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**ESOPHAGEAL AND GASTRIC
CANCER INITIATIVE**

PROGRAMA

E

RESUMOS

SOCIEDADE PORTUGUESA DE CIRURGIA

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CANCER INITIATIVE**

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LISBOA



SOCIEDADE PORTUGUESA DE CIRURGIA

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Sociedade Portuguesa de Cirurgia
Rua Xavier Cordeiro, 30 – 1000-296 Lisboa
Tels.: 218 479 225/6, Fax: 218 479 227
secretariado.revista@spcir.com

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Dear Colleague,

Welcome to the **Esophageal and Gastric Cancer Initiative** held in Lisboa, June 16th to 18th, 2016, by the Grupo de Investigação do Cancro Digestivo, the International Gastric Cancer Association and the American College of Surgeons.

The Initiative will address the New Trends of Multimodal Approach to upper GI cancers. The scientific program has been focused on some of the hottest topics of Esophageal and Gastric Cancer, from bench biology to clinical oncology and from guidelines to individual patient treatment.

The Europe Chapters of the American College of Surgeons will convene in Lisboa for their 1st Meeting, looking for new networking trends. The Europe Fellows of the American College of Surgeons will have the appropriate time and place to discuss their visions to consolidate and to leap forward their common organisational structure.

"Initiative" is the starting point for the above "pieces". The Terreiro do Paço, with its beautiful architectural square is the evocation of the rebuilding capacity of our people and so it is the symbol of 2016 Lisboa Meeting. It was the place for the new ideas, and the new voyages all around the "new worlds" (Descobrimentos), to go and to come.

On behalf of the Organizing Committee we would like to welcome you joining us in Lisboa. Lisboa, as you will live it, is quite a nice city to you enjoy in this early summer. You will discover, or rediscover, our city and the huge variety of details that make it unique and cosy.

Thank you for your interest in this Initiative. Your participation will be of utmost importance for the relevance of the Sessions.

The Organizing Committee wish you have profit of the Scientific Program and that you enjoy the time spent with us.



Prof. Doutor Paulo Matos Costa
Congress President

ESOPHAGEAL AND GASTRIC CANCER INITIATIVE

PROGRAMA

ESOPHAGEAL AND GASTRIC Cancer Initiative

American College of Surgeons,
Europe Chapters - 1st MEETING

LISBOA, JUNE 16th - 18th, 2016

 FUNDAÇÃO
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THURSDAY, June 16TH

AUDITORIUM 2

08:30

REGISTRATION

09:00

WELCOME (*Paulo Costa*)

SESSION 1 ON GASTRIC CANCER

CHAIRS: Hans Meyer, Giovanni de Manzoni, Ana Raimundo

09:10

EURECCA Projects (*William Allum*)

Consensus on complications after gastrectomy (*Gian Luca Baiocchi*)

Endoscopic approaches to complications after gastrectomy (*Carlos Ferreira*)

European consensus guidelines for OG cancer (*Asif Chaudry*)

Results of chemo-radiotherapy for esophageal and junctional

cancers: Royal Marsden experience (*Laurence Bernier*)

Planned European projects (*William Allum*)

D2 Audit

Outcomes in the elderly

Signet ring cancers

Surgery in low volume metastatic disease

E-learning

COFFEE-BREAK

SESSION 2 ON GASTRIC CANCER

CHAIRS: Susana Mão de Ferro, Maria José Bento, Donzília Brito

11:20

Prognostic factors (*Daniele Marrelli*)

11:40

Gastric cancer screening (*Mário Dinis-Ribeiro*)

12:00

Early gastric cancer (*Carlos Eduardo Jacob*)

12:20

Endoscopic treatment of upper GI cancer:

When and how (*Pedro Nunes*)

13:00

KEYNOTE LECTURE

CHAIRS: Hans Meyer, Hélder Mansinho

Seeking the best stage grouping of gastric cancer: International Gastric Cancer Association project (*Takeshi Sano*)

13:30

LUNCH BREAK



SESSION 3 ON GASTRIC CANCER

CHAIRS: Antonio Carlos Weston, José Barbosa, José Flávio

- 14:30 New trends in multimodal treatment of gastric cancer:
The surgeon experience (*Giovanni de Manzoni*)
- 14:50 Minimally invasive surgical treatment (*Bruno Zilberstein*)
- 15:10 Surgical management of advanced gastric cancer:
An evolving issue (*Franco Roviello*)
- 15:30 Hyperthermic intraperitoneal chemotherapy (HIPEC)
for high-risk gastric cancer patients (*Francisco Senra*)
- 15:50 Noncurative resection for gastric cancer patients:
Who can benefit? (*Wilson Costa*)
- 16:10 New trends on neuroendocrine and GIST (*Laercio Lourenço*)

COFFEE-BREAK

SESSION ON LYMPHADENECTOMY

CHAIRS: Fernando José Oliveira, Caldeira Fradique

- 16:30 Lymphadenectomy in gastric cancer (*Paulo Kassab*)
- 16:50 Quality control of lymph node dissection (*Wobbe de Steur*)
- 17:00 POSTER SESSION **SALA E-POSTER**
- 19:00 WELCOME "PORTO"

FRIDAY, June 17TH AUDITORIUM 2

SESSION ON UPPER GI RADICAL RESECTION

CHAIRS: Rui Maio, Carlos Nogueira, Rubens Sallum

- 08:30 Esophageal and gastric cancer treatment in
elderly patients (*Francisco Pimentel*)
- 08:50 Body composition to select patients to pre-operative
chemotherapy / radiotherapy and surgery (*Marília Cravo*)
- 09:10 Risk assessment for radical upper
GI resections (*Henk Hartgrink*)
- 09:30 Radical esophagectomy and gastrectomy:
Impact on biology (*Ronald Maier*)

SESSION ON CLINICAL TRIALS

CHAIRS: Luís Costa, Margarida Damasceno

- 10:00 Building multicentric clinical trials (*Luís Almeida*)
- 10:20 Clinical trials set up (*José Dinis*)



COFFEE-BREAK

11:00 KEYNOTE LECTURE

CHAIRS: Jorge Soares, Paulo Costa

Cancer of the upper GI at the crossroads of precision and narrative medicine (*Manuel Sobrinho Simões*)

12:00 OPENING CEREMONY

13:00 LUNCH BREAK

SESSION ON ESOPHAGEAL CANCER

CHAIRS: António Bettencourt, Lúcio Lara Santos, Trovão Lima

14:00 Surgical management of esophageal cancer (*Arnulf Hölscher*)

14:20 Leaping forward to robotic surgery (*António Cury*)

14:40 Fistulae and stenosis after esophageal resection (*Norbert Senninger*)

SESSION ON NEW TRENDS IN MULTIMODAL TREATMENT OF ESOPHAGEAL AND GASTRIC CANCER

CHAIRS: Laercio Lourenço, Carlos Carvalho, Guy Vieira

15:10 Radiotherapy and esophageal cancer (*Olga Sousa*)

15:30 Radiotherapy and gastric cancer (*Edwin P.M. Jansen*)

15:50 Medical oncology (*Stefano Cascinu*)

16:10 Guidelines in esophago-gastric cancer: What is new, what still unsolved (*Dirk Arnold*)

COFFEE-BREAK

17:00 SESSION ON AMERICAN COLLEGE OF SURGEONS EUROPE CHAPTERS 1ST MEETING

AUDITORIUM 3

Challenges for the ACS Chapters overseas (*Ronald Maier*)

The value of Membership for the ACS European surgeons (*Miguel Cainzos*)

Strategies to enlarge the recruitment for FACS, Associate,

Resident and MedStu among Europe Chapters (*Paulo Costa*)

ACS quality programs and fellowship opportunities (*Antonio Di Cataldo*)

CME for senior trainees. What can the EC-ACS do? (*Jean-Marc Guillardin*)

Research Fellowship in the USA - Implications for

the European surgical trainee and the ACS (*Ernst Klar*)

Leaping forward a network among Europe Chapters (*Norbert Senninger*)

PANEL: Antonio J. Torres, Francisco Castro e Sousa, José Ramia



17:00 INVITED VIDEO SESSION 1

CHAIRS: Jorge Santos, Patrícia Lages, Luis Filipe Pinheiro

Open D2 gastrectomy (*Carlos Benavides Castillo*)

Laparoscopic subtotal gastrectomy (*Carlos Garcia Carrasco*)

Laparoscopic total gastrectomy (*Leandro Barchi*)

Extended laparoscopic gastrectomy (*Felipe Coimbra*)

Tips and tricks on laparoscopic lymph node dissection (*Fabio Thuler*)

SATURDAY, June 18TH

AUDITORIUM 2

08:30 BEST POSTER SESSION

CHAIRS: Lúcio Lara Santos, Luís Costa

SESSION ON GEJ CANCER

CHAIRS: Francisco Castro e Sousa, Sandra Martins

09:15 Classification and staging (*Heike Grabsch*)

09:35 Adenocarcinoma of the gastroesophageal junction:

Where do we stand and where will we go? (*Paul Schneider*)

09:55 Robotic surgery (*Rubens Sallum*)

10:20 INVITED VIDEO SESSION 2

CHAIRS: António Bernardes, António Gouveia, Pedro Coito

MI Esophagectomy (*Arnulf Hölscher*)

Robotic gastrectomy (*Bruno Zilberstein*)

Robotic lymphadenectomy (*Franco Roviello*)

COFFEE-BREAK

12:00 IMMUNO-ONCOLOGY IN UPPER GI CANCER (*Elena Garralda*)

CHAIRS: Luís Costa, Manuela Machado

12:30 FAMILIAL AND HEREDITARY CANCER IN THE UPPER GI (*Fátima Carneiro*)

CHAIRS: Bruno Zilberstein, Heike Grabsch

13:00 BEST POSTER AWARDS

CHAIRS: Fátima Carneiro, Guilherme Tralhão, Gil Gonçalves

13:20 CLOSING CEREMONY



ESOPHAGEAL AND GASTRIC CANCER INITIATIVE

RESUMOS

ESOPHAGEAL AND GASTRIC CANCER INITIATIVE

16 A 18 DE JUNHO DE 2016

RESUMO DE COMUNICAÇÃO

ABSTRACT ID: EG2920512

TÍTULO: A study on postoperative morbidity and mortality of gastric cancer patients treated with curative surgery in a single center

OBJECTIVO/INTRODUÇÃO: Surgery for gastric cancer is still associated with significant morbidity, which may delay adjuvant treatment. The aim of this study was to identify prognostic factors associated with postoperative morbidity and mortality.

MATERIAL E MÉTODOS: This is a retrospective study that included 298 gastric cancer patients who underwent curative resection in a single cancer center between 2007 and 2013. Predictors for overall, clinical and surgical complications, for major and minor ones and also for mortality were identified.

RESULTADOS: Most patients in the study were male (58.1%), had median age of 62 years old and underwent a total gastrectomy (46.3%). Postoperative complications were found in 122 cases (40.9%). Pneumonia was the main clinical complication (8.1%) and wound infection (9.1%) and intracavitary abscess (7.7%) were the most prevalent surgical ones. Postoperative mortality was 5.7%. Multivisceral resections, blood transfusion and operative time were associated with higher morbidity. Age, operative time and COPD led to more clinical complications, while multivisceral resections led to surgical ones. Major events happened more frequently in COPD patients and after longer operative times and multivisceral resections and ASA III and IV classification were associated with mortality.

DISCUSSÃO: Patients at older age, who had COPD, ASA III and IV classification, longer operative time and multivisceral resections were at higher risk of morbidity and mortality after curative resection for gastric cancer.

HOSPITAL: A. C. Camargo Cancer Center

SERVIÇO: Cirurgia Abdominal, A. C. Camargo Cancer Center (1), Patologia Cirúrgica, A. C. Camargo Cancer Center (2)

AUTORES: Franco CP (1), Costa Jr WL (1), Ribeiro HSC (1), Diniz AL (1), Godoy AL (1), Farias IC (1), Cury Filho AM (1), Begnami MDFS (2), Coimbra FJF (1)

CONTACTO: Wilson Luiz Costa Jr
EMAIL: dr.wilsoncosta@gmail.com

ABSTRACT ID: EG1794825

TÍTULO: Abnormal glycosylation in Borrmann type IV gastric cancer: insight for guided therapeutics.

OBJECTIVO/INTRODUÇÃO: Introduction: Borrmann type IV gastric carcinomas are an heterogeneous group of tumours. Its prognosis is worse than the other types of gastric cancer. These observations highlight the urge for novel targeted therapeutics based on the biological behavior of this disease. Objectives: This work intends to provide molecular insights about the expression of aberrant mucin O-glycosylation in Borrmann type IV tumours and metastases.

MATERIAL E MÉTODOS: Methods: In a retrospective design, this study included 16 formalin-fixed, paraffin-embedded Borrmann type IV tumors and 13 lymph node metastases. The tissue sections were screened for cell-surface cancer-associated sialyl-Tn (sTn), Tn and T expression.

RESULTADOS: Results: Regarding sTn and Tn antigens, we found that all tumors and the all metastases express these antigens. sTn was present in more than 20% of the section in approximately 62% of the tumors and the metastases. All metastases presented this antigen and in 50% of the cases was expressed in more than 20% of the tissue. T antigen expression in the tumor and the metastases was significant correlated ($p=0.005$).

DISCUSSÃO: Conclusion: Our results showed that aberrant mucin O-glycosylation cell-surface antigens are expressed in tumours and metastases of Borrmann type IV. Moreover, overexpression sTn and T antigens are associated with worst prognosis. These findings suggested that these antigens may be a potential prognosis biomarkers and good targets for guided therapies.

HOSPITAL: Instituto Português de Oncologia do Porto FG, EPE (IPO-Porto).

SERVIÇO: (1) Experimental Pathology and Therapeutics Group, Portuguese IPO-Porto; (2) INEB, Porto; (3) Department of Pathology, IPO-Porto; (4) Hospital Espírito Santo E.P.E, Évora; (5) IPATIMUP, Porto

AUTORES: Elisabete Fernandes (1,2); José Alexandre Ferreira (1); Luís Lima (1); Beatriz Parreira (1); Andreia Peixoto (1); Ana Tavares (1,3); Luís Pedro Afonso (1,3); Sérgio Barroso (4); Celso Reis (5); Lúcio Lara Santos (1)

CONTACTO: Elisabete Fernandes
EMAIL: elisabete.fernandes@ua.pt



ABSTRACT ID: EG2089998

TÍTULO: Adenocarcinoma of the Esophagogastric Junction - Experience of a Cancer Center in Northern Portugal

OBJECTIVO/

INTRODUÇÃO: Because of its location and biological behavior, the ideal treatment of patients with tumors of the gastroesophageal junction is controversial. This study was designed to evaluate the management and outcome of these tumors in our institution

MATERIAL E

MÉTODOS: We performed a retrospective cohort study. We studied a series of consecutive patients with adenocarcinoma of the esophagogastric junction admitted to a single cancer center from Jan-2009 to Dec-2011. Tumor characteristics, patient data, outcome of surgery and multimodal treatment, prognostic factors and survival rates had been reviewed

RESULTADOS: A total of 151 patients were studied (18,2% of all gastric tumors). Sixty-four patients had clinical stage IV at diagnosis. In the subgroup which underwent surgical resection (58 patients) the postoperative morbidity CTCAE 3/4 was 20% and in-hospital mortality was 5%. The mean number of dissected lymph nodes was 31. Thirty-nine (62%) patients had lymph node metastases and forty-six (79%) were T3 or T4. Twenty-eight patients had recurrent disease and twenty of these had systemic spread of disease at the time of diagnosis. The 3-year overall survival and disease free survival was 46 and 42%, respectively. Multivariate analysis shown that the extent of lymph node metastasis and female gender were the only independent prognostic factors

DISCUSSÃO: Most patients with gastric cancer have advanced-stage disease at presentation. The only factors of poor prognostic were the lymph node metastasis and the female gender

HOSPITAL: Instituto Português de Oncologia - Centro Porto

SERVIÇO: Oncologia Cirúrgica

AUTORES: Pedro Martins, Ana Mesquita, Cátia Ribeiro, Alexandre Sousa, Ana Ferreira, Helena Pereira, Abreu de Sousa

CONTACTO: Pedro Martins

EMAIL: pedrocm05@gmail.com

ABSTRACT ID: EG1731709

TÍTULO: An enigmatic case of abdominal tumor

OBJECTIVO/

INTRODUÇÃO: Actinomycosis is a rare granulomatous disease, caused by gram positive bacilli- Actinomyces spp, being A. Israeli responsible for most cases of human disease. Depending on its location, it takes on particular clinical aspects, and abdominal location is accountable for 20% of reported cases.

MATERIAL E

MÉTODOS: We present the case of a 75 year old man, without prior medical history, presenting with abdominal wall tumefaction, with progressive growth, associated with weight loss (8kg in 3 months). Abdominal CT revealed a large epiploon densification, with extension to rectus abdominis and subcutaneous tissue. Percutaneous ecoguided biopsy was inconclusive, hence decision for excisional biopsy was made.

RESULTADOS: An inflammatory mass, involving gastric wall, transverse colon and a segment of ileon was observed, and en bloc resection was made. Postoperatively, the patient evolved uneventfully and was discharged from hospital on day sixth. Evaluation of surgical specimen was diagnostic for Actinomycosis. A long course of antibiotics (amoxicillin) was administered and on 6 month follow-up the patient was disease free.

DISCUSSÃO: Abdominal Actinomycosis indolent course, and unspecific signs and symptoms, render pre-op diagnosis the exception rather than the rule. Due to its distinctive hallmark of tissue invasion and mass formation, it mimicks a neoplastic process, for which a high level of suspicion is strongly recommended. Resection surgery combined with a long course of antibiotics is, in most cases, curative.

HOSPITAL: Hospital Santa Maria

SERVIÇO: General Surgery

AUTORES: V. Pereira, Joana; Nunes, José Luis; Raposo D'Almeida, João; Mendes de Almeida, José

CONTACTO: Joana Vieira Pereira

EMAIL: joana.s.v.pereira@gmail.com

ABSTRACT ID: EG1813910

TÍTULO: Billroth II versus Billroth II and Braun following distal gastrectomy : preliminary comparative results

OBJECTIVO/

INTRODUÇÃO: The surgeon performing a distal gastrectomy, has an arsenal of reconstruction techniques at his disposal, Billroth II among them. Braun anastomosis performed during a Billroth II procedure has shown evidence of superiority over typical Billroth II, in terms of survival, with no impact on postoperative morbidity and mortality. This study compared Billroth II versus Billroth II and Braun following distal gastrectomy, regarding their postoperative course.

MATERIAL E

MÉTODOS: Patients who underwent distal gastrectomy during 2002-2015, were separated into two groups, depending on the surgical technique used (Billroth II: 45 patients and Billroth II and Braun: 12 patients). The daily output of the nasogastric tube (NGT), the postoperative day that NGT was removed and the day the patient started per os feeding were recorded. Data were then statistically analyzed.

RESULTADOS: There was no difference in the mean NGT removal day and the mean start feeding day. Mean total postoperative NGT output was lower in Braun group (399.17mL vs 1102.78 mL), but that was not statistically significant ($p = 0.102$). Mean daily postoperative NGT output was also lower in Braun group, without statistical significance. Mentionable was the third postoperative day (47.14mL vs 280mL and $p = 0.056$).

DISCUSSÃO: Although there was evidence of superiority of Billroth II and Braun versus typical Billroth II, that was not possible to be demonstrated in a statistically significant manner.

HOSPITAL: University Hospital of Larissa

SERVIÇO: Department of Surgery, University Hospital of Larissa, Mezourlo, 41110, Larissa, Greece(1)

AUTORES: Perivoliotis Konstantinos(1) ,Bouliaris Konstantinos(1) ,Diamantis Alexandros(1) ,Christodoulidis Grigorios (1), Tepetes Konstantinos(1)

CONTACTO: Perivoliotis Konstantinos

EMAIL: kperi19@gmail.com



ABSTRACT ID: EG1466373

TÍTULO: Body Composition as a Prognostic Factor of Chemotherapy Response and Toxicity in Locally Advanced Gastric Cancer Patients

OBJECTIVO/

INTRODUÇÃO: Neo-adjuvant chemotherapy(CT) has been shown to improve survival in locally advanced gastric cancer (GC), however with poor tolerance. Aim: Access CT effect on body composition and its association with CT response/toxicity.

