

Proximal GI Tumours Overview

- Greg McGregor MD
- Sherry Reid CCHRA

Surgical oncology council

- Breast
- Colorectal
- Endocrine
- Esophagus/lung
- Hepatobiliary
- Sarcoma/spinal
- Skin
- Brain
- Gynecology
- Head and Neck
- Pediatric
- Urology

Proximal GI Tumours

- Not colorectal
- Not hepatobiliary

Proximal GI Tumour Group

- Subcommittee of the SON
- Members are Jamie Appleby, Gary Kingston, Michael MacLoed
- Others welcome

Proximal gi tumour overview

- Adenocarcinoma
- Lymphoma
- GIST
- Carcinoid

Adenocarcinoma

Site	1999	2000	2001	2002	2003	Total
stomach	230	247	276	259	234	1246
Small bowel	9	6	11	11	15	52
duoden	11	10	15	9	11	56

Gastric cancer

- Cardia 438
- Other 808

Gastric cancer staging

- Tis
- T1 submucosa
- T2 muscularis
- T3 serosa
- T4 adjacent structures
- N0
- N1 1-6
- N2 7-15
- N3 >15
- Mo
- M1 (nodes)

Staging information

- No accurate information on registry
- Stage at presentation?
- Operation?
- Cure vs palliative?

Gastric cancer staging - node status

	Blank	Nx	No	N1	N2	N3
cardia	203	103	37	88	2	1
Other	530	205	21	31	10	5

Crude Mortality adenocarcinoma

	Alive	Dead
stomach	22%	78%
Small bowel	27%	73%



Lymphoma management issues

May be emergent or elective presentation

- If emergency, how much do we remove?
- If elective, do we operate or wait for chemo-radiation? Which ones require surgery?
- Will chemoradiation cause perforation?

Lymphoma

Site	1999	2000	2001	2002	2003	Total
Stom	24	38	28	27	25	142
Intest	10	8	13	23	9	63

Lymphoma crude mortality

	Alive	Dead
Gastric	50%	50%
Small bowel	52%	48%

Lymphoma operations

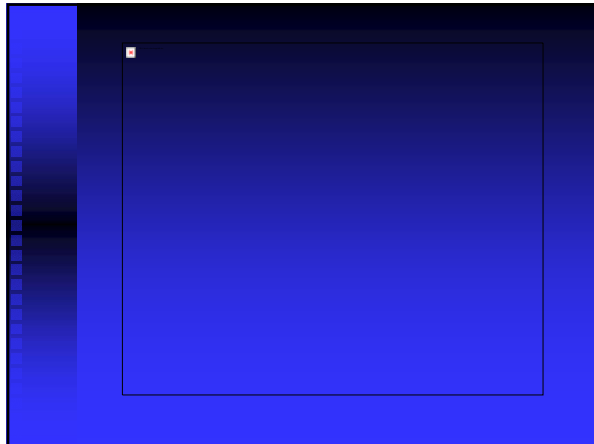
Stomach	12
Small bowel	16

GIST Tumours

- 80% of mesenchymal gi Tumours
- 50% gastric, 30% small bowel, 20% other
- Express CD 34 and CD 117 (C-kit) antigen
- Behavior not readily predictable

GIST Tumours

Size (cm)	Mitoses/HPF	5yr survival
<6	<4	97 %
>6	<4	91 %
<6	>4	80 %
>6	>4	17%



Case presentation

- 62 yr female with epigastric mass
- B-I Gastrectomy 1987
- Path – “epithelioid smooth muscle neoplasm of low malignant potential”
- 2004 – recurrence
- Operate? Gleevac? Both?

GIST

Site	1999	2000	2001	2002	2003	Total
Stomach	3	7	9	19	15	53
Small bowel	2	4	9	10	14	39

GIST crude mortality

	Alive	Dead
Stomach	82%	12%
Small bowel	72%	28%

Carcinoid tumours

- Most common primary of small bowel and appendix
- Only 1.5% of primary gi tumours
- Metastatic potential – midgut
- < 1 cm 2%, 1-2 cm 50%, >2 cm 85%
- Usually slowly progressive
- Symptom control issues



carcinoid

Site	1999	2000	2001	2002	2003	Total
Stomach	1	4	2	2	5	14
Small Bowel	10	15	13	19	13	70

Carcinoid crude mortality

	Alive	Dead
Stomach	53%	47%
Small bowel	66%	34%

Appendix

	1999	2000	2001	2002	2003	Total
adenoca	16	14	15	9	10	64
carcinoid	20	13	16	15	17	81

Appendix

	Alive	Dead
Adenoca	37	27
Carcinoid	70	11

conclusions

- Proximal gi tumours are uncommon, but may present to any surgeon at any time
- Mortality rates are significant
- There are unique management issues depending upon the nature and stage of disease