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abstracts

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GASTRIC CANCER TREATMENT – LONG TERM RESULTS

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Objective: Gastric cancer is one of the most frequent malignancies heaving surgical treatment in our country. The aim of this work is to offer an overview of the long-term performance of the patients after treated surgically for the diagnosis of gastric cancer. And also to evidence that in Albania it is absolutely necessary the standardization of an interdisciplinary therapeutic protocol for the treatment of gastric cancer.
Methods: We consider the medical data of 624 patients treated in the First Sugical Clinic, UHC "Mother Theresa", from January 2000 to December 2010 in elective surgery for gastric cancer. All patients or their relatives went contacted by phone in March 2012. Only 107 of the patients could be reached (17 %), in the other cases, the contact number was not available. We presented a questionnaire, focused on informative elements on their post-operative treatments and its course.
Results: According to the lates UICC/AJCC - TNM classification, the staging at the time of the diagnosis was: stage 1 - 49 (8%) patients; stage 2 - 174 (28%) patients; stage 3 - 213 (34%) patients and stage 4 - 188 (30%) patients. The overall operability index was 70%; 188 (30%) patients resulted inoperable. Among the contacted patients, in 71% of them a curative-intent intervention was performed. 27 patients were found alive (25,2%). 11 patients (10,3%) had a more than 5 years survival and apparently disease free after surgery. 5 patients had different causes of death, rather than the gastric disease.
Conclusions: From the total of 107 patients that could be reached, 36,4% had underwent chemotherapy after the surgery, and 5,6% had underwent radiotherapy. In 22,4% of them, the diagnosis of the recurrence was made. The mean time of recurrence diagnosis was 9 months after surgery (range from 1 month to 3 years). Between patients founded alive, 14 perform regular check-ups, as advised by their physician; 8 had performed only one check-up after finishing the treatment, and 5 never performed a check-up after surgery.

CLINICAL AND IMMUNOLOGICAL IMPACT OF EARLY POSTOPERATIVE ENTERAL IMMUNONUTRITION AFTER TOTAL GASTRECTOMY IN GASTRIC CANCER PATIENTS: A PROSPECTIVE RANDOMIZED STUDY

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Objective: Enteral immunodiet has been gaining increasing attention, but experimental data of its clinical effects in patients with gastric cancer are inconsistent, contradictory and poorly investigated. The aim of this study was to assess the impact of early postoperative enteral immunonutrition on clinical and immunological outcomes in an homogeneous group of gastric cancer patients submitted to total gastrectomy.
Methods: One hundred and nine patients with gastric cancer were randomized to receive early postoperative enteral immunonutrition (formula supplemented with arginine, omega-3 fatty acids and ribonucleic acid (RNA)) or an isocaloric-isonitrogenous control. The postoperative outcome was evaluated based on clinical variables, including postoperative infectious complications, anastomotic leak rate and length of hospitalization. In addition state of cellular immunity was evaluated and compared between the two groups.
Results: The incidence of postoperative infectious complications in the immunodiet group (7.4%) was significantly ($p<0.05$) lower than that of the control group (20%), as well as the anastomotic leak rate (3.7% in immunodiet group vs 7.3% in standard nutrition group, $p<0.05$). Mortality rate did not show any significant differences; patients of the immunodiet group were found to have a significantly reduced length of hospitalization (12.7±2.3 days) when compared to standard diet group (15.9±3.4 days, $p=0.029$). The data on cellular immunity showed that the postoperative $CD4^+$T-cell counts decreased in both groups, but the reduction in the IED group was significantly higher ($p = 0.032$) compared with the SND group.
Conclusions: Early postoperative enteral immunonutrition significantly improves clinical and immunological outcomes in patients undergoing gastrectomy for gastric cancer.