MATERIAL E

MÉTODOS: Retrospective cohort analysis of patients with GC diagnosed between Jan/2012-Dec/2014 and submitted to neoadjuvant CT. Body composition markers [skeletal muscle area(SMA), mesenteric fat(MF)] were measured in axial computed tomography images of the third lumbar vertebra. Skeletal Muscular Index(SMI) was calculated;gender and BMI cut-offs were used to define sarcopenia.

RESULTADOS: 48 cases included, mean age 68 ± 10 years, 69% male. Response was observed in 63%. CT toxicity was observed in 65%, with the need to interrupt treatment in 35%. Sarcopenia was found in 23% and sarcopenic obesity in 10%. There was an association between the need to interrupt CT and sarcopenia ($p=0.069$) and sarcopenic obesity ($p=0.004$). When assessing body composition before and after CT we found a reduction in SMA and MF in non-responders (p

DISCUSSÃO: CT has an important impact in nutritional status deterioration, especially in non-responders and those with CT toxicity. Low values of SMA and high values of MF are associated with CT toxicity.

HOSPITAL: Hospital Beatriz Ângelo

SERVIÇO: Gastroenterology, Nutrition, Oncology, General Surgery, Radiology, Pathology - Hospital Beatriz Ângelo, Loures, Portugal

AUTORES: Palmela C., Velho S., Agostinho L., Branco F., Santos M., Costa Santos M., Oliveira H., Strecht J., Cravo M.

CONTACTO: Carolina Palmela

EMAIL: palmela.carolina@gmail.com

ABSTRACT ID: EG2021679

TÍTULO: C-reactive protein in gastric cancer patients as a predictor of post-surgical complications and recurrences free survival

OBJECTIVO/

INTRODUÇÃO: Postoperative complications (PCs) after gastric cancer resection remain a clinically relevant problem. Early detection of post-operative complications, before critical illness develops, may be of considerable clinical benefit. The aims of this study were to investigate the C-reactive protein (CRP) predictive value in PCs occurrence and its correlation with disease free survival.

MATERIAL E

MÉTODOS: A retrospective study was performed in 51 patients affected by gastric cancer undergoing curative resection in the period from January 2014 to April 2016. We firstly analyzed the correlation between elevated post-operative RCP and the complication occurrence rate. In addition the median RCP value was related to tumor stage and to disease free survival.

RESULTADOS: Median pre-operative and post-operative CRP concentrations on postoperative days 1 and 3 were directly associated with an increase in the Clavien-Dindo grade. High pre-operative value was related with advanced disease stages. Disease free survival was not statistically significantly correlated to high RCP levels but it was affected by the short follow-up period.

DISCUSSÃO: Elevated post-operative levels will help physicians to predict the postoperative course and to facilitate decision-making regarding prompt, comprehensive clinical searches and therapeutic approaches for PCs. In the future it will be very interesting to correlate RCP to disease free survival to stratify patients at high risk of recurrences.

HOSPITAL: Santa Maria Della Misericordia Hospital

SERVIÇO: Department of General and Emergency Surgery, Santa Maria della Misericordia Hospital, University of Perugia

AUTORES: L. Graziosi¹, E. Marino¹, Bartolini V., Donini A.

CONTACTO: luigina graziosi

EMAIL: luiginagraziosi@yahoo.it

ABSTRACT ID: EG2104885

TÍTULO: Clinicopathologic features and surgical outcome of Gastric Stump Cancer

OBJECTIVO/

INTRODUÇÃO: 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. The aim of this study is to retrospectively evaluate the clinicopathologic features and surgical outcome of GSC treatment.

MATERIAL E

MÉTODOS: Retrospective analysis of 53 patients resected with curative intent for GSC at University of São Paulo Hospital between 2000 and 2014. The clinical, operative and follow-up data were analyzed.

RESULTADOS: 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/m². 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 ≥ 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%.

DISCUSSÃO: GSC represents a clinical challenge with high surgical morbidity and less favorable outcomes.

HOSPITAL: Hospital das Clínicas da Universidade de São Paulo

SERVIÇO: Serviço de Cirurgia do Aparelho Digestivo do Hospital das Clínicas da Universidade de São Paulo

AUTORES: Rodrigo José de Oliveira, Amir Zeide Charruf, Carlos Eduardo Jacob, Anna Carolina B. Dantas, Marcus Kodama P. Ramos, André Roncon Dias, Osmar Yagi,



Donato Mucerino, Marcelo Mester, Cláudio Bresciani, Fábio Lopasso, Bruno Zilberstein, Ivan Ceconello

CONTACTO: Rodrigo Jose de Oliveira

EMAIL: rjoliveira92@gmail.com

ABSTRACT ID: EG3013332

TÍTULO: Comparison of the clinicopathological characteristics and the survival outcomes between the Siewert type II/III adenocarcinomas

OBJECTIVO/

INTRODUÇÃO: There are disagreements regarding the pathogenesis, classification and approach of adenocarcinomas of the esophagogastric junction (AEGJ). According to Siewert classification AEGJ are classified according to the lesion's epicenter: 5cm above the esophagogastric junction (EGJ) (I); in the EGJ (II); up to 5cm below it (III). The protocol of our institution establishes that AEGJ I are treated as esophageal cancer and the AEGJ II/III as gastric cancer, with similar treatment protocol. Aim: To analyze the clinical characteristics and survival in AEGJ II and AEGJ III.

MATERIAL E

MÉTODOS: Retrospective analysis of consecutive patients with AEGJ II/III, from Mar/2009 to Jun/2014.

RESULTADOS: 109 patients (AEGJ II=50; AEGJ III=59) were included. Demographic features were comparable between the groups. 85 patients had intestinal type adenocarcinoma and 24 had poorly cohesive carcinoma. This last histology was more frequent in AEGJ III ($p=0.037$). There were no differences in staging and treatment between the groups. Tumor regression induced by chemotherapy, overall survival rate and the survival rate in patients treated with curative intention was also similar between the groups ($p=0,60$, $p=0,733$ and $p=0,90$ respectively).

DISCUSSÃO: There were no differences in the clinical characteristics and survival in AEGJ II and AEGJ III, except for the histological pattern with poorly cohesive carcinoma being more frequent in AEGJ III. Despite a possible distinct pathogenesis, these tumors have similar behavior and outcome.

HOSPITAL: Instituto Português de Oncologia de Lisboa Francisco Gentil

SERVIÇO: Gastroenterology, Oncology, Surgery, Anatomic Pathology

AUTORES: J. Castela, C. Leitão, P. Sousa, I. Guerreiro, S. Mão de Ferro, M. Serrano, S. Ferreira, J. Freire, A. Luis, R. Casaca, A. Bettencourt, P. Chaves, A. Dias Pereira

CONTACTO: Joana Castela

EMAIL: joanarocastela@gmail.com

ABSTRACT ID: EG3137448

TÍTULO: Complete pathological response after preoperative chemotherapy: a case report

OBJECTIVO/

INTRODUÇÃO: The standard of care for treatment of locally advanced gastric cancer is neoadjuvant or perioperative chemotherapy which may be administered as a mean of "downstaging" a locally advanced tumor prior to an attempt of curative resection. Various combinations of drugs have been evaluated in several trials. Clinical response rates and complete pathological response have ranged 0% to 15%.

RESULTADOS: We report on a case of a 66-year-old male with gastric adenocarcinoma achieving pathological complete response after perioperative chemotherapy with Epirubicin, Oxaliplatin, and Fluorouracil (EOX). He had been submitted a partial gastrectomy for a peptic ulcer 20 years ago and was admitted to our hospital with complaints of asthenia and upper GI bleeding. He underwent esophagogastroduodenoscopy, which revealed a ulcerated gastric neoplasia in the cardia. The biopsy was compatible with adenocarcinoma. Further workups with thoracoabdominal computed tomography staged his cancer as T3N1M0. He received 3 cycles of EOX without significant toxicity. Afterwards, he underwent curative surgery after 6 weeks consisting of degastrogastrectomy with extended D2 lymph node dissection and a Roux-en-Y esophagojejunostomy. On microscopic examination, no tumor cells were detected neither in the specimen nor in the 22 regional lymph nodes resected.

DISCUSSÃO: There are a few related cases in the literature of complete pathological response but not with this regimen, which makes this case interesting and a window of hope.

HOSPITAL: Centro Hospitalar Vila Nova de Gaia/Espinho

SERVIÇO: Serviço de Cirurgia Geral do Centro Hospitalar de Vila Nova de Gaia/Espinho

AUTORES: Sofia Fonseca, Mariana Leite, Ana Rodrigues, Joana Ferreira, Joana Esteves, Sílvio Vale, Jorge Maciel

CONTACTO: Sofia Fonseca

EMAIL: sophia_ffonseca@hotmail.com

ABSTRACT ID: EG1390077

TÍTULO: Differentially expressed gene MALAT1 and epigenetic marks analyses in gastric cancer

OBJECTIVO/

INTRODUÇÃO: Epigenetics alterations can influence gene expression and have been implied as an important mechanism contributing to carcinogenesis and tumor progression. Disruption and abnormal patterns are frequently described in several types of tumors, including gastric cancer (GC).

MATERIAL E

MÉTODOS: Gene expression profiling was carried out in two GC cell lines treated with 5-AZA. MALAT1 was selected among 158 differentially expressed genes to assessment of mRNA by qRT-PCR in gastric tissue obtained from patients with GC. DNA and histone methylation were also analyzed by bisulfite sequencing and by chromatin immunoprecipitation qPCR analysis, respectively, in the same set of samples.

RESULTADOS: MALAT1 was up-regulated 3.1-fold in the cell lines after demethylation treatment and qRT-PCR analysis showed lower levels of mRNA in GC tissues compared to adjacent noncancerous tissues. DNA methylation sequencing didn't show any statistical variations. Three regions were selected to H3K9me3 analysis and no significantly H3K9me3 loss was observed comparing paired GC and adjacent noncancerous tissues. Likewise, no correlation between changes in levels of mRNAs and H3K9me3 levels at any specific gene region was observed.

DISCUSSÃO: MALAT1 mRNA expression loss was confirmed in GC samples; however none of the analyzed epigenetic ma-



rks exhibited correlation with gene expression control. Since MALAT1 is a ncRNA, different forms of epigenetic control might have an influence in the differential gene expression.

HOSPITAL: Hospital São Paulo/UNIFESP

SERVIÇO: (1) Disciplina de Genética, UNIFESP (2) Disciplina de Gastroenterologia Cirúrgica, UNIFESP (3) HJBB, UFPA (4) Departamento de Ortopedia e Traumatologia, UNIFESP (5) Departamento de Patologia, UNIFESP (6) Instituto de Ciências Biológicas, UFPA

AUTORES: Carolina O Gigeck^{1,2}, Elizabeth S Chen¹, Danielle Calcagno^{1,3}, Fernanda Wisnieski¹, Leonardo C Santos¹, Mariana F Leal^{1,4}, Paulo Assumpção³, Sâmia Demachki³, Ricardo Artigiani⁵, Rommel Burbano⁶, Laércio G Lourenço², Gaspar J Lopes-Filho², Marília C Smith¹

CONTACTO: Carolina de Oliveira Gigeck

EMAIL: carolina.gigeck@unifesp.br

ABSTRACT ID: EG2873473

TÍTULO: Effectiveness of Double Palliation with Combined Esophageal and Airway Stents in Patients with Esophageal Cancer

OBJECTIVO/

INTRODUÇÃO: Patients with esophageal cancer (EC) often present with esophageal and airway obstructive symptoms and airway-esophageal fistulas which can be relieved with esophageal and/or airway stents.

MATERIAL E

MÉTODOS: To evaluate the effectiveness, complications and survival of patients managed with double palliation we retrospectively evaluated patients submitted to double palliation (combined esophageal and airway stents). Patients' and tumor characteristics, complications and survival were recorded.

RESULTADOS: A total of 51 patients were included in this study. Esophageal stent was placed due to dysphagia (n=35) or fistula (n=16). There were early complications in 17 patients, perforation (n=2), stent migration (n=2), bleeding (n=1), treated endoscopically, and pneumonia (n=1) and late in 22, mostly granulation tissue/tumor overgrowth. There was additional need for palliation of dysphagia with a new stent (n=7) or with nasogastric tube (n=4), PEG (n=3) and surgical gastrectomy (n=3), mostly in patients with cervical EC. Airway stent was placed due to airway tumor infiltration (n=24), airway-esophageal fistula (n=23), extrinsic compression (n=4, 2 due to esophageal stent), with symptomatic relief in 49/51 patients. There were early complications in 5 patients (death n=2) and late in 41, mostly respiratory infection (n=37) and tumor overgrowth (n=23). Mean survival after double palliation was 100 days (0-353).

DISCUSSÃO: The combined endoscopic approaches is effective, despite being associated with morbidity and mortality.

HOSPITAL: Instituto Português de Oncologia de Lisboa Francisco Gentil, E. P. E.

SERVIÇO: Gastroenterology

AUTORES: J. Moleiro, S. Mão de Ferro, J. Dionísio, S. Ferreira, M. Serrano, I. Rosa, P. Lage, J. Duro Costa, A. Dias Pereira

CONTACTO: Joana Moleiro

EMAIL: joanamoleiro1984@gmail.com

ABSTRACT ID: EG2233704

TÍTULO: Efficacy of oral vitamin B12 supplementation after total gastrectomy ? results from a prospective study

OBJECTIVO/

INTRODUÇÃO: Vitamin B12 (vitB12) deficiency is a common and early complication after total gastrectomy. Intramuscular injection of vitB12 has been considered the standard treatment, however, it is painful and expensive.

MATERIAL E

MÉTODOS: Prospective uncontrolled study (ACTRN12614000107628) to evaluate laboratorial and clinical efficacy of long-term oral vitB12 supplementation in patients who underwent total gastrectomy. All patients received daily oral vitB12 (dosage: 1mg/day) and were evaluated every 3 months.

RESULTADOS: A total of 26 patients were included, mean age of 64 years (29-79), with the diagnosis of adenocarcinoma (n=25) and MALT lymphoma (n=1). Patients were included 65 months after total gastrectomy (3-309). At inclusion time, 17/25 patients were under intramuscular vitB12 and 8 had not yet started supplementation. There were normal serum levels of vitB12 in 25/26 patients (1/26 with low vitB12 levels due to non-adherence to intramuscular supplementation) -mean vitB12 level of 657pg/ml (136-2642). During the follow-up, all patients had normal vitB12 levels, and there was no need of intramuscular therapeutic. The patient with low vitB12 had an increase to adequate levels, which maintained stable. There were no differences with statistical significance among vitB12 levels at 6 (867pg/ml), 12 (1008pg/ml) and e 24 (1061pg/ml) months, although there was a progressive increase of them.

DISCUSSÃO: Oral vitB12 is effective and safe in these patients and should be considered the preferential form of supplementation.

HOSPITAL: Instituto Português de Oncologia de Lisboa Francisco Gentil, E. P. E.

SERVIÇO: Gastroenterology

AUTORES: Joana Moleiro, Susana Mão-de-Ferro, Sara Ferreira, Miguel Serrano, Margarida Silveira, A. Dias Pereira

CONTACTO: Joana Moleiro

EMAIL: joanamoleiro1984@gmail.com

ABSTRACT ID: EG1348641

TÍTULO: Esophageal cancer: the trimodal approach in a medium-volume multidisciplinary unit

OBJECTIVO/

INTRODUÇÃO: Esophageal cancer is a devastating disease. Neoadjuvant Chemo-Radiotherapy (CRT) aims to reduce the bulk of the primary tumor before surgery in order to facilitate higher curative resection rates, achieve better locoregional control and prevent micrometastasis. We present the results of a trimodal approach performed by a medium-volume multidisciplinary unit.

MATERIAL E

MÉTODOS: We performed a retrospective review of 37 consecutive patients who received esophagectomy after neoadjuvant CRT between March 2003 and March 2016 at our unit. The following data was analysed: tumor location and histology, cTNM and ypTNM staging, pathological response (pR), resectability, perioperative morbidity/mortality and survival rates.



RESULTADOS: Most of the tumors were located in the distal third (68%). Squamous cell carcinomas were more prevalent (70%) and patients presented with more advanced advanced stages (cTNM Stage III 76%). An average of 20 lymph nodes was resected per patient. 43% of patients had positive lymph nodes after resection. R0 resection was achieved in 89% of patients. Positive pR was achieved in 78% of patients, with 22% of complete pR. Positive clinical response rates were found in 58% of cases. 30-day mortality was 11%. Overall survival at 3y and 5y was 32% and 16% respectively.

DISCUSSÃO: Our data reinforces the evidence that CRT contributed to tumor shrinkage, leading to higher resectability rates and longer survival. The trimodal approach offers promising results even in smaller multidisciplinary units.

HOSPITAL: Centro Hospitalar Lisboa Central, EPE

SERVIÇO: Unidade Funcional de Patologia Esófago-Gástrica

AUTORES: Diogo Carrola Gomes, Caldeira Fradique, Luísa Quaresma, Guedes da Silva, Gualdino Silva, Sacadura Fonseca, Lígia Costa, Mário Oliveira, Jorge Esteves, Mateus Marques, Gonçalo Fernandez

CONTACTO: Diogo Carrola Gomes

EMAIL: carrolagomes.md@gmail.com

ABSTRACT ID: EG3069449

TÍTULO: Evaluation of surgical performance in gastric cancer patients using P-POSSUM ? a 5-year revision from a regional center

OBJECTIVO/

INTRODUÇÃO: Surgery has an important role in gastric cancer as a curative or palliative procedure. Postoperative morbidity and mortality are considered representative of surgical activity and quality. P-POSSUM is a model of evaluation and prediction of surgical risk and the ratio between real morbidity/mortality and the predicted through the POSSUM may help to plan more effective treatment approaches. We pretend to evaluate the surgical results in gastric cancer patients operated in our institution through the comparison of observed postoperative morbidity and mortality and the predicted risk by P-POSSUM.

MATERIAL E

MÉTODOS: A retrospective study was performed in 81 patients with gastric cancer who underwent surgery between January 2008 and December 2012. The variables collected were: clinical presentation, diagnosis, staging, surgical procedure and complications within 30 postop. days. P-POSSUM was used to estimate the number of morbidity and mortality events in 4 risk groups.

RESULTADOS: Within 30 days of surgery, 5 patients died (5,9%) and 27 patients (33,3%) had postop. complications. P-POSSUM estimated mortality for 10 cases (12,4%) and morbidity for 51 patients (63%). P-POSSUM overpredicted postoperative complications and mortality particularly in high risk groups.

DISCUSSÃO: The observed results were globally better than the predicted ones. P-POSSUM is an adequate tool to stratify the risk of postop. complications, optimize the preoperative resources and evaluate surgical results in surgical audits.

HOSPITAL: Hospital Divino Espírito Santo, Ponta Delgada

SERVIÇO: Serviço Cirurgia Geral - Hospital Divino Espírito Santo

AUTORES: Ana Teresa Bernardo, Teresa Eloi, Luís Amaral, Rui Quintanilha, António Silva Melo

CONTACTO: Ana Teresa Bernardo Silva

EMAIL: ana_teresasilva@hotmail.com

ABSTRACT ID: EG2201118

TÍTULO: Ex vivo dissection increases lymph node yield in gastric cancer: results from a single western centre

OBJECTIVO/

INTRODUÇÃO: Retrieval and analysis of an adequate number of lymph nodes is critical for accurate staging of gastric cancer. Lymphadenectomy is crucial in the surgical management of gastric cancer patients. We hypothesize that an ex vivo lymphadenectomy when compared to a not ex vivo one, increased lymph node yield and it is beneficial in term of overall survival.

