

Gastric Cancer

abstr 0948

Prognostic Value of Preoperative Clinical Staging Assessed by Computed Tomography in Resectable Gastric Cancer Patients: A Viewpoint in the Era of Preoperative Treatment

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Background: In the era of pre- or perioperative therapy of gastric cancer, clinical staging before treatment appears to be increasingly important for prognosis, yet there are no data on the subject for resectable gastric cancer patients. The aim of this study was to evaluate the prognostic role of preoperative locoregional staging in gastric cancer patients undergoing curative resection.

Methods: We reviewed 1,964 gastric cancer patients who underwent curative resection without preoperative therapy from 2001 to 2005. We performed computed tomography and clinical staging according to both the UICC/AJCC (6th edition) classification system, which bases N stage on the number of involved nodes, and the Japanese Classification of Gastric Carcinoma (JCGC) system, which bases N stage on node location.

Results: The 5-year survival rates for patients with clinical T1, T2, T3, and T4 disease were 94.5%, 83.6%, 57.7%, and 35.5%, respectively ($P < .001$). The 5-year survival rates were 89.4% and 68.3%, respectively, for patients with clinical UICC/AJCC N0 and N1 disease ($P < .001$); and 89.4%, 72.4%, 61.0%, and 41.9%, respectively, for patients with clinical JCGC n0, n1, n2, and n3 disease ($P < .001$). When the JCGC system was applied within the UICC/AJCC N1 category, the 5-year survival rates significantly decreased, going from n1 (72.4%) to n2 (61.0%) to n3 (38.2%) ($P < .001$). In multivariate analysis, clinical T and N stage remained significant prognostic factors for overall survival.

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

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Conclusions: Clinical stage is an independent predictor of long-term survival in the preoperative setting. It should be incorporated as a stratification factor in randomized clinical trials of preoperative therapy for gastric cancer patients.