

The management of positive peritoneal cytology in junctional and gastric carcinoma

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Prognostic significance of peritoneal washing cytology in patients with gastric cancer

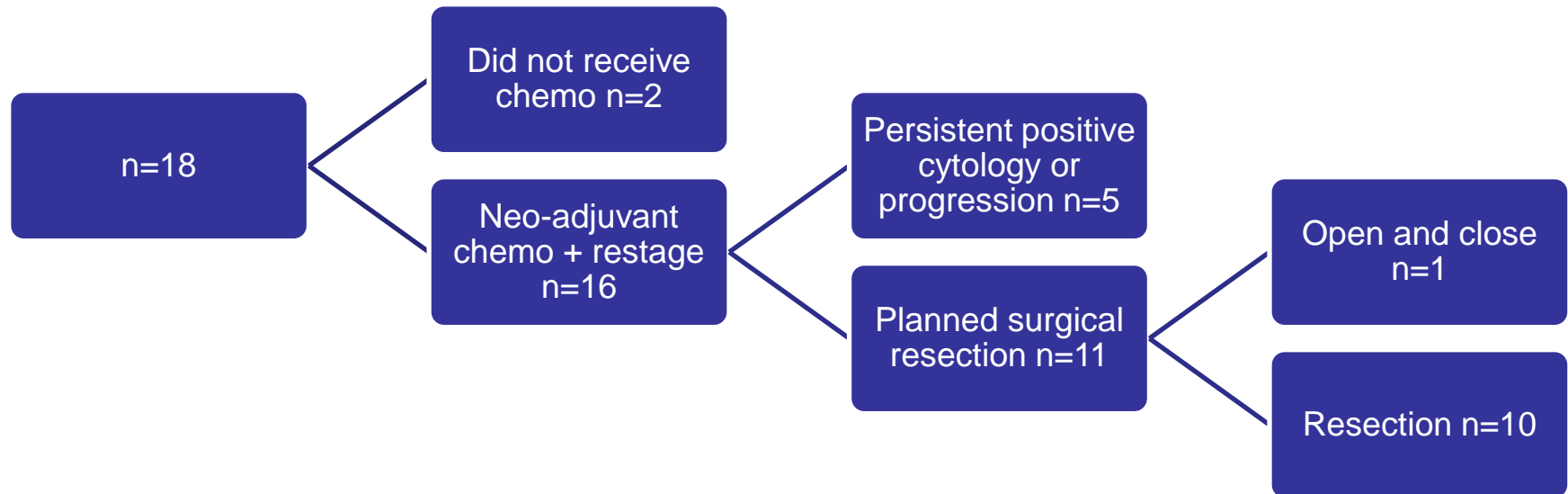
Lee S et al. British Journal of Surgery 2011

- Positive peritoneal cytology is a strong independent risk factor for poor prognosis in patients undergoing gastrectomy
- Median overall survival of cytology positive (P_0C_1) 20 months compared with 78 months in cytology negative (P_0C_0)
- In Newcastle patients with positive cytology at staging laparoscopy historically treated with palliative chemotherapy
- In 2012 decision taken to offer chemotherapy and restaging and consider resection in patients in whom repeat cytology negative

Methods

- All laparoscopies since 2008 (n=463)
- Inclusion criteria
 - Positive peritoneal cytology (Not atypical cells)
 - No other metastatic disease
 - Locally resectable disease
- n=35
- 17 before change in management (palliative chemo only)
- 18 following change in management (chemo + restage)

Results



- 10/16 patients underwent resection (63%)

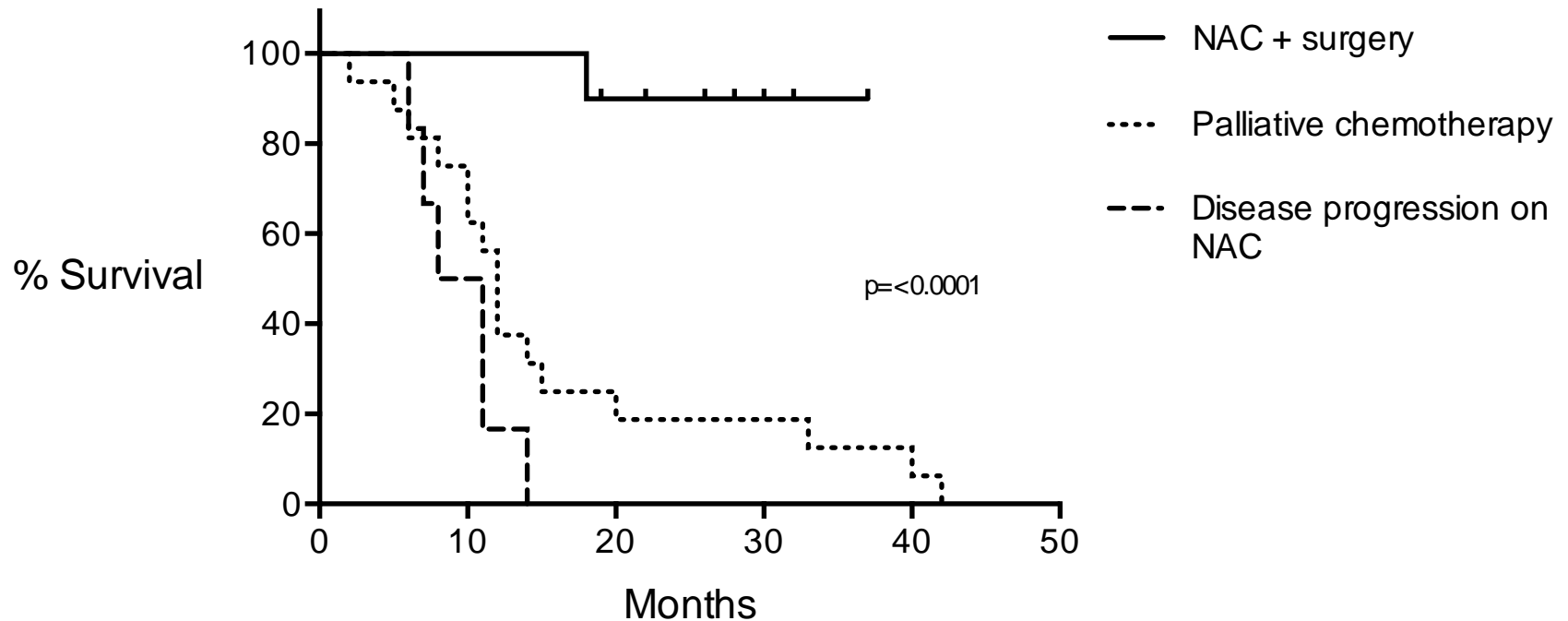
Results

	Palliative chemo	Neo-adjuvant + restage	Resection Group
n	17	16	10
Male/Female	11/6	11/5	8/2
Median Age (Range)	70 (51-81)	66.5 (49-80)	69.5 (61-80)
Gastric/OGJ	12/5	10/6	7/3
Stage 2*	9	5	3
Stage 3*	8	11	7

*stage group not including positive cytology

Results

Overall survival of patients with positive peritoneal cytology



- Median overall survival of palliative chemo group 12 months (18.8% 2 year survival)
- Median follow up of surgical group 27 months (90% 2 year survival)

Conclusions

- Positive peritoneal cytology does not preclude treatment with curative intent
- Surgical resection offers a significantly improved survival compared with palliative chemotherapy alone in patients who have responded to neo-adjuvant chemotherapy.

Acknowledgements

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