MATERIAL E

MÉTODOS: We retrospectively reviewed 300 consecutive patients who underwent gastric surgery for adenocarcinoma, between January 2004 and March 2016. Since June 2007, we have started to perform ex vivo lymphadenectomy (ED), immediately after gastric resection avoiding to submit specimens en bloc with all the lymph nodes attached (not ex vivo dissection NED). Primary end point was lymph node yield. Secondary end points, was survival comparison between the two groups.

RESULTADOS: The median number of lymph nodes harvested was significantly higher in the ED compared to that in the NED group (27 vs. 21 lymph nodes, respectively); P

DISCUSSÃO: Ex vivo lymphadenectomy seems to increase the number of lymph nodes harvested improving tumor staging.

HOSPITAL: Santa Maria Della Misericordia Hospital

SERVIÇO: General and Emergency Surgical Department, Santa maria della Misericordia Hospital, University of Perugia

AUTORES: Luigina Graziosi, Elisabetta Marino, Annibale Donini

CONTACTO: luigina graziosi

EMAIL: luiginagraziosi@yahoo.it

ABSTRACT ID: EG2845208

TÍTULO: Extent of Lymphadenectomy in Gastric Cancer at our Institution

OBJECTIVO/

INTRODUÇÃO: D2 lymphadenectomy has been accepted in Far East as the standard treatment for advanced gastric cancer (AGC) for many decades. Fifteen years after its conclusion, the Dutch trial could report a significant decrease of recurrence after D2 procedure. Recently the long term survival analysis of the Italian Randomised Controlled Trial (RCT) could demonstrate a benefit for patients with positive nodes treated with D2 gastrectomy without splenopancreatectomy. As nowadays, also in western countries, D2 procedure can be done safely with pancreas preserving technique and without preventive splenectomy, it has been suggested in several national guidelines as the recommended procedure for patients with AGC. The aim of this study was to evaluate the correct extent of the D2 lymphadenectomy being done at our institution.

MATERIAL E

MÉTODOS: A retrospective review of the database of gastric cancer patients was performed to determine the extent of the D2 lymphadenectomy. A total of 261 patients with gastric cancer underwent resection between January 2010 and December 2014.

RESULTADOS: Of the selected patients, 195 (75%) underwent D2 lymphadenectomy with a mean resection of 31,8 nodes, of



which 5,6 were positive. The mean positive lymph node ratio (LNR) was 17,6%.

DISCUSSÃO: The level of resected nodes is well above the minimum of 15 established by the NCCN e ESMO guidelines and above the 25 or more node resection recommended by the scientific literature.

HOSPITAL: Centro Hospitalar de Setubal

SERVIÇO: Serviço Cirurgia Geral

AUTORES: José Baptista, Margarida Correia, Isa Santos, Rita Baia, Joana Almeida, Rui Garcia, Aurora Pinto, Luis Cortez

CONTACTO: Jose Vieira Baptista

EMAIL: ze.baptista@gmail.com

ABSTRACT ID: EG2147634

TÍTULO: Gastric cancer in Asian and no Non-asian patients

OBJECTIVO/

INTRODUÇÃO: The clinical and biological differences of gastric adenocarcinoma (GA) in oriental and occidental patients are, since a long time, a theme of high interest. Some authors say that the disease has different behavior between those groups; however, such topic is still not clear. **Objective:** to compare cases of GA in Asian patients and Non-Asian patients

MATERIAL E

MÉTODOS: We analyzed 27 cases of oriental origin patients with 27 occidental patients with the same age and gender. In this study we compared stage (UICC 7th edition), extension of lymph node dissection, location of tumor, histological type (intestinal or diffuse) and survival

RESULTADOS: Results: 37% of Asian patients followed were stages I and II, and 63% were stages III and IV. Non-Asians patients were 51,8% in stages I and II and 48,2% in stages III and IV. The average of retrieved lymph nodes after dissection was 30,37% and 26,18%, in Asians and Non-Asians, respectively. Asian patients presented 33,3% of intestinal type and 66,7% of diffuse type, when non-Asian group presented 44,4% of intestinal type and 53,6% of diffuse type. Finally the overall average survival was 36,6 months in Asian patients and 57,7 months in non-Asian patients

DISCUSSÃO: The comparison between Asian and non-Asian groups did not demonstrated significant difference according to stages of disease or lymph nodes dissection, but the Asian group was more affected by diffuse type, what may justify the lower overall average survival in these patients.

HOSPITAL: Irmandade Santa Casa de Misericórdia de São Paulo

SERVIÇO: Department of Surgery ? Gastric and Obesity Division ? Santa Casa Medical School(1), Department of Pathology ? Santa Casa Medical School(2)

AUTORES: Giorgetti DF(1), Fukuhara DK(1), Cordts R(1), Claro LL(2), Thuler FR(1), Freitas Jr, WR(1), Ilias EJ(1), Kasab P (1), Malheiros CA(1).

CONTACTO: Damila de Cassia Fantozzi Giorgetti

EMAIL: damilagiorgetti@yahoo.com.br

ABSTRACT ID: EG2969915

TÍTULO: Gastric cancer in Portugal: Where do we stand, East or West?

OBJECTIVO/

INTRODUÇÃO: The incidence of gastric cancer in Portugal is high and the environmental factors are the main risk, as diet in-

take and Helicobacter pylori infection. It was demonstrated that in the north of Portugal the gastric cancer has a higher incidence. The purpose of this analysis is to describe the clinicopathologic features of gastric cancer in a Central Hospital in Lisbon in the last 8 years, and compare those with similar features attributed to east and west countries.

MATERIAL E

MÉTODOS: We analyzed 464 patients with gastric adenocarcinoma according to the anatomical location, clinical stage and pathological classification (Lauren).

RESULTADOS: In the total gastric cancers, 30 were located in the cardia, 11 in the fundus, 131 in the body, 255 in the antrum and 37 were multicentric. Histologically 461 cancer were adenocarcinoma (52% intestinal type; 26% diffuse type; 16% mixed morphology and 6% unclassified) and 3 were mixed adenoneuroendocrine carcinoma (MANEC). The Clinical stage (TNM) of the patients was: stage 0 (Tis) 1%, stage I 17%, stage II 24%, stage III 38%, stage IV 20%; in 63% of patients a radical surgery was performed.

DISCUSSÃO: In conclusion, the results of our institution have clinical and pathologic resemblance with the gastric cancer of the eastern countries. This should direct us in an equivalent oncosurgical approach.

HOSPITAL: Centro Hospitalar Lisboa Central-Hospital São José

SERVIÇO: Cirurgia 1, Unidade Patologia Esofagogastrica do Centro Hospitalar Lisboa Central

AUTORES: Rosa Matias, Caldeira Fradique, Luísa Quaresma, Catarina Aguiar, Gualdino Silva, Vasco Vasconcelos, João Sacadura, Mário Oliveira, Fernanda Cabrita, Mateus Marques, Jorge Esteves, Lígia Costa, Gonçalo Fernandez, Guedes da Silva

CONTACTO: Rosa Matias

EMAIL: rosa.rosamatias@gmail.com

ABSTRACT ID: EG1678959

TÍTULO: Gastric Conduit Retrosternal Bypass

OBJECTIVO/

INTRODUÇÃO: We present the case of a 49 year-old male with complaints of dysphagia and food impaction after an esophagectomy for esophageal cancer in 2012. Esophagogastrosctomy was performed and it showed stenosis of the gastric conduit that started approximately at 23 cm from the incisors. Repeated dilatations were made with only temporary improvements. After almost three years of repeated monthly dilatations, with severe weight lost and no signs of cancer recurrence, he was proposed for surgery. He had history of silicosis complicated with pachypleuritis, therefore the retrosternal approach was chosen.

MATERIAL E

MÉTODOS: The operation started with a left lateral cervicotomy and the cervical esophagus was identified and mobilized. Then the incision was prolonged, resulting in a cervicosternolaparotomy (left lateral cervicotomy with sternotomy and a midline laparotomy). The right colon and the terminal portion of the ileum (3-4 cm; preserving the ileocecal valve) were mobilized and placed in a retrosternal position. A manual single-layer anastomosis was performed between the cervical esophagus and the terminal ileum.

RESULTADOS: The patient's postoperative course was uneventful and he was discharged on the 9th postoperative day. At five



months follow-up, he has no complaints of dysphagia or food impaction and has started gaining weight.

DISCUSSÃO: Stenosis of esophagogastric anastomosis and/or of the gastric conduit after esophagectomy, are to this day one of the Achilles' heels of this surgery, with limited resources to solve it.

HOSPITAL: Centro Hospitalar e Universitário de Coimbra

SERVIÇO: Serviço de Cirurgia B - CHUC

AUTORES: Emília Fraga, João Almeida, Hamilton Baptista, João Bernardo, Fernando José Oliveira

CONTACTO: Emília Fraga

EMAIL: aemiliacfraga@gmail.com

ABSTRACT ID: EG4770759

TÍTULO: Gastric MANECs: A casuistic of a Portuguese Centre.

OBJECTIVO/

INTRODUÇÃO: Gastric mixed adenoneuroendocrine carcinomas (MANECs) are rare malignancies composed of an adenocarcinoma and a neuroendocrine carcinoma with a variable grade of differentiation. Diagnosis is based on the tumor architecture and immunohistochemistry markers such as chromogranin, synaptophysin, CD56 and neuron-specific enolase. The treatment is variable and dependent on multidisciplinary discussion. We report three cases of gastric MANECs diagnosed and treated in a central hospital in Lisbon.

MATERIAL E

MÉTODOS: Retrospective analysis of the case-reports with different treatment options based on the location of the tumor, stage of disease and condition of the patient.

RESULTADOS: Case 1: Gastric cardia MANEC, clinical stage III (T4N1/2M0) confirmed by a staging laparoscopy, proposed to neoadjuvant therapy. Case 2: gastric body MANEC, clinical stage III (T3N1M0), we performed a radical gastrectomy with D2 lymphadenectomy. He is currently being treated with adjuvant chemotherapy. Case 3: gastric antrum MANEC, clinical stage II (T2N1M0), we performed a subtotal gastrectomy with D2 lymphadenectomy. The patient was treated with adjuvant chemotherapy and has 5 years of disease-free.

DISCUSSÃO: Gastric MANEC are a heterogeneous group of tumors that exhibit specific immunohistochemical characteristics, which are related with better prognosis. Usually biopsy revealed the adenocarcinoma and the final diagnosis of MANEC is confirmed by surgical specimen.

HOSPITAL: Centro Hospitalar Lisboa Central - Hospital São José

SERVIÇO: Centro Hospitalar Lisboa Central - Unidade Patologia Esofago-gástrica

AUTORES: Catarina Aguiar, Caldeira Fradique, Luísa Quaresma, Rosa Matias, Gualdino Silva, Vasco Vasconcelos, João Sacadura, Mário Oliveira, Mateus Marques, Jorge Esteves, Lígia Costa, Gonçalo Fernandez, Guedes da Silva

CONTACTO: Catarina Aguiar

EMAIL: catarina_aguiar_99@hotmail.com

ABSTRACT ID: EG6222837

TÍTULO: Gastric squamous cell carcinoma: a collision tumour or a regressed adenosquamous carcinoma: a case report.

OBJECTIVO/

INTRODUÇÃO: The squamous phenotype is rare in the gastric region, comprising less than 0,04% of the total gastric carci-

nomas, which lends relevance to the discussion of its histogenesis.

MATERIAL E

MÉTODOS: A 50 years old male reported epigastric pain and anemia in the last 5 years. Endoscopy and biopsy: GEJ type III adenocarcinoma and Barrett esophagus. Staging: cT4a Nx M0. Three cycles of neo-adjuvant chemotherapy (triplet) very good clinical response but image response was poor. Laparotomy: carcinoma of the GEJ and invasion of left liver lobe. Trans-hiatal distal esophagectomy, total gastrectomy and atypical left hepatectomy, en bloc.

RESULTADOS: The tumour was 13 cm long, transmural and showed a poorly differentiated area on the surface, with focal mucus production, and a deep, well differentiated, squamous component. It infiltrated the capsule of Glisson but spared the hepatic parenchyma. Multidisciplinary decision: three more cycles of chemotherapy. Patient is disease free 15 months after operation.

DISCUSSÃO: The broad squamous component of this case may be interpreted, on the one hand, as an adenosquamous carcinoma which glandular component has regressed under chemotherapy or, on the other hand, and given its dimension and differentiation, as a collision tumour. Nevertheless, according to the WHO criteria, these carcinomas should be considered a distal extension of an esophageal squamous cell carcinoma.

HOSPITAL: Santa Maria, Lisboa

SERVIÇO: Centro Académico de Medicina de Lisboa

AUTORES: Rita Luís, Miguel Brito, Emília Vitorino, Patrícia Lages, Cristina Ferreira, Paulo Costa

CONTACTO: Paulo Costa

EMAIL: paulomatoscosta@gmail.com

ABSTRACT ID: EG1891047

TÍTULO: Giant eGIST. An aggressive form of a rare tumor

OBJECTIVO/

INTRODUÇÃO: Gastrointestinal Stromal Tumors (GIST) are mesenchymal neoplasms representing 0,1-0,3% of all gastrointestinal neoplasms, with the stomach being the most frequently affected organ (60%). GISTs located outside the gastrointestinal tract are referred to as extra gastrointestinal stream tumors (eGISTs) and are very rare. Tumors larger than 10 cm are considered giant GISTs. The main prognostic factors are size, mitotic rate and location.

MATERIAL E

MÉTODOS: 82 year old female with upper abdominal pain and vomiting for a month. Abdominal ultrasound showed left hypochondrial mass. Thoraco-abdomino-pelvic CT: Tumoral formation with 16,8x11,2 cm, apparently in continuity with the gastric Wall. No long distance metastasis were found. Echo-Endoscopy: Heterogenous lesion, no perigastric lymph node enlargement, and without noticeable invasion of surrounding structures. Biopsy was inconclusive.

RESULTADOS: The patient was proposed for surgery and a partial gastrectomy was performed. Histopathology: Extragastric Stromal Tumor with 18,5x15,5x10 cm, epithelioid type, 9 mitosis/50 high power fields(hpf), without gastric wall involvement. Greater omentum and two lymph nodes without metastasis. T4N0. Prognostic group 6b. Six month Follow up disease free, undergoing adjuvant therapy with Imatinib



DISCUSSÃO: eGISTS are extremely rare, with giant tumors being even rarer. R0 resection is the treatment of choice for these neoplasms. In high risk cases adjuvant therapy is recommended due to the high recurrence and metastasis risk.

HOSPITAL: IPO Coimbra

SERVIÇO: Serviço de Cirurgia Geral, IPO Coimbra

AUTORES: Daniel Martins Jordão, Rui Martins, João Santos Pereira, Henrique Ferrão, Isabel Cristina Ferrão

CONTACTO: Daniel Martins Jordão

EMAIL: dfmjordao@gmail.com

ABSTRACT ID: EG1909762

TÍTULO: GlycoNanoMed Antibody functionalized nanomedicine targeting CA19-9 positive gastric cancer cells

OBJECTIVO/

INTRODUÇÃO: Introduction: Gastric cancer is a major cause of death worldwide, remaining an important health issue. Gastric cancer cells in hypoxic areas of the tumor have been shown to overexpress sialyl-Lewis A (sLea) antigen, a biomarker for non-invasive follow-up of gastrointestinal cancers (CA19-9 test). Polymeric nanoparticles systems have great potential for drug delivery since they improve the efficacy and pharmacokinetics of bioactive agents, thereby reducing systemic toxicity. Objective: The aim of this work was the development of polymeric nanoparticles with cisplatin encapsulated and the sLea as ligand for gastric cancer cells.

MATERIAL E

MÉTODOS: Formulation of polymers PLGA, cisplatin were completely stable and characterized. The polymer nanoparticles were functionalized with CA19-9 mAb by EDC-NHS coupling chemistry. To verify the binding of this nanocomplex to target cells, they were used to label sections of human gastric tissue by immunochemistry.

RESULTADOS: HPLC method demonstrates an association efficiency for PLGA-Cisplatin about 30%. Labeled tissue sections were examined by confocal microscopy indicated that these bioconjugates nanoparticles can bind selectively to sLea positive gastric cancer tissue.

DISCUSSÃO: We describe the development of a ligand targeted PLGA nanoparticles with cisplatin encapsulated. This nanocomplex can greatly increase the effectiveness of the anticancer drug and reduce the side effects.

HOSPITAL: Instituto Português de Oncologia do Porto FG, EPE (IPO-Porto)

SERVIÇO: (1) Experimental Pathology and Therapeutics Group, Portuguese Institute for Oncology of Porto, Porto; (2) Institute de Engenharia Biomédica da Universidade do Porto (INEB); (3) Hospital Espírito Santo E.P.E, Évora, Portugal

AUTORES: Elisabete Fernandes (1,2), Bruno Sarmiento (2), Sérgio Barroso (3), José Alexandre Ferreira (1) and Lúcio Lara Santos (1)

CONTACTO: Elisabete Fernandes

EMAIL: elisabete.fernandes@ua.pt

ABSTRACT ID: EG3337293

TÍTULO: Her 2 Expression in Gastric Adenocarcinoma

OBJECTIVO/

INTRODUÇÃO: Introduction: The gastric adenocarcinoma is one of the most common cancers in the world. Much has been

advanced, mainly in the molecular aspects that have attracted more and more attention from researchers as a promising therapeutic approach in advanced cases. Epithelial growth receptors (EGFR, HER1, HER2, HER3 and HER4) are cell membrane structures whose activation appears to have important relationship with the genesis of the neoplasm. Objective: to evaluate the HER2 expression on gastric adenocarcinoma from a Brazilian population and also to analyze the relationship between the receptor and clinical and pathological characteristics.

MATERIAL E

MÉTODOS: Materials and methods: a retrospective analysis was conducted from January of 2008 to July of 2012, considering only gastrectomies with curative intent. Tumors were tested for HER2 status using immunohistochemistry. The relationship between HER2 status and clinical aspects, surgical findings and survival were also analyzed.

RESULTADOS: Results: 222 patients with gastric carcinoma were submitted to surgery during that period, 121 (54,5%) with curative intention. The immunohistochemistry revealed 4 patients (3,3%) HER2-positive, 6 patients (4,9%) HER2 undetermined and 111 patients (91,7%) HER2-negative. There was no statistical concordance between HER2 status and survival or the clinical aspects.

DISCUSSÃO: Conclusion: The HER2 over-expression rate was very low in this Brazilian population sample and did not show relation with the prognosis and with clinical features.

HOSPITAL: Irmandade Santa Casa de Misericórdia de São Paulo

SERVIÇO: Department of Surgery ? Gastric ad Obesity Division ? Santa Casa Medical School(1), Department of Pathology ? Santa Casa Medical School(2)

AUTORES: Giorgetti DF(1), Cordts R(1), Fukuhara DK(1), Claro LL(2), Thuler FR(1), Freitas Jr, WR(1), Ilias EJ(1), Kasab P (1), Malheiros, CA(1)

CONTACTO: Damila de Cassia Fantozzi Giorgetti

EMAIL: damilagiorgetti@yahoo.com.br

ABSTRACT ID: EG2714832

TÍTULO: Humoral response against sialyl-Lea expressing glycoproteins in esophageal cancer: insights for immunoproteomic studies

OBJECTIVO/

INTRODUÇÃO: Introduction: Esophageal cancers (EC) show poor prognosis and decreased overall survival due to late diagnosis and ineffective therapeutics, urging novel biomarkers to aid disease management. The sialyl-Lewis(a) antigen (sLea) is frequently overexpressed in digestive tumours and has been explored in serological non-invasive prognostication (CA19-9 test); however with low sensitivity and specificity. Autoantibodies against cancer antigens are considered the next generation biomarkers, as they are present in circulation long before tumour-associated proteins. Objective: The aim of this work was detecting the humoral response against sLea as potential biomarkers.

