Il Kim; Ji Yeong An; Woo Jin Hyung. **COMPARISON OF SHORT-TERM OPERATIVE OUTCOMES OF INITIAL EXPERIENCES OF LAPAROSCOPIC GASTRECTOMY FOR GASTRIC CANCER AMONG SURGEONS IN DIFFERENT TIME PERIOD AND SPECIALIZED TRAINING.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 98

**Introduction** Short-term outcomes after laparoscopic distal subtotal gastrectomy (LDG) for gastric cancer are known to be worse in learning period of inexperienced surgeon. **Objectives** To compare the trend and changes of short-term operative outcomes after LDG for gastric cancer, initial experiences of four surgeons in different time period were evaluated. **Methods** Between May 2003 and December 2014, short-term outcomes of initial 15 cases of LDG for gastric cancer were retrospectively analyzed. The outcomes of the surgeon (group A) who recently started the procedure were compared to those of the other three surgeons (group B, C and D in chronological order), respectively. **Results** It took 28, 4, 5 and 4 months to perform initial 15 cases for four surgeons. No open conversion or operative mortality was occurred. Demographics of patients in the group A were similar to those of other groups however, mean age was significantly older (67.9, 57.5, 58.7 and 56.3 years, respectively) and comorbidity rate was higher in the group A. The extent of lymph node (LN) dissection, rate of combined organ resection were similar among the groups; however mean operation time was significantly shorter in the group A compared to the group B and D (212, 315 and 276 min, respectively) Mean number of retrieved LN was similar among the groups (36.5 vs. 31.6, 28.0 and 35.0, respectively). Resumption of bowel function, hospital stay and complication rate were also comparable among the groups **Conclusions** With the improvement of surgical skill and education/training program and advancement of surgical instrument, even surgeon in learning period can safely perform LDG and shows acceptable operative outcomes including reduced operation time. |

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HUI-JAE BANG; Sang Hyuk Seo; Hyun Beak Shin; Sung Hoon Noh; Woo Jin Hyung; **COMPARISON OF THE SHORT AND LONG TERM OUTCOMES BETWEEN LAPAROSCOPIC AND OPEN TOTAL GASTRECTOMY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 99

**Background** The adoption of laparoscopic total gastrectomy (LTG) is rather slow than distal gastrectomy mainly due to its technical difficulties and long-term oncological outcomes as well. To evaluate the technical and oncological safety of LTG, we compared the short-term and long-term outcomes between LTG and open total gastrectomy (OTG). **Methods** We retrospectively analyzed 552 patients with early gastric cancer treated either by the OTG (n = 408) or by the LTG (n = 144) from 2003 to 2010. The outcomes such as pathologic parameters, operative outcomes, postoperative outcomes, and long-term survival were compared between the two groups. **Results** The LTG group (209.3 min) had significantly longer operating time than the OTG group (185.0 min, P < 0.001). Post-operative hospital stay was significantly shorter in LTG group (6 days) than in the OTG group (9 days, p <0.001). Postoperative complications were not statistically different between the two groups. There were two operation related mortalities in the OTG group but not in the LTG group. The overall 5-year survival and recurrence-free survival did not show significant difference between the two groups. **Conclusion** Our study confirmed technical and oncological safety of LTG for early gastric cancer patients and could be a background evidences for randomized prospective trials evaluating technical and oncological safety of LTG. LTG could be an acceptable treatment alternative to OTG for early gastric cancer patients, although it should be confirmed through well-designed randomized prospective trials. |

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Jin-Jo Kim; Han Hong Lee; **DELTA-SHAPED ANASTOMOSIS, A GOOD SUBSTITUTE FOR CONVENTIONAL BILLROTH I TECHNIQUE WITH COMPARABLE LONG-TERM FUNCTIONAL OUTCOME IN TOTALLY LAPAROSCOPIC DISTAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 99

**BACKGROUND:** Delta- shaped anastomosis (DA) is a new Billroth I reconstruction technique using only a laparoscopic linear stapler under a totally laparoscopic approach. The present study compared the outcomes of DA with those of laparoscopic conventional Billroth I anastomosis (cBIA). **METHODS:** A total of 138 and 100 patients with gastric cancer who underwent laparoscopic distal gastrectomy with DA and cBIA, respectively, were selected. Clinicopathological data and short- and long-term outcomes were compared between the two groups. **RESULTS:** The mean operating time in the DA group was similar to that in the cBIA group. Short-term outcomes, such as bowel function recovery, morbidity, and mortality, did not differ between the DA and cBIA groups. There were no significant differences in the 5-year disease-free and overall survival rates between the two groups. All nutritional indices (body weight change, albumin level, transferrin level, and total lymphocyte count) were similar between the two groups with the exception of a few points in the early follow-up period. Endoscopic evaluation using the Residual food, Gastritis, Bile reflux (RGB) classification revealed relatively better gastritis findings in the DA group despite worse bile reflux for 5 postoperative years. The food amount was significantly larger in the DA group for 2 postoperative years. **CONCLUSIONS:** The outcomes of DA were comparable to those of cBIA. DA is a recommendable reconstruction method, especially in totally laparoscopic distal gastrectomy. |

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Jian-Xian Lin; Chang-Ming Huang; Chao-Hui Zheng; Ping Li; Jian-Wei Xie; Jia-Bin Wang; Jun Lu; Qi-Yue Chen; Long-long Cao; Mi Lin; Ru-Hong Tu; **EVALUATION OF LAPAROSCOPIC TOTAL GASTRECTOMY FOR ADVANCED GASTRIC CANCER: RESULTS OF A COMPARISON WITH LAPAROSCOPIC DISTAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 99

**Abstract Background** Laparoscopic distal gastrectomy (LDG) in the treatment of patients with local advanced gastric cancer (AGC) is becoming increasingly popular, and there have been several multicenter randomized controlled trials focused on this treatment. However, few reports on the procedure of laparoscopic total gastrectomy (LTG) for AGC exist. The aim of this study was to validate the efficacy and safety of LTG for AGC. **Methods** The data of 976 patients who underwent LTG for middle or upper advanced gastric cancer were retrieved from a prospectively constructed database of 2170 patients who underwent laparoscopic gastrectomy between 2007 and 2013. Surgical outcomes of LTG were investigated and compared with those of patients who underwent LDG. **Results** LTG was associated with significantly longer operation time, number of dissected lymph nodes (LNs), and time of resume soft diet; but was similar to LDG with regard to conversion patients, blood loss, transfused patients, time to ground activities, time to ?rst ?atus, and post-operative hospital stay. According to Clavien-Dindo Classification, the morbidity and mortality rates of the LTG group were comparable to those of the LDG group. Multivariate analyses revealed that elder patients, more comorbidities, and longer operation time were the significant independent risk factors determining postoperative complications. The difference in overall survival rates between the two groups was statistically significant (P<0.05). However, a comparative analysis of overall survival showed no statistical significance for any of the stages of cancer between the LTG and LDG groups (P>0.05). **Conclusions** The study findings suggest that LTG is an oncologically safe procedure for AGC yields comparable surgical outcomes. A well-designed phase III trial can be carried out to provide valuable evidence for the oncological safety of LTG for the treatment of AGC. **Keywords** Stomach neoplasm; Laparoscopic total gastrectomy; surgical outcomes; Clavien-Dindo classification |

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Jin Sung Koh; Jong-Jae Park; Moon Kyung Joo; Sang Woo Lee; Hoon Jai Chun; Young-Tae; **FEASIBILITY AND LONG-TERM OUTCOMES OF ENDOSCOPIC RESECTION FOR THE TREATMENT OF SUBEPITHELIAL TUMOR (SET) IN UPPER GASTROINTESTINAL TRACT (UGIT).** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 99

**Objective:** Endoscopic resection has been introduced for treatment of subepithelial tumor (SET) in upper gastrointestinal tract (UGIT). We aimed in this retrospective study to evaluate the feasibility and efficacy of endoscopic resection for SET in UGIT, and to assess their long-term follow-up results, especially for SET with malignant behavior. **Methods:** A total of 249 patients with SET in UGIT underwent endoscopic resection in Korea University Guro Hospital. We assessed the R0 resection rate overall and according to the histopathologic diagnosis, and recurrence rate in gastrointestinal stromal tumor (GIST) and neuroendocrine tumor (NET). We also analyzed the predicting factors for R0 resection. **Results:** Among 249 patients, leiomyoma was the most common histopathologic diagnosis, followed by GIST, ectopic pancreas and NET. Overall R0 resection rate was obtained in 140 patients (56.2%), and among 4 common diagnosis, R0 resection rate was significantly higher in leiomyoma and ectopic pancreas than GIST and NET (81.9%, 63.0% vs. 25.6%, 31.3%; P < .001). In GIST and NET, recurrence rate was rare (1.1 and 0%, respectively) during 40.0 ± 28.5 and 27.0 ± 19.5 months of follow-up. By multivariate analysis, SETs in stomach and duodenum achieved significantly less R0 resection margin than those in esophagus (OR: 0.380, CI: 0.170 - 0.849; OR: 0.057, CI: 0.006 - 0.557; P = .010). **Conclusion:** Endoscopic resection is a feasible method for curative treatment of SETs in UGIT, and their long-term follow-up result was competent. |

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Fabio Rodrigues Thuler; Wilson Rodrigues de Freitas Junior; Roberto Cords; Daniel Fukuhara; Elias Jorge Ilias; Paulo Kassab; Oswaldo A. P. Castro; Carlos Alberto Malheiros; **INITIAL EXPERIENCE WITH TOTALLY LAPAROSCOPIC GASTRECTOMIES..** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 100

**INITIAL EXPERIENCE WITH TOTALLY LAPAROSCOPIC GASTRECTOMIES.** FR Thuler1, WR Freitas Jr1, R Cordts1, OAP Castro1, ART Souza1, D Fukuhara1, T Jjichi1, LL Claro2, M. Carvalho3, EJ Ilias1, P. Kassab1, CA. Malheiros1. 1Department of Surgery, 2Department of Pathology, Department of Oncology - Santa Casa Medical School, São Paulo, Brasil. Objectives: To evaluate the initial results of gastrectomies totally performed through laparoscopy. Methods: Several members of our staff stayed in the Seoul National University in Korea (SNUH), during one to two months to learn the techniques employed in D2 gastrectomy. During that period they could participate in 40 to 60 laparoscopic gastrectomies. After that period we incorporated to our service a surgeon with very good experience in laparoscopy, especially in obesity surgery and then we begun to perform D1 or D2 laparoscopic gastrectomies adapting the teachings from Korea and creating our own model. In our service we have a protocol of prospective maintained collection of data in gastric cancer, and all operated patients are included in that database. We tried to select less advanced or early cases. Results: During a two-year period we performed 18 surgeries. Three D1 and 15 D2 dissections; 2 palliatives and 16 curatives; 5 total gastrectomies, 12 subtotal and 1 proximal gastrectomy with esophagectomy. There were 13 men and 5 women, with ages ranging from 39 to 78 years (mean of 59.5). The stage distribution was: Stage IA - 6, IB - 1, IIA - 1, IIB - 4, IIIA - 1, IIIB - 4, IIIC - 0, IV - 1. The morbidity was 5.5% (1 case) and the mortality was 5.5% (1 case). The cause of death was a pulmonary thromboembolism. The mean operative time was 187.8 minutes (ranging from 120 to 300 minutes), the mean blood loss was 91.7ml (ranging from 50 to 500ml). The mean number of lymph nodes dissected was 37.5 (ranging from 15 to 131). Conclusions: The previous experience in gastric cancer surgery and the possibility of a period of training in Korea, allowed to a feasible technique with acceptable results. Acknowledgements: To Prof. Han-Kwang Yang and to the Seoul National University. To Ethicon for providing the staplers, energy devices and for technical support. |

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Jian-Xian Lin; Chang-Ming Huang; Chao-Hui Zheng; Ping Li; Jian-Wei Xie; Jia-Bin Wang; Jun Lu; Qi-Yue Chen; Long-Long Cao.; **IS ALL THE ADVANCED GASTRIC CANCER SUITABLE FOR LAPAROSCOPY-ASSISTED GASTRECTOMY WITH EXTENDED LYMPHADENECTOMY? A CASE-CONTROL STUDY USING A PROPENSITY SCORE METHOD.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 100

**Abstract Background** The oncologic outcomes of laparoscopy-assisted gastrectomy (LAG) for treatment of patients with local advanced gastric cancer (AGC) have not been evaluated. The aim of this study was to validate the oncologic efficacy of LAG for AGC. Methods The data of 605 patients who underwent LAG and 605 treated by open gastrectomy (OG) were selected using the propensity score matching method from a prospectively constructed database of 2187 patients who underwent radical gastrectomy between 2005 and 2011. The therapeutic value of lymph node (LN) dissection and long-term surgical outcomes of these matched groups were compared. Results The two groups were well balanced with respect to age, gender, body mass index (BMI), gastrectomy extent, and depth of tumor invasion. There was no significant difference in clinicopathologic characteristics between LAG and OG groups. The total number of dissected LNs did not significantly differ between the two groups, but the number of dissected LNs at stations 11 and 12a were significantly higher in the LAG group. However, the therapeutic index was no significant difference in each LN station between the LAG and OG groups. Although the overall survival curve at total and each UICC stage were no statistical difference between the two groups (P>0.05), there was an increased overall survival rate for patients with pT4aN3bM0 treated via OG group (P<0.05). Stratified analysis shows the overall survival was inferior for LAG with experience less than 40 cases and similar after performing more than 40 cases compared to those results from open surgery. Conclusions Although LAG yields comparable oncological outcomes for local AGC, patients with pT4aN3bM0 gastric cancer may not suitable for laparoscopic surgery, especially for surgeons with primary experience. Keywords Stomach neoplasm; Laparoscopic total gastrectomy; Propensity score method; surgical outcomes |

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Saturnino Ribeiro do Nascimento Neto; Eurico Cleto Ribeiro de Campos; Ricardo Manfredine; Diogo Swain Kfour; Diogo Falcão; Letícia Maria Schmitt Moreira; Julio Macedo; Marco Aurélio de George.; **LAPAROSCOPIC GASTRECTOMY FOR GASTRIC CANCER: THE INITIAL CASES AFTER THE EASTERN EXPERIENCE..** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 100

**Background:**Gastric cancer is the fourth most common malignancy and the second cause of death among all cancers. Its prevalence shows wide variability throughout the world. South Korea and Japan are reported to have the highest incidence while Europe and America are considered regions with intermediate incidence. Recent evidences estimate that the 5-year survival rate of gastric cancer in Western countries is 40%, with a median survival time of about 24 months. Interestingly, the 5-year survival rate in Eastern countries is approximately 52%, which is attributed to earlier disease diagnosis after screening programs and more aggressive surgical treatment. Purpose:In this paper we show our experience in Laparoscopic gastrectomy, and how the visit of Seoul in Seoul National University Hospital (SNUH) improved our knowledge. Methods:Since 2013 until now we have operated 5 cases by laparoscopy approach. Three cases were early gastric cancer and 2 cases advanced gastric cancer. Total gastrectomy was performed in 2 patients and subtotal in the other three cases. ASA classification was III, III, IVI and III. The lymphadenectomy performed was d1+, d1+, d2, d2 and d2. The mean BMI index was 29 ranging 22 to 39. The mean age of the patients was 65,8 years. The mean operative time was 360 min, Clavien Dindo complications was in sequence II, I, IVa, IIIa and I. No deaths occurred. The mean quantity of lymph nodes retrieved was 44 nodes, ranging 35 to 64 nodes. TNM classification was T1bN1M0, T1bN0M0, T3N2M0, T3N0M0, T1bN0M0. Conclusion:In the past was thought that treatment of gastric cancer could be different in western and eastern. Indeed, the patient comorbidities and the stage of the disease are really different but the treatment must be the same. In centers with low surgical volume, the experience in eastern and the possibility to combine advanced laparoscopy surgery are essential to offer the patient the suitable treatment. |

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Satoshi Ishiyama; Ryouki Oohinata; Kazuhito Yajima; Ken Yu; Keiichi Takahashi; Yoshiaki Iwasaki.; **LAPAROSCOPIC PROXIMAL GASTRECTOMY WITH JEJUNAL INTERPOSITION RECONSTRUCTION FOR EARLY GASTRIC CANCERS IN THE UPPER THIRD OF THE STOMACH..** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 100

**BACKGROUND:** Proximal gastrectomy is not routinely performed because it is associated with increased reflux symptoms and anastomotic strictures. The purpose of this study is to describe a method of laparoscopic proximal gastrectomy (LPG) with jejunal interposition reconstruction (JIR) for proximal early gastric cancer, and to evaluate the technical feasibility, safety, and short-term surgical outcomes after LPG. METHODS: Retrospective review of the prospective data of 77 patients who underwent LPG with JIR for early gastric cancers in the upper third of the stomach from January 2007 to January 2015. The data of this prospective cohort were analyzed, and clinicopathologic characteristics, surgical outcomes, postoperative morbidities and mortalities. RESULTS: There were two conversions to the open gastrectomy. The median operation time was 242 (183-462) minutes, the median blood loss was 50 (0-710) ml. Eight patients (10.3%; Clavien-Dindo Grade2:7 Grade3a:1) who suffered anastomotic leakage were cured by conservative treatment. Two patient had anastomotic stenosis were cured by endoscopic balloon dilatation. The median hospital length of stay was 13 days (9 to 129 days), with no in-hospital mortalities. CONCLUSION: JIR after LPG is a little bit complicated reconstruction method. We have to manage more safely standard surgical procedure especially anastomotic method to reduce postoperative complications. |

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Gang Ji; **LAPAROSCOPIC RADICAL GASTRECTOMY STATUS AND MY PERCEPTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 101

Global overview of laparoscopic radical gastrectomy conduct has been focused on China, Japan, & Korea. The major problems of laparoscopic radical gastrectomy are Laparoscopic lymphadenectomy and Laparoscopic GI reconstruction. The safety of total laparoscopic D2 dissection now had been given more and more evidence. But it's still very difficult to grasp the technique in short time. It's still a very long learning curve. How to cut short the time? My tinkering of lymph node dissection have two key points: From left to right and From bottom to top. Another question is Laparoscopic GI reconstruction. We use Delta-shaped anastomosis in totally laparoscopic distal gastrectomy and modify it. |

Pôster - Minimally invasive surgery  
Wei Wang; ZhiWei Liu; WenJun Xiong; YanSheng Zheng; Lijie Luo; YaoBin He; DeChang Diao; HongMing Li; JiangNing Zhao; LiaoNan Zou; Jin Wan.; **LAPAROSCOPIC SPLEEN-PRESERVING SPLENIC HILARY LYMPH NODES DISSECTION WITH COMPREHENSIVE METHOD IN RADICAL GASTRECTOMY FOR ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 101

Abstract Introduction There has been a recent increase in the use of totally laparoscopic total gastrectomy with spleen-preserving splenic hilum dissection for gastric cancer. No.10 lymph nodes complete dissection is technically challenging. Objective To investigate the feasibility and safe method for laparoscopic spleen-preserving splenic hilum lymph node dissection in advanced proximal gastric cancer. Methods Between August 2013 and July 2014, 11 patients with advanced proximal gastric cancer treated in our hospital were enrolled and subsequently underwent laparoscopic total gastrectomy with spleen-preserving splenic hilum lymph node dissection. The general Information, intraoperative outcomes, postoperative course and follow-up data of these patients were retrospectively collected and analyzed in the study. Results Surgery was completed in all 11 patients laparoscopically without conversion and postoperative complications. The mean operating time was 354.1±27.7min and the splenic hilary lymph nodes dissection time was 63.8±8.6 min. The mean blood loss was 130.9±38.3ml. The mean number of lymph node was 28.9±6.5 and mean number of retrieved splenic hilum LNs was 3.9±2.5 without splenic hilum LN metastasis. Conclusion Laparoscopic total gastrectomy with spleen-preserving splenic hilum lymph node dissection using the modified approach for advanced proximal gastric cancer could be safely achieved. |

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Takashi Nomura; Norimasa Fukushima; Daisuke Nemoto; Koshiro Ishiyama; Hajime Iizawa.; **LAPAROSCOPY-ASSISTED PYLORUS-PRESERVING GASTRECTOMY WITH INFRAPYLORIC VESSELS PRESERVATION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 101

Introduction: Pylorus-preserving gastrectomy is recognized as function preserving gastrectomy for early gastric cancer in Japan. Recently, we have performed this operation laparoscopically, and preserved not only pylorus but also infrapyloric vessel. Objectives: The aim of this study is to investigate efficacy of laparoscopy-assisted pylorus-preserving gastrectomy with infrapyloric vessels preservation (IPVP). Methods: Surgical and postoperative outcomes of 38 patients performed IPVP between 2005 and 2010 were compared with these of 28 patients performed laparoscopy-assisted pylorus-preserving gastrectomy without infrapyloric vessels preservation (NIPVP). Results: Infrapyloric artery and vein could be preserved 33 of 38 patients. Mean length of antral cuff of IPVP group (3.7cm) was longer than that of NIPVP group (2.8cm). Anastomotic leakage was not occurred in both groups. Discontinuation of providing meal due to remnant stomach stasis is necessary for only one patient in NIPVP group. Rates of patients who could eat more than a half of meal at hospital discharge were 63.2% in IPVP group and 25.0% in NIPVP group (p<0.001). Mean postoperative hospital stays were 11.2 days in IPVP group and 14.8 days in NIPVP group (p<0.01). Body weight losses after operation at first out patient clinic were 5.7% in IPVP group and 7.5% in NIPVP group (p=0.06). Conclusion: Laparoscopy-assisted pylorus-preserving gastrectomy with infrapyloric vessels preservation is technically possible and result in good food intake and short hospital stay. |

Pôster - Minimally invasive surgery  
chenghai zhang; beihai jiang; ming cui; jiadi xing; hong yang; zhendan yao; nan zhang; xiangqian su.; **LAPAROSCOPY-ASSISTED VERSUS OPEN GASTRECTOMY FOR ADVANCED GASTRIC CANCER: META-ANALYSIS AND SYSTEMATIC REVIEW OF RANDOMIZED AND OBSERVATIONAL STUDIES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 101

Abstract BACKGROUND: Laparoscopy-assisted gastrectomy (LAG) is one of the most accepted procedures for early gastric cancer (EGC). However, currently the utility of the procedure for advanced gastric cancer (AGC) still remain controversial. So, a meta-analysis of high-quality clinical studies was performed to compare LAG and open gastrectomy (OG) for AGC. METHODS: All randomized controlled trials (RCTs) and high-quality retrospective case-control studies published in English from January 1994 to April 2014 that compared LAG and OG were identified through PubMed, EBSCO, Cochrane Library, and the controlled Trials Registry. Meta-analysis was performed using RevMan 5.0 software (Cochrane Library). RESULTS: 19 studies were included in final pooled analysis, 2 RCTs and 17 NRCTs, comprising 3409 patients (1640LAG, 1769OG). LAG was associated with longer operative time (WMD: 35.56, 95%CI: 21.96-49.16, P<0.00001), lower overall complications (OR: 0.71; 95% CI: 0.57 to 0.87; P = 0.001), less estimated blood loss (WMD: -166.33, 95% CI: -206.06 to -126.60, P < 0.00001), shorter hospital stay (WMD:3.54; 95% CI: ?4.57 to ?2.50; P < 0.00001), faster time to soft diet (WMD: -0.91, 95% CI: -1.34 to -0.49, P < 0.0001) and faster time to first flatus (WMD: -0.80, 95% CI: -1.06 to -0.54, P < 0.00001). There were no significant differences between two groups in number of lymph node dissection, cancer recurrence rate and long-term survival rate between the AGC patients treated with LG or OG (p > 0.05). CONCLUSIONS: Although LAG is a technically demanding and time-consuming procedure, it is a safe and feasible option for the treatment of advanced gastric cancer that compares favorably with OG in short-term outcomes. Moreover, the oncologic outcomes of LAG for AGC patients were comparable with open approach. Nevertheless, additional multicenter RCTs are needed to be conducted for further evaluation of this procedure. |

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Lu ZANG; Jun-Jun MA; Wei-guo Hu; Ming-Liang WANG; Ai-Guo LU; Min-Hua ZHENG;  
**LONG TERM OUTCOMES OF LAPAROSCOPY-ASSISTED GASTRECTOMY FOR  
ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 102

**Objective** The purpose of this study was to evaluate the feasibility, safety, short-term outcomes, long-term outcomes, and value of laparoscopy-assisted gastrectomy (LAG) with D2 lymph node dissection for advanced gastric cancer. **Methods** Medical records of 152 patients with advanced gastric cancer who underwent laparoscopy-assisted gastrectomy with D2 lymph node dissection from January 2004 to December 2011 were retrospectively reviewed. The following data were observed: operative time, blood loss, number of lymph nodes harvested, tumor margin, time to passage of flatus, time to ingestion, postoperative complications, postoperative hospital stay, and the long-term outcomes. **Follow-up (FU) data** were collected from review of medical and annual outpatient FU records. **Results** The mean operative time of LAG was 195 (120-375). The estimated blood loss of LAG was 140 (30-1200). The median follow-up time was 46.5 (2-117) months. Five years overall survival (OS) was 57.9%. The OS by pTNM stage was Ib: 89.7%, IIa: 83.9%, IIb: 81.0%, IIIa: 59.3%, IIIb: 27.7% and IIIc: 16.8%. Five years disease-free survival (DFS) was 59.1%. And five years DFS for stage Ib, IIa, IIb, IIIa, IIIb, and IIIc were 94.7%, 84.6%, 72.8%, 59.2%, 30.9% and 27.5%. There were 102 cases with a pT stage of T4a. The overall survival of them was 45.8%, which was significantly lower than those with T2-3 stage 82.3% (P<0.01). The disease free survival of pT4a patients was 49.3%, which was significantly lower than that of pT2-3 patients (79.8%, P<0.01). **Conclusion** Laparoscopy-assisted gastrectomy for advanced gastric cancer is feasible, safe and as effective as open surgery in oncological clearance, with the benefit of minimally invasiveness, quicker postoperative recovery, and without compromising the oncological long-term outcomes. |

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Jun-Young Yang; Young-Gil Son; Tae-Han Kim; Ji-Ho Park; Yeon-Ju Huh; Yun-Suhk Suh; Seong-Ho Kong; Hyuk-Joon Lee; Sungwan Kim; Han-Kwang Yang; **MANUAL  
AMBIDEXTERITY PREDICTS ROBOTIC SURGICAL PROFICIENCY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 102

**Background** The manual dexterity of a surgeon is known to be related with surgical proficiency. Recently, as an objective measurement of surgical skills, inanimate methods using several types of simulators have been introduced. Using these simulators, we aimed to investigate the impact of manual dexterity on laparoscopic and robotic surgery proficiency. **Methods** Fellow surgeons, surgical residents, and medical students (n = 32) participated in this study. For the measurement of dexterity, the sums and differences of the right and left hand performance times for the Grooved Pegboard Test was used as an index of dexterity speed and ambidexterity, respectively. The performance times during 3 sessions of laparoscopic suturing using a D-box trainer and the performance scores during 3 sessions using two robotic suturing programs with different degrees of difficulty provided by the da Vinci® Skills Simulator were analyzed according to the measured manual dexterity. **Results** Manual dexterity was not a significant factor for performance time during laparoscopic suturing, which was more influenced by participants' surgical experiences. In robotic suturing, the performance score was impacted significantly by manual dexterity in terms of ambidexterity rather than dexterity speed. As for an easy robotic suturing task, the gap of proficiency between the lower and higher ambidexterity groups was decreased successively with each of the 3 sessions. However, that gap in cases with a difficult task was maintained consistently throughout all 3 sessions. **Conclusions** The degree of ambidexterity was a significant predictor for proficiency with simulated robotic surgery, especially for difficult task, and this relationship was not lessened by several repetitions of the task. For advanced robotic surgery with difficult tasks, specific training of the non-dominant hand would be needed. |

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Pôster - Minimally invasive surgery

Mikito Mori; Kiyohiko Shuto; Atsushi Hirano; Chihiro Kosugi; Kenichi Matsuo; Yukihiko Hiroshima; Daisuke Kawaguchi; Kuniya Tanaka; Keiji Koda; **NEW CLINICAL  
APPLICATION TO GASTRECTOMY USING INDOCYANINE GREEN (ICG) ENHANCED  
FLUO-RESCENCE SYSTEM.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 102

**Background** Recent new imaging system using near-infrared (NIR) indocyanine green (ICG) enhanced fluorescence has provided many option in digestive surgery. A purpose of our study is to evaluate clinical benefit and safety using ICG-enhanced fluorescence in gastrectomy. **Methods** This study included 5 consecutive patients who underwent either laparoscopic or open gastrectomy in the Department of Surgery at Teikyo University Chiba Medical Center between December 2014 and January 2015. In all cases, a laparoscopic system (KARL STORZ GmbH & Co. KG, Tuttlingen, Germany) was used as ICG-enhanced fluorescence system. The imaging was generated by the high-end full high definition camera system (IMAGE 1 SPIESTM, KARL STORZ) connected to a laparoscope with 30° field of direction and 10 mm diameter equipped with a special filter for optimal detection of the NIR fluorescence and white light without manual switching. To investigate the perfusion of the anastomosis, ICG injection during operation was performed using ICG solution at a concentration of 0.5 mg/ml/kg after performing the anastomosis to ensure adequate vascularization. **Results** The median (range) age of the patients was 77 (57-78) years with a median (range) BMI of 22.9 (16.8-27.0) kg/m<sup>2</sup>. Three patients had distal gastrectomy and two patients had total gastrectomy. Two cases were open, and 3 cases were laparoscopic surgery. A high-quality intraoperative ICG angiogram was achieved in all patients. After ICG injection, median (range) time to detect perfusion fluorescence of anastomosis was 61 (60-97) s. Median (range) added time for the technique was 3 (2-5) min. There were no intra-operative or postoperative complications in all cases. **Conclusion** The assessment of anastomotic tissue perfusion using ICG-enhanced fluorescence system at the time of reconstruction of gastrectomy may be safe and useful with minimal added intraoperative time. Further work is required to determine optimum sensitivity and threshold levels for assessment of perfusion sufficiency with regard to anastomotic viability. |

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Young-Joon Lee; Sang-Ho Jeong; Ji-Ho Park; Woo-Song Ha; **NOBLE METHOD FOR  
INTRAOPERATIVE TUMOR LOCALIZATION DURING LAPAROSCOPIC LOCAL  
RESECTION OF STOMACH: ENDOSCOPIC SUBMUCOSAL CUTTING AND LIGHT  
TRANSMISSION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 102

**Backgrounds:** Intraoperative localization of tumor is a prerequisite for deciding the proper extent of gastric resection during laparoscopic local resection of stomach. In this study, we introduce a novel method for exact intraoperative tumor localization in a porcine model: endoscopic submucosal cutting and light transmission. **Methods:** A series of 4 pigs (30-34 kg) were used for this study approved by an animal use committee. Total 10 cases of laparoscopic local resection were performed. We assumed the size of tumor 2 cm. The imaginary lesions were located in lower body posterior wall (n = 2), high body posterior wall (n = 2), antrum anterior wall (n = 2), angle (n = 2), and high body anterior wall (n = 2) of the stomach. We performed mucosal markings around lesions, precutting the mucosa surrounding the markings, and submucosal cutting along the precutting line using white light endoscopy. Then, endoscopic light source was directly placed in front of the lesion. We could identify exact oval shaped mucosal resection margin in laparoscopic view. The laparoscopic local resection was done under direct endoscopic view after confirm minimal distance from the stapler line to submucosal cutting line. After extraction of resected specimen, we measured the size of mucosal marking, submucosal cutting, resected mucosa, and resected serosa. **Results:** The procedure was completed for all the pigs. The local resection of stomach was completed for the all lesion. We could identify exact submucosal cutting line at resected specimen in all cases. The mean size of resected specimen are: (i) marked lesion, 21.8 \* 19.6 cm; (ii) submucosal cutting, 25.8 \* 22.6 cm; (iii) resected mucosa, 35.6 \* 27.6 cm; and (iv) resected serosa, 41.4 \* 30.2 cm, respectively. There was no intraoperative morbidity. **Conclusion:** Endoscopic submucosal cutting and light transmission provide a exact and useful means of gastric tumor localization in terms of minimal resection of stomach tissue and surefire guarantee of mucosal margin. |

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Shuntaro Yoshimura; Susumu Aikou; Takashi Mitsui; Keiko Niimi; Mitsuhiro Fujishiro; Yasuyuki Seto; **NON-EXPOSED ENDOSCOPIC WALL-INVERSION SURGERY FOR GASTRIC SUBMUCOSAL TUMOR.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 103

**Introduction** Today, laparoscopic local resection has been accepted for gastric submucosal tumor (SMT) and the technique of operation is developing. To avoid excessive gastric resection and to minimize the risk of intraabdominal tumor seeding caused by iatrogenic perforation, we develop a new technique without perforation but can resect full-thickness of gastric wall termed non-exposed endoscopic wall-inversion surgery (NEWS), and present here the preliminary result. Patients and Methods Between 2011 August and 2014 December, 16 patients with SMT underwent NEWS. Tumor of exophytic type was excluded and we defined preoperative diagnosis of tumor measuring up to 3cm in diameter. In NEWS, tumor location is confirmed by endoscope. Marking is made on the mucosa around the tumor by tip of Dual knife. Accordingly, serosal marking is made by laparoscopically with hook knife on the opposite side of mucosal marking. Small amount of indigo carmine is injected to sub mucosa around the tumor. Seromuscular incision is made laparoscopically with ultrasonically activated device guiding by the submucosal indigo carmine dye. Seromuscular layer is continuously sutured, allowing spontaneous inversion of the tumor. Then the mucosubmucosal layer is circumferentially incised using endoscopic submucosal dissection technique. After the tumor is removed, we close the mucosal layer by the endoscopic clipping device. **Result** The average operation time for NEWS was 215.3±70.3 min, with an average estimated blood loss of 36.6±62.3 ml. And the day of postoperative hospital stay was 7.8±1.4 days. The mean diameter of resected tumor size was 31.6±9.1mm. In all cases, the postoperative course was uneventful, with no anastomosis leakage, stenosis, bleeding, or recurrence. **Conclusion** NEWS was performed safely with reasonable operation times, less bleeding, and no complications. NEWS can be applied to surgery of gastric submucosal tumor. |

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Chan Gyoo Kim; Hong Man Yoon; Jong Yeul Lee; Soo-Jeong Cho; Myeong-Cherl Kook; Bang Wool Eom; Keun Won Ryu; Young-Woo Kim; Il Ju Choi; **NON-EXPOSURE ENDOSCOPIC FULL-THICKNESS RESECTION WITH SIMPLE SUTURE TECHNIQUE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 103

**Background:** Current endoscopic full-thickness resection (EFTR) methods are limited by their transmural communication and exposure of tumor to peritoneum. Recently developed EFTR techniques without exposure to peritoneum are limited by their use of difficult procedures that restrict their applicability. The aim of this study was to test the feasibility of an EFTR technique that does not expose the mucosa to peritoneum although it involves an easy and secure suture method that can be applied to the clinical setting. **Methods:** Non-exposure EFTR with an easy suture technique was performed in four female white Landrace pigs. This new technique include the steps of laparoscopic seromuscular suturing, which resulted in inversion of the stomach wall (the suture material for this had evenly spaced unidirectional barbs, which eliminated the need to tie a knot); EFTR of the inverted stomach wall from inside the stomach with a conventional needle knife; and finally, endoscopic mucosal suturing with endoloops and clips. All animals were euthanized 2-3 weeks after surgery. **Results:** En-bloc and complete resections were achieved without evidence of leakage or infection. The mean (± standard deviation) operation time was 137±28.2 minutes. All pigs survived with no clinical evidence of illness until euthanasia. Gross and microscopic examination of the resection site showed healing without evidence of leakage or infection. **Conclusions:** Non-exposure EFTR with simple suture technique was feasible in our animal model. Further study comparing the outcome of our technique with the outcome after laparoscopic resection with a stapler |

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Hong Man Yoon; Keun Won Ryu; Young Joon Lee; Sang Ho Jeong; Hoon Hur; Sang Uk Han; Jae Seok Min; Ji Yeong An; Woo Jin Hyung; Gyu Seok Cho; Gui Ae Jeong; Oh Jeong; Young Kyu Park; Mi Ran Jung; Young Woo Kim; Bang Wool Eom; **PROSPECTIVE MULTICENTER FEASIBILITY STUDY OF LAPAROSCOPIC SENTINEL BASIN DISSECTION FOR ORGAN PRESERVING SURGERY IN GASTRIC CANCER - QUALITY CONTROL STUDY FOR PHASE III TRIAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 103

**Background:** Clinical application of sentinel node biopsy (SNB) in early gastric cancer (EGC) is still controversial even though promising multicenter trial result with minimal false negatives was already reported from Japan. Moreover laparoscopic approach is considered as minimally invasive in addition to organ preserving surgery. Therefore we conducted this study as a prerequisite quality control for phase III trial. **Methods:** Laparoscopic SBD was performed in patients with preoperative stage T1-2N0 and tumor size less than 4cm in maximal diameter. Intraoperative endoscopic submucosal injection of Technetium 99m-Human Serum Albumin and indocyanine green was done. All removed sentinel basin nodes (SBN) were investigated with intraoperative frozen Hematoxylin Eosin (HE) stain. Postoperative permanent HE stain was done for SBNs and non-SBNs. Strict checklist consisting of essential 7 steps during laparoscopic SBD was made as the quality control study for phase III trial. Ten cases completion of all essential steps in checklist were defined as qualified institution. **Results:** Seven institutions participated and 112 patients were enrolled in this study. However 4 patients were excluded due to screening failure. SB detection and SBD was performed in 100 of the 108. Lymph node metastases were found in 11 patients at postoperative permanent HE staining and SBD contained metastatic lymph nodes in 11 patients. The detection rate of SB was 92.6% with mean number of SB and SBN was 1.68 and 9.56. Sensitivity and accuracy were 100% in this study. Frozen results of SBN were compatible with permanent reports except one patient who had one SBN with micrometastasis. As the quality control of each institution for phase III trial, 13 to 20 cases were needed based on our strict checklist. **Conclusions:** Laparoscopic SBD is feasible and improve the sensitivity comparing to the previous study. This study suggests the promising phase III trial of laparoscopic SBD for minimally invasive and organ preserving surgery in EGC after qualifying participating institutions. |

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MAURICIO ZULUAGA ZULUAGA; IVO SILJIC; URIAL CARDONA; JUAN CARLOS VALENCIA; ADRIANA ZUÑIGA; JOSE OMAR ZORRILLA; **ROLE OF MINIMALLY INVASIVE SURGERY IN ADVANCED GASTRIC CANCER; REPORT OF 25 CASES OF ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 103

**INTRODUCTION** Laparoscopic surgery been used em multiple procedures because as is well known has advantages over surgery open as the fastest shorter Recovery, faster intestinal functioning Return, Best immunological and Cosmetics response, decreased need for analgesics, Paralytic ileus , early oral via Home and Shorter hospitalization, being should be standardized laparoscopic techniques. ideally, the risk of recurrence and survival Impact finally is the goal of any new intervention that arises evaluate. It is considered that laparoscopic surgery has functions in both the Diagnostic and Surgery Palliative and of course Curative surgery in laparoscopic Staging by: evaluation of resectability and metastasis as has been clearly described in gastric cancer where results are similar to conventional cirugía because the number of nodes removed, tumor-free margins and even the size of the surgical specimen are equal. In selected cases, a laparoscopic approach is reasonable as long as the surgeon laparoscopic lot of skill and experience. **OBJETIVE** evaluation of minimally invasive surgery in the staging of gastric cancer and palliative treatment of advanced gastric cancer **MATERIALS AND METHODS** 25 cases of laparoscopic management of advanced gastric cancer were evaluated diagnostic laparoscopy was performed, verifying findings unresectability as ascits, metastasis, liver, peritoneal carcinomatosis. All patients for palliative pain management celiac neurolysis was performed complex without any complications, biopsies were taken, 5 (20%) patients underwent palliative bypass laparoscopically gastroenteroanastomosis no known complications, no intraoperative mortality was presented. **OPERATIVE HALF TIME** 60 MINUTES **CONCLUSION** THE minimally invasive approach IN PATIENTS WITH ADVANCED GASTRIC CANCER IS A RELIABLE STRATEGY FOR SAFE AND REPRODUCIBLE PALLIATIVE MANAGEMENT OF THESE PATIENTS. |

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Ziyu Li; Fei Shan; Zhaode Bu; Aiwen Wu; Lianhai Zhang; Xiaojiang Wu; Xianglong Zong; Shuangxi Li; Xin Ji; Ziyu Jia; Ziran Li; Jiafu Ji. **SAFETY AND EFFICACY OF INTRACORPOREAL BARBED SUTURE CLOSURE OF THE COMMON ENTEROTOMY HOLE FOR THE STAPLER IN LAPAROSCOPIC DISTAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 104

**BACKGROUND:**Laparoscopic intracorporeal suturing and knot tying for anastomosis are considered the most difficult laparoscopic skills to master. The aim of this study was to establish the safety and efficacy of barbed suture for gastrointestinal or intestinal sutures to close the common enterotomy hole for the stapler in gastric cancer patients undergoing laparoscopic distal gastrectomy. **METHODS:**All consecutive patients undergoing laparoscopic distal gastrectomy were screened for enrollment in our study. Our technique for laparoscopic bilroth II with braun anastomosis or uncut Roux-en-Y reconstruction incorporates intracorporeal-stapled gastrojejunostomy and jejunojejunostomy with barbed suture (V-Loc™ 180; Covidien, Mansfield, MA) closure of the common enterotomy hole for the stapler. The primary outcome was the time needed for the barbed suture closure and the operative time. The secondary outcomes were the incidence of leak, bleeding, and stenosis and the evaluation of the cost of the different procedures evaluated. **RESULTS:**From December 2014 to February 2015, 11 consecutive patients enrolled in our study. The mean age of the patients was 51.7 years (range, 35 to 80 yrs) and the male:female ratio was 1.75:1. Most patients (91.9%) had stage I or II disease. The mean operation time was 222.4±25.0 minutes. The conversion rate was 0%. And the mean bloodloss was 49.6±20.1 ml. The mean lymph node yield was 23.1±9.5 nodes. All patients had totally intracorporeal reconstruction. The mean time of the barbed suture closure of the common enterotomy hole on gastrojejunostomy was 12.9±4.4 minutes, and that of the jejunojejunostomy was 8.1±4.6 minutes. Overall, anastomotic leakage of the anastomosis occurred in 2 patients (18.2%) and only one required reoperation. Postoperative gastroparesis was encountered in 2 patients (18.2%). The mean time to exhaust and to discharge was 3.2±1.0 days and 15.8±10.2 days. The mean cost was 16.4±5.1 thousands dollars. **CONCLUSIONS:**Totally intracorporeal barbed suture closure of the common enterotomy hole for the stapler in Laparoscopic Distal Gastrectomy was technically feasible, safe, and associated with no obvious drawbacks. |

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Shoji Natsugoe; Yoshikazu Uenosono; Takaaki Arigami; Shigehiro Yanagita; Keishi Okubo; Takashi Kijima; Daisuke Matsushita; Sumiya Ishigami; Shuichi Hokita. **SENTINEL NODE NAVIGATION SURGERY IS CLINICALLY USEFUL IN EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 104

**Background/Objective:** If the sentinel node (SN) concept is applicable to patients with early gastric cancer (EGC), it would prove more rational to reduce the sites for lymph node dissection. In the present study, we evaluated the SN detection and prognosis of EGC patients receiving SN dissection (SND) and SN mapping. **Materials and Methods:** SND with limited gastrectomy were performed in 93 patients (SN group), and standard lymphadenectomy with SN mapping were performed in 170 patients (MAP group). In all patients, 99mTc-tin colloid was endoscopically injected into the submucosa around the tumor before surgery. In SN group, all SNs were examined by pathological diagnosis intraoperatively. In MAP group, all lymph nodes were examined by same methods after surgery. The average follow-up period after surgery was 32 months. **Results:** Average numbers of LNs in SN group and MAP group were 12.7 and 24.1, respectively (p< 0.0001). Average numbers of SNs in SN group and MAP group were 3.6 and 4.0, respectively (ns). Since pathological metastasis in SN group was found in 10 patients (10.8%), standard lymphadenectomy was performed in 5 patients. On the other hand, other patients underwent only SND due to preoperative complications. In MAP group, pathological metastasis was found in 30 patients (17.6%). In each group, only one patient had hematogenous recurrence after surgery. In the comparison of both groups, there was no significant difference in postoperative complications and prognosis. **Conclusions:** SN navigation surgery is clinically acceptable in EGC. The reduction of lymphadenectomy based on SND is a useful and safety method. |

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Chang-Ming Huang; Xin-Tao Yang; Chao-Hui Zheng; Ping Li; Jian-Wei Xie; Jia-Bin Wang; Jian-Xian Lin; Jun Lu; Qi-Yue Chen; Long-Long Cao; Mi Lin. **SURGICAL AND SURVIVAL OUTCOMES OF LAPAROSCOPIC-ASSISTED TOTAL GASTRECTOMY WITH D2 LYMPHADENECTOMY FOR REMNANT GASTRIC CANCER? A CASE-CONTROL STUDY AND SYSTEMATIC REVIEW.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 104

**Abstract Purpose:** The objective of this study is to evaluate the oncologic outcomes of laparoscopic-assisted total gastrectomy for remnant gastric cancer in terms of surgical efficacy and long-term survival. **Methods:** The study consisted of all the patients who were prospectively collected and treated with curative intent either via open gastrectomy (open group, 35 patients) or laparoscopic gastrectomy (laparoscopic group, 34 patients) between April 2007 and December 2014. Clinicopathological characteristics, surgical and survival outcomes were retrospectively analyzed. **Results:** There was no statistical difference in clinicopathological parameters between the two cohorts. Blood loss (P=0.002), operation time (P<0.001) and postoperative hospital stay (P=0.012) were significantly less in laparoscopic group, while more number of dissected lymph nodes was obtained (P=0.048), in consideration of perioperative characteristics. No significant difference was observed in time to first flatus and severe complications. The median survival time was 31 months and 25 months in open and laparoscopic group, respectively. And the 5-year cumulative survival rates did not reach statistically significant difference, with 45.31% in open group and 37.96% in laparoscopic group (P=0.957). In advanced remnant gastric cancer, the 5-year cumulative survival rates were 37.82% and 33.12% in open and laparoscopic cohort, respectively, where the difference was not statistically significant. **Conclusion:** With better short-term surgical efficacy, the long-term survival outcomes of laparoscopic-assisted total gastrectomy with D2 lymphadenectomy for remnant gastric cancer was comparable to those of open gastrectomy. It can be chosen as an efficient and safe procedure for remnant gastric cancer. **Keywords:** remnant gastric cancer, laparoscopic-assisted total gastrectomy, D2 lymphadenectomy, surgical outcomes, survival |

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Yoshiaki Shoji; Hiroya Takeuchi; Hirofumi Kawakubo; Osamu Goto; Kazumasa Fukuda; Rieko Nakamura; Tsunehiro Takahashi; Norihito Wada; Yoshiro Saikawa; Naohisa Yahagi; Yuko Kitagawa. **SURGICAL STRATEGY FOR SUBMUCOSAL TUMORS OF THE ESOPHAGOGASTRIC JUNCTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 104

**Introduction:** Laparoscopic partial gastrectomy (LAP) has been widely performed for managing gastric submucosal tumors (SMTs) smaller than 5 cm to avoid the invasiveness of open laparotomy. However, it is difficult to manage SMTs of the esophagogastric (E-G) junction by LAP because it's relatively wide extent of resection may lead to postoperative stricture. Laparoscopy assisted proximal gastrectomy (LAPG) has been indicated in these cases. Recently, novel minimally invasive procedures such as laparoscopic-endoscopic cooperative surgery (LECS), non-exposed endoscopic wall-inversion surgery (NEWS), and combination of laparoscopic and endoscopic approaches to neoplasia with non exposure technique (CLEAN-NET) have been introduced in our institute to manage SMTs of the E-G junction to make the operation less invasive. **Objectives:** To make a comparative review of LECS, NEWS, and CLEAN-NET for SMTs of the E-G junction. **Methods:** Between January 2012 and December 2014, 17 patients underwent surgical treatment for SMTs of the E-G junction in our institute. We retrospectively analyzed patient characteristics, surgical outcomes, postoperative courses of 13 patients who underwent curative resection for SMTs of the E-G junction by LECS, NEWS, and CLEAN-NET. **Results:** The number of cases were 7, 4, and 2 for LECS, NEWS, and CLEAN-NET, respectively. Patients in each group had comparable backgrounds. NEWS was considered for tumors smaller than approximately 4 cm in the minor axis because it requires transoral extraction. CLEAN-NET was considered for extraluminal growing tumors or tumors which were difficult to extract transorally. All the patients discharged within 7 to 12 days after surgery, with an uneventful recovery. The mean value of serum C-reactive protein (CRP) levels on postoperative day (POD) 1 and 3 were significantly lower in the NEWS plus CLEAN-NET (non exposure methods, NEM) group compared to the LECS group (POD1, p=0.007; POD3, p=0.028). The reason is expected that reducing the leakage of digestive fluid to the abdominal space by NEM prevented postoperative elevation of inflammatory reactions. **Conclusion:** Operative procedures for SMTs of the E-G junction must be carefully selected according to patient characteristics and tumor properties. However, non exposure methods such as NEWS and CLEAN-NET are suggested to be less-invasive procedures and should be promoted. |

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Pôster - Minimally invasive surgery

Masaru Hayami; Naoki Hiki; Souya Nunobe; Manabu Ohashi; Koshi Kumagai; Takeshi Sano; Toshiharu Yamaguchi; **THE CLINICAL OUTCOME AND EVALUATION OF LAPAROSCOPIC PROXIMAL GASTRECTOMY WITH ESOPHAGOGASTROSTOMY BY DOUBLE FLAP TECHNIQUE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 105

**Background)** Laparoscopic proximal gastrectomy (LPG) is expected as a functional preservation surgery. However, the superiority against laparoscopic total gastrectomy (LTG) is controvertible. In our hospital, we have performed hand-sewn esophagogastrostomy by double flap technique (DFT) for LPG since January 2013. **Patients and Methods)** Between June 2012 and December 2013, 58 patients were involved in this study. 19 patients underwent LPG with esophagogastrostomy by DFT and 39 patients underwent LTG for proximal gastric cancer, leiomyoma, and carcinoid. The short-term outcome, such as performance of surgery, endoscopic finding, nutritional status, QOL and symptom, were compared between the 2 groups. **Questionnaires** (Japanese versions of the Short-Form 12 [SF-12] and Esophagus Stomach Surgery Symptom Scale [ES4]) were used to analyze QOL and symptom. **Result)** Average surgical time was longer in the LPG group (393.8min) than that in the LTG group (330.2min,  $p<0.01$ ). Early complication rates after LPG and LTG group were 0% and 10.3 % (4 cases,  $p=0.07$ ), respectively. By postoperative endoscopy within a year, anastomotic stenosis was detected 0% and 17.9 % (7 cases,  $p=0.01$ ), and reflux esophagitis was observed 5.3% (1case) and 5.1% (2cases, NS) after LPG and LTG, respectively. Postoperative decrease rate of food intake and body weight at the 6 month were significantly smaller in the LPG group compared with the LTG group ( $p=0.01$  and  $p=0.03$ ). The LPG group had a significantly better hemoglobin levels than LTG group 12 months after surgery ( $p=0.01$ ). In the LPG group, QOL score by SF-12 was significantly better in some dimensions (role limitations due to physical problems, role limitations due to emotional problem and body pain) than the LTG group 12 months after surgery ( $p=0.02$ ,  $p=0.04$  and  $p=0.04$ , respectively). In symptomatic score by ES4, there was no significant difference between the 2 groups. **Conclusions)** LPG with esophagogastrostomy by DFT showed superior post operative results compared with LTG and can be a promising procedure as a functional preservation surgery. |

SEM CONFLITOS DE INTERESSE

Pôster - Minimally invasive surgery

Long-Long Cao; Chang-Ming Huang; Jun Lu; Chao-Hui Zheng; Ping Li; Jian-Wei Xie; Jia-Bin Wang; Jian-Xian Lin; Qi-Yue Chen; Mi Lin; Ru-Hong Tu; **THE IMPACT OF DRAINAGE PATTERNS OF THE RIGHT GASTROEPLOIC VEIN FOR NO.6 LYMPHADENECTOMY DURING LAPAROSCOPIC GASTRIC CANCER SURGERY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 105

**Abstract Objective:** The study investigated anatomic variation of the drainage patterns of the right gastroepiploic vein (RGEV) to improve the knowledge about No.6 lymphadenectomy for laparoscopic gastrectomy. **Methods:** Prospectively collected and retrospectively analyzed the RGEV drainage patterns of 144 patients who were diagnosed as gastric cancer and underwent laparoscopic distal gastrectomy in our department during July 2010 and June 2011, and compared the impact of No.6 lymphadenectomy among different drainage patterns. **Results:** The drainage patterns of the RGEV were classified into six types in this study. Type I, type II, and type III, which occupied 53 cases (36.8%), 27 cases (18.8%), and 21 cases (14.6%) respectively, were most frequently met during gastrectomy. All of the three types included a gastropancreatic trunk and were defined as gastropancreatic group (GP group). Fifteen cases (10.4%) were categorized as type IV, 19 cases (13.2%) as type V, and 9 cases (6.3%) as type VI. These three types, which could form the gastrocolic trunk, were defined as gastrocolic group (GC group). There were no significant differences in clinicopathological characteristics, postoperative morbidity, preoperative mortality and 3 years overall survival time after operation between the two groups (all  $P>0.05$ ). However, mean No.6 lymph node (No.6 LNs) dissection time and mean blood loss due to No.6 LNs dissection were significantly more in GC group than in GP group (both  $P<0.05$ ). **Conclusion:** The RGEV exist six types of drainage patterns, and division points of the RGEV during laparoscopic gastrectomy depends on different drainage patterns. For type IV, type V, and type VI, surgeon should take more care to vascularize and divide the RGEV above its confluences during surgery. **Key words:** Gastric cancer, Laparoscopic surgery, No.6 lymphadenectomy, right gastroepiploic vein. |

SEM CONFLITOS DE INTERESSE

Pôster - Minimally invasive surgery

Chao-Hui Zheng; Mu Xu; Chang-Ming Huang; Ping Li; Jian-Wei Xie; Jia-Bin Wang; Jian-Xian Lin; Jun Lu; Qi-Yue Chen; Long-Long Cao; Mi Lin; **THE SPLENIC HILAR VASCULAR ANATOMY AND THE INFLUENCE OF SPLENIC ARTERY TYPE IN LAPAROSCOPIC TOTAL GASTRECTOMY WITH SPLEEN-PRESERVING SPLENIC LYMPHADENECTOMY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 105

**Abstract Background** The objective of this study was to investigate the splenic hilar vascular anatomy and the influence of splenic artery (SpA) type in laparoscopic total gastrectomy with spleen-preserving splenic lymphadenectomy (LTGSPL) for gastric cancer. **Methods** The clinical anatomy data of 317 patients with upper- or middle-third gastric cancer who underwent LTGSPL from January 2011 to December 2013 were analyzed. The patients were divided into two groups (concentrated group vs. distributed group) according to the distance between the splenic artery's furcation and the splenic hilum. The clinicopathologic characteristics and both the intraoperative and postoperative variables were compared between the groups. **Results** There were 205 patients with concentrated type (64.7%) and 112 patients were distributed type (35.3%) SpA. There were 22 patients (6.9%) with a single branch of splenic lobar vessels, 250 patients (78.9%) with 2 branches, 43 patients (13.6%) with 3 branches and 2 patients (0.6%) with multiple branches. The types of splenic artery trunk included 87 patients (27.4%) with type I, 211 patients (66.6%) with type II, 13 (4.1%) patients with type III and 6 (1.9%) with type IV. The mean surgical time, blood loss and number of vascular clamps used at the splenic hilum were significantly lower in concentrated group than in distributed group ( $P<0.05$ ). However, the patient clinicopathologic characteristics and postoperative variables were not significant in the groups ( $P>0.05$ ). **Conclusion** It is valuable for surgeons to know the splenic hilar vascular anatomy when performing LTGSPL. The patients with concentrated type SpA could be used in training new surgeons. **Key words** Stomach neoplasms; Spleen-preservation; Laparoscopy; Lymphadenectomy; Vascular anatomy; Splenic artery type |

SEM CONFLITOS DE INTERESSE

Pôster - Minimally invasive surgery

Yuki Hamada; Shinya Otsuka; Nanako Yasui; Masaaki Akai; Takashi Nonoshita; Yuki Kajioke; Kenta Isoda; Kouji Kitada; Ryouyuke Hamano; Naoyuki Tokunaga; Hideaki Miyasou; Yousuke Tsunemitsu; Masaru Inagaki; Kazuhide Iwakawa; Hiromi Iwagaki; **THE UTILITY OF INTRAOPERATIVE TRANSNASAL ENDOSCOPY IN LAPAROSCOPIC DISTAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 105

**[Objectives]** In laparoscope-assisted distal gastrectomy (LADG), it is possible to touch the tumor to determine the resection line, whereas it is difficult in laparoscopic distal gastrectomy (LDG). The utility of intraoperative transnasal endoscopy in laparoscopic distal gastrectomy is reported. **[Methods]** A transnasal endoscope was inserted after lymph node purging. Then, 1 cm proximal from the clip that was attached at the site before the operation and 1 cm proximal from the tumor was marked for the resection line. After resection, the resected specimen was confirmed and the endoscope was removed after verification of the anastomotic part. **[Results]** Thirty-two patients underwent the LDG procedure from September 2012 to June 2014. Of these, 18 underwent intraoperative transnasal endoscopy. The average time of the operations was 5 hours and 23 minutes. The average time from starting intraoperative transnasal endoscopy to resection of the stomach was 22 (12-76) minutes. All tumors were located in the middle of the stomach, the depth of tumor invasion was T1-T3, and lymph node metastasis was confirmed in one patient. The average proximal margin was 2.3 cm and the average distal margin was 8.1 cm. In 16 patients, an upper gastrointestinal series was performed, and the average length of the resection line to the esophagocardiac junction was 5.7 cm. Postoperative complications occurred as anastomotic leaks in 2 patients, one of whom needed reoperation, and the other developed an abscess. The average time from hospitalization to discharge after operation was 23 (12-109) days. **[Conclusions]** In laparoscopic distal gastrectomy, intraoperative transnasal endoscopy is useful and simple to determine the resection line and achieve a safe surgical margin. |

SEM CONFLITOS DE INTERESSE



Pôster - Minimally invasive surgery

Junjiang Wang; Yong Li; Jiabin Zheng; Deqing Wu; Weixian Hu; **TOTALLY LAPAROSCOPIC ANASTOMOSIS FOR LAPAROSCOPIC DISTAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 106

**Introduction:** Totally laparoscopic distal gastrectomy (TLDG) has been accepted as the fast development of minimally invasive surgery. However, the feasibility and safety are still controversial. **Objectives:** We aim to evaluate the feasibility and safety of TLDG. Meanwhile, we will share some surgical skills and key points of this surgery. **Methods:** A total number of 158 patients were involved to the comparison from December 2013 to December 2014. 81 patients (51.27%) received TLDG while other 77 patients (48.73%) received laparoscopic-assisted distal gastrectomy (LADG). Short-term outcomes were carried out to compare TLDG with LADG. **Results:** The mean anastomosis time in TLDG group (18.6±3.8 min) was significantly shorter than that in the LADG group (31.4±6.2 min) (P<0.001), which shorten the operative time. The mean blood loss was 52.3±28.6 ml in TLDG group versus 58.4±27.5ml (P=0.23) in LADG group. The mean times to first flatus and hospital stay in the TLDG group were also shorter than that in the LADG group (1.8 vs. 2.4 days, P=0.02 and 6.8 vs. 7.6 days, P<0.001). No severe complication like bleeding or anastomotic fistula was observed in both groups. One patient from each group underwent laparotomic conversion. **Conclusion:** TLDG is a feasible and safe surgery performed by a surgeon with sufficient experience in laparoscopic gastrectomy and might provide the benefits of reduced operating time and shorter convalescence compared with LADG. |

SEM CONFLITOS DE INTERESSE

Pôster - Minimally invasive surgery

Leonardo Rocha Ferraz; Thiago Boechat de Abreu; Balatazar de Araújo Fernandes; Kevin Carvalho; Gabriel Nobrega de Arruda; **TOTALLY LAPAROSCOPIC GASTRECTOMY FOR GASTRIC CANCER: A BRAZILIAN SINGLE-CENTER EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 106

**Introduction:** Gastric surgical resection with adequate lymphadenectomy remains the only potentially curative therapeutic approach for patients with gastric cancer. Laparoscopic gastrectomy has recently been recognized worldwide as a viable alternative to conventional open gastrectomy, but with still limited application in the West. The purpose of the present study is to analyze feasibility, safety and short-term outcomes of totally laparoscopic gastrectomy in a Western population. **Methods:** Between July 2012 and August 2014, 20 patients underwent laparoscopic total gastrectomy, laparoscopic subtotal gastrectomy, or laparoscopic proximal gastrectomy with adequate lymphadenectomy for gastric cancer treatment at our center. Short-term outcomes in terms of clinicopathological characteristics, number of harvested lymph nodes, operative time, length of hospital stay, morbidity, and mortality were prospectively collected and reviewed. **Results:** The majority of the patients had an advanced gastric cancer cT3-T4a (16 patients, 80%). Distal gastrectomy was performed in 6 (30%) patients, total in 13 (65%), and proximal in 1 (5%) patient. Mean number of retrieved lymph nodes was 30.2 (range, 12-64). Mean surgical time was 362 minutes (range, 260-480 min). Conversion to open surgery occurred in 2 patients. Mean length of stay was 7 days (range, 6-8) after laparoscopic subtotal gastrectomy, and 12 days (range, 8-30) after laparoscopic total gastrectomy. Postoperative mortality and morbidity rates were 5% (n=1) and 10% (n=2), respectively. **Conclusion:** Laparoscopic gastrectomy for gastric cancer is feasible, safe, and has acceptable short-term oncologic outcomes, operative time, and surgical complications, even in an initial experience. Large and hard metastatic lymph nodes, and invasion of adjacent organs could be limitations of the method. |

SEM CONFLITOS DE INTERESSE

Pôster - Minimally invasive surgery

Lidiane Aparecida Catalani; Osmar Kenji Yagi; Cynthia Maria Chiaradia Melo; Donato Roberto Mucerino; Marcus Fernando pertille Kodama Ramos; Maria Carolina Gonçalves Dias; Denise Evazian; Fabio Pinatol Lopasso; Ulysses Ribeiro Junior; Bruno Zilberstein; Ivan Cecconello; **VITAMIN B12 DEFICIENCY AFTER GASTRECTOMY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 106

**Introduction:** Total (TG) or distal subtotal gastrectomies (STG) are widely employed for the treatment of gastric cancer. Patients submitted to TG are at high risk of vitamin B12 (vit-B12) deficiency, occurring in almost all patients in at least four years. For that reason, intramuscular replacement of vit-B12 is recommended after TG to avoid anemia and neurological disability, such as symmetric paresthesias or numbness and gait problems. A recent study showed about 16% of vit-B12 deficiency in STG patients; nevertheless, there is no replacement protocol for these patients. **Objectives:** To identify prevalence of post gastrectomy vit-b12 deficiency. **Methods:** Were retrospectively reviewed the gastric cancer patients submitted to curative STG or TG with Roux-en-Y reconstruction between 2001 and 2009 and with at least 5-years follow-up in our Department. Serum vit-B12 level lower than 200µg/dl was diagnosed as deficiency and between 200 - 300 µg/dl was considered as "deficiency risk". **Results:** One hundred thirty-four patients were included, 53 (39.5%) TG and 81 (60.5%) STG, mean age: 65.1 ± 12.2y; 68 (50.7%) female. Thirty-two patients (24%), of which 9 TG and 23 STG had no vit-B12 measure during the follow-up period. Among measured patients, cumulative deficiency of vit-B12 was 19% (n=11) for SGT and 43% (n=19) for TG. Twenty two patients were considered as "deficiency risk", of which 10 (17%) STG e 13 (29.5%) TG. **Conclusions:** 1) Vit-B12 deficiency is a frequent complication after TG and occurred, at some point, in about a half of patients, despite the replacement protocol. The compliance rate for such reposition is unknown 2) Until recently, there was no currently monitoring or periodic replacement protocol for STG. For this reason, there was no measurement of serum vit-B12 level at 28% (n=23) of the patients. However, when measured, deficiency was identified at some point in approximately one-fifth of the cases. 3) Monitoring or replacement protocol of vit-B12 in STG patients should be indicate. |

SEM CONFLITOS DE INTERESSE

Pôster - Minimally invasive surgery

Rui-Fu Chen; Chang-Ming Huang; Chao-Hui Zheng; Ping Li; Jian-Wei Xie; Jia-Bin Wang; Jian-Xian Lin; Jun Lu; Qi-Yue Chen; Long-Long Cao; Mi Lin; **WHY THE PROXIMAL SPLENIC ARTERY APPROACH IS THE IDEAL APPROACH FOR LAPAROSCOPIC SUPRAPANCREATIC LYMPH NODE DISSECTION IN ADVANCED GASTRIC CANCER? A LARGE-SCALE VASCULAR-ANATOMICAL-BASED STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 106

**Abstract Purpose:** To explore the anatomical basis of the proximal splenic artery (SA) approach for laparoscopic suprapancreatic lymph node (LN) dissection and its application in advanced gastric cancer. **Methods:** Laparoscopic suprapancreatic LN dissections were performed in 1551 consecutive advanced gastric cancer patients between June 2007 and November 2013. A total of 994 consecutive patients since January 2011 were selected to compare the clinicopathological characteristics and surgical outcomes between the conventional approach group (330) and the proximal SA approach group (664). In the proximal SA approach, the No.11p LNs are dissected first. **Results:** In the suprapancreatic arteries, the proximal SA had the lowest anatomic variation rate (P<0.05, each) and maximum diameter (P<0.05, each) compared with the common hepatic artery (CHA), left gastric artery, right gastric artery, and gastroduodenal artery. In addition, the proximal SA was located closer to the suprapancreatic border than the CHA (P=0.000). The No. 11p lymph nodes metastasis rate (LMR) was lower than the No. 9, No. 7, No. 8a, No. 5 and No. 12a LMR (P<0.01, each). Compared with the conventional approach, the proximal SA approach was associated with less blood loss (P<0.05), significantly more retrieved total LNs and suprapancreatic LNs (P<0.01, each). **Conclusions:** The proximal SA exhibits the most constant and maximum diameter is located closer to the suprapancreatic border and exhibits the lowest LMR; therefore, the proximal SA approach is the ideal approach for laparoscopic suprapancreatic LN dissection in advanced gastric cancer. **Keywords:** advanced gastric cancer, laparoscopic suprapancreatic lymph node dissection, the proximal splenic artery approach, vascular anatomy |

SEM CONFLITOS DE INTERESSE

Pôster - Robotic Surgery  
Enver İlhan; Orhan Ureyen; Ozcan Alpdogan; Ugur Gökçelli; **EARLY GASTRIC CANCER PRESENTING WITH SYMPTOMS OF PYLORIC STENOSIS: A CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 107

**Introduction** Early gastric cancer (EGC) are rarely identified due to its asymptomatic clinical behaviour, in countries that are not applying routine upper gastrointestinal endoscopy for gastric cancer screening. We aimed to share a patient with EGC presenting with pyloric stenosis symptoms. Case 72 year old female patient admitted to the emergency with abdominal pain, nausea and vomiting. Her complaints had started two days ago. There wasn't any positive finding except epigastric tenderness and abdominal distension in her physical examination. Routine blood tests and tumor markers were normal. There was an air-fluid level at gastric localization in the plain abdominal X-ray. Gastric severe distension and air-fluid levels were observed in the abdominal computerized tomography(CT). Nearly 3000 cc. gastric dilatation fluid content discharged by nasogastric tube. Although inflamed pyloric stenosis observed in upper gastrointestinal endoscopy, there was no gross tumor. Endoscope couldn't pass to the duodenum. Multiple biopsies were taken from the pyloric region. Pathological examination revealed malign epithelial tumor. There was no distant metastase in systemic screening. Subtotal gastrectomy and D2 lymph node dissection was performed. Histopathological examination of surgical specimen revealed EGC/intestinal type of gastric carcinoma(Lauren). Totally 24 lymph nodes had been retrieved and there were no metastatic node according to the pathological report. The patient was evaluated as T1b N0 M0. Patient is under follow-up in 3rd postoperative month without any complication. Conclusion EGC refers to adenocarcinoma confined to the mucosa and submucosa of the stomach, with or without regional lymph node metastases. Gastric cancer may be diagnosed at this stage in countries that are applying routine cancer screening. In countries without screening programs, disease can not be determined at this level. However, EGC is not always asymptomatic, it can be presented with pyloric stenosis symptoms, like our patient. Therefore, EGC should be kept in mind in determining the etiology for the patients with pyloric stenosis symptoms. |

SEM CONFLITOS DE INTERESSE

Pôster - Robotic Surgery  
Francesco Ferrara; Daniele Marrelli; Lorenzo De Franco; Riccardo Piagnerelli; Franco Roviello; **FULL ROBOTIC GASTRECTOMY FOR GASTRIC CANCER: INITIAL EXPERIENCE AT A SINGLE ITALIAN CENTER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 107

**Introduction:** Minimally invasive approach in gastric cancer surgery has gained interest in the recent years. The diffusion of robotic gastric surgery is growing and it appears to be a safe technique, with some advantages over the traditional open and laparoscopic approaches. We present our early experience with robotic surgery using the da Vinci surgical system to treat gastric cancer at early stages, with the analysis of potential benefits of using this technique. **Materials and Methods:** Between April 2011 and November 2014, 20 patients affected by gastric adenocarcinoma underwent full robotic total or subtotal gastrectomy with D2 and D2+ lymphadenectomy, performed by one surgeon at University of Siena. Preoperative, intraoperative and postoperative data were prospectively collected in a database and retrospectively analyzed. **Results:** The mean operative time for all procedures was 327 minutes (range 200-420), including the docking time. Intraoperative blood loss was 125 mL (range 80-250). In 16 cases a subtotal gastrectomy with Billroth 2 reconstruction was performed. Four patients underwent to total gastrectomy with Roux-en-Y reconstruction. All reconstructions were performed with intracorporeal technique. R0 surgery was achieved in all cases. Surgical complications occurred in 2 patients: an oesophago-jejunal anastomotic leakage treated conservatively (endoscopic stenting) and a gastro-jejunal anastomotic leakage, surgically treated. The mean number of retrieved lymph nodes was 31 (range 5-60). Nodal positivity was registered in 2 patients. Resection margins were negative in all cases. The histotype was tubular adenocarcinoma in 18 cases and signet ring cell adenocarcinoma in 2 cases. Seventeen cases were EGC and 3 cases advanced gastric cancer. The median number of post-operative days was 7. The 30-day mortality was null. **Conclusions:** Robotic gastric surgery is a feasible technique which is associated with good results in terms of oncologic radicality. In all cases an adequate number of harvested lymph nodes was registered with a small intraoperative blood loss and low complications rate. Robotic surgery actually shows very interesting aspects and promising outcomes that could offer some benefits for the treatment of gastric cancer with minimally invasive approach. |

SEM CONFLITOS DE INTERESSE

Pôster - Robotic Surgery  
Shu ZHANG; Zhi-Wei JIANG; Gang WANG; Kun ZHAO; Ning LI; Jie-Shou LI; **POSTOPERATIVE 4 DAY DISCHARGE OF ROBOTIC GASTRECTOMY FOR GASTRIC CANCER PATIENTS APPLIED WITH ERAS PROTOCOL, A PROSPECTIVE CLINICAL TRIAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 107

**Objective** The aim of this study was to determine the influence and safety of robotic surgery and ERAS protocol in oncological gastrectomy on early outcomes especially for patients discharged from Hospital within 4days. **Materials and methods** We Prospective analyzed 40 patients (10 female and 30 male) with gastric cancer who underwent robotic gastrectomy with standard D2 lymphnodes resection between Jun 2014 and Dec 2014. Perioperative care was based on ERAS principles. The postoperation complications and Length of hospital stay, postoperative morbidity and mortality were analyzed as well as the 30-days readmission rates. A series of clinical and laboratory examination were also recorded an improvement from postoperation day 1(POD1) to postoperation day 3(POD3), such as the SPO2, Heart Rate(HR), C-reactive protein (CRP), hemoglobin (HB), hemoglobin(ALB), prealbumin(PA), transferrin (TF),and also a comparison was conducted between <4d Group to >4d Group in VAS ,sleep time and postoperation walk steps on POD1, POD2 and POD3. **Results** There was no conversion to open surgery in the gastrectomy group. All patients were encouraged to walk on the morning of POD1. Oral glucose fluids were introduced on POD1. Full diet was started on the regain of bowel movement in all patients. No postoperative complication requiring reoperation was noted. Not only is there an improvement from postoperation day 1(POD1) to postoperation day 3(POD3), but also an improvement in the comparison of <4d Group to >4d Group, in laboratory findings and clinical findings such as the SPO2, Heart Rate(HR), C-reactive protein (CRP), hemoglobin (HB), hemoglobin(ALB), prealbumin(PA), transferrin (TF). The <4d Group is of the same quality and safety concerning that the statistics shows no significant difference between in the two group.The <4d Group is of no more risk of postoperative complications or 30 day's re-admission. **Conclusions** The implementation of ERAS protocol to Robotic gastrectomy might result in improved postoperative care quality, shortening of hospital stay, and quicker return to normal activity. It might be a safe way for patients to discharge from hospital no more than 4 days. However, this is only a small study of limited cases, more evidence is needed to prove it. **Key Words** ERAS, stomach neoplasm, Robotic Surgery, fast track, prospective study Clinical Trial ID: ChiCTR-IPR-14005569 |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care  
Katsunori Ami; Takeshi Nagahama; Masayuki Andou; Kuniyoshi Arai; Shikofumi Tei; Hidetaka Akita; **A CASE OF STAGE IV GASTRIC CANCER WAS SUCCESSFULLY TREATED WITH MULTI COMBINATION CHEMOTHERAPY WITH S-1.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 107

Stage IV gastric cancer has poor prognosis, and median survival time (MST) is reported to range from 6 to 13 months. We report a case of long-term survival in a Stage IV gastric cancer patient who was successfully treated with multi combination chemotherapy with S-1. A 73-year-old woman presenting with gastric cancer with pyloric stenosis and peritoneal dissemination at the sigmoid colon underwent distal gastrectomy with D2 lymphadenectomy and sigmoidectomy. She received adjuvant chemotherapy with S-1 and cis-diamminedichloplatinum (CDDP) after surgery. During the twelfth administration of S-1 and CDDP, she developed an anaphylactic reaction against CDDP; therefore, only S-1 was administered for the next six courses. Thirty one months post-gastrectomy, a left ovarian metastasis (about 4 cm) was detected by computed tomography. Two courses of S-1 and Camptothecin-11 (CPT-11) were administered; however, the ovarian metastasis grew to twice its initial size. She underwent hysterectomy and bi=lateral ovariectomy. The pathological diagnosis was metastatic tumors in the uterus and ovary (Krukenberg tumor). After the second surgery, S-1 and Docetaxel therapy was initiated. A metastasis (S2, 5 mm diameter) appeared in the right lung around 65-months after the gastrectomy. The patient received a total of 28 =courses, up until 69-months post-gastrectomy. At present, she hopes to finish the chemotherapy and is consulting a palliative care facility. At 88 -months post-gastrectomy, she has no symptoms because the lung metastasis exhibits slow growth (15 mm diameter), and is maintaining her quality of life (QOL). |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care  
MEHMET MIHMANLI; UYGAR DEMIR; CEMAL KAYA; OZGUR BOSTANCI; RIZA GURHAN ISIL; UFUK OGUZ IDIZ; EMRE BOZKURT; **AMYLASE LEVELS IN DRAIN FLUID FOR EARLY DETECTION OF PANCREATIC FISTULA AFTER GASTRIC CANCER SURGERY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 108

**Introduction:** Pancreatic fistula is one of the serious complications after radical gastrectomy ( subtotal/total gastrectomy with D2 lymph node dissection) for gastric cancer. Placement of drainage tubes into the operation site can be useful for prediction and management of this complication. **Objectives:** The amylase levels of drainage fluid were routinely examined in all patients who underwent gastric cancer surgery and its usefulness for predicting pancreatic complications was evaluated. **Methods:** Between June 2002 and June 2014, all patients who underwent radical gastrectomy for gastric cancer were retrospectively reviewed. Demographic variables, stage of gastric cancer, type of the surgery, the amylase concentration in drain fluid, pancreatic fistula( any volume of drainage on or after the third postoperative day that has an amylase content greater than three times the normal serum value) and mortality were evaluated. In all patients, one drainage tube was placed upon the pancreas. Samples were collected from the drain on the first postoperative day and further samples were also evaluated in case of any suspicion for pancreatic fistula. **Results:** There were 221 patients (148 male and 73 female) with a mean age of 60 years (range:21-85). Total gastrectomy was performed in 159 (72%) patients, whereas distal subtotal gastrectomy was performed in 62(28%) patients. Splenectomy was performed in 61 (27%) patients. Regarding those without any pancreatic complication, mean amylase level of the drainage fluid in the first postoperative date was 76,2 IU/L (12-837 IU/L). Mean day for removal of drain tube was 4.6 (2-9) days. Six patients (3%) were diagnosed with a pancreatic fistula. Mean amylase level of these patients was 8994,7 IU/L(1179-34900 IU/L). Four of them resolved spontaneously only with drain observation. In the other two patients, intraabdominal abscess occurred and therefore, percutaneous drainage catheter was placed. No reoperation was required for pancreatic fistula. There was no mortality. **Conclusion:** Determination of amylase levels in drain in the patients with radical gastrectomy is a simple and safe method. Elevated levels over 1000 IU/L may be the first marker for predicting pancreatic fistula. Postoperative amylase levels in drain fluids should take into consideration to predict pancreatic fistula. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care  
Yusuke Taki; Masaya Watanabe; Erina Nagai; Shinsuke Sato; Hideyuki Kanemoto; Masakazu Takagi; **CHARACTERISTICS OF POSTOPERATIVE COMPLICATION AFTER GASTRECTOMY FOR THE ELDERLY GASTRIC CANCER PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 108

