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Introduction • Cancer cells are well known to invade locally and metastasize to lymph nodes and systemic organs. Their pattern of invasion and dissemination are related to the primary organ and histologic type. Some tumors exhibit a relatively long-term of local invasion before dissemination but others spread systemically even at earlier stage. Colorectal cancer (CRC) and gastric cancer (GC) are examples of the former and the later, respectively. Nevertheless, some cases of CRC have a more aggressive pattern than GC. On the other hand the stomach, colon and rectum have nearly the same number of layers (mucosa, sub-mucosa, muscularis externa and serosa). The aim of our study is to compare the two types of cancer and try to find shared and non-shared factors behind the differences in their pattern of invasion, and correlate these findings with survival.

Material and Method • This is a retrospective descriptive study including all patients diagnosed with colorectal or gastric cancer adenocarcinoma and operated on at Hotel-Dieu de France, or followed by a medical oncologist at the same hospital. We excluded subjects in whom information regarding local and systemic invasion at diagnosis, either by mean of pathology or imaging, are missing. The data were collected from medical files and hospital registries. We studied the following variables: age, sex, year of diagnosis, the grade of the tumor, subtype of adenocarcinoma in GC (diffuse, intestinal, mixed and undetermined), the presence of signet cells, mucus secretion, presence of lympho-vascular and perineural invasion, macroscopic size of the tumor in case of surgical resection (defined by the largest size), microscopic local invasion (T in the TNM classification of each cancer), number of positive and resected lymph nodes, presence of metastatic disease, organ of metastasis and localization of the primary tumor after surgery or by endoscopy when surgical resection was not performed; GC were classified as esogastric junction (EGJ), body, fundus, cardial and antrum tumors, whereas CRC were defined as right ascending colon, transverse colon, left descending colon, sigmoid/high rectum and lower rectal part tumors. Other characteristics related to each cancer were included in the analysis: RAS status in CRC as well as MLH1 and MSH2 expression by mean of IHC. HER2 positivity in GC was evaluated first by IHC followed by Bright-field *DISH* or *FISH* in case of 2+ result. Patients are classified into 4 groups: T+NOM0, T+N+M0, T+N+M+ and T+NOM+, the latter known as skip metastasis. SPSS version 22 was used for statistical analysis. Ethical committee approval was not necessary since no direct or indirect contact with patients were necessary.

Data is being analyzed and results as well as the discussion will be presented in the FRON 2016.

Keywords: colorectal cancer; gastric cancer; survival; invasion

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