MATERIAL E

MÉTODOS: Based on these observations, we have EC patients (n=7) serum and EC tumours (n=3) for antibodies against sLea-expressing proteins.

RESULTADOS: All EC were positive for sLea, irrespectively of their histological nature but only two patients showed elevated



CA19-9. Moreover, IgG titers, were elevated in EC patients in comparison to the control group. Autoantibodies against sLea-expressing proteins were detected in all cases. Different SLea-glycopatterns were observed for tumours of distinct histological natures.

DISCUSSÃO: This preliminary data suggests that autoantibodies against sLea-expressing proteins hold potential for non-invasive diagnosis in CA19-9 negative cases and sets the rationale for future immunoproteomic studies envisaging highly specific EC biomarkers.

HOSPITAL: Instituto Português de Oncologia do Porto FG, EPE (IPO-Porto)

SERVIÇO: (1) Experimental Pathology and Therapeutics Group, Portuguese Institute for Oncology of Porto; (2) INEB, Institute of Engineering Biomedia da Universidade do Porto University of Porto; (3) Department of Pathology, Portuguese Institute for Oncology of Porto

AUTORES: Elisabete Fernandes (1,2); Andreia Peixoto (1), Manuel Neves (1), Luís Pedro Afonso (3), Lúcio Lara Santos (1) José Alexandre Ferreira (1)

CONTACTO: Elisabete Fernandes

EMAIL: elisabete.fernandes@ua.pt

ABSTRACT ID: EG2251719

TÍTULO: Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for gastric cancer ? results of a single cancer center: an update.

OBJECTIVO/

INTRODUÇÃO: HIPEC for gastric cancer has been investigated both following cytoreductive surgery in the setting of peritoneal metastasis and as an adjuvant treatment after resection in high-risk patients. The aim of this study is to provide an update of this treatment results in a single cancer center.

MATERIAL E

MÉTODOS: This retrospective study included 30 gastric cancer patients treated with HIPEC in a single cancer center between 2007 and 2014, 19 in an adjuvant setting and 11 as part of a cytoreductive surgery. Early and long-term outcomes were reported.

RESULTADOS: Patients median age was 48 years old, there was no difference in gender and the most common surgical resection was a total gastrectomy, in 24 subjects. All of them had D2-lymphadenectomy and 6 individuals had an adjacent organ resection. All patients received at least 3 preoperative cycles of chemotherapy. A CC-0 cytoreduction was achieved in 10 of 11 cases. Overall morbidity was 43% and only 3 patients had Clavien III-IV events. There was no 60-day postoperative mortality. In the high-risk M0 patients, median survival has not been achieved, 14 patients are alive and disease-free, eight of them with at least 3 years of follow-up. Among M1 subjects, median survival was 28 months, four patients are alive, three of them without disease, one with 30 months and another with 40 months of follow-up.

DISCUSSÃO: HIPEC in gastric cancer is safe and feasible with appropriate patient selection. Long-term outcomes look promising in both settings.

HOSPITAL: A. C. Camargo Cancer Center

SERVIÇO: Cirurgia Abdominal, A. C. Camargo Cancer Center (1), Oncologia Clínica, A. C. Camargo Cancer Center (2), Patologia Cirúrgica, A. C. Camargo Cancer Center (3)

AUTORES: Costa Jr, WL (1), Mello CAL (2), Ribeiro HSC (1), Diniz AL (1), Godoy AL (1), Farias IC (1), Cury Filho AM (1), Fonseca VH (2), Freitas HC (2), Silva MJB (2), Begnami MDFS (3), Coimbra FJF (1)

CONTACTO: Wilson Luiz Costa Jr

EMAIL: dr.wilsoncosta@gmail.com

ABSTRACT ID: EG2839017

TÍTULO: Immunohistochemically detected micrometastases in node-negative patients with gastric carcinoma.

OBJECTIVO/

INTRODUÇÃO: The presence of lymph nodes (LN) metastasis is one of the most important prognostic indicators in gastric cancer (GC)

Despite curative resection, some patients with histologically node negative (pN0) GC still have local or distant tumor recurrence, and occult lymph node micrometastasis (LNmi) has been suspected to be a key causative factor. Their identification is limited by standard methodology

MATERIAL E

MÉTODOS: Forty patients (T1-T4N0) undergoing curative gastrectomy with D2-lymphadenectomy between 2009 and 2014 were retrospectively evaluated. The LN from pN0 cases were re-analyzed by immunohistochemical (IHC) using antibodies against human CK AE1/AE3. The results were also associated with clinicopathological characteristics.

RESULTADOS: A total of 1439 LN were obtained (mean of 35 LN per patient). Tumor cells in LN were detected by IHC in 24 LN from 12 patients (30%). Two patients were pT2, 5 pT3 and 5 pT4. Micrometastasis were detected in 3 nodes from 2 pT2 patients (5%). Two patients were upstaged from stage IB to stage IIA. Four of the 28 CK-negative patients (14.3%) and three among 12 CK-positive patients (25.5%) had recurrence (p=0.4).

DISCUSSÃO: The CK-immunostaining is an effective method for detecting occult tumor cells in LN and can be recommended to precisely determine pathological staging in GC. It may be useful as supplement to H

HOSPITAL: Cancer Institute, Hospital das Clinicas, University of São Paulo Medical School

SERVIÇO: Cancer Institute, Hospital das Clinicas, University of São Paulo Medical School

AUTORES: Zilberstein B, Pereira MA, Ramos MFKP, Charruf A, Oliveira RJ, Faraj SF, Dias AR, Yagi OK, Mello ES, Cecconello I, Ribeiro Jr U.

CONTACTO: Rodrigo Jose de Oliveira

EMAIL: rjoliveira92@gmail.com

ABSTRACT ID: EG1277166

TÍTULO: Immunophenotypes of stomach epithelial dysplasia are related to its biological aggressiveness

OBJECTIVO/

INTRODUÇÃO: Gastric dysplasia is classified as gastric/foveolar or intestinal/adenomatous according to morphological features. Immunophenotypic classification of dysplasia recognizes intestinal (MUC2, CD10, and CDX2), gastric (MUC5AC and/or MUC6), hybrid or null types.

MATERIAL E

MÉTODOS: Sixty-six cases of nonpolypoid epithelial dysplasia of the stomach were classified by morphology and immu-



nophenotype. Immunohistochemistry was performed with MUC2, MUC5AC, MUC6, CD10, CDX2, chromogranin, synaptophysin, Ki-67, TP53 and HER2 antibodies. HER2 was also analyzed by SISH.

RESULTADOS: By conventional histology, dysplasia was classified as intestinal (64%) or gastric (36%) and as low (56%) or high grade (44%). Immunophenotypic classification showed intestinal (33%), gastric (38%), hybrid (26%) or null (3%) types. A coexistent intramucosal carcinoma was seen in 30% of cases. Intestinal immunophenotype was significantly associated with low-grade dysplasia, high expression of CDX2, TP53, synaptophysin and chromogranin. Gastric immunophenotype was significantly associated with high-grade dysplasia, high Ki-67 index and presence of intramucosal carcinoma. HER2 amplification was observed in 3 gastric or hybrid cases.

DISCUSSÃO: Epithelial nonpolypoid dysplasia of the stomach with gastric immunophenotype shows features of biological aggressiveness and may represent the putative precursor lesion in a pathway of gastric carcinogenesis originated de novo from native gastric mucosa, leading to gastric adenocarcinoma with gastric differentiation.

HOSPITAL: Centro Hospitalar do Porto

SERVIÇO: Centro Hospitalar do Porto (1), Centro Hospitalar de Vila Nova de Gaia/Espinho (2), Faculty of Medicine of the University of Porto (3), Centro Hospitalar de São João (4), Institute of Molecular Pathology and Immunology, University of Porto (5)

AUTORES: Mónica Garrido (1), Pedro Valente (2), Irene Gullo (3, 4), Helena Baldaia (3, 4), Margarida Marques (4), Francisco Baldaque-Silva (4), Joanne Lopes (4), Fátima Carneiro (3, 4, 5)

CONTACTO: Mónica Sofia Gonçalves Garrido

EMAIL: monikikita_garrido@hotmail.com

ABSTRACT ID: EG1670313

TÍTULO: Ki-67 Proliferation Index in Gastric Cancer -Biologic Significance

OBJECTIVO/

INTRODUÇÃO: Ki-67 protein has been used as an indicator of proliferation activity in tumor cells. In gastric cancer the prognostic value has not been fully understood. This study was designed to assess the biologic significance of Ki-67 proliferation index (PI) in gastric cancer.

MATERIAL E

MÉTODOS: Seventy-two patients with gastric cancer were evaluated. These patients underwent gastric resection, and the tumor tissue was stained immunohistochemically. Ki-67 PI was defined as the percentage of tumor cells positive for Ki-67. Ki-67 PI was correlated with clinicopathological characteristics and patient survival.

RESULTADOS: A low Ki-67 PI (less than or equal to 50%) was associated with poorly differentiated histology -diffuse type ($p=0.009$) and signet ring cells ($p=0.004$) -and younger age ($p=0.022$). A worse prognosis in patients with low Ki-67 PI was also found (a mean survival of 41.8 vs 63 months for high Ki-67 PI group), but not statistically significant ($p=0.623$, log rank test).

DISCUSSÃO: We found an inversely correlation between Ki-67 PI and histological differentiation grade. Patients in group with low Ki-67 PI are younger, with poorly differentiated histology and have a lower mean survival. Like other

studies already suggested, we may have two different tumors phenotypes -highly invasive with low proliferative capability, and less invasive potential with higher proliferative ability. However, in this sample, no significant prognostic value was achieved between both.

HOSPITAL: Centro Hospitalar Lisboa Central

SERVIÇO: Serviço de Cirurgia -Unidade Funcional de Patologia Esofago-Gástrica

AUTORES: Celso Nabais, Caldeira Fradique, Luísa Quaresma, Gualdino Silva, Vasco Vasconcelos, João Sacadura, Lígia Costa, Fernanda Cabrita, Mateus Marques, Jorge Esteves, Mário Oliveira, Gonçalo Fernandez

CONTACTO: Celso Nabais

EMAIL: celso.nabais@gmail.com

ABSTRACT ID: EG2388722

TÍTULO: Laparoscopic D2 Radical Gastrectomy for adenocarcinoma of the gastric body

OBJECTIVO/

INTRODUÇÃO: Despite high prevalence of gastric carcinoma, it is often a late diagnosis. Sometimes is identified at early stages and this allows early therapy with curative intent and often less invasive approaches. In fact laparoscopic surgery in these patients takes an important role in enabling approaches with curative intent, associated with a lower rate of postoperative complications and best quality in postoperative recovery.

MATERIAL E

MÉTODOS: We present, in video format, a case of laparoscopic radical gastrectomy for gastric adenocarcinoma.

RESULTADOS: Male gender patient, referred to General Surgery Department after Upper Digestive Endoscopy by dyspepsia: gastric ulcer located in the small gastric curvature. Histological examination revealed well-differentiated adenocarcinoma. The abdomino-pelvic CT scan didn't show secondary lesions and endoscopic ultrasound revealed a mucosal area with scar retraction associated with thickening reaching, without exceeding, the muscular layer (UT2/3 N0). Patient underwent a laparoscopic D2 radical gastrectomy with Roux-Y reconstruction. The postoperative period was uneventful and the patient was discharged on the seventh day. Pathological study revealed a well-differentiated adenocarcinoma, invading the submucosa. Isolated 24 nodes, none metastasized.

DISCUSSÃO: Laparoscopy in the gastric cancer treatment appears to be an effective option. It is intended to preserve the oncologic principles of conventional surgery with the advantages of minimally invasive surgery.

HOSPITAL: Hospital Senhora da Oliveira

SERVIÇO: Serviço de Cirurgia Geral, Hospital Senhora da Oliveira - Guimarães

AUTORES: Carlos Santos Costa, Ana Cristina Carvalho, Juliana Oliveira, Vânia Castro, Marta Martins, Catarina Nora, Andreia Santos, Manuel Ferreira, Pinto Correia

CONTACTO: Carlos Santos Costa

EMAIL: drcsantoscosta@gmail.com



ABSTRACT ID: EG2164914

TÍTULO: Laparoscopic Surgery of Gastric Cancer: Indications, Technique and Results After 100 Cases

OBJECTIVO/

INTRODUÇÃO: Aims: to evaluate efficacy, safety and results in terms of postoperative complications and follow-up in patients undergoing laparoscopic gastric resections for malignancy

MATERIAL E

MÉTODOS: After more than 120 surgical laparoscopic procedures for gastric cancer, we performed 64 laparoscopic subtotal gastrectomy (LSG) and 28 total gastrectomy (LTG), with D2 lymphadenectomy or higher, and omentum-preserving.

RESULTADOS: Study population: 92 patients, operated from April 2007 to May 2015 (Male: 51; female: 41). Age: 68.66+/-10.66 years; BMI of 26.57+/-2.65 kg/m². We made 64/92 LSG and 28/92 LTG. Average time of surgery: 154+/-37 minutes (range 75-280). Average number of lymph nodes removed: 21.63+/-7.79 (range 8-65). We recorded 8/92 conversions (8.70%). We have a rate of intraoperative complications and positive resection margins at 0%. The average postoperative hospital stay: 12.90+/-14.19 days (range 7-116). We recorded a regular postoperative course in 75/92 patients (81.25%). Postoperative surgical complications in 10/92 cases (10.87%). The mean follow-up time was 44.33+/-28.54 months, and is still ongoing, so the data presented are preliminary. We recorded an average survival time equal to 40.80+/-0.31 months. We recorded so far 22/81 deaths, with a survival rate at follow-up part amounts to 72.84%

DISCUSSÃO: Laparoscopic treatment of gastric cancer is safe and feasible, both for EGC and for AGC. Short and medium term follow-up show that there are no differences in survival and recurrence rate from previous reports.

HOSPITAL: San Marco Hospital (Zingonia -BG)

SERVIÇO: (1) San Marco Hospital, General Surgery Department, Zingonia (BG - Italy). (2) University of Milan (Italy) ? School of General Surgery.

AUTORES: Stefano Olmi (1-2), Matteo Uccelli (1), Giovanni Cesana (1-2), Francesca Ciccicarese (1-2), Giorgio Castello (1), Riccardo Giorgi (1-2), Michele Marini (1-2) Gianluca Legnani (1)

CONTACTO: Matteo Uccelli

EMAIL: matteo.uccelli@gmail.com

ABSTRACT ID: EG9698517

TÍTULO: Late bone metastases from esophageal squamous cell carcinoma

OBJECTIVO/

INTRODUÇÃO: Esophageal cancer is the sixth leading cause of cancer death. After treatment there is a high rate of local recurrence and distant failure. The 5-year overall survival for localized disease is 20% to 25%.

MATERIAL E

MÉTODOS: We present a case of a 58-year-old man with history of squamous cell carcinoma (SCC) of the gastro-esophageal junction diagnosed in July of 2004 that was treated with neoadjuvant chemotherapy with cisplatin and docetaxel and then total gastrectomy. The histology revealed a SCC basaloid ypT2N1MxR0. The follow-up

showed no evidence of recurrence until the last CT in May 2015.

RESULTADOS: In October 2015 he complained of back and pelvic pain. The blood test revealed high serum levels of LDH and ALP. A lumbar and pelvic CT and a bone scintigraphy identified multiple osteoblastic bone lesions suggestive of metastatic lesions. He underwent a bone biopsy that was negative for malignant cells. The full body CT had no evidence of suspicious lesions and the tumor markers were negative (CEA, CA 19.9, PSA). He then repeated the bone biopsy and this time the histology was positive for carcinoma compatible with esophageal primitive cancer. When reviewing original pathology of the 2004 gastrectomy the cells were the same.

DISCUSSÃO: Typically the bone metastases originating from esophageal SCCs are osteolytic, and osteoblastic metastases are reported in rare cases. This is a late recurrence of esophageal cancer with 11 years of disease free survival and an atypical presentation with osteoblastic metastasis.

HOSPITAL: Hospital Prof. Dr. Fernando Fonseca

SERVIÇO: Serviço Oncologia, Hospital Prof. Dr. Fernando Fonseca

AUTORES: Santos C., Fiúza T.

CONTACTO: Catarina Santos

EMAIL: catarinacastrosantos@gmail.com

ABSTRACT ID: EG1050704

TÍTULO: Long-term outcomes of gastric endoscopic submucosal dissection: focus on metachronous and non-curative resection management

OBJECTIVO/

INTRODUÇÃO: Endoscopic submucosal dissection (ESD) is an effective treatment for gastric superficial neoplasms, being curative in 80-85%. The aims of this study were to identify risk factors for non-curative resection and metachronous development and to evaluate management after non-curative resection.

MATERIAL E

MÉTODOS: Single centre assessment of consecutive patients submitted to gastric ESD, with a minimum follow-up of 18 months. Univariate analysis and logistic regression were performed to identify risk factors.

RESULTADOS: ESD was performed in 194 lesions (164 patients) between 2005-2014 (median follow-up 40 months). Complete resection rates was 93.8%. Male sex, larger tumor size, longer procedure and more advanced histology were associated with non-curative resection (p

DISCUSSÃO: The identified risk factors help to improve patient selection. Metachronous incidence is significant, being older patients at increased risk. An individualized decision is adequate after a non-curative resection; surveillance may be adequate in selected cases.

HOSPITAL: Portuguese Oncology Institute of Porto

SERVIÇO: Gastroenterology Department (1), Pathology Department (2)

AUTORES: Diogo Libânio (1), Pedro Pimentel-Nunes (1), Luís Pedro Afonso (2), Rui Henrique (2), Mário Dinis-Ribeiro (1)

CONTACTO: Diogo Libânio

EMAIL: diogolibaniomonteiro@gmail.com



ABSTRACT ID: EG8270209

TÍTULO: Management of refractory anastomotic esophageal strictures with biodegradable stents

OBJECTIVO/

INTRODUÇÃO: Refractory anastomotic esophageal strictures (RAES) remain a clinical challenge. Multiple therapies, including self-expanding stents (plastic, metal, biodegradable) are available. Biodegradable (BD) stent do not require removal, present good safety profile and promising results, and therefore appear to have a clear advantage over the other types of stents. Aim: To assess the role of BD stents for the management of RAES.

MATERIALE

MÉTODOS: Serie of 3 cases of RAES, managed with BD stent (s), followed prospectively at our institution.

RESULTADOS: Three patients, 2 males, mean age 57±3,1 years. Anastomotic strictures were identified 2±0,5 months after surgery. Patients underwent multiple endoscopic dilations (4-8), every 3-4 weeks (Savary-Gilliard dilators and TTS/CRE balloons). One patient was also managed with fully covered metal stents (n=3) with early recurrence of dysphagia. In all patients BD stent, SX-ELLA BD stent® (23/18/23-060), 60 mm length, was inserted, without complications. Follow-up: one patient managed only with 1 BD stent, being asymptomatic six month after stent placement; the other two required additional BD stents, with 4-5 months interval between stent placements. Improvement of dysphagia (grade 0-1) and weight gain were observed in all patients.

DISCUSSÃO: Sequential application of BD stents may constitute an alternative to multiple dilations in patients with RAES, reducing the number of procedures and increasing the time that patients are dysphagia-free.