**Background** The Japanese have the longest lifespan in the world; in 2012, the average lifespan for women was 87.0 years and that for men was 80.0 years. Gastric cancer and consequent radical gastrectomy is common in the elderly. Their concomitant diseases and inherent vulnerability lead to postoperative complications which are different as compared with those encountered in a younger population. **Methods** We retrospectively analyzed all gastric cancer patients aged ≥80 years who underwent surgery with curative intent between January 2007 and March 2014. Exclusion criteria included cancer clinical Stage IV, cancer with multiple primaries, and urgent conditions such as bleeding or stenosis. **Results** One hundred twenty-one patients fit the criteria. The median age was 83 years; 63 were female and 58 were male. Regarding ECOG performance status, 31, 79, 9, and 2 patients had statuses 0, 1, 2, and 3, respectively. Sixty-eight patients had basic diseases such as ischemic heart disease and chronic obstructive pulmonary disease. There were 69, 33, 19, and 0 patients with cancer Stages I, II, III, and IV, respectively. Surgical procedures included 30 total gastrectomies, 74 distal gastrectomies, six pylorus-preserving gastrectomies, 10 proximal gastrectomies, and one gastro-jejunal bypass. Twenty-nine patients (24%) developed postoperative complications that were grade II or higher as per the Clavien-Dindo classification. Thirteen patients (11%) had surgical site complications including five cases of anastomosis leakage, two of pancreatic fistula, two of delayed gastric emptying, two of paralytic ileus, one of anastomotic stenosis, and one of superficial surgical site infection. Twenty patients (17%) developed remote site complications including four cases of pneumonia, three of urinary tract infection, three of Clostridium difficile infection, one of gangrenous cholecystitis. Two patients with anastomotic leakage and gangrenous cholecystitis developed grade IV complications, but no hospital deaths were observed. The median hospital stay was 11 days (8–128 days). Ninety-one (75%) patients survived over a median follow-up period of 24 months. **Conclusion** After gastrectomy, elderly patients had more cases of remote site complications than surgical site complications. These complications can easily become severe conditions; therefore, careful postoperative care is necessary to prevent both surgical site and remote site complications. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care  
Chaeyoon Lee; Ohkyoung Kwon; Wansik Yu; **COMPLIANCE WITH THE ADJUVANT CHEMOTHERAPY ACCORDING TO THE EXTENT OF GASTRECTOMY IN PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 108

**Background.** Adjuvant chemotherapy is recommended after curative surgery in patients with stage II and III gastric cancer. We assessed the impact of total gastrectomy on the patient's compliance with adjuvant chemotherapy in comparison with that of subtotal gastrectomy. **Methods.** We collected the data of the patients who treated with adjuvant chemotherapy after curative gastrectomy for gastric cancer at Kyungpook National University Medical Center between January 2011 and December 2013. There were 104 men and 56 women (mean age, 58.4±11.9). The patients were divided into two groups; who underwent total gastrectomy (TG group) and distal subtotal gastrectomy (DG group). Eight cycles were regarded complete chemotherapy in both TS-1 regimen and XELOX regimen. **Results.** There were 74 patients in TG group and 86 patients in DG group. Fifty-five patients (74.3%) in TG group and 76 patients (88.4%) in DG group completed scheduled adjuvant chemotherapy (P = 0.021). Among patients treated with XELOX regimen, 9 patients (69.2%) completed treatment in TG group and 12 (100%) in DG group (P = 0.036). Although there was a trend toward inferior compliance in patients treated with TS-1 regimen after total gastrectomy, this difference was not statistically significant. Common reasons for stopping scheduled adjuvant chemotherapy were abdominal pain, diarrhea, and weakness. Dose modification was needed in 18 patients (24.3%) of TG group and 13 patients (15.1%) of DG group (P = 0.142). **Conclusion.** Further research should develop the support system to increase the compliance with adjuvant chemotherapy, especially after total gastrectomy. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care  
Shi Yan; Yuan Jing; Yin Hong-Yan; Dai Guang-Hai; **CORRELATION OF PHOSPHO-AKT AND MTOR HIGH EXPRESSIONS AND RESISTANCE OF POSTOPERATIVE ADJUVANT CHEMOTHERAPY IN PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 108

**Objective?** Poor prognosis of gastric cancer is mainly related to treatments resistance. And PI3K/AKT/mTOR pathway is correlated with enhanced invasiveness and treatments resistance. This study is to explore prognostic significances of PI3K, phospho-AKT and mTOR expressions in postoperative gastric cancer patients. **Methods:** The expressions of PI3K, phospho-AKT and mTOR in 472 postoperative patients who were diagnosed with stage II-III gastric cancer were assessed by immunohistochemical method and tissue chips. **Results:** The high-expression rates of PI3K, phospho-AKT and mTOR were 55.0%, 41.1% and 49.2%, which had a significant correlation respectively. Univariate analysis showed that high expressions of phospho-AKT and mTOR were correlated significantly with poor DFS (P<0.05). Further stratified analysis showed that the patients treated with adjuvant chemotherapy had the longer DFS and OS than those with surgery alone (P<0.01) in the phospho-AKT weak-expression subgroup or mTOR weak-expression subgroup. However in phospho-AKT high-expression subgroup or mTOR high-expression subgroup, there was no difference between the survival of the patients treated with adjuvant chemotherapy and those with surgery alone (P>0.05). The survival of patients with phospho-AKT and mTOR co-high-expression treated with adjuvant chemotherapy were not improved or even shorter compared with those with surgery alone. **Conclusion:** Phospho-AKT and mTOR were both poor prognostic factors of DFS for postoperative gastric cancer patients. The subgroup with phospho-AKT or/and mTOR high-expression seemed to could not benefit from adjuvant chemotherapy, although further validation and the related mechanism research are required. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

Yanbing Zhou; Zhihao Wang; **EFFECTS OF PREOPERATIVE ORAL CARBOHYDRATE ON PANCREATIC BETA CELL FUNCTION IN PATIENTS UNDERGOING RADICAL GASTRECTOMY: A RANDOMIZED CLINICAL STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 109

**Objective:** To investigate the impact of preoperative oral carbohydrate on function of pancreatic  $\beta$  cell in radical gastrectomy patients. **Methods:** 60 patients underwent radical gastrectomy were randomly divided into the oral carbohydrate groups and oral placebo group. Resting energy expenditure was detected 4 hours preoperatively and 24 hours postoperatively. Trial group administered orally carbohydrate and control group placebo 2-3 hours before surgery. The blood glucose, serum insulin level and insulin resistance index (HOMA-IR) were detected in two groups. The ultrastructural changes of the pancreas were observed under electron microscope. The activity of SOD, MDA and CAT of pancreatic tissue was measured respectively. **Results:** There were no significant differences between the two groups in the preoperative blood level of glucose, insulin and insulin resistance index ( $p > 0.05$ ); After surgery, blood glucose ( $9.32 \pm 1.31$  mmol/L vs  $7.64 \pm 0.78$  mmol/L,  $P = 0.026$ ), insulin ( $30.72 \pm 6.66$  U vs  $16.72 \pm 3.88$  U,  $P = 0.034$ ), insulin resistance index ( $12.68 \pm 3.13$  vs  $5.68 \pm 1.40$ ,  $P = 0.003$ ) and REE ( $1458.21 \pm 168.54$  Kcal/d vs  $1341.00 \pm 110.28$  Kcal/d,  $P = 0.046$ ) increased obviously. There was a significant difference between trial and control group ( $P < 0.05$ ); Compared with the control group, pancreatic tissue MDA activity reduced significantly ( $1.45 \pm 0.31$  mmol/L vs  $1.00 \pm 0.36$  mmol/L); SOD ( $41.57 \pm 5.02$  U/mL vs  $57.30 \pm 4.88$  U/mL) and CAT level ( $31.88 \pm 5.50$  U/L vs  $44.34 \pm 7.33$  U/L) elevated obviously in trial group, there were significant difference between them ( $P < 0.05$ ). Preoperative oral placebo group showed the number of islet cells decreased and mitochondria, endoplasmic reticulum swelled obviously. **Conclusions:** Preoperative oral carbohydrates can significantly improve postoperative beta cell function in patients underwent radical gastrectomy. The mechanisms may be related to protection of the mitochondrial structure and function, decreasing the body's resting energy expenditure, reducing levels of oxidative stress in pancreatic tissue and improving insulin resistance. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

Ki-Han Kim; Min-Chan Kim; Young-Kyu Park; Seong-Yeob Ryu; Oh Jeong; Mi-Ran Jung; Seung-Wan Ryu; In-Gyu Kwon; **LONG-TERM OUTCOMES REGARDING READMISSION OF LAPAROSCOPY-ASSISTED OR OPEN TOTAL GASTRECTOMY FOR EARLY GASTRIC CANCER: MULTICENTER OBSERVATIONAL STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 109

**Background:** Readmission after gastrectomy is one of the factors that reflect quality of life. The aims of this study evaluated and analyzed the several factors related to readmissions after total gastrectomy for early gastric cancer. **Methods:** From January 2002 through December 2009, 405 consecutive patients who underwent radical total gastrectomy for early gastric cancer in 3 institutions were enrolled in this study. We evaluated the several results of treatment for readmission after discharge. We compared the readmission and non-readmission groups in regard to clinicopathologic features and postoperative outcomes and analyzed the risk factor of readmission by univariate and multivariate analysis. **Results:** The patients of readmission during the five years after total gastrectomy were 76 of 405 (18.8%). The readmission times was occurred in 113 cases. The most common causes for readmission were esophagojejunostomy stricture (36 cases) and intestinal obstruction (30 cases). The treatment given for 113 readmissions included 26 conservative therapies, 25 medical treatments, 39 radiologic or endoscopic interventions, and 23 re-operations. The Univariate and multivariate analysis of factors related to readmission were associated with age, gender, BMI. **Conclusion:** The most common causes of readmission after radical total gastrectomy were EJ stricture and intestinal obstruction which associated with age, gender, BMI. The prevention and careful observation of readmission by evaluating the causes and treatments after radical total gastrectomy can improve the patient's quality of life. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

Enver İlhan; Orhan Ureyen; Ozcan Alpdogan; Mehmet Tahsin Tekeli; **MANAGEMENT OF CHYLOUS FISTULA AFTER GASTRECTOMY PLUS D2 LYMPHADENECTOMY FOR GASTRIC CANCER: TWO CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 109

**Introduction:** Although rare, chylous fistula (CF) may occur in advanced gastric cancer surgery or extended lymphadenectomy. It especially occurs after surgical procedures in the region of cisterna chyli and retroperitoneal space. We wanted to present the management of two CF cases after D2 lymphadenectomy for gastric cancer. **Case 1:** Total gastrectomy and D2 lymphadenectomy was performed to 73 year old male gastric cancer patient. Oral feeding began 4th postoperative day. From the sixth day, there was 500 cc daily chylous fluid drainage from abdominal drain. The colour of fluid in drain was white. Biochemical analysis of fluid showed that albumin was 1.4 gr/dL, Glucose was 104 mg/dL, Lactic dehydrogenase (LDH) was 306 U/L, Amylase was 51 U/L and protein was 41.7 mg/dL. Abdominal drain was taken out 10th postoperative day while there was a 500 cc daily drainage and oral diuretic treatment was started. Abdominal ultrasonography was performed five days after with drawal of the drain and minimal fluid was detected in peritoneal space. Diuretic treatment was stopped and no complain occurred in follow-up period. **Case 2:** Total gastrectomy and D2 lymphadenectomy was performed to 72 year old female gastric cancer patient. Oral feeding began 4th postoperative day. From the sixth day, there was 500 cc daily chylous fluid drainage from two abdominal drain, for each. Drains were taken out 8th and 10th postoperative days, respectively. No fluid was detected in control ultrasonography and no complain occurred in follow-up period. **Conclusion:** Chylous fistulas should be kept in mind, during extended lymphadenectomy and other surgical approaches to the retroperitoneal region. Careful dissection is critical for avoiding this complication. If occurs; conservative treatments such as cessation of enteral feeding, initiation of parenteral nutrition and somatostatin analog treatment may be used. Nevertheless; withdrawal of drains in appropriate time and usage of diuretics if necessary, are convenient alternatives. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

Laura Alves de Figueiredo; Luigi Moscatello; Mariane Cristina de Souza Santos; Sarah Francielli L. Oliveira; Paula Letícia de Queiroz e Barbosa; Maria Auxiliadora Sampaio Oliveira Martins; **POSTOPERATIVE COMPLICATIONS OF PATIENTS WITH GASTRIC CANCER IN A TERTIARY REFERENCE HOSPITAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 109

**Introduction:** Currently, gastric cancer is the second leading cause of death from malignant diseases in the world. The clinical condition is well non-specific, appearing symptoms when the disease is already advanced. It may be primary or in the gastric stump, and the treatment can be surgical or palliative, depending on the location and tumor staging. Postoperative complications in these cases are several and may be general or local. These complications influence on patient survival, which may prolong their hospital stay and interfere with clinical outcome. **Objective:** To describe the incidence of postoperative complications in patients with gastric cancer submitted to gastrectomy. **Methods:** It is a quantitative descriptive analysis study of a sample of 28 patients from a tertiary reference hospital of the Baixada Santista submitted to gastrectomy from October 2013 to November 2014. **Results:** Most of the sample was male (68.00%) from Santos (60.71%), aged between 61-70 years (39.29%), submitted to subtotal gastrectomy with D2 lymphadenectomy and the Roux-Y anastomosis (96%) and with primary gastric cancer in antrum (28.57%). When it comes to complications in general, they found superior results compared to literature. Fever was the most frequent complications in general (21.43%), especially in patients who were submitted to subtotal gastrectomy (26.5%). This can be justified by the presence of sepsis associated with fever 50.00% of cases, since the incidence of sepsis in the sample (17.86%) was much higher than the incidence of sepsis in the literature. The main local complication found was esophagojejunal stenosis, followed by abdominal wall wound infection. The sample showed levels lower than the literature when it comes to pulmonary atelectasis and superior when it comes to pneumonia, cardiac failure and pulmonary thromboembolism. The incidence of 14% of cases of gastric stump cancer was considered high in relation to literature indexes. **Conclusion:** Considering how advanced the cancer treatments are, discrepancies in the results of this research to the literature can be explained by the size and regional characteristics of the sample, as well as by technical-operative differences between the institutions. Therefore, for better evaluation of postoperative complications of gastrectomy for gastric cancer of this institution, it is suggested new studies evaluating patients undergoing gastrectomy under common protocol surgical technique. |

SEM CONFLITOS DE INTERESSE



Pôster - Postoperative care

Ji-Ho Park; Seung-Young Oh; Hyuk-Joon Lee; Young-Gil Son; Tae Han Kim; Yeon-Ju Huh; Jun-Young Yang; Yun-Suhk Suh; Seong-Ho Kong; Han-Kwang Yang. **POSTOPERATIVE ORGAN FAILURE AND IN-HOSPITAL MORTALITY AFTER GASTRECTOMY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 110

Background: Little is known about the characteristics of postoperative organ failure and in-hospital mortality after gastrectomy for gastric cancer. The purpose of this study were to describe causes of organ failure and death related to gastrectomy for gastric cancer and identify of patients with postoperative organ failure after gastrectomy who are at risk for failure to rescue (FTR). Methods: All postoperative organ failure and in-hospital mortality in Seoul National University Hospital between 2005 and 2014 were identified and analyzed by electronic medical chart review. Complications were categorized according to the Clavien-Dindo classification. We assessed Charlson co-morbidity index, Acute Physiology and Chronic Health Evaluation (APACHE) IV, Sequential Organ Failure Assessment (SOFA) score, and Simplified Acute Physiology Score (SAPS) III were used as risk scoring for FTR. Results: Out of the 7304 patients who underwent gastrectomy, total 80 patients (1.1%) were identified. The numbers of grade IVa, IVb, and V complications were 48 (0.66%), 11 (0.15%), and 21 (0.29%), respectively. Hypertension (52.5%), diabetes (27.5%), heart disease (18.8%), lung disease (17.5%), and neurologic disease (15%) were common co-morbidities. In terms of morbidities, pulmonary (85%), cardiac (38.8%), renal complication (25%), fluid collection (23.8%), and bleeding (22.5%) were mainly developed. Pulmonary failure (41.3%), surgical site complication (27.5%), and cardiac failure (13.8%) were common causes of postoperative organ failure and death. Pneumonia (35%), bleeding (15%), leakage (8.75%), and ischemic heart disease (8.75%) were common sentinel (first) complication in organ failure patients. In univariate analysis for risk of rescue to failure, acidosis, low albumin, SOFA, APACHE IV, SAPS III, and number of complication were identified as risk factor for FTR ( $P < 0.05$ ). Finally, SAPS III score and number of complication were independent predictive factors for FTR. Conclusions: The causes of postoperative organ failure and mortality after gastrectomy are heterogeneous. Given the information of co-morbidities, postoperative complication, and causes of organ failure seem essential to manage properly of fetal complications. SAPS III score and number of complication are independent predictive factor for FTR among organ failure patients after gastrectomy. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

XIAN SHEN.; **RISK FACTORS FOR HOSPITAL READMISSION AFTER RADICAL GASTRECTOMY FOR GASTRIC CANCER: A PROSPECTIVE STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 110

Background: Hospital readmission is gathering increasing attention as a measure of health care quality and a potential cost-saving target. The purpose of this prospective study was to determine risk factors for readmissions within 30 days of discharge after gastrectomy for patients with gastric cancer. Methods: We conducted a prospective study of patients undergoing radical gastrectomy for gastric cancer from October 2013 to November 2014 in our institution. The incidence, cause and risk factors for 30-day readmission were determined. Results: A total of 376 patients were included in our analysis without loss in follow-up. The 30-day readmission rate after radical gastrectomy for gastric cancer was 7.2% (27 of 376). The most common cause for readmission included gastrointestinal complications and postoperative infections. On the basis of multivariate logistic regression analysis, preoperative nutritional risk screening 2002 score  $\geq 3$  was an independent risk factor for 30-day readmission. Factors not associated with a higher readmission rate included a history of a major postoperative complication during the index hospitalization, prolonged primary length of hospital stay after surgery, a history of previous abdominal surgery, advanced age, body mass index, pre-existing cardiopulmonary comorbidities, American Society of Anesthesiology grade, type of resection and extent of node dissection. Conclusions: Readmission within 30 days of discharge after radical gastrectomy for gastric cancer is common. Patients with nutritional risk preoperatively are at high risk for 30-day readmission. Preoperative optimization of nutritional status of patients at nutritional risk may effectively decrease readmission rates. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

Alexandr Pazdro; Tomáš Haruštiak; Martin Šnajdauf; Hana Mrázková; Pavel Pařko; Robert Lischke.; **RISK FACTORS OF ESOPHAGEAL ANASTOMOTIC LEAKAGE AFTER TOTAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 110

Introduction: Anastomotic leak after total gastrectomy (TGE) is a serious and life-threatening complication. Identification of preoperative and operative risk factors can affect surgical outcome. Objectives: The aim of this study was to identify risk factors which may be associated with esophageal anastomotic leak after TGE. Methods: We performed retrospective analysis of consecutive series of patients who underwent TGE for malignancy at our institution over the period of 15 years (from 1998 to 2012). Evaluated risk factors were preoperative comorbidities such as diabetes mellitus, coronary artery disease, history of myocardial infarction and chronic obstructive pulmonary disease as well as operative variables such as the method of reconstruction (Roux-en-Y esophagojejunostomy versus Omega-loop esophagojejunostomy), localization of the anastomosis (intrathoracic versus intraabdominal), anastomotic technique (hand-sewn versus stapled) and splenectomy. Anastomotic leak was identified radiographically as an extralumination of contrast on routine postoperative esophagogram or by computed tomography in case of clinical suspicion. Results: There were 215 TGE patients, 84 women (39%) and 131 men (61%), with median age of 62 years (range 28 – 85). In-hospital mortality was 3.2% ( $n = 7$ ). Anastomotic leak was identified in 16.3 % patients ( $n = 35$ ). From preoperative variables only diabetes was associated with a statistically significant increase of anastomotic leakage rate (26.7 % versus 12.7%,  $p=0,02$ ). From operative variables Roux-en-Y type of reconstruction (performed in 86% cases) as compared with Omega-loop reconstruction (performed in 14% cases) was significantly associated with anastomotic leak (18.3 % versus 6.9 %,  $p= 0,048$ ), respectively. Splenectomy (performed in 34% cases) was another significant operative variable associated with anastomotic leak (22.7 % in splenectomy patients versus 12.4 % in patients without splenectomy,  $p=0,046$ ). No association with anastomotic leak was observed in the other operative variables (localization of the anastomosis and anastomotic technique). Conclusion: Anastomotic leakage after TGE was associated with preoperative diagnosis of diabetes and from the operative variables with Roux-en-Y type of reconstruction and splenectomy. From this point of view the preferred method of reconstruction is Omega-loop gastrojejunostomy before "more standard" Roux-en-Y reconstruction. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

Ho-Byoung Lee; Ki-Han Kim; Min-Chan Kim.; **ROLE OF PTBD IN PATIENTS WITH COMPLICATIONS AFTER GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 110

Background: Percutaneous transhepatic biliary drainage (PTBD) is an interventional radiologic procedure for bile drainage in the patients. After gastrectomy, afferent loop syndrome (ALS) and duodenal stump leakage (DSL) can be serious complications. The aim of this study is the role of PTBD in patients with ALS and DSL who underwent gastrectomy for malignancy or benign ulcer perforation. Methods: From January 2002 through December 2014, we retrospectively reviewed 19 patients who underwent the procedure of PTBD because of ALS and DSL after gastrectomy. In this study, PTBD tube is placed into the proximal duodenum near the stump in order to decompress and absorb bile and pancreatic fluid. Results: Ten patients with ALS and 9 patients with DSL were performed with PTBD. The mean hospital stay was 16.4 days (range, 6-48) in ALS with PTBD and was 34.3 days (range, 12-71) in DSL after PTBD. The diet with water intake was started within 2.6 days (1-7) in ALS and within 3.4 days (0-15) after PTBD. Two patients in ALS were performed with additional operation after PTBD and one patient in DSL was undergone with PTBD change. Conclusion: The PTBD procedure which was inserted into the duodenum and was well suited for decompression of duodenum area as well as drainage of bile and pancreatic juice can be alternative treatment in case of ALS and DSL. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

KAZUYA YAMAGUCHI; NOAKI OKUMURA; YOSHIHIRO TANAKA; NOBUHISA MATSUHASHI; TAKAO TAKAHASHI; KAZUHIRO YOSHIDA.; **STUDY OF ADJUVANT CHEMOTHERAPY AFTER GASTRECTOMY IN THE PATIENTS AGED OVER 80.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 111

**Introduction?**From the results of the ACTS-GC trial, pStageII and StageIII patients who underwent radical A and B surgery have been recommended S-1 adjuvant chemotherapy of one year by the Japanese Gastric Cancer Association treatment guidelines. However, because the elderly over the age of 80 are not included in this study, there are many unclear points as to its effect. **?Purpose?**We studied retrospectively the effect of adjuvant chemotherapy and the prognosis. **?Target?**We had 28 cases pStageII and III in the elderly over 80 years from January 2004 to December 2012. **?Result?**Men were 16 cases and women were 12 cases, average age was 82.75 years old. 19 cases was performed the distal gastrectomy, nine cases was total gastrectomy. 7 cases was StageIIA, 5 cases IIB, 5 cases IIIA, 8 cases of IIIB, IIIC were three cases. To recommend adjuvant chemotherapy in 23 cases, oral administration of S-1 in 10 cases of them, we were infusion of paclitaxel in one case. The reason why was not obtained the consent of the chemotherapy was that the state of co-morbidities was bad, and that there is no hope of oral. Dose was started at a reduced amount and the method of administration had been two weeks administration and one week washout in most cases. Six cases(54.5%) of patients could be completed nearly one year but the remaining cases have been canceled in adverse event such as loss of appetite, nausea, diarrhea, abdominal pain, headache and dizziness. Eleven patients were administered of adjuvant chemotherapy and seventeen patients were not administered. Non-administration group was older significantly age, there was no difference in the male-to-female ratio and Stage. The surgical risk assessments such as PNI score, POSSUM score and E-PASS score, were all no difference. But the prognosis was better in the administration group. **?Consideration?**Elderly people over the age of 80 often have a co-morbidity. Therefore, adjuvant chemotherapy was abandoned by their adverse events and the elderly often also did not want to do adjuvant chemotherapy originally. It is considered that by providing suitable dose loss, and they will be possible to complete. It is necessary to consider a sufficient for the adaptation of post-operative adjuvant chemotherapy in the elderly. Prospective clinical trials are needed in the future. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

Rodrigo José de Oliveira; Carlos Eduardo Jacob; Amir Zeide Charruf; Anna Carolina Batista Dantas; Marcus Fernando Kodama Pertille Ramos; André Roncon Dias; Osmar Kenji Yagi; Donato Roberto Mucerino; Leandro Cardoso Barchi; Marcelo Mester; Cláudio José Caldas Bresciani; Fábio Pinatel Lopasso; Bruno Zilberstein; Ivan Ceconello.; **SURGICAL OUTCOME OF GASTRIC CANCER IN PATIENTS OLDER THAN 80 YEARS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 111

**Introduction:** The increasing life expectancy leads to a higher incidence of gastric cancer (GC) in elderly patients. Although there is higher operative morbidity, literature shows similar oncologic outcomes. **Objectives:** The aim of this study is to retrospectively review the clinicopathologic features and surgical outcome of elderly (>80 years) patients treated for GC. **Methods:** Retrospective cohort study of 1157 patients resected with curative intent for GC between 1985 and 2014. The findings of 57 patients (4,9%) aged 80 or more were compared with those of 1100 younger patients. **Results:** In the elderly group there were significantly more women (52,6 vs. 37,1%, p=0,024). There was no difference in tumor size, but Lauren intestinal type was more frequent in the elderly (64,8 vs. 45,8%, p=0,018). No significant difference was observed in the D2 lymphadenectomy rate (100 vs. 96,4%, p=0,25), advanced T-stage (54,3 vs. 60,8%, p=0,65) or N2-N3 stage (33,8 vs. 40,5%, p=0,38). Perioperative mortality was the same between groups, but elderly had more operative complications (40,3 vs. 24,7%, p=0,012), especially the clinical ones. Five-year overall survival was similar (40 vs. 47%, p=0,48) **Conclusion:** Despite the higher surgical morbidity, the similar oncologic outcome justifies aggressive surgical treatment in elderly patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

Nao Yoshizawa; Hirokazu Yamaguchi; Michio Kaminishi.; **TEAM APPROACHED MEDICINE IN OUR HOSPITAL FOR GASTRIC SURGERY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 111

**Introduction:** In Japan, recently, as aging of the population progresses, underlying disease and social backgrounds of patients have become complicated. As a result, need for so-called 'team approached medicine' has been increasing. In our hospital, other than doctors and nurses, the team includes wide variety of professions, such as, pharmacists, physical therapists, occupational therapists, speech-language-hearing therapists, Nutrition support team (NST), Respiratory support team, Infection control team, specialists in pressure ulcer care, Oral health care team, discharge support team etc.. **Objectives:** We want to introduce specific cases in our hospital to discuss and consider how to construct the best teamwork in our gastric surgery division. **Results:** In our gastric surgery division, at the time of preoperative conference, members of rehabilitation services administration consider needs of post-operative rehabilitation. Oral health care team starts their care at the time of admission to reduce risk of postoperative pulmonary disorders, by which many patients after operation of upper gastrointestinal tract are said to be easily affected. NST assess pre- and postoperative nutritional status. If there is malnutrition, they do nutritional management before operation. After gastrectomy, we use oral nutritional supplement and try to get as much as high calories with low volume as possible. The goal of caloric intake is 1200 kcal at the time of discharge. In our community, single-living old men are increasing. In case of gastric surgery, many of them need support to be discharged to home. Discharge support team comprised of chief nurse of the ward, certified nurses in clinical oncology, social workers and Regional liaison office members etc. They collect information of patients and pickup patients that need support. We have discharge support conference once in a week and start to prepare home assistance to avoid long-time hospitalization before operation. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

Haemyung Jeon.; **THE CLINICAL INDICATION AND FEASIBILITY OF THE ENHANCED RECOVERY PROTOCOL FOR CURATIVE GASTRIC CANCER SURGERY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 111

**Introduction:** Radical gastrectomy for gastric cancer is one of the most invasive procedures in gastrointestinal surgery. A few studies have found that an enhanced recovery after surgery (ERAS) protocol was useful in patients who undergo radical gastrectomy. The aim of study was to evaluate the appropriate indication and feasibility of ERAS protocol in radical gastrectomy. **Methods:** We studied the clinical characteristics and surgical outcomes in 147 patients managed with ERAS protocol after radical gastrectomy. Of these, ERAS protocol was completely applied to 99 patients (group I) and remnant 48 (group II) was drop out. **Results:** Age and ECOG (Eastern Cooperative Oncology Group) status of patients, extent of lymph node dissection, minilaparotomy and insertion of drain were significantly influence on accomplishment of ERAS protocol. Overall complication rates showed no difference between two groups, however, local complication of group II was more frequent than group I. Regarding readmission rates within 30 and after 30 days, there was no significant difference in incidence and severity grades of cause for readmission between two groups. **Conclusions:** Results of this study suggest that ERAS protocol was feasible and safely applicable without increasing of morbidity and readmission rate after radical gastrectomy if it was applied to patients with healthy and less invasive procedures. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

Marek Sierzega; Piotr Kolodziejczyk; Jan Kulig; **THE IMPACT OF NUTRITIONAL STATUS ON POSTOPERATIVE RECOVERY OF PATIENTS UNDERGOING GASTRIC RESECTIONS FOR CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 112

**BACKGROUND:** Although malnutrition was found to increase the risk of intra-abdominal and systemic complications in surgical patients, data for gastric resections are limited. **METHODS:** A total of 1422 patients who underwent resections for gastric cancer between 1996 and 2012 were reviewed to identify risk factors for postoperative complications and determine the impact of nutritional status. Nutritional assessment was performed with clinical and laboratory variables, including unintentional weight loss, body mass index, blood albumin level and lymphocyte count, as well as composite scores of Nutritional Risk Index (NRI), Instant Nutritional Assessment (INA), Nutritional Risk Screening (NRS), Malnutrition Universal Screening Tool (MUST), Mini Nutritional Assessment (MNA), and Nutritional Screening Tool. **RESULTS:** The overall morbidity rate was 26.4% (375 of 1422 patients) with surgical and non-surgical complications diagnosed in 17.7% and 16.0% of patients, respectively. In the univariate analysis, the incidence of malnutrition was significantly higher in patients who developed complications. Multivariate analysis demonstrated that composite assessment scales corresponding to malnutrition more accurately reflected the risk of postoperative morbidity than single parameters, with odds ratios ranging from 3.54 (95% CI, 1.18 to 10.21) to 4.22 (95% CI, 1.23 to 14.33). **CONCLUSION:** Malnutrition, as defined by composite nutritional assessment scales consisting of clinical and laboratory parameters, is a major risk factor for postoperative morbidity following gastric resections for cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Postoperative care

Naoki Iwata; Chie Tanaka; Mitsuro Kanda; Suguru Yamada; Goro Nakayama; Tsutomu Fujii; Hiroyuki Sugimoto; Masahiko Koike; Michitaka Fujiwara; Yasuhiro Kodera; **VALIDATION RELEVANT TO THE PREDICTIVE FACTORS RELATED OCCURRENCE OF PANCREATIC FISTULA AND ITS AGGRAVATION AFTER RADICAL GASTRECTOMY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 112

**Background** Pancreatic fistula (PF) and subsequent intra-abdominal abscess is a serious complication after gastrectomy for gastric cancer (GC). Insertion of drainage tubes at the time of gastrectomy could be useful for the prediction of such complications by measuring the amylase concentration of drainage fluid (d-AMY). The objective is to analyze the predictive factors related PF and its aggravation after gastrectomy by means of perioperative clinical information that includes not only d-AMY but C-reactive protein (CRP) in the serum chemistry. **Methods** 463 patients underwent gastrectomy for GC at our department were analyzed. Closed drains were placed in the left subphrenic cavity and Winslow's cavity of the patients treated with total gastrectomy (TG), in the left subphrenic cavity of those treated with proximal gastrectomy (PG), and in Winslow's cavity of those treated with other types of gastrectomy. The d-AMY was measured on the first, third, and fifth postoperative days along with the serum chemistry. The patients' postoperative course was followed closely and recorded, and correlation between the incidence of PF-related intra-abdominal abscess and d-AMY level on the first postoperative day was evaluated. CRP level was also focused on whether it might indicate the PF-related complication throughout the postoperative period. **Results** TG was performed in 127 patients, PG in 23, distal gastrectomy (DG) in 277. PF, diagnosed in 58 (12.9%) patients, was stratified according to Clavien-Dindo (CD) classification, as a result of which grade I PF was found in 15, grade II in 11 and grade III which includes PF-related abscesses that was managed by replacement of a drainage tube inserted during surgery by a new tube in 32 patients. The cutoff value of d-AMY on the first postoperative day for predicting the grade III PF was 1949 IU/l. The cutoff value of serum CRP level on the third postoperative day for the same purpose was 20.44 mg/dl. Assessment by linear mixed model revealed that, in patients who had PF-related abscess, relatively high CRP levels were maintained even after the third postoperative day compared to those with CD grade I / II PF. Multivariate analysis demonstrated that d-AMY and serum CRP were predictive factors for grade III PF. **Conclusions** The d-AMY on the first postoperative day and serum CRP on the third postoperative day might be useful for predicting occurrence of PF and subsequent intra-abdominal abscess after gastrectomy. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Naondo Soharu; Satoru Kakizaki; Riki Arai; Satoshi Hagiwara; Daisuke Kaburagi; Haruhisa Iizuka; Yasuhiro Onozato; Mitsuo Toyoda; Masanobu Yamada; **A MODIFIED ACETIC ACID-INDIGOCARMINE MIXTURE METHOD FOR ACCURATELY DIAGNOSING UNCLER IIB TYPE EARLY GASTRIC CANCERS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 112

**BACKGROUND AND AIM:** We recently diagnose the unclear lesions of early gastric cancer using a new method, which is a modified acetic acid-indigo carmine mixture (M-AIM), and is used together with white light (WL), indigo carmine (IC) and narrow band imaging with magnifying endoscopy (NBI-ME). The aim of this study was to estimate the accuracy of M-AIM in diagnosing the lateral margin of early gastric cancers (GC), such as IIb lesions. **METHODS:** We selected IIb type GCs in which it was difficult to clearly determine the demarcation line. Seventeen GC lesions in 14 patients were thus included in this study. Eleven of these were IIb lesions and the other 6 were IIb-like lesions (IIa+IIb etc.). We modified the original acetic acid-indigo carmine mixture method (Kawahara Y. Dig Endosc. 2009). After first observing the IIb lesions by WL, IC and NBI-ME, acetic acid was sprinkled onto the GC lesions, and then 1 min. later indigo carmine was sprinkled onto them. After waiting another one min., the GC lesions were gently washed by water, then were observed by WL. All these images were recorded using a digital filing system. Thereafter, the demarcation lines of the IIb lesions were confirmed with based on the pathological diagnosis of resected specimens. **RESULTS:** The diagnostic accuracy of the WL, IC, NBI-ME and M-AIM observation was 52.9%(10/17), 64.7%(11/17), 88.2%(15/17) and 82.7% (14/17), respectively. Three lesions that were not accurately diagnosed by M-AIM did not show clear demarcation lines. No adverse events occurred with this method. **CONCLUSIONS:** Although NBI-ME is still the best method, M-AIM is one of the promising supplemental methods to diagnose the demarcation line of IIb lesions of GCs in which it is difficult to distinguish the lateral margin of the lesions. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Ricardo Camillo de Almeida; Adhemar Longatto-Filho; Carlos Eduardo Jacob; Claudio José Caldas Bresciani; Kyoshi Irya; Joaquim Gama-Rodrigues; Ivan Cecconello; Bruno Zilberstein; Venâncio Avancini Ferreira Alves; **Adenocarcinoma of the stomach: A morphological and immunohistochemical assessment based on mucin-type based-profiles.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 112

**Abstract** Aiming at a critical assessment of the histological types proposed as "gastric types" in previous Japanese and Brazilian classifications for gastric adenocarcinoma, we studied the histological and immunohistochemical profile of mucins in 272 consecutive gastric adenocarcinomas from Hospital das Clínicas University of São Paulo School of Medicine. The casuistic can be divided into 237 single tumors, 4 multiple tumors and 31 tumors with more than one histological type. We evaluated age, gender, tumor location and appearance, tumor staging, the expression patterns of intestinal mucins by the markers MUC2 and CD10 and for gastric mucins MUC5AC and MUC6. The coexistence of foci of poorly differentiated pattern and foci of gastric pattern in gastric adenocarcinoma with more than one pattern and in cases with more than one tumor and the absence of such concurrence with the intestinal pattern, lead to its understanding as independent patterns. Favorable histological variables prevailed in gastric adenocarcinomas of intestinal pattern, followed by the gastric tubular pattern. Mucinous adenocarcinomas have shown a striking dichotomy in both clinical and morphological aspects, as in the expression pattern of mucins, thus requiring further studies for a possible subdivision in different entities. The mucocellular type (signet ring cells) was detected in cases found in early tumor stages, but includes the highest fraction of advanced tumors, Borrmann IV with predominant expression of gastric mucins. Muconodular type was only detected in advanced stages and co-expressed intestinal and gastric mucins. The poorly differentiated cases were frankly distinct from the other types, by both clinical and morphological data, and by the scarcity of mucin expression. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Mariana Mendes Pacheco de Freitas; Gláucia Naves Silva; Carolinny de Rezende Queiroz; Heinrich Bender Kohnert Seidler; Alexandre Khodr Furtado; **CASE REPORT: GASTRIC LEIOMYOMATOSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 113

**Introduction** Gastric leiomyomatosis constitute a rare group of disorders, characterized by the development of multifocal, ill-defined, smooth muscle proliferations that resemble clusters of leiomyomas. It may represent an isolated disorder or it can develop in patients with several syndromes and its molecular changes vary depending on the background on which the tumor develops. **Case report** The 19-year-old healthy girl presented with a chronic non-productive cough for over six months. She had the associated fever, dyspnea, wheezing or thoracic pain. She was submitted to an X-ray that demonstrated nodular mass on the upper lobe of the right lung, with no other significant findings. She started antibiotic, levofloxacin, and since the coughing did not cease and the pulmonary mass persisted in controlled X-ray, high-resolution computerized tomography was performed with the additional information whatsoever. The bronchoscopy-guided biopsy confirmed the diagnosis of tracheobronchial leiomyomatosis. During antibiotic therapy, she developed nausea and vomiting, suffered never before, and she undergone an upper digestive endoscopy. On fundus, along with the body, There were dozens of sessile elevated lesions with central ulceration, suggestive of subepithelial tumors. Polypectomy of one of these tumors were made. Histopathology analysis showed proliferation of well differentiated smooth muscle cells, organized in fascicles, interlacing bundles, and whorls. On immunohistochemistry the cells were positive for actin and negative for CD 34 and CD 117. She had no additional pathological history, except for resection of the tumor on surface of the left foot instep in the previous year, which ended up to the diagnosis of leiomyoma. **Conclusion** Gastric leiomyomatosis are extremely rare conditions with varied presentations, and in most of reports they develop associated with esophageal lesions. It may also develop associated with tracheobronchial leiomyomatosis, as in the presented case. The tumor has a benign nature, but may cause obstructive symptoms. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

1; Liping Sun; Huakang Tu; Tiejun Chen; Quan Yuan; Jingwei Liu; Nannan Dong; Yuan Yuan.; **COMBINATION OF STOMACH-SPECIFIC INDICATORS WITH CANCER-ASSOCIATED BIOMARKER IN SERUM CAN IMPROVE DISCRIMINATING ACCURACY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 113

**Background:** More accurate biomarkers of prediction for gastric cancer (GC) may contribute to reducing the mortality. So far, there are two major classes of serological biomarkers with GC warning potential: stomach-specific biomarkers (SSB) and cancer-associated biomarkers (CSB). These two kinds of biomarkers have distinguishing features each while neither is perfect? joint detection of which is expected to increase the diagnosis efficiency. We investigated whether the combination of serum pepsinogen (PG) and IgG anti-Helicobacter pylori (HpAb, both belonging to SSB), and osteopontin (OPN, belonging to CSB) can be used as a valuable panel for gastric cancer discrimination. **Methods:** Serum was collected from 365 GC patients and 729 healthy individuals? furtherly 332 cases and 332 age- and sex-matched controls were selected for the matched analysis. Serum biomarkers levels were measured by ELISA. Logistic regression and receiver operator characteristic curve (ROC) were used to assess the associations of biomarkers with GC and the discriminative performance of biomarkers for GC. **Results:** Among the matched samples, serum PGI/ PGI ratio (PGI/II), HpAb, and OPN were significantly associated with having GC. For discriminating GC, the area under ROC from tri-combination of PGI/II-HpAb-OPN (0.826) was significantly higher than dual-combination of PGI/II-HpAb (0.786, P<0.001), PGI/II-OPN (0.787, P<0.001), and OPN-HpAb (0.801, P=0.006), as well as single-model of PGI/II (0.735, P<0.001), HpAb (0.737, P<0.001) and OPN (0.713, P<0.001), respectively. Furthermore, using verified the diagnosis efficiency of logistic regression equation with a diagnostic point of 0.607, the diagnostic power of PGI/II-OPN-HpAb combination was sensitivity 62.4%, specificity 89.2% and accuracy 75.8%. **Conclusion:** A test for the combined serum PG, HpAb and OPN could improve discriminating accuracy of gastric cancer. This novel panel has the potential for efficient prediction in patients who are at high risk for gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Ryota Matsui.; **DIAGNOSIS WITH IMAGE ENHANCEMENT AND AUTOFLUORESCENCE SYSTEM FOR ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 113

**Background:** Laparoscopic surgery for gastric cancer has been spread. The indication for advanced cases such as serosa-positive or peritoneal dissemination is still controversial. We report clinical experiences of laparoscopic diagnosis with image enhancement and autofluorescence system for laparoscopic gastric cancer surgery. **Method:** The image enhancement system; IMAGE 1 SPIES™ (Karl Storz, Germany) was introduced into our clinical cases of laparoscopic surgery for gastric cancer. The system integrates auto fluorescence system, which was combined for the diagnosis. **Results:** A series of 63 cases (male/female: 36/27) were investigated. Median age was 67.2 years old. Clinical stages were IA/IB/IIA/IIIB/IIIA/IIIB/IIIC/IV = 34/7/7/2/3/4/2/4. In 5 cases of peritoneal dissemination, an autofluorescence was positive and macroscopic abnormal vascularization was detected. The sensitivity, specificity, positive predictive value and negative predictive value of AF-positive and abnormal vascularization for pathological peritoneal dissemination are 100%, 98.3%, 83.3% and 100%, respectively. In 20 cases of Serosa-positive, an autofluorescence was positive and macroscopic abnormal vascularization was detected. The sensitivity, specificity, positive predictive value and negative predictive value of AF-positive and abnormal vascularization for pathological serosal invasion or more are 90.9%, 95.1%, 90.9%, and 95.1%, respectively. **Conclusion:** Our clinical results suggested the image enhancement system in combination with autofluorescence system was useful for laparoscopic intraoperative diagnosis of peritoneal dissemination and serosal invasion for gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Laura Ruspi; Federica Galli; Chiara Peverelli; Giuseppe Di Rocco; Francesca Rovera; Luigi Boni; Gianlorenzo Dionigi; Stefano Rausei; **GASTRIC CANCER AS SECOND TUMOR: CLINICAL FEATURES AND PROGNOSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 113

**Background and aim:** To analyze subgroup of gastric cancer patients in patients previously treated for another tumor and to determine whether these tumors have different characteristics from gastric adenocarcinoma as first cancer. **Patients and methods:** In a consecutive series of 217 gastric cancer patients, we considered only patients underwent curative surgery for gastric adenocarcinoma after a previous tumor. **Results:** Fourteen patients presented gastric adenocarcinoma as a second tumor (%). Five patients in the second tumor group had familiarity for neoplasms. Five-years overall survival was 92,9% in the second tumor group and 73,5% in the control group. Gastric cancer as a second tumor presented lower Borrmann types (p=0,002) and less aggressive histology, being more often classified as an intestinal type according to Lauren's classification, with a grading 1-2, and a pN0 status (p<0,05). **Conclusions:** Gastric cancer as second tumor seems to have a better prognosis, probably as result of an early diagnosis during the follow up for the previous neoplasm. |

SEM CONFLITOS DE INTERESSE



Pôster - Diagnosis and staging

Kiyohiko Shuto; Mikihiro Mori; Kenichi Matsuo; Chihiro Kosugi; Yukihiro Hiroshima; Kuniya Tanaka; Keiji Koda.; **HEPATIC BLOOD FLOW AS A NEW IMAGING BIOMARKER IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 114

**INTRODUCTION** Associated with the systemic change in the cancer bearing status, various biomarkers are reported, such as glucose or lipid metabolism disorder, cytokine expression. In this study, we investigated hepatic blood flow of gastric cancer patients and assessed the relationship between cancer progression and hepatic blood flow. **METHODS** Patient Population Seventy-eight patients of gastric cancer were enrolled in this study (mean age 69.3, male 68). All the patients were divided into two groups; initial treatment (IT) group (N=37) and postoperative (PO) group (N=41). In IT group, gastrectomy were performed in 24, and remaining 13 were treated by chemotherapy with S-1 and CDDP. Cancer sating were as follows; early stage, pStage I (N=15) and II (N=2), advanced stage, Stage III (N=7) and IV (N=13). In PO group, 28 have a recurrence in distant organ, peritoneal cavity and/or nodal site. Remaining 13 were recurrence-free. The mean postoperative day was 61.8. Liver Perfusion CT Protocol and Imaging Analysis Liver perfusion CT (L-PCT) was performed using 64-row MDCT after the injection of contrast material around the hepatic hilar plane with dynamic scanning for 1 minute. Images were interrupted into blood flow (BF) functional map using perfusion analyzing software (CT perfusion 4, GE). BF value (mg/mL/100g tissue) was measured by tracing ROI at whole right lobe of the liver. **RESULTS** Comparison between cancer stage and hepatic bold flow In IT group, the hepatic BF value was 177 of Stage I, 161 of Stage II, 223 of Stage III and 246 of Stage IV. The BF value of advanced stage was significantly higher than that of early stage (238 vs. 175, P<0.0001). Comparison between postoperative recurrence and hepatic bold flow In PO group, the BF values of recurrent patients were also significantly higher than those of non-recurrent patients (248 vs. 195, P<0.0001). In both groups, no significant correlations were observed between BF value and cardiac, renal and liver functional data. **CONCLUSION** The hepatic blood flow, which was able to measure in clinical practice easily, increased with gastric cancer progress and was suggested as a surrogate marker of the systemic reaction with the cancer bearing status. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Noboru Nakagawa; Shinji Okano; Tetsuro Yamane; Yasukawa Motoyoshi.; **IS A SIZE OF LYMPH NODE EFFICIENT FOR DETECTING LYMPH NODE METASTASIS OF GASTRIC CARCINOMA?** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 114

**Introduction:** A size of lymph node(LN) is one of the parameter for diagnosis of deciding node involvement. We examined whether A size of lymph node(LN) is reliable for macroscopic diagnosing node involvement or not, by reviewing a specimen of dissected LN. **Materials and Method:** We examined a size, historical result, of each LN and its histological type of primary tumor with 7775 dissected LNs. **Results:** 1180 nodes were diagnosed as node positive histologically (n+), 6595 nodes were node negative(-).Average size of (n+), node was 6,7 mm, and (n-) node was 4.3mm.With (n+) node, 746 nodes were diffuse type of primary tumor, 434 nodes were intestinal type, and average size of LN were 6.4mm, 7.3mm respectively. With (n-) node, 3635 nodes were diffuse type of primary tumor, 2960 nodes were intestinal type, and average size of LN was 4.3mm, 4.4mm respectively.? **Discusson?**Average size of LN was 6.7mm,and that in histological diffuse type of primary tumor is smaller than that in histological intestinal type of primary tumor. Assuming that the criteria of metastatic LN is more than 10mm in size of LN, sensitivity is 37.1%, specificity is 87.0% and accuracy is 82.5%. Therefore, node involvement had been overlooked in 77.6% of (n+) nodes. **Conclusion:** Macroscopic diagnosis of node status by size of LN in gastric carcinoma is difficult. The indication for LN dissection should be decided according to preoperative evaluation based on the depth invasion of primary tumor. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Marcus Fernando Kodama Pertille Ramos; Marina Alessandra Pereira; André Roncon Dias; Osmar Kenji Yagi; Sheila Friedrich Faraj; Evandro Sobroza de Mello; Bruno Zilberstein; Ivan Ceconello; Ulysses Ribeiro Junior.; **LYMPHOEPITHELIOMA - LIKE GASTRIC CARCINOMA ASSOCIATED WITH MICROSATELLITE INSTABILITY OR EPSTEIN-BARR VIRUS: INCIDENCE AND CLINICOPATHOLOGICAL FEATURES.** CANCER INSTITUTE, HOSPITAL DAS CLÍNICAS, UNIVERSITY OF SÃO PAULO MEDICAL SCHOOL. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 114

**Introduction:** Lymphoepithelioma-like carcinoma (LLC) is an uncommon and peculiar subtype of gastric carcinoma (GC) characterized by prominent lymphocytic infiltration. Generally, lymphoepithelioma-like gastric carcinoma (LLGC) is associated with latent Epstein-Barr virus (EBV) infection or microsatellite instability (MSI-H). It has been suggested that these both subsets have a better prognosis. **Objectives:** This study aimed to assess the prevalence of LLC in tumors from GC patients in our institution, presenting some features about clinicopathologic variables and prognosis association of EBV or MSI-H. We also analyzed the Helicobacter pylori (HP) infection, human epidermal growth factor receptor (HER) 2 and neuroendocrine (NE) markers chromogranin and synaptophysin expression, to define their characteristics and determine whether LLGC constitutes a distinct clinicopathologic entity in our population. **Methods:** A retrospective analysis of GC patients submitted to potentially curative resection with D2 lymphadenectomy was performed between 2009 and 2014. The selected specimens were assessed for EBV by in situ hybridization and for HP, HER-2 and NE markers by immunohistochemical (IHC) reactions. The LLGC profile was analyzed along with clinicopathologic parameters. **Results:** From 255 patients analysed, seven cases of LLGC were present on pathological report. Six cases were EBV-positive, showing a high prevalence of EBV involvement in this carcinoma. The other case was MSI-H associated with inactivation of mismatch repair genes MLH1 and PMS2. The LLGC was more frequent in males, Borrmann III, tumor larger than 3 cm (average of 6 cm) poorly differentiated tumors and seems to have a better prognosis than other adenocarcinomas. Three were total gastrectomy and four subtotal. The mean number of lymph nodes harvest and positive per patient was 39.5 and 0.14, respectively. Two cases had synchronous lesions (GIST and leiomyoma). IHC for HER2 and chromogranin was negative in all cases. A weak positivity for synaptophysin was found in three cases and one case was positive for HP infection. **Conclusion:** The incidence of GC with lymphoid stroma in our institution is similar to reported in the literature (2.7%), with prevalent association with EBV infection. Their variable clinical behavior and response to intervention suggest that this specific carcinoma should be analysed separately from ordinary GC in order to choose the better treatment options and predict prognosis. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

M.Kanagavel; T.Perungo; Priyank R Shah; S.M.Chandramohan.; **PERITONEAL CYTOLOGY AND PERITONEAL HISTOLOGY IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 114

**Introduction:** Intra peritoneal free cancer cells and peritoneal micro metastasis have definite influence in the outcome of patients with gastric cancer. Detection of occult metastasis in peritoneum will help in early diagnosis of advanced disease and plan for aggressive management like neoadjuvant or intra-operative chemotherapy. **Study Details:** 27 gastric cancer non macro metastatic patients were included. This is a prospective experimental study. Standardised staging protocol was followed. **METHODOLOGY:** All these patients had a staging laparotomy. Patients with macroscopic peritoneal or omental spread were excluded. A standard resection technique was followed. D2 lymphadenectomy was the standard of care in these patients. Peritoneal wash cytology done using standard described technique. For histology a 2 sq cm peritoneal strip biopsy is taken from both diaphragmatic surface, Bilateral paracolic peritoneum, Pelvic peritoneum and Omental tissue. **RESULTS:** Statistical analysis between depth of tumor and peritoneal cytology shows statistical significance (p=0.0001). 8 (66.7%) patients with positive peritoneal fluid cytology had pT4 stage, all 15 patients with pT1-pT3 stage patients had negative peritoneal fluid cytology. This reiterates the fact that tumor breach of the serosa remain the important factor in metastatic spread of cancer cells in the peritoneal cavity. Analysis between depth of tumor and peritoneal histology shows no statistical significance. In this study, omental biopsy was positive for metastasis in 10(37%) of 27 patients. Of these, 8(29.6%) patients had positive peritoneal fluid cytology (p=0.0001). Likewise 3(11.1%) patients had positive peritoneal histology(p=0.041). An analysis of peritoneal cytology vs. peritoneal histology found significant relation (p=0.019). In study group of 27 patients, peritoneal cytology was positive in 8 patients of which 3 patients had positive peritoneal histology. **Conclusion:** The diagnosis of occult cancer cells in peritoneum is vital in management and outcome in gastric cancer patients. The present study shows positive peritoneal cytology was associated with advanced T stage of tumor. The Japanese Research Society for Gastric Cancer and the American Joint Committee on Cancer(AJCC)has included peritoneal cytology as part of staging process in gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Daniel G. Coit MD, FACS; Sam C. Wang; Joanne F. Chou; Vivian E. Strong; Murray F. Brennan; Marinela Capanu.; **PRETREATMENT NEUTROPHIL TO LYMPHOCYTE RATIO AS AN INDEPENDENT PREDICTOR OF DISEASE SPECIFIC SURVIVAL IN RESECTABLE GE JUNCTION AND GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 115

**Objective** Current preoperative methods to estimate disease specific survival (DSS) for resectable gastroesophageal junction and gastric cancer (GEJ/GC) are inadequate. The patient's underlying inflammatory state may impact cancer outcomes, as suggested by the consistent association of decreased DSS with postoperative complications or transfusions. The aim of this study was to evaluate the relationship between pretreatment neutrophil to lymphocyte ratio (NLR), which may reflect the systemic inflammatory state, and DSS. **Methods** Review of a prospective database identified all patients diagnosed with primary GEJ/GC who underwent complete resection from 1998-2013. Patient, tumor, treatment characteristics and pretreatment neutrophil and lymphocyte counts were recorded. Patients were stratified into quartiles based on NLR values. Five year DSS was estimated by the Kaplan-Meier method. A Cox proportional hazards model was used to evaluate the independent association between clinicopathologic variables and DSS. **Results** We identified 1498 patients, with median follow-up of four years. Univariate analysis showed that elevated NLR is associated with increased age, male gender, Caucasian race, increased T and N stage, and neoadjuvant therapy. On multivariate analysis, Caucasian race (p=0.02), increased T stage (p<0.01), increased N stage (p<0.01) and neoadjuvant therapy (p<0.01) are associated with decreased DSS. Elevated pre-treatment NLR is also independently associated with worse DSS (HR=1.09 [95%CI: 1.05-1.13], p<0.01, Table). **TABLE**: Five-year DSS and multivariate DSS using NLR as quartiles. NLR N Five-year DSS Adjusted HR\* 95% CI Quartile 1 0.23-2.00 389 70% Reference Quartile 2 2.00-2.76 362 66% 1.1 0.8-1.4 Quartile 3 2.76-3.85 374 56% 1.2 0.9-1.5 Quartile 4 >3.85 372 50% 1.5 1.1-1.9 \* Adjusted for age, gender, race, T stage, N stage, and neoadjuvant therapy **Conclusion** In patients with resectable GEJ/GC, pretreatment NLR is significantly and independently associated with DSS. NLR is a simple and effective value available during treatment planning to help risk stratify patients with GEJ/GC for cancer specific outcome. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Carla Sofia de Sousa Vicente; Antônio Freitas; João Ascensão Santos; Isabel Serrano.; **SYNCHRONOUS GASTRIC TUMORS: WHEN A TUMOR IS NOT ALONE...** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 115

**Introduction:** Estimates of the incidence of multiple primary tumors in patients with gastric cancer (GC) range from 1.7% to 8.0%. Some reports suggest that the development of multiple primary tumors in patients with GC is more frequent. Green et al reported that this phenomenon affects approximately 8% of patients with advanced GC and 32% of patients with early GC. In the literature, descriptions of synchronous tumors in the same organ, except in cases of synchronous tumors of the colon, are very rare. **Report of Case:** Sex Male 88 years old. Past medical history: Type 2 Diabetes Mellitus; Arterial hypertension. Consultation motive: Anemia (Hb 8.2g/dL) - referred to our department for gastrointestinal investigation. -Upper Endoscopy: irregular vegetative lesion in pylorus that extends circumferentially over a length of 12mm; -Biopsy: Tubular adenocarcinoma (WHO), intestinal (Lauren), well differentiated c-ERB2 positive and Ki67 90%. -Thoracic, abdominal and pelvic CT scan: hydatid residual calcification in the VII segment of the liver. No lymphadenopathy. No distant metastatic disease. The patient underwent palliative Y-Roux gastrectomy, verifying the presence of intraoperative two synchronous gastric tumors. -Histology: Gastric adenocarcinomas (synchronous): Pyloric antrum: Signet ring cell adenocarcinoma, diffuse type of Lauren, poorly differentiated (G3), pT4B; Lesser curvature: well-differentiated tubular adenocarcinoma, intestinal type of Lauren, pT4a; pN3a (8/12) **Conclusions:** The report of two separate synchronous adenocarcinomas of gastric location, histologically different, is extremely rare after review of literature. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Yuehua GONG; WANG Wei; LI Yi; YUAN Yuan.; **THE CORRELATIONS OF SERUM INDICATORS FOR GASTRIC AND EXTRA-GASTRIC FUNCTIONS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 115

**Introduction And Objectives:** Serum indicators are measurable factors that reflect the normal physiological state of an organism. In recent years, some scholars have found indicators of different organ functions not exist in isolation and there are close correlations between each others. To research the correlations between indicators of different organ functions are important for a comprehensive interpretation of the relationship between indicators for gastric and extra-gastric functions and exploring the mutual influence factors for the expression levels of different indicators. **Methods:** A total of 823 health participants (518 men, 305 women; median age, 49 years; range 25-84) were enrolled in the study as follows. A total of 6,207 participants (3,476 men and 2,731 women; aged 15-92 years) who underwent examination including measurement of PGI, PGII, and gastrin 17 levels, and PGI/II ratio during a health-check program from July 2009 to May 2012 were included. Among these, subsequently, subjects with a history of hematological diseases, chronic gastroenterology, cardiac, liver, renal, or endocrine diseases were excluded. And then data reflecting blood glucose and lipids (glucose, triglyceride (TG), LDL, HDL) and kidney function (Cr, urea nitrogen), liver function (ALT, ALP), thyroid function (FT3, FT4, thyroid-stimulating hormone (TSH), thyroid peroxidase Ab (TPOAb), and triglyceride antibody (TGAb) were available for 823 participants. However, information on HbA1C was only acquired for 57 participants. **Results:** As Cr levels increased, PGI, PGII concentrations and PGI/II ratio increased monotonically from 79.7 to 105.15µg/L, 6.5 to 8.4 µg/L, 11.97 to 12.27, respectively (P<0.05). As TPOAb levels increased, PGI level decreased from 100.85 to 84 µg/L (P<0.05) and as TSH increased, PGI/II ratio increased monotonically from 11.54 to 12.68 (P<0.05). As TG levels increased, G17 concentrations increased monotonically from 1.73 to 2.7 pmol/L (P<0.05). As serum glucose and HbA1C increased, PGI/II concentrations increased monotonically from 11.98 to 12.67 and 9.7 to 13.54 (P<0.05), respectively. **Conclusion:** Our results suggest that serum PG and G17 levels were associated with blood glucose and lipids, kidney function and thyroid function but not with liver function. Serum indicators reflecting gastric function may correlate not only with primary diseases, but also with other extra-gastric diseases. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Tomaz Jagric; Stojan Potrc; Katarina Mis; Tomaz Mars; Ales Goropovsek.; **THE DETECTION OF FREE TUMOR CELLS IN GASTRIC CANCER WITH THE FLOW-CYTOMETRY: A COMPERATIVE STUDY BETWEEN FLOW-CYTOMETRY, CYTOLOGY AND RT-QPCR.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 115

**Background:** Exfoliated free tumor cells in abdominal cavity are the origin of peritoneal recurrence in gastric cancer patients. The cytological determination is still the gold standard of free tumor cells detection but it lacks sensitivity. We evaluated flow-cytometry as a diagnostic modality for detection of free tumor cells in abdominal cavity and compared it with conventional cytology and RT-qPCR. **Methods:** Peritoneal lavage fluid samples were collected from ten patients. Free tumor cell detection was performed with cytological and immunohistochemical analysis, as well as with flow-cytometry and RT-qPCR analysis. Tumor cells were detected with flow-cytometry for epithelial markers EpCAM/CD326 and CEA and with CEA and CK20 mRNA expression levels using RT-qPCR. The threshold values for flow-cytometry were determined as 2xSD of negative control mean proportions of EpCAM positive cells (the proportion of EpCAM positive cells 0,05%). For borderline positive samples on flow-cytometry tumor cells were detected with additional imaging flow-cytometry. For detection of free tumor cells with RT-qPCR the expression of CEA and CK20 was determined. According to our previous sensitivity and specificity studies 35 cycles were selected as the threshold for positive CEA and CK20 expression. Samples with atypical cells or cell debris were counted as negative results. **Results:** The sensitivity and specificity of the cytological analysis was 40% and 100% respectively, compared to 80% sensitivity and specificity of the RT-qPCR analysis. With the flow cytometry free tumor cells could be detected in all five samples of the positive control group and one sample was false positive in the negative control group. The sensitivity and specificity were 100% and 80% respectively. In cytologically false negative cases, only in two cases RT-qPCR could confirm the expression of at least one marker. The flow-cytometry could detect free tumor cells in each of the three cytologically false negative cases. The levels of EpCAM positive cells were 0,5%, 0,11% and 0,079%. **Conclusions:** the flow-cytometry proved as a fast reliable method. It combines the high sensitivity of molecular methods and specificity of morphological method. The results of this preliminary study show that the flow-cytometry could be used to detect free tumor cells intraoperatively in gastric cancer patients and thus serve as a predictor for peritoneal recurrence. These patients would benefit from additional perioperative intraperitoneal chemotherapy. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Romans Lunins; Guntis Ancans; Ivans Jelovskis; Sergejs Gerkis; Lelde Lauka; Viesturs Krumins; Viesturs Boka; Marcis Leja; Armands Sivins; **THE EFFECT OF HARVESTED LYMPH NODES ON THE PN STAGE IN RADICALLY TREATED GASTRIC CANCER PATIENTS IN LATVIA ONCOLOGY CENTER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 116

**Introduction:** Globally stomach cancer is the fifth leading cause of cancer and the third leading cause of death from cancer making up 7% of cases and 9% of deaths, with 5-year survival rate less than 10%. Number of metastatic lymph nodes (MLN) and pN stage are one of the main predictors of survival in patients with radically treated patients. The aim of this study: To investigate how the amount of harvested lymph nodes after radical treatment (HLN), can affect the number of MLN. **Methods:** Retrospective analysis of clinicopathological data of 112 patients (males 65% and females 34%, age from 36 till 86) with gastric cancer, who underwent radical treatment from the 1 January 2013 till 31 December 2013 in Surgical Oncology Clinic of Riga East Clinical University Hospital, was performed. Analysis included TNM stage, number of HLN, number of MLN was calculated. The correlation between HLN and MLN was evaluated using Spearman correlation method. **Results:** Statistical analysis showed that mean number HLN of patients with pT1 was 11, with pT2 was 16, with pT3 was 16, with pT4a was 19,5 and pT4b was 20,7. The mean number of MLN of patients with pT1 was 0,55, with pT2 was 0,55, with pT3 was 3,25, with pT4a was 4 and pT4b was 7. The number of MLN was higher in patients with higher number of HLN (p<0.05). Consecutively pN stage was greater in patients with higher number of HLN. **Discussion:** According to our study higher number of HLN gives more precise information about pN stage, revealing larger number of MLN. According to pN stage, accurate prognosis of survival and further treatment can be predicted in patients with gastric cancer. **Conclusions:** Our study showed that amount of HLN has impact on the number of MLN, consecutively affecting pN stage. The mean number of HLN in specimens after radically treated gastric cancer was 17. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Lei Tang; Ying-Shi Sun; Zi-Yu Li; Fei Shan; Kun Cao; Xiao-Ting Li; Shun-Yu Gao; Jia-Fu Ji; **THE EVALUATION OF THE RESPONSE OF GASTRIC CARCINOMAS TO NEOADJUVANT CHEMOTHERAPY USING IODINE CONCENTRATION ON SPECTRAL CT: A COMPARISON WITH PATHOLOGICAL REGRESSION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 116

**Objective:** To investigate the potential of iodine concentration (IC) determined by virtual monochromatic spectral-CT to predict the response of gastric carcinomas to preoperative neoadjuvant chemotherapy (NC). **Methods:** A total of 20 patients were enrolled who underwent two spectral CT examinations (1 week before and 2 cycles after NC). The percentage change in tumor size (%CWT) and in IC on the arterial phase (%IC-a) and venous phase (%IC-v) after NC were calculated and compared for different pathological regression grades and response groups. The diagnostic efficacies to discriminate good response (GoodR) and poor response (PoorR) of the above three parameters were evaluated using receiver operating characteristic (ROC) curves. **Results:** The decrease rate of %IC-a for the GoodR group was higher than that for the PoorR group (-0.59 [-0.76, -0.20] vs. -0.11 [-0.75, 0.92], P = 0.012). There was no significant difference in the %IC-v and %CWT values between the GoodR and PoorR groups (P = 0.076 and P = 0.779, respectively). The areas under the curve (AUC) values were 0.857, 0.762, and 0.542 for %IC-a, %IC-v, and %CWT, respectively, in the response prediction. The cutoff value for identifying GoodR was a decrease rate > 52.9% for %IC-a, and the sensitivity and specificity values were 0.857 and 0.833. **Conclusion:** Changes in IC for gastric carcinomas following NC were detected by spectral CT and correlated with pathological regression. The prediction efficacy for IC was better than that for tumor size, with IC on the arterial phase being a better predictor than IC on the venous phase. |

SEM CONFLITOS DE INTERESSE

Pôster - Diagnosis and staging

Angela W. Chan; Pascal Mercier; Daniel Schiller; Dean T. Eurich; David Broadhurst; Michael B. Sawyer; **URINARY METABOLOMICS OF GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 116

**Background:** Gastric adenocarcinoma (GC) has a 70-75% mortality, due to delayed diagnosis. There is no standard screening in North America. Metabolomics is a systems biology approach to measure low molecular weight chemicals (metabolites) in body fluids/tissues to provide a phenotypic "fingerprint" of disease. In this study it was hypothesized that metabolomic profiling of urine samples using 1H-NMR spectroscopy could discriminate between resectable GC, benign gastric disease (BN), and healthy (HE) patients (pts). **Methods:** Midstream urine samples were collected, processed, and biobanked at -80°C, from 40 BN, 40 HE and 43 GC pts (matched on age, gender and BMI). Samples were randomized into 2 groups: one to discover biomarkers of GC, the other to validate initial findings. In the discovery experiment 30 BN, 30 HE, and 29 GC pts' urine were analyzed using high-resolution 1H-NMR spectroscopy under a validated standard operating procedure. Resulting spectral traces were converted into annotated and quantified metabolite profiles of 58 metabolites. Univariate statistics and Partial Least Squares Discriminant Analysis (PLS-DA) developed a GC vs. HE discriminative model. A Receiver Operator Characteristic (ROC) curve was constructed. 10 BN, 10 HE and 13 GC pts were analyzed in a separate external validation experiment under the same procedure. **Results:** In the discovery experiment, there was no significant difference in metabolite profiles between GC and BN pts. Univariate analysis revealed 13 metabolites that differed significantly between GC and HE (p < 0.05). Correlation analysis and PLS-DA produced a discriminative model with an area under ROC curve of 0.996, such that for a specificity of 100% the corresponding sensitivity was 93%. The external validation set confirmed the significance of 4 of 13 metabolites that were discriminative in the discovery experiment: N-acetylglutamine derivative, Alanine, 2-hydroxyisobutyrate, and Pantothenate (p < 0.05). **Conclusions:** GC pts have a distinct urinary metabolite profile compared to HE controls; however in this study metabolomic profiling was unable to discriminate GC from BN pts. This was probably due to sample size and phenotypic heterogeneity of BN pts. This preliminary study shows clinical potential for metabolic profiling for early GC detection. |

SEM CONFLITOS DE INTERESSE

Pôster - Epidemiology - Gastric Cancer in the world

Palanisamy Selvarathinam; J. John Grifson; Thirumarai chelvan perungo; J.M.V. Amarjothi; D. Bennet; A. Amudhan; R. Prabhakaran; K. Rajasekaran; J. Saravanan; M. P. Sreejayan; D. Kannan; S. M. Chandramohan; **"PROXIMAL VS DISTAL GASTRIC CANCER" - IS THERE A REAL SHIFT OVER FOUR DECADES ? - AN ANALYSIS FROM INDIA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 116

**Introduction:** Gastric cancer in the west has seen a dramatic shift in location from distal to proximal over the decades. This shift is attributed to the changing lifestyle and the associated diseases like obesity and GERD which are on the rise possibly suggesting a link between etiology and the location of cancer. In the first international Gastric Cancer Congress in Kyoto, Japan in 1995 we presented a paper analysing the shift in location, which was titled "Gastric cancer - Presentation & Surgical strategy in early 80s & Early 90s - An Indian experience". We further examined the data presented previously with current data to see if the shift in the west is present in our population. **Aim:** To analyse the incidence of proximal vs distal gastric cancer in our population over a period of 4 decades. **Methods:** Data was retrieved retrospectively from our database. 687 Patients presented with a diagnosis of gastric cancer to Rajiv Gandhi Govt. General Hospital from 2012 to 2014 (G 1) were included. Demographic details symptoms at presentation and location and spread of tumour were recorded. The current data was compared to the data analysed (1979-83: G 2 & 1989-93: G 3) and presented in the first international Gastric Cancer Congress in Kyoto, Japan in 1995. **Results:** Abdominal pain was the commonest presenting symptom in G- 1 ( 89.5%) compared to 75.6% in G-2 and 77.2% in G-3. Gastric outlet obstruction was present in 45.7% in G1, 62.6% in G2 and 48.8% in G3. Abdominal mass on examination was found in 27.65% in G1, 43.9% in G2, 43.3% in G3. Dyspeptic symptoms were present in 58.2% in G1 compared to 47.9% in G2 and 31.3% in G3. Antrum of the stomach was the commonest location of tumor in all the groups (68.5%, 65.8% & 65.6% in G1, G2 & G3 respectively). The tumor was located in the body of the stomach in 16.44% in G1, 19.5% in G2 and 16.44% in G3. Proximal growth was present in 11.06% in G1, 8.9% in G2, 6.7% in G3. The incidence of diffuse type of cancer was 3.93%, 5.6%, 5.5% in G1, G2, G3 respectively. Nodal disease at presentation was present in 74.81% in G1, 73.9% in G2 and 78% in G3. Distant metastases were present in 38.3%, 33.3% and 27% in G1, G2 and G3 respectively. **Conclusion:** The analysis over 4 decades shows that the shift in location of gastric cancer from distal to proximal as seen in the west is not seen in our population. Antrum continues to be the commonest site of occurrence in our population |

SEM CONFLITOS DE INTERESSE

Pöster - Epidemiology - Gastric Cancer in the world  
Ron Lavy; Lital Keinan-Boker; Yehuda Hershkovits; Ariel Halevy; **A 20 YEAR REPORT ON MALIGNANT GASTRIC NEOPLASM : THE ISRAEL NATIONAL CANCER REGISTRY (INCR).** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 117

Background : The Israel National Cancer Registry (INCR) was established in 1960, and since 1982 it has been compulsory to report on all newly diagnosed cancers in Israeli residents including Gastric Cancer . The Central Bureau of Statistics (CBS) collects information on mortality and codes of the specific causes of death. Data on gastric cancer mortality rates were obtained from 1990 through 2011. Different pathological classifications of gastric carcinoma are reported : The Bormman , Stout , Lauren , Ming , Japanese society of gastric cancer and that of the world health organization . As there is no clear guidelines for clear definition and classification , the reports to the INCR are totally uncontrolled . Material and Methods : A retrospective study reviewing the various pathological reports used to report on Gastric Malignant Neoplasm to the Israel National Cancer Registry (INCR). Results : During the study period we found 13669 reports about 67 different histologic types of Gastric Cancer . The reports to the INCR did not include information regarding surgical margins , total number of harvested nodes and positive nodes . Conclusion: Although standing in the front of modern world medicine, the classification of Gastric Neoplasm to the Israeli National Cancer Registry are in part inadequate and therefore survival statistic should be carefully re-reviewed. In fact only recently the ISS (Israeli Surgical Society) and ISSO (Israeli Society of Surgical Oncology) have approved and support the establishing of a research group on this subject. The Israeli Gastric Cancer Study Group with the goal to achieve unified high quality treatment and reports. |

SEM CONFLITOS DE INTERESSE

Pöster - Epidemiology - Gastric Cancer in the world  
Zekuan Xu; **A MIR-29C BINDING SITE GENETIC VARIANT IN THE 3'-UNTRANSLATED REGION OF LAMTOR3 GENE IS ASSOCIATED WITH GASTRIC CANCER RISK.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 117

Single nucleotide polymorphisms (SNPs) in the 3'-untranslated regions (UTRs) targeted by putative microRNAs (miRNAs) could influence the susceptibility of cancer. Recently, miR-29c has been reported to be down-regulated in gastric cancer (GC) and serve as a tumor suppressor that regulated tumor progression. The present study was aimed at investigating whether the miR-29c binding site SNPs within the 3'-UTRs of target genes affected the gastric cancer risk. Using bioinformatics tools, we chose three SNPs (IGHMBP2 rs3750980, LAMTOR3 rs11944405 and WWOX rs2288035) located in miR-29c binding sites. We genotyped these three SNPs to assess their associations with GC risk in a case-control study comprising 753 GC cases and 950 controls. Among these three SNPs, we found a significantly decreased risk of GC associated with the LAMTOR3 rs11944405 T>C polymorphism [TC vs. TT, adjusted odds ratio (OR)=0.79, 95% confidence interval (CI)=0.63-0.99; TC/CC vs. TT, adjusted OR=0.81, 95% CI=0.65-1.00]. Our results suggested that the LAMTOR3 rs11944405 polymorphism may be a potential biomarker for genetic susceptibility to GC. |

SEM CONFLITOS DE INTERESSE

Pöster - Epidemiology - Gastric Cancer in the world  
Samiulla Mohammed Nishar; JohnRose John Grifson; Thirumarachelvan Perungo; JM.VAmarijothi; Duraisamy Bennet; Anbalagan Amudhan; Umesh; R.Prabhakaran; P.Selvarathinam; D.Kannan; S.M.Chandramohan; **ABO BLOOD GROUP AND GASTRIC CANCER- A SOUTH INDIAN STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 117

Introduction It is known that gastric cancer is caused by the interaction between environmental factor and genetic variation. The relationship between ABO blood groups and carcinogenesis or progression of human tumours has been reported in many investigations. Current study provides knowledge of frequency of ABO blood group among gastric cancer patients in India. Objectives To analyse the common occurrence of ABO blood group type in gastric cancer patients in South- India and to correlate the clinical stage of disease with the ABO blood group type. Material and Methods Patients who were admitted at Rajiv Gandhi Government General Hospital and Madras Medical College with a diagnosis of gastric cancer from 2012 to 2014 were included in the study. Demographic data and Clinical stage of presentation and operability was noted for each patient. The ABO blood group with rhesus antigen type was also recorded. Blood Group of 707 age and sex matched healthy Individuals from the general population were taken as control group. Results Among 654 gastric cancer patients, 501 were males and 153 were female. Rh antigen was positive in 97.1% patients and negative in 2.9% patients. The blood group B (32.42%) was the commonest followed by O (31.80%), A (26.91%) and AB (9.3%) in Rh antigen positive patients. Blood group O (1.07%) was common in Rh antigen negative patients followed by B (0.92%) and A (0.76%), AB (0.15%). The Operability rate among various blood groups were 37.7% for B, 34.62 % for O, 34.66% for A and 30.77 % for AB. The frequency of locally advanced disease in patients with B, O, A and AB group patients were 28.30%, 29.81%, 29.55%, and 46.15% respectively. Individuals with Blood group A had the highest risk of gastric cancer (Odds Ratio =1.48, CI :1.14-1.92). Patients with Blood group O had the lowest risk of developing gastric cancer (Odds Ratio =0.52, CI: 0.42-0.62). Conclusion In comparing the gastric cancer group with the healthy controls, it becomes evident that the risk of gastric cancer in blood groups A was significantly higher than that in non-A groups . The individuals with blood group O showed a significant reduced risk of gastric cancer . The people with blood group B also showed a significantly reduced risk of gastric cancer, relative to non-B group. The difference of gastric cancer risk between the blood group AB and the non-AB groups was not significant. |

SEM CONFLITOS DE INTERESSE

Pöster - Epidemiology - Gastric Cancer in the world  
Fomin Petro; Ivanchov Pavel; Shepetko Evgen; **ACUTE COMPLICATIONS OF GASTRIC CANCER IS ACTUAL SCIENTIFIC AND CLINICAL PROBLEM.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 117

