

Gastric Carcinoma

Jürgen Hotz Hans-Joachim Meyer
H.-J. Schmoll
Editors

Gastric Carcinoma

Classification, Diagnosis, and Therapy

With 56 Figures, 14 in Full Color



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Preface

In recent years the study of gastric carcinoma has been neglected by gastroenterology. This can be gleaned from the major topics featured at national and international gastroenterology conferences, which largely ignore the malignant diseases of the gastrointestinal tract, with the exception of carcinoma of the colon. A partial explanation may be that the endoscopic and histologic diagnosis of gastric carcinoma, including the detection of early cancer, has been honed, and it appears that little of new scientific value is expected to be gained therefrom. In many cases conservative therapeutic efforts involving patients who were inoperable or whose surgery was incurable have been frustrating, giving rise to a rather fatalistic attitude among gastroenterologists where this disease is concerned. In contrast, the topic "gastric carcinoma" continues to have a decisive influence on the interest of the discipline of general surgery in the search for an adequate surgical approach. Recently, oncology—often unobserved by gastroenterology—has made progress in this field and attained the first true chemotherapeutic successes. Thus, today there is no longer doubt that gastric cancer is sensitive, in a relative sense, to cytostatic drugs compared with other tumors of the gastrointestinal tract, eg, carcinomas of the colon, pancreas, and liver. Effective palliation in advanced stages as well as a combination of surgical and chemotherapeutic modalities of treatment lend hope for the future.

Therefore, we are of the opinion that it is time to unite the aforementioned disciplines—including pathology—in order to take stock of these new developments; the goal is to establish guidelines and advice for the treatment and guidance of patients with gastric cancer that will be valid for us today. The book at hand is the result of a workshop with this same goal. The individual contributions reproduced step-by-step the present level of knowledge in epidemiology, etiopathology, classification, and diagnosis as well as in surgical therapy and oncologic chemotherapeutic possibilities. Finally, we will present practical, current guidelines concerning the stage-specific diagnosis and therapy of gastric carcinoma, which were worked out in joint discussions, and which are oriented to the present level of knowledge and future prospects.

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Contents

Preface	v
Contributors	xi

Part I. Pathogenesis and Pathology of Gastric Carcinoma

Chapter 1. Epidemiology and Pathogenesis of Gastric Carcinoma	3
<i>J. Hotz and H. Goebell</i>	
Chapter 2. Gastric Carcinoma—Precancerous Conditions and Lesions, Classification, and Prognosis	16
<i>P. Hermanek</i>	

Part II. Diagnosis

Chapter 3. Endoscopic Criteria for Premalignant Lesions and Early Gastric Carcinoma	31
<i>W. Rösch</i>	
Chapter 4. Clinical Staging of Gastric Cancer by Ultrasound, Computerized Tomography, and Magnetic Resonance Tomography	41
<i>R. Grote, H.-J. Meyer, H. Milbradt, J. Jähne, and P. Heintz</i>	

Part III. Surgical Therapy of Gastric Carcinoma

Chapter 5. Surgical Treatment of Gastric Carcinoma: Approach According to Tumor Stage or Total Gastrectomy as the Operation of Choice	49
<i>H.-J. Meyer, J. Jähne, and R. Pichlmayr</i>	

Chapter 6.	Surgical Treatment of Gastric Cancer: Carcinomas of the Gastroesophageal Junction	60
	<i>A.H. Hölscher, M. Schüler, and J.R. Siewert</i>	
Chapter 7.	The Surgical Treatment of Gastric Carcinoma: Possibilities for Palliative Treatment	78
	<i>G. Feifel and G. Schüder</i>	
Chapter 8.	The Surgical Treatment of Carcinoma in the Operated Stomach	84
	<i>P. Langhans and G. Heidl</i>	
Chapter 9.	Follow-Up Care and Surgery for Recurrent Gastric Cancer	98
	<i>P. Schlag, K. Buhl, and C. Herfarth</i>	
Chapter 10.	Polychemotherapy of Gastric Carcinoma	107
	<i>H. Wilke, P. Preusser, W. Achterrath, H.-J. Schmoll, U. Fink, and H. Poliwoda</i>	

Part IV. Chemotherapy of Gastric Carcinoma

Chapter 11.	Advanced Gastric Cancer: Results of Chemotherapy Trials of the EORTC Gastrointestinal Group	128
	<i>J.A. Wils</i>	
Chapter 12.	Adjuvant Treatment of Gastric Cancer	135
	<i>J.A. Wils</i>	
Chapter 13.	Gastric Cancer Trials: Implications of the Gastrointestinal Tumor Study Group and the Mount Sinai Medical Center Experience	140
	<i>H.W. Bruckner</i>	
Chapter 14.	Preoperative (“Neoadjuvant”) Chemotherapy in Locally Advanced Gastric Carcinoma	161
	<i>H. Wilke, P. Preusser, U. Fink, W. Achterrath, H.-J. Meyer, H.-J. Schmoll, and H. Poliwoda</i>	
Chapter 15	Chemotherapy of Advanced Gastric Carcinoma in Elderly and High-Risk Patients	169
	<i>P. Preusser, H. Wilke, W. Achterrath, and U. Fink</i>	

Part V. Summary

Chapter 16. Consequences and Practical Procedures During
Gastric Carcinoma: Record of Results from
a Consensus Conference 183
J. Hotz, H.-J. Meyer, and H.-J. Schmoll

Subject Index 189

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Abbreviations

ADM	doxorubicin (Adriamycin)
Ara-C	cytosine arabinoside
AJCC	American Joint Committee on Cancer
AP	alkaline phosphatase
BAFMi	BCNU/ADM/5-FU/MTC
BCNU	carmustine
CBC	complete blood count
cCR	clinically complete remission
CDDP	cisplatin
CEA	carcinoembryonic antigen
cPR	clinically partial remission
CNS	central nervous system
CR	complete remission
CT	computerized tomography
EAP	etoposide/ADM/CDDP
Epi-ADM	epidoxorubicin
FA	5-FU/ADM
FAM	5-FU/ADM/MTC
FAMB	5-FU/ADM/BCNU
FAMe	5-FU/ADM/MeCCNU
FAMMe	5-FU/ADM/MTC/MeCCNU
FAMTX	5-FU/ADM/MTX
FAP	5-FU/ADM/CDDP
FMC	5-FU/MTC/Ara-C
FMe	5-FU/MeCCNU
GITSG	Gastrointestinal Tumor Study Group
IFN	interferon
IP	intraperitoneal
IV	intravenous
LV	leukovorin
MeCCNU	semustine

MOF	MTC/vincristine/5-FU
MTC	mitomycin C
NED	no evidence of disease
MTX	methotrexate
NMR	nuclear magnetic resonance
PR	partial remission
TSPA	Triethylenethiophosphoramidate
TZT	triazinate