HOSPITAL: Instituto Português de Oncologia de Lisboa Francisco Gentil

SERVIÇO: Gastreenterology

AUTORES: J. Castela, S. Mão de Ferro, M. Serrano, S. Ferreira, I. Rosa, P. Lage, A. Dias Pereira

CONTACTO: Joana Castela

EMAIL: joanarocastela@gmail.com

ABSTRACT ID: EG1580236

TÍTULO: MD

OBJECTIVO/

INTRODUÇÃO: To compare long-term outcomes of chemoradiotherapy between younger and elderly (>=70 years) oesophageal cancer patients treated with curative intent

MATERIALE

MÉTODOS: Overall survival (OS), disease-free survival (DFS) and locoregional control were compared between older (>=70 years) and younger oesophageal cancer patients (< 70 years). Patients were treated between 1998 and 2013 with neoadjuvant (nCRT) or definitive (dCRT) chemoradiotherapy consisting of 36-50.4Gy in 18-28 fractions concurrently given with 5-fluorouracil/cisplatin or carboplatin/paclitaxel

RESULTADOS: Our cohort (n=253) consisted of 177 patients younger than 70 years and 76 patients >=70 years (median age 64 years). Median follow-up was 4.9 years. Most patients had stage IIA-IIIa disease (83%). Planned treatment was nCRT with surgery for 169 patients and dCRT for 84 patients. In 33 patients planned surgery was not

performed (= 70 years: 85% vs. 68% (p=0.04)). For the entire study population OS at 3-years was 42%. In the multivariable analysis no difference was found in DFS and OS between the two age groups (old vs. young); OS (HR 0.87, 95% CI 0.60-1.25, p=0.45), DFS (HR 0.88, 95% CI 0.61-1.26, p=0.48)

DISCUSSÃO: Long-term outcomes of elderly oesophageal cancer patients (>=70 years) treated with dCRT or nCRT followed by surgery are as good as to the outcomes of their younger counterparts. Advanced age alone should therefore not be a contraindication for chemoradiotherapy-based treatment in oesophageal cancer patients

HOSPITAL: NKI-AVL

SERVIÇO: Departments of Radiation Oncology (1), Surgical Oncology (2), Biometrics (3), Gastrointestinal Oncology (4) and Pathology (5) of The Netherlands Cancer Institute -Antoni van Leeuwenhoek hospital, Amsterdam, the Netherlands

AUTORES: F.E.M. Voncken, MD (1), R.T. van der Kaaij, MD (2), K. Sikorska, PhD (3), E. van Werkhoven Msc (3), J.M. van Dieren, MD PhD (4), C. Grootsholten, MD PhD (4), P. Snaebjornsson, MD (5), J.W. van Sandick, MD PhD (2) and B.M.P. Aleman, MD PhD (1)

CONTACTO: Francine Voncken

EMAIL: f.voncken@nki.nl

ABSTRACT ID: EG9985550

TÍTULO: Metastatic Lymph Node Ratio as a Prognostic Factor in Gastric Cancer

OBJECTIVO/

INTRODUÇÃO: Lymph node ratio-based N system (Nr) has been reported to be of prognostic relevance in advanced gastric cancer. Evidence on the prognostic value of lymph node ratio (LNR) in gastric cancer (GC) remains limited. The aim of this study was to evaluate whether LNR was a more accurate prognostic factor than N in the TNM staging system.

MATERIALE

MÉTODOS: A retrospective review of a database of gastric cancer patients was performed to determine the effect of the LNR on the overall survival (OS) and the disease-free survival (DFS). Of the total 261 patients with gastric cancer who underwent resection between January 2010 and December 2014, patients with at least one year follow-up were selected for analysis. Survival curves were estimated using the Kaplan-Meier method. Cox regression analyses, after adjustments for potential confounders, were used to evaluate the relationship between the LNR and survival.

HOSPITAL: Centro Hospitalar de Setubal

SERVIÇO: Servico Cirurgia Geral

AUTORES: José Baptista, Margarida Correia, Isa Santos, Rita Baia, Joana Almeida, Rui Garcia, Aurora Pinto, Luis Cortez

CONTACTO: Jose Vieira Baptista

EMAIL: ze.baptista@gmail.com

ABSTRACT ID: EG1391656

TÍTULO: Minimally invasive esophagectomy: 3 Steps project

OBJECTIVO/

INTRODUÇÃO: Esophagectomy is a potentially curative treatment for localized esophageal cancer. After the first thoracos-



copric esophagectomy, described by Cuschieri et al. in 1992, several minimally invasive techniques have been developed in an effort to improve post-operative outcomes. It has been associated with less blood loss, reduced postoperative pain, decreased time in the intensive care unit, and shortened length of hospital stay compared with the conventional open approaches. We present a three steps project to introduce minimally invasive esophagectomy (MIE) in our center.

MATERIAL E

MÉTODOS: We did a literature review about MIE. We present the main steps of our project.

RESULTADOS: To develop MIE in our center we design a structured and phased project. In first step of this project, one of our senior surgeons has been in two reference centers in Japan in an observational stage, for tow months. Here he saw several procedures of MIE and seized the main steps of the techniques. In second phase, we practiced the thoracoscopic esophagectomy, in a live pig model. In last step, we are reproducing a thoracoscopic assisted McKoewn esophagectomy in patients with esophageal cancer in early stages.

DISCUSSÃO: Numerous reports have documented the safety and feasibility of minimally invasive esophagectomy (MIE), and several centers have gained considerable experience in the technique. In our center, we are introducing the MIE, following a three steps program, with good preliminary results.

HOSPITAL: Instituto Português de Oncologia de Lisboa

SERVIÇO: Instituto Português de Oncologia de Lisboa

AUTORES: Mourato B.; Ramos P.; Monteiro C.; Casaca R., Abecassis N.

CONTACTO: Maria Beatriz Mourato

EMAIL: mariamourato@gmail.com

ABSTRACT ID: EG2331888

TÍTULO: Minimally invasive treatment of gastric GIST by Endo-Laparoscopy

OBJECTIVO/

INTRODUÇÃO: The gastrointestinal stromal tumors (GISTs) are the most common mesenchymal tumours of the gastrointestinal tract. Surgery is the primary therapeutic approach. Objective: To present the results of patients undergoing combined endo-laparoscopic (ELC) approach as a minimally invasive treatment for gastric GISTs

MATERIAL E

MÉTODOS: Prospective analysis of surgical results and follow-up outcomes of the patients undergoing ELC for treatment of gastric GIST (2010-2013)

RESULTADOS: Sample of 6 patients with a mean age of 56 years. Average tumor size 4.1 cm; as for location, 4 were in the body, 1 in the fundus and 1 in the fundus-body; 50% were anterior wall tumors and 50% were located on the posterior wall. A laparoscopic segmental atypical resection with endoscopic support was performed in all cases. There was no need for conversion, no intra-operative complications were identified and RO surgeries were histologically confirmed. All tumors were classified as low-grade malignancy. Maximum postoperative hospital stay of 2 days. Although there,s no mention of any short-term complications, on the second year of follow up an incisional hernia was diagnosed (the only complication of the sample). No recurrences reported to date.

DISCUSSÃO: Despite the small number of cases we believe that the use of systematic ELC approach in gastric GIST is feasible, safe and effective. Intraoperative endoscopy support allows better exposure of the tumour, greater accuracy of resection, with low morbidity and high patient satisfaction.

HOSPITAL: Centro Hospitalar do Algarve - Unidade Portimão

SERVIÇO: Centro Hospitalar do Algarve. Serviço de Cirurgia III.
*Serviço de Gastroenterologia

AUTORES: M. Cunha, K. Hristrova, J. Roseira, V. Hugo, J. Melo, D. Veiga, B.Peixe*, H. Tavares de Sousa*, J. Rachadell, E. Amorim, M. Americano

CONTACTO: Miguel Cunha

EMAIL: Miguelcunha86@gmail.com

ABSTRACT ID: EG1459797

TÍTULO: Mixed Adenoneuroendocrine Carcinoma - Case Report of a Rare Entity

OBJECTIVO/

INTRODUÇÃO: Mixed adenoneuroendocrine carcinoma (MANEC) is a rare tumor of the gastrointestinal tract characterized by the intimate combination of two histologically different malignant tumors: neuroendocrine and adenocarcinoma. Due to its rarity, our knowledge about the MANEC is quite limited and mainly based on a small number of case reports.

MATERIAL E

MÉTODOS: Clinical data and images collected from the patient,s records.

RESULTADOS: Male, 69 years old, presented with an upper GI bleeding. The upper endoscopy revealed a gastric lesion suspicious of malignancy and active hemorrhage. An emergent surgical intervention was decided due to hemodynamic instability. The patient underwent total gastrectomy with Billroth II gastrojejunostomy without further complications. The pathological examination revealed the diagnosis of a gastric MANEC (pT4G3N+). On follow-up multiple hepatic metastasis were detected. The patient was presented in a multidisciplinary meeting and it was decided upon palliative chemotherapy.

DISCUSSÃO: We report a case of gastric MANEC, a rare highly malignant tumor without consensual approach.

HOSPITAL: Hospital de Braga

SERVIÇO: Cirurgia Geral

AUTORES: Cláudio Branco, Teresa Carneiro, Dina Luís, António Gomes

CONTACTO: Cláudio Branco

EMAIL: branco.cgp@gmail.com

ABSTRACT ID: EG1335466

TÍTULO: Morbimortality of extended local resection for advanced gastric cancer

OBJECTIVO/

INTRODUÇÃO: 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. The aim of this study is to retrospectively review the prognostic factors and surgical outcome of extended local resection for advanced GC.



MATERIAL E

MÉTODOS: 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.

RESULTADOS: 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

DISCUSSÃO: Long term survival following gastrectomy with additional organ resection is possible. Due to higher operative morbimortality, judicious selection of these patients must be done.

HOSPITAL: Hospital das Clínicas da Universidade de Sao Paulo
SERVIÇO: Serviço de Cirurgia do Aparelho Digestivo do Hospital das Clínicas da Universidade de Sao Paulo

AUTORES: Rodrigo José de Oliveira, Amir Zeide Charruf, Carlos Eduardo Jacob, Marcus Kodama P. Ramos, André Roncon Dias, Osmar K. Yagi, Donato R. Mucerino, Leandro Barchi, Marcelo Mester, Cláudio J. C. Bresciani, Fábio P. Lopasso, Bruno Zilberstein, Ivan Ceconello

CONTACTO: Rodrigo Jose de Oliveira
EMAIL: rjoliveira92@gmail.com

ABSTRACT ID: EG8261968

TÍTULO: Neuroendocrine carcinoma of the esophagus: single-center experience of 5 cases

OBJECTIVO/

INTRODUÇÃO: Neuroendocrine carcinomas of the esophagus are very rare tumors, aggressive and with poor prognosis, most cases presenting with distant metastases at diagnosis. With approximately 300 cases described in the literature, there is no defined staging system or optimal treatment approach, although surgical resection combined with neoadjuvant/adjuvant chemotherapy or radiotherapy seems to be effective.

MATERIAL E

MÉTODOS: We report 5 cases of neuroendocrine carcinoma of the esophagus, diagnosed between the years 2012-2015 at our institution.

RESULTADOS: There were 4 men and one woman, with age range between 48-76 years. Two patients had locoregional disease and underwent radical esophagectomy after neoadjuvant chemoradiotherapy. They did not receive adjuvant chemotherapy and one presented with gastric recurrence nine months later. This patient died one year after surgery. The other patient is alive presenting a disease free survival of 24 months. The remaining 3 patients had liver metastases at diagnosis and died 1-2 months after diagnosis.

DISCUSSÃO: Esophageal neuroendocrine carcinomas are aggressive tumors with high rates of distant metastasis and poor prognosis. We report our experience of 5 patients with

this very rare type of esophageal carcinoma and the successful treatment of a patient exhibiting a disease free survival of 2 years. With such rare disease, patients benefit from the acquired knowledge and experience of specialized centers.

HOSPITAL: Centro Hospitalar de Lisboa Central

SERVIÇO: Unidade de Patologia Esofagagástrica CHLC

AUTORES: Sofia Costa Corado, Joana Figueiredo, Luísa Quaresma, Alexandra Pupo, João Sacadura, Vasco Vasconcelos, Gualdino Silva, Gonçalo Fernandez, Lígia Costa, Mateus Marques, Mário Oliveira, Jorge Esteves, Caldeira Fradique, Guedes da Silva

CONTACTO: Sofia Costa Corado

EMAIL: sofiaorado@gmail.com

ABSTRACT ID: EG2648785

TÍTULO: Pancreatoduodenectomy in Advanced Gastric Adenocarcinoma

OBJECTIVO/

INTRODUÇÃO: Introduction: The pancreaticoduodenectomy (PD) in advanced gastric adenocarcinoma (GA) is a rare procedure because the indications are extremely restricted and the high morbidity and mortality lead this kind of surgery to be performed only in young and with high performance status (PS) patients. The pancreas is involved in up to 50% of advanced cases, an R0 resection of gastric cancer is essential to achieve long-term survival, and at times this can only be obtained by multivisceral resection. Objective: To present 3 cases of pancreaticoduodenectomy (PD) in patients with advanced gastric adenocarcinoma.

MATERIAL E

MÉTODOS: Materials and methods: Among 1000 patients operated between August 1997 and April 2016, only three cases underwent PD (0,3%). In those cases we evaluated: operative blood loss, transfusion, operative time, morbidity, hospitalization time, stage and survival.

RESULTADOS: Results: 3 patients have been analyzed, as age between 44 and 56 years, karnofsky 100 -90%. All cases was advanced gastric cancer T4B, 2(66%) was lymph node stage's positive and just 1(33%) was negative. Operation time ranged between 360, at 6 hours with just one patient had need of blood transfusion. All 3 cases presented a pancreatic fistula. Hospitalization time ranged between 13 to 40 days. And the 5 year's survival was 100%, but 1 case cannot be evaluated

DISCUSSÃO: Conclusions: the PD is a rare and safe procedure in patients with good performance status with GA. It provides a good survival with acceptable rates of morbidity.

HOSPITAL: Irmandade Santa Casa de Misericórdia de São Apulo

SERVIÇO: Department of Surgery ? Gastric ad Obesity Division ? Santa Casa Medical School (1), Department of Surgery ? Pancreas and Biliary Division ? Santa Casa Medical School (2), Department of Pathology ? Santa Casa Medical School (3)

AUTORES: Giorgetti DF(1), Cordts R(1), Fukuhara DK(1), Claro LL(3), Thuler FR(1), Freitas Jr, WR(1), de Moricz A(1), Ilias EJ (1), Kassab P(1), Malheiros CA(1).

CONTACTO: Damila de Cassia Fantozzi Giorgetti

EMAIL: damilagiorgetti@yahoo.com.br



ABSTRACT ID: EG3358203

TÍTULO: Perioperative chemotherapy in advanced gastric cancer -4 years of experience in an institution

OBJECTIVO/

INTRODUÇÃO: Advanced gastric cancer has a poor prognosis. Multimodal therapy, namely perioperative chemotherapy, has been tested with improvement in overall survival. The authors present 4 years of experience with perioperative chemotherapy in advanced gastric cancer in one institution.

MATERIAL E

MÉTODOS: A total of 43 patients with advanced gastric cancer (excluding esophageal and gastroesophageal junction) diagnosed between January of 2012 and December of 2015 were selected to perioperative chemotherapy (3 cycles+surgery+3 cycles). Clinical process data was retrospectively analysed.

RESULTADOS: 43 patients with advanced gastric cancer were identified, 31 male (72%) and 12 female (28%), with an average age of 62 years. 37(86%) patients initiated preoperative chemotherapy and were fit to surgery, but only 31 (72%) had resectable disease. 3 patients are on preoperative chemotherapy and other 3 postoperative chemotherapy. 24 (56%) patients have completed the postoperative chemotherapy. Of these, 18 (75%) patients are disease free with an average follow up of 17 months after surgery. The overall survival is 70% with an average follow up of 15 months.

DISCUSSÃO: The perioperative chemotherapy approach as described in MAGIC trial has been accepted in Europe as standard for advanced gastric cancer. In our cohort the number of patients which completed chemotherapy is superior (56% vs 42%). Patient selection, tumor localization, type of resection and lymphadenectomy may be related with treatment response and improved results.

HOSPITAL: Centro Hospitalar Entre Douro e Vouga

SERVIÇO Cirurgia Geral

AUTORES: Ana Marta Pereira, Joana Magalhães, Sofia Oliveira, João Cunha, Tiago Ferreira, António José Reis, Rui Ferreira de Almeida, Artur Trovão Lima, Mário Nora

CONTACTO: Ana Marta Pinheiro Pereira

EMAIL: ampdocumentos@gmail.com

ABSTRACT ID: EG7132285

TÍTULO: Perioperative chemotherapy in locally advanced gastric cancer

OBJECTIVO/

INTRODUÇÃO: Locally advanced gastric cancer (LAGC) is associated with poor overall (OS) and disease free survival (DFS), even with R0 resection, with recent studies showing that it may benefit from perioperative chemotherapy (PC). The aim of this study is to analyze the results of PC in our Institution.

MATERIAL E

MÉTODOS: Between January and July of 2014, 81 patients with LAGC (cT3/4 and/or N+) treated with fluoropyrimidine and platinum-based PC were reviewed.

RESULTADOS: The median age was 62 years with 69.1% of males. The tumors were staged as cN+ in 91.4% of the cases. A median of 3 preoperative chemotherapy cycles was done, with 67.1% of grade 3/4 toxicity. The partial res-

ponse rate on CT-scan was 72.7%. Surgery with curative intent was performed in 71.6% of the patients, with a R0 resection rate of 89.7% and 13.4% of occult metastasis. The rate of pN+ was 73.8% and 1 patient had complete pathologic response (CPR). Surgical morbidity and mortality rates were 19% and 1.7% respectively. The median OS and DFS were 27 and 16 months (M) respectively, with a median time of follow-up of 21M. There was a statistically significant difference in the median OS in the group of surgery with curative intent, R0 resection, partial response on CT-scan and pN0 (p

DISCUSSÃO: There was a high R0 resection rate and although the rate of CPR was low, 18% of the patients were converted from cN+ to pN0. The high rate of occult metastasis prompted a change in our protocol as we now perform staging laparoscopy in patients with LAGC.

HOSPITAL: Instituto Português de Oncologia do Porto

SERVIÇO: Oncologia Cirúrgica, Oncologia Médica, IPO-Porto

AUTORES: José Carlos Pereira, Mariana Peyroteo, Donzília Brito, Ana Ferreira, Cátia Ribeiro, Alexandre Sousa, Sofia Patrão, Cristina Oliveira, Manuela Machado, Paula Ferreira, Ana Raimundo, Maria Fragoso, Lúcio Santos, Flávio Videira, Joaquim Abreu de Sousa

CONTACTO: José Carlos Pereira

EMAIL: jcpereira84@gmail.com

ABSTRACT ID: EG1241324

TÍTULO: Poorly differentiated gastric carcinoma with glandular and squamous phenotype: a case report

OBJECTIVO/

INTRODUÇÃO: A squamous component in the context of a gastric adenocarcinoma must be interpreted with care, taking into account its possible origins and the management repercussions.

MATERIAL E

MÉTODOS: A 83-year-old male with previous chronic atrial fibrillation, diabetes mellitus and hypertension complained of epigastric discomfort, weight loss and anaemia, progressing for 2 months. An adenocarcinoma of the gastric body was diagnosed in upper digestive endoscopy. Ecoendoscopy staging: cT4aNxM0. The patient was unsuited for neoadjuvant chemotherapy. Operative report: a gastric tumour invading left liver lobe and transverse mesocolon was identified, upgrading stage to cT4b; subtotal gastrectomy with segmentectomy II en bloc was performed.

RESULTADOS: The lesion was composed of two admixed areas: one with a syncytial arrangement with occasional pseudolumens, and another with a nested appearance, outlining peripheral palisades or a mosaic-like display. Reactivity for cytokeratin 7 and negativity for squamous markers (cytokeratins 5/6 and p40) in the syncytial component were showed, whereas all markers were positive, despite heterogeneously, in the nested areas. The tumour infiltrated the hepatic capsule but not the parenchyme. The patient is 6 month disease free.

DISCUSSÃO: The lesion was signed off as a poorly differentiated carcinoma, with a solid component and an area which further dedifferentiated into a squamous phenotype, and most probably evolved from a adenocarcinoma, as highlighted by the immunophenotype.