Background: Free perforation and major bleeding in patients with gastric cancer (GC) are rare but serious conditions with potentially dangerous effects, associated with increased morbidity and mortality. Only a few reports on such emergencies GC have been published over the last 30 yrs. Our study is devoted to retrospective review and analysis of frequency, clinical severity and endoscopic features of acute bleeding gastric cancer (ABGC) and also perforation GC (PFGC) among all causes of gastrointestinal bleedings (GIB) and causes of acute abdominal pathology. Methods: In the Kyiv Center of emergency help for the patients with GIB, founded in 1982 and up to 2015, on emergency indications with signs of GIB were hospitalized and treated 39 560 patients (pts) or each year more than 1000 hospital admissions. Results: In 39560 pts who were treated for GIB, the digestive tract malignancies have been diagnosed in 3758 (9.5%) and among them 2259 (60.1%) had AGCB (5.7% of all GIB). In the 9 acute diseases of abdominal cavity AGIB was observed in 10.7% cases and AGCB occupied stable 6th place of all causes. During the same period, we had 84 pts with PFGC – 0.1% of all acute diseases of abdominal cavity or 0.9% all perforations and ruptures of digestive tract. The average age of the patients with AGCB was 56,6 ± 9,2 and with PFGC - 50,1 ± 9,6 yrs. The diagnosis GC was known in 465 (20,6%) before and in 1794 (79,4%) established only after admission for AGIB; in the group of PFGC those figures were 86,5% and 13,5% respectively. The stages (TNM) for AGCB: I -79 (3,5%), II-427 (18,9%), III- 815 (36,1%), IV -937(41,5%) and for PFGC - 3,6%, 7,1%, 47,6%, 41,7% respectively. Emergency endoscopy for AGCB revealed stigmata FI – 11,5%, FII- 41,0%, FIII- 47,5%, endoscopic methods for hemostasis and prophylactics of rebleeding have used in 986 (83,1% for stigmata FI, FII) cases. Surgery treatment for AGCB was undertaken in 1651 (73,1% and urgently – 5,7%); radical surgery was in 1010 (61,2%) and palliative or symptomatic procedures – in 641 (38,8%) pts. In group of PFGC were operated 65 (77,4%) pts, radical surgery - 23 (35,4%) and palliative or symptomatic - 42 (64,6%). Postoperative mortality in group ADGC was 15,3% (after radical – 6,4%) and for PFGC – 21,4% (after radical – 13,1%). Conclusion: Our experience shows that GC complicated by bleeding and perforation is an important point of the problem of GC, which also requires detailed research studies. |

SEM CONFLITOS DE INTERESSE



Pôster - Epidemiology - Gastric Cancer in the world

DANIELLA LIMONGI GIROTTI; FÁTIMA MRUE; Denis Sugita; Valeria Vieira da Silva Gomes; Isabella Oliveira Rezende; Jessica Barletto de Sousa; Maria Alice Sousa Hills; Lurian King Caetano Lima; **ANALYSIS OF SOFT CARCINOGENIC POTENTIAL GASTROINTESTINAL TRACT TOP: EXPERIMENTAL STUDY IN RATS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 118

**Introduction** According to the World Health Organization, approximately 40% of cancers are preventable known today. Diet is as representative, especially in relation to gastric cancer, than in regions where changes were made in food preparation a significant reduction in the incidence of cancer. The recognition of risk factors associated with this disease are necessary to promote prevention interventions at the individual and collective. **Objective** To assess the effects of the use of soft drinks in the upper gastrointestinal tract. **Methods** This was an experimental study using *Rattus norvegicus*. The animals were divided into three groups according to the received substance, ad libitum, with a control group that received only water, the other two receiving soft drinks, guarana for a type and type glue to another; were exposed for twelve weeks and after this period were euthanized ethically. Tissue samples were collected from the gastrointestinal tract and performed histological study. The study was approved by the Ethics Committee in Research of the Catholic University of Goiás. **Results** Macroscopic gastric disorders occurred in all cases of "cola" soda group, four cases in "guarana" soda group and in three cases in the control (water) group. On the other hand, microscopic alterations, named gastritis, occurred in four cases of "cola" soda group, in only one case of "guarana" soda group and in four cases of the control (water) group. Esophageal and duodenal alterations was seen only in the "cola" soda group (four cases), presented with gastric metaplasia in esophagus and duodenitis. The urinary sodium excretion was significantly lower in both test groups compared to the control group ( $p < 0,05$ ), but was similar among the test groups. Also the urinary density was significantly lower in both test groups compared to the control group ( $p < 0,05$ ), but was similar among the test groups. **Discussion/ conclusions** The nutritional style of beverage and soda intake is currently considered as a bad habit for health, mainly because of the higher prevalence of hypertension and metabolic syndrome. In this research we found gastritis, gastric metaplasia and duodenitis, even without significantly difference among the control group we think we must be aware and more research is needed to clear the understanding of the real effect of soda to the gastrointestinal mucosa. |

SEM CONFLITOS DE INTERESSE

Pôster - Epidemiology - Gastric Cancer in the world

Hugo Mesquita Fernandes; Ana Cristina Carvalho; Carlos Santos Costa; Teresa Santos; Vânia Castro; Marta Martins; Diana Brito; Luís Maia; **CHARACTERISTICS OF OUR POPULATION WITH GASTRIC CANCER. FIVE YEARS STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 118

**INTRODUCTION** Gastric cancer is the fourth most commonly diagnosed cancer and the second most common cause of cancer-related death worldwide. In our country, although considered an industrialized one, there is an extremely high rate of gastric carcinoma comparing with the others members of European Union. **METHODS** We analyze, retrospectively, the data from patients with gastric cancer treated between January 2010 and December 2014. **RESULTS** In that 5-y period, were treated 276 patients, 168 men (60.87%) and 108 woman (39.13%). The median age was 66.08+12.70 y (min 35 and max 93 y). The median age for men was 66.91 and for women 65.25 y. The age distribution: <40 y (2.17%), 40-49 y (9.78%), 50-59 y (20.65%), 60-69 y (22.82%) and ≥70 y (44.56%). The symptoms/presentation: abdominal/epigastric pain (43.12%), anemia/melenas/hematemesis (31.16%), weight loss (20.29%), post-prandial fullness (14.13%), loss of appetite/vomiting (12.31%), heartburn/indigestion (11.23%), screening endoscopy (6.16%), perforated gastric ulcer (2.17%) and dysphagia (1.45%). The tumor location: antrum (47.83%), body (31.16%), fundus (1.81%), lesser curvature (11.23%), cardia/gastroesophageal junction (5.07%) and anastomotic ring (2.89%). The histologic type, regarding de Lauren classification, was: intestinal (67.03%), diffuse (21.37%) and indeterminate (11.59%). The median age of patients with intestinal type was 68,64 y; 58,03 y in diffuse type. The ratio women:men was 1.1,80 in the intestinal type and 1.1,18 in diffuse type. The pathologic stage: Tis (1.81%), IA (26.09%), IB (9.06%), IIA (13.40%), IIB (8.33%), IIIA (10.14%), IIIB (13.76%), IIIC (8.7%), IV (8.7%). **DISCUSSION** Although the incidence of gastric carcinoma has progressively decreased in industrialized countries, we still have a high incidence of gastric carcinoma, estimated at 15.71 cases / 100,000 inhabitants. Yet, the pattern of gastric cancer of our patients is somewhat "traditional". They tend to be older (67.38% >60 y; 44.56% ≥70%), male (60.87%), with antral location tumor (47.83%), intestinal type (67.03%) and with more advanced disease (41.3% stage III and IV). This kind of gastric cancer, usually linked to environmental factors, can be explained by social factors: low socio-economic conditions, diet habits (salted and smoked goods, high consume of nitrites-rich wine) and low gastric cancer screening of the population assisted in our hospital. |

SEM CONFLITOS DE INTERESSE

Pôster - Epidemiology - Gastric Cancer in the world

Esdras Edgar Batista Pereira; Nádia Barreto dos Santos – Santos, BS – PGSAS/UJPA; Gabriela Almeida de Oliveira; Renato Pamplona da Silva; Andrea Negrão Costa; Saul Rassy Carneiro; Ana Flávia Endres Nunes; Edilene do Socorro Nascimento Falcão Sarges; **CHARACTERIZATION OF PATIENTS WITH GASTRIC CANCER OF SERVICE URGENT CARE OF ONCOLOGY IN BELÉM OF PARÁ, BRAZIL: 2012 TO 2014.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 118

**BACKGROUND:** Gastric cancer is the fifth most common cancer and it has been the second leading cause of cancer death in the world. In Brazil the decay in mortality rates and the emergence of new cases has followed the global trend. However, when compared to other countries, Brazilian rates are considered high. Although morbimortality seen a downward trend, this remains a cancer with poor prognosis and a high frequency of clinical complications. **OBJECTIVE:** Characterize the profile of patients with gastric cancer admitted to a emergency service of a unit of highly complex oncology of Belém of Pará. **METHODS:** This is a cross-sectional and analytical observational study approved by the Research Ethics Committee of the University Hospital João de Barros Barreto (UHJBB), protocol n. 739/2010. Included patients with gastric cancer, assisted in the emergency room of the High Complexity in Oncology Unit of UHJBB, between 2012 and 2014. The variables were gender, age, type of cancer, care time and clinical outcome. A descriptive analysis was performed using the absolute frequency, mean, standard deviation and median. **RESULTS:** During the study period, the ready oncology service of care received 406 patients, which generated a sum of 1561 visits for clinical complications. The gastric cancer was the most prevalent, totaling 126 cases (31.03%) and 29.92% of cases, being observed an increase 148% of this volume between the second half of 2012 and the second half of 2014. The most affected were men (57.94%) and elderly (52.40%). It was observed that 61.10% of patients with gastric cancer are readmitted for an average of five times, and the 14 cancer volume increased readmittimentos service. Most remain for a time equal to or less than six hours (67.45%) and are intended for the household (79.50%), after the improvement. It was observed that patients who are more Readmitted the females (50.6%) and elderly (51.9%), and these remain for a slightly longer time under observation when compared to admit that in a single moment. **CONCLUSION:** This study identified that in recent years responsiveness in oncology has been an increase of patients with gastric cancer, where most needs more than once, but have resolution of their complaints in the first six hours of admission. This shows that the reception of these patients, with the provision of an efficient and quality service, is able to promote the resolution of complications, improving the prognosis of cases. |

SEM CONFLITOS DE INTERESSE

Pôster - Epidemiology - Gastric Cancer in the world

WEI DENG; Hua Yang; Jin Wang; Zhongtao Zhang; **COFFEE CONSUMPTION AND THE RISK OF INCIDENT GASTRIC CANCER—A META-ANALYSIS OF PROSPECTIVE COHORT STUDIES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 118

**introduction** Gastric cancer ranks fourth in incidence and second in mortality among all cancers worldwide. A large number of epidemiological studies have indicated that environmental factors can affect the risk of gastric cancer, and research analyzing environmental factors that may be associated with gastric cancer has increased in recent years. Coffee is one of the most consumed beverages worldwide. The relationship between coffee consumption and gastric cancer has been of great concern over the last several decades, and numerous observational studies have been published on this topic. **objectives** As several epidemiological studies of the association of coffee consumption with gastric cancer risk have produced inconsistent results, the aim of this meta-analysis was to synthesize the current evidence of this potential relationship. **Methods** To retrieve articles comparing the incidence of gastric cancer between coffee drinkers and non-coffee drinkers, we searched PubMed, EMBASE, and the Cochrane Library up to September 2014. Prospective cohort studies were included if the relative risks (RRs) or hazard ratios and 95% confidence intervals (CIs) for gastric cancer according to coffee consumption were reported. Fixed- or random-effects models were used based on heterogeneity. **Results** The search yielded 13 eligible cohort studies of 3,484 incident gastric cancer patients among 1,324,559 participants. Compared with the lowest level of coffee consumption, the RR (95% CIs) of incident gastric cancer was 1.16 (1.03-1.32) for the highest level. A significantly increased risk was found between gastric cardia cancer and coffee consumption (RR 1.50, 95% CI 1.09-2.07). Compared with Europeans (RR 1.12, 95% CI 0.86-1.46) and Asians (RR 0.96, 95% CI 0.72-1.27), Americans (RR 1.36, 95% CI 1.06-1.74) demonstrated a significantly positive association. However, the significant differences of the pooled results were no longer present after adjusting for smoking or body mass index (BMI). **Conclusion** Our meta-analysis results suggest that a high level of coffee consumption is a risk factor for gastric cancer. It should be cautious to interpret these results because residual confounding effects of smoking, BMI and other factors could exist. |

SEM CONFLITOS DE INTERESSE

Pôster - Epidemiology - Gastric Cancer in the world  
Kyoungwon Jung; Hwoon-Yong Jung; Ji Yong Ahn; Do Hoon Kim; Kwi-Sook Choi; Jeong Hoon Lee; Kee Wook Jung; Kee Don Choi; Ho June Song; Gin Hyug Lee; Jin-Ho Kim.; **EPSTEIN-BARR VIRUS ASSOCIATED GASTRIC CARCINOMA IN SOLID-ORGAN TRANSPLANT RECIPIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 119

**Introduction** Epstein-Barr virus (EBV), as well as *Helicobacter pylori*, has been accepted as an infective agent causing gastric cancer (GC). In conventional gastric adenocarcinoma of the diffuse and intestinal types, EBV is found in 7%-14% of cases. Moreover, EBV associated GC (EBVaGC) was found more frequently in male, young age, and proximal stomach. However, the incidence and clinical features of EBV associated GC (EBVaGC) in patients that received solid organ transplantation (SOT) and immunosuppression therapy is still unknown. **Objectives** The aims of this study were to evaluate the pathological characteristics and clinical outcomes of EBVaGC in patients who had performed SOT. **Methods** Between January 1994 and December 2011, total 29 gastric carcinomas on 28 consecutive were confirmed and treated with endoscopic resection or operation in patients undergone SOT at Asan Medical Center, Seoul, Korea. Formalin-fixed paraffin-embedded tissue from these resection specimens were re-assessed for EBV by in situ hybridization and data from medical record were also reviewed retrospectively. **Results** Of the 6,491 patients who underwent SOT during the study periods, 30 patients (0.46%) with 31 lesions were diagnosed with gastric cancer. Among them, 28 patients with 29 lesions were treated by endoscopic resection or operation. The median age of patients was 59 years (interquartile range [IQR], 54-64 years) and men were 23. The median duration between transplantation and diagnosis of GC was 45 months (IQR, 34.5-80.5 months). Of total 29 GCs, 8 were found as EBVaGCs (27.5%) (6/23 males and 2/6 females). The location of tumor, histologic differentiation, initial stage, and organ of transplantation showed no differences between EBVaGC and GC. The *Helicobacter pylori* was infected in 12.5% of EBVaGC and 23.8% in GC ( $p=0.615$ ). The survival rate was 62.5% (5/8) in EBVaGC and 81.0% (17/21) in GC ( $p=0.299$ ). **Conclusions** Although the incidence of EBVaGC was higher in SOT recipients than well-known incidence of EBVaGC in non-transplant patients, the pathological characteristics and clinical outcomes were not different according to the infection of EBV. **Key Words:** Gastric carcinoma, Epstein-Barr virus, Solid organ transplantation, Recipient. |

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Pôster - Epidemiology - Gastric Cancer in the world  
AGUSTIN RODRIGUEZ GONZALEZ; MIGUEL ANGEL FARINA DEL RIO; GUSTAVO MACHAIN VEGA; ISMAEL ZELADA ALVAREZ; HORACIO PAREDES DECOUD; MARIA LAURA RAMIREZ BURGUEZ; JAVIER BARRIOS.; **FIVE YEARS EXPERIENCE IN GASTRIC CANCER IN A GENERAL SURGICAL SERVICE OF THE HOSPITAL DE CLINICAS OF ASUNCION-PARAGUAY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 119

**OBJECTIVE** To determine the clinical presentation, surgical technique, histologic type and stage in patients with gastric cancer in the II Chair of Clinical Surgery in the period between January 2008 and December 2013. **DESIGN** observational, descriptive, retrospective study of trasverso court. **RESULTS** A total of 522 patients were found with a diagnosis of malignancy between 2008 and December 2013, of which 15.9% were of gastric cancer. Gender: 68.6% male and 31.4% female. The average age of presentation of the patients was 58.5 years, with ages ranged from 18 to 92 years. The duration of the disease was 19.2 months on average. The most frequent reason for consultation was weight loss, followed by epigastric pain, nausea / vomiting, early satiety and dyspepsia. The location of the lesions found in upper gastrointestinal endoscopy were more frequent for medium / lower third. The type of injury to the upper gastrointestinal endoscopy with greater frequency was found ulcerative type. 91% presented without liver metastasis in tomography, and 73% with no free fluid in the cavity. The histological types found in biopsies were 36.15% of diffuse type, 36.15% of intestinal type adenocarcinoma, 13.2% poorly differentiated adenocarcinoma. The most frequent pre-surgical pathological stage was stage IV, as well as post-surgical. 56.6% underwent surgery. The most commonly performed surgery was total gastrectomy (42.2%). The Roux-Y reconstruction was performed in 74.5% of cases. D1 lymph node dissection was performed in 25.5% of patients, 53.2% D2, D3 at 8.5% and no lymph node dissection in 10.6%. The R0 resection was performed in 63.8% of cases. Histopathology of the surgical specimen indicates that the intestinal type was the most frequent finding. **CONCLUSION** Gastric cancer has important prevalence within all neoplasms in a general surgery department being more frequent in males in the 5th and 6th decades of life. Its nonspecific clinical presentation its associated with a greater number of patients with advanced stage at diagnosis. Still, in patients diagnosed in time, total gastrectomy, the Roux-Y reconstruction, D2 lymph node resection and R0 resection were more frequently performed. |

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Pôster - Epidemiology - Gastric Cancer in the world  
Tiago Mezzaroba Pelisson; JORGE MARCANTE CARLOTTO; DIEGO ADÃO FANTI; FERNANDO HERBELLA; RAFAEL KATAYAMA; LAERCIO GOMES LOURENÇO; CARLOS HARUO ARASAKI; LEONARDO DEL GRANDE.; **GASTRIC ADENOCARCINOMA: CASE SERIES IN A BRAZILIAN UNIVERSITY HOSPITAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 119

**Introduction:** Adenocarcinoma is the most common cancer of the stomach. Its incidence has reduced the world in recent decades, but still with significant morbidity and mortality. Its epidemiology varies in different regions of the world. **Objective:** The aim of this study was to describe the clinical data, diagnosis, staging and treatment of gastric adenocarcinoma in a university hospital. **Methods:** A retrospective study of medical records of all stomach adenocarcinomas treated at a university hospital from 1989 to 2015. The variables analyzed were sex, age, stage, type of surgery and lymphadenectomy, survival, Lauren classification of the lesion and adjuvant treatment in these patients. **Results:** We identified 791 cases of gastric adenocarcinoma in this period. Most were men (60%) and the mean age at diagnosis was 61.25 years. The most common stage was the IV (30%) and intestinal histological type was predominant. The most common surgery was subtotal gastrectomy (43.9%). The D2 lymphadenectomy was used in most cases with an average of 19 resected lymph nodes. In relation to adjuvant therapy, chemotherapy was performed in most patients in the postoperative period, and a small number of patients (7.5%) was subjected to radiotherapy. The median survival in days was 829.4. **Conclusion:** The epidemiology of gastric cancer in our institution is very similar to the medical literature, however the advanced stage when diagnosed in most cases contributed to a decreased survival even with the use of appropriate therapy. |

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Pôster - Epidemiology - Gastric Cancer in the world  
Paolo Morgagni; Luca Saragoni; Eleonora Colciago; Giovanni Vittimberga; Silvia Mancini; Alessandra Ravaioli; Orietta Giuliani; Stefania Giorgetti; Fabio Falcini; Lauro Bucchi.; **GASTRIC CANCER DECREASING INCIDENCE IN THE ROMAGNA REGION OF ITALY: A SPATIAL AND TEMPORAL ANALYSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 119

**Background** The world-wide decrease in gastric cancer (GC) incidence is due to a birth-cohort-dependent decrease in exposure to major risk factors. This study from the Romagna Region, an area of northern Italy with a historically strong internal geographical gradient in GC incidence and difference between mountains (higher GC incidence) and plain ( lower incidence ), was aimed at evaluating the variations in decreasing incidence rates by mountainous or plain municipalities and age group between 1987 and 2008. **Methods** The study period was divided in three nonadjacent periods (1987-1990, 1996-1999, and 2005-2008). **Results** In 1987-1990, a higher GC incidence in the hilly/mountainous areas was observed. Between 1987-1990 and 2005-2008, a uniform decrease by more than 50% was observed (incidence rate ratio: plain, 0.45 (95% confidence interval (CI) 0.40-0.51); hill, 0.44 (0.34-0.58); mountain, 0.48 (0.22-1.02)). The decrease in the mountainous area was weak in the middle time period, with an incidence rate ratio of 0.92 (0.46-1.84) and accelerated later. The decrease occurred earlier and was more pronounced among younger people. In 2005-2008, GC risk was highly uniform across municipalities. The absolute difference in age- (world) and sex-standardized incidence rates between the plain and the hilly/mountainous areas was no longer significant. **Conclusions** GC incidence decreased of 50% on the whole area and it became uniform; decreasing was evident in younger and not in old patients. |

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Pôster - Epidemiology - Gastric Cancer in the world  
João Pimenta de Castro; Raluca Saramet; Luis Gabriel Pereira; Rogério Mestre; Paulo Jácome.; **GASTRIC CANCER IN A DISTRICT HOSPITAL OF SOUTHERN PORTUGAL – 7 YEARS REVIEW.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 120

**Introduction :** Gastric cancer is the fourth most prevalent cancer worldwide, with the majority of cases occurring in developing countries and incidence among men being twice as high as with women. Portugal has the highest incidence in Western Europe and is the fifth most deadly cancer, remaining a major cause of malignant morbidity and mortality. Prognosis has significantly improved since 1975, with 5-year survival from 16% to 27% in 2005. **Objectives:** This study aims to study the epidemiology of a gastric cancer population submitted to surgery in order to optimize treatment and prognosis. **Methods:** The authors reviewed the statistics of a gastric cancer population submitted to surgery in a general surgery department of a district hospital in Southern Portugal (Beja), between 1st of January 2008 and 31st December of 2014. **Results:** Data from a total of 279 patients with gastric cancer were included in this study from 2008 to 2014. Demographics characteristics, histopathologic findings, surgical modalities, complications and follow-up results were obtained from the 38% (n=106) of patients submitted to surgery. The median age at the time of diagnosis was 72,1 years (range 35-93). From all of the patients 64 were men and 42 were women, performing a men-to-women ratio of 1,52:1. Adenocarcinoma was the most prevalent histopathologic diagnosis (n=87; 82%), followed by 10,4 % (n=11) Gastrointestinal stromal tumours, Lymphoma (n=2; 1,9%) and one Gastrointestinal autonomic nerve tumor. A histopathologic diagnosis wasn't possible in 4 patients (3,8%). The great majority of tumors (88,7%; n=94) were localized distally (distal 2/3) in the stomach and, 11,3 % (n=12) were proximal tumors. Sub-total gastrectomy was the principal choice of procedure (n=54); 18 total gastrectomies 5 of which where totalization of subtotal gastrectomies for neoplastic relapse and 34 atipic resections and/or other procedures. Of the 87 adenocarcinomas diagnosed, only 3,44% (n=3) were early gastric cancers. A curative intent was intended in 61,3% (n=65) of the 106 surgeries performed. The overall one month mortality was 8,5% and the median survival for the I-IV MO stages of adenocarcinoma was 21,98 months. **Conclusion:** In an area with such an high incidence of gastric cancer all the efforts must be made for an early detection. Area 2(a) suggested a specific surveillance programme for high risk patients in order to improve prognosis and overall survival. |

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Pôster - Epidemiology - Gastric Cancer in the world  
Ramasamy Chidambaram; JohnRose John Grifson; Thirumaraihelvan Perungo; Duraisamy Bennet; Anbalagan Amudhan; R.Prabhakaran; S.Selvarajan; P.Selvarathinam; DKannan; S.M.Chandramohan.; **GASTRIC CANCER IN THE YOUNG: AN INDIAN STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 120

**INTRODUCTION:** In Indian population Gastric cancer commonly occurs in the 6th and 7th decade of life. Younger patients present usually at advanced stage with a aggressive tumour biology. This study analyses the demographic and clinico pathologic characteristics of gastric cancer in young patients. **OBJECTIVES** The aim of this study is to analyse the demographic, clinical and pathologic profile of young patients presenting with gastric cancer and to study the various treatment options provided in the young. **METHODS** Data was collected retrospectively. Patients who presented with gastric cancer from 2012 -2014 to the Departments of Surgical Gastroenterology, General Surgery and Oncology at RGGH and Madras medical college were analysed. Clinico-pathologic factors of Patients with age less than 40 years were compared with more the 40 years. Sex ratio, site of occurrence, differentiation of tumour, Performance status and operability of tumour were analysed. Data were analysed using SPSS software. **RESULTS** The total number of patients with carcinoma stomach over the study period was 687. Among them 102 patients (14.84%) were under 40 years of age and 585(85.15%) above 40 years. The median age was 37 years and 55 years in the young and elderly group respectively. The M:F ratio was 1.5:1 in younger patients in comparison with 3 :1 in the older patients. Proximal gastric cancer was present In 29.41% in younger patients and in 22.89 % in group B. Distal gastric cancers accounted for 70.58% and 72.82% in <40 years and > 40 years respectively. Poorly differentiated adenocarcinoma was the commonest histology in both the groups. Majority of patients in both the groups were in ASA status III. The operability was lower in younger patients (32.35%) when compared to older patients (37.40%). Palliative procedures were done in 34.31% in younger group and 30.59% in elderly. Stage IV disease at presentation was seen in 32.35% in the young and 33.84% in the elderly. **CONCLUSION** In our population 14.84% were under 40 years of age. The sex ratio was 1.5:1 in the younger patients. Poorly differentiated tumour was the commonest histology. The tumor was commonly located in the distal stomach in most of our patients. Proximal tumors were found in younger patients more than the elders. The younger patients had lower operability rate. |

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Pôster - Epidemiology - Gastric Cancer in the world  
Paolo Del Rio; Elisa Bertocchi; Lorenzo Viani; Paolo Dell'Abate; Gioacchino Giovanni Iapichino; Mario Sianesi.; **GASTRIC CANCER: IS A CHANGING DISEASE? A SINGLE CENTER EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 120

**Introduction** Gastric cancer (GC) remains an important public health burden in the world. It is representing 8% of all cancer cases and 9,7% of all cancer death. GC is the fourth most commonly occurring cancer in the world and the second most common form of cancer in Europe. **Objective** The aim of this study was to evaluate clinical and histopathological changes of GC in the last fifteen years and analyze factors influencing overall survival. **Methods** We have retrospectively categorized into a dedicated database patients submitted to surgery for GC at OU General Surgery and Organ Transplantation, University Hospital of Parma, from January 1996 to December 2010. The following data were recorded: sex, age, tumor localization, type of surgery, tumor size, Lauren histotype, AJCC 7th Edition TNM stage, number of lymph nodes removed (NRLN) and number of metastatic lymph nodes (NMLN), 30-days mortality and overall survival (follow-up was closed in August 2014). The analysis focused on two period: 1996-2003 (group 1) and 2004-2010 (group 2). The prognostic value of these criteria were analyzed by Kaplan and Meier method and long-rank test. **Results** In this study there was an increase in age distribution of GC in period 2 (p=0.012). Tumor localization was classified as upper, middle and lower third and when GC involving more than two portions was classified as "diffuse"; significant increase of "diffuse" GC was observed in group 2 (p=0.01). Slight but significant changes in TNM stage were found: in group 2 there was decrease in the rate of early GC and in advanced depth of tumor invasion; increase of lymph nodes involvement was also demonstrated. There were no significant changes in type of surgical treatment and Lauren histotype between two period. NRLN and NMLN increased significantly with time; there was an inverse relationship between the age of patients and the NRLN. Overall survival wasn't changed in two groups. There was a significant difference in overall survival calculated for Lauren histotype: from ten months to surgery patients with diffuse histotype showed worse prognosis. **Conclusion** Overall survival in patients with GC didn't change over the last fifteen years. Increase in lymph nodes involvement was found, despite a decrease on depth of tumor invasion. This result and the unchanged of overall survival, with an improved quality of limphadenectomy, confirms the dismal prognosis of GC. |

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Pôster - Epidemiology - Gastric Cancer in the world  
Márcio Carmona Marques; Felipe José Fernández Coimbra; Wilson Luiz da Costa Jr; Alessandro Landskron Diniz; Héber Salvador de Castro Ribeiro; André Luis de Godoy; Igor Correia de Farias; Antonio Moris Cury Filho.; **GASTRIC STUMP CARCINOMA: SURGICAL RESULTS OF A SINGLE CENTER IN BRAZIL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 120

**Introduction:** Gastric stump carcinoma is an uncommon but well-documented tumor in the literature. The aim of this study was to analyze the clinicopathological data of patients who underwent resection of gastric stump carcinoma and identify prognostic factors of survival. **Methods:** Patients records were retrospectively reviewed. Clinical, epidemiologic and pathologic data were collected and submitted to statistical analyses. Survival prognostic factors were analyzed in the group patients treated with curative intent only. **Results:** From 1988 to 2014, 54 patients underwent surgical resection of gastric stump tumors, with gastrectomy totalization. Median age was 68 years old (33 – 88). Forty-three patients were treated with curative intent and 11 had a noncurative surgery. In the noncurative group, all subjects were pre-operatively diagnosed as non-metastatic and had M1 disease found during surgery (3 in the liver, 6 in the peritoneum and 1 in distant nodes). The other noncurative procedure was an incomplete resection (R2). Median interval between previous gastrectomy and gastric stump carcinoma diagnosis was 22 years. Postoperative complication rate was 40.7% and there were four 90-day deaths (7.4%). Factors that influenced postoperative morbidity were age higher than 65 years old and the interval between the previous gastrectomy and the diagnosis of the tumor higher than 20 years. With a median follow-up of 25 months, 3-year overall survival was 54.2%, 73.6% for the curative-intent group and 0% for the noncurative group. Factors that influenced overall survival were the interval between previous gastrectomy and the diagnosis of neoplasm higher than 20 years (p=0.024), occurrence of postoperative complications (p=0.006), tumor size higher than 5,0cm (p=0.025), lymphatic invasion (p=0.006), blood vessel invasion (p=0.029) and perineural invasion (p=0.001). No factor was an independent predictor of overall survival in multivariate analyses. **Conclusion:** Gastric stump carcinoma is a rare tumor. In fit patients, surgery with curative intent provides similar results in comparison to the other gastric resections for adenocarcinoma. In patients with metastatic disease, it should be cautiously recommended, due to poor results observed in long-term survival. |

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Marianne Rodrigues Fernandes; Lilliane Rodrigues Fernandes; Paula Barauna de Assumpção; Ellen Moreno Silva; Sidney Emanuel Batista dos Santos; Andrea Kely Campos Ribeiro dos Santos; Paulo Pimentel de Assumpção; Rommel Mario Rodriguez Burbano; Ney Pereira Carneiro dos Santos. **GENOMIC ANCESTRY OF PATIENTS WITH GASTRIC CANCER IN NORTHERN BRAZIL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 121

**Introduction:** Gastric cancer (GC) is the fourth most frequent cancer type and the second highest cause of cancer mortality mundial. In Brazil, gastric cancer is among the most tumors types of incidents and a major cause of mortality, particularly in the northern. The different ancestral genetic information resulting from contributions from ancestral populations can alter susceptibility to cancer development. Studies seeking to compare the genetic ancestry as a risk factor for cancer investigated relatively homogeneous populations without interethnic mixture as the profile of the Brazilian population. **Objectives:** To investigate the association of the estimates of genetic ancestry and the risk of developing gastric adenocarcinoma in a mixed population of Brazil. **Methods:** The subjects investigated were chosen according to the case-control study. The sample was made up by 107 patients were diagnosed with Gastric Adenocarcinoma and study's control population was composed of 225 subjects without cancer, all of them living in northern Brazil. For estimating genetic ancestry was used a panel of 48 informative markers of ancestry (IAMS) type insertion-deletion (INDEL) of autosomes chromosomes. **Results:** A high African genetic ancestry contribution was found in the study group with gastric cancer; and the control group, a strong European genetic ancestry contribution ( $p < 0.001$ ). Our data show a significant risk of correlation between the gradual increase of African ancestry and the risk of developing gastric cancer. Estimated relative risk was found up to 17 times to individuals of African descent over 40%. **Conclusion:** The analysis of genetic ancestry profile of patients with gastric cancer in a population with a high degree of admixture was an instrument of great value. We found a correlation between the gradual increase of African genomic contribution to the high risk of gastric cancer development in northern Brazil. |

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ARTHUR CASOLARI ARAUJO MANSUR DAVID; PHELPE GREGORIO COBIANCHI LEANDRO; MARCELO FERNANDO SANTONI DE LIMA; ALEXANDRE DA SILVA NISHIMURA; FERNANDO RAFAEL SPANGENBERG; VICTOR EDUARDO AGUERO; FERNANDA RIBEIRO DANZIERE; LUIZ HENRIQUE BONARDI. **INCIDENCE AND PROFILE OF PATIENTS AFFLICTED WITH GASTRIC CANCER IN A CITY OF 100.000 INHABITANTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 121

**According to previous studies in oncology,** stomach tumors correspond to the third type of cancer with the highest incidence among males and the fifth most common among women. Research related to the profile of patients affected by this type of cancer as well as the characteristics of their occurrence in certain areas may help to establish guidelines for prevention and treatment. This study is a qualitative, documentary and retrospective study carried out from the analysis of medical records of a clinic specializing in anatomopathology located in Ourinhos-SP which has about 100.000 inhabitants. It was considered the occurrences registered in 2011 to present day. The objective is to present the incidence of gastric cancer recorded every year and draw the sample profile according to the gender of patients seen and the histological type of cancer. In 2011 16 cases were registered of gastric cancer as well as in the year 2012. In 2013 the highest incidence was recorded, occurring 44 cases. In the year 2014 the incidence decreased to 32 cases. Finally, until today, in the year 2015 5 cases of gastric cancer were recorded in the specific clinic. It was observed that among the 113 cases of gastric cancer recorded in the 2011 period to the present day, 41 (36.28%) patients were female and 72 (63.72) were male. According to histological type, there was greater poorly differentiated adenocarcinoma of occurrences (55 cases - 48.8%), moderately differentiated (27 cases - 23.8%), well differentiated adenocarcinoma (27 cases - 23.8%), GIST (1 case - 0.9%) and lymphoma (3 cases - 2.7%). In conclusion, the data obtained through this documentary study are consistent with what is stated in the current literature pointing gastric cancer as the most common in the male population. According to the histological type, there was a higher incidence of poorly differentiated adenocarcinoma in 48.8% of cases. Peak records considering the study period occurred in 2013, with 44 reported cases. |

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Pöster - Epidemiology - Gastric Cancer in the world

Ron Lavy; Yehuda Hershcovitz; Lital Keinan-Boker; Ariel Halevy. **INCIDENCE TRENDS AND MORTALITY RATES OF GASTRIC CANCER IN ISRAEL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 121

**Introduction :** The incidence of gastric cancer (GC) has been continuously decreasing but in spite of this decline, GC is still one of the major causes of cancer-related death worldwide and is regarded as third only to lung and colon cancer in this regard. The aim of our review was to report on the incidence trends and mortality rates of GC in Israel. **Materials and methods :** The Israel National Cancer Registry (INCR) was established in 1960, and since 1982 it has been compulsory to report on newly diagnosed patients. The Central Bureau of Statistics (CBS) collects information on mortality and codes the specific causes of death. Data on gastric cancers incidence trends and mortality rates according age groups were obtained for the period 1990 through 2011. As of 2011, the overall population of Israel amounted to 7.75 x 106, of whom 75.3 % were Jews and 20.5 % were of Arab origin. **Results :** Around 650 new cases of GC are diagnosed each year in Israel. From 1990 through 2011, age-adjusted GC incidence rates (per 100,000) decreased from 13.6 to 8.8 cases (34.5 %,  $p < 0.0001$ ) and from 6.75 to 4.1 cases per 100,000 (19.7 %,  $p < 0.0001$ ) in Jewish men and women, respectively. In Arabs, the rates increased non-significantly, from 7.7 to 9.7 cases per 100,000 (25%,  $p = 0.430$ ) in men, and significantly, from 3.7 to 5.5 cases per 100,000 (49%,  $p = 0.0378$ ) in women. Throughout 1990–2011, most patients were diagnosed at age 65 years and over among Jews and at age 55 or over among Arabs. Age-adjusted mortality rates from GC (per 100,000) decreased significantly in the Jewish population, from 9.28 to 4.42 in men (53% decrease,  $p < 0.0001$ ) and from 3.84 to 2.73 in women (29% decrease,  $p = 0.005$ ). In the Arab population age-adjusted mortality rates increased in men from 3.78 to 6.26 (66% increase,  $p = 0.191$ ), and stayed relatively stable in women from 2.88 to 2.24 ( $p = 0.582$ ). **Conclusion:** The Israeli population is not only a mix of Jews immigrating from all over the world, but also a mix of the Jewish and Arab populations. In conclusion, the overall number of GC patients in Israel has remained stable at around 650 new patients per year during the past 15 years. While a decrease in the incidence can be noticed in Jews, an increase is noticed in the Arab population. The overall survival of GC patients in Israel is poor due to the advanced stage at diagnosis. However, a very slight increase in relative survival is reported. |

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Ana Fonseca Nunes; Nuria Aranda; Amanda Cross; Antonio Agudo; Maria Esther Molina; MAria Jose sanchez; BAs Bueno de Mesquita; Peter siersema; Elisabete Weirpass. **IRON HOMEOSTASIS AND GASTRIC CANCER RISK IN THE EPIC COHORT STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 121

**Introduction:** Although it seems biologically plausible for iron to be associated with gastric carcinogenesis, the evidence is rather heterogeneous and insufficient to lead to any conclusions. **Aim:** to investigate the relationship between body iron status and gastric cancer risk. **Methods:** we conducted a nested case-control study in the multi-centric European Prospective Investigation into Cancer and Nutrition (EPIC) study. The study included 456 primary incident gastric adenocarcinoma cases and 900 matched controls that occurred during an average of 11 years of follow-up. We measured pre-diagnostic serum iron, ferritin, transferrin, and C-reactive protein, and further estimated total iron-binding capacity (TIBC) and transferrin saturation (TS). Odds ratios (OR) and 95% confidence intervals (CI) for the risk of gastric cancer by iron metrics were estimated from multivariate conditional logistic regression models. **Results:** After adjusting for relevant confounders, we observed a statistically significant inverse association between gastric cancer and ferritin and TS indices (ORLog2=0.80, 95% CI=0.72-0.88; and OR10%increment=0.87, 95% CI=0.78-0.97, respectively). No statistical differences were found by gastric cancer localization (cardia and non-cardia) or histological (diffuse or intestinal) type. TIBC increased risk of overall gastric cancer (OR50µg/dl=1.13, 95% CI=1.02-1.2) and also with non-cardia gastric cancer and intestinal type. Additional analysis suggests that time since diagnosis of gastric cancer and pepsinogen levels could modify these findings. In conclusion our results showed a decreased risk of gastric cancer related to body iron status, measured by serum iron and ferritin. Further investigation is needed to clarify the role of iron in gastric carcinogenesis. |

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Pöster - Epidemiology - Gastric Cancer in the world  
KAI-FENG PAN; MOLECULAR ASSESSMENT IN INTERVENTION TRIALS FOR GASTRIC CANCER PREVENTION IN LINQU, CHINA. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 122

Linqu County, a rural area in Shandong Province, has one of the highest mortality rates of gastric cancer (GC) in the world. Our previous studies indicated that H. pylori infection was a risk factor for the development of GC, and eradication of H. pylori could inhibit the progression of gastric lesions and prevent GC. Although the high prevalence of H. pylori infection, only a small proportion of infected subjects eventually develops GC. Genetic variations of host and H. pylori virulence factors may play the crucial roles in gastric carcinogenesis, thus might serve as potential markers to classify H. pylori-infected subjects into high- and low-risk groups for personalized prevention. To identify markers associated with GC risk, we firstly evaluated the relationship between genetic polymorphisms of inflammation-related genes and risks of GC and its precursors, and H. pylori-specific antibodies responses associated with evolution of gastric lesions. We further conducted a whole genome DNA methylation profiling analysis using HumanMethylation450 BeadChip to investigate the alternations of methylation in blood leukocyte and gastric tissue DNA before and after eradication of H. pylori. We also tested the dynamic levels of COX-2/PGE2 and cell proliferation activity in H. pylori-infected subjects before and after interventions, and assess their dynamic changes with interventions and evolution of precancerous gastric lesions. This presentation will provide the major findings of molecular assessment in our studies on natural evolution and intervention of GC in a high risk population in Linqu County. |

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Pöster - Epidemiology - Gastric Cancer in the world  
J M V AMARJOTHI; KUSHIK SHIVAKUMAR; PERUNGO T; BENNET DURAISAMY; A AMUDHAN; JOHNROSE JOHN GRIFSON; SELVARATHINAM. P; PRABHAKARAN RAJU; DEVIGOUNDER KANNAN; S.M.CHANDRAMOHAN; PATTERNS OF RECURRENCE IN PATIENTS AFTER CURATIVE GASTRECTOMY IN A TERTIARY CARE CENTRE IN SOUTH INDIA.. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 122

INTRODUCTION: Gastric cancer in the Indian setting commonly presents as advanced disease obviating the need for curative resection. Therefore, in the proportion of patients who are undergoing curative resection, patterns of disease recurrence are of paramount importance for understanding tumour biology, patient prognostication and survival. AIMS: The study is to elucidate the patterns of recurrence after curative R0 gastrectomy for carcinoma of the stomach in our institution. METHODS: Patients with recurrence following curative R0 gastrectomy from 2011 to 2014 were subjected to complete history, physical, radiological examination of the abdomen, chest and upper GI scopy. Recurrence was divided into the following categories-locoregional, metastatic & both. Disease recurrence to proximal stomach, stomach bed, nodes & anastomotic site were in the locoregional sub category. Metastatic recurrence included liver, peritoneum, anterior abdominal wall, other organs and nodal involvement to left supraclavicular nodes. RESULTS: It was found that 52 of 177 (29.37%) patients who underwent R0 gastrectomy presented with recurrence. Of the 52 with recurrence, 98% (n= 51) developed recurrence within 2 years of the curative resection. Locoregional involvement alone was seen in 25% (n=13), distant metastasis in 48.07% (n=25) and combined (locoregional and metastatic) in 26.9% (n=14) patients. Most common site of metastatic recurrence was to the peritoneum resulting in ascites in 48.7% (n=19) followed by the liver in 41% (n=16). It is to be noted that 55.76% pts (n=29) of patients did not receive any adjuvant chemotherapy. The mean overall time for recurrence after curative resection in all was 10 months which was prolonged to 14 months in those who received adjuvant chemotherapy. Most recurrences (n=32) (61.5%) occurred in those with poorly differentiated histology at initial operation. CONCLUSION: Almost all recurrence occurred within 2 years of surgery implying on the need for effective follow up immediately following resection. Histology (poor differentiation) at the time of initial resection plays a role in early recurrence requiring aggressive follow up in this sub group. In our set up, metastatic disease involving the peritoneum resulting in ascites followed by liver involvement, was more common than locoregional recurrence. |

SEM CONFLITOS DE INTERESSE

Pöster - Epidemiology - Gastric Cancer in the world  
Esdras Edgar Batista Pereira; Gabriela Almeida de Oliveira; Nádia Barreto dos Santos; Anelza Biene Farias de Souza; Saul Rassy Carneiro; Ney Pereira Carneiro dos Santos; Ana Flávia Endres Nunes; Edilene do Socorro Nascimento Falcão Sarges; PREVALENCE EVALUATION OF GASTRIC CANCER IN ELDERLY IN HIGH COMPLEXITY HOSPITAL IN ONCOLOGY, IN BELÉM OF PARÁ, BRAZIL: 2007 TO 2014. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 122

BACKGROUND: Gastric cancer is the fourth most frequent cancer worldwide. In Brazil, it is estimated the occurrence of 20,390 new cancer cases in 2015. This cancer is the second most common in the North region, with the Pará one of the states with the highest incidence of the disease. Between the risk factors related to carcinogenesis, the age is seen as relevant, given that over 60% of cases occur after age 60. OBJECTIVE: To analyze the prevalence of gastric cancer in elderly patients at a state of Para oncology service in Brazil. METHODS: This was a cross-sectional and analytical observational study approved by the Research Ethics Committee of the University Hospital João de Barros Barreto, protocol n. 739/2010. Included adults and seniors with gastric cancer admitted between 2007 and 2014. The variables were gender, age, birthplace, cancer subtype, length of stay and clinical outcome. A descriptive analysis was performed using the absolute frequency, mean, standard deviation and median. The association between length of stay and the age of patients was investigated using the Mann-Whitney test and the analysis of the proportion of deaths by age was tested with the Binomial Test using the Bioestat 5.4 software, with a significance level of 5% (p < 0.05). RESULTS: During the study period the hospital received 3210 admissions for neoplastic diseases, where the most frequent was stomach cancer, with 598 hospitalizations. This population consisted mainly of men (68.0%), the elderly (52.0%) and residents in the state (47.0%). Among the elderly, gastric cancer was more prevalent in men (71.3%) with a mean age of 70.2 (± 7.5) years, coming from the state of the interior of the municipalities (46.5%), diagnosed with malignant neoplasm of stomach does not specifies (93.9%). On average these seniors spent 26 (±20) days in the hospital, while not significantly different from adults (p = 0.4057). The clinical outcomes, it was observed that the proportion of seniors who evolve to death is greater than that of adults (p = 0.0239). CONCLUSION: The prevalence of gastric cancer among the elderly has increased in recent years, often diagnosed in advanced stages, provides an increase in mortality more enduring ages. This identification allows for better care and preventive approach targeted due to age a predictive and prognostic factor for oncogeriatrics patients. |

SEM CONFLITOS DE INTERESSE

Pöster - Epidemiology - Gastric Cancer in the world  
Karthikeyan.M; John Grifson.J; J.M.V.Amarjothi; Bennet.D; Amudhan.A; R.Prabhakaran; Thirumarachelvan Perungo; P.Selvarathinam; D.Kannan; S.M.Chandramohan.; THE ELDERLY WITH GASTRIC CANCER – A TERTIARY CENTRE EXPERIENCE. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 122

Introduction: In our population gastric cancer is commonly seen in the 6<sup>th</sup> and 7<sup>th</sup> decade of life. Elderly patient with gastric cancer represent a unique group as they present with distinct clinicopathologic factors. Curative procedures in these patients needs to be carefully tailored because often there are associated co-morbid illness which will hinder the post-operative outcome. We studied the clinico-pathologic variables in elderly patients presenting with gastric cancer in our population. Methods: Retrospective data from our institution was collected over a period of 3 yrs from 2012 to 2014 and analysed. Sex ratio, site of occurrence, differentiation of the tumour, performance status of the patient and the operability of the tumour was recorded. The parameters of patients with age > 70 years were compared with patients with age < 70 years. SPSS software was used for analysis. Results: The total number of patients diagnosed to have carcinoma stomach over the study period was 687. Of these, 53 patients (7.7%) were above 70 years and 634 patients (92.28%) were below 70 years. The median age in patients with age > 70 years was 75 years and 53 years in patients with age < 70 years. The M:F ratio was 5.6:1 in the older patients while in the younger patients it was 2.1:1. In elderly patients 33.96% had proximal gastric cancer and 66.03% had distal gastric cancer compared to 26.97% and 73.02% in patients with age < 70 years. The most common histology was poorly differentiated carcinoma in the > 70 and < 70 age group. Majority of patients in both the groups were in ASA status 3. The operability was much lower in the elderly (16.98%) when compared to the younger patients (36.57%). More than half of the patients (50.94%) in the elderly group had advanced disease at presentation while in group B nearly one third (32.33%) had a advanced disease. Conclusion: In our analysis, 7.7% patients were above 70 years old. The sex ratio was 5.6:1. Poorly differentiated adenocarcinoma was the most common histological finding. Though proximal gastric cancer was common compared to the younger age, distal gastric cancer was the most common site of tumour occurrence. The operability was only 16.98% and 50.94% presented with advanced disease. |

SEM CONFLITOS DE INTERESSE

Pôster - Epidemiology - Gastric Cancer in the world  
Moysés Fagundes de Araujo Neto; Juraci Leite Neves Neto; Elaine Guedes Fontoura;  
**THE INCIDENCE OF GASTRIC CANCER IN A REFERENCE UNIT OF ONCOLOGIC TREATMENT IN FEIRA DE SANTANA – BAHIA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 123

**INTRODUCTION:** The gastric cancer is characterized by the types: adenocarcinoma, corresponding to 95% of stomach's tumors, and lymphoma (diagnosed in 3% of cases) and leiomyosarcoma (started in tissues that give rise to the muscles and bones), being the less common histological types. According to INCA (2014), is expected 20,390 new patients diagnosed with cancer per year; being 12,870 men and 7,520 women, shaping up as the third and fifth most common cancer for males and females, respectively. Although in these past 70 years had an decrease of mortality of the patients with gastric cancer, this still representing an important cause of death and ranks among the five most common primary locations of deaths and of new cancer's case, in both sexes. **OBJECTIVES:** Assess the incidence of gastric cancer in a reference unit in cancer treatment; Check the incidence of cancer among men and women and the age group most affected by the disease; Identify the type of gastric cancer that more affect the patients. **METHODS:** Is a descriptive, transversal, quantitative and retrospective study carried out in a referral unit of treatment of cancer in Feira de Santana - Bahia in a period of January to December 2014. **RESULTS:** During the year of 2014, 1350 patients were submitted to chemotherapy, being 25% (341) treatment of gastric cancer. From the total of gastric cancer, were diagnosed 95% (321) as adenocarcinoma, 3% (13) as lymphoma and 2% (07) as leiomyosarcoma. Was identified in 78% (267) the neoplasia with invasive lesion, while 22% (74) of the cases had an unspecified cancer. 63% (215) of the cases had affected men and 37% (126) women. The most affected age group was 51-60 years with 42% (143) of the cases, followed by 41-50 years with 30% (102) of the cases. **CONCLUSION:** The incidence of gastric cancer shows that the disease continues being one of the cancers that more the people are subject to develop, especially men, even with a decreasing percentage in recent decades. Between the types, gastric adenocarcinoma with invasive lesion is the most common among the cases, which raises concerns to know that the cancer is related with emergence of prior ulcerations. |

SEM CONFLITOS DE INTERESSE

Pôster - TNM staging  
Eric Drizlionoks; Amanda Pinter Carvalheiro da Silva; Valdir Terciotti Junior; Luiz Roberto Lopes; Nelson Adami Andreollo; **Advanced gastric cancer: analysis of 293 cases operated in a university hospital.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 123

**Objective.** We aim to evaluate histological profile of patients that have been submitted to gastrectomy or other surgical treatments due to advanced gastric cancer. **Method.** We selected 293 patients who underwent surgical treatment because of gastric adenocarcinoma from January 2002 to October 2013. All cases were confirmed by previous biopsy. **Criteria of exclusion** were: 1) histologic types different from adenocarcinoma; and 2) tumors of the esophagogastric junction. We describe demographic variables (gender, age), histopathology data (T, N, M, stage, grade of differentiation, margins, angiolymphatic and/or perineural involvement), tumor localization at the stomach (antrum, body or fundus), type of surgery, number of lymph nodes resected and number of lymph nodes with metastasis. **Results.** This study showed predominant involvement of males (63.1% men and 35.9% women); the most common procedure was distal gastrectomy with D2 lymphadenectomy (66.5%). Total gastrectomy with D2 lymphadenectomy was done in a smaller number of cases (28.6%) and other procedures (degastrectomy, gastroenteroanastomosis, jejunostomy) in less than 5%. The mean age was 61.25 years with standard deviation of 12.39 years. The predominant age group was 61-70 years, with 32.7% of cases. The main localization of the tumor in the stomach was the antrum (57%). The most common histological type was moderately differentiated adenocarcinoma. The most commonly stages found was IIIb and IIIc, each of them with 18% of the number of cases. In only about 14% of the procedures were identified visible metastatic implants in the peritoneum during the cavity examination. The average of perineural involvement was 47.5% and the average of angiolymphatic involvement was 56.8%. Free surgical margins were obtained in most cases (82%). The average of lymph nodes resected was 28.3 and the average of lymph nodes with metastasis was 7.4. **Conclusion.** Most patients with gastric cancer in this study underwent surgery due to an advanced stage disease at the moment of surgery. For this group, it should be advisable adjuvant therapy. |

SEM CONFLITOS DE INTERESSE

Pôster - TNM staging  
xueyingwei; **CLINICOPATHOLOGIC CHARACTERISTICS AND PROGNOSTIC VALUE OF VARIOUS HISTOLOGICAL TYPES IN ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 123

**OBJECT:**the clinicopathologic features of various WHO histological types and their prognostic significance in advanced gastric cancer (AGC). **Method:**We retrospectively reviewed 741 patients with gastric cancer in our hospital from 1997 to 2007. The AGC (741 cases) were divided into five histological types: well-differentiated carcinoma (WD), moderately differentiated carcinoma (MD), poorly differentiated carcinoma (PD), mucinous carcinoma (MC), and signet ring cell carcinoma (SRC). The various AGC histological types presented significant differences in their clinical and tumor features. The five-year survival rates of patients with WD, MD, PD, MC, and SRC were 87.1%, 57.1%, 50.6%, 62.7%, and 43.4%, respectively (P=0.012). Multivariate analysis showed that cell differentiation, age, depth of invasion, and lymph node metastasis were independent prognostic factors in AGC, whereas MC and SRC were not. **Results and conclusion:**Cell differentiation is related to tumor aggression or patient stage. Advanced stage SRC carcinoma had more aggressive features and worse prognosis than the other types. MC carcinoma survival is correlated with the stage at diagnosis. The degree of cell differentiation is an important predictor of survival in AGC. |

SEM CONFLITOS DE INTERESSE

Pôster - TNM staging  
Ramakrishnan Aylor Seshadri; Swaminathan Rajaraman; **COMPARISON OF THREE NODAL STAGING SYSTEMS FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 123

**Aim:** To compare the UICC TNM 6th and 7th edition nodal staging systems for gastric cancer with a nodal ratio based staging system. **Materials and methods:** Retrospective analysis of all patients who underwent radical gastrectomy in our institution between 1991 and 2007. Patients were divided into different pN categories of UICC TNM 6th and 7th editions. A simple classification based on the ratio of metastatic nodes to total dissected nodes (LNR) was identified using the best cut-off method- LNR0=0%, LNR1=1-25% and LNR3= >25%. **Survival analysis** was done using life table method. **Results:** A total of 417 patients were included in the study of whom 295 (71%) had nodal metastasis. The median number of nodes dissected were 23 (4-91) and the median number of positive nodes were 3 (0-47). A minimum of 16 nodes were dissected in 320 patients (78%). After a median follow-up of 31 months, the overall 5-year overall survival (OS) between the various pN categories of TNM 6th edition (pN0-67.5%, pN1-43.7%, pN2-19.7%, pN3-3.6%; p<0.001), TNM 7th edition (pN0-67.5%, pN1-48.6%, pN2-39.2%, pN3a-19.7%, pN3b-3.6%; p=0.001) and the LNR categories (LNR0-67.5%, LNR1-52%, LNR2-9.3%; p<0.001) was significantly different. However, there was no significant difference in the 5-year OS between pN1 and pN2 categories of the TNM 7th edition. The LNR was able to identify subsets of patients with significantly different survival in the various pN categories of both the TNM 6th as well as the 7th editions. The LNR was also able to stratify patients based on survival regardless of the number of nodes dissected (?15 or ?16), whereas the TNM 6th and 7th editions could not be completely applied to patients in whom ?15 nodes were dissected. **Conclusion:** All three nodal staging systems can be used for prognostication of patients with stomach cancer, although the TNM 7th edition nodal staging system does not score over the previous edition. Lymph node ratio can be used to further stratify patients in the TNM staging system. |

SEM CONFLITOS DE INTERESSE

Pôster - TNM staging

Marina Alessandra Pereira; André Roncon Dias; Marcus Fernando Kodama Pertille Ramos; Osmar Kenji Yagi; Sheila Friedrich Faraj; Evandro Sobroza de Mello; Bruno Zilberstein; Ivan Ceconello; Ulysses Ribeiro Junior; **IMMUNOHISTOCHEMISTRY DETECTION OF OCCULT NODAL INVOLVEMENT IN NODE-NEGATIVE GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 124

**Introduction:** The presence of lymph nodes (LN) tumor invasion is one of the most important prognostic indicators in gastric cancer (GC), since the number of LN metastases is essential to stratify patients by stages and may be useful for predicting patient survival. The micrometastases (MM) have been studied as a prognostic factor in several types of cancer and have also been related to decrease overall survival and increased risk of recurrence disease in GC patients. However, their identification is limited in the conventional hematoxylin-eosin (HE) routine, since the node structure is not examined entirely by histological methods. **Objectives:** The aim of the present study was to identify the incidence of potentially relevant MM or isolated tumor cells (ITC) in patients with histologically node-negative GC using CK AE1/AE3 immunostaining. **Methods:** A retrospective study with 40 patients (T1-T4) undergoing a potentially curative gastric resection with extended D2 lymphadenectomy who have previously been classified as pN0 by HE stain was performed to determine the impact of histological and immunohistochemistry (IHC) analyses. The results for the presence of metastases, MM and ITC were also co-related with clinicopathological features and their impact on stage grouping and survival. Tumor deposits within LN were defined according the guidelines of the tumor-node-metastases (7th TNM), where the distinction is based on the size of the metastatic tumor foci. **Results:** In 40 resection specimens initially staged as pN0 a total of 1439 LN were obtained (median of 35 LN per person). Tumor cells in regional nodes were detected by IHC in 30% of resected gastric tumours (12 patients). Tumor cells were present in the form of a single or cluster of tumor cells. The nodal involvement was correlated with tumor progression and lymphovascular invasion. The histologic stage of two patients was upstaged from stage IB to stage IIA and IIB. Four of the 28 CK-negative patients (14.3%) and three among the 12 CK-positive patients (25.5%) had recurrence of the disease. **Conclusion:** Cytokeratin staining of the dissected LN is recommended to precisely determine tumor stage and may help to identify those GCN0 patients who at high-risk for tumor recurrence. IHC method, compared to the traditional routine, may provide more information for identifying the presence of LN tumor cells and could be useful prognostic indicators for deciding treatment strategies for adjuvant therapy. |

SEM CONFLITOS DE INTERESSE

Pôster - TNM staging

LEANDRO CARDOSO BARCHI; Osmar Kenji Yagi; Carlos Eduardo Jacob; Donato Roberto Mucerino; Ulysses Ribeiro Júnior; Danielle Marrelli; Franco Roviello; Ivan Ceconello; Bruno Zilberstein; Claudio José Caldas Bresciani; Fabio Pinatel Lopasso; Marcus Fernando Kodama Pertille Ramos; **PREDICTING RECURRENCE AFTER CURATIVE RESECTION FOR GASTRIC CANCER EXTERNAL VALIDATION OF THE ITALIAN RESEARCH GROUP FOR GASTRIC CANCER (GIRCG) PROGNOSTIC SCORING SYSTEM.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 124

**BACKGROUND:** Most nomograms for Gastric Cancer (GC) were developed to predict overall survival (OS) after curative resection. The Italian Research Group for Gastric Cancer (GIRCG) prognostic scoring system was designed to predict the risk of recurrence after curative treatment based on pathologic tumor stage and treatment performed (D1-D2/D3 lymphadenectomy). We carried out this study to externally validate the GIRCG's prognostic scoring system. **PATIENTS AND METHODS:** In order to validate the GIRCG's prognostic scoring system, 185 patients with GC operated with curative intention in University of São Paulo, School of Medicine (HCFMUSP) from January 2001 to December 2007 were used. The median follow-up period was 77.8 months (range 1.93 to 150.8) for all patients and 102.5 months (range 60.9 to 150.8) for patients free of disease. The NRI (net reclassification improvement) was calculated to estimate the overall improvement in the reclassification of patients using the score system in place of the TNM stage system. **RESULTS:** CG recurrence occurred in 70 (37.8%) patients. The mean time to recurrence was 22.2 (± 20.4, SE 2.44 range 1.9 -98.1) months. For patients with recurrence, the gain in the proportion of reclassification was 0.257 (p <0.001), indicating an improvement around 26% in the classification of patients with recurrence. For patients without recurrence, the gain in the proportion of reclassification was -0.122 (p <0.001), indicating a worsening of around 12% in the classification of patients without recurrence. The NRI calculated was 0.135 (P = 0.0527). **CONCLUSION:** In conclusion, we validated the GIRCG prognostic scoring system that predicts recurrence after radical surgical treatment for CG, mainly for high-risk patients to prevent recurrence. The TNM stage system is simple, easily reproducible and has high prognostic accuracy and therefore should not be replaced, but used in combination with the score, identifying high-risk groups and then individualize patients when necessary. The prognostic score could be useful in daily clinical practice, providing better post-operative treatment planning and follow-up. |

SEM CONFLITOS DE INTERESSE

Pôster - TNM staging

Xue-qing Yao; Lin-Yong Zhao; De-Qing Wu; Jun-Jiang Wang; Wu-lin Wu; Guan-fu Cai; Zhi-jing Chen; Sui-de Zeng; Shi-rong Chen; Yong Li; Xue-qing Yao; **PREOPERATIVE EVALUATION OF GASTRIC CANCER USING 256-SLICE SPIRAL COMPUTED TOMOGRAPHY: IS IT USEFUL FOR CLINICAL TNM-STAGING?** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 124

**Objective:** This study was carried out to evaluate the usefulness of 256-slice spiral computed tomography (CT) in TNM-staging in patients with gastric cancer. **Methods:** In this study, we evaluated 240 patients with gastric cancer who consecutively underwent preoperative 256-slice spiral CT followed by surgery. Their CT scans were then compared with postoperative pathological staging results. **Results:** Compared with postoperative pathological findings, the accuracy of the preoperative 256-slice spiral CT for T, N and M staging was 83.33%, 83.33%, and 95.00%, respectively. The correlation between preoperative and postoperative TNM staging was significant (p < 0.01) per Spearman's rank correlation test. **Conclusion:** The 256-slice spiral CT appears to be effective for the clinical TNM staging of gastric cancer, and may be beneficial in the multidisciplinary treatment for each patient. |

SEM CONFLITOS DE INTERESSE

Pôster - TNM staging

Zhenning Wang; Peng Gao; Yongxi Song; **RESEARCH ON THE OPTIMAL CATEGORIZATION CRITERION FOR TUMOR DEPOSITS IN GASTROINTESTINAL CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 124

**Introduction:** Tumor deposits (TDs) in gastrointestinal cancer were defined as satellite nodules in the peritumoral adipose tissue discontinuous with the primary tumor and unassociated with a lymph node. It might represent discontinuous spread, venous invasion with extravascular spread, or a totally replaced lymph node. The categorization criterion for TDs was still in debate. **Objectives:** To assess the rationality of the 7th edition of the TNM staging system on TDs and propose a revised categorization criterion. **Methods:** Clinicopathologic and prognostic data from 2998 gastric cancer patients and 1541 patients with colorectal cancer who underwent R0 surgery were retrospectively reviewed. The Akaike information criteria and Harrell's C statistic within a Cox proportional hazard regression model were used to demonstrate the discriminatory ability of the categorization criterion. **Results:** For gastric cancers, the prognosis for patients in pT1-4a category with TDs was similar with that in pT4a category without TDs, but significantly better than that in pT4b category with or without TDs. We proposed a revised categorization criterion based on the 7th edition of American Joint Committee on Cancer (AJCC) TNM staging system, in which all the patients in pT1-3 with TDs category were incorporated into that in pT4a category. The revised categorization criterion had better discriminatory ability than the 7th edition of AJCC TNM staging system. For colorectal cancers, a revised categorization criterion was proposed, in which TDs were counted as metastatic lymph nodes. Further analysis revealed that the revised categorization criterion exhibited a superior predictive capacity compared to the 7th edition TNM staging system. **Conclusion:** For gastric cancers, it might be more suitable for TDs to be categorized similar with serosal invasion. Whereas, for colorectal cancers, a revised categorization criterion in which TDs counted as metastatic lymph nodes had better discriminatory ability than the 7th edition of AJCC TNM staging system. |

SEM CONFLITOS DE INTERESSE

Pôster - TNM staging

Oh Kyoung Kwon; members of the Daegu Gastric Cancer Study Group; **SUGGESTION FOR A NEW STAGING SYSTEM FOR GASTRIC CANCER; A RETROSPECTIVE MULTICENTER STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 125

Background AJCC/UICC 7th staging system of cancer has been widely accepted in the field of gastric cancer, but there has been controversy in the validation of the system. Here we made a proposal for a new staging system for gastric cancer based on the mortality hazard ratio. Methods Data of 5967 gastric cancer patients operated for gastric cancer from 2000 to 2007 was collected from 5 regional major hospitals which belonged to Daegu Gastric Cancer Study Group and analyzed. The hazard ratio against T1a of each component of T and N categories was sought and scored with the increment of 0.5 (P-score). The sum of the P-score from T and N categories was then stratified according to the prognosis of patients. Results P-score of T category was from 1 to 5 (T1a:1; T1b:1; T2:1.5; T3:2.5; T4a:4; T4b:5). And P-score of N category was from 1 to 6 (N0:1; N1:1.5; N2:2; N3a:3.5; N3b:6). Initially, the system was composed of 8 stages according to the sum of P-score of each categories. But there was no significant difference between stage IA and IB in the 5 year survival analysis using "z-test", so stage IA and IB were unified as stage I (2?stage I<3; 3?stage II A<4, 4?stage II B<5; 5?stage III A<6; 6?stage III B<7; 7?stage III C; stage IV: with metastatic disease). Finally new staging system with 7 stages were made with 5 year survival rate as follows-I:92.4%; II A:82.9%; II B:70.0; III A:61.0; III B:48.4%; III C:27.4; IV:17.7%. The log-rank score was higher than that of AJCC/UICC 7th staging system (2493.640 vs. 2416.254) Conclusion Using the basic concept of 7th TNM staging system, newly suggested staging system reflects different prognostic impact of respective status of the T and N categories and the new system shows relatively even distribution of inter-stage gap of survival rate with statistical power. |

SEM CONFLITOS DE INTERESSE

Pôster - Stage specific treatment

Tsutomu Namikawa; Ian Fukudome; Maho Ogawa; Eri Munekage; Masaya Munekage; Mai Shiga; Hiromichi Maeda; Hiroyuki Kitagawa; Michiya Kobayashi; Kazuhiro Hanazaki; **CLINICAL EFFICACY OF PROTEIN-BOUND POLYSACCHARIDE K IN PATIENTS WITH GASTRIC CANCER UNDERGOING CHEMOTHERAPY WITH ORAL FLUOROURACIL ANTI-CANCER DRUGS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 125

Objectives: Protein-bound polysaccharide K (PSK), an oral biological response modifier isolated from the cultured mushroom *Coriolus versicolor* (Family Polyporaceae), has been used as an immunochemotherapeutic agent for the treatment of various cancers. The aim of the present study was to evaluate the clinical significance of PSK in patients with primary gastric cancer who were being treated with an oral fluoropyrimidine (S-1). Methods: Clinical reports of 190 gastric cancer patients treated with S-1 chemotherapy, with or without PSK, at Kochi Medical School between 2007 and 2012 were investigated retrospectively to analyze survival. S-1 was administered in two oral doses of 40 mg S-1 per square meter of body surface area per day for 4 weeks, followed by 2 weeks of no chemotherapy. Patients in the S-1 + PSK group were given oral PSK 3 g daily in three divided doses while undergoing S-1 chemotherapy. The neutrophil:lymphocyte ratio (NLR) was also evaluated as indicator of the immunoenhancing effect of PSK. Results: The study cohort comprised 119 men and 71 women with a median age of 68 years (range 56–80 years). Within the patient group, there were 16 cases of Stage I, 39 cases of Stage II, 57 cases of Stage III, and 78 cases of Stage III B adenocarcinoma. Overall survival was significantly longer in patients treated with S-1 + PSK than in those given S-1 alone (hazard ratio for death, 0.608; 95% confidence interval 0.375–0.985; P = 0.041). Furthermore, there was a tendency for changes in the NLR during chemotherapy to be lower in the S-1 + PSK group than in the S-1 group, but the difference did not reach statistical significance (P = 0.054). Because the median preoperative NLR across all 190 patients was 2.5, patients were divided into two groups based on preoperative NLR (i.e. NLR <2.5 and ≥2.5). The mean (± SEM) NLR 1 month after the beginning of chemotherapy in the NLR ≥2.5 subgroup was significantly lower in patients treated with S-1 + PSK rather than S-1 alone (1.7 ± 0.7 vs. 3.3 ± 4.1, respectively; P = 0.043). Conclusions: Immunochemotherapy using PSK improves the survival of patients with advanced gastric cancer. The NLR may be a useful biomarker for evaluating prognosis in these patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Stage specific treatment

Hiromichi Maeda; Tsutomu Namikawa; Eri Munekage; Masaya Munekage; Mai Shiga; Hiroyuki Kitagawa; Michiya Kobayashi; Kazuhiro Hanazaki. **EFFICACY OF TRASTUZUMAB CONTAINING REGIMEN IN PATIENTS WITH UNRESECTABLE ADVANCED OR RECURRENT GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 125

Objectives: The aim of this study was to evaluate the efficacy and safety of trastuzumab containing regimen in patients with unresectable advanced or recurrent gastric cancer (AGC). Methods: We retrospectively analyzed 142 patients with AGC who received systemic chemotherapy including 10 patients trastuzumab containing regimen. Results: Among the 72 patients, 12 (16.7 %) were HER2-positive, and HER2-positive rate was significantly higher in intestinal-type than diffuse-type histology (29.0 vs. 7.3%; P = 0.014). The median overall survival of the patients treated with trastuzumab was significantly longer than that of the patients without trastuzumab (22.9 vs. 11.6 months; P = 0.014). Seven patients continued with trastuzumab beyond progression, and 6 patients were treated with trastuzumab after initial chemotherapy. The objective response rate of trastuzumab containing chemotherapy was 40%. The frequencies of hematological toxicities and non-hematological toxicities were feasible. Conclusions: Trastuzumab beyond progression may contribute to improved treatment outcomes. However, further investigations including prospective randomized controlled trial are needed to verify the above issue. |

SEM CONFLITOS DE INTERESSE

Pôster - Stage specific treatment

Bang Wool Eom; Jungnam Joo; Young-Woo Kim; Daniel Reim; Ji Yeon Park; Hong Man Yoon; Keun Won Ryu; Jong Yeul Lee; Myeong-Cherl Kook; **IMPROVED SURVIVAL AFTER ADDING DISSECTION OF THE SUPERIOR MESENTERIC VEIN LYMPH NODE (14V) TO STANDARD D2 GASTRECTOMY FOR ADVANCED DISTAL GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 125

Background. Extended lymph node dissection in gastric cancer (D3) was proven to have no survival benefit compared with a D2 dissection, but whether adding the superior mesenteric nodes (No. 14v) to the dissection provides survival benefit for gastric cancer patients remains controversial. Methods. From April 2001 to June 2007, 1,661 patients underwent curative resection for middle or lower third gastric cancer. Patients were grouped according to No. 14v lymphadenectomy (14vD+/14vD-). Clinicopathologic characteristics and treatment-related factors were compared between the groups. Overall survival according to the clinical stage (Union for International Cancer Control tumor-node-metastasis staging 6th edition) was analyzed using the Cox proportional hazard model. Results. The incidence of No. 14v lymph node metastasis was 5.0%. There was no difference in morbidity or mortality between the 14vD+ and the 14vD- groups. The proportion of locoregional recurrence was greater in 14vD- group (P = .018). In clinical stages I and II, 14v lymph node dissection did not affect overall survival; in contrast, 14v lymph node dissection was an independent prognostic factor in patients with clinical stage III/IV gastric cancer (hazard ratio, 0.58; 95% confidence interval, 0.38–0.88; P = .01). Conclusion . Extended D2 gastrectomy including No. 14v lymph node dissection seems to be associated with improved overall survival of patients with clinical stage III/IV gastric cancer in the middle or lower third of the stomach |

SEM CONFLITOS DE INTERESSE



Pôster - Stage specific treatment

Hiroshi Miyamoto; Chikara Kunisaki; Hirochika Makino; Jun Kimura; Ryo Takagawa; Mitsuyoshi Ota; Akira Tsuburaya; Kei Sato; Yusuke Izumisawa; Takashi Kosaka; Hiroto Akiyama; Itaru Endo. **SIGNIFICANCE OF S-1 PLUS CISPLATIN NEOADJUVANT CHEMOTHERAPY IN SCIRRHUS GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 126

Background/Objective Therapeutic outcomes of scirrhous gastric cancer remain poor. Moreover, neoadjuvant chemotherapy for these patients has not been established. This retrospective study aimed to address the therapeutic outcome for scirrhous gastric cancer patients by evaluating the effect of neoadjuvant chemotherapy prior to gastrectomy. Methods Two cycles of a 3 week regime of the fluoropyrimidine, S-1 (40 mg/m<sup>2</sup>, orally, twice daily), with cisplatin (60 mg/m<sup>2</sup>, intravenously, day 8) were administered to patients, separated by a 2 week rest period. Surgery was performed 3 weeks later in the neoadjuvant group (n=27). We compared overall survival and prognostic factors in these patients with a non-neoadjuvant group (n=19). Results Of 46 patients, R0 resection was observed in 22 patients. Neoadjuvant SP treatment was administered in 15 among 22 curative gastrectomies and 12 among 24 non-curative gastrectomies. For all patients, univariate analysis identified non-curative gastrectomy (HR=2.902, p=0.008) and positive lavage cytology (HR=2.730, p=0.011) as adverse prognostic factors; extended lymph node dissection (HR=0.444, p=0.035) was a positive prognostic factor although neoadjuvant SP treatment had no significant difference. Multivariate analysis showed that non-curative resections independently influenced prognosis (HR=2.902, p=0.011). In the neoadjuvant SP group, positive lavage cytology indicated significantly worse prognoses (HR=3.759, p=0.014). In the 15 patients who also underwent curative gastrectomies after SP chemotherapy, the pathological response grade was a significant prognostic factor for 5-year survival (p=0.038). Additionally, lymph node metastasis tended to be an adverse prognostic factor (p=0.061). Conclusion After SP neoadjuvant chemotherapy, a grade 2-3 pathological response may predict favorable outcomes in scirrhous gastric cancer patients receiving curative gastrectomy, but further studies are needed to confirm these results. |

SEM CONFLITOS DE INTERESSE

Pôster - Prognostic factors and tools in defining treatment

Mitsuro Kanda; Dai Shimizu; Daisuke Kobayashi; Chie Tanaka; Naoki Iwata; Suguru Yamada; Tsutomu Fujii; Goro Nakayama; Hiroyuki Sugimoto; Masahiko Koike; Shuji Nomoto; Kenta Murotani; Michitaka Fujiwara; Yasuhiro Koderu. **ADVERSE PROGNOSTIC IMPACT OF PERIOPERATIVE ALLOGENEIC TRANSFUSION ON PATIENTS WITH STAGE II/III GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 126

Background: Allogeneic blood transfusions (BTFs) are sometimes required for radical gastrectomy with regional lymph node dissection for advanced gastric cancer (GC). The prognostic impact of perioperative BTF in GC is controversial. Methods: Clinical data were collected retrospectively from 250 consecutive patients who underwent curative gastric resection for stage II/III GC. The prognostic impact of BTF on patient survival was evaluated. Subgroup analysis was performed according to units of blood transfused, timing of BTF, type of gastrectomy, splenectomy, intraoperative estimated blood loss, and year of surgery. Results: Fifty-seven (22.8%) patients underwent perioperative BTF. Patients who received BTF experienced significantly shorter disease-specific survival after curative surgery, and multivariable analysis identified perioperative BTF as an independent prognostic factor for cancer-related death (hazard ratio 1.80, 95% confidence interval 1.05–3.02, p = 0.032). The BTF group experienced significantly lower recurrence-free survival rate and a higher rate of initial peritoneal recurrence. The amount of blood cells transfused had less impact on prognosis. Pre- or postoperative BTF without intraoperative BTF had limited influence on postoperative prognosis. Prognosis of patients was affected by splenectomy. Even when intraoperative blood loss exceeded 800 ml, the prognosis of the non-BTF group was more favorable. The prognostic impact of BTF became less clear after introduction of adjuvant chemotherapy with S-1. Conclusions: BTF was an independent prognostic factor in patients with stage II/III GC after curative gastrectomy. To improve prognosis, BTF should be avoided where possible, particularly during surgery. |

SEM CONFLITOS DE INTERESSE

Pôster - Prognostic factors and tools in defining treatment

Chao Yan; Jianchun Yu. **APPLICATION OF MIR-301A IN THE PREDICTION OF CHEMOSENSITIVITY AND EVALUATION OF THE EFFECT OF NEOADJUVANT CHEMOTHERAPY IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 126

Introduction: The majority of patients with gastric cancer are identified with disease of advanced stage at the time of diagnosis in China. As an important component of comprehensive treatment, the neoadjuvant chemotherapy (NAC) is widely used in surgical patients with advanced disease. However, there is still no reliable measures to predict the chemosensitivity and evaluate the effect of NAC. Objectives: Previous research has revealed an elevated expression of miR-301a in gastric cancer. Our study aimed to explore the potential role of miR-301a as a biomarker for predicting the chemosensitivity and evaluating the effect of NAC in gastric cancer. Methods: The expression levels of circulating miR-301a in plasma of 50 patients with advanced gastric cancer were assessed before and after NAC, as well as in 50 healthy individuals. The correlations between miR-301a and clinicopathological features, traditional measures like CT, EUS and tumor markers were also analysed. Results: MiR-301a showed a higher expression in patients' plasma than in the healthy individuals (p = 0.01). The expression level of miR-301a was significantly associated with NAC sensitivity (p = 0.006) and tumor downstaging (p=0.002). After NAC, patients with significant decreased expression of plasma miR-301a levels are often accompanied by preferable tumor remission, showing a better sensitivity to chemotherapy. On the contrary, patients showed no obvious decreased expression tended to be chemotherapy resistant. Meanwhile, the traditional measures (CT, EUS, tumor markers) showed much less accuracy comparing with miR-301a. Conclusion: Our results indicate that plasma miR-301a may be a potential biomarker for evaluating the effect of NAC and predicting chemoresistance in gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Prognostic factors and tools in defining treatment

