

# CÁNCER GASTRO INTESTINAL

## **Adjuvant chemo radiotherapy after gastrectomy and D2 lymphadenectomy in patients with gastric cancer in the National Institute of Cancer, Lima, Peru.**

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### Abstract

Adjuvant chemo radiotherapy is the standard treatment in Western countries in gastric cancer patients submitted to curative resection. INT0116 pivotal trial established adjuvant chemo radiation as the standard care for resected high risk adenocarcinoma of the stomach in US however was hampered by suboptimal surgery. There is controversial data about efficacy of this adjuvant therapy in patients who have undergone D2 lymphadenectomy predominantly. In our hospital D2 lymphadenectomy is standard surgery for gastric cancer. To prove that chemo and radio therapy post gastrectomy and D2 lymphadenectomy in patients' with gastric cancer is effective. Retrospective study with gastric adenocarcinoma patients stage II to IV M0 who underwent curative resection at INEN (Instituto Nacional de Enfermedades Neoplásicas) Lima-Peru between 2001 and 2006. Standard treatment at institution is D2 lymphadenectomy. Chemo radiotherapy according to INT0116 was given like adjuvant therapy. Survival curves were calculated according to Kaplan-Meier method and compared with log-rank test. 84 patients were included 60.7% male and 39.3% female. Mean age was 49.5 years old. The pathologic stages were T1-T2 (15.5%), T3- T4 (84.5%), N0-N1 (10.7%), N2-N3 (89.3%). D2 lymphadenectomy was performed in all patients. The 3-year DFS was 17% and 3-year overall survival was 23.9%. However when we analyzed by subgroups the overall survival, was in group N1 (66.7%) and in group N2 (58.9%) and N3 (18.3%) and 3 years DFS by subgroups were N1 (100%), N2 (51.9%) and N3 (16.3%). Adjuvant chemo radiotherapy decreased risk of death and relapse to three years mainly in patients with node positive N1-N2, who underwent curative resection with D2 lymphadenectomy, but recurrence was most frequent in N3 node positive, maybe is necessary improve the chemotherapy in this group of patients for decrease the rate of relapse.