HOSPITAL: Santa Maria, Lisboa

SERVIÇO: Centro Académico de Medicina de Lisboa



AUTORES: Miguel Brito, Rita Luís, Patrícia Lages, Cristina Ferreira, Paulo Costa
CONTACTO: Paulo Costa
EMAIL: paulomatoscosta@gmail.com

ABSTRACT ID: EG1569786

TÍTULO: **Predictive factors for lymph node metastasis in Early Gastric Cancer**

OBJECTIVO/

INTRODUÇÃO: Surgical treatment of Early Gastric Cancer (EGC) ensures an excellent prognosis. Endoscopic resection has been performed in an increasing number of patients with low risk of lymph node metastasis (N+). The purpose of this study was to determine the predictive factors of N+

MATERIALE

MÉTODOS: A single institutional retrospective analysis of the demographic, clinical and histopathological characteristics of patients undergoing surgery for EGC between 2007-2011

RESULTADOS: 178 patients were evaluated with an average age of 62 years. Most lesions were located in the antrum (41%). The percentage of T1a and T1b tumors was 41% and 56.7%. 98 patients had indication for therapeutic endoscopic resection. Total gastrectomy was performed in 52.8% and the average of isolated nodes was 23. The N+ was observed in 18.4% in the total sample, and 11.2% in the subgroup with endoscopic resection criteria (ERC). Predictive factors for N+ were lymphovascular permeation, submucosal invasion and diffuse histological type. In the subgroup with ERC, the predictive factors of N+ were lymphovascular invasion and lesion size >20 mm. The disease-free survival at 5 years was 91% and lymph node involvement was the main prognostic factor

DISCUSSÃO: Lymph node metastasis is not negligible in patients with EGC. In this setting is crucial to offer the treatment that ensures greater disease-free survival. This decision should take into account the prognostic and predictive factors of N+, some clinical features and the experience of the center

HOSPITAL: Instituto Português de Oncologia Francisco Gentil do Porto

SERVIÇO: Serviço de Oncologia Cirúrgica IPO Porto

AUTORES: Cátia Ribeiro, Alexandre Sousa, Ana Ferreira, Ana Mesquita, Pedro C. Martins, Diogo Libânio, Pedro Antunes, Donzília Brito, Flávio Videira, Lúcio L. Santos, J. Abreu de Sousa

CONTACTO: Catia Ribeiro

EMAIL: catia_r_ribeiro@hotmail.com

ABSTRACT ID: EG1192716

TÍTULO: **Predictive Factors for Response to Neo-Adjuvant Chemotherapy in Patients with Resectable Gastric Cancer**

OBJECTIVO/

INTRODUÇÃO: Neo-adjuvant chemotherapy (CT) has been shown to improve survival in locally advanced gastric cancer (GC). However CT is also associated with toxicity and poor tolerance. Aim: Identify predictive factors of response to perioperative CT.

MATERIALE

MÉTODOS: Prognostic study using an academic centre cohort of GC patients diagnosed between Jan/2012-Dec/2014 and submitted to neo-adjuvant CT. Response to CT was evaluated by radiologic criteria and morphological characteristics. Explanatory variables were kept when p

RESULTADOS: 42 cases were included, mean age was 68±10 years, 67% were male. Esophagogastric junction involvement 12%, gastric body 45%, antrum 43%. The histology was intestinal type in 74% and diffuse in 26%. Response was observed in 71%. Toxicity was reported in 64%, with CT interruption in 38%. Median follow-up was 15.5 months. Mortality was 15 (35.7%). The final model included the following predictors: age (OR 0.898, CI95% 0.787-1.024; p=0.109), female gender (OR 27.676, CI95% 0.679-1127.883; p=0.079), poor CT tolerability (OR 0.115, CI95% 0.028-0.468; p=0.002) and gastric body tumour (OR 0.071, CI95% 0.005-0.989; p=0.049). The AUROC for the model was 0.943. Histological type, microsatellite instability and E-cadherin immunoexpression didn't show association with CT response.

DISCUSSÃO: Increasing age, male gender, poor CT tolerability and gastric body location were independent predictors of non-response to CT. Our model was able to accurately predict CT response. Prospective evaluation is warranted.

HOSPITAL: Hospital Beatriz Ângelo

SERVIÇO: Gastroenterology, Nutrition, Oncology, General Surgery, Pathology - Hospital Beatriz Ângelo, Loures, Portugal

AUTORES: Palmela C., Ferreira A. O., Branco F., Santos M., Velho S., Costa Santos M. P., Oliveira H., Seruca R., Garrido R., Rodrigues T., Teixeira J. A., Maio R., Cravo M.

CONTACTO: Carolina Palmela

EMAIL: palmela.carolina@gmail.com

ABSTRACT ID: EG2183052

TÍTULO: **Predictors of Sarcopenia in gastrointestinal (GI) cancer patients.**

OBJECTIVO/

INTRODUÇÃO: To identify predictors of sarcopenia in patients with GI cancers.

MATERIALE

MÉTODOS: Cross-sectional study with 104 patients (pts) with GI cancer. Clinical data, Anthropometry, BIA (Bodystat 1500 MDD; water (TBWBIA)) and CT imaging (images at L3, cross-sectional muscle and fat tissue cross-sectional areas (cm²)). Sarcopenia defined with Skeletal Muscular Index (SMI-cm²/height²) and Gender and BMI specific cut-offs (MartinLJ Clin Oncol 2013). Dietary intake assessed with a Portuguese Semi-quantitative Food Frequency Questionnaire. International physical activity questionnaire.

RESULTADOS: 104 pts, aged: 69±11, 65% men. Disease site: 11% esophagus, 26% gastric, 33% colon, 22% rectum, 9% hepato-biliopancreatic. Disease stage: 18% I, 24% II, 33% III, 24% IV. 68% not sarcopenic and 32% sarcopenic. No association between sarcopenia and disease site (p=0.53) or stage (p=0.09). Age (OR=1.05; p=0.02), arm circumference (OR=0.87; p=0.04), calorie (OR: 0.9; p=0.02), protein (OR=0.98; p=0.05), total fat (OR: 0.98; p=0.006), saturated fat (OR: 0.94; p=0.01) monounsaturated fat (OR: 0.97; p=0.005) intake were significant predictors.



Protein (OR:0.96;p=0.03), total fat (OR:1.2;p=0.04), monounsaturated fat (OR:0.77;p=0.02) intake and age (OR:1.05;p=0.06), remained significant after adjusting for disease stage, BMI, physical activity, calorie and saturated fat intake.

DISCUSSÃO: A protective effect was found for protein and monounsaturated fat intake, whereas total fat intake was associated with an increased risk of sarcopenia.

HOSPITAL: Hospital Beatriz Ângelo

SERVIÇO: (1)Dietetics and Nutrition, (2)Radiology, (3)Oncology, Hospital Beatriz Ângelo, Loures, Portugal, (4)University of Alberta, Alberta, Canada, (5)Gastroenterology, Hospital Beatriz Ângelo, Loures, Portugal

AUTORES: Sónia Velho (1), Sara Moço(1), Diogo Sarabando(1), Rita Cruz(2), Lisa Agostinho(2), Fábio Lopes(3), Francisco Branco (3), João Strecht(2), Luís Gargaté(2), José Teixeira(3), Tânia Rodrigues(3), José L. Passos Coelho(3), Vickie Baracos(4), Marília Cravo(5)

CONTACTO: Sónia Denise Ferreira Velho

EMAIL: soniavelho0@gmail.com

ABSTRACT ID: EG2180816

TÍTULO: Preserving Pylorus Gastrectomy - Why, When and How

OBJECTIVO/

INTRODUÇÃO: Pylorus preserving gastrectomy (PPG) was originally performed for treatment of gastric ulcer but it has been done in some cases of early gastric cancer (EGC), trying to preserve the pylorus function and reducing the post-operative symptoms like Dumping Syndrome, weight loss and diarrhea. The objective of this poster is to show the advantages of PPG surgery and main steps of procedure.

MATERIAL E

MÉTODOS: We have done a literature review about PPG. Based on our experience, we do a summary of the main steps of surgery.

RESULTADOS: There are few number of studies comparing PPG and distal gastrectomy (DG). It can be performed in cases of solitary EGC of middle third of stomach. The main different steps of PPG are the preservation of pylorus, infrapyloric vessels and hepatic branch of vagus nerve. The lymph node dissection is a D1+, that excludes station number 5. This procedure implies a meticulous dissection to achieve the oncologic resection of tumor and lymph nodes, preserving the functionality of pylorus and reducing the post-operative symptoms related to the fast emptying of stomach.

DISCUSSÃO: Compared to DG, PPG would improve the post-operative outcomes, and robot permits an excellent view and the meticulous dissection that is imperious in this procedure. A new Korean study is now running aimed to compare the laparoscopic DG with laparoscopic PPG.

HOSPITAL: Hospital Doutor José Maria Grande / Seoul National University Hospital

SERVIÇO: Serviço de Cirurgia Geral do HDJMG / Gastric Cancer Department from SNUH

AUTORES: Mourato B., Partida O., Choi H., Kim T., Suh Y., Lee H., Yang H.

CONTACTO: Maria Beatriz Baptista de Oliveira Mourato

EMAIL: mariamourato@gmail.com

ABSTRACT ID: EG1647028

TÍTULO: Primary omental Gastrointestinal stromal tumor (GIST)

OBJECTIVO/

INTRODUÇÃO: We report a rare case of primary omental myxoid epithelioid GIST in a 78 years old woman with no previous history of gastric pathology. GISTs are defined as mesenchymal tumors, the majority has KIT (CD117)-positive. They occur most frequently in the stomach (60%), jejunum and ileum (30%). A very few may arise not from the omentum, but from outside the gastrointestinal tract and they are considered extra-GISTs. Histopathologic and immunohistochemical characteristics are identical to GISTs, in which the majority have exclusive gain-of-function KIT/PDGFR mutations. Rarity makes it difficult to assess their malignant potential, prognostic factors or efficacy of therapy.

MATERIAL E

MÉTODOS: A 78 year-old woman was referred to hospital with an abdominal mass occupying the left upper abdomen. On CT, this appeared as a heterogeneous low-density mass with faint enhancement. Abdominal angiography revealed right gastroepiploic artery supply. Gastric GIST were suspected and laparotomy were performed which revealed a 17*15*5cm mass, arising from the greater omentum; completely resected

RESULTADOS: Immunohistochemically, tumor was positive for myeloid stem cell antigen (CD34), weakly positive for c-KIT (CD117). A mutation was identified in PDGFRA; diagnose was omental GIST. The postoperative course was good; the patient is alive, with no sign of relapse

DISCUSSÃO: This case demonstrated a weak expression of c-kit (CD117) and a mutation in PDGFRA. Rarity of this GISTs, makes vital the data support from case reports for better understanding.

HOSPITAL: Hospital Vila Franca de Xira

SERVIÇO: General Surgery

AUTORES: Magda Alves, John Keohane, Donald Maguire

CONTACTO: Magda Teresa Alves

EMAIL: alves.magda0@gmail.com

ABSTRACT ID: EG2253066

TÍTULO: Prognostic impact of the metastatic lymph node ratio in elderly gastric cancer patients

OBJECTIVO/

INTRODUÇÃO: Lymph nodes ratio (rN=harvested/metastatic) is increasingly accepted as prognostic discriminating index after gastrectomy and lymphadenectomy for cancer. The aim of this study was to test the effectiveness of the rN in a senior population with predictable multiple prognostic confounders.

MATERIAL E

MÉTODOS: Retrospective series of 218 Gastric Cancer Pts (2005/15). Age >70 (mean 74). pT1-2 (n=74), pT3 (n=67), pT4 (n=77)-AJCC 7Ed. Gastrectomy according to tumour type and location. Lymphadenectomy according to patient biology / pathologic conditions: nodes = 25 (104). Magic-like protocol: 18%. rN (cut off =6) was previously calculated (ROC). pN0=68 PTs; rN>=6=41; rN

RESULTADOS: Global 5 Y survival = 38%. pT stages OS was different (p=6, rN=6 (68%) (p>0.05). pT 3 and pT4: The same tendency was observed (p>0.05).



DISCUSSÃO: In this group of senior PTs (>70 years) discriminating power of rN>=6 was found to be operational. rN >=6 predicts a survival close to the pN0. Albeit the expected negative impact of comorbidities, lower biologic reserve (morbidity/mortality rates) and long enrolment period, the rN index proved to predict prognosis.

HOSPITAL: Centro Hospitalar Lisboa Norte, EPE

SERVIÇO: Centro Académico de Medicina de Lisboa

AUTORES: Patrícia Lages, Cláudia Pereira, Marta Maio, Vanessa Santos, Paulo Costa

CONTACTO: Patrícia Lages

EMAIL: pmlpages@gmail.com

ABSTRACT ID: EG9006265

TÍTULO: Proteomic analysis of gastric cancer cell lines reveals BAT1 role in gastric carcinogenesis

OBJECTIVO/

INTRODUÇÃO: Our group previously established three gastric cancer cell lines -ACP02 (diffuse), ACP03 (intestinal) and AGP01 (cancerous ascitic fluid). AGP01 cells migrate and invade more than ACP02 and ACP03. Proteomic analyses may reflect the functional state of cancer cells and help in the identification of anticancer targets. We aimed to compare the protein profile of ACP02, ACP03 and AGP01 cell lines and evaluate the mRNA expression and protein immunoreactivity of BAT1 in gastric tissue samples.

MATERIAL E

MÉTODOS: ACP02, ACP03 and AGP01 proteins were analyzed by two-dimensional electrophoresis and mass spectrometry.

BAT1 expression was evaluated by immunohistochemistry in 25 pairs of tumoral and nontumoral gastric samples and by RT-qPCR in 34 pairs of tumoral and nontumoral gastric samples.

RESULTADOS: We detected 25 differentially expressed proteins between AGP01 and ACP02 cells, as well as between AGP01 and ACP03 cells. Only 4 proteins were differently expressed between ACP02 and ACP03 cells. BAT1 was only expressed in the ACP02 and ACP03 cells. Tumoral and nontumoral samples presented BAT1 expression. Compared to matched nontumoral cells, 28% of tumor presented higher intensity and 16% of tumors presented lower intensity of BAT1 immunoreactivity. Tumors presented a significantly reduced BAT1 expression than nontumoral samples (p=0.017).

DISCUSSÃO: The proteins identified by proteomic analysis may play a role in gastric cell migration and invasion. BAT1 may act in gastric carcinogenesis as a tumor suppressor.

HOSPITAL: Hospital São Paulo/UNIFESP-EPM

SERVIÇO: (1) Disciplina de Genética, UNIFESP (2) Disciplina de Gastroenterologia Cirúrgica, UNIFESP (3) Dpto de Ortopedia e Traumatologia, (4) Dpto MIP, UNIFESP (5) HJBB, UFPA (6) Dpto de Patologia, UNIFESP (7) Instituto de Ciências Biológicas, UFPA

AUTORES: Carolina Gigeck^{1,2}, Mariana F Leal^{1,3}, Janete Chung⁴, Danielle Calcagno^{1,5}, Ana CAPereira¹, Fernanda Wisnieski¹, Leonardo CSantos¹, Elizabeth Chen¹, Paulo Assumpção⁵, Sâmia Demachki⁵, Ricardo Artigiani⁶, Laércio G Lourenço², Rommel Burbano, Marília C Smith

CONTACTO: Carolina de Oliveira Gigeck

EMAIL: carolina.gigeck@unifesp.br

ABSTRACT ID: EG3115746

TÍTULO: Risk factors for lymph node metastasis after optimal surgical treatment in early gastric cancer: the western view.

OBJECTIVO/

INTRODUÇÃO: Lymph node metastasis (LNM) has a strong influence on the prognosis of patients with early gastric cancer (EGC). The frequency of LNM has been reported to range from 5.7% to 29%. Therefore, surgery may be excessive in many patient.

MATERIAL E

MÉTODOS: Gastric cancer patients who underwent gastrectomy with lymphadenectomy (D1 or D2) between 2009 and 2015 were retrospectively analyzed to determine whom patients would have been possible candidates for endoscopic treatment.

RESULTADOS: Among 474 enrolled patients, 105 had EGC (22.1%). The mean of LN retrieved was 35.6 (38.2 in D2 and 22.9 in D1 lymphadenectomies) and LNM occurred in 14 (13.3%) of all EGC: 4 mucosal and 10 submucosal tumors. Univariate analysis identified younger age (p=0.026), larger tumor size (p=0.002), the presence of venous (p=0.021), lymphatic (p=0.018) and perineural invasion (p

DISCUSSÃO: Tumor size, venous, lymphatic and perineural invasions were associated to LNM and should be considered as appropriate surrogate markers for surgical treatment in EGC. Undifferentiated tumors, diffuse and mixed histological type also seem to be important additional risk factors related to LNM. endoscopic resection criteria can be safely adopted only in selected cases.

HOSPITAL: Cancer Institute, Hospital das Clinicas, University of São Paulo Medical School

SERVIÇO: Cancer Institute, Hospital das Clinicas, University of São Paulo Medical School

AUTORES: Zilberstein B, Pereira MA, Ramos MFKP, Charruf A, Oliveira RJ, Faraj SF, Dias AR, Yagi OK, Mello ES, Cecconello I, Ribeiro Jr U.

CONTACTO: Rodrigo Jose de Oliveira

EMAIL: Rjoliveira92@gmail.com

ABSTRACT ID: EG1272449

TÍTULO: Sentinel lymph node in Gastric Cancer

OBJECTIVO/

INTRODUÇÃO: Sentinel lymph node is the first lymph node that is in the line of the drainage of an identified tumor. It is assumed that, if this lymph node is negative for tumor cells the remaining lymph nodes will also be negative. This concept has been successfully and widely developed and applied in breast and melanoma tumors. In the beginning of XXI century, the Japanese began to use and apply the concept of sentinel lymph node to gastric cancer. The objective of this study is to apply the sentinel node technology to portuguese patients with gastric cancer stages T1/T2, N0.

MATERIAL E

MÉTODOS: The authors use sub-serosal injection of indocyanine green in four cardinal points in the peritumoral area. The identification and excision of the colored lymph nodes occurs 5 minutes after the injection. The surgical protocol included D2 dissection in all patients.

RESULTADOS: Twenty patients with Gastric adenocarcinoma were studied. The variables that were evaluated included the



location of the tumor, the histological type, the number of sentinel nodes harvested, the location of sentinel nodes, the total number of lymph nodes dissected per patient. The method sensitivity was 86%.

DISCUSSÃO: The use of indocyanine green as a method to the identification of the sentinel node in gastric carcinoma showed good results. This is an area of very promising study results that could bring enormous advantages in the most accurate staging of gastric tumor. It can also contribute to a more individualized therapy of gastric carcinoma.

HOSPITAL: Centro Hospitalar Lisboa Central

SERVIÇO: Unidade de Patologia Esofagológica CHLC

AUTORES: Luisa Quaresma, Caldeira Fradique, Gualdino Silva, Vasco Vasconcelos, João Sacadura, Mario Oliveira, Mateus Marques, Jorge Esteves, Ligia Bruno Da Costa, Gonçalo Fernandez, Guedes Da Silva

CONTACTO: Luisa Quaresma

EMAIL: luisaquaresma@gmail.com

ABSTRACT ID: EG6922711

TÍTULO: Should we Perform Perioperative Chemotherapy to all Patients with Locally Advanced Gastric Cancer?

OBJECTIVO/

INTRODUÇÃO: Perioperative chemotherapy (POC) is the gold standard treatment of locally advanced gastric cancer. Histopathological tumor regression (HTR) is an important parameter of response, being associated with a better outcome. However, in patients with limited response, surgery delay may compromise a curative treatment.

MATERIAL E

MÉTODOS: To evaluate in patients proposed to POC disease progression and HTR and its correlation with clinicopathological variables, 148 patients were proposed for POC and 2 for POC+intraperitoneal chemotherapy. Surgical specimens were reviewed by two pathologists. HTR was defined by Becker's classification (Ia-no residual tumor; Ib-residual tumor 50%) and correlated with clinicopathological variables and survival.