Lurian Rei Caetano Lima; Jessika Alves de Souza Costa; Fátima Mrué; Flávia Vidal Cabero; Talita Viana; Tiago Tredicci Miranda; Tiago Rezende Vieira; Leolídio Vitor Pereira. **ASSESSMENT OF PANCREATIC FISTULA DEVELOPMENT IN POSTOPERATIVE OF GASTRECTOMY FOR CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 126

INTRODUCTION: Gastric cancer is currently the fifth cause of cancer in the world and the third leading cause of death. Although new drugs are being developed, with more specific mechanisms, the effective treatment still is the surgery resection. Gastrectomy total or partial with lymphatic dissection (D2 lymphadenectomy) are indicated in these cases. Performing this procedure laparoscopically with manipulation of pancreas can cause about 20% of complications. OBJECTIVES: To evaluate the development of postoperative pancreatic fistula in gastrectomy for cancer. MATERIALS AND METHODS: Were analyzed retrospectively medical records of 20 patients with gastric cancer who underwent total or subtotal gastrectomy. Pancreatic fistula was considered when the peritoneal amylase dosage was greater than or equal to 3 times the amount of serum amylase and its severity was classified as A, B or C, according to the International Study Group on pancreatic. RESULTS: The group consisted of 15 men and 5 women. Seven patients underwent a total gastrectomy (35%), 2 of them with flow pancreatectomy, and 13 underwent a subtotal gastrectomy distal (65%). All underwent D2 lymphadenectomy, according to the Japanese standardization for the surgical treatment of gastric cancer. In all cases the drainage of the peritoneal cavity with a tubular drain gentle suction was performed. The dosage of serum and peritoneal amylase was performed from the 1st postoperative day. There were 6 cases of pancreatic fistula (30%), four of them in total gastrectomy group (57%) and 2 on the subtotal gastrectomy group (15%). Most cases had clinical classification category A and in only one case was no need for percutaneous drainage procedures. There was no mortality. DISCUSSION: Acute pancreatitis and postoperative pancreatic fistula are relatively common complications in gastrectomy with lymphadenectomy, being described rates of around 20%. Pancreatic handling and removal of the pancreatic capsule in some cases are acceptable for the causes of these complications. The percentage of fistula in this series is above the rates reported in the literature, which can be explained in part by the small sample. On the other hand, the distribution according to the type of surgery, the present results are consistent with the literature, the most frequently occurring cases of pancreatic fistula in the group of total gastrectomy compared with the cases of subtotal gastrectomy. |

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Pöster - Prognostic factors and tools in defining treatment  
MUHAMMAD KHALID; S.ISHIGAMI; TARIGAMI; S.YANAGITA; YUENOSONO; TAKASHI  
KJIMA; S.NATSUGOE.; **CLINICAL IMPLICATION OF NY-ESO-1 EXPRESSION IN  
GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 127

Introduction: NY-ESO-1 antigen, a cancer antigen found from esophageal cancer, including malignant melanoma was expressed to varying degrees 5-40% in various tumors, such as with MAGE-1. Cancer is called testis antigens, it is expected as a target molecule for immunotherapy. NY-ESO-1 levels in serum of what is reported as a useful tumor marker to reflect the anti-tumor immune status for gastric, reports have examined the NY-ESO-1 expression in gastric cancer tissues is small. This time the NY-ESO-1 expression was examined in immunohistochemical in gastric cancer, and to evaluate the relevance of the clinical pathology factor, and it's significance was examined. I had targeting 115 cases in our university department and that made the gastric cancer curative resection. Materials & Methods: NY-ESO-1 expression resection specimens were sliced, place the human testis tissue anti-NY-ESO-1 antibody to the primary antibody expression in immunohistochemical were visualized in positive control. NY-ESO-1 expression in the cytoplasm of patients seen in the T2 test, the survival curve is created by Kaplan-Meier method, was carried out significant difference test with log-rank test. Results: Expression of NY-ESO-1 was found in the cell membrane. Positive rate was 81 cases (70.1%), were these cases as positive groups. T2 deeper (61%), lymph node metastasis (56%) was a significantly low rate compared to negative patients (p <0.01, p <0.05). Lymphatic invasion positive cases showed a significantly low value, but was not significant difference in the venous invasion. 5-year survival rate of positive cases is 58%, compared to 78% of the negative cases and was significantly worse (p <0.05). Conclusion: NY-ESO-1 which is considered one of the cancer-specific antigens were observed in 70% expressed in gastric cancer tissue. With the expression of NY-ESO-1 in blood and tissues not only is the therapeutic target, utility as prognostic factor in gastric cancer have been suggested. |

SEM CONFLITOS DE INTERESSE

Pöster - Prognostic factors and tools in defining treatment  
Osman Yüksel; Zafer Ferhkö?e; Ayd?n Yavuz; ?lkin ?smayilov; Hasan Bostanc?.; **CLINICOPATHOLOGICAL FEATURES OF SIGNET RING CELL GASTRIC CARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 127

Introduction Reports of clinicopathological features, survival and prognosis in patients with signet ring cell (SRC) carcinoma of the stomach are conflicting. Objective The aim was to describe the clinicopathological features, survival and prognosis of patients with SRC in comparison with non-signet ring cell carcinoma of the stomach (NSRC). Methods In this retrospective and prospective study, we reviewed the records of 314 consecutive patients diagnosed with gastric carcinoma who were curative resected surgically. Among them, 70 patients with SRC were compared with 244 patients with NSRC. Locally advanced disease, following staging and neoadjuvant chemotherapy, a standard curative resection was performed. Results There were significant differences in tumor size, tumor location, macroscopic type, depth on invasion, lymph node metastasis, angio-lymphatic invasion, tumor stage, neoadjuvant or adjuvant chemotherapy, adjuvant radiotherapy and curability between the patients with SRC histology and NSRC. The overall 5-year survival of patients with SRC was 44% as compared with 78% for patients with NSRC (P<0.05). Multivariate analysis showed that neoadjuvant treatment, lymph node metastasis and curative resection were significant factors affecting survival. Conclusion SRC gastric cancer correlates with poor histopathological criteria and poor prognosis when compared with NSRC. These observations underline the need for more effective treatment in addition to standard approaches. |

SEM CONFLITOS DE INTERESSE

Pöster - Prognostic factors and tools in defining treatment  
Xiaowen Liu; Hong Cai; Ziwon Long; Hua Huang; Yanong Wang.; **CLINICOPATHOLOGICAL  
CHARACTERISTICS AND SURVIVAL OUTCOMES OF PRIMARY SIGNET RING CELL  
CARCINOMA OF STOMACH: RETROSPECTIVE ANALYSIS OF SINGLE CENTER  
DATABASE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 127

Abstract Purpose: To investigate the clinicopathological features and prognosis of signet ring cell carcinoma of the stomach (SRC). Methods: A total of 1464 gastric cancer patients who underwent curative gastrectomy from 2000 to 2008 were evaluated. Signet ring cell carcinoma (SRC) was defined as the presence of at least 50% of signet ring cells in the pathologic specimen. The clinicopathological parameters and prognosis of SRC were analyzed by comparing with non-signet ring cell carcinoma (NSRC). Results: Of 1464 patients, 138 patients (9.4%) were classified as SRC. There were significant differences in gender, age, tumor location, TNM stage, p21 expression, and p53 expression between patients with SRC and NSRC. The 5-year survival rates of SRC and NSRC were 36.2% and 49.5%, respectively. The prognosis of SRC was poorer than that of NSRC (P =0.000). Multivariate analysis showed that SRC histology was an independent factor for poor prognosis (P =0.000). Conclusion: Patients with SRC tends to present more advanced stage and poorer prognosis than that of patients with other types of gastric carcinoma. |

SEM CONFLITOS DE INTERESSE

Pöster - Prognostic factors and tools in defining treatment  
Junjie Bao; Yingwei Xue.; **CLINICOPATHOLOGICAL FEATURES OF GASTRIC  
ADENOCARCINOMA PATIENTS WITH METACHRONOUS DISTANT METASTASIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 127

Metachronous distant metastasis influences the postoperative survival of gastric adenocarcinoma patients with radical gastrectomy. We retrospectively reviewed 108 gastric adenocarcinoma patients with metachronous distant metastasis admitted to our hospital between January 2006 and December 2011. First, these patients were divided into two groups according to the time of metastasis: the early metastasis group (EMG) and late metastasis group (LMG). Second, according to the survival time after metastasis, these patients were divided into the longer survival group (LSG) and shorter survival group (SSG). Chi-square and Fisher exact tests were used to analyse associations between categorical variables. Survival data were estimated using the Kaplan-Meier method. Multivariate analyses of the prognostic factors related to overall survival were conducted using the Cox stepwise proportional hazards test. Results shows that the EMG was significantly associated with stage T4 (P=0.001), phase III (P=0.001), lack of differentiation (P=0.002), and vascular invasion (P=0.001). The SSG was significantly associated with stage T4 (P=0.026) and normal CEA level of after metastasis (P=0.003). Survival analysis showed that depth of invasion (P=0.000), histological type (P=0.001), and vascular invasion (P=0.011) were independent prognostic factors for gastric adenocarcinoma patients with metachronous distant metastasis. Gastric adenocarcinoma patients with metachronous distant metastasis exhibit characteristics that can be used to effectively estimate the possibility of early distant metastasis and the prognosis of these patients. |

SEM CONFLITOS DE INTERESSE

Pöster - Prognostic factors and tools in defining treatment  
Michiaki HIRAYAMA; Sho TAKAHASHI; Hitoshi KONDO; Naohito YOSHIZAKI; Yasushi TSUJI; Tetsuya SUMIYOSHI. **COMPARISON OF CT GASTROGRAPHY AND ESOPHAGOGASTRODUODENOSCOPY FOR THE EVALUATION AGAINST THE RESPONSE TO CHEMOTHERAPY OF PRIMARY LESIONS IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 128

**Objectives:** The guidelines of the Japanese classification of gastric carcinoma (JCGC), 14th edition, adopted the usage of the RECIST 1.1 as the post-chemotherapy assessment, however, the primary lesion of gastric cancer was defined as a non-target lesion due to the difficulties for the objective assessments by RECIST. The response of the primary lesion in gastric cancer also reported that predicts the convalescence better. Therefore, we conducted a comparative evaluation of the primary lesions between esophagogastroduodenoscopy (EGD) and CT gastrography (CTG) for the post-chemotherapy patients with unresected gastric cancer to probe the possibility to employ CTG as a substitute for EGD. **Methods:** CTG and endoscopic assessment were done after chemotherapy, based on the JCGC criteria 13th edition and the RECIST criteria. **Results:** 23 patients were enrolled. 58 examinations were assessed by EDG and CTG. Accuracy of CTG for primary gastric lesions was 77.6% (45 of 58) (weighted $\kappa$ =0.72; P <0.01) by JCGC 13th edition and 90.0% (52 of 58) (weighted $\kappa$ =0.75; P <0.01) by RECIST against EGD, predictability of PD was 100% (12 of 12). The average period until PD was 9.9 months (5-18 months), and the concordance periods between EGD and CTG were 7.2 months in both non-PD and PD cases. **Conclusions:** There was good concordance between the evaluations of EGD and CTG. CTG exhibited the favorable results in accuracy as well as 100% PD predictability, which implied the possibility of CTG to substitute endoscopic assessments at post-chemotherapy assessment. |

SEM CONFLITOS DE INTERESSE

Pöster - Prognostic factors and tools in defining treatment  
Andrés Andrade Galarza; Rafael Linden; Marina Venzon Antunes; Fernando Rosado Spilki; Gilberto Schwartzmann. **DEFICIENCY OF DIHYDROPYRIMIDINE DEHYDROGENASE (DPD) IN PATIENTS WITH GASTROINTESTINAL CANCER: GENOTYPIC EVALUATION AND THE URACIL / DIHYDROURACIL REASON (UH2 / U) IN SALIVA AND PLASMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 128

**ABSTRACT Objective:** The aim of this study was to evaluate the effectiveness of methods to verify deficiency of the enzyme dihydropyrimidine dehydrogenase in patients with gastrointestinal cancer. **Introduction** The pharmacokinetics of fluoropyrimidines have a role in its effectiveness and toxicity. The deficiency of enzyme activity dihydropyrimidine dehydrogenase (DPD) is responsible for many cases of severe and fatal toxicity, for this reason measuring its activity is essential to initiating therapy. Patients and methods 23 patients with gastric cancer, colorectal, pancreatic, who had planned to initiate adjuvant therapy, neoadjuvant or palliative infusional 5-FU schemes, bolus or oral outline as Capecitabine was evaluated. Genotypic analysis was performed on venous blood samples by the automated MagNA Pure Compact® (Roche Diagnostics). Uracil / dihydrouracil reason (UH2 / U) saliva collected in the Salivette® device, and UH2 / U ratio in basal plasma following oral overload uracil was obtained being analyzed by liquid chromatography high efficiency (HPLC). **Results** Of the 23 evaluated patients receiving 5-FU, 7 (30%) of toxicity grade III / IV, analysis none had gene polymorphisms for DPD. We found a statistically significant correlation (p 0.05), saliva between UH2 / U ratio and patients with toxicity III / IV. The association of UH2 / U reasons in less saliva test 2.97 and plasma after an oral load of uracil two hours later, that is less than 0.42 give us a sensitivity and specificity close to 100% which will identify patients who will present 5- Fluorouracil-related severe toxicity. **Conclusions** Analysis of dihydropyrimidine dehydrogenase (DPD) is related to the severe toxic effects fluoropyrimidines. Enzyme activity can be assessed by a quick and easy method, such as the determination of the reason UH2 / U in plasma level and Saliva by high efficiency liquid chromatography (HPLC). Therefore this evaluation can allow us to individualize the dose of 5-FU and avoid toxicities grade III / IV. |

SEM CONFLITOS DE INTERESSE

Pöster - Prognostic factors and tools in defining treatment  
MEHMET MIHMANLI; UYGAR DEMIR; OZGUR BOSTANCI; CEMAL KAYA; RIZA GURHAN ISIL; UFUK OGUZ IDIZ; EMRE BOZKURT; **EFFICACY OF METASTATIC LYMPH NODE RATIO ON GASTRIC CANCER SURVIVAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 128

**Introduction:** Radical gastrectomy with D2 lymph node dissection plays an important role in treatment of gastric cancer. Some prognostic factors for gastric cancer including the status of the resection margin and tumor grading have been identified so far. **Objective:** To investigate the role of metastatic lymph node ratio on survival after gastric cancer surgery. **Methods:** Gastric cancer patients who underwent radical gastrectomy with D2 lymph node dissection were evaluated retrospectively. Patients with palliative surgical interventions and distant metastasis were excluded. Between August 2007 and December 2013, curative gastric cancer surgery was performed in 151 patients (101 men and 50 women). Number of dissected lymph node and metastatic lymph node, metastatic lymph node ratio and mortality were reviewed. Metastatic lymph node ratio were classified in 4 groups: Group A: 0%, group B: 1-25%, group C 26-50% and group D  $\geq$ 50%. Mean follow up time was 52 months. **Results:** Group A, B, C and D included 36 (24%), 51 (34%), 25 (16%) and 39 (26%) patients, respectively. Regarding all patients, mean number of dissected lymph node and metastatic lymph node was 24,2 nodes (13-61 nodes) and 7,7 (0-60 nodes), respectively. Mortality rates in groups were 36%, 65%, 72% and 90%. There was found positive correlation between the number of dissected nodes and the number of metastatic nodes (p<0.05, r=0.45). In Group D, survival was found significantly lower when compared to those with a metastatic lymph ratio less than 50% (p<0.01). **Conclusion:** We demonstrated the relationship between the number of dissected lymph nodes and metastatic lymph nodes. Additionally, poor survival was found significantly associated with higher metastatic lymph node ratio (>50%). |

SEM CONFLITOS DE INTERESSE

Pöster - Prognostic factors and tools in defining treatment  
Luiz Henrique de Oliveira Westphalen; Saint Clair Vieira de Oliveira. **EPIDEMIOLOGICAL ANALYSIS OF PATIENTS WITH GASTRIC NEOPLASIA THAT UNDERGONE TO TOTAL GASTRECTOMY AT HOSPITAL GOVERNADOR CELSO RAMOS (HGCR) – FLORIANÓPOLIS-SC.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 128

**Background:** The gastric cancer is the second cause of death for cancer in the world and in Brazil it appears like the fourth cause of cancer between men and sixth between women. The seventh AJCC system provides us with information that guide us in the therapeutic choices of the neoplasia when diagnosed, guiding which patients have better results with clinical or surgical treatment, although surgery is the only method known that can cure. The objective of the study was to evaluate how are the epidemiological characteristics, comorbidities and early postoperative complications in patients with gastric cancer who underwent total gastrectomy. **Methods:** Retrospective survey was realized in Governador Celso Ramos Hospital in Florianópolis-SC of 25 medical records of patients who underwent total gastrectomy from January 2011 to October 2014 and analysis of the data was performed seeking the frequency of variables and the correlation between them and the early post-operative complications. **Results:** The data collected showed 75% of patients with total gastrectomy and the remanent to degastrectomia with a mean age of 57.3 years. The study tried to demonstrate relationship between the presence of hypertension and diabetes mellitus, lesion location, AJCC preoperative stage, intraoperative and clinical stage and lymphadenectomy with complications in the postoperative period. However the interference of the variables studied in the postoperative did not appear significative. The study found limitations in data collection by the lack of information in the searched files and the size of the sample population. However, proved to be necessary a good evaluation of factors that allow us to predict post-operative complications. **Conclusion:** The variables showed agreement with the literature, but none of them showed impact on the development of postoperative complications. It was evident that most of the patients were men without diabetes or hypertension and who had tumors not located in the cardia with clinical stage II of the AJCC in the pre and intraoperative. The D2 lymphadenectomy was the most frequently performed with resection of the gallbladder and associated with a low rate of surgical complications, the most common fistulas and abscesses. However, pulmonary complications have been shown with some frequency. |

SEM CONFLITOS DE INTERESSE

Pôster - Prognostic factors and tools in defining treatment  
Jieer ying; Qi Xu; Cong Luo; Lei Chen; **EXPRESSION OF PI3K/AKT/MTOR IN GASTRIC CARCINOMA AND ITS ROLE IN THE EVALUATION OF PROGNOSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 129

Objective: This study was to explore the relationship between the single target and multile targets combined analysis of PI3K/AKT/mTOR pathway with clinicopathological characteristics and survival in Chinese gastric cancer patients. Thereby to investigate the role of the multi-target combined analysis in the prognosis evaluation. Methods: Envision immunohistochemistry assay was used to examine the expression patterns of PI3K, p-AKT and p-mTOR in primary GC sites among 59 patients underwent radical gastrectomy for stage I-IV (M0) gastric cancer. Result: In the 59 cases, 31 cases of death occurred. The median survival time was 67 months. The 1, 3, 5 year survival rate was 78%, 55.8%, 50.3%. Multiple factors COX Model analysis showed that nerve invasion, lymphovascular invasion, TNM stage, CA199 level and PI3K/p-AKT/p-mTOR multi-target combined analysis were independent prognostic factors. The risk of death in patients without neural invasion was 0.146 times of that with neural invasion ( $P=0.001$ ); the risk of death in patients without vascular tumor thrombus was 0.205 times of that with vascular tumor thrombus ( $P=0.012$ ); the risk of death with increased CA199 was 0.212 times of that CA199 was not elevated ( $P=0.046$ ). The risk of death for the patients with any two PI3K/p-AKT/p-mTOR proteins positive was 0.367 times of that with three proteins positive, that was no statistical difference; The risk of death for the patients with any one PI3K/p-AKT/p-mTOR protein positive was 0.105 times risk of that with three proteins positive ( $P=0.058$ ). The risk of death for the patients with all three proteins negative was 0.017 times of that with three proteins positive ( $P=0.022$ ); Conclusion: Our study showed abnormal expression of PI3K/AKT/mTOR pathway in Chinese gastric cancer patients; combined analysis of multiple molecular targets can predict prognosis better. |

SEM CONFLITOS DE INTERESSE

Pôster - Prognostic factors and tools in defining treatment  
Isabel Mesquita; Carlos Nogueira; Jorge Santos; Mario Marcos; Eduarda Matos; **GASTRIC CANCER IN THE ELDERLY: THE IMPACT OF OLD AGE ON GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 129

Background: Old age is usually regarded as a risk factor for major abdominal surgery due to the presence of associated diseases and lack of functional reserve. Gastric cancer in the elderly represents, as we see it, an entity with specific characteristics and also specific therapeutic considerations and implications. This study aims to evaluate the impact of old age on surgical outcome when we propose a gastrectomy. Methods: We reviewed data on 880 patients (335 cases aged  $\geq 70$  years old defined as the elderly group, 545 patients aged  $< 69$  years old) resected in our institution, between January 1990 and December 2010. The parameters analyzed were demographic, comorbidities, surgical procedure, pathologic results, main postoperative complications and mortality. Results: The ASA classification, like the comorbidities were higher in the elderly group ( $P < 0.001$ ). Elderly patients underwent more distal gastric resections than total gastrectomy ( $P < 0.001$ ). The mortality rate was more elevated in the oldest group ( $P < 0.035$ ). Univariate analyses showed that patient age was predictive for respiratory postoperative complications. Conclusions: The results of this study demonstrated that elderly patients can have similar surgical outcomes as the youngest ones. |

SEM CONFLITOS DE INTERESSE

Pôster - Prognostic factors and tools in defining treatment  
John Rose John Grifson; Thirumaraihelvan Perungo; Akila Balaraman; K. Kalai Chelvi; Deivigounder Kannan; Serverayan Murugesan Chandramohan; **HER-2/NEU OVER EXPRESSION IN GASTRIC CARCINOMA IN INDIAN PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 129

Introduction In Asia gastric cancer is still one of the commonest cancers accounting for 13% of all malignancies. Understanding the molecular basis of cancer has contributed to the development of molecular targeted therapies. Recently HER-2/neu gene amplification and over expression have been observed in various solid tumors including gastric cancer. Accurate HER-2/neu testing is essential to identify patients who may benefit from targeted therapy. Objectives To assess HER-2/neu over expression in gastric carcinoma in Indian patients. To correlate the clinicopathologic characteristics of gastric cancer with HER-2/neu expression. Methods Data of patients with gastric cancer who presented to the Rajiv Gandhi Government General Hospital & Madras Medical College, Chennai over a period of one year were analysed. All selected patients were evaluated with upper GI endoscopy, CT scan of abdomen. Endoscopic or surgical tissue sample was collected and IHC evaluation of HER-2/neu was done in paraffin embedded tissue samples using HPR system based non-biologic polymeric technology. Data were analysed using SPSS version 17. Results A total of 50 patients were included in the study. The mean age of the study population was  $52 \pm 10$  years (range 32-72 years). Out of 50 patients 10 (20%) were 3+, 3 patients had 2+ (6%), 10 patients had 1+ (20%) and 27 patients (54%) had a score of 0 by IHC. There was no significant difference in grade of tumor between HER-2/neu positive and negative groups ( $P=0.647$ ). There was no correlation between Her-2/neu positivity and T stage, presence of ascites or distant metastases. The HER-2/neu expression was not significantly different in the specimens with lymphovascular invasion, perineural invasion. Though the HER-2/neu positive patients had large tumor size it was not statistically significant. Conclusion The prevalence of HER-2/neu over expression in Indian population was 20%. HER-2/neu over-expression was not associated with any major clinical or pathologic features. Targeted therapy can be provided for the subset of patient who exhibit HER-2/neu positivity. |

SEM CONFLITOS DE INTERESSE

Pôster - Prognostic factors and tools in defining treatment  
Nandie Wu; Jia Wei; Lixia Yu; Ana Gimenez-Capitan; Jose Javier Sanchez; Rafael Rosell; Baorui Liu; **HIGH BIM MRNA LEVELS ASSOCIATED WITH LONGER SURVIVAL IN ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 129

Background: 5-fluorouracil, oxaliplatin, and docetaxel chemotherapy are commonly used in the treatment for gastric cancer (GC). Apoptosis relevant genes might be associated with drug resistance. Approximately half of the patients could be the candidates for second-line treatment at the time of failure to first-line chemotherapy. Docetaxel is among the most frequently used agents for gastric second-line treatment. Methods: We investigated mRNA expression levels of BIM, AEG-1 and AXL in 131 advanced gastric cancer samples and correlated gene levels with patients' overall survival. All 131 patients received first-line FOLFOX chemotherapy, in which 56 patients were further treated with second-line docetaxel-based chemotherapy. Results: Correlation between BIM mRNA expression and AEG-1 mRNA expression was observed ( $r_s = 0.30$ ,  $P=0.002$ ). There is no association between mRNA expression levels of any of the individual genes and overall survival in patients only receiving first-line FOLFOX chemotherapy. In a subgroup of patients receiving docetaxel-based second-line chemotherapy, those with high or intermediate levels of BIM obtained a median overall survival of 18.2 months (95% CI=12.8-23.6), compared with 9.6 months (95% CI=8.9-10.3) in patients with low BIM levels ( $P=0.008$ ). However, there was no correlation between AEG-1, AXL mRNA expression and overall survival. The risk of mortality was higher in patients with low BIM mRNA levels compared with high or intermediate levels (HR=2.61, 95% CI=1.21-5.62,  $P=0.01$ ). Conclusions: BIM could be considered as a biomarker to identify whether patients can benefit from docetaxel-based second-line chemotherapy in gastric cancer. |

SEM CONFLITOS DE INTERESSE



Pôster - Prognostic factors and tools in defining treatment

Akihiro Suzuki; Keisuke Kubota; Osamu Takahashi; Takashi Taketa; Hironori Shiozaki; Yusuke Shimodaira; Yuki Sekido; Aoi Fujikawa; Seiji Ohigashi; Keiichi Ohta; **HIGHER NEUTROPHIL-LYMPHOCYTE RATIO IS ASSOCIATED WITH POORER PROGNOSIS IN GASTRIC CANCER PATIENTS WHO RECEIVED CURATIVE RESECTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 130

Background: The neutrophil-lymphocyte ratio (NLR) is related to inflammatory status of patients with some cancers. We hypothesize that preoperative NLR is associated with clinical outcomes in patients with gastric adenocarcinoma. Methods: We identified 597 gastric cancer patients who had curative gastrectomy at our institute between 2000 and 2012. All patients had baseline staging including blood test, CT scan and an endoscopic biopsy. Multiple statistical methods were used to analyze clinical outcomes. Results: Most patients were men and more than half patients had stage I. The median follow-up time was 65.4 months (95% CI; 59.7, 71.0). The estimated overall survival (OS) rate and recurrence-free survival (RFS) rate at 5 years were 79.5 +/- 1.8% and 76.6 +/- 1.8%, respectively. We divided 2 groups by NLR that cut off point was 4. High NLR (> 4) patients had poor prognosis. The estimated OS rates at 5 years after resection were 83.4 +/- 1.8 % in low NLR patients and 65.5 +/- 6.2 % in high NLR patients (p=0.001). The RFS rates at 5 years were also significantly different between high and low NLR patients (p<0.001). In multivariate analyses, age (p<0.001, p=0.03), baseline stage (p<0.001, p<0.001) and NLR (p=0.006, p<0.001) were independent prognosis factors for OS and RFS, respectively. Conclusions: The data indicate that higher NLR is associated with poorer OS and RFS in patients with gastric cancer who received curative surgery. Upon validation, preoperative NLR may be a useful stratification factor in randomized trials and for individual therapy. |

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Jia Wei; Nandie Wu; Jie Shen; Juan Du; Xia Sun; Zihan Lin; Baorui Liu; **MET OVEREXPRESSION AND AMPLIFICATION DEFINE A DISTINCT MOLECULAR SUBGROUP FOR TARGETED THERAPIES IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 130

Background: Gastric cancer is among the leading causes of cancer deaths. Currently, only trastuzumab, ramucirumab, and lapatinib effectively treat gastric cancer. Thus, additional novel targets are required for this disease. Methods: We investigated the immunohistochemical and fluorescence in situ hybridization expression of MET, ROS1, and ALK in four gastric cell lines and a cohort of 98 gastric cancer patients. Crizotinib response was studied using an in vitro histoculture drug response assay and the patient-derived GC xenograft model in vivo. Gene expression status was also analyzed for association with overall survival. Results: Crizotinib potently inhibited in vitro cell growth in only one cell line, which also showed MET amplification. A positive correlation between crizotinib sensitivity and MET overexpression was observed (P=0.045) in the histoculture drug response assay. Meanwhile, patient-derived tumor xenograft mouse models transplanted with tissues with higher MET protein expression displayed a highly selective sensitivity to crizotinib. In the 98 patients, MET overexpression was found in 42 (42.9%) and MET was amplified in 4 (4.1%). ROS1 and ALK overexpression were found in 25 (25.5%) and 0 patients, respectively. However, none of the patients screened harbored ALK or ROS1 rearrangements. There was no significant association found between overall survival and the MET or ROS1 status. We also observed a case that one advanced GC patient with MET-amplification experienced tumor shrinkage (PR by RECIST) after 3 weeks treated with crizotinib at the time of third-line chemotherapy failure. This patient also showed rapid clinical improvement, with decreased pain and improved performance status. Conclusions: Crizotinib may induce clinically relevant anticancer effects in MET-overexpressing or -amplified gastric cancer patients. |

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Carlos Eduardo Jacob; Rodrigo José de Oliveira; Anna Carolina Batista Dantas; Amir Zeide Charruf; Marcus Fernando Kodama Pentele Ramos; André Roncon Dias; Osmar Kenji Yagi; Donato Roberto Mucerino; Leandro Cardoso Barchi; Marcelo Mester; Cláudio José Caldas Bresciani; Fábio Pinatel Lopasso; Ivan Ceconello; Bruno Zilberstein; **MORBIMORTALITY OF EXTENDED LOCAL RESECTION FOR ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 130

Introduction: Extended local resection for advanced gastric cancer (GC) is an independent prognostic factor for higher operative morbidity and lower overall survival. The value of this surgical approach to accomplish an R0 resection is still debatable. Objectives: The aim of this study is to retrospectively review the prognostic factors and surgical outcome of extended local resection for advanced GC. Methods: Retrospective analysis of 1157 patients resected with curative intent for GC between 1985 and 2014. The findings of 166 patients (14,3%) submitted to extended local resection were compared with those of 991 patients who underwent gastrectomy alone. Results: Extended local resection was mostly performed in male patients (72,2 vs. 60,3%, p=0,003). They also had more proximal (38,5 vs. 10,6%, p=0,001) and bigger than 5cm tumors (92,9 vs. 77,3%, p=0,001). Extended resection was associated with Total Gastrectomy in 89 vs. 32% (p=0,001) and more than D2 lymphadenectomy in 11,4 vs. 2,0% (p=0,001). Operative mortality (7,2 vs 3,5%, p=0,033) and morbidity (41,5 vs. 22,8%, p=0,001) were higher. Five-year overall survival was lower (31 vs. 42%, p=0,001) and associated prognostic factors were age older than 60, male sex, more than 3 organs resected, total gastrectomy, proximal tumor and advanced TNM stage. Conclusion: Long term survival following gastrectomy with additional organ resection is possible. Due to higher operative morbimortality, judicious selection of these patients must be done. |

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Elmir Asgerov; Ruslan Hasanov; Taylan Ozgur Sezer; Ozgur Firat; Sinan Ersin; Afif Berdelli; Adem Guler; **MUTATIONAL ANALYSIS OF DNA REPAIR GENES ERCC1 AND XRCC1 IN PATIENT WITH GASTRIC CANCER, AND GENOTYPE-FENOTYPE RELATIONSHIP.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 130

Gastric cancer remains the second leading cause of cancer-related deaths worldwide. As is the case for many cancers, the epidemiological distribution of gastric cancer demonstrates a marked variation in regional incidence. The diagnosis of gastric cancer portends a poor prognosis with reported overall 5-year survival rates between 20 and 25% in most industrialized nations. The risk of developing gastric cancer is associated with a complex interrelationship between environmental factors and their influence on an individual's genetic and epigenetic make up. In addition to environmental factors, a clear impact of genetic susceptibility on the risk of developing gastric cancer has been identified. DNA repair pathways are responsible for maintaining the integrity of the genome in face of environmental insults and general DNA replication errors, playing a role in protecting it against mutations that lead to cancer. Several polymorphisms in genes that participate in different DNA repair pathways, such as ERCC1 and XRCC1, have been identified and related to cancer susceptibility. AIM: Our aim to evaluate the mutational analysis of DNA repair genes ERCC1 and XRCC1 and determine the genotype-phenotype correlation, in patient with gastric cancer. METHODS: Genotyping was carried out on 50 patients with gastric cancer, matched to 50 controls. RESULTS: XRCC1 gene analysis was performed of all 17 exons of the gene, mutations were detected only in the third exon. No nucleotide displacement detected in other parts of the gene. The mutation took place in the XRCC1 gene codon 194, 280 and 399. Similarly, different numbers of the same gene mutations were detected in the healthy group. ERCC1 gene of all 10 exons encoding the proteins were investigated. No nucleotide changes were detected. No significant differences were observed between the studied groups with genotype distribution of mutations identified in the XRCC1 gene. Gastric cancer patients with phenotype findings (tumor size, tumor location, tumor histological type, lymph node metastasis), and patient gender we correlated with genotype distribution and allele frequencies of the XRCC1 gene and no statistically (Chi-square, Mann-Whitney and Kruskal-Wallis tests) significant difference was detected. CONCLUSION: Our results showed no evidence of a relationship between the mutations XRCC1 Arg194Trp, Arg280His and Arg399Gln and the risk of gastric cancer in the Turkish population. |

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Leonardo Medeiros Milhomem; Daniela Medeiros Milhomem Cardoso; Orlando Milhomem da Mota; Washington Luiz Murgj de Farias; Edesio Martins; Rafael da Silva Vieira; Raianni Rúbia Pacheco Silva; Jales Benevides Santana Filho; **NATURAL HISTORY OF PATIENTS WITH GASTRIC ADENOCARCINOMA AND POSITIVE PERITONEAL CYTOLOGY UNDERGOING GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 131

**Introduction:** According to the 7th edition of the American Joint Committee on Cancer staging system, patients with positive peritoneal cytology are classified as M1 disease and have a poor survival in general. The impact of gastrectomy in this group of patients is unclear and the definition of the best strategy for this select group of patients is still controversial. **Objectives:** To evaluate the survival of patients with positive peritoneal cytology (no macroscopic peritoneal metastasis) at 1, 2 and 3 years of follow-up and factors related to tumor progression **Methods:** Analysis of a retrospective database of patients with positive peritoneal cytology. The groups were divided into POC1, patients without disease progression (Group 1) or progression of disease (group 2) and patients with positive peritoneal cytology in the presence of macroscopic peritoneal or liver metastasis (Group 3). **Results:** In the period from 2002 to 2012, 679 patients who underwent gastrectomy for gastric adenocarcinoma and 44 (6.48%) had positive peritoneal cytology. The average survival of patients in group 1 (24 patients) was 29.8 months (3-66 months), in group 2 (9 patients) was 10.4 months (3-28 months) and group 3 (8 patients), 8.81 months (1-25 months). The overall 1-year survival was of 75%, 33.3% and 45.4% for groups 1, 2 and 3 respectively. The 2-years overall survival was 70.8%, 11.1%, 9.09% and the 3-years overall survival was 66.6%, 0% and 0% in the groups. No clinical or pathological predictive factor analyzed was related to disease progression among POC1 patients. **Conclusion:** Patients with positive peritoneal cytology may have a heterogeneous spectrum of clinical evolution. The definition of the best therapeutic strategy is still unclear. However in selected groups of patients the combination of radical surgery with multimodal therapy may be beneficial. |

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Felix Berlth; Patrick Plum; Christoph Baltin; Hans Schlösser; Ulrich Fetzner; Uta Drebber; Elfriede Bollschweiler; Arnulf Hölscher; Hakan Alakus; Stefan Mönig; **NO INFERIOR PROGNOSIS FOR CHEMO-NAÏVE SIGNET RING CELL CARCINOMA OF THE STOMACH. A SURVIVAL ANALYSIS COMPARING DIFFERENT HISTOLOGICAL SUBTYPES OF GASTRIC CANCER AFTER LONG TERM FOLLOW-UP.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 131

**Introduction** The histology of gastric cancer is described by several classification systems. There has been controversial evidence about the prognostic impact of signet ring cell carcinoma regarding the WHO classification and the diffuse type regarding the Lauren classification. This study presents retrospective data of a German high volume center for upper GI-surgery. **Methods** In a retrospective analysis of the gastric cancer dataset of the Department for General, Visceral and Cancer Surgery of the University Hospital of Cologne, signet ring cell carcinoma and diffuse carcinoma has been investigated regarding prognosis and its correlation to clinicopathological parameters. 262 patients were included into the analysis, all presenting a primary gastric adenocarcinoma. 135 cases (52%) revealed to be classified as a diffuse type regarding the Lauren classification including 76 cases (29%) of signet ring cell carcinomas. All patients (32% female, median age: 68y; range 28-87) underwent a D2-Gastrectomy without evidence of metastasis and without neoadjuvant treatment between 1996 and 2011. **Results** Survival analysis of patients with signet ring cell carcinoma versus patients with any other histology showed no significant difference between those groups (39 month vs. 49 month respectively; p=0.79), although signet ring cell carcinoma was associated to a higher grading (p<0.001). There was no evidence for earlier or more lymph node infiltration for any subgroup. Comparing signet ring cell carcinomas and non signet ring cell diffuse carcinomas, the group of signet ring cell carcinomas showed a significant longer overall survival (39month vs. 21m, respectively; p=0.019). Non signet ring diffuse carcinomas tended to higher pT- and higher pN-categories (p=0.052; p=0.078, respectively). Multivariate analysis revealed the number of dissected lymph nodes (p<0.001), number of infiltrated lymph nodes (p<0.001) and pT-category (p<0.002) as independent prognostic factors. **Conclusion** Signet ring cell carcinomas of the stomach are not per se associated to an inferior prognosis. A major factor for inferior prognosis in signet ring cell carcinomas in other patient collectives might be the worse response to neoadjuvant treatment. In our analysis non signet ring diffuse adenocarcinomas showed the worst outcome of all histological subtypes. |

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Carolina Parucce Franco; Wilson Luiz da Costa Junior; Maria Dirlei Ferreira de Souza Begnami; Felipe José Fernández Coimbra; Nariimã Marques.; **PATIENT AND SURGICAL PROGNOSTIC FACTORS IN POSTOPERATIVE MORBIDITY AND MORTALITY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 131

**Introduction** Resection remains the only curative treatment for gastric cancer patients. Despite technical advances, morbidity and mortality in referential centers are still significant. The identification of factors associated with them is a main component in improving outcomes strategies. The goal of this study was to identify prognostic factors of postoperative morbidity and mortality in a referential cancer center. **Methods** This was a retrospective study that included patients with gastric adenocarcinoma operated with curative intent in a period of five years in a Brazilian cancer center. The relation between patient and surgical prognostic factors and postoperative morbidity and mortality was investigated. **Results** Among the 199 patients in the study, 96 underwent total gastrectomy, 92 a distal resection and 11 a resection of gastric stump tumors. Most were male (60.3%) and their median age was 62 years old (20-91 years old). Complications were found in 79 cases (39.7%), with pneumonia (7.5%) and digestive fistula (7.0%) the most common ones. Overall 30-day mortality was 5.5%. In univariate analysis, D1 lymphadenectomy, multivisceral resection and intraoperative blood transfusion were associated with higher morbidity and mortality. Age and preoperative anemia were significant for the development of postoperative complications, while body mass index (BMI), weight loss, preoperative anesthetic ASA classification were associated with mortality. However in multivariate analysis age (> = 65 years), intraoperative blood transfusion and extended resection was independent factors to postoperative complications. **Conclusion** In this sample, morbidity and mortality findings were similar to those reported in other studies, especially regarding prognostic factors as age, nutritional status, ASA, wider resections and lymphadenectomy. Strategies to improve outcomes should focus on better preoperative care and controlled surgery. |

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Yang Yang; Jia Wei; Nandie Wu; Yaping Zhang; Qing Wang; Juan Du; Zhengyun Zou; Baorui Liu.; **PERITONEAL RECURRENCE OR METASTASIS IN RELATION TO OUTCOME IN LOCALLY ADVANCED AND METASTATIC GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 131

**Background:** The prognosis of locally advanced and metastatic gastric cancer remains dismal. Generally, gastric cancer is considered as systemic disease. The aim of this study is to investigate whether gastric cancer is systemic or regional disease through the exploration of the patterns of recurrence or metastasis of advanced gastric cancer and determination of the factors associated with survival, which may help in identifying effective treatment strategies and establishing future therapeutic prospects considering gastric cancer. **Method:** A retrospective analysis of 349 patients with stage III and IV gastric cancer was performed. The relationships between recurrence or metastasis patterns and clinicopathological characteristics and overall survival were evaluated. **Results:** Peritoneal recurrence or metastasis was detected as any part of the metastasis/recurrence pattern in 219 patients, while distant sites were involved in 208 patients. The locoregional area was involved as any part of recurrence or metastasis in 61 patients. In stage III patients, locoregional recurrence were associated with T4 stage; peritoneal recurrence was associated with distal or whole stomach location, diffuse or mixed subtype, and N3 stage; and distant recurrence was associated with intestinal subtype and negative vascular invasion. On multivariate analysis, stage III patients with locoregional recurrence had longer overall survival time than those with peritoneal or distant recurrence (21 vs. 15 months, HR: 0.628, P=0.047), while stage IV patients with peritoneal metastasis had shorter survival (7.5 vs. 14 months) and a higher risk of mortality (HR: 2.026, P=0.004). **Conclusion:** Peritoneal metastasis appears to be the most common pattern and is associated with poor prognosis in gastric cancer patients. Effective regional treatment is important to guide appropriate further therapy in advanced gastric cancer patients. |

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Leonardo Medeiros Milhomem; Daniela Medeiros Milhomem Cardoso; Washington Luiz Murgi de Farias; Orlando Milhomem da Mota; Edesio Martins; Maria Luisa Matias Ferreira; Rafael da Silva Vieira; Jales Benevides Santana Filho; **PREDICTIVE FACTORS OF RECURRENCE IN NODE NEGATIVE GASTRIC CANCER: RESULTS OF A SINGLE INSTITUTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 132

Introduction: The presence of lymph node metastases is the main prognostic factor in patients with gastric cancer and because of it the D2 lymphadenectomy is the "gold standard" treatment strategy. However even in patients with node negative gastric cancer, the disease may recur. In this group of patients, data on the determination of risk factors related to recurrence and subgroups of patients at high risk are scarce in the literature. Objectives: To determine predictive factors related to recurrence in node negative gastric cancer. Methods: Between 2002 to 2013, 678 patients underwent gastrectomy for the treatment of gastric adenocarcinoma. From these, 209 were node negative, undergoing R0 resections. Clinical and pathological factors were analyzed. Statistical analysis was performed with SPSS version 18.0. Results: Twenty two (10,5%) of the patients included in the analysis had recurrence. Among the variables analyzed, tumor diameter greater than 40mm (p = 0.03) and serosa layer invasion (p = <0.001) were related to recurrence in node negative patients. Conclusion: Even after the completion of curative resection surgery in patients with R0 node negative gastric cancer, the presence of risk factors can determine recurrence. The impact of the indication of more aggressive multimodal therapy and postoperative surveillance regimens in these cases remains unclear. |

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Pôster - Prognostic factors and tools in defining treatment  
Zhou Meng-long; Long Zi-wen; Wang Ya-Nong; **PREOPERATIVE CHEMOTHERAPY FOR LOCALLY ADVANCED GASTRIC CARCINOMA: A RETROSPECTIVE CASE-CONTROL STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 132

Backgrounds and Objectives] Nowadays the role of preoperative chemotherapy for gastric carcinoma remains undefined. This study was performed to evaluate the survival benefit that preoperative chemotherapy brings about in survival of patients with locally advanced gastric carcinoma (LAGC). [Methods] A single-institution, retrospective evaluation of 180 gastric carcinoma patients was performed which includes preoperative chemotherapy group (NAC group, n=90) and surgery-alone group (S group, n=90). A survival analysis was conducted for these two groups. We also evaluated the prognostic significance of various clinical and pathological parameters of the NAC group. [Results] The overall survival (OS) of NAC group was better than the S group, but the difference of OS between the two groups had no statistical significance. The univariate and multivariate prognostic analysis of NAC group were performed. Four parameters were identified as the independent prognostic factors: the Borrmann type (P=0.013), the resection type (P=0.003), clinical response (P=0.042) and ypN stage (P=0.001). [Conclusions] This study demonstrated the non-inferiority of preoperative chemotherapy which can improve the R0 resection rate and be safely delivered in clinical practice. Among the four independent prognostic factors we identified, only the Borrmann type can be got before treatment. We need more RCTs to clarify the role of preoperative chemotherapy in the treatment of LAGC. |

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Massimiliano Bissolati; Matteo Desio; Damiano Chiari; Elena Orsenigo; **PROGNOSTIC IMPACT OF RESECTION MARGINS INVOLVEMENT AFTER CURATIVE GASTRECTOMY FOR GASTRIC AND ESOPHAGO-GASTRIC JUNCTION CANCER AND IMPORTANCE OF INTRAOPERATIVE FROZEN SECTION ANALYSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 132

Introduction: Despite resection margins (RM) clearance is one of the main objectives of curative gastrectomy, prognostic impact of R1 resection is still unclear. Intraoperative frozen section frozen section analysis (IFS) could increase the rate of radical resection and ameliorate the oncological outcome. Objectives: The objective of this study is to assess the prognostic outcome of RM R1 resection and verify if the IFS-guided gastric resections can change oncological history of the patients. Methods: we retrospectively analyzed patients underwent total or sub-total gastrectomy with curative intent for gastric or EGJ adenocarcinoma from 1998 to present in our institute. RM status was assessed on IFS and/or definitive histopathological examination (DHE). Patients with Siewert I/II cancer, metastatic disease, R2 resections, circumferential R1 resections or previous gastric surgery were excluded from the study. Patients were divided in 3 groups: patients with positive RM on IFS underwent intraoperative extent of resection to obtain clear margins (group A); patients with positive RM on DHE, not underwent IFS assessment (group B); patients with negative RM on IFS or with negative RM on DHE not underwent IFS assessment (group C). A comparison of overall survival after resection was conducted between the 3 groups. Results: We identified 628 patients (group A: 32 patients, group B: 67 patients, group C: 529 patients). Mean overall survival of the 3 groups was 51.9±10.1 months, 28.8±5.4 months and 91.4±4 months, respectively. Negative RM patients (group A + C) had a significantly better survival (89.5±3.9 months) than positive RM (group B) patients (p<0.001). Patients underwent IFS-guided resection extent (group A) patients had a significantly better survival than group B (p=0.03), but worse than group C (p=0.002). Conclusions: survival after gastric cancer resection is negatively affected by positive RM. IFS-guided resections allows to obtain margins clearance in a single operation and improves oncological outcome. The worse survival of R0 patients underwent resection extent may indicate a more aggressive disease in those cases. |

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Mattia Berselli; Lorenzo Livraghi; Lorenzo Latham; Luca Farassino; Valentina De Berardinis; Valeria Quintodei; Marco Parravicini; Claudio Camillo Cortelezzi; Sergio Segato; Eugenio Coccozza; **PROGNOSTIC NUTRITIONAL INDEX (PNI) AS PREDICTOR OF POSTOPERATIVE COMPLICATIONS AND OVERALL SURVIVAL IN ELDERLY PATIENTS WITH GASTRIC CARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 132

Introduction The prevalence of elderly people is increasing in the West and in many Asian populations. The diagnosis of gastric cancer is today relatively common in the old patients. Many papers evaluated the preoperative risk factors and the opportunity of curative surgical resection in gastric carcinoma in the elderly patients. Objectives To evaluate the perioperative outcome and the long term follow-up according to Prognostic Nutritional Index (PNI) in curative resection for gastric carcinoma in elderly patients. Methods A series of elderly patients who underwent curative-intent gastric resection with lymphadenectomy between January 2003 and December 2014 were considered. The data review was performed via the revision of the institutional data-base and clinical-charts. The PNI was calculated as 10 x serum albumin(g/dl) + 0,005 x total peripheral lymphocyte count (/mm<sup>3</sup>). The data regarding postoperative period and long-term follow-up were analyzed. The population was divided into two groups according to PNI value (group A PNI < 38; group B PNI > 38). Results 62 patients (39 male; 23 female) were included in the study. 49 patients were middle-old age (75-84 years), 13 patients were old-old patients (> 85 years). The median PNI was 34 (range 22-48,8). The median follow-up time was 28,5 months (range 3-116). Postoperative complications and mortality occurred in 11 (18%) and 2 (3,2%) patients respectively. Both the postoperative deaths occurred in the old-old patients group. 10 postoperative complications and all postoperative deaths occurred in the A group, whereas in the B group only one complication occurred (stenosis of the anastomosis, not requiring reoperation), without statistical difference (p= 0, 1677). At sixty months from surgery the overall survival was 38,7% in the A group and 63,6% in the B group, with a statistically significant difference (p=0,0492). Conclusions In the present study low PNI values are associated with increasing in surgical morbidity and with statistically significant worse overall survival as compared with high PNI patients, the postoperative mortality remaining very low in both the groups. The surgical management of gastric carcinoma in elderly patients is sometimes difficult. Many considerations have to be done to achieve the better tailored treatment. The PNI evaluation can be considered in old and in old-old age patients to help surgeons to avoid useless gastrectomy. Further studies are necessary to confirm these results. |

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Wei Wang; Wei-Han Zhang; Xiao-Long Chen; Kai Liu; Xin-Zu Chen; Kun Yang; Bo Zhang; Zhi-Xin Chen; Jia-Ping Chen; Zong-Guang Zhou; Jian-Kun Hu; **PROGNOSTIC SIGNIFICANCE OF PREOPERATIVE SERUM CA125, CA19-9 AND CEA LEVELS IN GASTRIC CARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 133

**Introduction** Preoperative serum tumor markers are routinely tested in a variety of tumor patients. At present, the prognostic significance of preoperative serum tumor markers in gastric cancer has been widely reported. However, the roles of CA125, CA19-9 and CEA in gastric carcinoma (GC) are still under debate. **Objectives** The aim of this study was to evaluate the impact of preoperative serum tumor markers (CA125, CA19-9 and CEA) on clinicopathological traits and survival outcomes of GC patients. **Methods** A total of 1024 patients, who were diagnosed with primary GC and underwent radical gastrectomy from January 2005 to December 2012, were retrospectively enrolled in this study. All patients were detected by CA125, CA19-9 and CEA preoperatively. Patients were divided into positive group and negative group for each marker according to the levels of these markers through receiver operating characteristics. Clinicopathological traits including tumor location, tumor size, microscopic type, differentiation grade, pT stage, pN stage, pM stage and pTNM stage were collected. The follow-up time was up to December 2014. **Results** Elevated CA125 (>13.5U/ml), CA19-9 (>19U/ml) and CEA (>3.8ng/ml) were significantly associated with larger tumor size, more advanced macroscopic type, pT stage, pN stage, pM stage and pTNM stage and worse outcomes (all p<0.01). In the positive group of each tumor marker, the proportions of stage III-IV were 67.9% for CA125, 75.5% for CA19-9 and 77.4% for CEA. When three tumor markers were combined, the proportion of stage III-IV rose to 88.9%. Three-year survival rates in patients with elevated CA125, CA19-9 and CEA were 51%, 47% and 47%, respectively, compared with 66%, 63% and 63% in patients with these markers at un-elevated levels, while the rate in patients with three markers simultaneously elevated was 30%. In Cox regression analysis, age (p=0.008), tumor size (p<0.001), pTNM stage (p<0.001) and CA19-9 (p=0.007) were the independent prognostic factors. **Conclusion** GC patients with elevated preoperative serum CA125, CA19-9 and CEA might have more advanced clinicopathological features and less favorable outcomes. In addition, CA19-9 as an independent prognostic factors should be further investigated in GC. **Funding source** National Natural Science Foundation of China (No. 81301866). |

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Weiwei Kong; Qing Wang; Jia Wei; Yang Yang; Yaping Zhang; Zhengyun Zou; Baorui Liu; **PROGNOSTIC VALUE OF CARBOHYDRATE TUMOR MARKERS AND INFLAMMATION-BASED MARKERS IN METASTATIC OR RECURRENT GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 133

**Background:** Gastric cancer is the fourth most common cancer worldwide. In China, most cases are diagnosed as metastatic or recurrent gastric cancer (MRGC) with the 5-year survival rate being less than 5%. It is important to obtain simple, feasible and cost-less markers to evaluate the prognosis of the MRGC patients. **Methods:** We investigated the correlation of tumor markers such as CEA, CA125, CA19-9, CA24-2, CA72-4 and inflammation-based factors such as mGPS, NLR and PLR with prognosis in 439 MRGC patients. **Results:** CA125 was more frequently positive with peritoneal recurrence, and CEA was more frequently positive in patients with liver metastases. In the univariate analysis of survival, the following variables were associated with shorter overall survival (OS): male, previous pathology such as nerves invasion and vessel invasion, elevated CEA, CA72-4, CA125 and CA19-9, and inflammation-based variables such as Alb, CRP, mGPS, PLR, NLR, Hb, LDH, AchE and AKP. In the multivariate analysis, mGPS, CEA and CA125 were independent prognostic factors for OS. An exploration of the potential prognostic index model including the three independent factors was carried out. MSTs for the low-, moderate- and high-risk groups were 12, 10.5 and 5 months. **Conclusions:** Elevated serum CEA, CA125 and mGPS in patients with MRGC are independent negative predictor of prognosis. |

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Fabio Pinatel Lopasso; Carlos Eduardo Jacob; Donato Roberto Mucerino; Osmar Yagi; Claudio Bresciani; Marcio A Diniz; Bruno Zilberstein; Ivan Ceconello; **RISK FACTORS ASSOCIATED TO LENGTH OF PATHOLOGICALLY NEGATIVE RESECTIONS MARGINS AFTER RADICAL RESECTION ON THE SURVIVAL OF PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 133

**Background** The risk factors for decreased survival regarding to different proximal (PM) and (DM) margins lengths has not been studied. **Hypothesis** What were the clinicopathological relationships between the stratification of resection margins of variable extensions and the risk factors associated to the decreased survival rate after extended D2 gastrectomy for gastric cancer? **Methods & Results** 128 consecutive gastric cancer patients who underwent R0, D2 gastrectomy the proportional hazard Cox model was applied to age, gender, gastrectomy type, PM and DM lengths, tumor area, Helicobacter pylori presence, histologic type, number of harvested lymph nodes and positive lymph nodes in order to evaluate the correlation between the survival rate after a 60 month PO follow-up period and specific risk factors. There were 16 deaths (12.7%) in the period. Within them the mean PM and DM lengths of resection were respectively 4.1 (range: 1.5 -7.5) mm and 4.9 (range: 3 -175) mm. The PM and DM lengths and tumor areas had no influence in the 5-year overall survival rate. The 1-, 3-, and 5- year survival rate were respectively 94%, 82% and 60%. The overall occurrence of neural invasion (NI) was 39.7% and there were no neural invasion differences between the PM lengths. The grouping stage III/IV disease patients and those with neural invasion, the risk of death were 1.98 (p: 0.054) and 2.23 (p: 0.02) For PM length up to 50 mm neural invasion, stage III disease, and stage-grouping III/IV, the death risk was respectively 3.33, 7.73, and 3.3. The risk of earlier death was 3.1 (p: 0.04) when the neural invasion was found in patients with PM length more than 50 mm. For DM length up to 50 mm the factors for death risk were stage IV, and stage-grouping III/V respectively 49.2 (p: 0.002) and 3.02 (p: 0.016). **Conclusion** The extension of the histopathologically clear PM was not a factor of risk for early mortality. The risk of worse survival rate after stratification of PM or DM lengths of resection lines up 50 mm were found at the upper stages whereas the neural invasion was the most important risk factor for any PM extension. |

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Pôster - Prognostic factors and tools in defining treatment

Giuseppe Verlati; Daniele Marrelli; Maria Bencivenga; Alberto Di Leo; Alberto Marchetti; Michele Muggeo; Franco Roviello; Giovanni de Manzoni; **SHORT-TERM AND LONG-TERM RISK FACTORS IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 133

**Background:** While in chronic diseases, such as diabetes, mortality rates slowly increase with age, in oncological series mortality usually changes dramatically during the follow-up. In gastric cancer series mortality peaks in the first two years of follow-up and then declines. Also several risk factors, such as TNM stage, largely affect mortality in the first years after surgery, while afterward their effect tends to fade. **Methods:** Time variations in the prognostic significance of main risk factors, their impact on survival analysis and possible solutions were evaluated in a GIRCG (Italian Research Group for Gastric Cancer) series of 568 patients with advanced gastric cancer, undergoing D2/D3 lymphadenectomy. Median follow-up in surviving patients was 89 months (range 7-240). Survival analysis was accomplished by Kaplan-Meier survival method and Cox model, considering as terminal events both post-operative deaths and deaths from recurrence. **Results:** During the follow-up 315 (55.5%) patients died, 18 (3.2%) from post-operative causes, 242 (42.6%) from cancer recurrence. Survival curves in the two different histotypes (intestinal and mixed/diffuse) were superimposed in the first three years of follow-up and diverged thereafter. Likewise, survival curves as a function of site (fundus vs body/antrum) started to diverge after the first year. On the contrary, survival curves differed among age classes from the very beginning, due to different post-operative mortality, which increased from 0.5% in patients aged 65-74 years to 9.8% in patients aged 75-91 years. Accordingly, the proportional hazards assumption of the Cox model, evaluated by the test based on Schoenfeld residuals, were violated as regards age, site and histology. To cope with this problem, multivariable survival analysis was performed by separately considering either the first two years of follow-up or subsequent years. Histology and site were significant predictors only after two years, while T and N, although significant also in the long-term, became less important in the second part of follow-up. Older age was associated with higher mortality in the first two years, but not thereafter. **Conclusions:** Splitting survival time when performing survival analysis allows to distinguish between short-term and long-term risk factors in gastric cancer series. To cope with violation of proportional hazard assumption, an alternative statistical solution could be to exclude post-operative mortality. |

SEM CONFLITOS DE INTERESSE



Pôster - Prognostic factors and tools in defining treatment  
xueyingwei; **STAGE-STRATIFIED ANALYSIS OF PROGNOSTIC SIGNIFICANCE OF TUMOR SIZE IN PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 134

Background: The prognostic significance of tumor size in gastric cancer is not well defined. The objective of this study was to identify the prognostic value of tumor size in patients with gastric cancer. Methods: We retrospectively reviewed a total of 1800 patients with gastric cancer admitted to our hospital between 1997 and 2007. These patients were divided into two groups according to tumor size: small size group (SSG, tumor  $\leq$  5 cm) and large size group (LSG, tumor  $>$  5 cm). We compared clinico-pathologic features of the two groups and investigated the prognostic factors by performing univariate, multivariate, and stage- stratified analyses according to tumor size. Results: LSG had more aggressive clinico-pathologic features than SSG. Tumor size was an independent prognostic indicator in patients with gastric cancer. In a stratified-pT, pN, and pTNM analysis, survival of patients with LSG was significantly worse than that of patients with SSG and advanced stage. Tumor size was not a significant predictor of survival in patients with early stage tumors. Large tumor size was associated with shorter survival in patients with stages N0, N1, N2, and N3, and stages I, II, III, and IV. Conclusions: Tumor size is a simple and practical prognostic factor in patients with gastric cancer. Tumor size could supplement clinical staging in the future. |

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Pôster - Prognostic factors and tools in defining treatment  
Alexander Urbanski; Hans Anton Schlösser; Seung Chon; Patrick Plum; Felix Berth; Ulrich Fetzner; Christoph Baltin; Elfriede Bollschweiler; Arnulf Hölscher; Stefan Mönig; **SURGICAL THERAPY OF LOCALLY ADVANCED TUMORS OF THE STOMACH IN ELDERLY PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 134

Introduction: Because of rising expectation of life the percentage of elderly patients in the clinical and ambulatory setting is increasing. Medical capabilities, especially those of intensive care and anaesthesia, have been widely enhanced. This consequentially leads to the question, if patients advanced in years can profit from this development by receiving operative therapy. This study includes patients with an advanced carcinoma of the stomach, and compares those of age 80+ with those of a younger age at the point of the operation. Methods: This prospective study includes 406 consecutive patients, who received a D2-gastrectomy at the University-Hospital of Cologne because of carcinoma of the stomach. We divided the patients in two groups of  $>$ 80 and  $<$ 80 years. Because more than 80% of tumours were in advanced stage, only patients with pT3/pT4 tumours were included. Evaluation was performed describing gender, pT-, pN- and pM-category as well as number of resected lymphnodes and lymphnode metastasis. These factors were evaluated for differences inbetween groups. Survival was analysed via Kaplan-Meier, also mortality was compared between the groups during the postoperative course. Results: Out of 406 patients, 29 (7%) were of age  $>$ 80. 279 patients presented stage pT3/pT4. Out of those, 24 patients were of age  $>$ 80. Median age of the younger group was 65 (36-79) years. In group  $>$ 80, median age was 83 years, the oldest patient had reached 88 years at date of operation. In average 37 lymph nodes were resected and 5 lymph nodes showed metastasis. By comparison of groups  $>$ 80 vs  $<$ 80 years, no significant difference in pN-, pT- or pM-category was detected. Also gender and number of lymph node metastasis did not show a significant difference. In group  $<$ 80 the median amount of resected lymph nodes (35,5) was significantly higher than in group  $>$ 80 years (26). The postoperative course did not show a significant difference in morbidity or mortality, the inhospital mortality was 4,2% ( $>$ 80) vs 1,3% ( $<$ 80). Also comparison of long term prognosis did not show a significant difference. Conclusion: The analysis of the comparable patient groups did not show a difference in the prognosis of elderly patients of more than 80 years compared to younger patients. Postoperative mortality in those patients was not caused by surgical complications. We believe these patients can also benefit from surgical therapy, given that a careful selection beforehand has been carried through. |

SEM CONFLITOS DE INTERESSE

Pôster - Prognostic factors and tools in defining treatment  
Eric Drizlionoks; Amanda Pinter Carneiro da Silva; Valdir Terciotti Junior; Luiz Roberto Lopes; João de Souza Coelho Neto; Nelson Adami Andreollo; **Survival analysis of advanced gastric cancer after surgery and adjuvant therapy.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 134

Objective. We aim to assess survival in patients with advanced gastric adenocarcinoma after surgical and adjuvant treatment. Method. A retrospective study of 105 cases treated from January 2002 to October 2013 undergoing total or distal gastrectomy. Adjuvant therapy was based in the Macdonald's protocol (Intergroup-0116 trial). Criteria of exclusion were early gastric cancer, unresectable tumors and tumors of the esophagogastric junction. It was analyzed histological data (staging, angiolymphatic involvement, number of lymph nodes resected), perioperative complications, adjuvant therapy and survival. Results. This study showed predominance of males (69%), with a mean age of 61.1 years. The main affected age group was between 61 and 70 years (34%). The most affected location in the stomach was antrum (62.8%). The most frequently performed surgical procedure was distal gastrectomy with D2 lymphadenectomy (67.6%). The most common histological types of adenocarcinoma were moderately differentiated (57%) and poorly differentiated (35.8%). Post surgical complications were infrequent, although, fistula occurred in 7% and intestinal obstruction was seen in 8% of cases. The most frequent stage was IIIc (25.7%). Peritoneal metastatic implants in abdominal cavity examination was seen rarely (only 2 cases). Adjuvant therapy was completed in 45% of cases, uncompleted in 11% and not used in 43% of patients. The main localization of metastatic relapse was in the liver (12%) in the follow-up. Perioperative death was uncommon (6%). The average of overall survival was 32.9 months. The age group with the smallest survival was the 41-50 years group (37.8 months). Staging with the greatest survival was IIB (46.2 months). The group with angiolymphatic involvement presented an average survival of 27.8 months and those with perineural involvement had 35.4 months of mean survival. Patients with completed adjuvant therapy had 38.7 months of mean survival. In the other hand, those with uncompleted adjuvant therapy presented 27.1 months. Finally, patients without adjuvant therapy showed 28 months of mean survival. Conclusion. A preliminary analysis suggests that a complete adjuvant therapy may result in a greater survival when comparing with the groups of incomplete adjuvant therapy or without adjuvant therapy. |

SEM CONFLITOS DE INTERESSE

Pôster - Prognostic factors and tools in defining treatment  
Hongyu Gao; **THE CLINICOPATHOLOGICAL FEATURES AND PROGNOSTIC OF BORRMANN' S TYPE? GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 134

Objective?To explore clinicopathologic characteristics and therapeutic process of Borrmann type?gastric carcinoma?Methods?Retrospective analysis was performed on 118 case of patients with Borrmann type?gastric carcinoma treated in our department from 2000 to 2004 in order to analyze clinical feature?pathological characteristics and specificity of operative therapy of Borrmann type?gastric carcinoma?Results?Borrmann type?gastric cancer is high malignant carcinoma, which have biological peculiarity and most(78/965) of the lesions demonstrated poorly differentiation. The mean survival time was 5.6 months in the patients without resection and 24.1 months for the patients with resection(radical and nonradical)?The 1?3?5-year survival rate was 56.4%?23.1% and 7.6% respectively in the patients with radical resection while 40.8%?8.2% and 0 in those with non radical resection?Conclusion?In Borrmann' s type?gastric cancer, early detection and radical resection are critical to prolong the patient' s survival? |

SEM CONFLITOS DE INTERESSE

Pôster - Prognostic factors and tools in defining treatment

Takashi Kanemura; Yukinori Kurokawa; Yasutoshi Miyazaki; Tomoki Makino; Tsuyoshi Takahashi; Makoto Yamasaki; Kiyokazu Nakajima; Shuji Takiguchi; Masaki Mori; Yuichirou Doki; **THE IMPACT OF POSTOPERATIVE COMPLICATIONS AND DELAYS IN CHEMOTHERAPY ON DISEASE RECURRENCE IN GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 135

**Background?** In recent years, the impact of postoperative complications on the recurrence of cancer has been reported in some studies. Here, we investigated the effect of postoperative complications in gastric cancer and the influence of the delay of initiation of adjuvant chemotherapy on recurrence-free survival (RFS). **Methods?** Patients who underwent R0 gastrectomy for pStage II or III gastric cancer at Osaka University Hospital between January 2007 and December 2012 were included in this study. Postoperative complication were evaluated according to the Clavien-Dindo classification system, and we defined the initiation after 45 postoperative days as a delay of initiation. We compared RFS between patients with and without postoperative complications or between patients with and without the delay of initiation of adjuvant chemotherapy. **Results?** Among 199 enrolled patients, 119 (60%) were in pStage II and 80 (40%) in pStage III. Grade II or higher postoperative complications occurred in 64 cases (32%). Patients with postoperative complications had significantly worse RFS than those without postoperative complications ( $p=0.008$ ). Subgroup analysis according to pStage showed similar results. Cox multivariate analysis revealed the occurrence of postoperative complication was a significant prognostic factor ( $p=0.011$ ). The recurrence patterns in patients with or without postoperative complication were as follows: peritoneum, 44%/41%; lymph node, 22%/15%; liver, 22%/15%. In the 116 patients who underwent adjuvant chemotherapy, 49 patients (42%) required the delay of initiation of adjuvant chemotherapy. There was no significant difference in RFS between the delayed and non-delayed patients ( $p=0.25$ ). Subgroup analysis according to pStage and postoperative complication occurrence showed similar results. **Conclusion?** The occurrence of postoperative complications had negative effect on RFS in patients with gastric cancer. However, the influence of the delay of initiation of adjuvant chemotherapy seemed to be small. |

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Pôster - Prognostic factors and tools in defining treatment

Jian-Wei Xie; Qin-Yu Sun; Chang-Yin Feng; Chao-Hui Zheng; Ping Li; Jia-Bin Wang; Jian-Xian Lin; Jun Lu; Qi-Yue Chen; Rong-Rong Cao; Mi Lin; Ying-Hong Yang; Chang-Ming Huang; **THE PROGNOSIS ANALYSIS OF GASTRIC NEUROENDOCRINE CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 135

**Abstract: Objective:** To investigate the factors influencing the prognosis of patients with gastric neuroendocrine cancer (GNEC). **Methods:** A total of 132 patients who were diagnosed as GNEC at Fujian Medical University Union Hospital from January 2006 to December 2013 were enrolled. And the retrospective study was performed to analyze the influencing factors of prognosis. **Results:** 100 patients and 22 patients underwent radical and palliative resection respectively, with only 10 patients receiving chemotherapy. The median survival time of the three groups was 48, 20 and 12 months, respectively. The difference was considered statistically significant ( $P = 0.000$ ). All patients underwent a follow-up and the median follow-up time was 23 months. The 1- and 5-year survival rates were 84% and 47%, respectively. Univariate analysis showed radical resection, tumor size, pT stage and pTNM stage were significantly correlated with prognosis. For multivariate analysis, radical resection was the only independent risk factor. With stratified analysis of the radical resection group, we found the median survival time of patients with adjuvant chemotherapy significantly longer than patients without it (53 months vs. 34 months,  $p=0.013$ ). The median survival time were 48 and 46 months in open and laparoscopic group, without significant difference ( $p=0.967$ ). **Conclusions:** Radical resection was the independent prognostic factor for GNEC (G3), and the survival time could be prolonged by postoperative adjuvant chemotherapy. **Key words:** gastric neoplasm, neuroendocrine tumor, radical resection, prognosis |

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Pôster - Prognostic factors and tools in defining treatment

Lin Chen; Yunhe Gao; Jianxin Cui; Hongqing Xi; Weisong Shen; **THE PROGNOSIS AND CLINICOPATHOLOGY OF IGF-1R EXPRESSION IN GASTRIC CANCER PATIENTS: A META-ANALYSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 135

**Abstract Objective:** To investigate the expression of insulin-like growth factor receptor type I(IGF-1R) in gastric cancer (GC) and its role in GC prognosis and clinicopathology. **Methods:** All eligible related studies published were searched out from Pubmed, EMBASE, Web of Science, Wanfang, VIP and CNKI databases. All studies were identified and evaluated by reviewers according to inclusion and exclusion criteria. Meta-analysis were performed using STATA 12.0 software to analyze. **Results:** A total of 4 studies comprising 685 patients were included to assess the association between IGF-1R immunohistochemical expression and overall survival(OS) as well as clinicopathological characteristics. Our study indicated that increased IGF-1R expression was significantly correlated with poor OS of gastric cancer patients(HR 3.06,95% CI 2.30-4.08), subgroup analysis according to study location indicated that IGF-1R overexpression had an unfavorable impact on OS in Chinese patients(HR 4.75,95% CI 3.31-6.83). Moreover, up-regulation of IGF-1R was significantly associated with TNM stage(OR 5.20 95%CI 1.12-24.15), lymph node metastasis(OR 8.24,95%CI 2.68-25.34), distant metastasis(OR 17.34,95%CI 6.52-46.15). Our study revealed that IGF-1R expression might be a potential predicative factor of poor prognosis of gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Prognostic factors and tools in defining treatment

Takeshi Nagahama; Masayuki Ando; Kataunori Ami; Kuniyoshi Arai; **THE ROLE OF NEUTROPHIL-TO-LYMPHOCYTE RATIO (NLR) IN THE TREATMENT OF UNRESECTABLE GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 135

**Introduction?** Inflammation may play an important role in cancer progression. Recently a high neutrophil-to-lymphocyte ratio (NLR) has been reported to be a poor prognostic indicator in several solid cancers. Here relation of NLR in the unresectable gastric cancer and effect of systemic chemotherapy were evaluated. **Object and method?** 73 patients of untreated and unresectable gastric cancer were included in this analysis. NLR was calculated just before initial treatment. 73 patients were subdivided into 4 groups, Group A (NLR $\geq$ 3 n=20) Group B (3<nlt;6 n="30)" group="c" (6<nlt;10=" d=" (10<=" td=" "> /nlt;6> |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

SREEJAYAN PROF. SREEJAYAN.M.P.; **A BENIGN HUGE GASTROINTESTINAL STROMAL TUMOR WITHOUT BLEEDING - A RARE PRESENTATION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 136

45 year old female patient presented with progressive abdominal distension for 6 months (There was no H/O bleeding) O/E : there was Pallor+ abdomen-protuberant , Umbilicus -central and everted .There were no dilated veins . Palpation showed a non tender firm mass with irregular surface of size 32 x 30 x12cm extending from epigastrium to hypogastrium ,laterally upto both flanks.Investigations:Hb : 8gm% all other were normal .CECT-Huge mass filling the entire abdomen,probably arising from stomach,showing heterogenous enhancement of varying density.liver normal ,no lymphadenopathy,no ascites.A diagnosis of GIST stomach was made . Management:Laparotomy and resection of tumor with 1cm margin.Histopathology showed features of benign GIST . Patient was started on Imatinib 400mg/day,and is under follow up till now Discussion GIST is defined as pleomorphic mesenchymal tumors of the GI tract that express the KIT protein and often also CD34 on IHC. In stomach ,Size varies from few millimetres to more than 30cms. Clinical features : Depend on the size and site of the tumor: large tumors with vague abdominal discomfort is the most common presentation,second common presentation is acute or chronic gastrointestinal bleeding. Diagnosis :CECT is the investigation of choice.It will characterise the lesion,extent and metastasis.EUS and FNAC confirms diagnosis in 85 % . Prognostic factors :Gist always have a malignant potential even if it is benign.Generally speaking less than 5 cm has low risk for malignancy.more than 10 cm are malignant.mitosis less than 5/ 50 hpf are benign. Management :Surgery is the primary mode of treatment.complete resection avoiding tumour rupture is the golden rule.Avoid multivisceral and radical surgery. Drugs. Imatinib mesylate is a powerful selective inhibitor of tyrosine kinase of PDGFR and c-kit receptor.400 mg per day Followup CECT of abdomen and pelvis is done for ever 3-6 months for 3-5years and then years.novisky etal advised physical examination every 3-4 months for 2 yrs,then every 6 months for 2 yrs and then yearly.chest X-ray, abdominal CT,blood investigation yearly;upper GI scopy is to be done in 2 months Keywords: GIST, mesenchymal tumor, KIT, Imatinib |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Atsushi Hirano; Mikito Mori; Kiyohiko Shuto; Daisuke Kawaguchi; Yukihiko Hiroshima; Chihiro Kosugi; Kenichi Matsuo; Kuniya Tanaka; Keiji Koda; **A CASE OF LAPAROSCOPIC AND ENDOSCOPIC COOPERATIVE SURGERY FOR A PATIENT WITH GASTROINTESTINAL STROMAL TUMOR AND COMPLETE SITUS INVERSUS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 136

Introduction: Complete situs inversus (CSI) is a relatively rare condition found in 1 per 4000-8000 persons, and there have been few reports related to the surgical procedure for a patient with CIS. Moreover, gastrointestinal stromal tumors (GISTs) are rare, too, and the incidence in Japan is approximately 15 per 1,000,000 people. GISTs can arise along the gastrointestinal tract, but is most commonly found in the stomach (40-60 %), followed by small intestine (30-35 %) and colorectum (5-16 %).The standard treatment for GISTs is removal of tumor by operation. There are many options of surgical techniques for GIST, laparoscopic and endoscopic cooperative surgery (LECS) has been reported by Hiki et al as a minimally invasive surgery for GISTs in 2008. However, no case of LECS for GIST accompanied with CSI has never been reported, and we herein report our experience in performing LECS for a patient with GIST and CSI. Case Report: A 78-year-old man was admitted for the treatment of gastric submucosal tumor found by health check program. CSI was diagnosed via chest X-ray and computed tomography (CT). Upper gastrointestinal endoscopy and gastrointestinal imaging identified a submucosal tumor in the upper gastric portion near the esophagogastric junction. Tissue biopsy indicated GIST. Abdominal computed tomography (CT) showed that the tumor size was 45mm in diameter, there was no metastatic lesion, and all organs inside the abdomen were inversely positioned. Based on these findings, the submucosal tumor was diagnosed as GIST accompanied with CSI, and we performed LECS. Although blood transfusion was needed due to postoperative hemorrhage, he could be discharged on postoperative day 12. He is still alive without recurrence and complication for 5 months after surgery. Conclusion: LECS was performed for GIST accompanied with CSI. LECS can be performed even in cases showing CSI by predicting the vascularization based on preoperative diagnostic imaging and by carefully ascertaining the anatomy. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Nathália Cristina Campanella; Cristovam Scapulatempo-Neto; Antônio Talvane de Oliveira; Denise Peixoto-Guimaraes; Rui M. Reis.; **ABSENCE OF MICROSATELLITE INSTABILITY (MSI) IN GASTROINTESTINAL STROMAL TUMORS (GIST).** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 136

Introduction: Gastrointestinal stromal tumors (GIST) development its majority associated with activating mutations of KIT or PDGFRA oncogenes. The presence and type of KIT/PDGFR mutations help to predict the response to imatinib mesylate, a selective tyrosine kinase inhibitor. Besides KIT/PDGFR mutations, other molecular alterations are important in GIST evolution. The microsatellite instability (MSI) phenotype is a type of genomic instability caused by a defect in DNA mismatched repair proteins (MMR), which is present in mainly in hereditary colorectal cancer. In GIST, the characterization of MSI phenotype is scarce and the results are not consensual. Objective: Herein, we aim assess the MSI in a series of 92 well-characterized GISTs. Material and Methods: The evaluation of MSI was performed by pentaplex PCR comprising the markers followed capillary electrophoresis. The expression of MMR (MLH1, MSH2, MSH6, and PMS2) proteins was evaluated in suspected MSI-positive cases by immunohistochemistry. Results: The MSI analysis showed 4 cases (3.9%) with instability of one marker; yet, further evaluation of normal tissue also showed the same alteration, and the immunohistochemistry analysis showed positive expression of all MMR proteins, demonstrating that all 4 cases were MSI stable. Concluding, the present study suggests that MSI does not play a role in GIST tumorigenesis. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