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IMPACT OF EARLY ENTERAL NUTRITION AND TOTAL PARENTERAL NUTRITION AFTER TOTAL GASTRECTOMY IN GASTRIC CANCER PATIENTS: THE "G. PAOLO II" CANCER CENTER EXPERIENCE

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Objective: To assess the impact of early enteral nutrition (EEN) and total parenteral nutrition (TPN) on the postoperative course in terms of morbidity and mortality following total gastrectomy for gastric cancer.
Methods: Two hundred and sixty-two consecutive pts (184 M; 78 F average age 64.2, range 30-91) underwent total gastrectomy for GC. Group A (108) was managed without EEN and TPN. Group B (154) received EEN and TPN. Enteral feeding, Protina G® by naso-jejunal tube associated with TPN started within 24 hours postoperatively. Enteral flow was controlled by means of a peristaltic pump. The initial rate of 10 ml/h was progressively increased to 20 ml/h per day until reaching the full nutritional goal (28 Kcal/kg per day). At 7th postoperative day routinely hydro soluble contrast through oral route was performed to rule out anastomotic leakage. In case of leakage Jejunal tube was not removed since contrast imaging assessed the integrity of anastomosis. Thereafter, oral fluid intake and subsequent regular diet started.
Results: Overall morbidity and mortality were 29% vs 12% and 14% and 3.5%, respectively in groups A and B ($p<0.005$). Morbidity and mortality were different between R0 and R1-R2 resections (R0: 28% vs 11 and 8% vs 0.7% respectively in groups A and B($p<0.005$); R1-R2 resections: 30% vs 12.3% and 23% vs 8% respectively in groups A and B ($p<0.005$).
Conclusions: In our experience postoperative EEN and TPN were associated with significant reductions in total complications compared with traditional postoperative feeding practices and impact positively on morbidity and mortality.

MAST CELL POSITIVE TO TRYPTASE CORRELATES WITH METASTATIC LYMPH NODES IN GASTROINTESTINAL CANCERS PATIENTS SURGICALLY TREATED

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Objective: Angiogenesis has been found to be a reliable prognostic indicator for several types of malignancies. Tryptase is a serin protease stored in mast cells' granules, which plays a role in tumour angiogenesis. Mast cells (MCs) can release tryptase following c-Kit receptor activation.
Methods: In this study, immunohistochemistry, image analysis methods and clinical aspects were used in a series of 41 gastrointestinal cancer patients with stage $T_{3-4}N_{2a-b}M_0$ (by AJCC for CRC 7th Edition) and $T_3N_{2-3}M_0$ (by AJCC for Gastric Cancer 7th Edition) to evaluate the correlation between tryptase number in tumour and the number of metastatic lymph nodes harvested.
Results: Data demonstrated a positive correlation between the number of tryptase in tumour tissue and the number of metastatic lymph nodes; the validity of this data needs confirmation by a larger number of cases.
Conclusions: This is the first report considering tryptase in tumour tissue as a useful tool for a valid indication of the type of surgical treatment and its radicality, and it might be considered for prognosis of patients before radical surgical treatment.

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A CASE OF FAMILIAL DIFFUSE GASTRIC CANCER WITH A NONSENSE MUTATION OF CDH1 GENE

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Objective: Hereditary Diffuse Gastric Cancer is an autosomal dominant cancer syndrome related in about 40% of cases to germline mutations of CDH1 gene encoding E-cadherin protein. Constitutional CDH1 gene mutations are also detected in early onset sporadic diffuse Gastric Cancer. We aimed to evaluate frequency of CDH1 gene mutations in patients with early onset diffuse gastric cancer or with a familial diffuse Gastric Cancer that do not fulfil criteria for HDGC in a single Institution.
Methods: A CDH1 gene screening was performed in 16 patients with a diffuse Gastric Cancer diagnosed before 35 years of age or with a familial diffuse Gastric Cancer .
Results: A new germinal mutation of CDH1 gene was found in a 40 years-old Caucasian women with a family history of Gastric Cancer (one first-degree and two second-degree relatives affected with unknown histotype) It is a nonsense mutation located in exon 6 (E261X; GAA>TAA). It has been confirmed by a second genetic testing performed in another research center.
Conclusions: Screening of CDH1 gene in a case of familial diffuse Gastric Cancer led to the discovery of a new CDH1 germline mutation. As it is a nonsense mutation its pathogenetic role is clear. Actually we are performing CDH1 genetic testing on relatives because a profilactic total gastrectomy should be offered to nonsense CDH1 germline mutation carriers of 20 year of age or older.

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