RESULTADOS: Among 150 patients, 143 were treated with POC and 135 of whom were submitted to surgery. Type of resection: R0102; R1-5; R2-11; unresectable disease-17. Therefore, disease progression was observed in 34 patients and complications/death in 5. HTR was evaluated in all patients submitted to resection: Ia=11(9.3%), Ib=9(7.6%), II=30 (25.4%), III=68(57.6%). Besides early tumor staging (T=1/2) (p=0.008) no other variables predicted HTR. All patients with palliative resections had partial(II) or minimal(III) HTR. Patients with Ia/Ib HTR showed less relapse rate (p=0.037) and better overall survival (p=0.041).

DISCUSSÃO: It is necessary to identify markers of HTR which could help in patients selection who can benefit from POC.

HOSPITAL: Instituto Português de Oncologia de Lisboa Francisco Gentil, E. P. E.

SERVIÇO: Gastroenterology

AUTORES: J. Moleiro, C. Calle, S. Mão de Ferro, C. Cardoso, R. Dionísio, A. Pimenta, M. Serrano, S. Ferreira, A. Luís, J. Freire, R. Fonseca, P. Chaves, A. Dias Pereira

CONTACTO: Joana Moleiro

EMAIL: joanamoleiro1984@gmail.com

ABSTRACT ID: EG1990583

TÍTULO: Staging Laparoscopy -the role in gastric cancer treatment

OBJECTIVO/

INTRODUÇÃO: Staging laparoscopy is indicated before the initiation of neoadjuvant chemotherapy in gastric cancer patients. This procedure includes the searching for visible metastasis and occult disease in the peritoneal lavage cytology that are not detected with pre-operative imaging. In our Esophageal/Gastric Unit, patients with locally advanced gastric cancer (T \geq 3 or N \geq 1) are submitted to staging laparoscopy according to MAGIC protocol. The aim of this study is to identify patients who avoided unnecessary treatment procedures due to staging laparoscopy.

MATERIAL E

MÉTODOS: Retrospective analysis of gastric and gastroesophageal junction adenocarcinomas treated in our Unit since February 2009 to June 2015.

RESULTADOS: We identified 213 patients who underwent staging laparoscopy for gastric and gastroesophageal junction adenocarcinoma. As results of staging laparoscopy, 40 patients (18.8%) were found to have macroscopic metastasis to the liver or peritoneal cavity. Among 173 macroscopically negative patients who had peritoneal lavage cytology analysis, 7 (4.0%) were found to have positive occult metastatic disease. Of all study patients, 47 (22.1%) patients were staged like M1 gastric cancer disease. The median length of hospital stay was one day and no perioperative or postoperative complications were recorded.

DISCUSSÃO: Staging laparoscopy improves treatment decision-making for advanced gastric cancer and can change the treatment approach in almost a quarter of the patients in this study.

HOSPITAL: Portuguese Oncology Institute of Lisbon

SERVIÇO: General Surgery, Portuguese Oncology Institute of Lisbon (1), General Surgery, Hospital de Portalegre, ULSNA (2), General Surgery, Hospital de Santa Cruz, CHLO (3)

AUTORES: Rodrigo Oom(1), Daniela Rosado(2), Paula Magro(3), Catarina Santos(1), Paulo Ramos(1), Cecília Monteiro(1), Rui Casaca(1), Nuno Abecasis(1)

CONTACTO: Rodrigo Oom

EMAIL: rodrigo.oom@gmail.com

ABSTRACT ID: EG1565624

TÍTULO: Stents as a treatment for esophagojejunal leak after total gastrectomy or esophagectomy for neoplastic disease

OBJECTIVO/

INTRODUÇÃO: Anastomosis leak is a fearful complication of gastric and esophageal resection, given its high morbidity and mortality rate

MATERIAL E

MÉTODOS: Retrospective analysis of patients who underwent surgical oncological resection (SOR) for oesophageal and gastric carcinoma, from Jan 2010 -Apr 2016. Radiological, endoscopically or intra-operative diagnosis of esophagogastric or esophagojejunal anastomosis leak (EEAL) were included. Systemic inflammatory status, major or minor leak and presence of local complications



were registered. Technical success, late complications and clinical outcomes were evaluated

RESULTADOS: 122 patients were submitted to total gastrectomy or esophagectomy. Of 10 cases of EEAL, 6 were treated with metallic auto expandible totally covered stent. All attained immediate technical success. 1 showed leak persistence, requiring endoscopic reposition of the stent. 1 presented with stenosis after stent withdrawal and was treated with endoscopic dilation. Another was diagnosed with an anastomotic haemorrhage and leak 3 days after stent placing, having died due to multiorgan failure (MOF). One died of MOF, despite presenting no leak after stent placement

DISCUSSÃO: EEAL after SOR is uncommon and its surgical approach still involves significant morbidity and mortality. Stent placement is a feasible and reproducible approach in reference centres, although is still related to a significant rate of unfavourable outcomes. There is no clear evidence of what approach suits each patient best

HOSPITAL: Hospital Professor Fernando da Fonseca

SERVIÇO: 1 Cirurgia B; 2 Gastroenterologia

AUTORES: David Aparício¹, Vera Paz², António Gomes¹, Carlos Leichsenring¹, Ana João¹, António Soares¹, Marta Fragoso¹, Rui Marinho¹, Ricardo Rocha¹, David Pires¹, Rita Carvalho², Nuno Pignatelli¹, Vasco Geraldes¹, Jorge Reis², Vítor Nunes¹

CONTACTO: David Aparício

EMAIL: david.joao.aparicio@gmail.com

ABSTRACT ID: EG1295353

TÍTULO: Surgical outcome of Gastric Cancer in patients older than 80 years

OBJECTIVO/

INTRODUÇÃO: 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. The aim of this study is to retrospectively review the clinicopathologic features and surgical outcome of elderly (>80 years) patients treated for GC.

MATERIAL E

MÉTODOS: 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.

RESULTADOS: 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

DISCUSSÃO: Long term survival following gastrectomy with additional organ resection is possible. Due to higher operative morbimortality, judicious selection of these patients must be done.

HOSPITAL: Hospital das Clinicas da Universidade de Sao Paulo

SERVIÇO: serviço de Cirurgia do Aparelho Digestivo do Hospital das Clinicas da Universidade de Sao Paulo

AUTORES: Rodrigo José de Oliveira, Amir Zeide Charruf, Carlos Eduardo Jacob, Marcus Kodama P. Ramos, André Roncon Dias, Osmar K. Yagi, Donato R. Mucerino, Leandro Barchi, Marcelo Mester, Cláudio J. C. Bresciani, Fábio P. Lopasso, Bruno Zilberstein, Ivan Cecconello

CONTACTO: Rodrigo Jose de Oliveira

EMAIL: rjoliveira92@gmail.com

ABSTRACT ID: EG7470027

TÍTULO: Synchronous Gastric Tumours: Two different cases...

OBJECTIVO/

INTRODUÇÃO: The synchronous occurrence of more than one tumour in the stomach has been attributed to the concept of 'field carcinogenesis' Estimates of the incidence of multiple primary tumours in patients with gastric cancer (GC) range from 1.7 to 8.0% In the literature, descriptions of synchronous tumors in the same organ, except in cases of synchronous tumors of the colon, are very rare

MATERIAL E

MÉTODOS: Case-reports:

88 year old male and 78 years old female

Anemia: Referred for gastrointestinal investigation

Case 1:

-Upper Endoscopy: irregular vegetative lesion in pylorus that extends circumferentially

-Biopsy: Tubular adenocarcinoma, intestinal (Lauren), well differentiated c-ERB2, Ki67 90%

-No metastatic disease

The patient underwent Palliative Total Gastrectomy

-Histology: Gastric adenocarcinomas (synchronous)

.Pyloric antrum: Signet ring cell adenocarcinoma, diffuse type, poorly differentiated (G3) pT4B

.Lesser curvature: well-differentiated tubular adenocarcinoma, intestinal type, pT4aN3a (8/12)

Case 2:

-Upper Endoscopy: vegetative circumferential lesion

-Biopsy: Tubular Adenocarcinoma, intestinal (Lauren), well differentiated

-No metastatic disease

The patient underwent a Total Gastrectomy (D2)

-Histology: Gastric adenocarcinomas (synchronous) intestinal type (Lauren)

.Lesser curvature: well-differentiated pT3N0 (0/15) G1 LV1Pn0

.Pylorus: sessile lesion, intestinal type, pT1aN0

DISCUSSÃO: The report of synchronous adenocarcinomas of gastric location, especially of different histology, is extremely rare

HOSPITAL: Centro Hospitalar Lisboa Central

SERVIÇO: (1) Unidade de Patologia Esofagogastrica CHLC; (2) Serviço de Cirurgia do Hospital de Cascais

AUTORES: Carla Vicente(1), Ascensão Santos(2), Caldeira Fradique(1), Luisa Quaresma(1), Gualdino Silva(1), Vasco Vasconcelos(1), João Sacadura(1), Mario Oliveira(1), Mateus Marques(1), Jorge Esteves(1), Ligia Costa(1), Gonçalo Fernandez(1), Guedes Da Silva(1)

CONTACTO: Carla Sofia de Sousa Vicente

EMAIL: carlasofiavicente@gmail.com



ABSTRACT ID: EG2359313

TÍTULO: Synchronous Presentation of a Gastric Adenocarcinoma and Gastric Lymphoma ? Case Report of a Rare Association

OBJECTIVO/

INTRODUÇÃO: The simultaneous presentation of gastric adenocarcinoma and gastric lymphoma is a rare event. The pathogenesis is poorly understood and the existence of common etiological factors for these two entities remains unclear.

MATERIAL E

MÉTODOS: Clinical data and images collected from the patient's computerized records.

RESULTADOS: Male, 64 years old, sent for consultation after carrying out an upper endoscopy which revealed two gastric lesions suspicious of malignancy, for which biopsies were consistent with lymphoma of the antrum and adenocarcinoma of the gastric body. No symptoms associated or significant changes in blood analysis. CT-scan revealed the presence of a thickening of the gastric wall. An elective surgery was decided, and the patient underwent total gastrectomy with Roux-en-Y esophagojejunostomy without complications. The pathological examination confirmed the diagnosis of two gastric lesions with the histology revealing a poorly differentiated tubular adenocarcinoma of the gastric body (pT3G3N1R0) and a diffuse large B-cell lymphoma of the gastric antrum. The patient was presented in a multidisciplinary meeting and it was decided to perform adjuvant treatment directed to adenocarcinoma followed by adjuvant treatment for gastric lymphoma.

DISCUSSÃO: We report a case of synchronous presentation of gastric lymphoma and adenocarcinoma, a rare entity with non-consensual approach.

HOSPITAL: Hospital de Braga

SERVIÇO: Cirurgia Geral

AUTORES: Cláudio Branco, Carlos Veiga, Teresa Carneiro, Dina Luís, António Gomes

CONTACTO: Cláudio Branco

EMAIL: branco.cgp@gmail.com

ABSTRACT ID: EG8550653

TÍTULO: Synchronous Tumour -Gastrointestinal Stromal Tumor and Hepatocellular Carcinoma ? A rare association ? Case report

OBJECTIVO/

INTRODUÇÃO: Gastrointestinal Stromal Tumors (GIST) are rare mesenchymal tumors that arise from connective tissue elements located along the entire length of the gut. The majority of stromal tumors of the gastrointestinal tract are gastric, followed by the small intestine. GIST can occur simultaneously with other tumors, in between 6 to 30% of cases, but the association with primary Hepatocellular Carcinoma, to our knowledge has been even more rarely described in the literature.

MATERIAL E

MÉTODOS: The authors report a very rare case of a synchronous gastric gastrointestinal stromal tumor and hepatocellular carcinoma.

RESULTADOS: A 73-year-old man was admitted to the Emergency Department (ED) due to asthenia, dark stools and anemia. The upper endoscopy revealed a submucous lesion of

the gastric body, probable leiomyoma. Due to frequent episodes of upper digestive hemorrhage with hemodynamic repercussion, the patient was submitted to laparoscopic atypical gastrectomy and hepatic biopsy. The final pathology report revealed a gastric gastrointestinal stromal tumor (Vimentin+, CD34+, CD117+) and a primary hepatocellular carcinoma (Hepar1+, CD10+, CK7+).

DISCUSSÃO: Malignant GIST are rare, but are more common in the older population, with metastatic potential, it is therefore important to correctly characterize synchronous lesions in order to provide the most adequate treatment for the patient.

HOSPITAL: Hospital do Litoral Alentejano

SERVIÇO: 1-General Surgery, 2-Pathology

AUTORES: Cruz, A.(1); Pinto, A. (1); Gameiro, H.(1); Sousa, D. (1); Marinho, D. (1); Ferreira, A.(1); Santos, D.(1); Cusati, P.(2); Martins, J.(1)

CONTACTO: Ana Isabel Cruz

EMAIL: anaisabel.gacruz@gmail.com

ABSTRACT ID: EG1331116

TÍTULO: T2 gastric carcinoma ? an heterogeneous group with different outcomes

OBJECTIVO/

INTRODUÇÃO: T2 gastric tumours are an heterogeneous group with different prognosis. Our aim was to compare the outcomes of T2 tumours according to histological features

MATERIAL E

MÉTODOS: Patients with gastric carcinoma submitted to curative resection between 2007 and 2013 were retrospective reviewed. T stage?3 were included. Clinical, histological and systemic therapy were analysed. Recurrence and time to recurrence were the outcomes. Univariate and multivariate analysis were used. Non parametric statistics were used

RESULTADOS: 205 patients were analysed. 166 were included. T, N, poor differentiation and poorly cohesive cell were associated with recurrence in univariate analysis. N+ and lymphovascular invasion were independent risk factors for recurrence -95CI[3.56-14.7]; p

DISCUSSÃO: positive lymph nodes, lymphovascular invasion and poorly cohesive cells were risk factors for time to recurrence. The prognosis of T2N0 tubular type with no lymphovascular invasion subgroup was similar to T1N0. This questions the role of perioperative systemic therapy in low risk T2N0 patients

HOSPITAL: Hospital Professor Doutor Fernando Fonseca

SERVIÇO: 1 - Cirurgia B, Hospital Prof. Dr. Fernando Fonseca E.P.E.; Amadora, Portugal 2 - Registo Oncológico, Serviço de Anatomia Patológica, Hospital Prof. Dr. Fernando Fonseca; Amadora, Portugal 3 ? Serviço de Cirurgia - Hospital Infante D. Pedro; Aveiro, Po

AUTORES: Marta Fragoso¹, Filipe Ribeiro³, Ricardo Rocha¹, Nicole Cardoso², Rui Marinho¹, David Aparício¹, António Soares¹, Ana João¹, Marta Serra³, David Pires¹, Teresa Santos³, Vítor Nunes¹

CONTACTO: Marta Fragoso

EMAIL: martafrago@gmail.com



ABSTRACT ID: EG2300649

TÍTULO: Targeted deep DNA methylation analysis in gastric cancer tissues using semiconductor sequencing

OBJECTIVO/

INTRODUÇÃO: Epigenetic control using inhibitors of DNA methylation, such as Decitabine (5-AZA), may offer new possibilities in gastric cancer therapy. Our research group previously identified 86 differentially expressed genes by microarray analysis comparing Decitabine-treated and nontreated gastric cancer cell lines. Among the upregulated genes identified by this methodology, LRR37A2 and SNORD42B were selected for further analyzes. This study aimed to evaluate and correlate LRR37A2 and SNORD42B methylation and mRNA levels in gastric cancer tissues.

MATERIAL E

MÉTODOS: Gastric cancer and adjacent nontumor samples from 40 patients with primary gastric adenocarcinoma were studied. The mRNA level was assessed by quantitative reverse transcription PCR and DNA methylation analysis was evaluated using Ion Torrent™ PGM sequencer.

RESULTADOS: Gastric tumors presented reduced LRR37A2 and SNORD42B expression than nontumor samples. Higher LRR37A2 promoter methylation was associated with tumors of patients with lymph node metastasis, whereas SNORD42B did not show methylation for target regions. Our preliminary results detected no correlation between LRR37A2 mRNA and methylations levels.

DISCUSSÃO: LRR37A2 and SNORD42B are possible tumor suppressor genes in gastric cancer. LRR37A2 methylation may play an important role in advanced gastric tumors.

HOSPITAL: Hospital São Paulo/UNIFESP

SERVIÇO: (1) Disciplina de Genética, UNIFESP (2) Disciplina de Gastroenterologia Cirúrgica, UNIFESP (3) Departamento de Ortopedia e Traumatologia, (4) UNIFESP HJBB, UFPA (5) Departamento de Patologia, UNIFESP (6) Instituto de Ciências Biológicas, UFPA

AUTORES: Carolina O Gigeck^{1,2}, Fernanda Wisnieski¹, Leonardo C Santos¹, Mariana F Leal^{1,3}, Jaqueline C Geraldini¹, Ana C A Pereira¹, Danielle Calcagno⁴, Elizabeth Chen¹, Sâmia Demachki⁴, Ricardo Artigiani⁵, Paulo Assumpção⁴, Laércio G Lourenço⁴, Marília A C Smith¹

CONTACTO: Carolina de Oliveira Gigeck

EMAIL: carolina.gigeck@unifesp.br

ABSTRACT ID: EG1903436

TÍTULO: The association between cervical anastomotic leakage and tumor recurrence after esophageal cancer resection

OBJECTIVO/

INTRODUÇÃO: Anastomotic leakage has been associated with an increased risk for tumor recurrence in rectal cancer surgery. A similar association has been described for leakage of an intrathoracic anastomosis after esophageal cancer resection. The aim of this study was to evaluate the risk for tumor recurrence in relation to leakage of a cervical anastomosis after esophagectomy for cancer.

MATERIAL E

MÉTODOS: Data were analyzed from all esophageal cancer patients who underwent neoadjuvant chemoradiotherapy

followed by esophagectomy with cervical anastomosis in our institute between 1998-2014. Disease-free-survival (DFS) was compared between patients with and those without anastomotic leakage. Cox regression was used to identify independent risk factors for tumor recurrence.

RESULTADOS: Anastomotic leakage (clinical and/or radiological) was seen in 21 of 134 (16%) patients. Tumor recurrence was diagnosed in 67 patients (30% locoregional, 48% distant, 22% both). DFS did not significantly differ between patients with and those without anastomotic leakage (unadjusted HR 0.99; 0.52-1.89; p=0.984). In the adjusted analysis pathological T-stage (p=0.012), pathological N-stage (p

DISCUSSÃO: In this patient series, there was no association between cervical anastomotic leakage and tumor recurrence after esophageal cancer resection. This finding may be taken into account when considering the use of an intrathoracic or cervical anastomosis in esophageal cancer surgery.

HOSPITAL: The Netherlands Cancer Institute -Antoni van Leeuwenhoek Hospital

SERVIÇO: Department of Surgical Oncology (1), Radiation Oncology (2), Medical Oncology and Gastroenterology (3) and Biometrics (4)

AUTORES: R.T. van der Kaaij (1), F.E.M. Voncken (2), F. van Coevorden (1), K.J. Hartemink (1), H. Boot (3), K. Sikorska (4), B.M.P. Aleman (2), J.W. van Sandick (1)

CONTACTO: Rosa van der Kaaij

EMAIL: r.vd.kaaij@nki.nl

ABSTRACT ID: EG1461096

TÍTULO: The impact and optimal indication of D2 lymphadenectomy in elderly patients (>70 years): 10-year experience at a single hospital.

OBJECTIVO/

INTRODUÇÃO: Multimodal treatment strategies are often not applied for elderly gastric cancer patients. Surgery is repeatedly the only prescribed treatment. In old patients, extent of lymphadenectomy is still debateable. The aim of this study was to disclose the impact and optimal indication of D2 lymphadenectomy in the elder.