FATIMA MRUE; LEOLIDIO VITOR PEREIRA; BRUNO PARRERA GOMIDE; JESSICA ALVES DE SOUSA COSTA; LURIAN-REI CAETANO LIMA; ALINE RODRIGUES MARINS.; **CLINICAL FEATURES, MANAGEMENT AND PROGNOSIS OF COMPLEX CASES OF GASTRIC GIST - CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 136

Introduction: Gastrointestinal Stromal Tumors (GIST) represent 80% of the gastrointestinal mesenchymal tumors, accounting for 5% of all sarcomas and 3% of tumors of the digestive tract, is often associated with mutations in genes KIT or PDGFRA. Clinical features may differ depending on the location, size and tumor aggressiveness. Objectives: To describe the clinical characteristics, management and prognosis of a complex case of GIST in a patient at a teaching institution. Method: Data collection of the records of a young patient of Surgical Oncology Service by Clinics Hospital of the Federal University of Goiás presenting complex case of gastric GIST. Case report: D.B.S., 47 years old, male, came in to surgical oncology service presenting epigastric burning-like pain since the last eight months and melena for the past 10 days. The patient underwent a partial gastric resection of a GIST of around five centimeters eight months later. He had not been treated by any medication until the admission. Upper Gastrointestinal endoscopy performed two months after the first surgery has shown two ulcerated lesions of about five centimeters. The present abdominal ultrasonography shows an epigastric mass of 17x12x14 centimeters, confirmed by abdominal computed tomography. Exploratory laparotomy was performed and an irresectable tumour infiltrating the diaphragm with an implant was found in a liver surface. After all, GIST was confirmed by immunohistochemical analysis. The treatment was started with imatinib mesilate for two years with tumour reduction around 50%. At this time the abdominal CT still revealed an diaphragm infiltration and a close contact with aorta. The therapeutic option was to keep on with mesilate imatinib in an attempt to reduce the mass. Unfortunately the patient developed a fistula from tumour to the lung with pulmonary abscess. At this time the surgical treatment was done with multivisceral resection. The patient recovered well and was discharged in regular condition. Three months later, he presented with an expansive mass in periventricular region on the left side with signs of intratumoral bleeding. After thirty days, presented grand mal type seizure in addition to fungal and bacterial infections. Patient progressed to death. CONCLUSION: Although it has a good rate of cure after established chemotherapy and surgery, gastrointestinal stromal tumors can behave aggressively. Introducing local. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Katsunori Tauchi; Hirofumi Kishimoto; Seijiro Yoshifuku; Kotaro Sasahara; Noriaki Otagiri; Ryosuke Hirano; Masato Nakamura; Kayoko Higuchi; Nobuo Ito; **CLINICOPATHOLOGICAL STUDY?OF GASTRIC GIST.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 137

45 patients who underwent surgical resection for gastric GIST between 2001 and 2014 were clinicopathologically studied. Those patients were 17 males and 28 females; average age was 70.0 years old. Operative procedures were as follows. 29 cases of partial resection, 5 cases of proximal gastrectomy, 2 cases of distal gastrectomy, 9 cases of total gastrectomy. TNM classification were as follows. 19 cases of Stage IA, 10 cases of Stage IB, 6 cases of Stage II, 4 cases of Stage IIIA, 4 cases of Stage IIIB, 2 cases of Stage IV. We found recurrence patients in 7 out of 8 with stage IIIA and IIIB, however recurrence was not found in 35 patients with Stage IA, IB, and II. Imatinib was administered to all the recurrence patients, but dosage of 400mg/day was administered to only 2 patients, and 5 patients were discontinued or required reduction in dose because of the adverse events. 4 out of 7 recurrent patients were alive, but reduction in dose of imatinib was required in 2 patients. We did not find any recurrence patients with the Stage IA, IB, II, and those patients cured completely only with the resection. The recurrence rate was high in the Stage IIIA and IIIB. Adjuvant imatinib therapy was indicated in those patients, however administering 400mg/day of imatinib was difficult to continue due to adverse events and required to reduction in doses. Continually administering the imatinib is important because it seems that some cases, even with reduction in dose, will benefit from the therapy. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Kazuhiro Nabeshima; Mifuji Tomioku; Kenji Nakamura; Hitoshi Hara; Eiji Nomura; Toshio Nakabori; Souji Ozawa; Sotaro Sadahiro; Seiei Yasuda; **COMBINATION OF LAPAROSCOPIC AND ENDOSCOPIC APPROACHES TO NEOPLASIA WITH NON EXPOSURE TECHNIQUE(CLEAN-NET) FOR GIST.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 137

Objectives:Combination of laparoscopic and endoscopic approaches to neoplasia with non exposure technique (CLEAN-NET) was developed by Prof. Inoue to avoid intraoperative tumor dissemination. We report two cases of gastrointestinal stromal tumor (GIST) operated by CLEAN-NET in our institute. Methods: We indicated gastric GIST with delle. Case1: The patient was 55-year-old Japanese male who was admitted because of hematemesis. Gastric endoscopy revealed the gastric GIST in the fornix (3.5 cm in size). CLEAN-NET was performed by inserted 5 trocars and liver retractor. Results: Operation time was 202 min. (include cholecystectomy) and extra blood loss was 29 ml. Post operative day was 8 days. Case2: The patient was 66-year-old Japanese male who revealed the gastric submucosal tumor (4 cm in size) by medical checkup. CLEAN-NET was performed. Results: Operation time was 128 min. and extra blood loss was 16 ml and post operative day was 9 days. Conclusion: Combination of laparoscopic and endoscopic approaches to neoplasia with non exposure technique (CLEAN-NET) was safety and usefulness of gastric GIST with delle. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Hiromitsu Kitayama; Michiaki Hirayama; Junko Sugiyama; Tomohiro Kondo; Yumiko Oyamada; Yasushi Tsuji; **COMPLETE RESPONSE OF GASTROINTESTINAL STROMAL TUMOR LIVER METASTASES TO REGORAFENIB.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 137

Introduction: Imatinib, sunitinib, and regorafenib show high disease control rates for metastatic or unresectable gastrointestinal stromal tumor. However, partial response rates are low, and complete response to regorafenib had not been reported. Case: Our case was an 81-year old woman who underwent partial gastrectomy for an extremely large high risk gastrointestinal stromal tumor. Adjuvant imatinib caused intolerable adverse effects. One year after the surgery, local recurrence was diagnosed and sunitinib started. Sunitinib also caused severe adverse effects. However, long term disease control for thirty-nine months was achieved with adequate dose reduction. After that period, the local recurrence started to grow rapidly, and the patient underwent total gastrectomy and distal pancreatectomy with excisions of nearby seeding nodules. Six months after the second operation, two liver metastasis nodules and one peritoneal metastasis nodule were found. We started regorafenib at standard dose. One month after the start of regorafenib treatment, the dose was reduced as follows: two weeks administration of 80 mg per day followed by two weeks drug holiday, due to intolerable adverse effects. The evaluation computed tomography and 18F-Fluorodeoxyglucose positron emission tomography could confirm complete response of her liver metastases. Even low dose regorafenib could maintain complete response for ten months with only mild adverse effects. Conclusion: We report the first case of clinical complete response by regorafenib against liver metastases of gastrointestinal stromal tumor with intolerance to imatinib and refractory to sunitinib. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Hyunkil Kim; Byoungwook, Bang; Kyesook, Kwon; Yongwoon Shin; **DIAGNOSTIC AND THERAPEUTIC EFFICACY OF ENDOSCOPIC ENUCLEATION FOR SUBEPITHELIAL TUMORS ORIGINATING FROM MUSCULARIS PROPRIA LAYER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 137

Introduction: Gastric subepithelial tumors originating from muscularis propria (MP) are partly benign. However, some gastric stromal tumors, especially gastrointestinal stromal tumors (GISTs) have malignant potential. Therefore, accurate diagnosis of MP tumor is essential. The aim of this study was to evaluate the utility of endoscopic enucleation for diagnosis and treatment of MP tumors retrospectively. Methods: From January 2010 to February 2014, forty eight patients with gastric MP tumor underwent endoscopic enucleation. Before endoscopic resection, all patients performed endoscopic ultrasound to determine the layer of origin and the accurate size. Endoscopic method was determined according to the tumor size. For the less than 12mm sized tumor groups, band ligation and resection (BLR) was performed and the group of more than 12 mm sized tumor were treated with endoscopic submucosal resection (ESD). Tumor characteristics, tumor size, procedure technique, complete resection rate and recurrence were analyzed. Results: A total of 48 patients (16 men, 24 women; mean age 50.3 years) were eligible for inclusion in this study. The histologic diagnosis was leiomyoma (n=27), gastrointestinal stromal tumor (n=18) and other tumors (n=3). BLR method was used in 26 patients. Median procedure time was 9.5 min (5-26) and complete resection rate was 96.2% (25/26) in the BLR group. Perforation was developed in two patients, which was closed by endoscopic clipping. ESD method was used in 22 patients. The mean procedure time was 41.1 minutes (range 10 – 260) and complete resection rate was 77.3% (17/22). Four cases were complicated by perforation. Three patients were treated using metallic clips and one patient was received laparoscopic surgery. Among the 18 patients who were diagnosed as GIST, 16 patients showed low risk and very low risk. The mean follow-up time was 11.9 months (range 3-35). No recurrence was developed during the follow-up period. Conclusion: Endoscopic enucleation appears to be effective and relatively safe method for the histologic diagnosis and removal of subepithelial tumor originating from MP layer. Especially, BLR is an effective, less time-consuming and relatively safe treatment for small MP tumor (<12 mm). Even though there was perforation in some patients, most of them could be managed endoscopically without serious complication. |

SEM CONFLITOS DE INTERESSE



Pôster - GIST

Filipe Pinto; Nathália Cristina Campanella; Lucas Abrahão-Machado; Cristovam Scapulatempo-Neto; Antônio Talvane de Oliveira; Maria J Brito; Raquel P Andrade; Denise P Guimarães; Rui Manuel Reis. **EMBRYONIC BRACHYURY TRANSCRIPTION FACTOR IS A NOVEL BIOMARKER OF GIST AGGRESSIVENESS AND POOR SURVIVAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 138

Background: Brachyury, a T-box transcription factor, has been recently identified to be upregulated in solid tumors. We recently described Brachyury as an independent biomarker of aggressiveness and poor prognosis in prostate cancer patients. Objectives: Here, we proposed to evaluate the potential use of Brachyury protein expression as a new prognostic biomarker in gastrointestinal stromal tumors (GIST). Methods: We analyzed Brachyury protein expression by immunohistochemistry in a cohort of 63 bona-fine GIST patients. Brachyury expression profile was then correlated with patient's clinico-pathological features and prognosis impact. Additionally, an in silico analysis was performed using the Oncomine database to assess Brachyury alterations at DNA and mRNA levels in GISTs. Results: We found that Brachyury is overexpressed in the majority (80.9%) of GIST. Presence of Brachyury is associated with aggressive GIST clinic-pathological features. Brachyury overexpression has a significant association with the presence of metastasis, while cytoplasmic sub-localization Brachyury staining was correlated with poor survival. Conclusions: Herein, we demonstrated that Brachyury is overexpressed in GISTs and it is associated with worse outcome, constituting a novel prognostic biomarker. Moreover, it can also represent a potential target for GIST treatment. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Hao Xu; Fengyuan Li; Wang Mao; Yang Li; Zekuan Xu. **EXTRA-GASTROINTESTINAL STROMAL TUMORS: REVIEW ON CLINICAL SYMPTOMS, DIAGNOSIS, PATHOLOGY, THERAPY, AND PROGNOSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 138

Abstract Objective: To investigate the clinical features, diagnoses, pathological features, treatment and prognosis of extra-gastrointestinal Stromal Tumors (E-GISTs). Methods: 31 patients with complain of abdominal pain or abdominal discomfort were admitted and diagnosed with E-GIST from February 2008 to July 2013. We analyzed the clinical data, pathological features, immunohistochemical expression and the prognosis retrospectively. Results: All patients were initially diagnosed as E-GISTs by CT scan preoperatively. Of these patients, 28 cases underwent complete resection, and 3 cases only received needle biopsy. E-GISTs were finally confirmed by surgery and pathology. The average size of tumors was 11.0 cm. The types of cellular morphology were spindle (29 cases, 93.6%), epithelioid (1 case, 3.2%) and mixed (1 case, 3.2%). On the histology, the neoplastic cells expressed CD117 (96.8%), CD34 (73.3%), Des (0%), Dog1 (100%), SMA (44.4%) and S100 (3.3%). After surgery, 12 patients (38.7%) were treated with imatinib for 1 to 48 months postoperatively. In the follow-up period, 4 patients (12.9%) died of tumor recurrence and metastasis, 1 case (3.2%) was alive with disease and the remaining patients were alive without recurrence and metastasis. Conclusion: E-GIST has low incidence and mainly arise in adult. E-GIST has the similar characters with GISTs. The risk of malignant behavior depends on tumor size and mitotic count. Surgery is an effective treatment for E-GISTs, and imatinib mesylate is of benefit for the patients with high risk E-GISTs. Key words: extra-gastrointestinal stromal tumors; CD117; surgery; prognosis |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Hao Xu; Fengyuan Li; Wang Mao; Yang Li; ZeKuan Xu. **EXTRA-GASTROINTESTINAL STROMAL TUMORS: REVIEW ON CLINICAL SYMPTOMS, DIAGNOSIS, PATHOLOGY, THERAPY, AND PROGNOSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 138

Abstract Objective: To investigate the clinical features, diagnoses, pathological features, treatment and prognosis of extra-gastrointestinal Stromal Tumors (E-GISTs). Methods: 31 patients with complain of abdominal pain or abdominal discomfort were admitted and diagnosed with E-GIST from February 2008 to July 2013. We analyzed the clinical data, pathological features, immunohistochemical expression and the prognosis retrospectively. Results: All patients were initially diagnosed as E-GISTs by CT scan preoperatively. Of these patients, 28 cases underwent complete resection, and 3 cases only received needle biopsy. E-GISTs were finally confirmed by surgery and pathology. The average size of tumors was 11.0 cm. The types of cellular morphology were spindle (29 cases, 93.6%), epithelioid (1 case, 3.2%) and mixed (1 case, 3.2%). On the histology, the neoplastic cells expressed CD117 (96.8%), CD34 (73.3%), Des (0%), Dog1 (100%), SMA (44.4%) and S100 (3.3%). After surgery, 12 patients (38.7%) were treated with imatinib for 1 to 48 months postoperatively. In the follow-up period, 4 patients (12.9%) died of tumor recurrence and metastasis, 1 case (3.2%) was alive with disease and the remaining patients were alive without recurrence and metastasis. Conclusion: E-GIST has low incidence and mainly arise in adult. E-GIST has the similar characters with GISTs. The risk of malignant behavior depends on tumor size and mitotic count. Surgery is an effective treatment for E-GISTs, and imatinib mesylate is of benefit for the patients with high risk E-GISTs. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Myoung Won Son; Moon-Soo Lee. **FORTY-THREE CASES OF GASTRIC GASTROINTESTINAL STROMAL TUMORS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 138

Introduction: Gastrointestinal stromal tumors (GIST) are the most common mesenchymal tumor of the human gastrointestinal tract and arise from intestinal cells of Cajal. The main treatment of GIST is a complete surgical resection. Objectives: The aim of this study is to investigate and describe the clinicopathologic characteristics of gastric GISTs. Methods: Between January 2008 and June 2014, 43 patients were diagnosed and had surgical treatment for GIST at our institution. The retrospectively collected medical records were reviewed with respect to clinicopathologic features including age, gender, tumor size, type of surgical procedure, and recurrence. Results: There were 19 males (44.2%) and 24 females (55.8%), with a mean age of 61.9 ± 14.1 years. The mean tumor size was 5.5 cm (0.3-31 cm). Laparoscopic wedge resections were performed in 31 patients (72.1%) and open surgical treatments in 12 patients (27.9%). There was no tumor rupture during the operative procedures and pathologically negative margins were obtained in all patients. There was no significant difference in tumor size between laparoscopic surgery group and open surgery group (4.44 cm vs. 7.83 cm; P = 0.19). Five patients (11.6%) had postoperative adjuvant chemotherapy with imatinib, and one patient had preoperative imatinib chemotherapy. There were 2 recurrent cases (4.7%); one case in laparoscopic surgery group, and the other case in open group. Conclusions: Gastric GISTs had shown a relatively low recurrence rate after curative resection. The goal of surgery is complete resection of tumor, possibly avoiding the occurrence of tumor rupture and achieving negative margins. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

MAURICIO ZULLUAGA ZULLUAGA; ADRIANA ZUÑIGA; IVO SILJIC BILICIC; JOSE OMAR ZORRILLA; URIEL CARDONA; JUAN CARLOS VALENCIA.; **GASTRIC GIST RESOLUTION OF VIDEOLAPAROSCOPY, REPORT OF 15 CASES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 139

**INTRODUCTION** The gastrointestinal stromal tumors or GIST were originally classified as another type of tumor (leiomyoma, leiomyoblastoma, or leiomyosarcoma), due to its histological appearance similar, however, advances in molecular biology and immunohistochemistry have allowed them apart from other gastrointestinal malignancies and define them as a distinct clinical and histopathological entity. GISTs originate from the interstitial cells of Cajal, located in the myenteric plexus of the gastrointestinal wall, represent a rare type of tumor of mesenchymal origin (sarcoma), and is estimated to correspond to 0.2% of gastrointestinal tumors and 20-30% of all soft tissue sarcomas. Its incidence in the reported series is 4-10 cases / million inhabitants / year. It affects men and women in similar proportions, with a median of between 55 and 65 years. Is considered the treatment of choice surgical resection, that manages to be complete in most cases. The gastric or intestinal segmental resection should get negative surgical margins, Laparoscopic exploration to detect a possible metastatic commitment peritoneal or liver undetected imagenological do in preoperative evaluation. There reports postulate the possibility of a safe and successful removal of GIST using techniques laparoscopic or combined laparoendoscopic resection. This would maintain the objectives of curative resection and pathologic complete characterization of the tumor, but with the advantages of a minimally invasive surgery that could displace the conservative monitoring strategy to make less attractive the surgery differ. **MATERIAL AND METHODS** 15 cases of laparoscopic resection of gastric GIST are reported, with an average 105 minutes operating time, location gastric body 7 (50%), gastric bottom 4 (25%) gastric antrum 4 (25%). Average tumor size 5cm (1cm-8cm), not was required for en bloc resection, pathology, 70% fusiform, epithelioid 20%, mixed 10%, complications 1 (8%) hemoperitoneum, hospital stay average 4 days. **CONCLUSIONS** MANAGEMENT OF LAPAROSCOPIC GASTRIC GIST POSSIBLE AND SAFE, REQUIRES THE PROPER PATIENT SELECTION AND EXPERIENCE THE SURGEON. TEAMWORK IS CRITICAL TO OFFER GOOD RESULTS |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

JORGE MARCANTE CARLOTTO; TIAGO MEZZARROBA PELISSON; DIEGO ADÃO FANTI; FERNANDO HERBELLA; LAERCIO GOMES LOURENÇO; CARLOS HARUO ARASAKI; RAFAEL KATAYAMA; LEONARDO DEL GRANDE.; **GASTRIC GIST: CASE SERIES IN A BRAZILIAN UNIVERSITY HOSPITAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 139

**Introduction:** GIST is a rare neoplasm and accounts for only 1% of tumors of the gastrointestinal tract. Its most common site is the stomach and its histogenesis proves its stromal origin. **Objective:** The aim of this study to describe the clinical data, diagnosis and treatment of gastric GIST in a university hospital. **Methods:** A retrospective study of medical records of all stomach GISTs treated with surgery at a university hospital from 1998 to 2015. The main variables analyzed were sex, age, type of surgery, histological tumor grade, survival and adjuvant treatment in these patients. **Results:** We identified 39 cases of GIST stomach this time. The females were predominant (61.5%) in these patients and the mean age was 58.50 years. The most common surgery was gastrectomy wedge (41%). Most patients have a high histological grade lesion (59%) and 33.3% had distant metastases at some point of the clinical course. Imatinib mesylate was used in 53.9% of patients and the median survival was 1405.3 days. **Conclusion:** The epidemiology of gastric GIST in our institution is similar to the medical literature and its treatment has changed over time through greater use of smaller surgeries and adjuvant therapy. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Germãna Jardim Marquez; André Rezek Rodrigues; Annelise Araújo Pereira; Bruna Costa Monteiro Hadler ; Juliano Servato Oliveria; Roberto Vandel Wil Barros; Klínger Arnaldo Mendes; Manoel Lemes da Silva Neto.; **Gastrointestinal stromal tumor (GIST) gastric videolaparoscopic approach.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 139

**Introduction:**GIST is the most common mesenchymal neoplasm of the gastrointestinal tract, being the most affected the stomach. Most is sporadic, mainly between 40 to 80 years, with predominance in males. The lesions affect the outer muscular layer of organs with exophytic growth. Immunohistochemical is essential for diagnosis, and the C-kit (CD 117) expressed in 95% of the tumors. The patients are asymptomatic in 70% of cases, and iron deficiency anemia is the most common clinical manifestation. Upper gastrointestinal endoscopy (EDA) is the first requested examination, as it allows the diagnosis and biopsy. Computed Tomography (CT) of abdomen presents circumscribed as well vascularized mass, with central areas of hemorrhage and necrosis. The resonance is useful to evaluate the involvement of adjacent structures. The main prognostic factors are the size of the lesion, mitotic index and location. The surgical treatment is curative option. Systemic treatment is done with imatinibmesylate. **Objective:**Report case of GIST submitted to laparoscopic partial gastrectomy. Case:42 years old, female, with iron deficiency anemia for 11 months, diagnosed with metrorrhagia without improvement after oral and intravenous replacement of ferrous sulphate was subjected to the EDA. Evidenced in the gastric body exophytic mass, with presence of mucosal ulcerations. Biopsy and immunohistochemical confirmed diagnosis. Submitted to laparoscopic partial gastrectomy, with free margins and preservation of 75% of the organ. Pathology showed 7 cm lesion, high-grade, with 17 mitosis/CGA, 10% of necrosis and 1,5 cm free margins. Patient taking imatinib 400 mg, in follow-up for 06 months, with no signs of relapse. **Discussion:** Imatinib is used in the treatment of adjuvant patients with worse prognostic factors. It is necessary studies with longer follow-up to define the impact on survival and duration of treatment. **Conclusion:** Laparoscopic treatment of GIST before considered only for injuries of up 02 cm, because of the potential of tumor spread with excessive handling can already be considered a reality. With the advancement of the available techniques, there are reports of an increase of up to 60% of long-term survival of patients undergoing laparoscopic treatment when compared to patients who underwent laparotomy. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

ARTHUR CASOLARI ARAUJO MANSUR DAVID; PHELPE GREGORIO COBIANCHI LEANDRO; MARCELO FERNANDO SANTONI DE LIMA; ALEXANDRE DA SILVA NISHIMURA; VICTOR EDUARDO AGUERO; FERNANDO RAFAEL SPANGENBERG; LUIZ HENRIQUE BONARDI; FERNADA RIBEIRO DANZIERE.; **GATROINTESTINAL STROMAL TUMORS (GIST): CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 139

**ABSTRACT** Gastrointestinal stromal tumors (GIST), although rare, representing 80% of mesenchymal tumors of the gastrointestinal tract and 3% of all digestive tract cancers. It is believed to have a muscular source, but recent studies have demonstrated its pathogenesis in the interstitial cells of Cajal, due to expression of the Kit protein. **CASE REPORT** JVG, male, 60 y, admitted for melena research for 1 week. Normal Upper GI Endoscopy, CT showed liver damage and heterogeneous mass on left hypochondrial. Exploratory laparotomy was chosen, which preceded extended left colectomy with terminal transversotomy and liver biopsy with submissions to pathology and immunohistochemical. The patient was taken to ICU and progressed satisfactorily, being dismissed on the 3rd postoperative. Pathology report confirmed GIST tumor measuring 11 x 8,5 x 5 cm and infiltrated into mucosa, mitotic index of 3/50 CGA. **DISCUSSION** The advantage in the therapy and diagnosis of GIST was made from identification of C-KIT, specific transmembrane protein of Cajal cells. The diagnosis is made by the association of morphology (spindle cells) and expression of C-Kit, although between 2 to 10% of GIST do not express the protein. The symptoms include upper or lower gastrointestinal bleeding, depending on the topography of the lesion, abdominal pain and a palpable mass with obstructive symptoms and even perforation. Staging consists an important prognostic factor, although neoplasia behavior prediction is uncertain. A malignancy has been based on two factors- size and mitotic index. Surgical treatment is standard as the only curative option, aiming to complete resection of lesion. The involvement of adjacent structures indicates radical surgery with monoblock resection and care of tumor capsule, which can cause neoplastic spread. The advent of imatinib mesylate has revolutionized the treatment especially in inoperable and metastatic forms. It is an selective tyrosine kinase inhibitor, directly involved in the expression of C-Kit. Due to its toxicity, it should be avoided. **CONCLUSION** Although the disease is already known, recent findings about the molecular behavior in GIST has changed the diagnostic approach and therapy. Surgery continues to be standard, but many studies in progress should soon bring answers regarding the association between surgery and imatinib mesylate, allowing individualized and efficient approach. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Yu Chaoran; **GIST CHEMOTHERAPY RESISTANCE IN CHAOS THEORY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 140

The ratio of patients that have resistance to chemotherapy in gastrointestinal stromal tumor (GIST) treatment has been increasing. Although multiple disciplinary treatment and alternative chemotherapy have been proposed, hoping to convert that dilemma, the inner mechanism of this growing resistance on chemotherapy has not been completely unveiled, partially because of enrichment of GIST stem cells and reprogramming. However, a meteorology researcher, E. Lorenz in 1963, found that slightly different change in premise parameters of each repeatedly experiment could produce significant various results, which is also known as a basic characteristic of Chaos Theory. Each person, on biological aspect, is a dynamical complex with inner homeostasis. Every individual GIST patient, receiving personalized chemotherapy based on body mass index and related metabolism index, is still crowded by numerous unknown factors and cannot be predicted for future prognosis precisely. Chemotherapy treatment administrated on each individual is different according to the premise of chaos theory. A tiny variance, for example, like the drug metabolism process, between two patients may result in vast different prognosis of death and disease-free after a long time of consecutive chemotherapy, although they may follow all the time. If chaos theory can be applied for GIST therapy, the increasing resistance to chemotherapy that occurred during the treatments and the vast diverse prognosis that cannot be currently understood can be interpretable. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Tao Chen; Xin Lu; Yanfeng Hu; Tingyu Mou; Hao Liu; Jiang Yu; Guoxin Li; **LAPAROSCOPIC APPROACHES TO GASTRIC GASTROINTESTINAL STROMAL TUMORS LOCATED NEAR THE ESOPHAGOGASTRIC JUNCTION OR THE PYLORUS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 140

Background: Laparoscopic wedge resection for gastric gastrointestinal stromal tumors (GISTs) near the esophagogastric junction (EGJ) or the pyloric antrum presents challenges due to the high risk of narrowing the gastric inlet and outlet. The resection strategy for lesions in these critical areas becomes significant, since partial gastrectomy (proximal gastrectomy or distal gastrectomy) seems unnecessary and aggressive sometimes. The present study described our technical approaches to gastric GISTs near the EGJ or the pylorus in specific cases avoiding extensive partial gastrectomy. Methods: From July 2012 to October 2014, a total of 17 consecutive patients with gastric GISTs located within 3 cm from the EGJ or the pylorus underwent specific approaches in our institution. All patients were informed consent. The laparoscopic procedures included transgastric resection which applied in 8 patients with intraluminal GISTs and seromuscular dissection which utilized in 9 patients with exophytic masses. Clinical characteristics and surgical outcomes were collected and analyzed according to the surgical procedures. Results: GISTs were located near the EGJ in 14 cases (82.4%), and near the pylorus in 3 cases (17.6%). The mean tumor size for transgastric resection was  $4.7 \pm 1.5$  cm, and that for seromuscular dissection was  $3.0 \pm 1.8$  cm. The mean operative time was  $90 \pm 34$  min and  $98 \pm 39$  min, respectively. No intraoperative complication was observed in both methods. One patient using transgastric resection developed intra-abdominal infection. All cases exhibited a pathologically negative margin. At a median follow-up of 16 months (range from 3 to 30 months) there was no evidence of stenosis of the gastric inlet and outlet. None of the patients had local recurrence or distant metastasis. Conclusions: Laparoscopic transgastric resection or seromuscular dissection may be an alternative approach to manage gastric GISTs located near the EGJ or the pylorus in specific cases avoiding extensive partial gastrectomy. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Nathália Cristina Campanella; Lucas Abrahão-Machado; Cristovam Scapulatempo-Neto; Antônio Talvane de Oliveira; Denise Peixoto-Guimaraes; Rui M. Reis; **RAF KINASE INHIBITOR PROTEIN (RKIP) EXPRESSION IN GASTROINTESTINAL STROMAL TUMOR (GIST).** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 140

Introduction: Gastrointestinal stromal tumors (GISTs) are the most common mesenchymal tumors, which are molecularly characterized by activating KIT/PDGFRα mutations. Tumor size, anatomical location, mitotic index and KIT/PDGFRα mutations status are currently the most important prognostic parameters in GISTs. However, additional prognostic biomarkers are needed for a better patient stratification. Raf kinase inhibitor protein (RKIP) has been considered as a suppressor of metastasis gene and an important prognostic biomarker in several tumors. Objective: We aimed to examine RKIP expression and its association with GIST clinical-pathological features. Material and Methods: Using immunohistochemistry, we determined RKIP expression levels in a well-characterized series of 72 GISTs. Results: We found that RKIP is overexpressed in the majority of cases, and 17% of GISTs exhibited protein downregulation. The correlation of RKIP expression and clinico-pathological and molecular features such as gender, primary location, tumor size, malignancy risk, recurrence, metastasis, chemotherapy and KIT and PDGFRα mutations status did not showed any statistical association. Patients with loss of expression tended to have shorter overall survival ( $p=0.098$ ). We conclude that loss of RKIP expression is present in subset of cases and could have an important role as prognostic marker in GISTs. |

SEM CONFLITOS DE INTERESSE

Pôster - GIST

Jing Gao; Jian Li; Ye Tian; Yanyan Li; Lin Shen; **RECURRENT KIT/PDGFRα MUTATIONS AND HETEROGENEITY IN WILD-TYPE GASTROINTESTINAL STROMAL TUMORS BY NEXT-GENERATION SEQUENCING.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 140

Objective: Gastrointestinal stromal tumors (GISTs) with no mutations in exons 9, 11, 13, and 17 of KIT gene and exons 12, and 18 of PDGFRα gene were defined as wild-type GISTs accounting for about 15%. However, a few of wild-type GISTs with KIT mutations in other exons were occasionally reported. This study was performed to understand the whole genomic genotypes of KIT or PDGFRα genes in large-scale wild-type GISTs. Methods: A cohort of 185 wild-type GISTs from a total of 1080 cases from our department were eligible included. Enough genomic DNAs from 175 wild-type GISTs (one focus per patient was detected) were analyzed by targeted next-generation sequencing (NGS) followed by validation using sanger sequencing (SS). Results: For above hot spots of KIT and PDGFRα genes, 29 out of 175 wild-type cases (16.6%) were identified to carry mutations by NGS (exons 11 and 17 of KIT: 17 and 5 cases, respectively; exons 12, 14, and 18 of PDGFRα: 1, 1, and 5 cases, respectively), and the mutations were exclusive. Intratumoral KIT mutational heterogeneity was observed in 5 samples (one sample carried W553G-mutated and wild-type cells; one sample carried N822K-mutated and wild-type cells; two samples carried L576P-mutated and wild-type cells; one sample carried W557R-mutated and wild-type cells) which potentially triggered the mechanisms of polyclonal evolution and metastasis, as well as different imatinib sensitivity. Conclusion: A subset of GISTs regarded as wild-type tumors using SS could be redefined as mutant tumors by NGS, which provided comprehensive understanding of KIT/PDGFRα genotypes. |

SEM CONFLITOS DE INTERESSE

Pöster - GIST

Jeong goo Kim; Seung woo Lee; **SOLITARY DISTANT RECURRENCE OF GASTROINTESTINAL STROMAL TUMOR IN THE LEFT BRACHIALIS MUSCLE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 141

Gastrointestinal stromal tumor (GIST) is a mesenchymal tumor of the gastrointestinal tract. It is mostly found in the stomach and usually spreads to the liver and peritoneum. However, metastasis to the skeletal muscle is very rare. Only four cases of GISTs that have metastasized to the skeletal muscle have previously been reported in the English literature. These cases involved concurrent skeletal metastases of primary GISTs or liver metastases. Here, we report a case involving the distant recurrence of a GIST in the brachialis muscle after complete resection of the primary gastric lesion and adjuvant imatinib therapy for 1 year. This is the first reported case of the solitary distant recurrence of GIST in the muscle tissue after complete remission had been achieved. Prior evidence and our experience with this case suggest that an extended period of tyrosine-kinase inhibitor therapy may be important in patients with high risk gastrointestinal stromal tumor. |

SEM CONFLITOS DE INTERESSE

Pöster - GIST

Igor Shchepotin; Andrii Lukashenko; Kolesnik O.; **STROMAL TUMORS OF THE STOMACH: PROGNOSIS FACTORS AND TREATMENT RESULTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 141

Background. Gastic gastrointestinal stromal tumors are defined as spindle cell and/ or epithelioid tumors originated from interstitial Cajal cells or precursors in the digestive tract. Methods: A retrospective analysis of clinical manifestations and treatment outcome in 98 cases of gastric sarcomas (mainly leiomyosarcoma) was conducted. In 43 (45%) patients the tumor was localized in the upper gastric third, in 54 (55%) - in the middle and low thirds. The complex of diagnostic tests included endoscopic, radiological, morphological and immunohistochemical (the definition of the expression of c-KIT). Results: Seventy one patients in stage I-II disease underwent R0 surgery. In 20 cases the treatment was combined with radiotherapy and chemotherapy (inc. intraarterial route administration). In 27 cases treatment was palliative, imatinib (12) and sunitinib (2) also were used. In 86% of the cases c-Kit-antigen was expressed, all of them have a low proliferative index. Prognostic significance was the determination of the number of tumor cells in S-phase cell cycle: the values of  $6.2 \pm 1.6\%$  5-year survival rate was 100%,  $16.4 \pm 1.6\%$  - 50%, and  $34.7 \pm 2.1\%$  - 25% respectively. Highly informative in the diagnosis were CT, MRI and endoscopic ultrasonography. The overall 5-year survival of patients with stromal tumors after radical surgery was  $43.2 \pm 5.5\%$ , GIST -  $60.9 \pm 7.7\%$ . The use of radiation therapy was inefficient. The use of intraarterial chemotherapy led to a positive effect in 32% cases. A positive response (complete or partial response) after use of imatinib and sunitinib was observed in 62% of patients with GIST. Conclusions: Stage of disease and ability to perform radical surgical resection are crucial for predicting survival in patients with gastric sarcomas. |

SEM CONFLITOS DE INTERESSE

Pöster - GIST

Enver İlhan; Orhan Ureyen; Emrah Dadalı; Ulvi Mehmet Meral; Enver Vardar; **SYNCHRONIZED GASTRIC AND MULTIPLE JEJUNO-ILEAL STROMAL TUMORS WITH HYPERPARATHYROIDISM AND THYROID PAPILLARY CANCER: A CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 141

Introduction: Togetherness of gastrointestinal stromal tumors (GISTs) and endocrine tumors originated from other organs, is a very rare clinical status. Hyperparathyroidism in GIST patients was reported in the literature. We wanted to report a case of hyperparathyroidism, multiple GISTs and thyroid papillary carcinoma, in one patient. Case: 66 year old female patient admitted with abdominal pain, nausea and weakness. Epigastric tenderness and muscle weakness was detected in her physical examination. The patient had concomitant diseases such as chronic obstructive pulmonary disease, hypertension and coronary heart disease. Calcium was 17 mg/dL and parathormon (PTH) was 1717 pg/mL in her blood tests. Levels of thyroid function tests were normal. Thyroid ultrasonography detected multiple nodules ranged from 17 mm to 55 mm, in both thyroid lobes. Parathyroid scintigraphy detected a hyperfunctional parathyroid tissue near the inferior pole of right thyroid lobe. Magnetic resonance imaging (MRI) of abdomen revealed a mass at the posterior wall of stomach, 6 cm in diameter. MRI appearance of the lesion was similar to GIST. Histopathological examination after endoscopic biopsy suggested GIST. Essential surgical procedures were planned in different times because of high ASA score of patient. Left thyroid lobectomy and right inferior parathyroidectomy was performed as initial surgery. Histopathological examination revealed parathyroid adenoma and thyroid papillary carcinoma, surprisingly. After a sufficient period for surgery, laparotomy was performed. In exploration, in addition to 7 cm mass on gastric corpus, 1.5 cm mass on the serosal surface of fundus and multiple lesions ranged from 0.5 cm to 1.5 cm on jejunio-ileal loops were observed. Gastric wedge resections and sampling for jejunio-ileal lesions were performed. The pathologic examination results were "high-risk GIST" and "very low-risk GIST" for corpus lesion and fundus/jejunio-ileal lesions, respectively. After recovery period, totalization thyroidectomy was performed as a surgical procedure. Unfortunately, the patient died because of cardio-pulmonary arrest at 12th hour postoperatively. Conclusion: An unnamed syndrome must be kept in mind in togetherness of known malignancies and synchronous preoperative-unknown other organ tumors, in multiple-tumor patients. Preoperative systemic screening is necessary for these patients. The patients like our case should be shared in literature. |

SEM CONFLITOS DE INTERESSE

Pöster - Esophagogastric junction

Thierry Alcindor; Ali Al-Fakeeh; Nasser Mulla; Monisha Sudarshan; Mara Laura Leimani; Tonia Doerkson; Lorenzo Ferri; **A PILOT TRIAL OF FLOT PREOPERATIVE CHEMOTHERAPY IN ESOPHAGOGASTRIC JUNCTION (EGJ) ADENOCARCINOMA: PRELIMINARY RESULTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 141

Introduction: Perioperative chemotherapy in GEJ adenocarcinoma improves survival and is an accepted treatment standard. We and others have shown that the DCF regimen (docetaxel/cisplatin/fluorouracil), while very effective, also has a high rate of mucosal toxicity. Preoperative FLOT (fluorouracil/oxaliplatin/docetaxel or Taxotere®) is assessed in this pilot trial, in anticipation of a randomized trial versus DCF. Objectives: Determination of grade 3-4 mucosal toxicity, clinical response assessed by improvement in dysphagia, and pathologic response. Methods: We undertook a pilot trial with FLOT in patients with locally advanced EGJ adenocarcinoma (cT3-T4 and/or N+). Principal inclusion criteria: adenocarcinoma of the EGJ (Siewert I, II, III), presence of dysphagia (at least 1 on score 0-4, 0 for no dysphagia to 4 for complete dysphagia), no metastases, ECOG PS  $\leq$  2. Principal exclusion criteria: other histology, adenocarcinoma not limited to EGJ, previous radiotherapy or stenting. Four cycles of FLOT are given every 2 weeks (fluorouracil 2600 mg IV/m<sup>2</sup> over 24h, leucovorin 200 mg IV/m<sup>2</sup>, oxaliplatin 85 mg IV/m<sup>2</sup>, docetaxel 50 mg IV/m<sup>2</sup>), followed by en-bloc resection with D2 lymphadenectomy within 6 weeks. Postoperative treatment is at the discretion of the investigators. Data presented as median (range). Results: Nine of 10 planned patients, all male, age 69 (61-81), with ECOG PS 0-1, have been enrolled. Preoperative staging with CT and EUS showed cT3 in all patients, and cN+ in 4 patients. Dysphagia scores: 2 (1-3) before treatment; improvement in 8/9 patients with score 0 (0-1) after first chemotherapy cycle. One patient's dysphagia worsened, requiring stenting. One patient had disease progression despite chemotherapy and was taken off protocol. Chemotherapy complications include: grade 1 stomatitis in 1/7 patients, grade 1-2 diarrhea in 4/7, grade 1-2 fatigue in 5/7. The only grade 3-4 toxicity observed was uncomplicated neutropenia in the first 2 patients. One patient experienced staphylococcal line sepsis without neutropenia. Seven patients have undergone esophagectomy and pathologic complete response or near-complete response (microscopic residual disease) was achieved in 2/7 (29%). Conclusion: These preliminary data suggest an encouraging efficacy and safety profile for FLOT as a preoperative regimen for GEJ adenocarcinoma. |

SEM CONFLITOS DE INTERESSE



Pôster - Esophagogastric junction

Long Zi-Wen; Zheng Hong-Tu; **AVOIDING RESIDUAL TUMOR AT THE PROXIMAL MARGIN FOR TYPE II/III ADENOCARCINOMA OF THE ESOPHAGOGASTRIC JUNCTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 142

Synopsis: Surgical approach affects the length of proximal margin obtained in resection of Type II/III Esophagogastric Junction Adenocarcinoma. To avoid residual tumor at the proximal margin, body shape should be an important factor for consideration in the selection of surgical approach, and the purse-string suture clamp should be placed greater than 3 cm superior to the tumor margin. Background: We aimed to define an appropriate surgical approach and an appropriate length of proximal margin to ensure a negative margin in resection of type II/III adenocarcinoma of the esophagogastric junction (AEG). Methods: Left oblique thoracoabdominal approach (LTA) was selected for patients with length of esophageal invasion >3 cm. In patients with esophageal invasion <3 cm, but who fulfilled one of the following criteria: 1) BMI >28, 2) infra-sternal angle <70°, 3) ratio of anteroposterior diameter to transverse diameter of chest >1.5:1; the LTA approach was also selected. Abdominal approach (AA) was selected for the remaining patients. During the operation, the purse-string suture clamp was placed >3 cm superior to the gross palpable tumor margin. The proximal margin was examined by microscopy to identify any residual tumor. Results: We enrolled 112 patients, including 76 AEG II and 36 AEG III patients. Surgery for all patients achieved a proximal margin >3 cm, and left no residual tumor. Conclusion: Besides the length of esophageal invasion, body shape should be an important factor for consideration in selecting a surgical approach for AEG II/III. Furthermore, the clamp should be placed >3 cm superior to the tumor margin. Keywords: AEG II/ III; surgical approach; length of proximal margin |

SEM CONFLITOS DE INTERESSE

Pôster - Esophagogastric junction

Rubens Kesley; Leonaldson dos Santos Castro; José Humberto Simões Correa; Odilon de Souza Filho; Sérgio Bertolacce; Rafael Albagli; Anna Paula Silva Luz. **Cancer of the Cardia: Experience at the National Cancer Institute of Brazil.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 142

Introduction: Incidence of cancer of the cardia is increasing worldwide. As countries develop incidence of distal cancer reduces while tumors of the proximal stomach and cardia increase. This can be seen from the progressive increases in numbers being submitted for gastroesophageal surgery for cancer of the proximal stomach and cardia. The objective was to evaluate experiences in the treatment of tumors of the cardia over a 13-year period at a center of excellence for the treatment of gastrointestinal cancers. Method: We retrospectively studied 152 cases of gastric adenocarcinoma with invasion of the distal esophagus, cardia or proximal stomach, operated on electively and consecutively at the Cancer Hospital I, INCA, Ministry of Health, from January 1997 to December 2008. We evaluated cases with respect to epidemiology, clinical and surgical characteristics, anatomopathology and survival. Results: Overall average age of the study group was 61 ± 13 with male predominance (106 cases: 69.7%). Tumors of Siewert type I accounted for 22 patients (14.5%), mean age 60 ± 11 years; Siewert type II – 35 patients (23%), mean age 62 ± 15; Siewert type III – 95 patients (62.5%), mean age 60 ± 13. Mean total for lymph nodes was 36 ± 17. Average total number of nodes of Siewert type I was 26 ± 13; Siewert II – 38 ± 17; Siewert III – 37 ± 18 (p=0,01). The mean number of metastatic nodes was 7 ± 9 (p = 0.23). Overall recurrence rate was 35%, similar in all types of Siewert (p = 0.17). Estimated overall survival at 5 years was 43%: 31% in Siewert type I, 43% in type II and 46% for type III (p = 0.70). The staging was the main prognostic factor of the disease (p = 0.000). In patients with stage I the 5-year survival rate was 84%, 78% for II, 34% for III and 12% for type IV. Conclusion: Proximal tumors of the stomach affect younger patients and continue to be prevalent among those that compromise the cardia. Radical surgery should be the initial goal of the surgeon as it is the principal factor associated with remission of the disease. The Siewert classification is the main indicator for surgical treatment despite it having no influence on the prognosis of patients, the majority of whom are in advanced stages. |

SEM CONFLITOS DE INTERESSE

Pôster - Esophagogastric junction

M.Kanagavel; JohnRose John Grifson; Thirumarachelvan Perungo; Chinnathambi Madeshwaran; Duraiswamy Bennet; Anbalagan Amudhan; Madeshwaran Karthikeyan; Asmita Chandramohan; R,Prabhakaran; P,Selvarathinam; D,Kannan; S.M.Chandramohan; **COLON INTERPOSITION IN GASTRO-ESOPHAGEAL CANCER SURGERY-THE NEED AND OUTCOME-AN ANALYSIS OF 31 PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 142

INTRODUCTION: Management of tumors involving stomach and esophagus continues to pose problems because of the anatomical complexity due to the location in chest and abdomen. Aiming at R0 resection requires radial, axial and nodal clearance. Post resection and reconstruction strategies will depend upon extent of esophago Gastric resection. Stomach remains the best conduit after Esophagectomy and Roux-en-y esophago-jejunostomy after total gastrectomy. But after total gastrectomy and subtotal esophagectomy colon will be the next best substitute. AIM: This study is done to analyse the need for colon reconstruction and outcome in patients undergoing esophago-gastrectomy. METHODOLOGY: This is a retrospective study of a prospectively maintained data base. We have managed 31 patients between 2001 to 2014. Factors analysed include Demographics, type of tumor, type of surgery, need and route of reconstruction and the outcome. RESULTS: The age group was between 24-76 years;23 of them were men.7 had Squamous cell cancer(SCC) involving stomach ;6 had Adenocarcinoma stomach involving Esophagus; Dsital stomach margin positive in frozen in 3;stomach conduit not reaching the neck in 2;conduit ischemia detected on table in 2;post -op gastric conduit necrosis in 2(delayed reconstruction);synchronous malignancy in esophagus and stomach in 3 patients.6 patients had GJ done previously for ulcer disease-Adenocarcinoma involving esophagus in 2 and SCC esophagus involving stomach in 4. All the patients underwent reconstruction with iso-peristaltic right and transverse colon;29 in posterior mediastinal route and 2 (delayed reconstruction) in retrosternal route. There were 3 hospital deaths and the major morbidity was cervical leak in four which was managed conservatively. CONCLUSION: Colon as the substitute can be used in situations where there is a need to remove stomach and esophagus in an attempt to give long segment longitudinal clearance. This is also useful in situations where there is a problem with gastric conduit. But it should be attempted in centres doing high volume colon reconstruction procedures as it is a complex major surgery involving multiple anastomosis. |

SEM CONFLITOS DE INTERESSE

Pôster - Esophagogastric junction

Tomas Harustiak; Alexandr Pazdro; Martin Snajdauf; Hana Mrazkova; Robert Lischke; **COMPARISON OF LONG-TERM POSTOPERATIVE HEALTH-RELATED QUALITY OF LIFE AFTER TOTAL GASTRECTOMY AND IVOR-LEWIS ESOPHAGECTOMY. WHAT SHOULD BE THE PREFERRED OPERATION FOR ADENOCARCINOMA OF THE ESOPHAGOGASTRIC JUNCTION SIEWERT TYPE II?** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 142

Introduction There has been an ongoing debate about what is the optimal surgical treatment of adenocarcinoma of the esophagogastric junction Siewert type II. There seems to be no clear difference in long-term oncologic outcomes between the two commonly performed operations – total gastrectomy (TG) and Ivor-Lewis esophagectomy (ILE). Health-related quality of life (HRQL) therefore may become the key factor in decision making as to what type of surgery is more suitable. Objectives The aim of our study was to compare HRQL in mid- to long-term survivors after TG and ILE. Methods Patients with recurrence-free survival at least 24 months after open TG or open ILE because of gastric or esophageal cancer identified from our database were asked to complete Gastrointestinal Quality of Life Index (GIQLI) questionnaire and EORTC QLQ-C30 with the esophagogastric module EORTC QLQ-OG25 questionnaires. These were supplemented by additional queries about the body weight and eating habits, such as the average number of meals per day and the average meal size for dinner. Results One hundred and seven patients (27 patients after TG, 80 patients after ILE) completed the questionnaires. There were 86 men and 21 women, with median age of 67 years (range 41 – 83) and median postoperative follow-up of 5 years (range 2-15). Both groups were homogenous in terms of age, base-line body-mass index (BMI), preoperative weight loss, and perioperative chemotherapy and radiotherapy rates. TG group consisted of more women than ILE group (37% vs 14%, p=0.008) and had longer mean postoperative follow-up (7.5 years vs 5.5 years, p=0.003). There was no difference in the mean current BMI, overall weight loss, the percentage of the current BMI < 20kg/m2, and the meal size for dinner between the groups. TG patients needed to have on average one meal more per day than ILE patients (5.2 vs 4.2, p=0.0006). There was no difference in the mean GIQLI scores (104.7 in TG vs 108 in ILE, p=0.471) and neither in the sex-specific GIQLI scores. There was no significant difference in the global health status, functional scales or any symptom scale or item measured by EORTC QLQ-C30 and EORTC QLQ-OG25. Conclusion The self-rated HRQL do not differ in mid-to-long-term survivors after TG and ILE. Thus, HRQL does not need to be taken into account when deciding between TG and ILE for the treatment of adenocarcinoma of the esophagogastric junction Siewert type II. Supported by IGA NT-12331-5. |

SEM CONFLITOS DE INTERESSE

Pôster - Esophagogastric junction

Ryan W. Day; Brian Badgwell; Keith F. Fournier; Paul F. Mansfield; Thomas A. Aloia; **DEFINING THE IMPACT OF SURGICAL APPROACH ON PERIOPERATIVE OUTCOMES FOR PATIENTS WITH GASTRIC CARDIA MALIGNANCY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 143

Background: Although the American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) database is positioned to assess outcomes for patients with proximal gastric cancer, previous analyses focused on either gastrectomy for any-site gastric tumor or esophagectomy for any-site esophageal tumor. The ACS-NSQIP Participant Use File was searched to identify all patients with gastric cardia malignancy (ICD-9 151.00) who underwent total gastrectomy (TG, CPTs 43620, 43621 and 43622), transhiatal esophagectomy (THE, CPT 43107) or thoraco-abdominal esophagectomy (TAE, CPTs 43112 and 43117) between 2005 and 2012. Demographic, perioperative risk factors and outcomes including rates of 30-day major morbidity, overall morbidity and mortality were analyzed with standard statistical measures. Major morbidity was defined as organ space infection, pneumonia, unplanned intubation, pulmonary embolism, ventilator requirements >48 hours, progressive renal insufficiency, acute renal failure, cerebrovascular accident, coma, cardiac arrest, myocardial infarction, deep venous thrombosis, sepsis, septic shock, and return to the operating room. Results: Demographic features of the 977 identified study patients included 805 males (82.4%), with median age of 65 (range: 20-89), median BMI 26.9 (range: 15.5-52.6) and mean ASA was 2.84. Resections included TG: 182 (18.6%), THE: 281 (28.8%), and TAE: 514 (52.6%). Despite TAE patients being younger, this group had higher proportion of ASA class III/IV and longer operative times. There was no significant difference in 30-day mortality between the groups, however overall morbidity and major morbidity were significantly higher in the group undergoing TAE. On multivariate analysis, independent predictors of major morbidity were ASA class III/IV, alcohol use, COPD, previous coronary surgery, operation in the previous 30 days and operative approach (all p<0.05). Risk factors independently associated with mortality were diabetes, COPD, prior myocardial infarction, renal failure and operation in the previous 30 days (all p<0.05). Conclusion: For patients with proximal gastric cancer, the three most common operative approaches were associated with clinically-significant rates of major morbidity. These data suggest that approach-associated morbidity should be considered along with tumor location and extent when choosing a technique for oncologic resection of gastric cardia malignancy. |

SEM CONFLITOS DE INTERESSE

Pôster - Esophagogastric junction

Tao Fu; Jiayu Ji; Zhao de Bu; Ziyu Li; Lianhai Zhang; Xiaojiang Wu; Aiwen Wu; Xin Ji; Fei Shan; **NEOADJUVANT CHEMORADIATION THERAPY FOR RESECTABLE ESOPHAGOGASTRIC ADENOCARCINOMAS: A META-ANALYSIS OF RANDOMIZED CLINICAL TRIALS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 143

Background: The efficacy and safety of preoperative chemoradiation therapy (CRT) for advanced esophago-gastric adenocarcinoma are still in question, and the prognosis of these patients is poor. Methods: We systematically searched electronic databases from January 1990 to July 2014. The primary outcome was overall survival. The secondary outcomes were a R0 resection rate, positive rate of lymph node metastasis, postoperative recurrence rate, pathological complete response (pCR) rate and perioperative mortality. Overall survival was measured with a hazard ratio (HR), while other secondary outcomes were measured with an odds ratio (OR). Results: Seven randomized controlled trials (RCTs) including 1085 patients were searched and 869 patients of these patients had adenocarcinoma. Patients receiving preoperative CRT had a longer overall survival (HR 0.74; 95% confidence interval (CI) 0.63-0.88), higher likelihood of R0 resection and greater chance of pCR, while they had a lower likelihood of lymph node metastasis and postoperative recurrence. The difference of perioperative mortality was non-significant. In addition, the result of the comparison between preoperative CRT and preoperative chemotherapy (CT) in two RCTs was non-significant (HR 0.71 95% CI 0.48-1.05). Conclusion: Patients with resectable esophago-gastric adenocarcinomas can gain a survival advantage from preoperative CRT. However, limited to the number of RCTs, the effect of adding radiotherapy to preoperative CT separately is still uncertain and more high-quality prospective trials are needed. |

SEM CONFLITOS DE INTERESSE

Pôster - Esophagogastric junction

Osman Yüksel; Zafer Ferahköre; ?lkin ?smayilov; Ayd?n Yavuz; Kür?at Dikmen; **QUALITY OF SURGERY AND SURVIVAL OF THE PATIENTS WITH CARCINOMA OF THE GASTRIC CARDIA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 143

Introduction The overall survival rate is low in esophagogastric junction tumors, especially in tumors of this localization leads to the questioning of treatment approaches. Objective In this study, Siewert type II and III cardia cancer with invasion of the esophagus patients undergoing curative resection was to evaluate factors associated with lower survival rates. Methods The study included 148 patients who underwent operation for carcinoma of the gastric cardia. Locally advanced disease, following staging and neoadjuvant chemotherapy, a standard dissection defined as a total adventitial resection of the cardia was performed. Clinicopathological prognostic variables were evaluated as predictors of long-term survival by univariate and multivariate analysis. Cox regression was used for multivariate analysis and survival curves were drawn by the Kaplan-Meier method. Results Carcinoma of the gastric cardia was characterized by positive lymph node metastasis (58%), serosal invasion (61%) and more stage III tumors. Overall 5-year survival rate was 43% and median survival period was 26 months. The 5-year survival rate was influenced by tumor size, depth on invasion, lymph node metastasis, metastatic lymph node localization, extent of lymph node dissection, disease stage, operation methods and resection margin. Discussion Curative resection of cardia cancer rates is lower due to the anatomical features of esophagogastric junction. The absent of serosal invasion and lymph node metastasis, curative resection should be considered to be the favourable predictors of long-term survival of patients with carcinoma of the gastric cardia. Conclusion Curative treatment methods with or without neoadjuvant chemotherapy to increase survival rates for patients directly related to this. |

SEM CONFLITOS DE INTERESSE

Pôster - Esophagogastric junction

Andrii Sydiuk; Yuri Dumansky; Elena Sydiuk; Valentin Stepko; **SURGICAL TREATMENT OF ESOPHAGOGASTRIC JUNCTION (EGJ) CANCER IN DONETSK ANTICANCER CENTER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 143

Meta-analysis of literature over the past 15 years has shown that the most significant prognostic factor in the treatment of EGJ cancer is R0 resection in combination with adequate lymphadenectomy. In order to ensure the above conditions requires surgical access, which allows surgeons to perform curative surgery under visual control. According to the literature, another important factor is anastomosis between the esophagus and the small intestine or stomach. Anastomosis must meet the following requirements: to be the most reliable, easy to perform and functional, to minimize the number of early and late postoperative complications. 363 curative and palliative surgery for cancer of EGJ cancer were performed from 2005 to 2012 in the Donetsk anticancer center. In 21.2 % of cases (77 patients) were combined surgery: splenectomy - 42 cases, resection of the pancreatic tail - 24 , subtotal pancreatectomy - 6 , resection of the diaphragm and her legs - 16 , liver resection - 8 , colon resection - 6 , lung resection - 5. Among postoperative complication was postoperative pneumonia - 3.3% (12 cases) and exudative pleuritis - 2.2 ( 8 cases) . Postoperative mortality was 1.4% (5 patients). Causes of deaths in the two cases was the pulmonary embolism in 2 more cases - pancreatitis and 1 acute cardiovascular failure. In the study of the functional results of surgical treatment of EGJ cancer, the frequency of reflux esophagitis was - 8%, anastomotic stenosis scar - 6%. Conclusions : Thus, methods of surgical treatment of EGJ cancer which were developed in Donetsk regional anticancer center are reliable and functional, with satisfactory rates of postoperative complications and mortality. |

SEM CONFLITOS DE INTERESSE

Pôster - Esophagogastric junction

João de Souza Coelho Neto; Valdir Terciotti Junior; Luiz Roberto Lopes; Nelson Adami Andreollo; **TOTAL ESOPHAGOGASTRECTOMY IN THE NEOPLASMS OF THE ESOPHAGUS AND ESOPHAGOGASTRIC JUNCTION: WHEN MUST BE INDICATED?**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 144

**Introduction:** Total esophagogastric resection with colon interposition for esophageal replacement is a complex surgical procedure having high morbidity and mortality ratios. Indications for this surgery are restricted to condition in which resecting of both viscera stomach and esophagus is required. **Objectives:**The aim of this study is to analyze the indications and outcomes of total esophagogastric resection in patients with esophagus and esophagogastric junction cancer performed in State University of Campinas's Hospital between 1989 and 2013. **Methods:** This is a longitudinal retrospective descriptive study. Medical records were reviewed to obtain data about pre and postoperative treatment. For descriptive analysis and estimation of the survival model Kaplan-Meier curve and Wilcoxon (Breslow) or Log Rank tests were performed. **Casuistic:** From 1989 to 2013, 20 patients underwent total esophagogastric resection followed by esophagocoloplasty. **Results:** In all cases left neck incision and transhiatal esophagectomy associated to D2 lymphadenectomy were performed. Esophagocoloduodenoplasty reconstructions were performed in 9 cases and in the remaining 11 esophagocolojejunoplasty were done (after 2004) in order to avoid alkaline reflux. The colon interposition grafts were performed thru the mediastinum in 65% of the patients. Three cases were stages I / II (15%), while 17 (85%) cases were stages III / IV, reflecting the delayed diagnosis. Operative mortality occurred in 4 patients caused by mediastinitis secondary to necrosis of the colon transposed, cellulitis secondary to abdominal wound infection, severe bronchopneumonia and sepsis associated with cervical anastomotic leak. Four patients died in the first year after surgery due to tumor recurrence and another one secondary to bronchopneumonia (5.9%). The estimated overall survival was 52,5% in one year, 30,6% in three years and 22,9% in five years. The median survival was 12,7 months. **Conclusion:** The total esophagogastric resection associated to esophagocoloplasty had high morbidity and mortality. This pilot study indicates that this procedure requires precise indication, and adequate selection of patients, with the risk-benefit ratio acceptable, improving their quality of life and survival. |

SEM CONFLITOS DE INTERESSE

Pôster - Esophagogastric junction

Raja Kalayarasan; Biju Pottakkat; Gaurav Kaushal; Gandham V Srinivas; **USE OF PEDICLED JEJUNAL CONDUIT WITHOUT AUGMENTATION FOR MINIMALLY INVASIVE INTRATHORACIC ESOPHAGOJEJUNOSTOMY AFTER ESOPHAGOGASTRECTOMY FOR LOCALLY ADVANCED CARCINOMA OF THE GASTROESOPHAGEAL JUNCTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 144

**Introduction** The pedicled colon is the conduit of choice for reconstruction after esophagogastric resection when stomach is not available. The need for supercharged anastomosis precludes use of jejunum as the preferred conduit for long segment reconstruction. In this report, we describe the use of pedicled jejunal conduit without augmentation for intrathoracic esophagojejunostomy. **Methods** Patients with locally advanced tumor of the proximal stomach with involvement of more than 2cm of distal esophagus requiring total gastrectomy with distal esophagectomy were included in this study. An abdominal D2 with subcarinal lymphadenectomy was performed in these patients. The pedicled jejunal conduit was based on fourth jejunal artery and augmentation with supercharged anastomosis was not performed. Thoracoscopic intrathoracic handsewn anastomosis was performed at or above the level of the carina. A routine oral contrast study was performed on the seventh post-operative day to assess the integrity of the anastomosis. **Results** From June 2012 to February 2015, 62 patients underwent curative radical D2 gastrectomy for carcinoma stomach. Of these, 3 patients who fulfilled the inclusion criteria and underwent esophagogastric resection with intrathoracic esophagojejunostomy were included in the analysis. A distal pancreatectomy was performed in all patients in view of direct tumor infiltration. The operating time (in minutes) was 520, 550, 480 and the blood loss (in mL) was 420, 380 and 530. None of the patients had conduit ischemia or anastomotic leakage in the postoperative period. One patient developed postoperative pneumonia and grade A (international study group of pancreatic fistula) pancreatic fistula occurred in one patient. There was no postoperative mortality and the postoperative hospital (in days) stay was 8, 9 and 11. **Conclusions** Pedicled jejunal conduit without augmentation is safe for intrathoracic anastomosis after esophagogastric resection for locally advanced tumor of the gastroesophageal junction. |

SEM CONFLITOS DE INTERESSE

Pôster - Lymphadenectomy

Elson Gjoni; Tommaso Zurleni; Luca Marzoli; Andrea Ballabio; Giovanni Serio; Francesco Zurleni; **A 16 YEARS EXPERIENCE OF STANDARDIZED D2 EXTENDED LYMPHADENECTOMY IN GASTRIC CANCER TREATMENT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 144

**INTRODUCTION** Lymph node involvement is the strongest prognostic factor regarding survival in curatively (R0) gastric cancer resected patients. Standardized surgery and D2 lymphadenectomy is a cornerstone in the treatment of gastric cancer. **OBJECTIVES** The aim of this study is to analyze morbidity, mortality and long-term survival in standardized D2 extended lymphadenectomy in our center. **METHODS** A total of 550 treated consecutive patients for gastric cancer at a single institution between June 1998 and December 2014 were included. We studied 321 of the patients who underwent a D2 extended dissection. All operations were performed with the same standardized extended dissection that included lymph nodes station 1,2,3,4,5,6,7,8(a,p),9,11(p),12(a,b,p). We performed a para-aortic (16a2,16b1) nodal dissection in diffuse Lauren histological type and upper third location. A pancreas preserving splenectomy or Jinnai manoeuvre was performed with a total gastrectomy in case of upper third location or hilar splenic (10) lymph nodes metastases. Total gastrectomy was performed in 84% of the patients. Adjacent organs were removed en-bloc only when macroscopically invaded by the tumor. A burssectomy and prophylactic cholecystectomy was performed. A nutritional jejunostomy was placed. **RESULTS** The overall mortality rate were 0.9% (3 deaths). The overall morbidity rate was 20%. The estimated 5 and 10-year Overall Survival rates were 53% and 37% respectively. Disease Specific Survival rates were 58% and 49% respectively. 8 (2,5%) pancreatic fistula and 4 (1,2%) anastomotic leakage occurred. Reoperation was necessary in 8 patients and it was successful in 7 of them. The mean number of lymph nodes removed in the standardized extended lymphadenectomy was 42. **CONCLUSIONS** Our results demonstrate that standardized D2 extended lymphadenectomy can be performed safely without any increase in perioperative risk. Our survival rates compares favorably with other series from specialized western centers. We affirm that positive oncological outcome can only be achieved if optimal surgery is performed and this is obtained by a standardized surgical technique. |

SEM CONFLITOS DE INTERESSE

Pôster - Lymphadenectomy

Susanna Lam; Charbel Sandroussi; **AN ANALYSIS OF GASTRIC CANCER RESECTION AND THE IMPACT OF D1 AND D2 LYMPHADENECTOMY ON PERIOPERATIVE OUTCOMES AT A SINGLE WESTERN CENTRE WITH MULTIPLE SURGEONS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 144

Stomach cancer is the fifth most common malignancy in the world and the third leading cause of cancer death worldwide (Ferlay J, 2012). In Australia, the mortality rates have improved over the past 10 years (AIHW, 2012). While a gastric resection is the mainstay curative treatment for gastric cancer, the extent of lymph node dissection performed is contentious. There is conflicting evidence amongst eastern and western studies with respect to morbidity, mortality and recurrence rates. Some centres have shown no difference in short term mortality, but improvements in long term disease recurrence and death. **Purpose:** The aim is to review the perioperative outcomes of gastrectomy and compare local (D1) versus extended (D2) lymphadenectomy on survival and disease recurrence at a single specialised western centre in Australasia. **Methods:** A retrospective analysis of patients who underwent a primary gastric resection for gastric cancer between 1996 – 2012 was performed. **Results:** 164 patients underwent a gastric resection, 69% (113) were in the D2 group. There were 57 deaths, 19 in D1 and 38 in the D2 group. Mean survival time was 943 days (CI 543 – 1343 days) for D1 and 963 days (CI 615 – 1310 days) for D2 patients. There was no significant difference in mean survival between D1 and D2 (p = 0.547). There were 62 disease recurrences, 19 in D1 and 43 in the D2 group. The mean time to recurrence was 672 days (95% CI: 473 – 872 days) and for D2 group 899 days (95% CI: 576 – 1061 days). There was no significant difference in recurrence rates between D1 and D2 (p = 0.946). **Conclusion:** These results indicate there is no statistical difference in overall survival times and time to disease recurrence for patients undergoing a D2 versus a D1 resection in the short term. Our results support the notion that despite the comparatively low volume unit in Australasia, a standardized D2 resection can be performed at in a unit with specialized surgical expertise. FERLAY J, S. I., ERVIK M, DIKSHIT R, ESER S, MATHERS C, REBELO M, PARKIN DM, FORMAN D, BRAY, F. 2012. GLOBOCAN 2012 v1.0. Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11 [Internet]. [Online]. Lyon, France: International Agency for Research on Cancer. Available: <http://globocan.iarc.fr> [Accessed June 5 2014 2013]. AIHW 2012. Cancer Survival and Prevalence in Australia: period estimates from 1982 to 2010. Cancer Series no 69. . In: WELFARE, A. I. O. H. A. (ed.). Canberra: AIHW. |

SEM CONFLITOS DE INTERESSE

Pôster - Lymphadenectomy

ROBERTO DE MORAES CORDTS FILHO; FABIO THULER; WILSON RODRIGUES FREITAS JR; OSVALDO ANTONIO PRADO CASTRO; AMANDA POLARO; DANIEL FUKUHARA; TIAGO JIICHI; LAURA CAROLINA LOPES CLARO; MARINEIDE PRUDENCIO CARVALHO; ELIAS JIRJOSS ILIAS; PAULO KASSAB; CARLOS ALBERTO MALHEIROS; **COMPARISON OF NUMBER OF LYMPH NODES DURING THE INITIAL EXPERIENCE OF D2 LAPAROSCOPIC WITH D2 OPEN GASTRECTOMIES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 145

**Objectives:** To compare the initial number of lymph nodes dissected during gastrectomies totally performed through laparoscopy with the number of lymph nodes dissected during open gastrectomies. **Methods:** We analyzed our first 15 D2 totally laparoscopic gastrectomies. After that we choose and paired from our prospective collected database, 15 patients previously operated with similar age and stage. **Results:** In the laparoscopic group the age ranged from 39 to 78 years (mean of 58.9), with 10 male and 5 female patients. We performed in this group 10 subtotal and 5 total gastrectomies. Stages distribution: IA – 6 patients; IB – 2 patients; IIA – 1 patient; IIB – 2 patients; IIIA – 1 patient; IIIB – 3 patients. For laparoscopic surgery the mean number of dissected stations was 9.2 stations with a mean of 1.6 stations without lymph nodes. In the open group the age ranged from 40 to 73 years (mean of 58.5), with 8 men and 7 women. Types of surgery: 10 subtotal and 5 total gastrectomies. Stages distribution: IA – 6 patients; IB – 2 patients; IIA – 1 patient; IIB – 2 patients; IIIA – 1 patient; IIIB – 3 patients. In those patients there mean number of dissected stations was 10.9 with a mean of 2.1 stations without lymph nodes. **Conclusions:** It seems that the laparoscopic surgery allows to a higher number of dissected nodes even if we dissected a smaller number of stations. |

SEM CONFLITOS DE INTERESSE

Pôster - Lymphadenectomy

Paulo Matos da Costa; Patricia Lages; Cláudia Pereira; Rui Esteves; **D2 DISSECTION - DO IT SAFELY AND IT WILL EFFECTIVELY ENHANCE OVERALL SURVIVAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 145

**Introduction and aims** The aim of this paper was to analyze the influence of the D2 vs D1 lymphadenectomy and of the N metastatic ratio on survival after gastrectomy for cancer. **Patients and Methods** 206 patients who underwent a radical gastrectomy for gastric carcinoma were retrospectively included and staged according to AJCC 7th Ed (<15 nodes harvested – exclusion criteria). Survival of patients after D2 (> 25 nodes) – n=127 and those after D1 (15-24 nodes) – n=79 was analyzed. The N-ratio (Nr) was calculated (total over metastatic) and Nr categories were determined according to Marchet (2008) – inversed expression: pN0; Nr >10; Nr = 4-10; Nr <4. Overall survival rates (OS), Kaplan-Meier estimation and multivariate analysis. Results Average node retrieved=30; average D1=20 nodes; average D2=37nodes. Mortality rate (30 days): D1=2.5%; D2=4.7% (n.s.). pT1, pT2, pT3 and pT4 OS was significantly different among groups (p<0.01). Survival rate at 5 years: D2 = 59.7 % and D1= 43.9% (p<0.01). D2 OS significantly greater than D1 (p<0.01). Nr influenced the OS among positive node patients (p<0.001). No difference between pN0 group and Nr>10 category (p>0.05) was disclosed. D2 dissection in pT1, pT2 and pT3 patients produced OS greater than D1 (p<0.05). No difference in pT4 patients was found. **Conclusions** The pre-operative pN staging is not accurate and cannot be used for the operative planning concerning the extent of lymphadenectomy. The OS of patients who underwent D2 dissection was better than D1 in all pT stages but in pT4. The mortality rate was similar in both lymphadenectomy (D1 and D2). Our results demonstrate that Nr>10 dissection can provide an OS expectancy similar to that of the pN0 group of patients. This data support a mandatory D2 dissection at least for pN ≥2 patients (but this result is not available during the operation). Attempting a D2 should be the standard of care in gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Lymphadenectomy

Zhanlong Shen; **DIFFERENT EFFECT OF THE NUMBER OF LYMPH NODES HARVESTED ON THE 12-YEAR SURVIVAL OF GASTRIC CANCER PATIENTS BASED ON TUMOR STAGE AND LOCATION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 145

**Background** The effect of the number of lymph nodes harvested on the long-term survival of gastric cancer patients according to TNM stage and tumor location remains unclear. **Methods** 1637 patients who underwent gastrectomy for gastric cancer (1998–2009) were evaluated retrospectively. The patients' clinicopathological variables, overall survival (OS), and progression-free survival (PFS) were recorded. The effect of the number of lymph nodes harvested on survival was analyzed based on tumor TNM stage and location. **Results** Harvest of >30 lymph nodes was associated with significantly better OS and PFS than ≤14 lymph nodes, but no significant difference was observed between ≤14 and 15–29 lymph nodes harvested. The number of lymph nodes harvested was significantly associated with the OS or/and PFS of late stage cancer (N+, T3–T4 and stage III–IV), but it was not significantly associated with N0, T1–T2 and stage I–II cancer. Harvest of >30 lymph nodes was associated with significantly better survival than the other two groups. A higher number of harvested lymph nodes was associated with significantly better PFS for gastric cancer of the body of stomach, but this association was not observed for proximal, distal and whole stomach cancer. When the tumor was located in the body of the stomach, the PFS was better with 15–29 lymph nodes than <14 lymph nodes; however, the OS and PFS were not significantly different between >30 lymph nodes and 15–29 lymph nodes. **Conclusion** Tailored lymphadenectomy according to TNM stage and tumor location might be considered for gastric cancer patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Lymphadenectomy

Han LIANG; **IMPACT OF NO14V LYMPH NODE DISSECTION ON SURVIVAL AFTER SURGERY FOR MIDDLE AND LOWER GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 145

**Background:** D2 lymphadenectomy has been increasingly regarded as standard surgical procedure for advanced gastric cancer (GC), which necessity No14v node dissection for distal GC is still controversial. **Methods:** A total of 920 distal GC patients receiving at least D2 lymph node dissection in our center were enrolled in this study, of whom, 234 patients also had the No14v node dissected. Other 677 patients without No14v node dissection were used for comparison. **Results:** Forty-five (18.5%) patients had No14v metastasis. there was no significant difference in overall survival(OS) rate between patients with and without No14v node dissection. Following stratified analysis, in TNM stages, I,II,IIIa and IV, no14v nodedissection did not affect OS; in contrast, patients with no14v node dissection had a significant higher OS than those without in TNM stages IIIb and IIIc. In multivariate analysis, No14v node dissection was found to be an independent prognostic factor in patients with TNM stages IIb/IIIc GC(hazard ratio, 0.670; 95% confidence interval, 0.506-0.886; p=0.005). **Conclusion:** Adding No14v node to D2 lymphadenectomy may be associated improved OS for middle and lower GC staged TNM IIIb/c |

SEM CONFLITOS DE INTERESSE



Pôster - Lymphadenectomy  
Mitsuru Sasako; **INDICATION OF PARA-AORTIC NODE DISSECTION. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 146**

The Japan Clinical Oncology Group (JCOG) 9501 study revealed that prophylactic PAND does not improve survival of patients who has no clinical suspect of having para-aortic lymph node (PAN) metastasis. On the other hand, there are some patients who have clinically diagnosed to have PAN metastasis or bulky nodal metastasis surrounding celiac artery without any distant metastasis. In the past, complete surgical resection was tried for these patients but often R0 resection was impossible. Even after R0 resection, survival was very poor. Therefore, these patients are regarded as non-curable in the West. JCOG, however, has been challenging to carry out several phase 2 trials on those patients with hope to cure. In the JCOG 0405 study, these patients were treated by two or three courses of neo-adjuvant chemotherapy (NAC) with S-1 plus cisplatin (SP), followed by curative surgery of D2 + PAND. R0 resection rate was as high as 82% and 5-year OS was as high as 52%. Among those who had no PAN metastasis clinically, 28% had pathologically positive node in PAN. Considering high risk of PAN metastasis and remarkably better prognosis of these patients, PAND should be considered after intensive NAC. |

SEM CONFLITOS DE INTERESSE

Pôster - Lymphadenectomy  
Wei Wang; WenJun Xiong; ZhiWei Liu; YanSheng Zheng; Lijie Luo; HongMing Li; DeChang Diao; YaoBin He; LiaoNan Zou; Jin Wan; **SIGNIFICANCE OF NO.10 AND 11 LYMPH NODES POSTERIOR TO THE SPLENIC ARTERY DISSECTION IN D2 RADICAL TOTAL GASTRECTOMY. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 146**

Abstract Introduction D2 lymphadenectomy is widely performed for advanced proximal gastric cancer, but No.10 and 11 lymph nodes (LNs) complete dissection is technically challenging, especially for those posterior to the splenic artery. Objective This study aimed to investigate the clinical significance of removing No.10 and 11 lymph nodes posterior to the splenic artery in radical total gastrectomy. Methods Between January 2013 and December 2014, 45 patients who underwent spleen-preserving D2 radical total gastrectomy were enrolled. During dissecting No.10 and 11 LNs, we divided them into two parts, namely LNs anterior and posterior to the splenic artery and the pathological data were reviewed. Results 15 patients underwent laparoscopy and 30 underwent laparotomy. No mortality was recorded. According to the pathological results, the TNM stages of the tumor were IIa in 11 patients (24.4%), IIb in 4 (8.9%), IIIa in 7 (15.6%), IIIb in 8 (17.8%), IIIc in 15 (33.3%). The mean number of lymph nodes retrieved was 30.4±12.6. The sum of No.10 and 11 LNs posterior to the splenic artery were 37 detected and the mean number was 0.8±1.1. One lymph node with metastasis was found in the special 37 regional LNs, so the metastasis rate was 2.2% (1/45). Conclusion Our initial analysis suggests that the rate of No.10 and 11 LNs posterior to the splenic artery metastasis was 2.2%, but further studies are needed to reveal its clinical significance in D2 radical total gastrectomy for advanced proximal gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Lymphadenectomy  
Ling Jiaqian; Liu Fenglin; Li Haojie; Shen Kuntang; Fang Yong; Wang Cong; Wang Xuefei; Shen Zhenbin; Sun Yihong; Qin Xinyu. **THE IMPACT OF LYMPHADENECTOMY AND METASTATIC LYMPH NODES ON THE PROGNOSIS OF POORLY DIFFERENTIATED ADVANCED GASTRIC CANCER. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 146**

