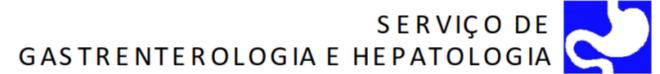




IMPORTANCE OF FOLLOW-UP ENDOSCOPY IN THE MANAGEMENT OF GASTRIC ADENOCARCINOMA PATIENTS AFTER CURATIVE RESECTION

Gomes C, Sousa M, Pinho R, Silva JC, Afecto E, Correia J, Carvalho J
Serviço de Gastreenterologia e Hepatologia do Centro Hospitalar Vila Nova de Gaia/Espinho



BACKGROUND

There is still no consensus on the **follow-up frequency and regimen after curative resection for gastric cancer** and the recommendations of experts and societies vary considerably. The aim of this study was to evaluate the impact of endoscopic surveillance in this group of patients.

METHODS

Retrospective analysis of patients with gastric adenocarcinoma with R0 resection after surgical gastrectomy with curative intent from 2012 to 2017. Patients with less than 12 months of follow-up and with an endoscopy due to other settings apart from surveillance were excluded from the analysis. Time to cancer recurrence was estimated using Kaplan–Meier survival analysis and defined as the time elapsed from gastrectomy until cancer recurrence occurs.

RESULTS

Table 1. Study Characteristics

Total of patients (n)	118
Males (%)	56,8%
Age (years-old)	66.3 ± 11
Follow-up (time)	4 years and 3 months

Table 2. Follow-up after R0 adenocarcinoma resection

Endoscopic surveillance	73,7%
Partial gastrectomy	78,1%
Total gastrectomy	68,5%
Loco-regional recurrence	4,2%
After 1 year	2,2%
Metachronous lesions	0,0%
Cancer recurrence	24,6%
Death due to cancer	22%

Cancer recurrence: loco-regional, nodal, peritoneal, hematogenous or mixed pattern.

At 1, 2 and 4 years of follow-up, **11%, 18.1% and 25.7%** showed cancer recurrence, respectively.

Time to cancer recurrence was significantly longer in patients performing endoscopic surveillance (figure 1A), although the overall prevalence of recurrence was not influenced by this type of monitoring (figure 1B)

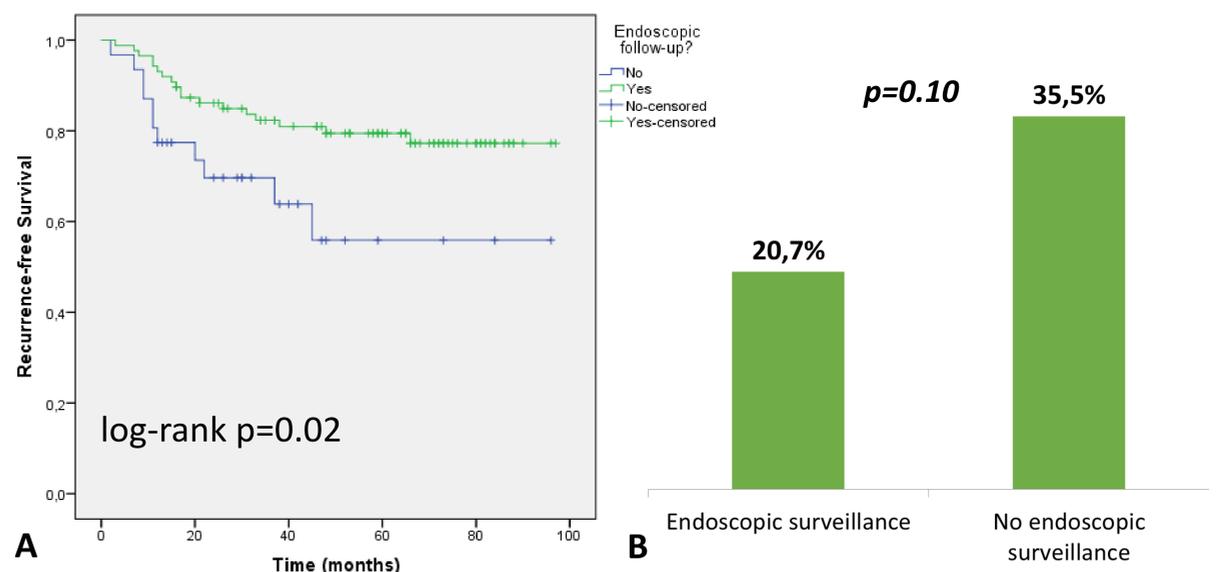


Figure 1. A- Time to cancer recurrence according to the presence of endoscopic surveillance; B- Patients with cancer recurrence according to the presence of endoscopic surveillance

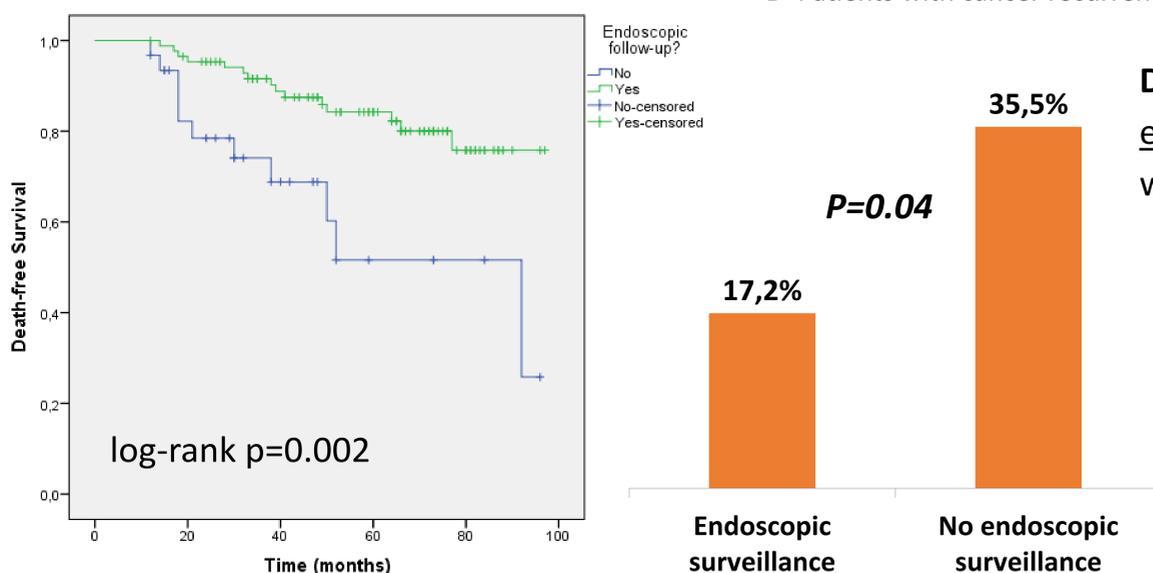


Figure 2. A- Time to death according to the presence of endoscopic surveillance; B- Death according to the presence of endoscopic surveillance

Death due to cancer was higher in patients without endoscopic follow-up (figure 2B), as time to death was also longer in this group of patients (figure 2A).

CONCLUSIONS

Our study showed low locoregional recurrence and metachronous lesions with endoscopic surveillance. However, in this study endoscopic surveillance after gastrectomy appear to impact patients' overall prognosis in terms of cancer recurrence and survival.