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[Gastric Cancer](#)

abstr 0953

Prognosis of Curatively Resected T4 Gastric Cancer: Significance of Combined Resection

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Background: For patients with locally advanced gastric cancer that invades adjacent organs (T4 according to TNM classification, UICC 5th edition), curative resection including gastrectomy, systematic lymph node dissection, and combined resection of invaded organs is the mainstay of treatment, even though this is classified as stage IV disease. The role of neoadjuvant chemotherapy is still controversial in this setting. We analyzed the prognostic factors of curatively resected T4 gastric cancer patients, focusing mainly on the invaded organs.

Methods: The medical records of 243 gastric cancer patients with T4 disease who underwent curative resection at Korea Cancer Center Hospital from 1991 to 2005 were retrospectively reviewed and analyzed. Statistical analysis was performed by SPSS^R Version 13.0. Survival rate was compared by log-rank test, and univariate and multivariate analysis was done by Cox-regression hazard model. *P* value less than 0.05 was considered statistically significant.

Results: Overall 5-year survival rate of all patients was 36.8% and median survival time was 26 months. When analyzed according to the invaded organs, 5-year survival rate was 23.3% for patients with pancreatic invasion (n=67) and 42.1% for the rest of the T4 patients (n=176) (*P*=.002). Analysis by operation methods for pancreatic invasion demonstrated 5-year survival rates of 0 and 27.4%, respectively, in patients undergoing pancreaticoduodenectomy (n=9) vs. other types of pancreatectomy (n=58) (*P*=0.013). By multivariate analysis, extensive lymph node metastasis (hazard ratio [HR] 3.276 in

International Society of Gastrointestinal Oncology
2009 Gastrointestinal Oncology Conference
October 1–3, 2009

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N0 vs. N2, and 4.069 in N0 vs. N3), grossly encircling type tumor (HR 1.808), and pancreatic invasion (HR 1.453) were identified as independent unfavorable prognostic factors.

Conclusion: Among patients with T4 gastric cancers, prognosis was worse for those with pancreas-invading tumors, and was worse among patients requiring pancreaticoduodenectomy compared with other types of pancreatic resection. A more favorable prognosis could be expected after curative resection for T4 gastric cancer in the absence of the following factors: extensive lymph node metastases (N2 and N3 stages), encircling type primary tumor, or pancreas invasion.