Objective The poorly differentiated gastric cancer is characteristic of early lymph node metastasis and poor prognosis. To better understand the role of lymphadenectomy, we retrospectively investigated the relationship between risk factors and prognosis of radical resection for poorly differentiated (Grade 3, G3) advanced gastric cancer (AGC). Method Of 1415 patients who were diagnosed G3 AGC between January 2003 and December 2013 in Zhongshan Hospital Fudan University, 1376 patients underwent radical resection and were included in this study. The risk factors of G3 AGC prognosis were compared in univariate and multivariate Cox regression analysis. The prognostic value of the metastatic lymph ratio (MLR) were assessed by time-dependent ROC using the nearest neighbor estimator (NNE) and the Kaplan-Meier estimator for 12, 24, 60 months. A cut point of dissected lymph nodes were detected from the survival of each group (<18, 18-24, 25-30, >30) with different amount of lymph node measured by Kaplan-Meier Method Results At multivariate analysis, Depth of invasion (P=0.001, HR=1.289), the number of dissected lymph nodes (dLNs) (P<0.001, HR=0.762) and MLR (P<0.001, HR=1.5487) were significantly independent prognostic predictor of G3 AGC patients. The AUC of MLR for 12, 24, 60 months were respectively 0.773, 0.769, 0.754 in KM and 0.606, 0.604, 0.591 in NNE estimated by time-dependent ROC curves. The overall 5-year survival were 54% in our G3 AGC patients, and the 85.9%, 55.8%, 59.7% in each T subgroup (T2, T3, T4a+b). Totally of 34948 lymph nodes were dissected in which 9986 (28.6%) lymph nodes were positive. The survival rate in first quartile of dLNs was significantly lower than that in the other groups (P=18-24dLNs: P=0.08; 25-30dLNs: P<0.001; >31dLNs: P<0.001). In each T subgroup, the survival of 725dLNs was better than the survival rate of the other groups (T2: P=0.162; T3: P=0.011; T4a+b: P<0.001; total P<0.001). Conclusion In poorly differentiated AGC patients, MRL takes an important prognostic value of assessment. The time-dependent ROC curves showed that MRL had accuracy of about 76% to evaluate the prognosis. A sufficient number of tested lymph nodes is key to ensure the quality of the radical gastrectomy and we recommended at least 25 lymph nodes dissected in lymphadenectomy to improve the long term survival of G3 AGC patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Lymphoma  
KAVIN KALIAPPAN; J M V AMARJOTHI; T PERUNGO; P SELVARATHINAM; D BENNET; A AMUDHAN; R PRABAKARAN; JOHNROSE JOHN GRIFSON; DKANNAN; S.M.CHANDRAMOHAN; **LASTING LEGACY OF GI LYMPHOMA-A CASE REPORT AFTER LONG TERM SURVEILLANCE. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 146**

Introduction: Bleeding ulceroproliferative growth involving the stomach is most commonly due to adenocarcinoma. But it also behooves to have a high index of suspicion and look for other rarer causes of bleeding, as was in our reporting case. Here we present a patient who was initially operated for bleeding growth stomach which later turned out to be Non Hodgkin lymphoma (NHL). Interestingly, he had tonsillar and colonic involvement on active surveillance, illustrating the need for the same in the management. Case history Twenty two year old male patient presented in 2005 with dyspepsia and previous biopsy done elsewhere which was inconclusive. He developed sudden massive uncontrolled bleeding from the ulceroproliferative growth diffusely involving the stomach necessitating total gastrectomy. Histopathology showed poor tumour differentiation. IHC Markers done confirmed Diffuse Large B cell Lymphoma (DLBCL). Staging work up was normal and he underwent 6 cycles of chemotherapy (R-CHOP) and was put on regular follow up. After eight years, in 2013, he developed nodules in both tonsils for which bilateral tonsillectomy was done which showed NHL (DLBCL). One year later, he presented with an obstructed right iliac fossa mass for which right hemicolectomy was done and the biopsy report again came as DLBCL of the colon. Case discussion Primary high grade lymphoma can be commonly mistaken for poorly differentiated adenocarcinoma and vice versa. It is imperative that they must be differentiated accordingly as treatment protocols and prognosis for both vary. Though Diffuse Large B-cell Lymphoma (DLBCL) is one of the most common histological subtypes accounting for 30% of all NHL lymphomas, involvement of the tonsil and colon are rare accounting for 13% and 1.5% respectively of all cases of NHL. They present aggressively in males aged 50-60 years with poor 5-year survival and one third have typical bleeding manifestations. The treatment of DLBCL is primarily chemotherapy and radiation with surgery reserved for complications. Conclusion This case report is presented not only for the rarity of such sequential multiorgan involvement but also to reiterate the need for aggressive long term surveillance in the management. |

SEM CONFLITOS DE INTERESSE

Pôster - Lymphoma

Ana Cristina Carvalho; Hugo Mesquita Fernandes; Carlos Santos Costa; Manuel Ferreira; Juliana Oliveira; Marta Martins; Jorge Magalhães; José Maria Pinto Correia. **PRIMARY GASTRIC T-CELL LYMPHOMA WITHOUT HUMAN T-LYMPHOTROPIC VIRUS TYPE 1: A CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 147

**INTRODUCTION** Extranodal lymphomas account for about 30% of all non-Hodgkin lymphomas, although they can arise in any tissue, the gastrointestinal tract is the most commonly affected structure, and stomach is the most commonly affected organ. Determination of cellular origin of the clonally expanding population in lesions is now possible by immunological and molecular techniques. Diffuse Large B cell lymphoma (DLBCL) and MALT (mucosa associated lymphoid tissue) lymphoma account for more than 95% of the cases of gastric lymphoma. Those of T-cell phenotype are extremely rare. **CASE REPORT** We describe a case of a 62-year-old man presented in our institution due to abdominal pain, anorexia and 20 kilo weight lost. Endoscopic examination revealed a big, ulcerative and stenotic neoplasia in the gastric antrum. Endoscopic biopsies were not conclusive. He was proposed to laparotomy: during surgery we found a big mass (almost 20cm in great diameter) invading the pancreas and transverse colon, so we decided to do an untimely histological examination that was inconclusive and then we performed some biopsy and a Witzel jejunostomy as a palliative procedure. On immunohistochemistry, tumor cells were positive for CD3 and CD30 but were negative for AE1/AE3, CD20, CD79a, CD5, CD15, EMA, ALK and CD56, implying a T-cell nature. It was made a classification Ann Arbor III. Serum antibody for human T-cell leukemic virus type 1 (HTLV-1) was negative and the diagnosis of a primary gastric T-cell lymphoma was made. Clinically, the patient responds initially to four cycles of R-CHOP, and had good response. **CONCLUSION** According to the literature prognosis is better in HTLV-1 negative ones. So, this patient must receive a surgery in a not far-off future. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Hanhong Lee. **ACUTE GASTRIC NECROSIS DUE TO GASTRIC OUTLET OBSTRUCTION ACCOMPANIED WITH GASTRIC CANCER AND TRICHOPHYTOBEZOAR.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 147

Gastric necrosis due to gastric outlet obstruction is a very rare condition, but, might be fatal if missed or delayed for diagnosis. The patient was 73 year-old male with complaining for abdominal pain, distension and dyspnea for 1day. In plain radiography and computed tomography, marked distended stomach and decreased enhancement at gastric wall was noted. He underwent exploratory laparotomy and near total gastric mucosal necrosis accompanied with trichophyto bezoar consisting of seaweed was noted. Total gastrectomy with esophagojejunostomy was performed and he recovered without sequelae. Final pathologic examination revealed advanced gastric cancer at the antrum with near total gastric mucosal necrosis. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Sung Sin Cho; Sang Hyun Kim; Sung Il Choi; Bomina Paik. **AN INTRA-ABDOMINAL VISCERAL LEIOMYOSARCOMA MISDIAGNOSED AS A GASTRIC GIST : A CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 147

**Introduction:** Visceral tumors of mesenchymal origin are a rare group of tumors that are commonly divided into intra-abdominal visceral sarcomas and gastrointestinal stromal tumors (GIST). GISTs are the most common type of sarcoma, accounting for 18% of all sarcomas. On the other hand, intra-abdominal non-GIST visceral sarcomas are rare. As a result of their rarity, visceral sarcomas have been misdiagnosed as GIST. This paper describes a case of intra-abdominal visceral sarcoma has been mistaken GIST. **Case:** A 54-year old man presented with a palpable mass after experiencing several days of intermittent cough, abdominal discomfort, and anemia. He also presented with weight loss of 7 kilograms over the two previous years. Physical examination revealed a large mass in his upper abdomen. Abdominal computed tomography (CT) showed a 23.5 × 15.7 cm heterogeneous enhancing mass with a multifocal necrotic portion occupying his upper quadrants. It was lobulated in contour with exophytic features adjacent to the lesser curvature of the stomach. Based on its location and imaging characteristics, the mass was pre-diagnosed as a gastric GIST. An approximately 6cm sized heterogeneous enhancing mass at 8 segment of liver and a 1.1cm nodule on mesentery in lower abdomen were observed. These were suspicious for metastasis. To establish the diagnosis, a diagnostic exploration was planned. Given the size and locations of the lesions at the time of initial evaluation, resection of the mass was considered the optimal treatment strategy, if possible. The patient underwent surgery. During the operation, he was found to have a baby's head sized mass that was not attached to the stomach. Therefore, the procedure included peritoneal mass excision, right anterior sectionectomy of liver and mesentery nodule excision. The pathology of the frozen biopsy classified the mass as a sarcoma. The histopathological examination of peritoneal mass revealed spindle cells with negative resection margin. The specimen of liver was metastatic leiomyosarcoma. The spindle cells were immunoreactive for smooth muscle actin and CD34 and negative for S-100 and c-kit. **Conclusion:** Histopathology and immunohistochemistry were helpful in making the final confirmatory diagnosis. Leiomyosarcomas are aggressive tumors, with poor prognosis and often difficult to treat. The survival rates are lowest among all soft tissue sarcomas. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Luana L Baldim; Thicianie Cavalcante. **CASE REPORT INTESTINAL PARACOCCIDIOIDOMYCOSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 147

Woman, 50 years old, born in Caruaru (PE), lived in São Paulo for the past 48 years. Admitted to the emergency room complaining of watery diarrhea of low volume, sometimes with blood, more than 6 times a day associated with crampy abdominal pain, fever, lower limb edema, nausea and weight loss of 20 kg in 6 months. On examination: emaciated, dehydrated, pale 1 + / 4 +, acyanotic, afebrile, normal respiration. Abdomen excavated, flaccid, painful for superficial palpation, peritoneal signs without visceromegaly or palpable masses. Directed Chest Xray: without changes. Abdomen CT with contrast showed retroperitoneal lymph node with up to 2.4 cm. Bowel partially contrasted with apparent thickening of colonic handles. Colonoscopy revealed numerous deep ulcers, elliptical up to 1.2 cm, raised borders and background covered with fibrin layer, pseudopolyps formation, interspersed with intact mucosa areas, distributed in rectum, sigmoid colon and distal descendant. Directed biopsy performed. Treatment with sulfasalazine and prednisone for suggesting inflammatory bowel disease. The result of the pathological anatomical revealed the colon mucosa Paracoccidioidomycosis, and began treatment with itraconazole. After four weeks of treatment, control colonoscopy showed stenosis retossigmoidea insurmountable transition to the device. Patient evolved with pain, bloating and pneumoperitoneum Xray after the procedure. Performed exploratory laparotomy, submitted to subtotal colectomy to Hartmann and ileostomy terminal. Patient is postoperatively, progressed satisfactorily. Paracoccidioidomycosis is a systemic mycosis, granulomatous, caused by a dimófico fungus, Paracoccidioides brasiliensis is endemic in Latin America and affect mostly men who exercise rural activities and between the second and fourth decade of life. The colonic involvement is rare and usually simulates colon cancer. The most affected parts are the areas rich in lymph nodes as terminal ileum, appendix, and right colon. |

SEM CONFLITOS DE INTERESSE

Pöster - Miscelaneous

In Gyu Kwon; Young Gil Son; Seung Wan Ryu; Soo Sang Sohn; Seung Soo Lee; Ohkyung Kwon; Ho Young Chung; Wansik Yu; Se Won Kim; Sang Woon Kim; Sun Kyo Song; Hyun-Dong Chae; In-Ho Kim; Kyung Mo Jeon; Jung Ahn Rhee.; **CLINICOPATHOLOGICAL CHARACTERISTICS AND CLINICAL OUTCOME OF PERFORATED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 148

**Introduction:** Gastric cancer perforation is a rare condition. Because each institution has only small number of cases, known information for perforated gastric cancer has been limited. **Objectives:** The aim of this study were to define clinicopathologic features and prognosis. **Methods:** Medical data collected from each hospital in DGCSG (Daegu gastric cancer study group) retrospectively. A total of 73 patient with perforated gastric cancer diagnosed clinically or pathologically were reviewed in terms of clinicopathological characteristics, treatment, recurrence and survival. **Results:** There were 55 male and 18 female patients with mean age 64.3±14.7 year-old. A total of 29 patients (40%) underwent a simple closure of perforation and 34 patients (47%) underwent a gastrectomy as initial treatment for a presentation of acute peritonitis. 12 patients (16%) had a distant metastasis at the operation. Among 28 patients confirmed depth of invasion pathologically, 14 patients (50%) had a tumor that was less than serosa invasion (T1-3). Surgical mortality rate (death in 30 days from operation) was 12.3%. The overall 5-year survival rate was 15%. **Conclusions:** Although greater part of patients with perforated gastric cancer received surgery in a far advanced state, several patients could become long-term survivors. Gastric cancer perforation itself did not mean peritoneal seeding. If the patient does not have an impossible component to R0 resection with surgically endurable vital sign, surgery following ordinary treatment of advanced gastric cancer could be recommended. |

SEM CONFLITOS DE INTERESSE

Pöster - Miscelaneous

Han Mo Yoo; Kyo Young Song; Cho Hyun Park.; **CONDITIONAL SURVIVAL ANALYSIS IN PATIENTS WITH GASTRIC CANCER WHO UNDERWENT CURATIVE GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 148

**Background :** Traditional survival estimate does not reflect the changes in prognosis over time. Conditional survival(CS) measures the probability that patients will survive some additional number of years, given that the patients have already survived for a certain number of years. **Methods :** A total of 2935 patients who underwent curative gastrectomy for gastric cancer between January 1995 and December 2011 were enrolled and clinicopathological data were reviewed. Cox proportional hazard model were used to evaluate factors associated with overall survival(OS) and disease-free survival(DFS) . Three year CS estimates at 't' year after surgery were calculated as follows :  $CS(t)=S(t+3)/S(t)$  **Results :** Overall 1-, 2-, 3-, 4- and 5- year survival rate were 96.6%, 92.0%, 87.7%, 85.6 and 82.7%, respectively. The probability of surviving an additional 3 years, conditioning on having already survived 1, 2, 3, 4 and 5 year after surgery were 88.6%, 89.9%, 91.0%, 92.2% and 93.2% respectively. Patients with higher risk at baseline showed much more increase in CS over time. **Conclusion :** Conditional survival estimates provide important information about dynamic change of prognosis over time and that might be relevant especially for the patients with worse prognostic features at the time of surgery. It should be used to guide long-term follow-up strategies. |

SEM CONFLITOS DE INTERESSE

Pöster - Miscelaneous

Shivakumar Koushik; perungu Thirumarai chelvan; John Rose John Grifson; J.M.V.Amar Jothi; Bennet Duraisamy; Amudhan Anbalagan; Prabhakaran Raju; Saravanan Janakiraman; Selvam.R; P.Selvarathinam; D.Kannan; S.M.Chandramohan.; **DIGIT RATIO AND GASTRIC CANCER- ARE THEY RELATED?- FIRST INDIAN STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 148

**Introduction:** Gastric cancer is one of the most common malignancies throughout the world. Recent studies suggest that a prenatal exposure to testosterone and oestrogen may influence the development of gastric cancer. The ratio of index and ring fingers- Digit Ratio – is proposed as a marker of prenatal hormonal exposure and hence is correlated to gastric cancer. **Aim:** To compare the second and fourth digit ratio (2D:4D) of the right (R), left (L), and R-L hand in gastric cancer patients with the normal population and to find out if any association exists between Digit ratio and Gastric cancer. **Methods:** Between October 2014 and December 2015, the patients with histopathological evidence of Gastric Adenocarcinoma who were treated in Rajiv Gandhi Government Hospital, Madras Medical College, Chennai were included. The index (2D) and ring (4D) finger lengths were measured using vernier callipers from the proximal crease to tip. Readings were taken twice and the average was taken as final. The ratio between the 2D and 4D were derived. Measurements were taken in both Right (R), Left (L) hand and R-L values were also calculated. Readings were also obtained from the age and sex matched controls in the normal population. Screening endoscopy was done to rule out gastric cancer. The readings between the two groups were analysed using SPSS software. **Results:** The total number of subjects included for study group was 94 and 115 for control group. The mean age in the study and the control group were 56.41 ± 12.0 and 50.22 ± 15.2 respectively. The Male:Female sex ratio was 2.1:1 in both the study and the control group. The mean± sd of 2D:4D ratio for the R, L and R-L in the study group were 0.956±0.04, 0.966±0.05 and -0.010±0.04 respectively. In the control group, the R, L, and R-L ratio were 0.959±0.04, 0.970±0.04 and -0.011 ±0.04 respectively . The mean comparison of control and study group for these three parameters did not show statistical significance (P>0.05) . **Conclusion:** In our study, we observe that the mean 2D:4D ratio in gastric cancer patients and normal population were almost similar. Hence the 2D:4D ratio may not be an appropriate marker to detect the hormonal influence in gastric cancer patients. However, large volume studies are in progress to ascertain whether it could be used as a marker in Indian patients. This is possibly the first study from this part of the world. |

SEM CONFLITOS DE INTERESSE

Pöster - Miscelaneous

Yoshiaki Iwasaki; Kazuhito Yajima; Satoshi Ishiyama; Ryouki Oohinata; Ken Yuo; Keiichi Takahashi; Tatsuro Yamaguchi; Hiroshi Matsumoto; Daisuke Nakano.; **DISSEMINATED CARCINOSIS OF THE BONE MARROW (DCBM) DUE TO GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 148

**Background:** Disseminated carcinosis of the bone marrow (DCBM) due to gastric cancer with disseminated intravascular coagulation (DIC) is rare and it occurs suddenly, progresses rapidly, and has a very poor prognosis. The aim of this study was to clarify the therapeutic strategy for patients with DCBM due to gastric cancer. **Patients and method:** We analyzed clinicopathological findings of 45 patients with DCBM after curative surgery for gastric cancer. **Result:** Macroscopical findings of resected gastric cancer; type 3 were 25 patients , type 4 were 19 patients and type 0-IIc was one patient. The histopathological type of all the patients were poorly differentiated adenocarcinoma or signet-ring cell carcinoma. The diagnosed period after surgery was from 14days to 5 years (average; 21 months).Sixteen percent of the patients complained back pain or lumbago. The serum level of ALP and LDH was over 1000 IU/mL in 21 patients. Chemotherapy with sequential therapy consisting of MTX and 5-FU was performed for 44 patients. Reduction of low back pain and DIC score were observed. Ten patients could be discharged and sequential therapy was performed over 6 months in outpatient care. **Conclusions:** DBMC might be happened after several years followed by curative resection for gastric cancer. The rapid increase of serum ALP, LDH, CEA level is helpful to diagnose DBMC. It is effective to continue MTX and 5-FU therapy as chemotherapy for the patients of DBMC due to gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

SeYoul Lee; ChanYoung Kim; DooHyun Yang; EFFECT OF BODY MASS INDEX ON MORBIDITY AND MORTALITY OF PATIENTS UNDERGOING RADICAL GASTRECTOMY WITH GASTRIC CANCER. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 149

(Introduction) Morbidity and mortality of patients with gastric cancer is affected by various factors, such as the stage of the cancer, the patient's nutritional state including body mass index (BMI). (Objectives) The aim of this study was to determine effect of BMI on morbidity and mortality of patients undergoing radical gastrectomy with gastric cancer. (Methods) We reviewed the retrospectively constructed data of 2812 gastric cancer patients who underwent radical gastrectomy at our hospital between 1991 and 2010. Survivals were calculated by the Kaplan-Meier method, and differences were analyzed by log rank method. (Results) The patients were classified into six groups according to their BMI (below 18.5, 18.5-22, 22-25, 25-28, 28-30 and above 30). However, there were no difference of morbidity and mortality rate between following group (BMI 22-25, 25-28, 28-30 and above 30). Therefore, the patients were classified into 3 groups; group A -very low BMI (below 18.5, n=175), group B-Low BMI (18.5-22, n=898), group C- normal BMI (above 22, n=1739) There were significant differences in morbidity (group A-54.3%; group B-22.8%; group C-17.5%) and 5-year overall survival (group A-59.3%; group B-77%; group C-87.1%, P=0.01) and disease-free survivals (group A-75.5%; group B-84.1%; group C-90.6% P=0.01). Univariate and multivariate analysis revealed that low BMI was independent prognostic factor on morbidity and mortality of patients undergoing radical gastrectomy with gastric cancer. (Conclusion) Low BMI increases the morbidity and mortality of patients undergoing radical gastrectomy with gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Jing Yuan; Zhanbo Wang; Huaiyin Shi; FEATURES OF GASTRIC GLOMUS TUMOR: A CLINICOPATHOLOGIC, IMMUNOHISTOCHEMICAL, ULTRASTRUCTURAL AND MOLECULAR STUDY. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 149

Introduction: Gastric submucosal tumor (SMT) is a group of lesion that originate under the mucosa layer, including gastrointestinal stromal tumor (GIST), leiomyoma, lipoma, schwannoma, glomus tumor (GT), Ectopic pancreas, cyst, et al. GT is a rare tumor of gastric SMT, which usually misdiagnosed as GIST. There have been few detailed studies on this tumor. Objectives: Retrospective study of 11 cases of GTs of the stomach to investigate their clinicopathologic features. Methods: Eleven confirmed gastric GTs were collected from a total of 1894 cases of resected gastric mesenchymal tumors. The clinical, pathological, immunohistochemical, ultrastructural and molecular characteristics of the tumors were analyzed. Results: Histologically, most tumors had gastric smooth muscle immediately adjacent and surrounding the tumor. Tumor cells were small, uniform, and round. Foci of hyaline and myxoid changes were observed. Prominent clear cell features were observed in two tumors. Positive expression of  $\alpha$ -smooth muscle actin ( $\alpha$ -SMA), laminin, collagen type IV, and vimentin was detected by immunohistochemical analysis in all patients. However, in clear cell areas, the expression of  $\alpha$ -SMA, laminin, and type IV collagen were mild, while Syn was positive. Moreover, myofibrils and neuroendocrine granules were also present in the cytoplasm of these cells. No C-kit or PDGFR- $\beta$  genetic mutations were detected in all patients. Conclusion: Our results show that GTs in the stomach are histologically and immunophenotypically fully comparable with the glomus tumors of peripheral soft tissues. Neuroendocrine granules and neuroendocrine differentiation were identified in certain area of 2 cases. Thus, a novel subtype of gastric GT expressing neuroendocrine markers may exist. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Ana Júlia de Deus Silva; Orlando Contrucci Filho; Mariana Prado Fontana; Fernando Furlan Nunes; Diego Ferreira de Andrade Garcia; Stephanie Santin; Luis Vagner Sipriani Junior; Marcelo Augusto Fontenelle Ribeiro Junior; GASTRIC PLEXIFORM FIBROMYXOMA - A CASE REPORT. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 149

Introduction: The gastric plexiform fibromyxoma also found in the literature as gastric plexiform angiomyxoid myofibroblastic tumor or plexiform angiomyxoid tumor, is a mesenchymal tumor recently described, characterized by plexiform nodular growth pattern of bland spindle cells in myxoid or fibromyxoid stroma. It is benign course tumor and quite rare, occurring in a frequency less than 1/150 in comparison to the GIST tumor. Case Report: CJN, 39 years old, female, entered at Hospital Geral do Grajaú with complaint of abdominal volume increase, associated to a weight increase of 7kg in eight months, denying fever, intestinal and urinary routine alterations. Patient denies other previous co-morbid conditions. At the physical exam, she presents good general status, flushed, hydrated, acyanotic, anicteric and afebrile. The cardiovascular and pulmonary systems did not present alterations. The abdomen was flaccid, distended, without pain to palpation, without pain on abrupt decompression and a epigastric and mesogastric palpable mass, being it movable and not adhered into deep planes. A computed tomography of the superior abdomen was indicated and showed a solid and voluminous mass, with hypoaattenuating portion, lobulated margins, without calcification in its interior, extending from the epigastric to the hipogastric region, without clear cleavage planes with the gastric wall in the antrum topography, measuring approximately 19 cm x 12 cm x 15 cm and adjacent lymphadenomegalies to the solid mass measuring up to 3,7 cm. the upper endoscopy showed an anterior gastric wall bulging in the body-antrum transition caused by a probably extrinsic compression. Laboratorial exams are within normality. A partial gastrectomy was then indicated with Y-Roux reconstruction, without complications. The patient was referred to the Intensive Care Unit and demonstrated positive actin in zones, positive CD56, positive enolase, positive Ki67 in 5% of neoplastic cells, positive S100 protein in zones and positive vimentin, showing an immunohistochemical profile consistent with gastric plexiform fibromyxoma, with low cells proliferation index. The patient progressed satisfactorily, without complaints, walking and with good diet acceptance, being then indicated hospital discharge. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Marcus Fernando Kodama; José Luiz Almeida; André Roncon Dias; Osmar Kenji Yagi; Marina Alessandra Pereira; Ulysses Ribeiro Júnior; Bruno Zilberstein; Ivan Cecconello; GASTRIC STUMP CARCINOSARCOMA: CASE REPORT. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 149

Introduction: Carcinosarcoma is a rare malignant, biphasic tumor consisting of both epithelial and mesenchymal elements. It was first reported in 1904. So far, about 50 cases of this peculiar tumor have been published, mostly in Japan. Case Report: A 65 years-old man, with a history of tobacco use and a previous partial BII gastrectomy due to peptic ulcer disease, came to our department complaining of epigastric pain and alimentary intolerance, including nausea and vomiting. There was no weight loss or gastrointestinal bleeding. Physical exam was unremarkable. Gastrointestinal upper endoscopy revealed a 7 cm large Borrmann I mass, without any ulceration, in the gastric stump, adjacent to anastomosis. Biopsy demonstrated a poor differentiated adenocarcinoma. Abdominal and Chest CT Scan revealed no distance metastases or lymphadenopathy and the tumor appeared to be confined the stomach wall. A degastrectomy + extensive lymphadenectomy and splenectomy was performed. The postoperative period was uneventful and the patient was discharged home in 11st day. Pathology reported a T2N2M0 7cm carcinosarcoma, with 03 involved lymph nodes out of 23, with free margins. Immunohistochemistry revealed focal positive S100 and CK AE1 / AE3 with fusiform cells component. Adjunct chemotherapy with capecitabine was prescribed for 5 months. The patient did well and 15 months after the surgical treatment is still alive and well, without any recurrence. Discussion: The most frequent site of carcinosarcoma in the gastrointestinal tract (GIT) is the esophagus. Outside from GIT, it typically affects uterus, breast, thyroid and lungs. It rarely occurs in the stomach. When they do, it may be polypoid, exophytic or endophytic, with generally ulcerated surfaces. They frequently infiltrate the gastric wall in the antral or pyloric region, causing thickening and forming large masses, easily mistaken for Borrmann type III conventional adenocarcinoma. It usually occurs in male population over the age of 60 years. Histological identification of the coexistence of carcinomatous and sarcomatous components of the tumor as well as the immunohistochemical analysis is critical for the diagnosis. There must be expression of both carcinomatous and sarcomatous elements. Conclusion: gastric carcinosarcoma should be taken into consideration in the differential diagnosis of large gastric tumors. To our knowledge, it is the first carcinosarcoma of gastric stump in the medical literature. |

SEM CONFLITOS DE INTERESSE



Pôster - Miscellaneous

João Pimenta de Castro; Ricardo Escrevente; Luís Gabriel Pereira; Rogério Mestre; Paulo Jácome.; **GASTROINTESTINAL AUTONOMIC NERVE TUMOR OF THE STOMACH – CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 150

**Introduction:** Gastrointestinal autonomic nerve tumors (GANTs) are rare malignant neurogenic stromal tumors of the intestinal tract, first described in 1984 and accounting for 1% of gastrointestinal tumors. They are histogenetically related to the autonomic nervous plexuses, with the interstitial cells of Cajal as precursors. For some authors are considered a subtype of the gastrointestinal stromal tumors (GISTs) and the diagnosis is made on electron microscopy and immunohistochemical analyses. This tumors can present an aggressive clinical course with poor prognosis. GANTs are not clinical distinguishable from GITS and radical surgery resection appears to be the curative treatment. **Methods:** A 63 years old woman presented to the emergency department with melena and an hemorrhagic shock. After hemodynamic stabilization, the patient underwent esophagogastroduodenoscopy wich showed a gastric tumoral mass. After staging with computed tomography and endoscopic ultrasound, the patient was proposed for surgery. **Results:** A subtotal gastrectomy was performed and the postoperative period was uneventful. Histological examination revealed a gastrointestinal autonomic nerve tumor. With 72 months of follow up the patient is asymptomatic with no signs of relapse. **Conclusion:** Despite of its rarity, GANTs are manageable with radical surgical resection with a favorable prognosis especially in small tumors and with a low mitotic rate. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Tomás Ramos Velloso Coelho; Felipe AntonyVelloso dos Santos; Renata Gebhardt Wanick de Almeida; Roberto Garcia-de-Freitas; Paulo Roberto Falcão Leal.; **GIANT GASTRIC LEIOMYOSSARCOMA - CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 150

**Objectives:** The gastric leiomyosarcoma corresponds to 0.1-2% of gastric neoplasms. Tumors larger than 15 cm are rare. The most common symptoms are abdominal pain and palpable mass. There are few cases reported in the medical literature and the aim of this study is to report a case of this pathology, surgical treatment and follow-up. **Methods:** This is a case report of a patient with advanced gastric leiomyosarcoma, the imaging methods used for diagnosis and surgical treatment of the case operated in the Pedro Ernesto University Hospital (UERJ), after medical records and medical literature review. **Results:** White male, 55 years old, healthy, referred onset of symptoms 20 days ago of abdominal pain in the left upper quadrant, nausea and anorexia with a weight loss of twenty kilograms in the period. Physical examination showed an abdominal mass that extended from the epigastrium to the left flank. Abdominal computed tomography showed an expansive lesion in the greater gastric curvature, a perforated gastric wall and a blocked pneumoperitoneum. Exploratory laparotomy identified a mass in the greater gastric curvature with approximately thirty centimeters, invading the transverse colon, without cleavage plane with the body-tail of the pancreas. Performed total gastrectomy, distal esophagectomy, splenectomy, distal pancreatectomy and transversectomy with Roux-en-Y anastomosis, type I Mikulicz colostomy and jejunostomy. Patient developed postoperative pancreatic fistula, being treated with somatostatin analogue and parenteral and enteral nutrition. Also evolved with left subphrenic abscess, drained percutaneously guided by ultrasound, and was discharged on the 45th postoperative day with full oral diet. Histopathology showed grade 3 leiomyosarcoma with 38,0x26,0x15cm, mild differentiated. **Conclusion:** Gastric leiomyosarcomas are rare tumors and larger than 15 cm are even rarer. The most common symptoms are abdominal pain and palpable mass. Radical resection is only indicated in cases with no metastases. There is no benefit from adjuvant chemoradiotherapy. Prognosis of these tumors is dependent on the histological grade, tumor size and evidence of adjacent organ invasion. The average 5-year survival of these tumors is 32%. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Eyup Yeldan; Ahmet Mucteba Ozturk; Abdullah Senlikci; Enver İlhan; Recep Cetin.; **GIANT PEPTIC ULCER PRESENTING WITH COLON PENETRATION AND ASCITES RESEMBLING STOMACH CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 150

**Introduction** Today, as a result of the use of H2-receptor blockers and proton pump inhibitors in peptic ulcer disease has decreased the need for elective surgery. However, there is no change in the frequency emergency surgery due to complications. Colon penetration is also a rare complication that can be seen though. In our study, we present a case with penetration of giant gastric ulcer to colon and accordingly massive ascites resembling gastric cancer . Case 46 year old male patient was admitted to general surgery polyclinic with abdominal pain and weight loss. Gastroscopy showed, 3 cm ulcerated diverticular structure in antrum. Biopsy revealed no malignancy. Abdominal tomography showed, 12 mm measured wall defect in the gastric corpus and antrum junction and free fluid in abdomen . Patient's laboratory profile were normal. Patient were operated. There was massive ascites in peritoneal surface and mass in the stomach invading transverse colon. Distal subtotal gastrectomy, Roux-en-Y gastrojejunostomy, segmental colon resection and colocolonic anastomosis was performed. Peptic ulcer disease and ectopic pancreas tissue in colon serosa was observed on histopathology report. The patient was discharged postoperative 7th days. **Conclusion** Despite decreasing peptic ulser surgery today, still serious complications can be observed. One of them is also colon penetration. Additionally, sometimes it may present as stomach cancer and ascites. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Federica Galli; Laura Ruspi; Chiara Peverelli; Giuseppe Di Rocco; Francesca Rovera; Luigi Boni; Gianlorenzo Dionigi; Stefano Rauseri.; **GRADE OF DIFFERENTIATION AND NUTRITIONAL STATUS IN GASTRIC CANCER: IS THERE A RELATIONSHIP?.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 150

**Background and aim:** To investigate a possible relationship between grading and nutritional status in gastric cancer patients. **Patients and methods:** In a consecutive series of 217 gastric cancer patients, we considered only patients underwent curative surgery for gastric adenocarcinoma. Ee used albumin and harmoglobin level as measure of nutritional status. **Results:** Five-years overall survival was 83,5% in G1-G2 group and 63,5% in G3 group (p=0,006). Poorly differentiated gastric adenocarcinoma are more often represented in patients with lower albumin level (p=0,05) and lower haemoglobin (p=0,014). **Conclusions:** It is clear that a relationship between nutritional status and grade of differentiation of the tumor exists. Whether a poorly differentiated tumor is the cause or the consequence has to be investigated. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Madeshwaran Chinnathambi; John Grifson J; Perungo.T; Jasper Sandeep Rajasekar; Amarjothi; A.Amudhan; D.Bennet; Rajendran Vellaisamy; Chandramouleeswari Kathir; R.Prabhakaran; P.Selvarathinam; M.Gnanasekar; D.Kannan; S.M.Chandramohan; **HISTIOCYTIC SARCOMA INVOLVING STOMACH AND ESOPHAGUS: PROBLEMS IN MANAGEMENT-REPORT OF RARE CASE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 151

**Background** The most common cause of ulceroproliferative lesion in stomach and Gastro Esophageal junction we encounter in our department is adenocarcinoma. Here we report a very rare case of Esophago Gastric Histiocytic Sarcoma which eluded diagnosis in multiple centres and was managed successfully by our team. **Method** A 41 year old gentleman has visited multiple centres with dysphagia for a period of three months. All the three endoscopists have made a diagnosis of mitotic disease involving the esophagus and stomach but the biopsy did not confirm the diagnosis of either squamous cell carcinoma or adenocarcinoma. CECT of chest and abdomen had picture suggestive of malignancy involving the esophagus, GE junction and stomach. A diagnostic laparoscopy was performed which showed serosal involvement at GE junction and proximal stomach. An omental nodule found was biopsied and was found to be non- mitotic. A multidisciplinary decided on surgery for removing the disease, definitive diagnosis and relief of dysphagia. After obtaining informed consent, the patient underwent subtotal esophagectomy and total gastrectomy with colon reconstruction with cervical anastomosis. The final pathology report was Histiocytic sarcoma. The patient is now on follow up radiotherapy. **Results** Histiocytic sarcoma is an extremely rare non- Langerhans histiocytic disorder of monocyte-macrophage lineage. Middle aged people (median age 46-55 years) are most commonly affected with no gender preponderance. The disease can be unifocal or multifocal with involvement of skin , soft tissues, bone, lymphnode, liver, spleen and central nervous system. Isolated involvement of Gastro intestinal tract involvement is common involving ileum, rectum, anus, stomach and esophagus. Immuno Histochemistry staining is positive for makers CD 163, CD68, LYS and sometimes S-100 as in our case and are specifically negative for T and B cell markers. Radical surgery followed by adjuvant Radiotherapy gives the best results while adjuvant chemotherapy is reserved for inoperable cases. A preoperative definitive diagnosis of Histiocytic sarcoma, would not have altered the line of our management . The prognosis depends on the stage of the disease. **Discussion** This case is presented for its extremely rare diagnosis of Histiocytic sarcoma, and the first known case in the literature to the best of our knowledge to affect esophagus. Esophago Gastric junction and stomach in continuity. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

ROBERTO DE MORAES CORDTS FILHO; FABIO THULER; WILSON RODRIGUES DE FREITAS JR; OSVALDO ANTONIO PRADO CASTRO; WALTER CARNEIRO GOMES; DANIEL FUKUHARA; LAURA CAROLINA LOPES CLARO; MARINEIDE PRUDENCIO CARVALHO; ELIAS JIRJOSS ILIAS; PAULO KASSAB; CARLOS ALBERTO MALHEIROS; **LAPAROSCOPIC GASTRECTOMY: A GOOD OPTION IN ADVANCED CANCER FOR A CIRRHOTIC, OBESE AND WITH SEVERAL COMORBIDITIES PATIENT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 151

**Objectives:** To present a case of a laparoscopic gastrectomy in a 56 year old cirrhotic patient with an advanced gastric cancer. **Methods:** A 56 years old with an advanced cancer, had also advanced alcoholic cirrhosis, a huge ventral hernia, hypertension and mild pulmonary obstructive disease. Besides that his weight was 137 kg and his height 1m73cm (BMI = 45.77 kg/m<sup>2</sup>). Due to those co morbidities we discussed with the patients and with a multidisciplinary team and decided to perform a laparoscopic gastrectomy. **Results:** We performed a D1 subtotal laparoscopic gastrectomy with a Roux en Y reconstruction and at the end we operated the ventral hernia. The surgical time was 210 minutes with 100 ml of blood loss. The postoperative period was uneventful and he was discharged in the 6th day. The final stage was: T3N0M0 (38 lymph nodes), (Stage IIA). He was not submitted to chemotherapy and is alive without any signs of recurrence after 2 years of follow up. **Conclusions:** The laparoscopic surgery can be a good option for obese and with co morbidities patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Camilla Jovita Souza Santos; Adriane Graicer Pelosof.; **METASTASIS BREAST CANCER OF GASTRIC: CASE REPORTS AND LITERATURE REVIEW.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 151

Metastasis of breast cancer to the stomach are very rare, with few cases reported. The lobular breast carcinoma metastases, especially with signet ring cells, are the most frequently observed and often difficult to be distinguished from a primary gastric cancer cells with signet ring. In addition, because there are no characteristic symptoms and often are submucosal lesions, it is difficult radiographic diagnosis. The aim of this study is to show that, although rare, gastric metastases of breast cancer should be investigated and, above all, to evaluate the endoscopic appearance of these lesions, emphasizing the importance of differentiating them from the primary cancer of the stomach through biopsies and performing immunohistochemistry, since they are lesions, endoscopy, aspects show very similar to each other. We identified six patients with breast cancer and gastric lesions observed at endoscopy. Most were asymptomatic (4 cases) and had other sites of metastases such as bone, liver, central nervous system, ovaries, pleura and peritoneum (5 cases). The mean age was 57 years and the average time between diagnosis of primary breast cancer and the metastasis to the stomach was 39 months. The patients were strongly positive for the progesterone and / or estrogen and Ki67. Only one patient was HER2 positive. In one case the diagnosis of gastric metastasis preceded that of breast cancer. The most frequent gastric lesions were diffuse infiltrative aspect compatible with Plastic Linite, but one patient had lesion suggestive of early gastric cancer. The predominant histological type was invasive lobular carcinoma. All gastric biopsies were subjected to immunohistochemistry for the differentiation between primary gastric carcinoma and breast cancer metastases, which stressed the importance of this technique in the diagnosis and, consequently, in deciding the best treatment. Therefore, patients with a history of primary neoplasm of the breast that show some kind of injury to the upper gastrointestinal endoscopy, regardless of the presence of symptoms, should undergo biopsies and the material sent to perform immunohistochemistry and, if possible, compared with biopsies breast. In the case of gastric metastases of breast cancer, chemotherapy is the treatment of choice. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Laercio Gomes Lourenco; Eleziario Marques Caetano Jr; Alessandor de Rinaldis; Fernando Augusto Matavelli; **Morbid Obesity And Type II Gastric NET: Treat The Two As An affection?.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 151

The incidence of NET has grown all over the world even in Brasil. The cause may be the better capacity of diagnostic but it doesn't explain everything. The number of case might be the other cause. On the other hand, obesity is also a world health problem. The authors present two cases of NET type II with Obesity (CMI 40 and 44) that during the workup for surgical procedure, the endoscopy showed a well differentiated NET type II (ki 67 > 10%). The octreoscan showed a lymph node metastase confirmed by eco-endoscopy and PAF. The surgical procedure included total gastrectomy, omentectomy and linfoadenectomy by laparoscopic approach. The reconstruction followed the desabsorptive procedure as we do in bariatric surgery. The incidence of NET has grown all over the world even in Brasil. The cause may be the better capacity of diagnostic but it doesn't explain everything. The number of case might be the other cause. On the other hand, obesity is also a world health problem. The authors present two cases of NET type II with Obesity (CMI 40 and 44) that during the workup for surgical procedure, the endoscopy showed a well differentiated NET type II (ki 67 > 10%). The octreoscan showed a lymph node metastase confirmed by eco-endoscopy and PAF. The surgical procedure included total gastrectomy, omentectomy and linfoadenectomy by laparoscopic approach. The reconstruction followed the desabsorptive procedure as we do in bariatric surgery. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

SHEPETKO EVGEN; GARMASH DENYS; KOZAK YURY; **ONE-STAGE AND TWO-STAGE RECONSTRUCTIVE JEJUNOGASTROPLASTY AFTER TOTAL GASTRECTOMY FOR ACUTE BLEEDING GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 152

Were analyzed 20 total gastrectomies (GE) in combination with jejunogastroplasty (JGP) for acute bleeding gastric cancer (two in period I - 1983-1999, and 18 in period II - 2000-2010). There was 17 men (85%) and 3 women (15%). It was noted that 70% of patients who underwent JGP had III and IV stage tumor confirmed. In the formation of an artificial ventricle (one-stage reconstructive JGP) we used a variety of options and technologies: manual JGP performed in 3 patients (15%), and by using devices - in 17 (85%), or in 5.7 times more frequently ( $p < 0.0001$ ). JGP on the Roux loop used in 5 patients (25%), ?-loop JGP with Brown anastomosis in 10 (50%) and for 5 pts. (25%) we performed reconstructive device-using JGP with functionally advantageous inclusion duodenum. For all 20 patients lymph node dissection was made in D2 volume. No deaths in patients after GE with JGP. There are currently alive 8 of 20 patients who underwent GE with JGP, with a minimum follow-up of 1.5 years and a maximum - 8 years. It is advisable to supplement total GE with device-using JGP with inclusion to duodenum for young and middle age patients with acute bleeding gastric cancer. The concept of two-stages JGP after total GE is developed and introduced at acute bleeding gastric cancer. At the first stage GE performed with lymph node dissection, more often in Savinih or Giljarovich-Yudin-Shalimov modification. At development of dumping-syndrome, agastric asthenia, decrease in weight, deficit of digestive functions of an intestinal path in the postoperative period and in the absence of tumor progression at the second stage in 4-6 months (sometimes 1-1,5 years) after total GE we performed reconstructive JGP with creation of artificial jejunal pouch. The necessary capacity of the pouch calculated before surgery based on mathematical modeling taking into account an age, sex and weight of the patient. Twelve variants of hardware associated reconstructive JGP without inclusion and with inclusion of duodenum in digestive transit are developed. Functional results of reconstructive JGP with inclusion of duodenum have appeared better. Conclusion. 1. It is advisable to supplement total GE with device-using JGP with inclusion to duodenum for young and middle age patients with acute bleeding gastric cancer. 2. After total GE at acute bleeding gastric cancer in case of development of pathological digestive syndroms it is recommended to undertake two-stage reconstructive JGP with creation of artificial jejunal pouch in the hardware way with inclusion of duodenum. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Diana Brito; Ana Cristina Carvalho; Hugo Mesquita; Marta Martins; Vânia Castro; Teresa Santos; Washington da Costa; Pinto Correia; **PERFORATED GASTRIC CANCER IN PATIENTS TREATED FOR PERFORATED ULCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 152

Introduction: Gastric cancer perforation is a rare complication that represents less than 1% of gastric cancer cases. But it has been reported that about 10-16% of gastric perforations are caused by carcinoma. Preoperative diagnosis of malignancy is unusual, accounting for about 1/3 of the cases. Although rare, it appears that this presentation may significantly affect prognosis. It is difficult to identify the cause of perforation during emergency surgery, and the diagnosis of cancer is often made in the postoperative histological examination, unless an untimely pathological evaluation is available. Therefore, biopsy of gastric ulcers is recommended during emergency surgery for perforation. If suspected during surgery and depending on the patient's clinical condition, the aim of treatment is to manage the peritonitis but respect the oncological principles of surgery with an R0 resection. Methods: We reviewed the medical records of all patients that were surgically treated for peptic perforation in the 5 year period between January 2009 and December 2013 and analysed the type of surgical approach, demography data and pathological features of gastric ulcer perforations. Results: We found 53 gastric perforations, all were submitted to biopsy and closure, with or without omental plasty and/or vagotomy. In the pathology reports we found 6 patients to have gastric adenocarcinoma (11.3%). Four were men and two women, with a mean age of 71.5 years. In December 2014 one case had no follow-up, 2 cases were submitted to total gastrectomy but relapsed and died, one case refused surgery but later was performed a palliative gastrojejunostomy and died of disease progression, two cases are alive and with no evidence of disease, one of which a T1b disease. Discussion/conclusion: In none of the cases described the diagnosis of gastric cancer was made preoperatively or during surgery, but by the post-operative histological examination, therefore all were surgically treated like perforated ulcers. When appropriate, and after staging and an oncology group consultation, a second stage oncological surgery was performed. Although gastric carcinoma rarely presents as perforation, when it does it is generally perceived as advanced disease and poor prognosis, with up to 88% of cases presenting with stage III-IV. But there are exceptions, and it has been described that the only factor influencing long term survival is the pathological stage of the disease. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Christoph T. Baltin; Andrea Ritter; Patrick Plum; Arnulf H. Hoelscher; Freerk Baumann; Stefan P. Moenig; Elfriede Bollschweiler; **PREOPERATIVE PHYSICAL ENDURANCE CAPACITY AND PULMONARY FUNCTION TESTING IN PATIENTS WITH GASTRIC AND ESOPHAGEAL CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 152

Introduction: There are only few scientifically proven studies available focusing on the effect of physical activity for patients with gastric and esophageal cancer. Our study aims to analyse the physical endurance capacity and pulmonary function testing of patients before gastric or esophageal surgery. The aim of this study is to establish adequate preoperative training methods for patients with upper GI cancer to reduce perioperative complications as well as disease-related symptoms and to increase the quality of life. Methods: This prospective study comprises 50 patients (14 women, 36 men, median age 59.8 years) diagnosed with esophageal or gastric carcinoma. Exercise testing took place between May 2013 to November 2013 and was used to determine the endurance capacity. The parameters watt, respiratory quotient, maximal oxygen uptake, and minute volume were examined using a modified WHO test. Strength diagnostics analysed the maximum power output capability of the subjects using the bench press and the leg-stretcher by an 8- repetition maximum test. Pulmonary function testing included spirometry to determine the parameters vital capacity and forced expiratory volume. All data were compared to an established age-adjusted control-group. Results: Watt, maximum oxygen uptake and minute ventilation of our patients are much below the standard values. Strength diagnostic provides significant differences between experimental and control groups. With values around 35 kilograms, they are well below the requirements for healthy individuals. Spirometry detected forced expiratory volume and vital capacity which is partially reduced and differs most significantly from the standard ( $p < 0.001$ ). Conclusion: Physical performance of patients with esophageal and gastric cancer is significantly limited. Disease-related symptoms and side effects complicate the physical activity tremendously. Our findings help to develop effective training programs in cooperation with the German Sports University to improve pulmonary function and physical activity of our patients. This will finally benefit to reduce perioperative complications and improve medical outcome which is subject of ongoing studies. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Nathalia Dias Sertorio; Rodolfo Teruo Campos Takaoka; Helena Ribeiro; Mairto Roberis Gerome; Luiz Guilherme Cernaglia Aureliano de Lima; Melina Mizusaki Iyomasa Pilon; Ana Paula Giro; **ROLE OF ANTIINFLAMMATORY PROTEIN ANNEXIN A1 AND ITS ASSOCIATION WITH THE FPR1 RECEPTOR AND CYCLOOXYGENASE-2 IN INFLAMMATORY AND TUMORAL PROCESSES OF ESOPHAGUS AND STOMACH.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 152

Introduction: In many cancers the inflammation plays a key role in the initiation, tumor progression and metastasis. The antiinflammatory protein annexin-A1 (ANXA1) is an inhibitor of cyclooxygenase-2 (COX-2) and is also associated with regulation of cell growth and tumor invasion in different tumors. Studies have shown that the ANXA1 actions may be mediated by the formyl peptide receptor (FPR). However, the ANXA1 and its receptors are not well known in esophageal and stomach cancers. Objectives: to evaluate the expression of ANXA1, COX-2, FPR1 and FPR2 receptors in inflammatory and tumoral processes of esophagus and stomach. Methods: proteins detection was carried out in biopsies sections (5?m) of esophagitis, Barrett's esophagus and esophageal carcinoma, as well as of gastritis, ulcers, polyps and gastric adenocarcinoma (Protocol 73/11). The sections were incubated with polyclonal primary antibodies: anti-ANXA1 (1: 1000), anti-COX2 (1: 500), anti-FPR1 and anti-FPR2 (1: 500), revealed by DAB or AEC and counterstained with hematoxylin. The proteins quantification was determined by densitometry and the statistical analyzes were performed by ANOVA and post test of Bonferroni. Results: our immunohistochemical and densitometric analyzes showed a differential expression pattern for ANXA1, COX-2 and FPR1, especially in the epithelium, with a significant increase in the immunoreactivity of these proteins in the cases of inflammation and malignant neoplasms, compared to the normal tissues. Interestingly, there was a decrease of protein expression in Barrett's esophagus and increased immunoreactivity in the polyp's stomach. There was no immunoreactivity for FPR2 in any of the clinical conditions studied. Conclusions: our results provide an important contribution to show the correlation of ANXA1 with COX-2 and to demonstrate that these proteins are dysregulated in precursor lesions of esophageal and gastric cancers, suggesting their involvement in the early stages of gastro-esophageal carcinogenesis. They also indicate the ANXA1 actions in inflammatory and neoplastic processes of esophagus and stomach are specifically mediated by FPR1 receptor. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Geraldo Ishak; Anderson Rocha de Queiroz; Bruno Dourado Kovacs Machado Costa; Amanda Aquino de Miranda Pombó; Camila Melo Ohashi; **SPLENIC TUBERCULOSIS IN A NON-IMMUNOSUPPRESSED PATIENT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 153

Tuberculosis is an important health problem in developing countries and still part of the Brazilian reality. However, not only the pulmonary form affects the population, but also their extrapulmonary variants. For example, splenic tuberculoma, Although rare, can still be found in the country hospitals. Tuberculosis (TB) of the spleen is rare, especially in the immunocompetent and is mostly seen in immuno-compromised individuals. And though often associate this manifestation of the disease, with some degree of immunosuppression, we present a case of a large solitary splenic tuberculoma in a middle-aged, non-immunosuppressed female. The patient reported abdominal pain, which started in the epigastric region and was later located on the left. The same described the pain as stabbing of moderate intensity, radiating to the back, and associated with respiratory distress and weight loss, not associated with fever and denying diabetes mellitus or use of immunosuppressive drugs. In an initial approach, the patient was treated as having consumptive syndrome, however, after radiological investigation by computerized tomography of the abdomen, we found suggestive splenic lesion. After the finding, the patient underwent exploratory laparotomy and splenectomy. The material collected during surgery, was sent for histopathological, and the examination revealed a mass of 9.0 cm, well-defined, with granulomatous inflammation and caseosis, suggesting tuberculoma. For a period of two months, antituberculosis therapy with four drugs, isoniazid, rifampicin, pyrazinamide, and ethambutol, was carried out. Pyrazinamide and ethambutol were quitted at the end of two months. Therapy with isoniazid and rifampicin was planned for an additional four months. The patient evolved satisfactorily in the postoperative period and was discharged in good clinical conditions. The diagnosis of splenic tuberculosis depends on a high degree of suspicion, given the nonspecific symptoms and vague, especially in endemic areas such as the northern region. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Felipe Retes; Adriana Vaz Safatle-Ribeiro; Bruno da Costa Martins; Marcelo Simas de Lima; Maurício Paulin Sorbello; Ricardo Sato Uemura; Fabio Shiguehissa Kawaguti; Caterina Pia Pennachi; Elisa Ryoka Baba; Carla Gusmão; Sebastian Geiger; Ulysses Ribeiro Junior; Fauze Maluf-Filho; **STOMACH AS A SITE OF METASTATIC DISEASE: CLINICAL CHARACTERISTICS AND ENDOSCOPIC FEATURES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 153

The stomach is an uncommon location for haematogenic metastasis. The primary tumor site, clinical presentation, endoscopic features and survival of patients with metastatic disease to the stomach are seldom reported. Patients and Methods: Study design: retrospective study from a prospectively collected database including patients with metastatic lesions to the gastrointestinal tract from October 2009 to November 2014. We registered the patients' demographics, primary tumor location, clinical characteristics and endoscopic features of metastatic lesions to the stomach. Results: 46 patients (23 female) were included. Age ranged from 19 to 80 years old. The primary tumors were malignant melanoma (11 patients - 24%), breast cancer (11 pts - 24%), lung adenocarcinoma (5 pts - 11%), squamous cell head and neck cancer (5 pts - 11%), hypemephroma (4 pts - 9%), sarcoma (3 pts - 6%), endometrium adenocarcinoma (3pts - 6%), ovary adenocarcinoma (2 pts - 5%), esophageal squamous cell carcinoma (1pt - 2%), and unknown (1 pt - 2%). At the time of diagnosis, the stomach was the solely site of metastasis in 20 patients. The clinical presentation included: abdominal pain (15 pts - 32%), upper gastrointestinal bleeding (10 pts - 22%), hyperemesis (9 pts - 19%), anemia (9 pts - 19%), and dysphagia (4 pts - 9%). Five patients were asymptomatic. The tumor location was gastric body (18 pts - 39%), followed by fundus and gastric body (14 pts - 31%), gastric antrum (7 pts - 15%), and diffuse gastric involvement (7 pts - 15%). Endoscopic features were: elevated lesion with central depression (15 pts - 33%), ulcerated with infiltrative margins (13 pts - 28%), elevated (9 pts - 19%), infiltrative (4 pts - 9%), nodularity (4 pts - 9%) and flat-depressed lesion (1 pt - 2%). In 27 patients, metastatic gastric lesions were multiple. Conclusions: 1. Melanoma and breast cancer are the primary tumors that most commonly cause metastasis to the stomach; 2. Most patients with metastasis to the stomach present abdominal pain or upper gastrointestinal bleeding; 3. Unspecific symptoms in patients with previous diagnosis of tumors must be an indication for early investigation; 4. Endoscopic features of metastasis to the stomach are diverse. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Hyung-Min Chin; Ji-Hyun Kim; Kyong-Hwa Jun; **SURGICAL OUTCOMES AND SURVIVAL IN OCTOGENARIANS' STOMACH CANCERS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 153

Background The aim of this study was to evaluate the surgical outcomes and survival after gastrectomy in octogenarians and identify the optimal treatment for these patients. Methods The medical records of 1262 patients with gastric cancer who underwent gastrectomy between January 2003 and December 2012 were retrospectively reviewed. Patients were divided into two age groups: octogenarians (? 80 years, n = 75) and non-octogenarians (< 80 years, n = 1187) and evaluated with respect to clinicopathologic data, surgical outcomes, and survival. Results Clinicopathologic characteristics of total 1262 patients who were divided into two groups according to age were analyzed. Higher female ratio, poorer performance scale, higher comorbidities and advanced TNM stage were shown in octogenarians than in non-octogenarians. There was no difference in the curability of surgery between two groups, the octogenarians were more likely to have higher postoperative morbidity and mortality than non-octogenarians. In the analysis of risk factors affecting survival after gastrectomy for octogenarians, only TNM stage (? stage III) was an independent prognostic factor. The overall survival was significantly lower in octogenarians than in non-octogenarians, whereas the disease-specific survival was comparable between two groups. Conclusions Octogenarians had a higher postoperative morbidity and mortality rate but comparable cancer-specific survival. Only advanced TNM stage influenced the prognosis of octogenarians. Early detection and thorough postoperative care would improve overall survival for octogenarians. Key words: Gastric cancer • Octogenarian • Surgical outcome • Survival |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Yoshihito Souma; Takeyoshi Yumiba; Tetsuhiro Hamada; Tetsuro Kobayashi; Shuichi Ohashi; **SURGICAL OUTCOMES OF TOTALLY LAPAROSCOPIC DISTAL GASTRECTOMY WITH INTRACORPOREAL RECONSTRUCTION USING LINEAR STAPLER IN OUR HOSPITAL?A COMPARISON WITH EXTRACORPOREAL RECONSTRUCTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 153

Objectives: Laparoscopy assisted distal gastrectomy (LADG) has been widely employed as a less invasive surgery for the patient with gastric cancer (GC). However, totally laparoscopic distal gastrectomy (TLDG) has not yet been popular due to the difficulty of intracorporeal reconstruction. The aim of this study was to assess the feasibility, safety, and efficacy of TLDG with intracorporeal reconstruction using linear stapler by evaluating initial experiment of our hospital. Methods: A historical comparison study was conducted on the initial 12 consecutive patients with GC, who underwent TLDG with intracorporeal reconstruction using linear stapler (TLDG group) from April 2013 to December 2014. The control group was consisted of 35 consecutive patients who underwent LADG with extracorporeal reconstruction (LADG group) from January 2008 to March 2013. These patients were retrospectively reviewed as to: 1) patients demographics, 2) intraoperative findings: intraoperative complication, blood loss, operative time, free resection margin and number of resected lymph nodes, 3) postoperative course: administration of analgesics, time to first bowel movement, postoperative complications, postoperative hospital stay, body weight loss, the incidence of post-gastrectomy syndrome. Results: 1) Both groups were compatible in terms of patients demographics. 2) Open conversion was required in one case of LADG group due to uncontrolled intra-operative bleeding. Intraoperative blood loss was less in TLDG group (85±80 ml Mean±SD vs. 186±136ml), but operative time was longer in TLDG group (345±40 min vs. 316±54 min). There were no significant differences between two groups with free resection margin, number of resected lymph nodes. 3) Postoperative complications were encountered in 5 patients of LADG group and no complication was noted in TLDG group. TLDG group was associated with less usage of analgesics (4.1±3.0 vs. 5.1±4.0), and a shorter postoperative hospital stay (16.5±5.4 days vs. 20.0±5.0 days). No significant differences were observed between two groups in the time to first bowel movement, the postoperative body weight loss and the incidence of post-gastrectomy syndrome. Conclusions: Although TLDG with intracorporeal reconstruction by using linear stapler requires longer operative time, it might be applied as a feasible, safe and less invasive procedure for the gastric cancer patients. |

SEM CONFLITOS DE INTERESSE



Pôster - Miscellaneous

Raquel Pedro Moreira; Bruno Abade; Marcio Reginato; Gabriel Vieira Kobayashi; Waldemar de Oliveira Neto; Bruno Ragusa Costa; Tammara Pagioro Miranda; **SYNCHRONIC TUMORS: PERITONEAL PSEUDOMIXOMA AND GASTRIC ADENOCARCINOMA. CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 154

**INTRODUCTION:** This report is about a patient with two synchronic tumors, unrelated to metastasis, invasion or recurrence among them. Both are primary occurring concomitantly as a peritoneal pseudomixoma (PP), characterized by gelatinous liquid collections situated on abdomen and pelvis with mucinous implants on peritoneal surface, normally established from a primary injury of an appendix adenocarcinoma (prevalence of 1 : 1.000.000); and a diffuse gastric adenocarcinoma, whereas adenocarcinomas account for 95% of malignant gastric neoplasia. PP tumor implants can be found in different anatomical superficial and non-invasive sites; this characteristic differentiates PP of adenocarcinoma, which is characterized by involved and move the lymph nodes, causing invasive implants on the surface of the intestine and other organs, and give metastases extra-abdominals. **PURPOSE:** the purpose of this report is bring knowledge and disclosure of rare case of synchronic tumor. **CASE REPORT:** Female, 63 years old, white, retired domestic, that presents Systemic Arterial Hypertension, Diabetes Mellitus II, and Hypothyroidism. We received her on 2013 January presenting epigastralgia, dysphagia, and reflux associated to weight loss. Requested an upper digestive endoscopy that showed Adenocarcinoma G3, H, pylori (-), compliant of the diffuse type. During laparotomy, we detected a tumor in appendix in addition to mucinous collections in the peritoneal cavity; realized the appendectomy with jejunostomy and mucinous material collected for biopsy that showed low degree mucinous neoplasia in cecal appendix and peritoneal mucinous carcinoma of low degree (PP). Subjected to total gastrectomy with Y Roux reconstruction, bilateral salpingo-oophorectomy and lymphadenectomy D2; the gastric Adenocarcinoma classified in stage IIIb (T4a, N2, M0). As an elderly patient with comorbidities, we try for schema with XELOX®; prescribed 8 cycles of 21 days each, (Oxaliplatin IV 130mg on day 1 + Capecitabina 3000 m/g a day since day 1 to 14th) with great acceptance and minimum side effects. The last cycle finished on 11/22/2013 and currently, she conducts quarterly consultations with follow-up of the disease through the tumor markers (CEA and CA 19.9) without recurrence. **CONCLUSION:** We demonstrated in this rare case of synchronic tumors that the treatment proposed with XELOX® is ideal for both pathologies presented in this situation considering the morbidity and mortality risk of the patient. |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Rachid G Nagem; Laercio Gomes Lourenço; Lila G Bicalho; **TREATING GASTRIC CANCER IN A BRAZILIAN REGIONAL HOSPITAL: RESULTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 154

Surgical treatment of gastric cancer has risks, and the current trend in developed countries is to centralize cases in high-volume centers. Many countries, however, particularly the developing ones, have to rely in low-volume centers for the most part of gastric cancer operations. We aimed to verify the characteristics of the patients and tumors as well as the in-hospital outcomes in a community hospital in Brazil treating gastric cancer. **Methods** This is a retrospective study on patients undergoing surgical treatment of gastric adenocarcinoma at a community hospital in Brazil. The authors reviewed demographic, clinical, pathological, and perioperative data. **Results** A total of 28 patients were operated on during the study period. Mean age was 69.5 years, 53.6 % were male, 67.9 % had anemia, 78.5 % had ASA score?3, 89.3 % were at nutritional risk, intestinal/diffuse ratio was 1.6, 68.5 % had tumor?6 cm, involvement of lower/middle third of the stomach occurred in 96.4 %, 73.7 % had serosal invasion, 79 % had stage III disease, median number of dissected nodes was 23, median operative time was 255 min, 21.4 % had urgent procedures, 67.8 % had curative surgery, 50 % had distal gastrectomy, 43.5 % had a Billroth I, median length of stay was 17 days, 53.6 % had some admission to the intensive care unit, 21.4 % required relaparotomy, 25 % had wound infection/dehiscence, and mortality was 66.7/18.2 % (urgent/non-urgent surgery). |

SEM CONFLITOS DE INTERESSE

Pôster - Miscellaneous

Hirokazu Yamaguchi; Nao Yoshizawa; Michio Kaminishi; **TREATMENT AND REHABILITATION FOR THE ELDERLY PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 154

**Introduction:** In aging society as Japan, many patients have underlying disease and complicated social background?that should be considered in gastric cancer treatment. Therefore not only how to treatment, but also rehabilitation after discharge has to keep discussed before treatment. **Objectives and Method:** In this study, we investigated treatment for gastric cancer for elderly patients more than 80 years, and their outcome at discharge. **Results:** Out of 249 gastric cancer patients treated at our hospital, 80 years of age or of the elderly were 53 patients 20%. By Stage Stage I: II: III: IV was 34%, 19%, 15%, 32%, respectively, Staeg IV was seen many in the elderly compared to gastric cancer patient distribution of our hospital. As treatment, gastrectomy was done in 72%, gastro-jejunostomy is 8%, chemotherapy or BSC was 21%. The R0 surgery has been enforced in 49%, the R1 surgery in 9%, and the R2 surgery, chemotherapy or BSC in 42%. Post surgery complications were wound infection in 5%, intra-abdominal abscess in 2%, pancreas fistula in 2%, pneumonia in 2% and others in 4%. Median of hospital days after surgery were 11 days (10-15). Outcome at the time of hospital discharge was home discharge 66%, changing hospital 19%, home relaxation of 11%, and a hospital death 2%. Outcome of 66% of patients that stayed in hospital more than 16 days after surgery were changing hospital. In the stomach resection enforcement 38 people, home discharge was 74% in the standard therapy, and 84% in the reduction treatment with no difference. In Stage IV 17 people home discharge was 41%, and home relaxation was 47% in conjunction changing hospital. **Conclusion:** In gastric cancer surgery in the elderly, it is necessary to consider the treatment that takes into account the patient's capacity. In this study perioperative complications did not increase in the elderly. R0 favorable outcome is also seen in the reduction surgery, therefore I was considered that aggressive surgery is possible. On the other hand patient was transferred at the time of discharge in 30% in conjunction the home relaxation. Changing to nursing hospital at discharge was seen in 22% of Stage I patients. There may be a need for incorporating treatment plan the discharge support from the start of treatment time. |

SEM CONFLITOS DE INTERESSE

Pôster - Curative treatment in metastatic Gastric câncer

Ian Fukudome; Tsutomu Namikawa; Eri Munekage; Masaya Munekage; Mai Shiga; Hiromichi Maeda; Hiroyuki Kitagawa; Michiya Kobayashi; Kazuhiro Hanazaki; **A LONG SURVIVAL CASE OF GASTRIC CANCER WITH SOLITARY METACHRONOUS ADRENAL METASTASIS TREATED BY RESECTION AND CHEMOTHERAPY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 154

**Objectives:** Although metastases to adrenal glands are frequently found at autopsy, clinically curable adrenal metastases are extremely rare. The aim of this study was to report a long survival patient with gastric cancer and a solitary metachronous adrenal metastasis who underwent curative resection and chemotherapy. **Case presentation:** A 61-year-old man underwent total gastrectomy with distal pancreatectomy and D2 lymphadenectomy for gastric cancer, and final diagnosis was UM, Post-Gre-Less, Type 3, 12x9cm, T4b(SI), N3b(31/99), H0 ,P0, CY0, M0, tub2, ly3, v3, Stage IIIC, R0. Fifteen months after the operation, abdominal computed tomography showed left adrenal tumor measuring 2.5 cm in diameter. Because solitary tumor, we performed tumor resection, confirming adrenal metastasis showing negative HER2. Subsequently, he was treated using chemotherapy consisting of S-1 plus cisplatin. Because he developed left adrenal metastasis again 6 months later after tumor resection, we continued chemotherapy using docetaxel plus irinotecan. Left adrenalectomy was performed due to the increase of tumor size to 3.6 cm despite of chemotherapy. The patient is alive, with no signs of disease recurrence 62 months after the initial operation. **Conclusion:** For patients with a solitary renal metastasis from gastric cancer, surgical resection in addition to chemotherapy might be the preferred choice of treatment. |

SEM CONFLITOS DE INTERESSE

Pôster - Curative treatment in metastatic Gastric câncer

Marcus Vinicius Rozo Rodrigues; Amanda Pinter Carvalheiro da Silva; João de Souza Coelho Neto; Valdir Terciofi Junior; Luiz Roberto Lopes; Nelson Adami Andreollo; **BREAST CANCER METASTASIS IN THE STOMACH: ANALYSIS OF 12 CASES.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 155

**Introduction.** Breast cancer is the most common malignant neoplasm in the female population. However, stomach is a rare site for metastasis of breast cancer that can show up many years after initial diagnosis and treatment of the primary tumor. **Objective.** We aim to describe 12 patients with secondary gastric tumors. Immunohistochemistry has demonstrated that primary tumor was breast cancer. **Method.** We analyzed retrospectively data from medical records. We retrieved information of age, histological type, interval between diagnosis of the primary breast cancer and its metastases, immunohistochemistry results, treatment and survival. **Results.** The mean age was 71.3 years (ranging 40-86). Ten cases had already been underwent mastectomy in the moment of the diagnosis of gastric metastasis. Also, two patients had diagnosis of both primary and secondary tumors concomitantly. At average, diagnosis of gastric metastasis was made 7 years after diagnosis of primary breast cancer (ranging 0-13). Besides, nine cases had also metastases in other organs, being bones the most affected ones. Immunohistochemistry of the metastases has shown positivity of CK7 antibody in 83.34%, estrogen receptor in 91.67%, progesterone receptor in 50% and AE1/AE3 antibody in 75%, considering all 12 cases. Moreover, CK20 was absent significantly (66.67%). Also, positivity of BRST2 marker did not present statistical significance (41.67%). Eight cases were treated with chemotherapy associated or not with hormonal blockade. Surgical treatment of gastric metastasis was performed in four cases: three of them with total gastrectomy and one of them with distal gastrectomy. Follow-up has shown a mean survival of 1.8 years after diagnosis of metastasis, with only two patients still alive. **Conclusion.** This study emphasizes that patients with previous history of breast cancer presenting digestive symptoms or diagnosis of gastric tumor should be considered for the possibility of breast cancer metastasis to the stomach. In addition, a more accurate differential diagnosis is advisable with immunohistochemistry in this situation. Finally, therapy should be based in controlling primary tumor and, accordingly, taking into account of secondary tumor involvement in other locations, far from stomach, that could be associated. Chemotherapy and hormonal blockade are good options when multiple metastases are present. |

SEM CONFLITOS DE INTERESSE

Pôster - Curative treatment in metastatic Gastric câncer

Naoki Okumura; Toshiyuki Tanahashi; Yoshihiro Tanaka; Nobuhisa Matsuhashi; Takao Takahashi; Kazuya Yamaguchi; Kazuhiro Yoshida; **CHEMOTHERAPY AFTER CONVERSION THERAPY FOR STAGE IV GASTRIC CANCER PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 155

**Background:** Recently, conversion therapy for initially unresectable gastric cancer is attracting attention due to more effective chemotherapy including S-1. Some population among stage IV gastric cancer patients will have survival benefit by surgical intervention. However, there are few reports regarding chemotherapy after conversion therapy. **Objective:** To clarify the efficacy of chemotherapy after conversion therapy in Stage IV gastric cancer patients. **Methods:** We analyzed 49 Stage IV gastric cancer patients who underwent gastrectomy after chemotherapy with regard to regimens, 2nd line after relapse of lesions, compliance and efficacy of chemotherapy. **Results:** Regimens of the first line chemotherapy for Stage IV gastric cancer were S1+CDDP for 20, S1+taxane (S1+docetaxel) for 20 and DCS for 9. Regimens of first line after conversion therapy were S1 for 42, weekly paclitaxel for 4 and capecitabine for 1, UFT for 1 and none for 1. No patients received triplet therapy after conversion and 13 patients had doublet therapy and 29 patients had monotherapy. MST of all Stage IV patients with conversion therapy was 31.2 months and MST after conversion therapy was 12.5 months. There was no difference in MST between those who had S1 monotherapy and doublet therapy. Thirty-six out of 49 patients had relapse and 31 had 2nd line chemotherapy after conversion. RFS of the patients with 2nd line chemotherapy was longer than that of those with only 1st line chemotherapy. **Conclusion:** Surgical stress of conversion therapy is relatively small because 85.7% patients could receive chemotherapy safely after surgery. Second line chemotherapy after conversion therapy were given to 86.1% relapsed patients and RFS was prolonged compared to those without chemotherapy. It is suggested that chemotherapy after conversion therapy is important and 2nd line chemotherapy for relapsed patients after conversion therapy was safe and it might be possible to prolonged survival. |

SEM CONFLITOS DE INTERESSE

Pôster - Curative treatment in metastatic Gastric câncer

Hao Xu; Fengyuan Li; Wang Mao; Yang Li; Zekuan Xu; **EN BLOC PANCREATICODUODENECTOMY AND RADICAL GASTRECTOMY IN THE TREATMENT OF LOCALLY ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 155

**Abstract? BACKGROUND:** En Bloc Pancreaticoduodenectomy and Radical Gastrectomy for locally advanced (assumed T4) gastric cancer involving duodenum or/and pancreatic head is associated with high morbidity and mortality and rarely carried out. The aim of this study was to evaluate the effectiveness of these surgeries with regard to surgical morbidity, mortality, and survival. **METHODS:** A review of respective database from January 2007 to June 2013 of patients who had locally advanced gastric cancer involving duodenum or/and head of pancreas underwent En Bloc Pancreaticoduodenectomy and radical gastrectomy. Early and late results of PD and clinicopathologic factors influencing these results were evaluated. **RESULTS:** Eight patients underwent PD during the period above-mentioned. Two patients underwent combined transverse colectomy. The median operative time was 6.5 h (range 4-9 h). One patients (12.5%) developed controlled pancreatic fistula, which were successfully treated by conservative methods. The length of hospital stay was 8-43 days (median 22 days). The overall survival of patients was 75% at 1 year and 50% at 2 years. Multivariate analysis identified the resectability and the pathological type and grade as independent prognostic factors for patients with T4 gastric cancer undergoing PD. **CONCLUSIONS:** With careful and stringent patient selection, for patients with locally advanced (assumed T4) gastric cancer involving duodenum or/and pancreatic head, PD can be carried out with acceptable morbidity and mortality. Meanwhile, it could get favourable 5-year survival rate. |

SEM CONFLITOS DE INTERESSE

Pôster - Curative treatment in metastatic Gastric câncer

Hao Xu; Fengyuan Li; Yang Li; Zekuan Xu; **EN BLOC PANCREATICODUODENECTOMY AND RADICAL GASTRECTOMY IN THE TREATMENT OF LOCALLY ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 155

**Abstract? BACKGROUND:** En Bloc Pancreaticoduodenectomy and Radical Gastrectomy for locally advanced (assumed T4) gastric cancer involving duodenum or/and pancreatic head is associated with high morbidity and mortality and rarely carried out. The aim of this study was to evaluate the effectiveness of these surgeries with regard to surgical morbidity, mortality, and survival. **METHODS:** A review of respective database from January 2007 to June 2013 of patients who had locally advanced gastric cancer involving duodenum or/and head of pancreas underwent En Bloc Pancreaticoduodenectomy and radical gastrectomy. Early and late results of PD and clinicopathologic factors influencing these results were evaluated. **RESULTS:** Eight patients underwent PD during the period above-mentioned. Two patients underwent combined transverse colectomy. The median operative time was 6.5 h (range 4-9 h). One patients (12.5%) developed controlled pancreatic fistula, which were successfully treated by conservative methods. The length of hospital stay was 8-43 days (median 22 days). The overall survival of patients was 75% at 1 year and 50% at 2 years. Multivariate analysis identified the resectability and the pathological type and grade as independent prognostic factors for patients with T4 gastric cancer undergoing PD. **CONCLUSIONS:** With careful and stringent patient selection, for patients with locally advanced (assumed T4) gastric cancer involving duodenum or/and pancreatic head, PD can be carried out with acceptable morbidity and mortality. Meanwhile, it could get favourable 5-year survival rate. |

SEM CONFLITOS DE INTERESSE

Pôster - Curative treatment in metastatic Gastric câncer  
Yi Ba; Han Ru-Bing; Huang Ding-Zhi; Li Hong-Li; Deng Ting; Zhou Li-Kun; Bai Ming; Wang Xia. FOLFIRI OR CPT-11 ALONE AS SECOND-LINE CHEMOTHERAPY IN UNRESECTABLE OR METASTATIC GASTRIC CANCER. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 156

Introduction: FOLFOX is a widely-used first-line regimen in unresectable or metastatic gastric cancer in China. Phase II and III trials have already revealed survival benefit of second-line therapy with irinotecan. The result from advanced colorectal cancer showed that sequential use of FOLFOX and FOLFIRI achieved a prolonged survival. This retrospective study investigated the efficacy and safety profile of FOLFIRI or CPT-11 alone in second-line treatment of unresectable or metastatic gastric cancer after failure of first-line FOLFOX regimen in a single center of China. Methods: Unresectable or metastatic gastric cancer patients who began receiving FOLFIRI or CPT-11 alone as second-line chemotherapy in our center were retrospectively analyzed for the safety and efficacy. Written informed consent about the treatment was obtained from all patients before treatment. Results: From November 2012 to October 2014, a total of 38 patients were assessed, retrospectively. Patients received FOLFIRI (CPT-11 180mg/m<sup>2</sup> on d1, leucovorin 400mg/m<sup>2</sup> on d1, 5-FU 400mg/m<sup>2</sup> on d1, then 2400 mg/m<sup>2</sup> over 46 hours every 2 weeks) or CPT-11 alone (180mg/m<sup>2</sup> on day1, every 2 weeks) until total of 12 cycles or disease progression or intolerable toxicities. Patients characteristics were as follows: median age 59(25-74); 28 males (73.7%); PS 0/1/2: 5/22/11; median number of course was 4.0 (2-12). 10 patients received CPT-11 alone, while 28 patients received FOLFIRI as their second-line chemotherapy. The overall response rate was 2.6%, and the disease control rate was 50%(CR/PR/SD/PD: 0/1/18/19). The median progression-free survival (mPFS) and median overall survival (mOS) were 3.2 months and 4.7 months, in all patients. Most common grade 3 adverse events (AEs) were neutropenia (15.8%), anemia (10.5%), fatigue (10.5%), diarrhea (7.9%). There were no treatment-related deaths. Conclusions: FOLFIRI or CPT-11 alone as second-line chemotherapy showed promising efficacy profile in unresectable or metastatic gastric cancer, and the common toxicities were well-tolerated. |

SEM CONFLITOS DE INTERESSE

Pôster - Curative treatment in metastatic Gastric câncer  
Enver İlhan; Orhan Ureyen; Hilmi Gungor; Mehmet Akif Ustuner; Enver Vardar; KRUKENBERG TUMOR ORIGINATED FROM GASTRIC CANCER: A CASE REPORT. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 156