MATERIAL E

MÉTODOS: Retrospective series: 218 Gastric Cancer Pts (2005/15). Age >70 (mean 74). Gastrectomy according to tumour type and location. Lymphadenectomy according to patient biology / pathologic conditions. Magic-like protocol: 18%. Groups D0:

RESULTADOS: pT1-2(n=74), pT3(n=67), pT4(n=77)-AJCC 7Ed. D1+: pN: 0 (38%), 1 (12%), 2 (20%), 3(29%); D2-pN: 0 (36%), 1(15%), 2(12%), 3 (35%) -p>0.05 (qui-square). OS between pT stages were different (p

DISCUSSÃO: Overall survival of this cohort in line with related by others. Patients have multiple comorbidities and huge tumour burdens (pT 3/4 = 66%; pN > 2 = 48%). D2 impact on survival statistically significant (p

HOSPITAL: Centro Hospitalar Lisboa Norte, EPE

SERVIÇO: Centro Académico de Medicina de Lisboa

AUTORES: Patrícia Lages, Vanessa Santos, Beatriz Gil, Cláudia Pereira, Paulo Costa

CONTACTO: Patrícia Lages

EMAIL: pmlages@gmail.com



ABSTRACT ID: EG1103323

TÍTULO: **The impact of histological subtype on the prognosis of esophageal adenocarcinoma**

OBJECTIVO/INTRODUÇÃO: In gastric adenocarcinoma, histological subtype according to Laurén (intestinal/ diffuse/ mixed type) has a significant impact on prognosis. It is unknown whether the same holds true in esophageal adenocarcinoma.

MATERIAL E MÉTODOS: Data were collected from all esophageal adenocarcinoma patients treated with curative intent in our institute between 1998 and 2014. Treatment involved neoadjuvant chemoradiotherapy followed by surgery or definitive chemoradiotherapy. Histological subtype and tumor regression grade (Mandard) were determined by reassessment of endoscopic biopsies and surgical resection specimens. The impact of the histological subtype on survival was calculated with a Cox model.

RESULTADOS: Median overall survival differed significantly between patients with intestinal (n=120; 34 months), diffuse (n=28; 18 months) or mixed (n=11; 25 months) type esophageal adenocarcinoma (p=0.026). In multivariable analysis, the diffuse type was associated with shorter survival (diffuse vs. intestinal, HR 1.99; 95%CI, 1.19-3.33; p=0.009). A (sub)total tumor regression was seen more frequently in intestinal type than in diffuse type adenocarcinomas (59% vs. 24%; p=0.016).

DISCUSSÃO: Diffuse type adenocarcinomas of the esophagus showed a significantly worse prognosis and demonstrated significantly less regression after chemoradiotherapy than intestinal type adenocarcinomas. A differentiated approach in the potentially curative treatment of patients with esophageal adenocarcinoma should be considered.

HOSPITAL: The Netherlands Cancer Institute -Antoni van Leeuwenhoek Hospital

SERVIÇO: Departments of Surgical Oncology (1), Pathology (2), Radiation Oncology (3), Biometrics (4) and Gastrointestinal Oncology (5)

AUTORES: Rosa T. van der Kaaij (1), Petur Snaebjornsson (2), Francine E.M. Voncken (3), Karolina Sikorska (4), Frits van Coevorden (1), Edwin P.M. Jansen (3), Annemieke Cats (5), Johanna W. van Sandick (1)

CONTACTO: Rosa T. van der Kaaij
EMAIL: r.vd.kaaij@nki.nl

ABSTRACT ID: EG1450343

TÍTULO: **The role of Computed Tomography in Common Grade 3 Adverse Events after Gastrectomy for Gastric Cancer**

OBJECTIVO/INTRODUÇÃO: Imaging plays a pivotal role in gastric cancer post-surgical complications and it is included in Grade 3 events evaluation. The purpose of our work was to retrospectively analyze the efficacy of Computed Tomography in grade 3 events for gastrectomy performed in this group of patients.

MATERIAL E MÉTODOS: Clinical data of 189 patients operated at our institution between January 2010 and December 2014 were analyzed to verify the occurrence of grade 3 events and the efficacy of Computed Tomography (CT) in the diagnostic and therapeutic workup. There were 109 male

and 80 female patients with age ranging from 31 to 91 years old (median 68 years). Gastric surgery involved included 86 and 103 partial or total gastrectomies, respectively.

RESULTADOS: Grade 3 events were hemoperitoneum (2), hemorrhagic pancreatitis (1), incisional hemorrhage (1), other hemorrhages (4), subphrenic abscesses (6), superior abdominal fluid collections, including other abscesses (6), and leaks or fistulas (6) that occurred in 22 patients. 19 patients with final diagnosis of common grade 3 common adverse events underwent CT that gave important clues for the therapeutic management of 15 patients.

DISCUSSÃO: We concluded that common grade 3 adverse events after gastrectomy for gastric cancer had an acceptable imaging support through evaluation by timely performed CT.

HOSPITAL: Centro Hospitalar de Lisboa Central, Hospital de São José

SERVIÇO: Serviço de Radiologia, Hospital de São José

AUTORES: Daniel Torres, Rita Camelo, Pedro Pegado, Pedro Mendonça, Luísa Quaresma, Gualdino Silva, Gonçalo Fernandez, Jorge Esteves, Mário Oliveira, Lúcia Costa, António Caldeira Fradique, José Guedes da Silva, Rui Mateus Marques.

CONTACTO: Rui Miguel Ribeiro Mateus Marques
EMAIL: mateusmarques.rui@gmail.com

ABSTRACT ID: EG4542191

TÍTULO: **The role of Computed Tomography in MSKCC surgical grade 3 secondary events after gastrectomy for gastric cancer**

OBJECTIVO/INTRODUÇÃO: Imaging plays a pivotal role in gastric cancer postsurgical complications and it is included in Grade 3 events evaluation. The purpose of our work was to retrospectively analyze the efficacy of Computed Tomography in grade 3 events for gastrectomy performed in this group of patients.

MATERIAL E MÉTODOS: The clinical data of 242 patients operated at our institution between January 2010 and December 2014 were analyzed to verify the occurrence of grade 3 events and the efficacy of Computed Tomography (CT) in the diagnostic and therapeutic workup. There were 139 male and 103 female patients with age ranging from 31 to 91 years old (median 65 years). Gastric surgery involved included 114 and 128 partial or total gastrectomies respectively.

RESULTADOS: Grade 3 events were hemoperitoneum (2), hemorrhagic pancreatitis (1), incisional hemorrhage (1), other hemorrhages (4), subphrenic abscesses (6), superior abdominal fluid collections, including other abscesses (6), and leaks or fistulas (6) that occurred in 22 patients. 19 patients with final diagnosis of common grade 3 adverse events underwent CT that gave important clues for the therapeutic management of 15 patients. There was a false diagnosis of duodenal stump leakage by MDCT.

DISCUSSÃO: We concluded that common grade 3 MSKCC surgical secondary events after gastrectomy for gastric cancer had an acceptable imaging support through evaluation by timely performed CT.

HOSPITAL: CHLC



SERVIÇO: Radiology, Surgery

AUTORES: Daniel Torres, Rita Camelo, Pedro Pegado, Pedro Mendonça, Luisa Quaresma, João Sacadora, Vasco Vasconcelos, Gualdino Silva, Gonçalo Fernandez, Jorge Esteves, Mário Oliveira, Lúgia Costa

CONTACTO: Rui Mateus Marques

EMAIL: mateusmarques.rui@gmail.com

ABSTRACT ID: EG8151094

TÍTULO: The role of histology and tumor site in downstaging after neoadjuvant chemotherapy of gastric cancer patients

OBJECTIVO/

INTRODUÇÃO: Neoadjuvant chemotherapy for gastric cancer has been the standard of care in many centers and downstaging after treatment is a major prognostic factor. The aim of this study was to identify preoperative predictors of pathological downstaging.

MATERIAL E

MÉTODOS: This is a retrospective study that included 168 gastric cancer patients treated with neoadjuvant chemotherapy followed by surgery in a single cancer center between 2007 and 2014. Exclusion criteria were: gastric stump tumors, associated esophagectomy, preoperative radiotherapy and previously-diagnosed M1 disease. Pathological downstaging was defined as ypT0-1-2 or stage I tumors.

RESULTADOS: Preoperative staged tumors were cT3-4 N+ in 80 cases, cT3-4 N0 in 73 and cT1-T2 N+ in 15 patients. Downstaged ypT0-1-2 lesions were observed in 74 patients, 19 individuals had pathological complete response (PCR) (11.3%) and another 35 had stage I tumors. Only tumor site was associated with more ypT0-1-2 tumors, which was more frequent in body and antrum lesions. Age, gender, preoperative clinical staging, histology, chemotherapy regimen and completeness of treatment had no influence. When mixed-type cases were excluded, an interaction between tumor site and Lauren histology also proved to be a prognostic factor of downstaging, as PCR and stage I tumors were more frequent in distal intestinal-type lesions (50%) in comparison with the others.

DISCUSSÃO: Downstaging was related to tumor site and histology and was more frequent in patients with distal intestinal-type tumors.

HOSPITAL: A. C. Camargo Cancer Center

SERVIÇO: Cirurgia Abdominal, A. C. Camargo Cancer Center (1), Oncologia Clínica, A. C. Camargo Cancer Center (2), Patologia Cirúrgica, A. C. Camargo Cancer Center (3)

AUTORES: Costa Jr, WL (1), Ribeiro HSC (1), Diniz AL (1), Godoy AL (1), Farias IC (1), Cury Filho AM (1), Fonseca VH (2), Freitas HC (2), Mello CAL (2), Begnami MDFS (3), Coimbra FJF (1)

CONTACTO: Wilson Luiz da Costa Jr

EMAIL: dr.wilsoncosta@gmail.com

ABSTRACT ID: EG3368613

TÍTULO: Today, In The Endoscopist Hands

OBJECTIVO/

INTRODUÇÃO: Endoscopic submucosal dissection (ESD) was first described as a non-surgical promise for early gastric epithelial lesions. Over time, ESD applications have ex-

panded. In this context, authors present a case/iconography and make brief discussion regarding ESD as an established modality for curative resection of selected gastrointestinal (GI) lesions.

MATERIAL E

MÉTODOS: 75 year-old female patient referred to gastroenterology outpatient clinic for refractory dyspepsia. Objective and analytical examinations were unremarkable. Esophagogastroduodenoscopy (EGD) revealed atrophic mucosa at the antrum and a 10x15mm, Paris 0-IIa, flat lesion at the lesser curvature of the lower gastric body. Biopsies revealed: Intestinal metaplasia and chronic active gastritis, both associated to Helicobacter pylori (HP); tubular low-grade dysplasia adenoma on the identified flat lesion.

RESULTADOS: Patient was referred to a high-volume ESD centre where endoscopic resection allowed an en block removal of the lesion. Diagnosis (WHO): High-grade intraepithelial neoplasia; Vienna Classification: Category 4.1; Staging (AJCC): pTis R0. One year endoscopic/histological follow-up showed no residual lesions. The patient achieved successful HP eradication.

DISCUSSÃO: This case's interest is twofold: Points out the role of EGD for (pre)malignant gastric lesions screening on a both HP and gastric cancer high prevalence country; highlights ESD applied for adequate curative non-surgical resection of GI lesions by trained professionals.

HOSPITAL: Centro Hospitalar do Algarve - Unidade de Portimão

SERVIÇO: Serviço de Gastrenterologia -Centro Hospitalar do Algarve

AUTORES: Roseira J., Sousa HT., Queirós P., Antunes AG., Vaz AM., Gago T., Contente L., Guerreiro H.

CONTACTO: Joana Roseira

EMAIL: jsr_roseira@hotmail.com

ABSTRACT ID: EG1388047

TÍTULO: Treatment of Gastric Cancer: outcomes and survival analysis in patients submitted to gastrectomy

OBJECTIVO/

INTRODUÇÃO: Gastric cancer (GC) is the 5th most frequently diagnosed cancer and the 3rd cause of death from cancer worldwide. The objectives of this study were to analyze the characteristics, treatment options and overall survival (OS) of the patients with GC, operated between January 2009 and December 2010.

MATERIAL E

MÉTODOS: Retrospective analysis of the clinical records of the patients with GC in which a gastrectomy with curative intent was performed.

RESULTADOS: 51 patients operated. 33 (65%) were men. Median age of 70.6. Most common topographies: antrum (63%), body (16%) and fundus (10%). All tumors were adenocarcinomas. According to Lauren Classification, 67% were intestinal and 33% diffuse type. 65% were at stage IB, IIA or IIB. In 69% a partial gastrectomy was performed; in those 86% had a Billroth II anastomosis. 94% did a D1 lymphadenectomy. Overall 30-day postoperative mortality of 13.7%. 12% received neoadjuvant and adjuvant chemotherapy with MAGIC protocol and 39% postoperative chemoradiation with Macdonald regimen. 21,6% had disease recurrence. The most common sites of metastasis were the liver (55%) and peritoneum (36%). The OS at 5 years was 65%.



DISCUSSÃO: The majority of GC operated were diagnosed at an early stage. In few cases a D2 lymphadenectomy were performed. At the period of this analysis few patients were treated with the MAGIC protocol being the Macdonald chemoradiation regimen the postoperative treatment of choice. In our casuistic the OS at 5 years was similar as those described in the literature.

HOSPITAL: Hospital do Espírito Santo de Évora

SERVIÇO: Medical Oncology Unit (1), Medical Oncology Unit (2), Medical Oncology Unit (3), Medical Oncology Unit (4), Medical Oncology Unit (5), Radiation Oncology Unit (6), Pathological Anatomy Unit (7), General Surgery Unit (8), General Surgery Unit (9)

AUTORES: Francisco Trinca (1), Renato Cunha (2), João Barata (3), Mariana Inácio (4), Rui Dinis (5), Pedro Chinita (6), Carlos Quintana (7), Ana Martins (8), Jorge Caravana (9)

CONTACTO: Francisco Trinca

EMAIL: francisco_trinca@hotmail.com

ABSTRACT ID: EG2542813

TÍTULO: Vanek tumor -endo-laparoscopic approach

OBJECTIVO/

INTRODUÇÃO: Vanek's tumor was first reported in 1949 as a benign gastrointestinal (GI) submucosal alteration, being more prevalent at the stomach (70%) and ileum (20%). This entity corresponds to 0.1% of all gastric polyps, and its diagnosis is mostly incidental when searching for an upper gastrointestinal bleeding cause. The authors present a case and iconography of a Vanek lesion.

MATERIAL E

MÉTODOS: In our report, a 68 year-old male patient was referred to the emergency room for asthenia and a 5-day melena history. He was pale and tachycardic. Analytical examinations: Hg 6.4 mg/dl, INR 5.16. After hemodynamic stabilization and reversal of the anticoagulation pattern, Esophagogastroduodenoscopy was performed: a 4 cm polypoid lesion at the posterior wall of the gastric antrum showed recent bleeding stigmata. Ecoendoscopy and CT scan completed the study of the lesion.

RESULTADOS: Patient was subjected to a transgastric resection by combined endo-laparoscopy, considering the size and location of the lesion. The patient was discharged on the 3rd post-op day. No short or long term complications were recorded. The pathological examination revealed a Vanek Tumor with free surgical margin.

DISCUSSÃO: Although endoscopic resection is the preferred approach for this tumor, surgical approach is indicated in case of large tumors or active bleeding. The authors present this case because of the rare diagnosis and the innovative surgical technique.

HOSPITAL: Centro Hospitalar do Algarve - Unidade Portimão

SERVIÇO: Cirurgia III

AUTORES: M. Cunha, J. Roseira, J. Rachadell, E. Amorim, M. Americano

CONTACTO: Miguel Cunha

EMAIL: miguelcunha86@gmail.com

ABSTRACT ID: EG4815493

TÍTULO: Visceral adiposity as a predictor of post-surgical complications and higher length of hospital stay (LoS) of gastrointestinal cancer patients

OBJECTIVO/

INTRODUÇÃO: To identify predictors of length of hospital stay (LoS) and post-op complications.

MATERIAL E

MÉTODOS: Prospective study 104 pts with GI cancer. Clinical data, post-op complications with Clavien Dindo, anthropometry and CT imaging (images at L3, muscle and fat tissue cross-sectional areas (cm²)). Sarcopenia defined with Skeletal Muscle Index (SMI) and specific Sex and BMI cut-offs (Martin LJ Clin Oncol 2013). Visceral/subcutaneous fat (VF/SF) ratio and Visceral Obesity (VO) as visceral fat area > 130 cm². Eastern Cooperative Oncology Group performance status (PS).

RESULTADOS: 72/104 operated pts, 67% men, age: 68 ± 10. Disease site: 8% esophagus, 24% gastric, 43% colon, 19% rectum, 6% pancreatic. Disease stage: 25% I, 31% II, 29% III, 15% IV. Mean LoS: 17; 54% pts had post-op complications: 18% I, 14% II, 1% IIa, 6% IIb, 1% IIb-d, 6% IVa, 1% IVb and 6% V. 26% sarcopenic and 39% had VO. Complications C-I+II (p=0.001), C-III+IV+V (p=1.5x10⁻⁸), stage III (p=0.004), stage IV (p=0.0003), limited PS (p=0.04), VF/SF (p=0.002) associated with higher LoS; arm circumference (p=0.03), SMI (p=0.003) with lower LoS. Multivariate analysis: predictors of higher LoS were C-I+II (p=0.005), C-III+IV+V (p=3.8x10⁻⁸), chemotherapy before surgery (p=0.06), BMI (p=0.02) and VF/SF (p=0.02); SMI (p=0.01) with lower LoS. Triceps skinfold (OR=0.8, p=0.006) was associated with lower risk of C-III+IV+V; VO (OR=8.6, p=0.02) with higher risk of C-III+IV+V adjusted for age, disease site and stage.

DISCUSSÃO: Visceral adiposity was an independent predictor of complications and LoS.

HOSPITAL: Hospital Beatriz Ângelo

SERVIÇO: (1) Surgery, (2) Dietetics and Nutrition, (3) Oncology, (4) Radiology, Hospital Beatriz Ângelo, Loures, Portugal, (5) University of Alberta, Alberta, Canada, (6) Gastroenterology, Hospital Beatriz Ângelo, Loures, Portugal

AUTORES: Gonçalo Luz (1), Sónia Velho (2), Andreia Ferreira (2), Fabio Lopes (3), Francisco Branco (3), Rita Cruz (4), Lisa Agostinho (4), João Strecht (4), Luís Gargaté (4), José L. Passos Coelho (4), Rui Maio (1), Vickie Baracos (5), Marília Cravo (6)

CONTACTO: Sónia Velho

EMAIL: soniavelho0@gmail.com

ABSTRACT ID: EG1257404

TÍTULO: Younger vs Elderly Patients With Gastric Cancer - Clinicopathological Features and Prognosis

OBJECTIVO/

INTRODUÇÃO: Introduction and Aim: The number of clinical reports of younger (< 60 years) patients with gastric cancer are limited. The aim of the authors was to investigate the clinicopathological features and long-term prognosis of this less represented group of patients.

MATERIAL E

MÉTODOS: Methods: A retrospective clinical database review of all consecutive patients with gastric cancer who were



submitted to any surgery related to this pathology, from 2012 to 2015 was performed. The gender, age, clinical features, pathologic findings, and long-term survival of these younger patients were analyzed and compared with those of elderly patients (age>61 years) and the older patients group (age>81 years).

RESULTADOS: Results: A total of 42 patients were included with a median age of 68,0 year, 57,9% was female, 12,3% reported family history of gastric cancer and 42,3% presented with alarm features. 60.5% of these cancers were located in gastric antrum. 58.7% of patients underwent surgical treatment that was curative, and the 2-year survival rate was 68.3% but lower in the younger group. Unresectable cancer was more frequent in the younger group.

DISCUSSÃO: Conclusions: The study describes that younger patients with gastric cancer were mainly females, who were less likely to present with alarm features, and the majority of these cancers were located in gastric antrum, and they had shorter long-term prognosis compared with elderly counterparts whenever curative surgical resection was performed.

HOSPITAL: Hospital Vila Franca de Xira

SERVIÇO: Cirurgia Geral

AUTORES: Marques, Cláudia; Martelo, Rita; Rábago, Angeles; Moraes, João; Rodrigues, Francisco.

CONTACTO: Cláudia Marques

EMAIL: claudianevesmarques@gmail.com