Introduction Krukenberg tumor is usually diagnosed at late stage and it has a poor prognosis. The contribution to the healing process by metastases resection, is still unclear. Resections has been shown as useful in several studies. We shared clinical progress of a patient with synchronous Krukenberg tumor associated with gastric cancer, operated in our institute. Case 47 year old female patient admitted with nausea and weight loss. In esophagoscopy; 40 mm. size deep ulcer was observed which was extending distally from proximal stomach on the lesser curvature and multiple biopsies were taken. Histopathological examination was reported as adenocarcinoma. Endoscopic-ultrasonography(EUS) viewed hypoechoic mass invading all gastric layers and exceeding serosa. Also lymph nodes in-size of 15 mm. were detected in celiac and perigastric area. Pre-operative thorax CT was normal. Abdominal CT revealed gastric wall thickening, perigastric lymph nodes 10 mm. in-size and solitary lesions behind uterus at right and left side, 2 cm. and 1,6 cm. in size respectively. Despite normal levels of carcinoembryonic antigen(CEA), CA 19-9 value was 422U/ml. In the surgical exploration; 3x3 cm in-size gastric lesion exceeding serosa on lesser curvature and 7 cm. in-size mass on the left ovary was found. Right ovary was normal and there were no ascites and implant in peritoneal space. Total gastrectomy, D2 lymphadenectomy and left-side salpingo-oophorectomy was performed. The patient was discharged on post-operative 9th day without any complication. Poorly cohesive carcinoma was revealed in pathological examination. 31 of 41 lymph nodes were metastatic. Histopathological examination result of left ovarian mass was metastatic spread of gastric tumor. Adjuvant chemotherapy was given. PET-CT detected hepatic, pulmonary and peritoneal metastases in 12nd month follow-up. The patient is currently receiving second-line chemotherapy. Conclusion There are studies in literature about the increase on survival of patients with ovarian resections due to Krukenberg tumor originating from gastric cancer. It has been suggested that, in these patients with resectable primary gastric tumor and no-evidence of ascites, ovarian metastase resection is beneficial. Studies about this topic is limited. Therefore; prospective studies should be designed and new detected cases must be presented to the literature. |

SEM CONFLITOS DE INTERESSE

Pôster - Curative treatment in metastatic Gastric câncer  
Andrii Sydiuk; Yuri Dumansky; Elena Sydiuk; Valentin Stepko; NEW METHODS OF INTRA-ARTERIAL CHEMOTHERAPY OF GASTRIC CANCER. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 156

Meta-analysis of literature over the past 15 years allows us to say that today a major problem in the treatment of gastric cancer is extremely low efficacy of chemotherapy. Therefore, the main task of improving the effectiveness of chemotherapy is to develop new methods of inputting chemotherapy, which allow maintaining a high concentration of drugs in the tumor for a long time, and reduces toxicity in order to preserve the quality of life of patients. Hence, the purpose of our study is as follows: to increase the effectiveness of treatment in patients with gastric cancer by using new methods of regional intra-arterial chemotherapy. Taking into account the localization of tumor in the stomach, we developed the following methods of gastric artery catheterization for intraarterial chemotherapy: catheterization right gastroepiploic artery retrograde, catheterization of the right gastroepiploic artery antegrade and catheterization of the left gastric artery. Summing up the results of our research, we managed to solve a major problem of modern oncology - to raise the effectiveness of treatment of patients with gastric cancer by using new methods of intra-arterial chemotherapy, which increased the median survival in patients with unresectable gastric cancer by 8 months and resectable gastric cancer with liver metastases - by 3.5 months. |

SEM CONFLITOS DE INTERESSE

Pôster - Technological advances and their role in prognosis  
Akiko Serizawa; Takeharu Noguchi; Takuji Yamada; Kiyoharu Taniguchi; Masakazu Yamamoto; A CASE OF GASTRIC CANCER WITH BILATERAL OVARIAN METASTASIS PERFORMED OVARIAN RESECTION. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 156

The patient was a 71-year-old female, who had weight decrease from time summer in 2011. She had lower abdominal pain and underwent a medical examination at a local hospital. Abdominal ultrasonography showed the tumor of infant head size was admitted, and she introduced to this hospital obstetrics and gynecology in October. The ovary cystic tumors which are the diameter 25 cm large by the abdominal ultrasonography and abdominal CT, and a thickening of the wall of the stomach wall, and it was our family introduction. Endoscopy revealed type 3 tumor at the lesser curvature of the stomach and biopsy yielded diagnosis of poorly differentiated adenocarcinoma. We investigated gastric cancer T4a?SE?N 1,M1(ovary),P1,H0,Stage?. Chemotherapy with S-1 was performed, so she had no digestive obstruction and digestive tract hemorrhage. After three months, she had increased ascites and in ovary tumors size, and an abdominal distension symptom was get worse. We performed intraperitoneal drainage but the symptom was not improvement. Both ovaries were resected as a palliative measure. And partial resection of small intestine was performed with peritoneal dissemination. The tumors measured left 28cm in diameter and right 15cm in diameter. Histological examination of the resected ovary showed a poorly differentiated adenocarcinoma same of the gastric cancer. Gastric cancer with bilateral ovarian metastasis performed ovarian resection, which the case was indication for palliative surgery. |

SEM CONFLITOS DE INTERESSE

Pôster - Technological advances and their role in prognosis  
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SEM CONFLITOS DE INTERESSE

Pôster - Technological advances and their role in prognosis  
Chang In Choi; Si Hak Lee; Sun Hwi Hwang; Dae Hwan Kim; Tae Yong Jeon; Dong Heon Kim; **COMPARISON BETWEEN BILLROTH-II WITH BRAUN AND ROUX-EN-Y ANASTOMOSIS AFTER LAPAROSCOPIC DISTAL GASTRECTOMY; SHORT TERM RESULTS OF GASTRIC RESIDUE, BILE REFLUX, GASTRITIS (RGB SCORE).** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 157

Background: The aim of this study was to compare the effectiveness of Billroth-II with Braun(B-IIB) and Roux-en-Y(REY) anastomosis. Methods: From April 2010 to August 2012, total 66 patients underwent laparoscopic distal gastrectomy. B-IIB anastomosis was performed in 26 patients and REY was performed in 40 patients. Patients' data was collected prospectively and reviewed retrospectively in terms of patients characteristics, perioperative data and endoscopy finding at 1 year and 2 years after surgery. Results: There were no significant differences in age, sex, body mass index, size, blood loss and hospital stay between two groups. The mean operation and reconstruction times of B-IIB anastomosis were statistically shorter than REY anastomosis (198.1±33.0min vs 242.3±58.1min, p=0.001). There was no leakage and anastomotic bleeding but one postoperative stricture was observed in each group. And one intra-abdominal abscess and one delayed gastric emptying occurred in B-IIB group. At 1 year after surgery, gastric residue and reflux esophagitis has no significant differences between 2 groups. Gastritis and bile reflux was more frequently observed in B-IIB group.(p=0.004, p<0.001). At 2 years after surgery, gastric residue has no significant differences but gastritis, bile reflux esophagitis was more frequent in B-IIB.(p=0.029, p<0.001, p=0.036) Conclusion: Postoperative effectiveness of REY anastomosis after laparoscopic distal gastrectomy may be superior than B-IIB anastomosis. |

SEM CONFLITOS DE INTERESSE

Pôster - Technological advances and their role in prognosis  
Anderson Frederico Oliveira Dias; Iuri Braga de Oliveira; Fernando Herick Souto; Antônio Sérgio Barcala Jorge; Carlos Alberto de Carvalho Fraga; André Luiz Sena Guimarães; **PROFILE OF EXPRESSION OF TUMOR MARKERS IN GASTRIC ADENOCARCINOMA CORRELATED WITH CLINICAL AND PATHOLOGICAL FACTORS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 157

Introduction: The knowledge of profile expression of tumor markers associated with clinico-pathological characteristics, contribute to understanding the development of gastric cancer. Objectives: Check for a relationship between markers like VEGF, VEGFR 1 and 2, HIF, CD105 and clinical-pathological characteristics of gastric cancer to understand the biological behavior of this tumor. Methodology: Through 41 samples of primary lesion and metastatic linfonodos we determined pathological staging TNM, type of cancer, degree of differentiation and degree of neural and angiolymphatic invasion. Immunohistochemical method was streptavidin-biotin-peroxidase. Results: We organize the differentiated tumors and moderately differentiated in Group 1 (39% of sample) and the undifferentiated type in Group 2 (61% the sample). Found statistical significance between tumor cell differentiation and markers: VEGFR 2 for metastatic lymph nodes (p .00) and HIF for primary lesion (p .04). Evaluating the presence of neural invasion of tumors, we observed that the primary lesions in Group 1 showed a positive correlation with the expression of VEGFR 1 (p, 01) and HIF (p, 00). On lymph node metastases in this group, there was also a positive correlation with VEGFR 1 (p, 01) and HIF (p, 04). In primary lesions in Group 2 this relationship was positive for VEGFR1 (p, 00), CD105 (p, 03) and VEGFA (p, 05) and lymph nodes in this group there was an association with the expression of HIF (p, 01). The angiolymphatic invasion had positive correlation in primary lesions of Group 1 for the marker CD105 (p, 04). Evaluating the primary lesions in Group 2, we observed that angiolymphatic invasion was related to the marking of the following markers: VEGFR1 (p, 02), CD105 (p, 03), HIF (p, 03). Metastatic lymph nodes were associated positively with HIF (p, 03) VEGFR 2 (p 02). Conclusion: Correlating the expression of these markers associated with certain clinicopathological characteristics, as was done in this study, we infer that such markers may be crucial for workup of gastric cancer functions. From that fact, we can plan a more aggressive therapeutic approach in the presence of some increased expression of these markers since clinical examination and complementary examinations may not be as reliable in determining the severity of gastric cancer as markers studied can be. Studies like this also give scope for further research, to finding more effective treatments for this cancer. |

SEM CONFLITOS DE INTERESSE

Pôster - Technological advances and their role in prognosis  
Chang In Choi; Dae Hwan Kim; Dong Heon Kim; Tae Yong Jeon; Hyoung Hoi Kim; Sang Yeoup Lee; **SHORT-TERM EFFECT OF GASTRIC RESECTION ON CIRCULATING LEVELS OF GHRELIN, PEPTIDE YY3-36 AND OBESTATIN IN PATIENTS WITH EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 157

We assessed the short-term responses of gut hormones and the compensative interaction during a one-week period after subtotal gastrectomy in early gastric cancer (EGC) patients. Previous studies have reported gut hormonal changes after Roux-en-Y gastric bypass surgery Blood samples were collected from 40 patients with EGC preoperatively, at 1 h after gastric resection, and on postoperative day (POD) 1, 3, and 7. Levels of active ghrelin, total ghrelin, obestatin, and PYY3-36 were measured. Total ghrelin level rapidly reached a nadir of 69.1%, while active ghrelin level had increased to 135.5% at 1 h after resection. Then, both returned to preoperative level. On the contrary, active/total ghrelin reached its nadir quickly at 1 h after resection and had returned to the preoperative level by POD 3. The nadir PYY3-36 level was 71.4% on POD 1, followed by a gradual recovery, and had increased to 116.5% by POD 7. The same pattern was observed for obestatin. Active ghrelin/obestatin showed an increase on POD 1 while total ghrelin/obestatin showed a decrease on POD 3. Then, both returned to preoperative level. These results suggest that a rapid interactive compensatory mechanism of gut hormones does exist in the remnant gastrointestinal tract after abrupt changes in the production reservoir in non-obese people. |

SEM CONFLITOS DE INTERESSE



Pôster - Technological advances and their role in prognosis  
Yang Li; Zekuan Xu; Hao Xu; Diancai Xu; **THE EXPERIENCE OF TOTAL LAPAROSCOPIC UNCUT ROUX-EN-Y ANASTOMOSIS IN THE DISTANT GASTRECTOMY WITH D2 DISSECTION FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 158

**Objective:** To investigate the safety and feasibility of total laparoscopic uncut Roux-en-Y anastomosis in the distant gastrectomy with D2 dissection for gastric cancer. **Methods:** We retrospectively analyzed the clinical data of eighteen patients who received total laparoscopic uncut Roux-en-Y anastomosis, in the Division of Gastric Surgery, the first affiliated hospital of Nanjing Medical University, from September in 2014 to January in 2015. **Results:** None of the patients was transferred to open operation. The Mean operation duration, anastomosis time, blood loss and the number of lymph nodes dissection during the surgery were (164±23) min, (31±7)min, (19.1±9.0) ml and (37.0±8.5) respectively. The time took before gastrointestinal motility, liquid-diet intake and out-of-bed ambulation were (70.6±17.9)hours, (4.9±0.8) days, (46.2±17.3) hours respectively. Two cases suffered from gastrointestinal bleeding, and they were cured conservatively. None of the other complications occurred, such as anastomotic fistula, anastomotic stenosis, RSS, infection of incision, and so on. **Conclusion:** The total laparoscopic uncut Roux-en-Y anastomosis is safe and feasible in the distant gastrectomy with D2 dissection for gastric cancer, with advantages of less trauma, faster recovery, and so on. |

SEM CONFLITOS DE INTERESSE

Pôster - Surgical treatment standardization  
Jianwei Bi; Zheng Shi; Xin Zhang; Mingming Nie; **EFFECT OF DIFFERENT GASTROINTESTINAL RECONSTRUCTION TYPES IN DISTAL GASTRIC CANCER SURGERY ON BLOOD GLUCOSE IN PATIENTS COMBINED WITH TYPE 2 DIABETES MELLITUS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 158

**Background** Observational studies have shown improvement in distal gastric cancer patients combined with T2DM after distal gastric cancer surgery. **Methods** In this retrospective, single-center trial, we evaluated the efficacy of Billroth I anastomosis versus Billroth II anastomosis or prolonged Roux limb gastrojejunostomy Roux-en-Y anastomosis or prolonged biliopancreatic limb gastrojejunostomy Roux-en-Y anastomosis in 102 obese patients with T2DM. The primary end point was the proportion of patients with a glycated hemoglobin level of 6.5% or less 12 months after treatment. **Results** The postoperative glycated hemoglobin levels after Billroth II, prolonged Roux limb gastrojejunostomy Roux-en-Y anastomosis, and prolonged biliopancreatic limb gastrojejunostomy Roux-en-Y anastomosis were significantly different from Billroth I. The differences in the preoperative and postoperative glycated hemoglobin levels after Billroth II, prolonged Roux limb gastrojejunostomy Roux-en-Y anastomosis, and prolonged biliopancreatic limb gastrojejunostomy Roux-en-Y anastomosis were statistically significant compared with the difference in Billroth I. The remission rate after prolonged biliopancreatic limb gastrojejunostomy Roux-en-Y anastomosis was significantly different from Billroth I and also statistically different from Billroth II. The cure rate after prolonged biliopancreatic limb gastrojejunostomy Roux-en-Y anastomosis was significantly different from Billroth I, and the cure rate after prolonged Roux limb gastrojejunostomy Roux-en-Y anastomosis was statistically different from Billroth I. **Conclusion** Billroth I, Billroth II, prolonged Roux limb gastrojejunostomy Roux-en-Y anastomosis, and prolonged biliopancreatic limb gastrojejunostomy Roux-en-Y anastomosis in the distal gastric cancer surgery can improve the blood glucose levels in patients with T2DM. The therapeutic effect of prolonged biliopancreatic limb gastrojejunostomy Roux-en-Y anastomosis on the blood glucose levels in patients with T2DM is better than that of Billroth I and Billroth II, showing a benefit tendency in improvement of the blood glucose levels in patients with T2DM compared with prolonged Roux limb gastrojejunostomy Roux-en-Y anastomosis. Therefore, prolonged biliopancreatic limb gastrojejunostomy Roux-en-Y anastomosis is recommended for gastric cancer patients with T2DM in selection of gastrointestinal reconstruction types. |

SEM CONFLITOS DE INTERESSE

Pôster - Surgical treatment standardization  
Francesco Casella; Andrea Sansonetti; Giovanni de Manzoni; Andrea Zanoni; Francesca Milazzo; Simona Mattia; Elisabetta Santucci; Teresa Rago; Roberto Verزارo; **GASTRIC CANCER SURGERY IN OCTOGENARIAN PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 158

**Background** Advances in surgery and perioperative care with an increase in average lifespan, make octogenarian patients with locally advanced gastric cancer (LAGC) suitable candidates for radical surgery. It is controversial whether elderly patients should undergo radical surgery for gastric cancer. In the present study, we evaluated the safety and the rationale of radical gastric surgery in octogenarian patients. **Methods** We retrospectively collected data on 80 patients that underwent surgery for LAGC at our Institution from 2010 to 2014. Patients were divided into two groups: the octogenarian group (OG) (n=28), consisting of patients aged 80-89 years, and the younger group (YG) (n=52), consisting of patients under 80 years of age. Data concerning type of intervention and lymphadenectomy, morbidity and 30-days mortality, ASA score and mean hospital stay were analyzed. **Results** All patients were treated with total (TG) or subtotal gastrectomy (SG) with lymphadenectomy. In the octogenarian group, SG was performed in 22 patients and TG in 6 patients. Radical resection (R0) was achieved in 86% of cases (24/28). Instead, in younger group SG was performed in 35 patients, TG in 17 patients and R0 was obtained in 88% of cases (46/52). A D2-lymphadenectomy was performed in 8 and 28 patients, while a D1+ in 8 and 16 and only D1 in 10 and 8 cases in OG and YG respectively. The mean number of lymph node retrieved was 19 (4-38) in OG and 28 (6-68) in YG. The postoperative complication rate was 21% (11/52) in the YG and 36% (10/28) in the OG. There was no 30-day mortality in both groups. In the OG, ASA score was IV in 3 patients and III in the remaining. In the YG was IV in 2, III in 23, II in 19 and I in the remaining of patients. The mean hospital stay was 12 days (8-23) and 10 days (6-20) in OG and YG respectively. The number of TG and D2-lymphadenectomy performed was lower in the OG. ASA score and hospital stay was higher in the OG. **Conclusion** Radical gastric cancer surgery in octogenarians is a safe procedure with a 30-day mortality equal to younger patients. Morbidity is higher but is related more to non-surgical complications. Surgical treatment for gastric cancer should not be denied on the only basis of patient's age. Gastrectomy and lymphadenectomy should be recommended for octogenarian patients with good performance status and low co-morbidity, as it is in younger patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Surgical treatment standardization  
Osman Yüksel; Engin Küçükdkiker; Aydin Yavuz; Ilkin Smayilov; Zafer Ferahköe; **RECURRENT AFTER CURATIVE GASTRIC CANCER SURGERY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 158

**Objective** The goal of this study was to investigate the recurrence patterns of gastric cancer and determine the predictive information of recurrence patterns following a curative resection. **Methods** This study retrospectively and prospectively analysed the data of 343 gastric cancer patients who underwent a curative resection, to identify the factors associated with the recurrence patterns. **Results** Of these, 93 patients underwent a subtotal gastrectomy, and the other 250 underwent a total gastrectomy. 102 patients underwent a limited lymph node dissection (D1 lymphadenectomy) and 241 patients underwent an extended lymph node dissection (D2 or D3 lymphadenectomy). Ninety-seven patients were identified as lymph node-negative gastric cancer patients, and the remaining 246 were identified as the lymph node-positive gastric cancer patients. 136 patients had recurrence involving a single pattern, and the other 79 patients had recurrence involving two patterns. Recurrence 31% locoregional recurrence, 27% peritoneal dissemination, 15% distant metastasis, 2% locoregional recurrence and distant metastasis, 32% locoregional recurrence and peritoneal dissemination. 70% recurrence was showed within first 3 years, and 90% recurrence within 5 years of resection. Location, size, tumor invasion depth, metastatic lymph node, free tumor deposit in perigastric fat tissue, delayed adjuvant treatment, neoadjuvant treatment and poor histopathological features were associated with tumor recurrence and outcome. Patients with only locoregional recurrence had better survival than those with peritoneal seeding or hematogenous spread. **Discussion** In node-negative advanced gastric cancer, the prognostic factor differed significantly between locoregional recurrence/peritoneal seeding and hematogenous metastasis. **Conclusion** Loco-regional recurrence showed better prognoses than other recurrence patterns. |

SEM CONFLITOS DE INTERESSE

Pöster - Surgical treatment standardization

Sergejs Gerkis; Guntis Ancans; Viesturs Kruminis; Armands Sivins; Marcis Leja; Lele Lauka; Andrejs Pcolkins; Ivans Jelovskis; Janis Eglitis; Romans Lunins;. **SHORT TERM OUTCOMES IN RADICALLY TREATED GASTRIC CANCER PATIENTS IN SURGICAL ONCOLOGY CLINIC OF RIGA EAST UNIVERSITY HOSPITAL IN 2013.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 159

**Introduction:** Surgical complications significantly affects results of surgical treatment gastric cancer (GC) patients. Therefore is important to estimate short term outcomes in radically treated gastric cancer patients. D2 gastrectomies are worldwide accepted procedure of surgical treatment of GC. D1 gastrectomies are still widely processed in Western countries. In Latvian oncology center are performed D1 and D2 gastrectomies with curative intent in GC patients. The purpose of this study was evaluate short terms results of surgical treatment in GC patients after D1 and D2 gastrectomies. **Patients and methods:** It is descriptive retrospective study were analysed results of surgical treatment of GC. In study included 113 patients, 74 males and 39 females, who undergo curative gastrectomies with D1 and D2 lymphadenectomy in surgical oncology clinic of Riga East University Hospital from 01.01.2013 to 31.12.2013. SPSS 20 (IBM corp.) programme and descriptive statistics methods were used in data analyses. **Results:** Curative gastrectomies were performed in 113. Total gastrectomy (TG) were performed in 56 and subtotal distal gastrectomy in 57 patients, subtotal gastrectomies (STG) D2 in 8 patients, STG with D1 in 44 patients, TG D1 in 30 and TG with D2 in 16 patients, and TG with D3 2 patients. Gastrectomies D1 lymphadenectomy were performed in 74 Patients and D2 in 24 patients, D3 in 2, and other operations 13 patients. Hospitalisation time in patients who underwent gastrectomy with D1 lymphadenectomy median were 12 days (Min.7; Max. 57 days), and gastrectomy with D2 lymphadenectomy Median 12 days (Min. 9; Max.26 days). Histologically investigated lymph nodes number median in Gastrectomy D1 group were 15 (Min.1; Max.36), and in gastrectomy D2 group 21 (Min.3; Max. 51). Postoperative complications were observed in 13% (n=15), 11% (n=12 from 74) in D1 gastrectomy group and 2% (n=2, from 24) in D2 gastrectomy group. There is no statistically significant relations between type of surgical operation and complications (p=0.632). In according with Clavien-Dindo classification there were observed I grade complications in 2 cases (after D1), II grade in 9 cases (6 in D1 group and 2 in D2), III grade 4 cases (in D1 group). **Conclusion:** Type of lymphadenectomy do not affect on short term outcomes in radically treated patients with gastric cancer. |

SEM CONFLITOS DE INTERESSE

Pöster - Surgical treatment standardization

Tommaso Zurleni; Elson Gjoni; Luca Marzoli; Andrea Ballabio; Roberto Casieri; Francesco Zurleni;. **STANDARDIZED TOTAL GASTRECTOMY FOR GASTRIC CANCER. RESULTS AND LONG TERM SURVIVAL ANALYSIS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 159

**INTRODUCTION** Total gastrectomy with extended lymphadenectomy is a challenging surgical procedure. Standardization of surgical treatment is a milestone in the field of surgical oncology. **OBJECTIVES** The aim of this study is to analyse morbidity, mortality and survival outcomes in standardized total gastrectomy in a single institution. **METHODS** 550 subjects received surgical treatment for gastric cancer between June 1998 and December 2014 in a single Italian center. The study included 288 patients with adenocarcinoma that underwent open total gastrectomy with curative intent. The same standardized procedure was performed for all patients. More than 95% of patients received D2 or D2+ type of lymphadenectomy. En bloc resection of the primary tumor and lymphatic drainage area was followed by Esophago-Jejunal circular mechanical anastomosis with a Roux-en-Y type of reconstruction; bursectomy and prophylactic cholecystectomy were performed in selected cases. In addition a nutritional jejunostomy was always placed. Disease Specific Survival and Overall Survival rates were investigated. Morbidity, mortality were evaluated. Clinicopathological data were collected prospectively and recorded into a database. All patients were staged with the Seventh edition of AJCC/UICC TNM Staging System. **RESULTS:** 58% of 288 patients were male and the median age was 70 years old. 45% of patients belonged to the third stage. The average number of examined lymphnodes and positive nodes were 42.3 and 8.3 respectively. In the last year surgical ex vivo dissection into node stations was performed. In 33 patients (11.4%) were necessary multiorgan resections. Mortality was 1% and the overall morbidity was 19.4%. In 4 patients occurred anastomotic leakage (1.3%). 5-years and 10-years Disease Specific Survival rates were 57% and 48%, respectively. Overall Survival rates were 52% and 39%. **CONCLUSION** Total gastrectomy with D2/D2+ type of Lymphadenectomy, in our experience, is a safe, feasible and reproducible procedure. Our results suggested that improvement of surgical standardization over time, perioperative care and multidisciplinary approach allow to reach good outcomes with acceptable morbidity and long term survival. |

SEM CONFLITOS DE INTERESSE

Pöster - Surgical treatment standardization

Croider Franco Lacerda; Paulo Anderson BERTULUCCI; Antônio Talvane Torres de OLIVEIRA; André Luiz Fermino; Gilberto Fava; Durval Renato Wohnrath;. **STEP-BY-STEP ESOPHAGOJEJUNAL ANASTOMOSIS AFTER INTRA-CORPOREAL TOTAL GASTRECTOMY FOR LAPAROSCOPIC GASTRIC CANCER TREATMENT: TECHNIQUE OF "REVERSE ANVIL".** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 159

**Background:** The laparoscopic gastrectomy is a relatively new procedure due mainly to the difficulties related to lymphadenectomy and reconstruction. Until the moment, technique or device to perform the esophagojejunal anastomosis by laparoscopy is still a challenge. So, a safe, cheap and quickly performing technique is desirable to be developed. **Aim:** To present technique proposed by the authors with its technical details on reconstruction with "reverse anvil". **Method:** After total gastrectomy completed intra-corporeally, the reconstruction starts with the preparation of the intra-abdominal esophagus cross-section next to the esophagogastric transition of 50%. A graduated device is prepared using Levine gastric tubes (no. 14 and 10), 3 cm length, connected to the anvil of the circular stapler (no. 25) with a wire thread (2-0 or 3-0) of 10 cm, which is connected to end of this device. The whole device is introduced in reverse esophagus. The esophagus is amputated and the wire is pulled after previous transfixation in the distal esophagus and the anvil positioned. The jejunal loop is sectioned 20-30 cm from duodenojejunal angle, and the anvil put in the jejunal loop and connect previously in the esophagus. Linear stapler (blue 60 mm) is used to close the opening of the jejunal loop. **Conclusion:** The "reverse anvil" technique used by the authors facilitated the transit reestablishment after total gastrectomy, contributing to obviate reconstruction problems after total gastrectomy |

SEM CONFLITOS DE INTERESSE

Pöster - Surgical treatment standardization

Erver Ilhan; Adam Uslu; Baha Zengel; Ahmet Aykas; Cenk Simsek; Orhan Ureyen; Ali Duran; Gokalp Okut; Baris Corumlu;. **SURVIVAL OUTCOMES AFTER D1 AND D2 LMPHADENECTOMY WITH R0 RESECTION: LONGITUDINAL FOLLOW-UP IN A SINGLE CENTER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 159

**Background:** Today, D2 lymphadenectomy (D2-LND) with curative resection (R0 resection) is the standard treatment for gastric cancer. However, recent meta-analysis indicated superior outcome merely for spleen-spared D2-LND. In this study we compared survival outcomes of D2 with D1-LDN in patients who had undergone curative resection (R0) for primary gastric adenocarcinoma. **Methods:** Between January 1994 to 2014, 153 consecutive patients with adenocarcinoma of the stomach were treated by four consultant general surgeons. Among those, 118 patients (38 D1 vs. 80 D2) with total gastrectomy and R0 resection were enrolled into the study. **Exclusion criteria** were: subtotal gastrectomy, R1 resection, lost to follow-up, absence of adjuvant therapy and stage I gastric carcinomas. There was no difference between demography of the groups with respect to age, gender, UICC TNM stage, co-morbid disease, additional organ surgery, histologic differentiation of the tumor and protocol and sessions of adjuvant chemotherapy. TNM stage distribution was; 25% Stage II and 75% Stage III for both groups. All patients were followed at least for 1 year after operation. **Results:** The mean follow-up was 42,6±52,5 months. 18 patients (47.4%) in D1 and 47 patients (58.8%) in D2 group were free from locoregional recurrence or remote organ metastasis. The median disease-free survival (DFS) was 22.0±4.1 mo. for D1 and 28.0±4.3 mo. for D2 group (p=0.36). Eight patients (21%) in D1 and 39 patients (49%) in D2 group were alive at the last follow-up. The median overall survival (OS) was 22.0± 3.7 mo. for D1 and 31.0±5.4 mo. for D2 groups (p=0.13). Five year DFS and OS by Kaplan-Meier estimates were 41% vs. 51% and 30% vs.42% in D1 and D2 groups, respectively. There was an absolute 10% difference in favor of D2 group with respect to 5-year DFS and OS, but this has not reached to significance. **Conclusion:** When compared to D1, D2-LND with R0 resection have yielded to a trend towards better outcome in patients with primary gastric adenocarcinoma. |

SEM CONFLITOS DE INTERESSE

Pôster - Hyperthermic intraperitoneal chemotherapy

Sumiya Ishigami; Yoshiyuki Hiraki; Hiroshi Okumura; Masataka Matsumoto; Akihiro Nakajo; Yoshikazu Uenosono; Takaaki Arigami; Yasuto Uchikado; Yoshiaki Kita; Kosei Maemura; Shoji Natsugoe. **CLINICAL BENEFIT OF CHEMORADIATION AS A SECOND-LINE TREATMENT FOR ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 160

**ABSTRACT** Background and aim: The second-line chemotherapy for advanced gastric cancer is significantly useful but not to be drastically effective. We tried to settle chemoradiation (CRT) for the patients as the second line treatment following refractory state of first-line-chemotherapy. We speculated the clinical benefit of CRT as the second line treatment for advanced gastric cancer. Patients and Methods: Total of 31 advanced or recurrent gastric cancer patients who were resistant for first line chemotherapy were enrolled. All of these patients were identified distant metastases or duodenal invasion at the first line chemotherapy. During CRT, the patients were mainly treated low dose CDDP plus S-1. Results: Thirty (87%) had completely received radiation therapy. To the contrary, 22 patients should be discontinued or reduced chemotherapy because of adverse event. Clinical efficacy (Complete regression and partial response) of the CRT was 56%. Eight of 11 patients showing PR or CR received gastrectomy or lymph node resection with curative intent. Postoperative course of these patients were promising, only one patient was suffered from relapse of cancer. Three-year survival rate was 45% and MST was 24 months. Conclusion: CRT as the second line treatment seems to be a promising and strong tool for stage IV gastric cancer patients failed chemotherapy. R0 gastrectomy with curative intent seems to be useful to improve outcome of these patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Ressecções complexas em tumores localmente avançados - Dicas e Truques  
Rebeca Aparecida Dos Santos Di Tommaso; Ednaldo de Souza Silva; Carlo Javier Valdivia Sanz; Marcelo Henrique dos Santos; Adalberto Caoru Haji Junior; Márcio Neves Stefani. **EXTENDED MULTIORGAN RESECTION FOR LOCALLY ADVANCED GASTRIC CANCER. THE SURGICAL EXPERIENCE OF FCECON – FUNDAÇÃO CENTRO DE CONTROLE DE ONCOLOGIA DO ESTADO DO AMAZONAS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 160

**Introduction:** Surgical treatment for gastric carcinoma is considered the best approach for achieving curative outcomes. It's unclear whether combined resection can improve the results of surgery in patients with T4 gastric carcinoma. The aim of this article is to report the surgical experience of FCECON with patients T4 gastric cancer. **Methods:** In 2014, 5 patients underwent surgical resection for T4 gastric cancer in FCECON. 1: male, 43 yr, underwent subtotal gastrectomy, linfadenectomy D2, transversectomy, cholecystectomy, Roux-Y reconstruction. 2: male, 76 yr, underwent subtotal gastrectomy, linfadenectomy D1, transversectomy, cholecystectomy, Roux-Y reconstruction. 3: female, 68 yr, underwent total gastrectomy, linfadenectomy D2, subtotal colectomy, cholecystectomy, distal pancreatectomy, splenectomy en bloc, jejunostomy. 4: male, 67 yr, underwent distal esophagectomy, total gastrectomy, linfadenectomy D2, resection of diaphragm (crus), distal pancreatectomy, splenectomy, cholecystectomy, Roux-Y reconstruction. 5: male, 78 yr, underwent distal esophagectomy, total gastrectomy, hepatectomy (segment 2 and 3) en bloc, linfadenectomy D1 plus, jejunostomy, Roux-Y reconstruction. **Discussion:** Multiorgan resection for T4 gastric cancer with adjacent organ involvement is performed for the purpose of achieving an R0 resection. However, few patients with gastric cancer has the chance of multiorgan resection, only 5% had undergone en bloc multiorgan resection. Survival after resection of tumors has been shown to increase when compared with that after noncurable surgeries. However, the clinical efficacy of these radical surgeries remains unclear. The morbidity and mortality of these patients increases significantly after multiorgan resection, 25 and 3.6% respectively. Combined resection of the invaded adjacent organs might be the only promising approach for managing such advanced tumors. But combined resection might induce more serious postoperative morbidities and a higher rate of mortality, which could offset any potentially beneficial effects on survival. So it's essential to determine the optimal surgical approach for T4 gastric carcinoma. **Conclusion:** Multiple organ resection for T4 gastric cancer is associated with high morbidity and mortality. However, we must be aware that the only proven effective therapy is surgery and each patient should be given the chance of R0 resection, although multiorgan resection has a limited survival advantage. |

SEM CONFLITOS DE INTERESSE

Pôster - Ressecções complexas em tumores localmente avançados - Dicas e Truques  
Andrea Cossu; Uberto Fumagalli; Francesco Puccetti; Melis Alessandra; Ugo Elmore; Riccardo Rosati. **EXTENDED MULTI-ORGAN RESECTION FOR LOCALLY ADVANCED GASTRIC CARCINOMA: A 15-YEAR SINGLE-CENTER EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 160

**Background and Objectives:** Despite the increasing use of neoadjuvant treatments for locally advanced gastric cancers (GCs) and improved surgical results, resection of surrounding organs invaded by GC still represents a challenge. We retrospectively analyzed our experience with extended multi-organ resection (EMR) in patients with locally advanced GC. **Methods:** Thirty-six patients with GC macroscopically invading adjacent organs underwent EMR; 13 (36%) had surgery after neoadjuvant treatment. Clinical and pathological factors influencing surgical outcome were evaluated. Survival rate was calculated using the Kaplan-Meier method. Prognostic factors were evaluated by univariate and multivariate analyses using the Cox proportional hazard model. **Results:** The resected surrounding organs were pancreas (25 patients), spleen (27) and colon (12). Most patients (81%) had an R0 resection. Histological analysis confirmed serosal invasion in 30 patients (83%, any T4), but invasion of adjacent organs was confirmed in only 21 (58%, T4b). Postoperative morbidity rate was 61%, with 27% of complications > IIIb (Clavien-Dindo). Postoperative mortality rate was 11%. Few patients could receive adjuvant or additive postoperative treatment. The actuarial 5-year overall survival rate was 19.5%, and it was significantly better in R0 than R+. Multivariate analysis identified curative resection and neoadjuvant treatment as predictors of survival. Recurrence was systemic in all recurring cancers. **Conclusions:** Pre- and intraoperative staging of advanced GC may overestimate invasion of adjacent organs. EMRs carry high morbidity and mortality rates and are justified only if a curative resection can be achieved. Efforts should be made to improve clinical staging and develop effective protocols for neoadjuvant treatments. |

SEM CONFLITOS DE INTERESSE

Pôster - Ressecções complexas em tumores localmente avançados - Dicas e Truques  
Carlo Javier Valdivia Sanz; Rebeca Aparecida Dos Santos Di Tommaso; Ednaldo de Souza Silva; Marcelo Henrique dos Santos; Adalberto Caoru Haji Junior; Paulo Roberto Mendonça dos Santos Junior. **GASTRODUODENOPANCREATECTOMY FOR LOCALLY ADVANCED GASTRIC CANCER: A CASE REPORT IN FCECON – FUNDAÇÃO CENTRO DE CONTROLE DE ONCOLOGIA DO ESTADO DO AMAZONAS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 160

**Introduction:** Extended multiorgan resection (EMR) for locally advanced gastric cancer remains controversial. Curative resection (R0) is the most important factor for long-term survival in this patients. The goal of this article is to report the case of a female diagnosed with T4 gastric cancer. **Case report:** Female, 28 yr, evolving for 2 months with postprandial fullness and weight loss of 19kg, PS 1. Upper gastrointestinal endoscopy showed pre-pyloric ulcer deforming pylorus - Borrmann III. Diffuse adenocarcinoma with signet ring cell at histopathology. CT and markers were normal. Underwent total gastrectomy with lymphadenectomy D2, duodenopancreatectomy, reconstruction with Roux-Y (pancreatojejunal anastomosis duct-mucosa and hepaticojejunal anastomosis), cholecystectomy. Intraoperatively the injury was placed in the small gastric curvature extending to antropyloric region with direct invasion of pancreatic head and duodenum. Patient was referred to the intensive care unit and discharged on the 6th day. Patient had an uneventful recovery and was discharged on the 22th day after surgery. **Discussion:** EMR is performed for treating patients with T4 gastric cancer as the only choice for achieving curative resection, although long-term survival of these patients remains poor. Various prognostic factors for T4 gastric cancer have been suggested: tumor diameter (>100 mm), number of lymph node metastases (>6), advanced age (>70 years) and resection of >1 additional organ as significant factors of a poor prognosis. Surgery is the only proven effective therapy and that each patient should be given the chance of R0 resection. Tumor frequently invades the pancreas and the transverse colon or mesocolon in T4 gastric cancer patients. Consequently, pancreaticosplenectomy or transverse colon resection were commonly used. En bloc resection of each?invaded organ is necessary to achieve curative outcomes. So this procedure should be indicated for all patients without fatal determinants, such as peritoneal, hematogenous, or distant metastases and curability is an essential factor determining selection for aggressive combined resection. **Conclusion:** Resectability (R0) attained by EMR is the most important factor for long-term survival of patients with T4 gastric cancer, despite the risk for increased morbidity and mortality. Attempts to achieve curative resection are essential for maximizing prognosis and multiple organ resection is worthwhile with careful patient selection. |

SEM CONFLITOS DE INTERESSE

Pôster - Trail Updates

Amilcare Paris; Jacopo Desiderio; Zhi-Wei JIANG; Shu ZHANG; Daniel Reim; Alexander Novotny; Ninh T Nguyen; Hironori Tsujimoto; Yukinori Kurokawa; Shuji Takiguchi; Lu ZANG; Junjun MA; Feng Qi; Tong LIU; Pei-Wu YU; Ben ZHANG; Yong-Liang ZHAO; Juan-Santiago Azagra; Martine Goergen; Olivier Facy; Jean-Baptiste Lequeur; Orhan Alimoglu; Tunc Eren; Metin Leblebici; Patrick G. Jackson; Waddah Al-Refaie; Steven T. Brower; Natalie G. Coburn; Johan Gagniere; Denis Pezet; Olivier Antomarchi; Francesca Bazzocchi; Andrea Avanzolini; Andrea Coratti; Mario Annecchiario. **ESTABLISHING A MULTI-INSTITUTIONAL REGISTRY TO COMPARE THE OUTCOMES OF ROBOTIC, LAPAROSCOPIC AND OPEN GASTRECTOMY FOR GASTRIC CANCER: IMIGASTRIC STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 161

**Background** Gastric cancer represents a great challenge for health care providers and requires a multidisciplinary management in which surgery plays a main role. Minimally invasive surgery has been progressively developed, first with the advent of laparoscopy and more recently with the use of the robotic system. A number of issues are currently being debated, including the limitations in performing effective extended lymph node dissections and, in this context, the real advantages of using the robotic systems, the possible role for the Advanced Gastric Cancer, the reproducibility of total intracorporeal techniques and the oncological results achievable during long-term follow-up. This multi-institutional project aimed to create the most extensive international database of patients receiving distal, subtotal or total gastrectomy using the robotic, laparoscopic or open approach performed at Institutions with experience in gastric and minimally invasive surgery. **Method** A study protocol was developed and shared between 18 international centers. A registry was launched for collection of data. The overall purpose is to develop and maintain an ongoing comprehensive multi-institutional database comprising of information regarding surgical, clinical and oncological features of patients undergoing surgery for gastric cancer with subsequent short- and long-term follow-up. **Main Objectives** -To determine short- and long-term surgical, clinical, and oncological outcomes; -To compare results according to the type of intervention and surgical approaches; -To relate results of different surgeries with the patients baseline characteristics and stage of disease. **General Study Design** The first step of the project (NCT02325453) was started, creating a retrospective chart review database. An online software system was established through a dedicated website. The database is the first of its kind, through an international electronic submission system and an HIPA protected real time data repository. **Conclusion** A multicenter study with a large number of patients is now needed to further investigate the safety and efficacy as well as the long-term outcomes of robotic surgery, laparoscopy and the open approach for the management of gastric cancer. The IMIGASTRIC study opened in March 2015 at the original participating sites in nine countries. Other centers are invited to join the study. |

SEM CONFLITOS DE INTERESSE

Pôster - Trail Updates

Fernando Meton de Alencar Câmara Vieira; Ian Chau; Rodolfo Passalacqua; John R Zalcborg; Charles S Fuchs; Astra M Liepa; Yanzi Hsu; Minoru Koshiji; Joseph Tabernero; **PATIENT-FOCUSED OUTCOMES FROM THE PHASE 3 REGARD STUDY: RAMUCIRUMAB VERSUS PLACEBO IN PATIENTS WITH PREVIOUSLY TREATED GASTRIC OR GASTROESOPHAGEAL JUNCTION (GEJ) ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 161

**Background:** Ramucirumab (RAM) was associated with significantly longer survival and progression-free survival (PFS) versus placebo (Fuchs et al, Lancet 2014). Functional status and QoL data from REGARD are presented. **Methods:** Patients (pts) with advanced gastric or GEJ adenocarcinoma who had previously been treated were randomized 2:1 to receive RAM 8 mg/kg IV or placebo every 2 weeks; both arms received best supportive care. Pts were eligible if they had received prior fluoropyrimidine- or platinum-based combination therapy and had ECOG performance status (PS) of 0 or 1. Pts completed the EORTC QLQ-C30 (version 3) QoL instrument prior to randomization and Cycles 4, 7, and 10. Scores were classified as improved or worsened if changed by a ?10-point difference relative to baseline, otherwise stable. PS was assessed prior to every cycle, at therapy discontinuation, and within 30 days after last dose. Time to PS deterioration was measured from randomization to first change in PS to ?2 and evaluated with Kaplan-Meier analysis and log-rank test. **Results:** 355 pts were randomized (238 to RAM, 117 to placebo); 2 pts in each arm did not receive treatment. RAM pts received a median of 4 cycles (interquartile [IQ] range 3-8), while placebo pts received 3 cycles (IQ range 2-4). Treatment discontinuation rates for adverse events were 10.5% for RAM and 6.0% for placebo. While on study, QoL completion rates were >86% at all time points. Primarily due to disease progression by 6 weeks, <50% of RAM and <25% of placebo pts provided post-baseline QoL data. For the randomized population, rates of improvement were 5-15% for RAM and 3-6% for placebo across the 15 QoL scales at Cycle 4. Rates of stability were 16-37% for RAM and 8-19% for placebo. Rates of worsening were 4-18% for RAM and 1-9% for placebo, with 54% of RAM and 78% of placebo pts providing no data. Among RAM pts, ?10% were classified as improved in 5 scales, ?20% were stable in 12 scales, and ?10% were worsened in 9 scales. Time to PS deterioration was longer for RAM (median 5.1 months vs 2.4 months; hazard ratio=0.59 [95% confidence interval: 0.41-0.83], p=0.002). **Conclusions:** In addition to improved survival and PFS for RAM versus placebo, RAM was well tolerated. For pts who received at least 4 cycles of therapy, more pts maintained their QoL with RAM. Performance status was maintained for a significantly longer time with RAM. Clinical trial information: NCT00917384. |

SEM CONFLITOS DE INTERESSE

Pôster - Tailored multidisciplinary treatment

Antonio Carlos Weston; Gustavo Andreazza Laporte; René Xavier de Assumpção Jr; Jonathan Irigaray de Assumpção; **Adjuvant therapy performed in patients with resected gastric adenocarcinoma in the Surgical Oncology Service of a Private Hospital in Porto Alegre from May 2000 to May 2011.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 161

**Introduction:** Cancer has been one of the major causes of death worldwide and currently gastric cancer is the fourth most common malignancy in the world, and the second leading cause of cancer deaths among others, with approximately one million deaths each year. The main treatment for gastric cancer is surgical resection, however adjuvant treatment is also considered in the management of this disease. **Objective:** To analyze the adjuvant treatment performed in patients with resected gastric adenocarcinoma in the Surgical Oncology Service of Santa Rita Hospital at the Hospital Complexo Santa Casa de Misericórdia of Porto Alegre, Brazil, from May 2000 to May 2011. **Methods:** A cohort study in 188 patients who underwent gastrectomy from May 2000 and May 2011. The statistical analysis was performed with the SPSS 18.0.0 program. The case presented represents a part of the patients treated in the service. **Results:** In 188 patients, 93 underwent adjuvant treatment and 95, only surgery. The no-adjuvant group was older than the adjuvant group, showing a predominance of tumors at an early stage. As to cell differentiation, histological subtype, location and tumor size there was similarity between the groups. Regarding the 5-year survival, it was found that patients at stages I (100% group with adjuvant x 80% without adjuvant), II (60% vs. 55%) and III (30% x 20%) benefited from the adjuvant treatment. **Conclusion:** The adjuvant treatment should be taken into account in patients with gastric adenocarcinoma, as it is directly linked to the improvement of survival in patients without hematogenous metastases. |

SEM CONFLITOS DE INTERESSE

Pôster - Tailored multidisciplinary treatment

Hideki Moriyama; Kunihiro Tsuji; Hisashi Doyama; Tetsuji Yamada; **CLINICOPATHOLOGICAL CHARACTERISTICS OF 17 CASES OF ADVANCED GASTRIC CANCER AFTER NEOADJUVANT CHEMOTHERAPY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 161

**Background:** Although neoadjuvant chemotherapy (NAC) has been introduced to the treatment for advanced gastric cancer patient as an important option for improving the clinical outcome. We retrospectively evaluated the safety and efficacy of NAC in seventeen patients with advanced gastric cancer. **Methods:** A total of seventeen patients with advanced gastric cancer, who received NAC with the combination of S-1 and cisplatin and so on in our hospital from April 2008 to December 2014, were retrospectively investigated. An indication criterion was the case with significant serosal invasion, or bulky N2 or N3 metastasis under the well informed consent by patients. **SP treatment:** S-1 (80 mg/m<sup>2</sup>, day1-21) & CDDP (60mg/m<sup>2</sup>, day8), per five weeks, and **DCS treatment:** S-1(80 mg/m<sup>2</sup>, day1-14) & DOC(40mg/m<sup>2</sup>,day1) & CDDP(60mg/m<sup>2</sup>, day1) per four weeks are performed for two course as fundamental regimen. **Results:** Success rate for two courses was 85.7%. Down staging rate was 57.1%. The rate of grade 2 or more of the response to treatment was 42.9%. Median time of operation and median amount of bleeding were 230 minutes and 182.5 ml, respectively. The rate of curative resection was 85.7%. Complication rate was 7.1%. Eighty-five percent of responder with grade 2 or more was poorly differentiated adenocarcinoma (po1-2). **Results:** The operation after NAC was feasible. NAC with the combination of SP or DCS tended to be effective for advanced gastric cancer, especially for poorly differentiated adenocarcinoma (po1-2), which can be predictive factor of the response rate to the treatment. |

SEM CONFLITOS DE INTERESSE



Pôster - Tailored multidisciplinary treatment

Ja Yeon Kim; So Hee Kim; Sook Ryun Park; Keun Won Ryu; Bang Wool Eom; Hong Man Yoon; Mi Jung Kim; Hak Gyun Kim; Young-Woo Kim; Young I Park; Byung Ho Nam; **COMPARISON OF POSTOPERATIVE COMPLICATIONS AND SURVIVAL IN ADVANCED GASTRIC CANCER PATIENT TREATED WITH OR WITHOUT NEOADJUVANT CHEMOTHERAPY BY PROPENSITY SCORE MATCHING.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 162

Various approaches have been undertaken to improve survival in advanced gastric cancer (AGC) patients, such as adjuvant or neoadjuvant chemotherapy (NAC) with or without radiotherapy. There are some concerns those NAC might increase postoperative complications and influence the survival, however, a few studies have been conducted to address these issues, especially in eastern country. Therefore, we compared postoperative complication and survival in AGC patients with or without NAC by propensity score matching (PSM). 42 patients treated with NAC followed by D2 surgery in a phase II trial of perioperative S-1 plus docetaxel were compared with 1511 patients from a prospectively collected database who underwent surgery without NAC from October 2006 to August 2008 at National Cancer Center, Korea. Clinicopathologic and surgical data were compared and PSM analysis was done in terms of age, gender, BMI, ASA score, previous operation history, clinical stage, tumor location, gross type, histology, operation type, lymph node dissection, operation time, pathologic stage, complication classification, presence of combined resection, overall survival and disease free survival. PSM was done with age, BMI, ASA score, clinical stage. Factors affecting postoperative complication and survival including NAC were analyzed using univariate and multivariate analysis. 120 patients were collected for analysis by PSM (40 patients were with NAC and 80 without NAC). Clinicopathologic factors were not significantly different between two groups by PSM except postoperative down-staged pathology in the NAC group ( $p < 0.001$ ). The postoperative complication rate was 17.5% vs 11.3% in patient with or without NAC ( $p=0.342$ ). In univariate analysis, BMI and grade 3 ASA score were significant factors affecting postoperative complications ( $p=0.049, 0.028$ , respectively). In overall survival and disease free survival, there were no significant differences between two groups. After multivariable analysis, BMI, previous operation history, and clinical stage were significant factors affecting overall survival after PSM ( $p=0.025, 0.004, 0.047$  (IIIb),  $0.009$  (IV), respectively). In disease free survival, after multivariable analysis, previous operation history and clinical stage were significant affecting factors after PSM ( $p < 0.001, 0.011$  (IIIb),  $0.002$  (IV), respectively). NAC with S-1 plus docetaxel does not increase postoperative complication and affect survival after D2 surgery in AGC patients. |

SEM CONFLITOS DE INTERESSE

Pôster - Tailored multidisciplinary treatment

Yong-heng Li; Zi-yu Li; Xiao-fan Li; Yong Cai; Jia-fu Ji; **FEASIBILITY AND EFFICACY OF PREOPERATIVE CHEMORADIOTHERAPY IN PATIENTS WITH LOCALLY ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 162

**OBJECTIVES:** To prospectively investigate the safety and efficacy of neoadjuvant radiotherapy with concurrent weekly oxaliplatin plus TS-1 (nSOXRT) or TS-1 alone (nSRT) followed by D2 resection for locally advanced gastric cancer. **PATIENTS AND METHODS:** The patients with stage IIB-IIIc gastric cancer who received chemoradiotherapy (CRT) and surgery in Peking University Cancer Hospital from March 2009 to October 2014 were enrolled. They were treated with neoadjuvant intensity-modulated radiotherapy (IMRT), given to 45 Gy to clinical targeting volume (CTV) and a concomitant boost to 50Gy to gross targeting volume (GTV) in 25 fractions, 5 fractions per week. Concurrent chemotherapy regimens included oral TS-1 (60 mg/m<sup>2</sup>/day in twice daily) plus oxaliplatin 40 mg/m<sup>2</sup> intravenously weekly or TS-1 alone (120mg/day in twice daily). Surgery was performed within 6-8 weeks after the last irradiation. **RESULTS:** Thirty-five patients were studied according to the inclusive criteria. The median age was 61 years (range 33-73), and all were male. Clinical staging were as follows: 3 cT3, 32 cT4; 1 cN1, 24 cN2, 10 cN3. Twenty-five and ten patients received nSOXRT and nSRT, respectively. All patients completed radiotherapy. Five patients cannot tolerate concurrent chemotherapy due to toxicity, with a completion rate of 85.7%. There was no grade 4 toxicity. The incidence of grade 3 toxicity was 11.4%, including: thrombocytopenia (5.7%), neutropenia (2.9%) and radiation esophagitis (2.9%). The overall response rate (CR+PR) was 62.9%(22/35). None of these patients withdrew from surgery due to toxicity; two patients did not undergo resection due to distant metastases and five due to peritoneal metastases observed in time of laparoscopic approach. Twenty-eight patients (80%) underwent radical D2 resection. Pathological complete response occurred in 8.6% (3/35) of patients. The T and N downstaging rate were 92.9% (27/28) and 89.2% (25/28), respectively. Surgery-related complications consisted of anastomotic leakage in 2 (7.1%), infection in 3 (10.7%) and hemorrhage in 2 (7.1%) patients. The perioperative mortality was nil. The median survival time was 29.6 months (95% confidence interval, 19.7-39.5 months). The 1-year and 2-year overall survival (OS) rates were 89.2% and 56.8% respectively. **CONCLUSIONS:** The present schedule of multimodality treatment for locally advanced gastric cancer showed an acceptable toxicity, promising efficacy and safety for D2 resection. |

SEM CONFLITOS DE INTERESSE

Pôster - Tailored multidisciplinary treatment

Paolo Morgagni; Manlio Monti; Franco Roviello; Giovanni De Manzoni; Daniele Marrelli; Massimo Framarini; Luigina Graziosi; Gianni Mura; Armando Santoro; Riccardo Rosati; Carlo Milandri; Uberto Fumagalli; Verena De Angelis; Andrea Rinnovati; Stefano Rausei; Luca Baiocchi; Giovanni Sgroi; Vittorio Ferrari; **FEASIBILITY STUDY OF PRE-OPERATIVE OR PERI-OPERATIVE CHEMOTHERAPY WITH DOCETAXEL, OXALIPLATIN, CAPECITABINE IN LOCALLY ADVANCED RESECTABLE GASTRIC CANCER PATIENTS IRST- IIRCCS /GIRCG MULTICENTRIC RANDOMIZED TRIAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 162

**Objective:** To assess the feasibility of pre-operative or peri-operative chemotherapy with docetaxel 35 mg/m<sup>2</sup> day 1 and 8, oxaliplatin 80 mg/m<sup>2</sup> day 1 and capecitabine 750 mg/m<sup>2</sup> x 2 daily for 2 weeks every 3 weeks in locally advanced resectable gastric cancer patients. **Methods:** Randomized phase II study in collaboration with GIRCG (Gruppo Italiano Ricerca Cancro Gastrico). After histologically confirmed diagnosis of gastric cancer, the staging system included CT/PET, chest and abdominal CT scan, laparoscopy with peritoneal cytology. **Arm A:** 2 cycles, restaging, 2 cycles, restaging and then surgery. **Arm B:** 2 cycles, restaging, surgery and then 2 cycles. **Results:** Between September 2010 and December 2014, 71 patients were randomized out of 90 planned: 36 patients were enrolled in arm A and 35 in arm B. Up to now, of 53 patients who completed the study, 36 patients (67.9%) have completed treatment according to study protocol, 1 death occurring during treatment, four patients stopped study due to investigator decision (high level of bilirubine, pathologic evaluation unfavourable, bad patient clinical condition, pulmonary embolism), 8 patients stopped study due to unacceptable toxicity (1 diarrhea and abdominal pain, 1 diarrhea and nausea, 1 peritonitis, 1 diarrhea and gastrointestinal toxicity, 1 paresthesia, 1 DPP gene mutation, 1 paresthesia, nausea and vomiting, 1 weight loss, mucositis and edema) and 4 patients stopped treatment for other causes (2 peritoneal carcinosis during surgery, 1 post-operative complications, 1 refuse to continue treatment). **Conclusions:** The study recruitment is still ongoing and it is planned to reach the protocol sample size within this year. Overall pre-operative or peri-operative chemotherapy with docetaxel, oxaliplatin and capecitabine sequences seem manageable, even if a lot of care and multidisciplinary collaboration is needed. |

SEM CONFLITOS DE INTERESSE

Pôster - Tailored multidisciplinary treatment

Hye Seong Ahn; Yeon Ju Huh; Jung Kee Chung; In Mok Jung; Young Joon Ahn; Mee Soo Chang; **OVERALL SURVIVAL RATES ACCORDING TO THE OPERATION OR NOT IN THE ELDERLY PATIENTS WITH GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 162

**Background:** Elderly patients with gastric cancer need very sophisticated treatment and patients decide to be treated or not. The purpose of this study was to analyze the survival rates according to the operation or not in the elderly patients with gastric cancer. **Methods:** We analyzed the characteristics and survival rates from the retrospectively collected database on 469 patients who were older than 70 years old diagnosed as gastric cancer at our institution between 2007 and 2012. Mean follow-up periods were 497.3±678.3 days in no treatment group and 926.0±590.3 days in operation group. **Results:** In AGC, patients were divided according to the operation or not. 72 patients underwent operation and 47 patients did not get any treatments. Mean age was older in no treatment group (81.5±6.97 vs. 75.6±4.24,  $p=0.017$ ). Comorbidity rate was similar but the rate of neurological disease were higher in no treatment group (18.2 vs. 9.7%,  $p<0.001$ ). The overall survival rate in AGC was significantly lower in no treatment group ( $p<0.001$ ). In EGC, patients were divided according to the operation or not and underwent ESD. 108 patients underwent operation and 13 patients did not get any treatments and 23 patients underwent ESD. Mean age was similar among three groups. Comorbidity rate was similar but the rate of hypertension was lower and the rate of neurological disease was higher in no treatment group. The overall survival rate in EGC was no significant difference between no treatment group and operation group and between no treatment group and ESD group ( $p=0.994$  and  $p=0.237$ ). **Conclusions:** In elderly gastric cancer patients, overall survival rate in AGC was significantly lower in no treatment group. However, overall survival in EGC was no significant difference between no treatment group and operation group or ESD group. |

SEM CONFLITOS DE INTERESSE

Pôster - Tailored multidisciplinary treatment

Eisuke Booka; Hiroya Takeuchi; Chiyo K. Imamura; Yasuo Hamamoto; Tsumehiro Takahashi; Hirofumi Kawakubo; Takuro Mizukami; Daisuke Gomi; Takashi Ichiyama; Kazunari Tateishi; Narikazu Bokur; Yusuke Tanigawara; Yuko Kitagawa; **PHARMACOKINETIC STUDY OF S-1, CONTAINING A PRODRUG OF FLUOROURACIL, IN CANCER PATIENTS WITH VARYING DEGREES OF RENAL FUNCTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 163

Background: S-1 is an oral key drug for gastrointestinal tumors widely used in Asia and Europe that contains tegafur (FT), which is a prodrug of fluorouracil (5-FU); 5-chloro-2,4-dihydropyridine (CDHP), which inhibits the rate-limiting enzyme (dihydropyrimidine dehydrogenase; DPD) of 5-FU for retaining a high concentration of 5-FU; and potassium oxonate (Oxo), which inhibits phosphorylation of 5-FU for reducing gastrointestinal toxicity. Although 5-FU elimination is not affected by renal function, more than 50% of CDHP is excreted in urine, thus the renal dysfunction causes high exposure of CDHP, which is considered to result in sustained high concentration of 5-FU inducing severe adverse reactions. However, there are no reports on the effects of renal function on pharmacokinetics of 5-FU administered with S-1 in subjects with varying degrees of renal impairment. Methods: A prospective pharmacokinetic study in cancer patients with varying degrees of renal function was conducted at three institutions in Japan. Sixteen enrolled patients received a single dose of S-1 at 40 mg/m<sup>2</sup>. A series of blood samples were taken at predefined times over 24 hours to assess the plasma concentrations of 5-FU, CDHP and FT. The relationships between these exposures and creatinine clearance (CLcr) estimated by the Cockcroft-Gault equation were investigated. Results: Four patients were entered in group A (normal: CLcr > 80 mL/min), five in group B (mild: CLcr = 60 to 79 mL/min), five in group C (moderate: CLcr = 30 to 59 mL/min), and two in group D (severe: CLcr = 15 to 29 mL/min). Nine patients underwent gastrectomy. In the patients with wide range of renal function, the correlation between the area under the concentration-time curve from 0 to 24 hours (AUC<sub>0-24</sub>) of CDHP and the CLcr was confirmed (r=0.668), as expected. In addition, the AUC<sub>0-24</sub> of 5-FU was closely correlated with the AUC<sub>0-24</sub> of CDHP (r=0.743). Based on both correlations, the AUC<sub>0-24</sub> of 5-FU was expressed as a function of the CLcr. Conclusions: This is the first report that the exposure of 5-FU administered with S-1 was affected by renal function which regulate the exposure of CDHP in human. An optimal dose of S-1 for patients with impaired renal function can be recommended by an adjustment according to renal function. Clinical trial information: UMIN000011708. |

SEM CONFLITOS DE INTERESSE

Pôster - Tailored multidisciplinary treatment

ALINE KIRJNER POZIOMYCK; LUISA JUSSARA COELHO; EDSON BRAGA LAMEU; ANTONIO CARLOS WESTON; JORGE LUIZ ANTONIAZZI; LUIS FERNANDO MOREIRA; **PREOPERATIVE NUTRITIONAL ASSESSMENT AS A PREDICTOR OF MORTALITY IN PATIENTS UNDERGOING GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 163

Introduction: Malnutrition is highly prevalent in patients with gastric cancer and is also associated with decreased response to treatment, quality of life, higher risk of postoperative infection and increased mortality. Earlier evaluation of nutritional status or correction of depletion of nutrients should minimize or eliminate morbidity and mortality related to malnutrition. Objective: The aim of this study was to compare subjective, anthropometric and laboratorial methods as predictors of mortality. Patients and Methods: Forty-four patients (29 men, 15 women) with a mean (SD) age 63 (10) years, submitted to gastrectomies were evaluated using NUTRA/PG-SGA, classic anthropometry, Adductor Pollicis Muscle (APM) thickness and laboratory methods. Results: The prevalence of deaths was 29.5% (n=13) of those investigated, and the major causes were septicemia in six (46%) and acute respiratory failure four (31%) cases. Twenty-six (59%) patients experienced weight loss greater than 10% at 6 months (p<0.001). NUTRA/PG-SGA grade II/B (ROC=0.74) was significantly associated with higher mortality (n=6) as compared to category III/C (n=6) and I/A (n=1, Fisher's exact test, p <0.027). Patients with an APM-thickness mean (SD) 11 (3.7) are at more risk to die than those with mean (SD) 14 (3) mm (ROC = 0.78). Conclusion: The present study shows that the APM-thickness and NUTRA/PG-SGA are easy and reliable parameters to predict mortality in patients undergoing gastrectomy. |

SEM CONFLITOS DE INTERESSE

Pôster - Tailored multidisciplinary treatment

HyeSeong Ahn; Yeon-Ju Heo; Jun-Young Yang; Myoung-Ho Lee; Jung Kee Chung; Mee-Soo Chang; **QUALITY OF LIFE AFTER DISTAL GASTRECTOMY FOR STOMACH CANCER IN ELDERLY PATIENTS COMPARING WITH YOUNGER PATIENTS: A SHORT TERM RESULT OF PROSPECTIVE COHORT STUDY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 163

Background: Gastrectomy for elderly patients can significantly deteriorate the health-related quality of life (QOL). This study assessed differences in QOL among patients at one month after distal gastrectomy according to age. Methods: We prospectively enrolled patients undergoing gastrectomy at our institution from April to December 2014. Participants completed the European Organization for Research and Treatment of Cancer cancer (QLQ-C30) and gastric (QLQ-STO22) questionnaires preoperatively and at one month. We compared baseline and postoperative QOL and the changes in 16 elderly patients (>75 years old) with those in 46 younger patients (<75 years old). Results: The elderly patients had significantly lower scores of pain and diarrhea in symptom scales. One month after distal gastrectomy, elderly patients had significantly deteriorated scores in global health status, physical and role functional scales, dyspnea of EORTC-C30 and functional scale of EORTC-Sto22. As for younger patients, scores in global health status, physical and role functional scales, fatigue, dyspnea and appetite loss of EORTC-C30, and functional scales, and symptom scales (dysphagia, eating restrictions, taste change) of EORTC-Sto22 were significantly worsened. However, the difference of scores in global health status, functional scales, symptom scales in EORTC-C30 and functional scales and symptom scales in EORTC-Stom22 between preoperative and one-month after were not significantly bigger in elderly patients than younger patients. Conclusions: Elderly patients had less severe preoperative symptoms than younger patients and but had similar deterioration one month after distal gastrectomy with younger patients. However, these results could be caused by lower sensitivity of elderly patients and we should be cautious about them. |

SEM CONFLITOS DE INTERESSE

Pôster - Tailored multidisciplinary treatment

Paolo Morgagni; Eleonora Colciago; Andrea Moretti; Federica Matteucci; Massimo Framarini; Luca Saragoni; Gianni Mura; Luigina Graziosi; Annibale Donini; Elisabetta Marino; Vania Rossi; Giovanni Vittimberga; Andrea Gardini; **ROLE OF 18F-FDG PET/CT IN THE PREDICTION OF RESPONSE TO NEO-ADJUVANT CHEMOTHERAPY IN ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 163

AIM Advanced gastric cancer has a poor prognosis, but neo-adjuvant chemotherapy could improve both surgery and survival. It could be relevant to know early response of the adjuvant treatment by using 18-FDG-PET/CT. MATERIALS AND METHODS From 2005 to 2014, on three different centres, we enrolled 65 patients with advanced gastric cancer (T3-T4, Nx, M0). Patients performed PET/CT at base line and at the end of the neo-adjuvant chemotherapy, before surgery. We measured activity of the lesions. Patients with negative base scan, did not performed other PET/CT. We compared PET activity with histopathological Becker scale concerning the regression of the disease. RESULTS Two patients had a negative base line PET/CT. 39,6% of patients were classified as Becker 1, 26,4% as Becker 2 and 34% as Becker 3. Average pre-treatment SUV reduction after treatment for patients then classified as Becker 1 was 43%. Average pre-treatment SUV reduction after treatment for patients then classified as Becker 3 was 44%. CONCLUSIONS We did not find significant correlation between histopathological regression after neo-adjuvant treatment and metabolic PET/CT status. |

SEM CONFLITOS DE INTERESSE

Pöster - Tailored multidisciplinary treatment

Mehmet İlhan; Ali Fuat Kaan Gök; Suleyman Bademler; Yigit Soytaş; M Kayihan Gunay; Hakan Yanar; Cemalettin Ertekin; Recep Guloglu; **SURGICAL OUTCOMES IN PATIENTS WITH LOCALLY ADVANCED GASTRIC CANCER TREATED WITH EFC AND CONCURRENT RADIOTHERAPY AS NEOADJUVANT CHEMOTHERAPY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 164

Background: We wished to evaluate the impact of EFC (epirubicin, cisplatin and fluorouracil (5-FU)) as neoadjuvant chemotherapy (CT) on surgical outcomes after gastrectomy with D2 lymphadenectomy. Methods: From December 2012 to December 2014, 162 patients with American Joint Committee on Cancer (AJCC) stage III-IV gastric cancer were assessed retrospectively. Fifteen patients underwent neoadjuvant chemotherapy before radical gastrectomy, and 117 patients received adjuvant chemotherapy after surgery. Other 30 patients did not accept the chemotherapy. Patients received EFC with concurrent radiotherapy as neoadjuvant (two cures) or adjuvant chemotherapy (three cures without radiotherapy), and this schedule was repeated every 3 weeks. Gastrectomy with D2 lymphadenectomy was standard therapy for each patient. Surgical outcomes between the two groups were analyzed statistically. Results: The most common postoperative complications were surgical site infection (Neoadjuvant CT Group %13.3 (n=2), Adjuvant CT group %11.9 (n=14) and gastrointestinal motility disorders (%20 (n=3) vs. %15.3 (n=18). There was no significant difference in the total prevalence of complications between neoadjuvant and adjuvant groups. Two patients (13.3%) had a pathological complete response after neoadjuvant chemotherapy. The EFC regimen as neoadjuvant chemotherapy for AJCC stage III-IV gastric cancer can be effective without increasing the risk of postoperative complications. Conclusions: The EFC regimen could be a neoadjuvant chemotherapy for advanced gastric cancer. Although only a limited number of patients revealed complete pathological response further prospective studies are needed. |

SEM CONFLITOS DE INTERESSE

Pöster - Tailored multidisciplinary treatment

Aya Maekawa; Takeshi Nagahama; Keiichi Fujiya; Katsunori Ami; Masayuki Ando; Kuniyoshi Arai; **TRASTUZUMAB COMBINED WITH CHEMOTHERAPY IN HER2-POSITIVE GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 164

Background ?Based on the current gastric cancer guideline, capecitabine and cisplatin (XP) combined with trastuzumab (HXP) is the first-line treatment for unresectable human epidermal growth factor receptor 2 positive (HER2+) advanced gastric cancer. ?Here we report 5 cases of HER2+ gastric cancer treated with HXP regimen. Case presentation The 5 cases include 1 case of recurrent liver metastases after curative resection (tub2), 1 case of post palliative resection with lung metastases from initial visit (tub1), 1 case of unresectable advanced cancer with liver metastases (tub1), and 1 case of spinal recurrence after curative resection (sig). The 3 cases of liver metastasis had a history of pretreatment of TS-1 and cisplatin (SP). HER2+ was revealed in 2 cases after progression and in 1 case after the first course of SP regimen. In all 3 cases, we switched to HXP regimen. Tumor regression was seen in 3 out of 4 cases; 1 patient chose to discontinue treatment, and the same regimen is being continued in 2 cases (5th course and 9th course each). On the other hand, no antitumor effect could be seen in recurrent liver metastases cases after curative resection, and the efficacy was unclear in undifferentiated cancer with spinal recurrence. ?Although adverse events such as myelosuppression were seen, we have not experienced adverse events unique in trastuzumab, such as cardiac failure up to now. Discussion ?Of the 5 HER2+ cases we experienced, 4 cases were differentiated gastric cancer associated with organ metastases. HXP regimen showed antitumor effect in a high ratio of 3 out of 4 cases, with no great difference in side effects. Therefore we believe it is a highly effective regimen for HER2+ cases. Moreover, the effectiveness of HXP regimen regardless of pretreatment indicates the efficacy of trastuzumab itself. ?Currently, trastuzumab is recommended only when combined with XP regimen, and its use is limited in advanced unresectable recurrent cancer. However, considering its efficacy, we suggest the necessity of evaluating safety and efficacy of combining trastuzumab with other regimens such as SP regimen, or with TS-1 as postoperative adjuvant chemotherapy. |

SEM CONFLITOS DE INTERESSE

Pöster - Noncurative treatment

Yong Cai; **A PHASE I/II TRIAL OF TS-1 CONCURRENT WITH RADIOTHERAPY IN PATIENTS WITH NON-RESECTABLE GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 164

OBJECTIVES:As there is no standard treatment for unresectable advanced gastric cancer, the safety and feasibility of TS-1 combined with concurrent radiotherapy should be evaluated. This prospective phase I/II trial aims to determine the recommended dose (RD) of TS-1 combined with radiotherapy (phase I study), and to evaluate the its safety and efficacy (phase II study). PATIENTS AND METHODS: A prospective phase I/II clinical trial was designed and conducted for patients with unresectable gastric cancer. The patients were treated with IMRT. A prescribed dose of 45 Gy/25fractions to CTV, and a boost of 10Gy to the GTV were delivered. All patients were given concurrent chemotherapy using TS-1 (twice daily, 5 days per week). In phase I part, the dose of TS-1 was escalated to estimate the maximum-tolerated dose (MTD) and recommended dose (RD). At least three patients were included in each group of four escalated TS-1 dose levels (50, 60, 70 and 80 mg/m<sup>2</sup>/day). In phase II part, the toxicity and efficacy of TS-1 at RD level were assessed. RESULTS:Between June 2010 and November 2014, 34 patients with non-resectable gastric cancer were enrolled. In phase I part (n=15), the MTD of TS-1 was estimated to be 80 mg/m<sup>2</sup>, as > 33.3% of patients (2/3) developed DLT. DLT included grade 3 febrile neutropenia lasting more than 4 days and grade 3 fatigue. Therefore, the RD of TS-1 was estimated to be 70 mg/m<sup>2</sup>. In the phase II part, 19 patients were treated with 70 mg/m<sup>2</sup> TS-1 combined with radiotherapy. Grade 3/4 toxicities were observed including gastrointestinal (5%), haematological (11%), anorexia (5%) and fatigue (5%). The overall response rate (CR+PR) was 20.6%(7/34). The median follow-up time was 13.8 months. The median survival time was 17.6 months (95% confidence interval, 10.6-24.6 months). The 1-year and 2-year overall survival (OS) rates were 70.9% and 24.1% respectively. Of all patients, 91.2%(31/34) and 82.4%(28/34) completed radiotherapy and concurrent chemoradiotherapy respectively, indicating that this regimen could be given repeatedly. CONCLUSIONS: TS-1 combined with radiotherapy was feasible, safe, and efficient to treat unresectable gastric cancer patients. Short-term outcomes were promising, but further study of larger population should be conducted. Keywords: TS-1, Chemoradiotherapy, Non-resectable Gastric cancer |

SEM CONFLITOS DE INTERESSE

Pöster - Noncurative treatment

Marcus Fernando Kodama Pertille Ramos; Osmar Kenji Yagi; Andre Roncon Dias; Donato Roberto Mucerino; Fabio Pinatel Lopasso; Cláudio José Caldas Bresciani; Carlos Eduardo Jacob; Marcelo Mester; Leandro Cardoso Barchi; Brian Coimbra; Ulysses Ribeiro Junior; Bruno Zilberstein; Ivan Ceconello; **GASTRIC PARTITIONING SURGERY FOR THE TREATMENT OF GASTRIC OUTLET OBSTRUCTION IN PATIENTS WITH UNRESECTABLE DISTAL GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 164

INTRODUCTION: Surgical palliation of gastric outlet obstruction when resection can't be performed is traditionally achieve with gastro-entero anastomosis. The addition of a partitioning procedure creating 2 gastric chambers may improve gastric emptying, decrease tumoral bleeding and prolong overall survival OBJECTIVE: To review the results of gastric partitioning with gastrojejunostomy for the treatment of gastric outlet obstruction in patients with unresectable distal gastric cancer. METHOD: Retrospective and descriptive analyses of cases submitted to the procedure at the Digestive Surgery Division of University of São Paulo Medical School. RESULTS: Twenty nine patients with gastric outlet obstruction due to gastric cancer were submitted to the procedure in the last seven years. The mean age was 67 years old. Seven patients (24.1%) had BMI lower than 18.5. Hemoglobin level below 10 g/dL was presented in 18 patients and hypoalbuminemia (<3.5 g/dL) in nine patients. Seventeen patients (58.6%) had a Gastric Outlet Obstruction Score (GOOS) of 0 or 1 meaning that they could only eat liquid diet. Eight patients (27.5%) could eat soft food (GOOS=2) and four patients (13.7%) low residue or normal diet (GOOS=3). All patients had an ECOG score of 1 or 2. The mean duration of the procedure was 164 minutes. Some cases took more time because tumor resection was attempted. GOOS after the procedure was 2 or 3 in 27 (93.1%) of patients after 4,8 days on average. Four patients had minor surgical complications (Clavien-Dindo I-II) and 2 patients (6.8%) died (Clavien-Dindo V) 10 days after the procedure. The mean hospital stay was 8.6 days. The overall survival was 267 days and the patients were able to eat and perform palliative chemotherapy satisfactorily during this period. CONCLUSION: Gastric partitioning with gastrojejunostomy is a good method for the treatment of gastric outlet obstruction. |

SEM CONFLITOS DE INTERESSE

Pôster - Noncurative treatment

Mayumi Kondo; Shigenori Kadowaki; Azusa Komori; Yukiya Narita; Toshiki Masuishi; Motoo?Nomura; Hiroya Taniguchi; Takashi Ura; Masashi Ando; Kei Muro; **MODIFIED FOLFOX6 CHEMOTHERAPY AS 1ST LINE TREATMENT FOR ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 165

**Introduction:** S-1 plus cisplatin (SP) therapy has been recognized as the standard first-line treatment for advanced gastric cancer in Japan. But the SP regimen is not suitable for patient with kidney failure, massive ascites and poor oral intake. We report the efficacy and toxicity of a modified FOLFOX-6 (mFOLFOX-6) regimen as a first-line chemotherapy regimen for patients with advanced gastric cancer (AGC).**Method:** From October 2010 to December 2013, eight patients with AGC received mFOLFOX6 therapy as first line treatment. In mFOLFOX6 therapy, 85 mg/m(2) oxaliplatin, 400 mg/m(2) 5-fluorouracil and 200 mg/m(2) leucovorin on Day 1 were administered biweekly by intravenous infusion, followed by the administration of 2400 mg/m(2) 5-fluorouracil by a 46-h continuous infusion. **Result:** Men/women=7/1, the median age of the patients was 62 years (range 40-93). A median of 10 (range, 2-22) chemotherapy cycles were administered. Five of eight patients showed partial response (response rate, 62%) and ascites decreased markedly in one patient. The progression-free survival was 5.6 months, and the median survival time from the initiation of m FOLFOX-6 therapy was 11.6 months. Three of eight patients were treated without 5-FU intravenous infusion because of anemia and poor performance status (PS). Although the grade 1?2 non hematologic toxicities observed included nausea (25%), peripheral sensory neuropathy (12.5%), and allergic reaction (12.5%), there were no grade 3-4 toxicities. No patients discontinued mFOLFOX therapy because of side effects. **Conclusion:** The modified FOLFOX-6 regimen is effective and well tolerated as a first-line chemotherapy regimen for AGC patients who were difficult to treat with cisplatin because of massive ascites and poor oral intake. |

SEM CONFLITOS DE INTERESSE

Pôster - Noncurative treatment

Andrii Sydiuk; Yuri Dumansky; Elena Sydiuk; **NEW APPROACHES IN CHEMOTHERAPY OF METASTATIC UNRESECTABLE GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 165

**Purpose:** To improve the long outcomes of treatment of patients with unresectable metastatic gastric cancer by development and application of methods of regional intra-arterial and intralymphatic chemotherapy. **Materials and Methods:** The analysis of results of treatment embraces 125 patients with the unresectable metastatic gastric cancer aged from 32 to 80 who were treated in Donetsk regional anticancer centre from 2000 to 2009, and got intra-arterial, intravenous and intralymphatic chemotherapy. **Results:** It was found out that intralymphatic chemotherapy leads to 11.6 months of median survival for the patients with a primary lesion of the parietal peritoneum and retroperitoneal lymph nodes. The same method gives 6.5 months of median survival to the patients with metastatic lesion in liver and pancreas. A higher survival in patients with metastases in the liver and pancreas (12.4 versus 4.5 months) was achieved by intra-arterial chemotherapy. Patients with intravenous chemotherapy have the same (8.9 and 8.8 months) survival in both groups. **Conclusion:** The research proves that intralymphatic chemotherapy is more effective at the mainly metastatic defeat of parietal peritoneum and extraperitoneal lymphatic nodes, while intra-arterial chemotherapy is more effective at the presence of metastasis in a liver and pancreas. |

SEM CONFLITOS DE INTERESSE

Pôster - Noncurative treatment

Wilson Luiz da Costa Jr; Márcio Carmona Marques; Felipe José Fernández Coimbra; Alessandro Landskron Diniz; Héber Salvador de Castro Ribeiro; André Luis de Godoy; Igor Correia de Farias; Antonio Moris Cury Filho; **NONCURATIVE RESECTIONS FOR GASTRIC CANCER PATIENTS. IS THERE A GROUP THAT WOULD BENEFIT FROM IT?** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 165

**INTRODUCTION:** Noncurative resections in gastric cancer have long been recommended for patients with metastatic or irresectable disease. However, its higher morbidity rates and the more efficient recent chemotherapy regimens have demanded a more accurate selection for patients who would benefit from this surgery. The aim of this study is to analyze the results of gastric cancer patients treated with a noncurative resection in a single cancer center through a long period of time. **METHODS:** Medical charts of all gastric cancer patients treated with a noncurative resection between January 1988 and December 2012 were analyzed. Three separate groups were included: individuals with metastatic disease who were resected; subjects who had a resection with macroscopic residual disease; and patients whose resection was deemed curative but who had microscopic positive margins or positive peritoneal cytology. Morbidity, mortality and survival prognostic factors were analyzed. **RESULTS:** In the period, 223 patients were resected, 159 due to metastatic disease, while 64 had M0 tumors, but their resections were noncurative because of gross residual disease (33 R2), positive margins (R1) or positive cytology (31). A distal gastrectomy was performed in 127 patients and a total resection in the other 96, with a more limited lymph node dissection in 66% of cases. An extended resection was deemed necessary in 55 individuals (24.7%). Overall morbidity was 27.8%, with pneumonia and intraabdominal abscess being the most common complications (8.5% and 6.7%, respectively), and 60-day mortality was 8.2%. Male gender, extended resection, lymphatic invasion and lymph node metastasis were prognostic factors for morbidity, whereas lymphatic invasion and distant metastasis site were associated with a higher mortality. Median survival was 10 months for the whole group (9 months for the individuals with M1 disease and 11 months for those whose resection was not R0). Three patients with positive microscopic margins had long-term survival, all over 5 years. The analysis of prognostic factors for survival demonstrated that ASA 3 and 4 and lymph node metastasis were associated with worse survival. **CONCLUSION:** Noncurative resections for metastatic gastric cancer is associated with high mortality rates and survival results that are similar to the ones observed with chemotherapy alone. It may be considered in very selected patients with favorable prognostic factors. |

SEM CONFLITOS DE INTERESSE

Pôster - Noncurative treatment

Chen Wei; Dang Chengxue; Zhu Kun; Li Kang; Yan Rong; **RESEARCH PROGRESS OF ONCOLYTIC ADENOVIRUS IN THE DIAGNOSIS AND TREATMENT OF GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 165

Virus was found helpful in treatment of tumor since the 20th century. Although many researches in vitro had conformed its specificity and safety, its actual effect in clinical study is far from expectation. But the development of molecular biology like genomics, proteomics and immunomics provides new choices of targeting strategies. And the research of oncolytic adenovirus has been a hotspot. Gastric cancer is the 3rd tumor all over the world, and there is an escalating trend of its morbidity in china those years. We try to summarize the research progress of oncolytic adenovirus in the diagnosis and treatment of gastric cancer from the point of mechanism. Finally we give a prospect of development strategies of oncolytic virus. |

SEM CONFLITOS DE INTERESSE



Pôster - Noncurative treatment

Hongli Li; Yan Li; Yuanyuan Liu; Dingzhi Huang; Ming Bai; Shaohua Ge; Ting Deng; Rubin Han; Rui Liu; Xia Wang; Likun Zhou; Tao Ning; Le Zhang; Yi Ba; **THE INCIDENCE AND IMPACT OF WEIGHT LOSS WITH CACHEXIA IN GASTRIC CANCER PATIENTS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 166

**Abstract Introduction:** Cachexia is prevalent in gastric malignancies and is associated with decreased survival, frequent hospitalizations and increased healthcare costs. Recently, an international consensus statement has defined cancer cachexia as a multifactorial syndrome with loss of lean body mass and progressive functional impairment. **Objective:** Our goal was to determine the prevalence of cachexia among gastric cancer decedents using weight loss and BMI criteria in Tianjin Medical Cancer Center (Tianjin, China). **Material and methods:** We included gastric cancer patients consecutively admitted to our hospital for chemotherapy between Jan 2012 and Dec 2013 in this study. Nutritional risk was evaluated using PG-SGA and NRS 2002. Cachexia was defined as  $\geq 5\%$  weight loss in the last six months or Body Mass Index (BMI)  $\geq 20$  with weight loss  $\geq 2\%$ . Baseline assessments included: hand-grip strength, quality of life (QoL), CBC and differential counts, albumin, prealbumin and C-reactive protein (CRP). **Results:** 165 gastric cancer patients were evaluated, 64.8% males and 35.2% females, with the mean age of  $58.2 \pm 12.6$  years. 73.3% (n = 121) of patients met the criterion for cachexia, had significantly different albumin g/L (mean  $39.7 \pm 10.5$  vs  $36.2 \pm 11.2$ ,  $p < 0.05$ ), prealbumin g/L (mean  $0.18 \pm 0.03$  vs  $0.2 \pm 0.04$ ,  $p < 0.05$ ), hemoglobin g/L (mean  $114.8 \pm 23.8$  vs  $121.2 \pm 26.1$ ,  $p < 0.05$ ), and CPR mg/L ( $9.6 \pm 2.3$  vs  $2.7 \pm 0.4$ ,  $p < 0.01$ ). Gastric cancer patients with cachexia received less chemotherapy (mean  $71.3 \pm 19.8\%$  vs  $87.7 \pm 22.3\%$ ,  $p < 0.01$ ) due to hematological toxicity. **Conclusion:** There is a high prevalence of weight loss consistent with cachexia in gastric cancer patients with significantly decreased albumin, prealbumin, and hemoglobin, and tolerance to chemotherapy. Cachexia therapy should be initiated at diagnosis and concurrently with antineoplastic therapy. |

SEM CONFLITOS DE INTERESSE

Pôster - Neuroendocrine tumors

Rajasekaran.K; JohnRose John Grifson; Thirumarachelvan Perungo; Duraisamy Bennet; M.Gnanasekar; Anbalagan Amudhan; R.Prabhakaran; P.Selvarathinam; D.kannan; S.M.Chandramohan; **MANAGEMENT OF GASTRIC CARCINOID -OUR EXPERIENCE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 166

**Introduction:** Carcinoid tumors are rare, slow-growing tumors that originate in cells of the diffuse neuroendocrine system. Gastric carcinoids may be associated with chronic atrophic gastritis. Most gastric carcinoids are enterochromaffin-like (ECL)-cell carcinoids; rarely, other types may occur in the stomach. **Methodology:** This is a retrospective study from our prospectively maintained database. We had five patients of which three were women. They belonged to the age group of 41 to 63 years. Most of them presented with dyspeptic symptoms, nausea, vomiting, epigastric discomfort and loss of weight. Evaluation included biochemical marker studies, upper gastroduodenoscopy, histology with immunohistochemistry for gastrin receptor, chromogranin and Ki-67, CT scan and (68)Ga-DOTATOC PET/CT. Two of them had solitary polypoid nodules in the stomach. One had an ulcerated lesion of the proximal body. One had multifocal body and fundal lesions with a solitary celiac lymph node positive for DOTATOC uptake. One patient had antral ulcerated lesion with bilobar hepatic metastasis. All these patients had elevated Chromogranin A levels and gastrin levels. **Results:** Four of them had associated chronic atrophic gastritis. One patient had endoscopic excision. One patient had a sleeve excision. Two patients had total gastrectomy. One patient had subtotal gastrectomy and metastasectomy. Postoperative histopathology confirmed the completeness of excision. The patient with hepatic metastasis died of disease recurrence ten months after the primary surgery followed by adjuvant therapy. One patient with proximal stomach lesion developed metastatic recurrence four years following primary surgery and was given salvage chemotherapy. He died of progressive disease. All the other patients are on regular followup. **Conclusion:** Early localized lesions can be treated with endoscopic excision. Complete surgical resection of the DOTATOC positive primary tumor and metastatic tissues remains the optimal therapy. The association between plasma CgA levels and disease severity is established. The degree of expression of Ki-67 is an important prognostic factor. Timely diagnosis and multidisciplinary approach gives optimal survival benefit to the patient in this rather uncommon disease. |

SEM CONFLITOS DE INTERESSE

Pôster - Neuroendocrine tumors

Fernando Ponce Leon; Guilherme Pinto Bravo Neto; Elizabeth Gomes dos Santos; Gabriela Viana Vizzoni; **TYPE 1 MULTIPLE GASTRIC NEUROENDOCRINE TUMORS - CASE REPORT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 166

**Introduction:** Gastric neuroendocrine tumors are rare, with an incidence of approximately 0.5 - 1.0 per 100,000 inhabitants. They are associated with hypergastrinemia resulting from autoimmune atrophic gastritis and, therefore, are found more commonly in elderly patients, particularly women, with atrophic gastritis and are often associated with pernicious anemia. In general they are diagnosed incidentally in patients undergoing gastroscopy as part of an evaluation for anemia. They usually are well-differentiated and have indolent behavior and good prognosis. We report a case of a young female patient with atypical symptoms and multiple gastric neuroendocrine tumors. **Case Report:** A 37-year-old woman, with previous diagnosis of rheumatoid arthritis and uterine polyposis disease, in regular and prolonged use of non-steroidal anti-inflammatory drugs, corticoid therapy and proton pump inhibitors, who started complaints about asthenia and anorexia. Blood exams showed anemia and gastroscopy demonstrated multiple polypoid lesions of various sizes in fundus and proximal corpus and an ulcerated lesion in the posterior wall of corpus measuring 6.0 cm. Endoscopic biopsies were compatible with neuroendocrine tumors. Computerized tomography of the abdomen also revealed a cystic lesion in the upper limit of the central region of the pancreas. The patient underwent surgery in August 2014 when a total gastrectomy with D2 lymphadenectomy was performed. The cystic lesion adjacent to the pancreas was resected and its interior was filled with a thick mucus secretion. The histopathologic report confirmed multiple well-differentiated gastric neuroendocrine tumors with metastatic invasion of four of the 34 lymph nodes resected. Evaluation of the cyst demonstrated ovarian-like tissue. The post-operative period was uneventful and the patient is doing well and with no residual disease or recurrence so far. **Conclusion:** demonstrated ovarian-like tissue. The post-operative interval occurred without problems, with the patient being discharged without any complications. The patient maintains the follow up treatment with the Surgical and Oncological teams, without any report and residual disease or recurrence so far. |

SEM CONFLITOS DE INTERESSE

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## VIDEOS / VÍDEOS

Video - Technical aspects in open resections

Xiangdong Cheng; Yian Du.; D2+( NO.14V, NO.13, NO.12B, NO.12P, NO.8P) RADICAL RESECTION FOR ADVANCED GASTRIC CANCER WITH PYLORIC OBSTRUCTION. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 167

A 53-year-old woman was referred to our hospital due to "upper abdominal fullness with dull pain for 3 months, with intermittent nausea and vomiting for 10 days." Gastroscopy suggested a huge, solid ulcer at the antrum close to the pylorus, involving the pylorus and resulting in pyloric stenosis. CT: huge tumor in the antrum, considered as gastric antral carcinoma, infiltrating through the serosa with metastases to multiple lymph nodes surrounding the stomach and superior area of the pancreas. Preoperative chemotherapy with Taxol 240 mg/d1 and S1 60 mg bid po d1-14 was administered and repeated for three weeks. After 3 courses, CT showed significantly reduced volume of the antral tumor, and lymph nodes around the stomach and the pancreas were not as obvious as before. PR was achieved following chemotherapy. So , a distal gastrectomy with D2+ lymphadenectomy, including dissection of No.14v, No.13, No.12b, No.12p, No.8p group lymph nodes, was performed. Postoperative pathological examination: chronic inflammation with ulceration in the mucosa of the posterior wall of the antrum, with a small amount of degenerated adenocarcinoma with interstitial fibrosis in the mucosal and serosal layers; lymph nodes 0/36. Three cycles of adjuvant chemotherapy were delivered after surgery. No sign of recurrence was observed during the 2 years of postoperative follow-up | <http://youtu.be/dY4wQ333sdE>

Vídeo - Technical aspects in open resections

Igor Shchepotin; Andrii Lukashenko; Kolesnik O; Priymak V.; SUBTOTAL GASTRECTOMY WITH RIGHT HEMIHEPATECTOMY, D2 LYMPHATIC DISSECTION AND PRESERVING OF THE LEFT ABERRANT HEPATIC ARTERY. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 167

It is very important to keep the integrity of the hepatic artery blood supply in patients treated by gastrectomy. Knowing and identifying hepatic artery anomalies is helpful to avoid injuring them during the procedure of gastrectomy with D2 lymphatic dissection in patients with gastric cancer. Methods: Aberrant hepatic artery was identified by multislice computed tomography. Hepatic artery anomalies were classified by the Michels method. Case report. A 45-year-old male patient with metastatic Borman type II gastric cancer and huge synchronous hepatic metastasis localized in the right hemiliver. Results: Multivisceral resection - subtotal gastrectomy with right hemihepatectomy with D2 lymphatic dissection was performed. Hepatic artery anomaly was diagnosed as Michels type II, with a replaced left hepatic artery arising from the left gastric artery. The aberrant hepatic artery was successfully preserved during the operation, with no surgical and postoperative complications. Preoperative CT and angiography should play a critical part in the preoperative evaluation of hepatic artery anomalies for gastric cancer patients especially in cases of multivisceral resections with major hepatic resections. | <http://youtu.be/C19VZp-DPlk>

Video - Technical aspects in open resections

Igor Shchepotin; Andrii Lukashenko; Kolesnik O; Priymak V.; **TOTAL GASTRECTOMY WITH DISTAL PANCREATOSPLENECTOMY (HAND-SUTURING ESOPHAGEAL ANASTOMOSE)**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 168

**Objectives:** Gastric cancers are the second most common cause of cancer death worldwide. In the majority of countries, gastric tumors are diagnosed at advanced stages. The overall prognosis and survival of patients with advanced gastric cancer is generally poor. One of the most powerful predictors of outcomes in gastric cancer surgery is an R0 resection. However, the extent of the required lymphatic dissection during surgical resection for advanced gastric cancer are controversial. **Methods:** The author present case of a patient with a T4 gastric tumour who underwent an open multivisceral en bloc resection (total gastrectomy and partial pancreatectomy) and extended aortocaval D3 lymphadenectomy. The pancreatic dissection was performed in the manner of radical antegrade modular pancreatosplenectomy (RAMPS) technique which used for distal pancreatic cancer. **Results:** Multivisceral surgical resection for cure was successfully performed in a 69-year-old woman suffering from a gastric cancer associated with direct invasion to the pancreatic body and splenic vessels. The patient presented with gastric outlet obstruction, upper abdominal pain. The patient's postoperative course was uneventful. Nine months after surgery, she has no recurrence or distal metastasis. **Conclusions:** Total Gastrectomy with multivisceral resection - RAMPS with extended D3 lymphatic dissection can be safely pursued in patients with locally advanced gastric cancer to achieve an R0 resection. | <http://youtu.be/VVrRu9xY9I>

SEM CONFLITOS DE INTERESSE

Video - Early gastric Cancer

MING XU MING XU; **THE APPLICATION OF ENDOSCOPIC SUBMUCOSAL TUNNEL DISSECTION( ESTD) IN TREATING EARLY CARDIAL CANCER AND PRECANCEROUS LESIONS**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 168

**Abstract:** Objective To research and analyze the application value of endoscopic submucosal tunnel dissection(ESTD) in treating early cardia cancer and precancerous lesions? **Methods** 10 patients with early cardia cancer or precancerous lesions were detected by endoscopy and endoscopic ultrasonography?both cases were treated by endoscopic submucosal tunnel dissection? **Results:** 10 lesions were all cut integrity?the diameter of lesions were between 1.5 to 2.5 cm? Operation time were 40 ?120 min? The base and edge of specimen had no residual lesion by pathological detect? 6 cases bleed in operation? No delayed hemorrhage and perforation? Re-examination 3 month later presented there were no recurrence? Conclusion ESTD is a fast?security?simple method in treating the early cancerous dosesas? |

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery

Hisayuki Matsushita; Akio Kaito; Tomoka Toyota; Takao Inada; Hideaki Shimizu; **A NEW METHOD OF LAPAROSCOPIC TOTAL GASTRECTOMY BY RESECTING THE ABDOMINAL ESOPHAGUS AT THE BEGINNING OF THE OPERATION**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 168

In case of laparoscopic total gastrectomy with D2(LTG) for gastric cancer, one of the most difficult point is to maneuver the pancreas in order to resect No. 11p and 11d. To overcome this difficulty, we performed a new approach. It begins with the resection of the abdominal esophagus in order to maneuver the fornix and the pancreas from the retroperitoneum. We will present the details and the merits of this new strategy. After exposing the crus and the whole abdominal esophagus, we resect the abdominal esophagus using an endoscopic linear stapler. By pulling the distal stump of the esophagus in the caudal direction, you can easily dissect the post pancreatic fascia from the Toldt fusion fascia. The left inferior phrenic artery is exposed during this procedure and the branch that leads to the esophagus is resected and N0.2 lymph node is retrieved. The fornix is drawn in such a way so that the gastrosplenic ligament can be dissected from cranial to caudal direction. After the duodenum is resected using an endoscopic linear stapler, the supra pancreas lymphnodes are finally resected. ?There are several merits to this new method. Firstly, because the esophagus and the duodenum is already dissected, it enables the assistant to hold the retrieving fat and lymph nodes like a screen, so that the operator can easily remove the No. 11p/d by just dissecting the tissue along the splenic artery. Secondly, the branch of the left inferior phrenic artery can be easily detected after the resection of the abdominal esophagus. By pulling the resected stump, the branch naturally shows up between the post pancreatic fascia and the Toldt fusion fascia, which enables the accurate resection of the branch and complete resection of the No.2 lymph node. Also, preserving the inferior phrenic artery means dissecting along the correct layer between the post pancreatic fascia and the Toldt fusion fascia. So the inferior phrenic artery can be an indication to as whether you are dissecting between the correct layer. Thirdly, it is easier to expose the gastrosplenic ligament from the cranial direction rather than extending the dissection from the greater omentum. A better surgical view can be obtained and risks of damaging the spleen can be reduced. In conclusion, our new method of resecting the abdominal esophagus at the beginning of the operation, is beneficial for the No.11p/11d resection in LTG. |

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery

BRUNO ZILBERSTERIN; LEANDRO CARDOSO BARCHI; MAURICE YOUSSEF FRANCISS; GUILHERME TOMMASI KAPPAZ; CELY MELLO DA COSTA BUSSONS; EDISON DIAS RODRIGUES FILHO; RENATO RIBEIRO DE ARAUJO PEREIRA; RICARDO STAFFA; **D2 TOTAL LAPAROSCOPIC GASTRECTOMY : SIMPLIFIED RECONSTRUCTION PROCEDURE**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 168

**Introduction:** In Brazil, gastric cancer is the fourth most common malignancy among men and sixth among women. In both genders, the incidence increases from 35-40 years old. Although the incidence to be decreasing, mortality remains high. Stomach cancer has its prognosis and treatment defined by the location and staging of tumor and number of lymph nodes resected and affected. Its location is varied whether or not the gastroesophageal junction, or more rarely invading the duodenum. In several reviews can show that over 50% of patients with early cancer can be completely cured when dry, while proximal cancers can be cured in less than 20% of the time, even in early stage Over the years the total gastrectomy with D2 lymphadenectomy has become the surgical treatment for advanced gastric cancer and is a challenge in minimally invasive surgery, mainly due to the difficulty of reconstruction of the alimentary tract. **Purpose:** The aim of this video is to demonstrate the technical steps of total gastrectomy with D2 lymphadenectomy and Roux Y reconstruction totally by laparoscopy in patients with advanced gastric adenocarcinoma. **Patient and Methods** A 45 years old, male who presented with epigastric burning pain and feeling of early satiety in the prandial period belong five months. With endoscopy research showed lesions in small curvature region of approximately 3 cm, with infiltrating and ulcerated aspect. Histopathological demonstrating gastric adenocarcinoma. The patient underwent total gastrectomy totally laparoscopic D2 lymphadenectomy and reconstruction Roux-Y **Conclusion** The total gastrectomy with extended lymphadenectomy and reconstruction remain a challenge in minimally invasive approach. However, it is feasible and safe with the principles of cancer surgery when performed by surgeons with extensive experience in surgery and conventional laparoscopic gastric cancer. | <http://youtu.be/4RYjDEo9fMM>

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery  
Maher Musleh; Enrique Lanzarini; Juan Carlos Molina; Luis Gutierrez; Carlos Dominguez; Gustavo Martínez; Italo Braghetto; **ESOPHAGOJEJUNOSTOMY: RECONSTRUCCIÓN Opciones AFTER TOTAL LAPAROSCOPIC GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 169

The minimally invasive surgery has been positioning itself as an alternative in the surgical treatment of gastric cancer. Among the considerations when performing laparoscopic total gastrectomy, the intracorporeal esophagus-jejunal anastomosis represents a challenge. **OBJECTIVE** The purpose of this video is to show the technical aspects in detail of different options in construction of the esophagus-jejunal anastomosis after laparoscopic total gastrectomy. this video shows the technical details of making esophagojejunal anastomosis in four different ways. esophagojejunosotomy handsewn. then the technique with circular stapling device Orvil, then the mechanical anastomosis without Orvil circular device and finally anastomosis with linear stapler shown. . all reconstruccion techniques were performed as intracorporeal by the same team Discussion This video shows different ways to perform the most difficult anastomosis after total gastrectomy, regardless of the technique used, requires skill and training of the surgeon, being more reproducible and less technically demanding mechanical anastomosis. |

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery  
Deqing Wu.; **LAPAROSCOPIC ASSISTANT UNCUt-ROUX-EN-Y GASTROJEJUNOSTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 169

The Roux stasis syndrome was proved can be reduce 62.7% by the uncut Roux-en-Y gastrojejunostomy and the open operation was save and feasible. Now we finished the uncut Roux-en-y gastrojejunostomy by laparoscopic assistant. Three main steps are included in this procedure: 1. Gastrojejunostomy: We first made a hole at the border of the gastric stump and greater curvature, and then made another hole on the antemesenteric side of the jejunum, 20 cm from the Treitz ligament. The affluent limb was aligned to the lesser curvature, and an antecolic side-to-side gastrojejunostomy was made using a linear stapler ?Echelon Flex 60mm,Blue?. The common opening was closed using the linear stapler?Echelon Flex 60mm,Blue?, in accordance with the principles of delta anastomosis. 2. Jejunojejunostomy: A side-to-side anastomosis was made between the proximal and distal jejunum using the linear stapler?Echelon Flex 60mm,White?. The anastomosis was 10 cm from the Treitz ligament on the affluent limb, and 25 cm from the gastrojejunostomy on the effluent limb. The common opening was closed using the linear stapler?Echelon Flex 60mm,White?, in accordance with the principles of delta anastomosis. 3. Sealing of the affluent limb: The midpoint of the affluent limb (5 cm each to the gastrojejunostomy and jejunojejunostomy) was pulled out of the abdominal cavity through a small epigastric incision and subsequently sealed with two stapler firings(TX30, Blue). Twenty three patients were performed by laparoscopic assistant uncut-Roux-en-Y gastrojejunostomy in our team last year. 65 minutes were spend to finish the digestive tract conduction for the first patient, and then 21 minute we spend in the last case. Perioperative complication were found in 4 of them, but no operation relative. No patient die for this operation. So it is safety and mini invasion for the patient who need the uncut-Roux-en-Y gastrojejunostomy with the laparoscopy. However, we need more observation about the Roux stasis syndrome in follow up. | <https://www.youtube.com/watch?v=mbDc872kmeK&feature=youtu.be>

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery  
Fenglin Liu; Haojie Li.; **LAPAROSCOPIC DISTAL GASTRECTOMY WITH UNCUt ROUX EN Y G-J STOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 169

A 54-year-old man is presented who was referred for further surgical treatment of gastric cancer detected on a routine health evaluation. Endoscopic examination with biopsy revealed about a 1.5-cm early gastric cancer of signet-ring cell type at the lesser curvature side of the antrum. A computed tomography scan of the abdomen confirmed the findings of hepatic cyst and benign prostatic hyperplasia. The results of blood testing were within normal limits. The patient underwent laparoscopic distal gastrectomy with uncut roux en Y G-J stomy for early gastric cancer. The patient's postoperative course was uneventful and he was discharged 7 days after the operation. Based on a histopathological examination, a 1.5 x 1.5-cm, mucosal, poorly differentiated adenocarcinoma (pT1, pN0, sH0, sP0, sM0, Stage IA, 0/38) was diagnosed. This case illustrates the safety and feasibility of laparoscopic distal gastrectomy with uncut roux en Y G-J stomy for early gastric cancer. | <http://youtu.be/iZqk8I0K6VI>

SEM CONFLITOS DE INTERESSE

Pôster - Minimally invasive surgery  
José Adelino Lobarinhas Barbosa; Silvestre Porfirio Ramos Carneiro; António Manuel Gouveia; John Rodrigues Preto; Eduardo Lima da Costa; José Eduardo Costa Maia.; **LAPAROSCOPIC GASTRECTOMY (LG) IN GASTRIC CARCINOMA. THE EXPERIENCE OF A PORTUGUESE UNIVERSITY HOSPITAL.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 169

Introduction: LG in gastric carcinoma has been making a name for itself as a technique that associates the advantages of laparoscopy with clinical and oncological outcome efficiency. However, more experimental randomized studies are necessary to confirm what has been evident in observational studies. Purpose: The Upper GI Unit of the S. João Hospital/Oporto Medical School initiated a prospective observational study of all patients undergoing LG due to gastric carcinoma, for assessment of their short-term clinical and oncological results. Material and Methods: Prospective observational study of 135 patients undergoing LG between April 30th, 2011 and March 10th, 2015. Statistical analysis using IBM SPSS 22. Results: 79 male and 56 female patients underwent surgery. Mean age was 66 and mean BMI was 25.8. 62.3% had no comorbidities. Mean surgery duration was 215 minutes. Mean time before first bowel movements and oral intake of food was 4 days. Conversion rate was 3.7%. 90 subtotal gastrectomies, 33 total gastrectomies, 2 totalizations and 10 gastrojejunostomies were performed, from a set of 106 surgeries with curative intent and 22 with palliative intent. Mean number of resected lymph nodes was 28.19. Morbidity and mortality rates were 22.5% and 3.8%, respectively. Conclusions: The usage of LG in gastric carcinoma was proven feasible, safe, and with results not unlike those present in current literature. Long term results from ongoing randomized trials that may confirm the findings of observational and retrospective studies are awaited. |

SEM CONFLITOS DE INTERESSE



Video - Minimally invasive surgery  
Gennaro Orlando; Juan Santiago Azagra; Luca Arru; Martine Goergen;. **LAPAROSCOPIC GASTRECTOMY FOR ADVANCED GASTRIC CANCER: TECHNICAL EVOLUTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 170

The well-known advantages of minimal-invasive surgery such as improved vision and precision, fewer postoperative pain, faster recovery and shorter hospital stay, reduced parietal complications, are particularly significant oncologic surgery. The reduction of the invasiveness of the procedures and of the post-operative morbidity, remain an interesting field of research in laparoscopic gastric surgery. In this context, Reduced Port Surgery (RPS), with classical laparoscopic triangulation, could represent a new target, causing no concerns related to procedural safety and surgical outcomes and not requiring special skills and equipment. Beside, reconstruction of the digestive tract is more complex, and requires a variety of techniques (supra-umbilical mini-laparotomy, Orvil<sup>®</sup> technique, enlarging a port-site for passage of a circular stapler, mechanical side to side anastomosis, etc), but none of these has become the gold standard. This explains the difficulties encountered in promoting the widespread use of minimally invasive resection in western countries. In this oral communication we will illustrate the adaptation of our standard technic for total and subtotal gastrectomy for cancer, to the RPS principles, with special regards of the reconstruction steps of the procedure, illustrating the evolution of our procedure and considering our post-operative outcomes. |

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery  
Young-Kyu Park; Mi-Ran Jung;. **LAPAROSCOPIC GASTRECTOMY IN CIRCULAR TYPE CT4 GASTRIC CANCER WITH OBSTRUCTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 170

Laparoscopic gastrectomy for serosa-penetrating circular type advanced gastric cancer with distal obstruction is a technically challenging procedure. Most of these patients have a severe desmoplastic change between the stomach and the boundary organs of lesser sac and also an edematous and distended stomach with food material. Technical tips for clean surgery in those patients are as follows: 1) To empty the stomach, provide the enteral nutrition through an endoscopically inserted nasoduodenal tube and wash out the remaining food material with water for 5 days before surgery. 2) Preserving a precise surgical plane is an essential procedure for the dissection of a stomach from the lesser sac boundary. Ten patients are enrolled from 2011 to 2014. Curative resection was performed on all patients and the mesocolon was partially resected in two patients. Seven out of ten patients were finally diagnosed with STAGE III and No. 14 node metastasis was detected in two of the seven patients. Mean operation time was 275.5 min (210-420) and mean blood loss was 73.7 ml (35-170). Mean length of hospital stay was 9.1 days (6-20). Morbidity was 20% and complications were wound infection and urinary tract infection. Mortality was zero. Two patients have recurred until now and recurrence sites were retropancreatic node and peritoneum in each case. Laparoscopic gastrectomy for advanced gastric cancer with distal obstruction may be feasible under the careful preparation. Technical tips for such procedure will be provided in this presentation. | <https://www.youtube.com/watch?v=sLYQnymzWGs&feature=youtu.be>

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery  
Saturnino Ribeiro do Nascimento Neto; Eurico Cleto Ribeiro de Campos; Ricardo Manfredine; Diogo Swain Kfour; Diogo Falcão; Letícia Maria Schmitt Moreira; Julio Macedo; Marco Aurélio de George;. **LAPAROSCOPIC HAND SEWING ROUX-EN-Y GASTROJEJUNOSTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 170

Background: Since the first report of laparoscopic assisted distal gastrectomy for early gastric cancer in 1994, the incidence of laparoscopic approach has increased rapidly as the result of recognized advantages of minimally invasive surgery. Objective: In this video we show a subtotal laparoscopic gastrectomy for early gastric cancer treatment (cT1bN0M0) with d1+ lymphadenectomy in a patient with well differentiated adenocarcinoma and with liver cirrosis. The reconstruction was made with hand sewing Roux-en-y gastrojejunostomy. Results: The surgical time was 300 min, with a blood loss of 250 ml. The Number of Lymph nodes retrieved was 35 pT1bN0M0, patient had hospital discharge on 5 post-operative day after the liquid diet intake. Drains were retrieved on 7 post-operative day and clavien Dindo classification I | <https://www.youtube.com/watch?v=MLnI4cjXH9k>

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery  
Leandro Cardoso Barchi; Bruno Zilberstein; Fernando Furlan Nunes; Maurice Youssef Francis; Guilherme Tommasi Kappaz; Renato Ribeiro de Araujo Pereira; Juliana Abud Ferreira; Cely Melo da Costa Bussons; Edison Dias Rodrigues Filho; Ricardo Naegele Staffa;. **LAPAROSCOPIC PROXIMAL GASTRECTOMY WITH JEJUNAL LIMB INTERPOSITION FOR CARDIA CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 170

Background: Esophageal cancer is considered the eighth type of cancer that affects more the Brazilian population. Adenocarcinoma of the Cardia or gastroesophageal transition (EGJ) is considered when its center is located 5 cm proximally or distally of the cardia. Siewert et al. described three different tumor entities within the esophagogastric junction: esophagogastric adenocarcinoma type I adenocarcinoma of the distal esophagus, which usually comes from specialized intestinal metaplasia of the esophagus area, ie, Barrett's esophagus, and can infiltrate the transition distally; Type II: the true carcinoma of the cardia, which originates from the cardiac epithelium or short segments of intestinal metaplasia in the esophagogastric junction and Type III: the sub-cardia gastric carcinoma, infiltrating the esophagogastric junction located proximally. It is believed in the progressive increase in the prevalence of esophageal adenocarcinoma in recent years in Western countries. The treatment is based on the distal oesophagectomy associated with total gastrectomy, transthoracic or transhiatal oesophagectomy or full esophagogastric resection. Objective: This aim of this video is to report an alternative for cardia cancer Siewert II with a laparoscopic proximal gastrectomy with jejunal limb interposition (Merendino operation), as well as the technical steps for the procedure entire procedure. Patients and Methods: Patient male, 56 years old, asymptomatic. An upper endoscopy revealed lesion of 1.2 cm in EGJ. Biopsies were taken from the lesion showed that a well-differentiated adenocarcinoma in the esofagogastric mucosa. A CT scan of the abdomen and thorax was performed for staging and an ecoendoscopy to evaluate conditions of mucosal resection without success. Surgical treatment was performed uneventfully, and patient was discharged in the seventh post operative day. The histopathologic study showed no residual tumor in the EGJ. Conclusion: The Merendino operation is a plausible option for the treatment of adenocarcinoma of the cardia, when is in an early stage without extramucosal commitment. The laparoscopic approach should always be the initial choice, taking into account the benefits of the method to the patient. | <http://youtu.be/aGI0k5g299Q0>

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery  
Gang Ji; **LAPAROSCOPIC RADICAL GASTRECTOMY(PART A)**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 171

laparoscopic radical gastrectomy(part A) | <http://youtu.be/SypGrJ1CDg>

Video - Minimally invasive surgery  
Gang Ji; **LAPAROSCOPIC RADICAL GASTRECTOMY(PART B)**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 171

laparoscopic radical gastrectomy(part B) | <http://youtu.be/jdnkfF19cy8>

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Video - Minimally invasive surgery  
Gang Ji; **LAPAROSCOPIC RADICAL GASTRECTOMY(PART C)**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 171

laparoscopic radical gastrectomy(part C) | <http://youtu.be/Wppo-sToIQ>

Video - Minimally invasive surgery  
Boris Pomortsev, Roman Izrailov, Oleg Vasnev; **LAPAROSCOPIC SURGERY FOR CARDIOESOPHAGEAL CANCER SIEWERT II**. ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 171

Laparoscopic Surgical procedure for adenocarcinoma of gastroesophageal junction Siewert type II (video) The patient is female 66 years old. Diagnosis: Adenocarcinoma of gastroesophageal junction Siewert type II cType1 T3N0M0 (H0PO) Stage IIA Procedure: Extended gastrectomy with D2 Lymph Nodes dissection Surgical team: R.Izrailov, O.Vasnev, B.Pomortsev (MCSC, Russia). | <https://youtu.be/OyLUuLLEke4>

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Video - Minimally invasive surgery

ENRIQUE LANZARINI; JUAN CARLOS MOLINA; MAHER MUSLEH; LUIS GUTIERREZ; ITALO BRAGHETTO; **LAPAROSCOPIC TOTAL GASTRECTOMY PLUS D2 LYMPHADENECTOMY IN ADVANCED GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 172

Objective: The laparoscopic approach for advanced gastric cancer has no formal indication, and has been reserved for research protocols. Nevertheless, first reports have shown good oncologic results and an equivalent safety profile compared with the traditional approach. Methods: The Surgeon takes place between the legs of the patient. Fifteen mmHg pneumoperitoneum is achieved through a Veress needle. Five trocars are placed under laparoscopic vision. The greater Omentum is resected including lymph nodes from group 4 (greater omentum) and 6 (infrapyloric). Dissection of lymph nodes from right gastric artery (5). Section of the duodenum is performed with a linear stapler. The lesser omentum is resected including group number 3. Dissection of groups 1 and 2, and section of the esophagus with linear stapler is performed. Left gastric artery and celiac trunk lymph nodes are dissected as well. The D2 Lymphadenectomy is completed resecting groups 8, 11p and 12a. The specimen is extracted through a 6 cm Pfannenstiel incision. The Roux-en-Y esophago-jejunostomy is performed laparoscopically. Results: The patient had a good postoperative evolution without complications and was discharged on postop day six. Negative margins and 38 Lymph nodes harvested suggest an acceptable oncologic result. Conclusion: We present our standardized technique for a total gastrectomy with a D2 lymphadenectomy and a Roux-en-Y esophago-jejunostomy through a totally laparoscopic approach for advanced Gastric adenocarcinoma. |

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery

Thiago Boechat de Abreu; Leonardo Rocha Ferraz; Baltazar de Araujo Fernandes; Marcio Máximo Balieiro; Antonio Claudio Ahouagi Cunha; **LAPAROSCOPIC TOTAL GASTRECTOMY WITH D2 LYMPHADENECTOMY IN AN OBESE PATIENT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 172

The aim of this video is to demonstrate the technique of Total Gastrectomy with D2 Lymphadenectomy with intracorporeal anastomosis in an obese patient. A 54-year-old woman patient, obese (BMI:33) and hypertensive, had 2-month history of epigastric pain and weight loss. Upper endoscopy demonstrated an 4x4cm ulcerated lesion located at the gastric incisura angularis. Biopsy revealed poorly differentiated adenocarcinoma (signet ring cell adenocarcinoma). Computer tomography showed localized disease with no clinical evidence of lymph node or peritoneal metastasis. Patient was submitted to minimally invasive approach in the supine position, using five trocars and a liver retractor. We perform a clockwise direction dissection. The initial step in the dissection is to divide the gastroduodenal omentum to mobilize the greater curvature of the stomach and gain access to the lesser sac, performing lymphadenectomy of station 4sb and 4d. Then, we move forward dissection and ligation of right gastroepiploic vessels with station 6 lymphadenectomy. Afterward, stations 5, 12a and 8a are removed. Then, dissection and division of left gastric vessels and stations 7, 9, 1, 11p and 11d lymphadenectomy. Division of short gastric vessels complete stations 4sa and 2 lymphadenectomy. Then, omentectomy is completed. Finally, esophagus and duodenum are stapled and a Roux and Y reconstruction is performed using a circular stapler for esophagojejunal anastomosis. In the end of procedure, specimen was removed from a 4 cm transverse incision in the optical port. Post operative period was uneventful with patient discharged on post operative day 10. Final pathologic staging was pT1N0M0 and 61 harvested lymph nodes. | <http://youtu.be/un92rlk5kDk>

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery

Erika Jongerius; Mark van Berge Henegouwen; Sjoerd Lagarde; Suzanne Gisbertz; **LAPAROSCOPIC TOTAL GASTRECTOMY WITH ROUX-Y ESOPHAGO-JEJUNOSTOMY AND MODIFIED D2-LYMPHADENECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 172

Introduction Although laparoscopic surgery has been widely implemented for many indications, laparoscopic gastrectomies are still infrequently performed. Since 1 year laparoscopic gastric surgery has been implemented in our clinic. Results Since the introduction of the laparoscopic program we have performed 40 laparoscopic gastrectomies (76.9% of all gastrectomies). Twenty-eight patients (70.0%) underwent a total gastrectomy and 12 patients (30.0%) a subtotal gastrectomy. In 6 patients (15.0%) 3-5 cm of esophagus was co-resected. In all patients a modified D2-lymphadenectomy was performed. In this video we show the technique of a laparoscopic total gastrectomy with a Roux-Y esophago-jejunostomy and a modified D2-lymphadenectomy. Case The case concerns a 69-year-old male patient with a cardia adenocarcinoma with ingrowth in the distal esophagus. Previous medical history shows a cerebrovascular accident and an open cholecystectomy. Preoperative staging with endoscopy, PET-CT and laparoscopy showed a cT3N2M0 tumor; from 43-51 cm, with the diaphragm at 45 cm. The patient was neoadjuvantly treated with chemotherapy. The video shows the lymph node dissection of lymph node stations 1-7, 8a, 9 and 11p. The left and right gastric, the left and right gastro-epiploic and the short gastric arteries and veins are ligated. The duodenum and distal esophagus are divided and a Roux-Y esophago-jejunostomy is performed with a circular stapler. The post-operative course was uncomplicated. Hospital stay was 7 days. The pathological examination shows an ypT3N3, R0 adenocarcinoma, circumferential resection margin at the level of the esophagus 1 mm. There were 26 lymph nodes removed, with 7 lymph nodes that contained a metastasis. Conclusion Laparoscopic total gastrectomy with Roux-Y esophago-jejunostomy and modified D2-lymphadenectomy is a feasible and safe technique to treat gastric carcinoma, with good oncologic results. The introduction of this technique was evaluated as successful and therefore it is now a standard surgical strategy at our center. | [http://youtu.be/sNKY6W\\_r2Y8](http://youtu.be/sNKY6W_r2Y8)

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery

Saturnino Ribeiro do Nascimento Neto; Ricardo Manfredine; Eurico Cleto Campos; Diogo Swain Kfour; Julio Macedo; Marco Aurelio De Deorge; Diogo Falcão; Leticia Maria Schmitt Moreira; **LAPAROSCOPY TOTAL GASTRECTOMY WITH HAND-SEWN ESOPHAGOJEJUNOSTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 172

BACKGROUND:Laparoscopy gastrectomy for early gastric cancer has gained worldwide acceptance since Kitano et al. This way, patients treated with laparoscopy approach have all the benefits of the minimally invasive surgery. It is mandatory follow the precepts of the gastric cancer treatment. Another challenge is the esophagojejunostomy that is technically difficult even in thin patients. MATERIALS AND METHODS:Herein we demonstrate a case of laparoscopy total gastrectomy with hand-sewn esophagojejunostomy in an obese patient (bmi 39), with poorly differentiated adenocarcinoma in gastric body. RESULTS:The surgical time was 400 minutes, with 150 ml of blood loss. The patient received enteral feeding on the second day post operative and restricted liquid diet on the seventh day post operative after testing negative with methylene blue. The patient was discharged on the eighth day. It was retrieved 64 nodes. All then without metastasis. | <https://www.youtube.com/watch?v=yfUdhuR3E0w>

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery

Jun Lu; Chang-Ming Huang; Chao-Hui Zheng; Ping Li; Jian-Wei Xie; Jia-Bin Wang; Jian-Xian Lin; Qi-Yue Chen; Long-Long Cao; Mi Lin; **MAJOR PERIOPERATIVE COMPLICATIONS IN LAPAROSCOPIC SPLEEN-PRESERVING TOTAL GASTRECTOMY FOR GASTRIC CANCER: PERSPECTIVES FROM A HIGH-VOLUME CENTER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 173

**Abstract Background** Laparoscopic spleen-preserving total gastrectomy (LSPTG) for gastric cancer is only performed at a few specialized institutions and carries the risk of major perioperative complications (MPCs) that may require reoperation and impair recovery. However, the predictors of such events remain largely unknown. Objective To clarify the characteristics and risk factors of MPCs after LSPTG and to propose a clinically useful scoring system to predict MPC risk. Design Prospectively collected data from 325 consecutive patients undergoing LSPTG at a single institution from June 2011 to February 2014 were analyzed to determine the preoperative factors that correlated with MPCs. The rates of MPCs were assessed, and a score model was developed to identify preoperative variables associated with MPC. Results Of the 325 LSPTG cases, the following types of MPCs were observed in 15 (4.6%) patients: intraoperative splenic hilar vascular injury (n=1); intraoperative splenic parenchymal injury (n=5); intraoperative splenic infarction (n=1); intraabdominal abscess that required radiologic intervention (not under general anesthesia (n=2); intra-abdominal bleeding that required reoperation under general anesthesia (n=2); anastomotic hemorrhage that required reoperation under general anesthesia (n=2); and death (n=2). Three independent variables were correlated with MPCs in the multivariate analysis: body mass index (BMI)  $\geq 25$  kg/m<sup>2</sup> (odds ratio [OR] 3.992, 95% confidence interval [CI] 1.210-13.175), tumor located at the greater curvature (OR 3.922, 95% CI 1.194-12.880), and No.10 LN metastases (OR 4.418, 95% CI 1.250-13.770). A risk score consisting of 1 point for each preoperative risk factor (BMI  $\geq 25$  kg/m<sup>2</sup> or tumor location in the greater curvature), resulting in an overall score of 0-2 points for each patient, predicted an increased risk of MPCs. Conclusions BMI, tumor location, and No.10 LN metastases were significantly associated with increased rates of MPCs. A simple, clinically relevant scoring system based on two preoperative variables was clinically useful in predicting MPC risk in patients undergoing LSPTG. Keywords Major complications, Laparoscopic spleen-preserving total gastrectomy, Scoring system, Gastric cancer |

SEM CONFLITOS DE INTERESSE

Vídeo - Minimally invasive surgery

In Gyu Kwon; Young Gil Son; Seung Wan Ryu; Soo Sang Sohn; **NOVEL ESOPHAGOJEJUNAL ANASTOMOSIS METHOD DURING TOTALLY LAPAROSCOPIC TOTAL GASTRECTOMY : ?-SHAPE ESOPHAGOJEJUNOSTOMY, THREE-IN-ONE TECHNIQUE.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 173

**Introduction:** Various types of intracorporeal anastomosis have been introduced for esophagojejunostomy during laparoscopic total gastrectomy. However, intracorporeal esophagojejunostomy with circular stapler require special instrument or lots of labor. And, previously introduced intracorporeal esophagojejunostomy with linear stapler required many staple cartridges. We invented a new anastomosis method using linear stapler for total gastrectomy. Objectives: We want to demonstrate the feasibility of novel intracorporeal anastomosis method during laparoscopic total gastrectomy. Methods: Total 10 patients who give their written informed consent to participate will be enrolled in this pilot study. The data will be collected prospectively (NCT02330913). Procedures: Under laparoscopic view, esophagojejunostomy was performed intracorporeally with 60mm linear stapler on right side of distal esophagus like as functional end-to-end fashion before esophageal and jejunal resection. Then, three procedures including esophageal resection, common entry hole closure and jejunal resection was performed with a single use of 60mm stapler. Furthermore, jejunostomy could be performed via already made staple entry hole, which is made after detaching stomach from proximal jejunum. Results: Anastomosis including esophagus and jejunal resection required a mean of 20 minutes. Mean 5.5 cartridges were used for whole procedure. There was no event during anastomosis. During post-operative period, there was no complication related to anastomosis (anastomotic leakage, stenosis, intraluminal bleeding). Every patients was good for food intake. Conclusions: This new technique can save stapler cartridge compared to already introduced anastomosis method using linear stapler. Also, operative time could be reduced compared to any other type of esophagojejunostomy. Intracorporeal esophagojejunostomy by new method (three-in-one technique) could be performed easily and safely. This new anastomosis method could be a good option for esophagojejunostomy during totally laparoscopic total gastrectomy | <http://youtu.be/q2QoKq3Ags>

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery

Yun-Suhk Suh; Yeon-Ju Huh; Tae Han Kim; Ji-Ho Park; Young Gil Son; Jun-Young Yang; Seong-Ho Kong; Hyuk-Joon Lee; Han-Kwang Yang; **PURE SINGLE INCISION DISTAL GASTRECTOMY FOR GASTRIC MALIGNANCY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 173

**Background:** Pure single incision distal gastrectomy (SIDG) has been introduced recently for a treatment option for early gastric cancer. The purpose of this study is to identify feasibility of SIDG with various intracorporeal anastomosis for early gastric cancer. Methods: From March, 2014, 10 patients underwent SIDG with D1 or D1+ lymph node dissection in Seoul National University Hospital. The indication of SIDG was 1) cT1aN0, 2) cT1bN0 with  $\geq 70$  years old, 3) type III gastric neuroendocrine tumor without perigastric lymph node enlargement (suspicious invasion of proper muscle or less than that) with  $\geq 70$  years old. The patients who have significant systemic comorbidity were excluded. SIDG was performed through 2.5cm transumbilical incision without any additional port. Results: Mean age was 62.6  $\pm$  10.5, and Male to female ratio was 3:7. Average body mass index was 25.0  $\pm$  2.9 kg/m<sup>2</sup> (range: 20.3-29.2). Billroth I (Delta shaped anastomosis) was performed for 6 patients and Roux-en Y anastomosis for 4 patients. Combined cholecystectomy for gallbladder stone was performed for 1 patient. Average operation time was 236.4  $\pm$  44.6 minutes, and intraoperative transfusion was not required for all cases. There was no open or multiport conversion case. R0 resection was achieved in all cases. Nine patients were stage I gastric adenocarcinoma (N0) and 1 patient was grade I neuroendocrine tumor. The average number of examined lymph nodes was 37.8  $\pm$  13.7. In hospital or 30-days mortality was 0.0 %. Morbidity with  $\geq$  grade III (Clavien-Dindo classification) was 1 case (intra-abdominal fluid collection) which was managed by simple percutaneous aspiration (1 time). Average postoperative day of first flatus was 4.8  $\pm$  1.2 days, and length of stay was 8.2  $\pm$  2.0 days. Conclusion: With careful consideration for indication, pure SIDG with Billroth I (Delta-shaped) or Roux-en Y anastomosis can be a feasible treatment option for early gastric cancer in terms of short term morbidity and mortality | <http://youtu.be/9Bgn18-sjH>

SEM CONFLITOS DE INTERESSE

Vídeo - Minimally invasive surgery

MAURICIO ZULUAGA ZULUAGA; IVO SILJIC; JOSE OMAR ZORRILLA; URIEL CARDONA; JUAN CARLOS VALENCIA; **SIDE TO SIDE ANASTOMOSIS ESOPHAGOJEJUNAL IN TOTAL GASTRECTOMY FOR GASTRIC CANCER. ANOTHER ALTERNATIVE FOR RECONSTRUCTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 173

**INTRODUCTION** Minimally invasive surgery POSITIONED AS HAS BEEN AN OPTION FOR GASTRIC CANCER MANAGEMENT. Total gastrectomy HAVE DIFFICULTIES IN THE ANASTOMOSIS esophagojejunal. PERFORMANCE OF THE ANASTOMOSIS LATERO / SIDE WITH LINEAR STAPLER IS OFFERED AS A SAFE, REPLICABLE ALTERNATIVE IN THE MANAGEMENT OF PATIENTS WITH GASTRIC CANCER. MATERIAL AND METHOD BE REVIEWED 6 PATIENTS WHO underwent total gastrectomy for gastric cancer, we performed RECONSTRUCTION WITH INTESTINAL ESOPHAGOYEYUNO ANASTOMOSIS MAS RECONSTRUCTION IN AND ROUX LAPAROSCOPIC. NOT FILED OR POSTOPERATIVE COMPLICATIONS INTRAOPERATIVE, HOSPITAL STAY 5 DAYS (3-9), OPERATIVE TIME 180min (150-250), no fistulas were presented, the oral route will start at 24 hours, nutrition probe was left to all patients reported pathology free edges intestinal disease, lymph 20 (18-31), adenocarcinoma 70%, 20%. TOOK PLACE IN THE LAPAROSCOPIC SURGERY PATIENTS WITH CONVENTIONAL TECHNIQUE ARE USE THE CONVENTIONAL DISSECTION FOR TOTAL Laparoscopic gastrectomy, ANASTOMOSIS TOOK PLACE WITH endostapler, DEFECT WITH THE PREVIOUS CLOSING SUTURE absorbable, 3-0, nasojejunal PROBE TO ALL PATIENTS CONCLUSIONS THE ANASTOMOSIS ESOPHAGOYEYUNAL LATERO / SIDE MANAGEMENT IS AN OPTION FOR THAT TAKES PAICENTE SURGERY FOR TOTAL LAPAROSCOPIC gastrectomy. |

SEM CONFLITOS DE INTERESSE



Video - Minimally invasive surgery

Sang-Hoon Ahn; Young-Suk Park; Dong Joon Shin; Do Joong Park; Hyung-Ho Kim; **SOLO SINGLE-INCISION LAPAROSCOPIC TOTAL GASTRECTOMY WITH D1+ LYMPH NODE DISSECTION FOR PROXIMAL EARLY GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 174

**Introduction** Single-incision total gastrectomy was reported first time in 2013 by our institution. However, it is difficult to perform intracorporeal esophagojejunostomy because of clashes between laparoscopic instruments and scope. Herein, we present the solo pure single-incision laparoscopic total gastrectomy (SITG) with D1+ lymph node dissection for early gastric cancer. **Methods** From September 2013 to November 2013, 2 patients with early gastric cancer underwent solo SITG with D1+ lymph node dissection at Seoul National University Bundang Hospital. We use a commercial manual laparoscopic scope holder (laparostat, CIVCO, Iowa, U.S.), 10mm flexible videoscope through the 2.5cm umbilical incision. All procedures were done by the operator alone. Usual D1+ lymph node dissection and total gastrectomy was performed without any additional support. After the specimen confirmation, modified semi-loop esophago-jejunostomy using unaided stapling closure method was made by laparoscopic linear staplers. **Results** The operations were finished without any accidental event or laparoscopic conversion or additional ports. Each patient's body mass index was 22.3 and 25.6 kg/m<sup>2</sup>. The operative time was 190 and 215 minutes, respectively. The Estimated blood loss was 50 and 100 mL, respectively. Final pathologic outcomes were pT1bN0 (0/63) and pT1bN2(4/99), respectively. All patients were discharged with no complication and complaints on the postoperative sixth day. The postoperative cosmetic result from this operation was excellent. **Conclusions** These two cases demonstrated the technical possibility of solo SITG and modified semi-loop esophagojejunostomy. Further experience and research are required to confirm the safety and feasibility of solo SITG. | <http://youtu.be/AMG8ZGpUfbw>

SEM CONFLITOS DE INTERESSE

Vídeo - Minimally invasive surgery

Fabio Rodrigues Thuler; Wilson Rodrigues de Freitas Junior; Roberto Cords; Paulo Kassab; Elias Jorge Ilias; Daniel Fukuhara; Thiago Ijichi; Carlos Alberto Malheiros; **STANDARDIZATION AND TECHNICAL DIFFERENCES IN LAPAROSCOPIC GASTRECTOMY FROM BRAZIL TO KOREA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 174

**STANDARDIZATION AND TECHNICAL DIFFERENCES IN LAPAROSCOPIC GASTRECTOMY FROM BRAZIL TO KOREA.** FR Thuler, WR Freitas Jr, R Cordts1, ART Souza1, D Fukuhara1, T Ijichi1, OAP Castro1, A Palaro1, GHF Mattos1, EJ Ilias1, P. Kassab1, CA. Malheiros1. 1Department of Surgery, 2Department of Pathology, 3Department of Oncology - Santa Casa Medical School, São Paulo, Brasil. **Objectives:** To present small differences between the techniques of laparoscopic gastrectomy we learned in Korea (SNUH) and the one we are performing in our service. **Methods:** We adapted and changed several steps of laparoscopic gastrectomy learned in the Seoul National University in Korea (SNUH). **Results:** The first change was in the patient's position. Our Korean colleagues prefer to operate in traditional supine position and we believe that the semi-lithotomy position provides a more comfortable position to the camera; he can face the monitor in front of him and stays in a more ergonomic position. We use six trocars instead of five and we also use a knot in the liver ligament, tied outside the patient, to expose the lesser curvature. While they do the operation with the surgeon in the right side, we begin the surgery in the right side to perform the upper greater curvature lymph node dissection and after we change to the patient's left side to perform the number 6 lymph node dissection and the duodenal stapling. The following step (upper border of the pancreas dissection) can be done with the surgeon in the left side or between the legs. Finally the anastomoses in total and in subtotal gastrectomy are completely done through laparoscopy thanks to the skill of some of our surgeons, (acquired in bariatric surgery). We prefer generally the Roux-en-Y reconstructions, while our colleagues prefer the Billroth I. The esophago-jejunal anastomosis is performed with the circular stapler according to the technique proposed by our colleagues Talvane, Croider and Bertulucci from Barretos Hospital. The gastro-jejunal anastomosis is performed with an endoscopic linear stapler, and the gap of the stapler introduction is closed with a running suture. **Conclusions:** The changes we performed in the Korean technique seem to be useful to our patients. **Acknowledgements:** To Prof. Han-Kwang Yang and to the Seoul National University. To Ethicon for providing the staplers and energy devices and for technical support. | <http://youtu.be/NU8-EA10B0I>

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery

ANTONIO M CURY F; WILSON LUIZ COSTA JR; Felipe Coimbra; Heber Salvador; Alessandro Diniz; Andre Godoy; Igor Farias; Márcio Carmona Marques; **TIPS AND TRICKS ON LAPAROSCOPIC GASTRECTOMY FOR GASTRIC CANCER.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 174

**INTRODUCTION:** laparoscopic gastrectomy for cancer is an advanced surgical procedure that request surgeon's skills. **OBJECTIVES:** the aim of this video is to show the tips and tricks of the laparoscopic procedure on gastric cancer. **METHODS:** viewing a step by step laparoscopic gastrectomy with all steps that surgeon can do on total and subtotal (partial) gastrectomy. Emphasis on laparoscopic DII lymphadenectomy and the different ways of reconstruction in a Cancer Center Hospital with a high volume of Gastric Cancer operations per year. | <https://www.youtube.com/watch?v=Cg3LeObWfKY>

SEM CONFLITOS DE INTERESSE

Vídeo - Minimally invasive surgery

Thiago Boechat de Abreu; Leonardo Ferraz; Baltazar Fernandes de Araujo; Marcio Pinto Maximo Baleiro; Gabriela Duque Estrada Polzin; Antonio Claudio Auoaghi; **TOTALLY LAPAROSCOPIC TOTAL GASTRECTOMY WITH D2 LYMPHADENECTOMY FOR GASTRIC CANCER TREATMENT.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 174

The purpose of this video is to demonstrate the technical of total gastrectomy with D2 lymphadenectomy fully laparoscopic for gastric cancer. **CASE REPORT:** Female patient, 39 years old, presenting complaint of nonspecific abdominal pain. Upper GI Endoscopy showed an early gastric lesion in body at the lesser curvature, with ill-defined limits. Histopathology confirmed adenocarcinoma poorly differentiated, Lauren diffuse type. Endoscopy Ultrasonography confirmed that early injury, staging as T1bN0. Tomography did not evidence lymph node or metastatic disease. We decided for performing a total gastrectomy with D2 lymphadenectomy. Was used 6 portals, with the optical port 2cm above the umbilicus, the surgeon stays in the patient right, with a 5mm portal in right midclavicular line, near the costal border and another 12mm at the optical line 10cm laterally. Assistant stays at the patient's left with two portals (5 and 12 mm) in the same position of the surgeon, however in the left. Finally a 5mm epigastric portal for liver retractor. Procedure begins by resection of great omentum and opening the gastrocolic ligament with its release until gastroepiploic vessels. Followed by the level 6 lymphadenectomy, with right gastroepiploic vessels ligation and the release of the duodenum. It continues with station 12a, 8a, 7, 9 and 11p and 11d lymphadenectomy. At this point is identified, isolated, clipped and sectioned the right and left gastric artery and gastric vein. Resection is completed with gastric fundus liberation, short vessel ligation and stations 1,2 and 4sa/4sb lymphadenectomy. The reconstruction is performed with esophageal jejunostomy in "y" roux with circular stapler number 21, reinforced with 3-0 silk suture and the entero-entero was made 60cm distant from the first anastomosis, with linear 60mm stapler(vascular load) and the enterotomies closed by 3-0 prolene running suture. Then the mesocolic space is closed of to prevent internal hernia. Oral diet started on the 5th postoperative day, after contrast examination, and the patient discharged at the 8th day with soft diet. | <http://youtu.be/mSvClr6ZpgQ>

SEM CONFLITOS DE INTERESSE

Video - Minimally invasive surgery  
Keiko Niimi; Lim Sukchol; Taku Machida; Michiya Bando; Naoyuki Umetani; Mitsuihiro Fujishiro; Yasuyuki Seto; **USING SELF-EXPANDABLE SPONGE IS BENEFICIAL IN NOVEL PARTIAL GASTRECTOMY TECHNIQUE; NON-EXPOSED ENDOSCOPIC WALL-INVERSION SURGERY (NEWS).** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 175

Aims; Non-exposed endoscopic wall-inversion surgery (NEWS) has been devised as a new full-thickness resection technique to prevent intra-abdominal contamination or possible tumor seeding, and to resect the smallest area possible. However, a complication of perforation was reported because the endoscopic surgery technique is difficult. To avoid any damage of the muscular layer or the stitches and provide countertraction in the endoscopic mucosal incision, we use the self-expandable surgical sponge. Methods; The NEWS procedure was performed as described below. First, markings on both the mucosal and serosal surfaces were made around the lesion, and 0.9% normal saline with indigocarmine was injected into the submucosa around the markings. Next, a circumferential sero-muscular incision was laparoscopically made from the outside. Then, the sero-muscular layer was sutured in a linear fashion with the lesion inverted into the inside. We inserted a self-expandable surgical sponge on the serosal surface which had been cut to fit the size of the suture line. Finally, a circumferential muco-submucosal incision was endoscopically made. The lesion and the sponge were removed perorally. Results; It took 288 minutes for endoscopic muco-submucosal incision in the first NEWS case without the sponge. It only took 44 minutes for it in the next case when we used the sponge. Conclusion; The self-expandable surgical sponge has a potential to make NEWS easier and safer. |

SEM CONFLITOS DE INTERESSE

Video - Robotic Surgery  
Shu ZHANG; Zhi-Wei JIANG; **CALL FOR HELP.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 175

it is a video from a robotic gastrectomy. |

SEM CONFLITOS DE INTERESSE

Video - Robotic Surgery  
Tae Han Kim; Young Gil Son; Ji Ho Park; Yeon Ju Huh; Jun Young Yang; Yun Suhk Suh; Seong Ho Kong; Hyuk Joon Lee; Han Kwang Yang; **ROBOT ASSISTED PYLORUS PRESERVING GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 175

Pylorus preserving gastrectomy is a challenging procedure restoring the pylorus function when removing the middle portion of stomach. Its oncologic safety has been reported in our previous reports. The most challenging step in this procedure is dissection of number 6 lymph nodes which requires meticulous handling of the tissues without sacrificing the small vessels along the lower aspect of the pylorus which results pyloric stenosis. Robotic instrument delivers a magnified view with angulated instruments which enables fine lymph node dissections. | <http://youtu.be/lm-weSF16Dc>

SEM CONFLITOS DE INTERESSE

Video - Robotic Surgery  
Ishara Maduka; Dokev Aneez Ahmed; Jaideep Raj Rao; Atasha Asmat Binte Mohammed; Keerthi Rajapakshe; **ROBOTIC EXCISION OF OESOPHAGEAL LEIOMYOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 175

Objectives Literature suggests that minimally invasive resection of benign esophageal mass lesions offers distinct advantage over open surgical approach. Methods We discuss the case report of a patient who underwent robotic excision of leiomyoma of the esophagus by using four port robotic approach. Results Postoperatively the patient recovered uneventfully and was discharged home on postoperative day 4. Conclusions Large esophageal leiomyoma can be resected by robotic approach with good postoperative outcome. | <https://www.youtube.com/watch?v=8Ycahc3PpEQ>

SEM CONFLITOS DE INTERESSE

Video - Robotic Surgery

Leandro Cardoso Barchi; Bruno Zilberstein; Maurice Youssef Franciss; Guilherme Tomasi Kappaz; Ricardo Naegele Staffa; Edison Rodrigues Dias Filho; Fernando Furlan Nunes; Juliana Abudd Ferreira; Renato Araujo Pereira; Marta Cristina Lima; **ROBOTIC TOTAL D2 GASTRECTOMY FOR SIEWERT III ADENOCARCINOMA.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 176

Background: Despite the benefit to the patient obtained by laparoscopic approach, it is known that this pathway often causes greater physical effort and wear of the medical staff, besides other drawbacks such as, for example, the view in two dimensions. In this regard, robotic surgery has been applied as a minimally invasive method for the treatment of gastric cancer, since it provides the surgeon with a more ergonomic position and a three-dimensional view of the surgical field, with, at least, the same outcome obtained with the laparoscopic approach. Objective: To present a robotic total gastrectomy with D2 lymphnode (Ly) dissection in a patient with siewert II adenocarcinoma. Case Report: 49 year old female with upper abdominal pain, mainly after food intake, with a 4 cm Bormann I lesion in the EGJ. Neoadjuvant treatment with Capecitabine and Cisplatin was indicated, however the patient did not tolerate the side effects. Robotic total gastrectomy was performed. Patient received oral intake on the 7th post operative day and was discharged uneventful on the 11th PO day. Histopathological analyses showed a T3N2 adenocarcinoma (03/32 Ly). Conclusion: The robotic gastrectomy can be useful in many cases nowadays, since it provides the surgeon with a more ergonomic position and a three-dimensional view of the surgical field and provides an adequate oncologically lymphadenectomy. However should be performed by surgeons with experience in the treatment of gastric cancer and robotic surgery. |

SEM CONFLITOS DE INTERESSE

Video - Diagnosis and staging

ELISA RYOKA BABA; ADRIANA VAZ SAFATLE-RIBEIRO; MARCELO SIMAS DE LIMA; SEBASTIAN NASCHOLD GEIGER; CATERINA MARIA PIA SIMIONE PENNACCHI; FABIO SHIGUEHISSA KAWAGUTI; RICARDO SATO UEMURA; FELIPE ALVES RETES; CARLA GUSMON DE ANDRADE; MAURICIO PAULIN SORBELLO; BRUNO DA COSTA MARTINS; ULYSSES RIBEIRO-JÚNIOR; IVAN CECCONELLO; FAUZE MALUF-FILHO; **PROBE-BASED CONFOCAL LASER ENDOMICROSCOPY IN SEVERE ATROPHIC PANGASTRITIS: REAL-TIME DISTINCTION BETWEEN ADENOMA AND INTESTINAL METAPLASIA (CASE REPORT).** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 176

Introduction: Probe-based confocal endomicroscopy (pCLE) is broadly being utilized for applications in the esophagus and stomach. The use of pCLE allows real-time in vivo histology to evaluate the microarchitecture of the mucosal epithelium. pCLE is particularly useful in identifying dysplasia and early malignancies that cannot be clearly distinguished using high-definition white light endoscopy and chromoendoscopy. In this case report, we applied this technique to the in vivo diagnosis of adenoma (low grade dysplasia) in a patient with severe atrophic pangastritis and numerous suspicious lesions. Case report: A 65 year old female, Japanese descendant, with a history of rectal adenocarcinoma surgically treated, presented dyspeptic complaints. Upper GI endoscopy (with white light, NBI and chromoendoscopy) revealed a severe atrophic pangastritis with numerous slightly elevated lesions, spanning 3 to 15 mm, mostly in antrum. The lesions were also examined with pCLE, classified and compared subsequently with the corresponding histological findings. Discussion: On pCLE, we were able to recognize intestinal metaplasia, which is characterized by the presence of goblet cells (large cells filled with dark mucin), within small and oval uniform glands. The surrounding columnar-lined epithelial cells were small and the mucosal surface was flat. In a lesion located at distal portion of gastric body, the pCLE showed glands with homogeneous elongated cells in palisades arranged, with few goblet cells. The tubules were also elongated, and the mucosal surface was composed of regular and homogeneous villiform structures. These pCLE findings were corresponding to the histological appearance of intestinal metaplasia and low grade dysplasia, respectively. Conclusion: pCLE images showed agreement with histological findings in real time during the endoscopic procedure. It is useful to the surveillance of gastric dysplasia and early malignancies in high risk patients. In cases of severe atrophic gastritis with diffuse intestinal metaplasia and numerous suspicious lesions, this diagnostic method is very useful for identification of which of them will require treatment, and may reduce the number of non-targeted (random) biopsies. | <https://youtu.be/x2A4Bpd9pxg>

SEM CONFLITOS DE INTERESSE

Video - GIST

SREEJAYAN PROF. SREEJAYAN.M.P.; **A BENIGN HUGE GASTROINTESTINAL STROMAL TUMOR.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 176

45 year old female patient presented with progressive abdominal distension for 6 months (There was no H/O bleeding) O/E: there was Pallor+ abdomen-protuberant, Umbilicus -central and everted. There were no dilated veins. Palpation showed a non tender firm mass with irregular surface of size 32 x 30 x 12cm extending from epigastrium to hypogastrium, laterally upto both flanks. Investigations: Hb: 8gm% all other were normal. CECT-Huge mass filling the entire abdomen, probably arising from stomach, showing heterogenous enhancement of varying density. Liver normal, no lymphadenopathy, no ascites. A diagnosis of GIST stomach was made. Management: Laparotomy and resection of tumor with 1cm margin. Histopathology showed features of benign GIST. Patient was started on Imatinib 400mg/day, and is under follow up till now | <http://youtu.be/yxe0D6pTvQs>

SEM CONFLITOS DE INTERESSE

Video - GIST

wilson rodrigues de freitas junior; fabio rodrigues thuler; osvaldo castro; Amanda Polaro; Roberto Cordts; gustavo hernique f mattos; daniel fukuhara; Laula L Claro; francisco cesar martins rodrigues; elias Jirjoss Ilias; Paulo Kassab; Alan Robson Trigueiro Souza; Carlos Alberto Malheiros. **ENDOGASTROSURGERY WITHOUT BALOON TROCARS.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 176

Objectives: To present a video showing laparoscopic resection of a GIST located in the lesser curvature without using balloon trocars. Methods: A 35 years old male presented with epigastric pain and the endoscopy showed a 7 cm sub mucosal tumor located in the upper part of the lesser curvature. He underwent a laparoscopic wedge resection with opening of the anterior gastric wall and stapling the tumor basis with a linear stapler. During the surgery we put a Fouchet tube (bougie) to avoid esophageal stenosis. Results: The resection was easily performed without risk to esophageal outlet. The Fouchet tube helped a lot during the stapling and to avoid loosing pressure of pneumoperitoneum, the anesthesiologist clamped the tube. The stapling line did not bleed and the closing of the anterior wall was done with a continuous manual suture. Conclusions: The endogastrosurgery is feasible without using balloon trocars. | <http://youtu.be/ZAzEk-tmGRo>

SEM CONFLITOS DE INTERESSE

Video - GIST

Hirofumi Kawakubo; Hiroya Takeuchi; Osamu Goto; Rieko Nakamura; Tsunehiro Takahashi; Norihito Wada; Yoshiro Saikawa; Naohisa Yahagi; Yuko Kitagawa.; **ENDOSCOPIC TREATMENT AND ENDOSCOPIC SURGERY FOR SUBMUCOSAL TUMOR ON THE ESOPHAGO-GASTRIC JUNCTION.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 177

Background: Endoscopic treatment and endoscopic surgery for submucosal tumor (SMT) of the esophagus and stomach have been developed. However treatment of submucosal tumor on the esophagogastric junction (ECJ) is technically difficult, because excessive resection may result in postoperative transformation of the ECJ and cause stenosis, and intervention to lower esophageal sphincter may result in gastroesophageal reflux (GERD). The purpose of this study was to examine the usefulness and effectiveness of endoscopic treatment and endoscopic surgery for submucosal tumor on the esophago-gastric junction. Methods: From January 2012 to December 2014, endoscopic treatment (ESD) or endoscopic surgery (laparoscopic wedge resection) was performed on 10 cases of SMT on the ECJ. Extraluminal type is indication of laparoscopic wedge resection using seromiotomy method or laparoscopic enucleation. Intraluminal type is indication of ESD (partially total layer resection and closure by clipping). Intra-Extraluminal type is indication of LECS (Laparoscopic and endoscopic cooperative surgery). Tumor over 5cm is indication for open surgery. We perform fundoplication after wedge resection. Results: Average tumor size is 33.6mm (15-52mm). One patient underwent ESD with total layer resection because of intraluminal type. One patient underwent laparoscopic wedge resection using seromiotomy method with Dor fundoplication. Two patients underwent laparoscopic enucleation for extraluminal type SMT. Five patients underwent LECS with fundoplication. One patient underwent open proximal gastrectomy, because tumor size is 52mm. All lesions were completely resected. Pathological diagnoses are low risk GIST for 1 case, leiomyoma for 8 cases and bronchogenic cyst for 1 case. There are no complications after treatment. There were no long-term complications such as stenosis and GERD in all patients. Conclusion: The results indicated the usefulness and effectiveness of endoscopic treatment and endoscopic surgery for SMT on ECJ. | [http://youtu.be/29tffswj\\_P4](http://youtu.be/29tffswj_P4)

SEM CONFLITOS DE INTERESSE

Video - Lymphadenectomy

Simone Giacomuzzi; Chiara Cipollari; Maria Bencivenga; Andrea Zanon; Giovanni de Manzoni.; **OPEN PARAAORTIC LYMPHADENECTOMY: CURRENT PRACTICE OR "SAUDADE"?** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 177

The extended lymphadenectomy has always been a cornerstone of surgical oncology dedicated to the cure of gastric cancer in the East, particularly in Japan. This assumption has not had the same luck for many years in Europe, blocked by the questionable results of two randomized trials. In the last decade the need to perform a lymph node dissection including lymph nodes over the pancreas and lymph node of hepatoduodenal ligamen has become common acquisition and was included in several national guidelines and guidelines of scientific societies. In Western countries, however, the D3 lymphadenectomy has never been part of normal clinical practice for the technical difficulty and the high rate of complications. In recent years, interest in the super-extended lymphadenectomy seems to have decreased in the East, largely due to a randomized trial published in 2008 by the NEJM. This study, however, left open the possibilities related to the selection of groups of patients who could benefit from a more extensive lymph node dissection. This video is meant to show the feasibility of the paraaortic dissection in a highly specialized European center, (belonging to GIRCG) providing data morbi-mortality, discussing the oncological rationale |

SEM CONFLITOS DE INTERESSE

Video - Surgical treatment standardization

Wilson Rodrigues de Freitas Junior; fabio rodrigues thuler; osvaldo castro; Alan Robson Trigueiro Souza; Wagner C Gomes; Gustavo Henrique F Mattos; Daniel Fukuhara; Elias Jirjoss Ilias; Paulo Kassab; Fares Rahal; Carlos Alberto Malheiros.; **A TRAP IN LAPAROSCOPIC SURGERY. VERY SHORT LEFT GASTRIC ARTERY ARISING FROM ANOMALOUS LEFT HEPATIC ARTERY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 177

Objectives: To describe and show a video of a very short left gastric during a laparoscopic gastrectomy. Methods: A 54 years old female patient presented with a one-year epigastric burning pain. She had also hypertension and diabetes. The endoscopy revealed a gastric tumor suggesting a Borrmann I type. He underwent a subtotal D2 gastrectomy with a Roux en Y reconstruction. Results: During the lymph node dissection in the upper border of the pancreas we were preparing to ligate the left gastric artery coming back from the hepatic artery. In this moment we noticed that the artery was going up too close to the liver, and after careful exploration we noticed that it was an abnormal left hepatic artery. The left gastric artery was very short and was originating from this vessel. In this case, in the previous CT scan, the radiologist had not advised us about the anatomy of those vessels. Conclusions: The abnormalities in the hepatic and gastric arteries represent a risk in laparoscopic surgery and attention should be made by the radiologists in the preoperative preparation | [http://youtu.be/IVQZdlHMx\\_4](http://youtu.be/IVQZdlHMx_4)

SEM CONFLITOS DE INTERESSE

Video - Surgical treatment standardization

Kenta Doden.; **STANDARDIZED RECONSTRUCTION FOR TOTALLY LAPAROSCOPIC TOTAL GASTRECTOMY.** ABCD Arq Bras Cir Dig 2015;28(Supl. 3) 177

BACKGROUND: Laparoscopic procedure for upper gastric cancer is not generally established due to complicated anastomotic technique under laparoscopic view. Our procedure of totally laparoscopic total gastrectomy (TLTG) followed by Roux-en-Y reconstruction(R-Y) using linear stapler (overlap technique) is demonstrated and its clinical results are evaluated. PATIENTS AND METHODS: We have introduced overlap technique for esophago-jejunostomy since October 2008. All consecutive patients are evaluated. SURGICAL TECHNIQUE: Total procedure until gastrectomy with appropriate lymphadenectomy is performed by laparoscopic technique using 5 ports. Resected specimen is removed from an enlarged umbilical port site at most 3.5 cm. Insufflation is restarted using sealing retractor and R-Y is performed. A jejunostomy and an esophagojejunostomy are carried out by liner stapler technique, what we call, overlap technique. The each entry hole of linear stapler is closed by intracorporeal suturing technique, using barbed suture (3-0,V-Loctm). RESULTS: All cases were laparoscopically completed without any intraoperative complications. The median amount of blood loss was 15 ml, ranging from 5 to 120. There was one anastomotic leakage in early case, but was no stenosis. CONCLUSIONS: Our procedure of TLTG followed by R-Y (Overlap method) is safe and feasible. Its clinical results are acceptable. This technique might become one of the standard methods for patients with upper gastric cancer. |

SEM CONFLITOS DE INTERESSE