

ACADEMIE INTERNATIONALE DE PATHOLOGIE DIVISION FRANÇAISE

Cancers gastriques (sporadic and familial) et états précancéreux

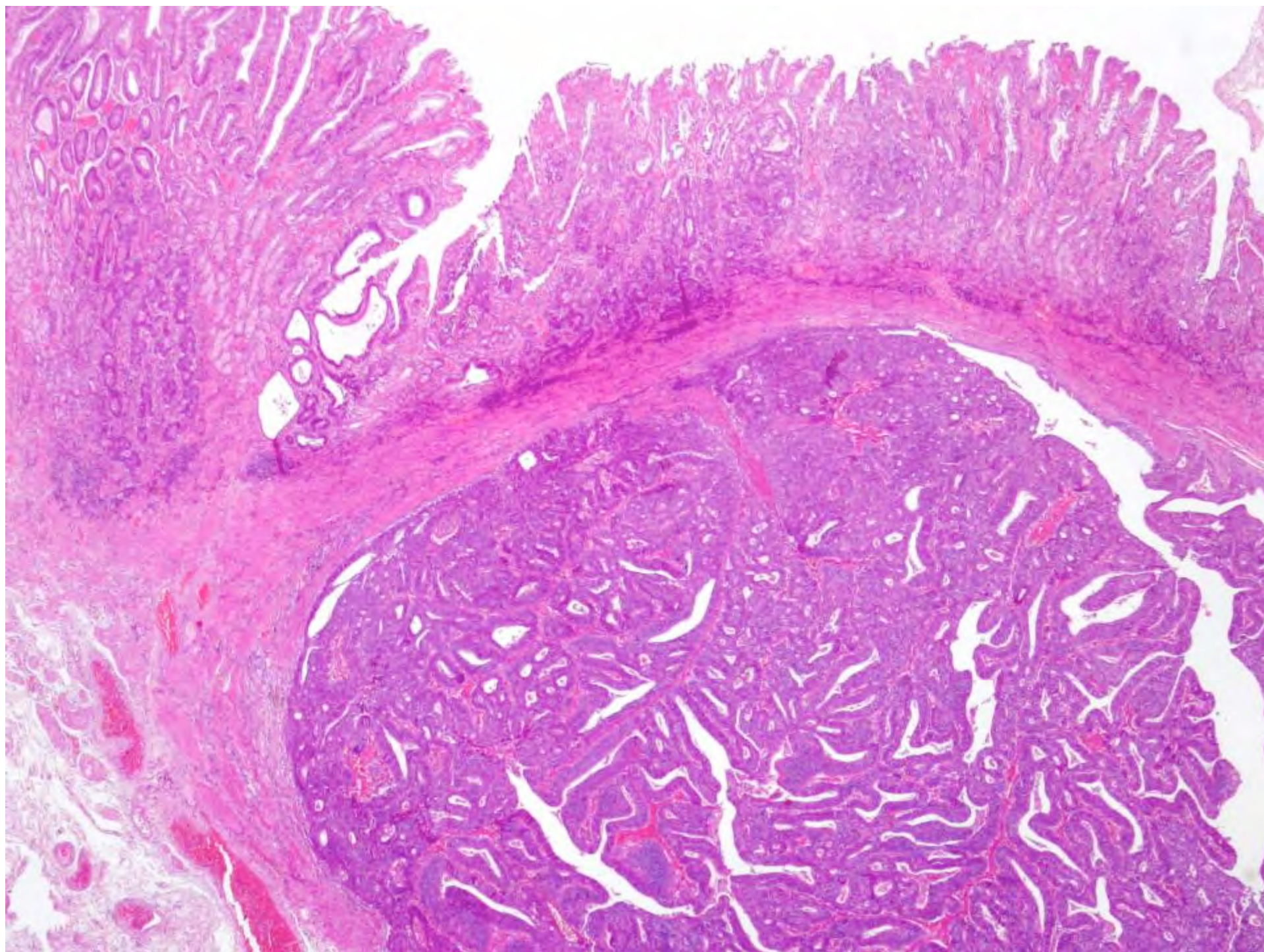
Cas 3

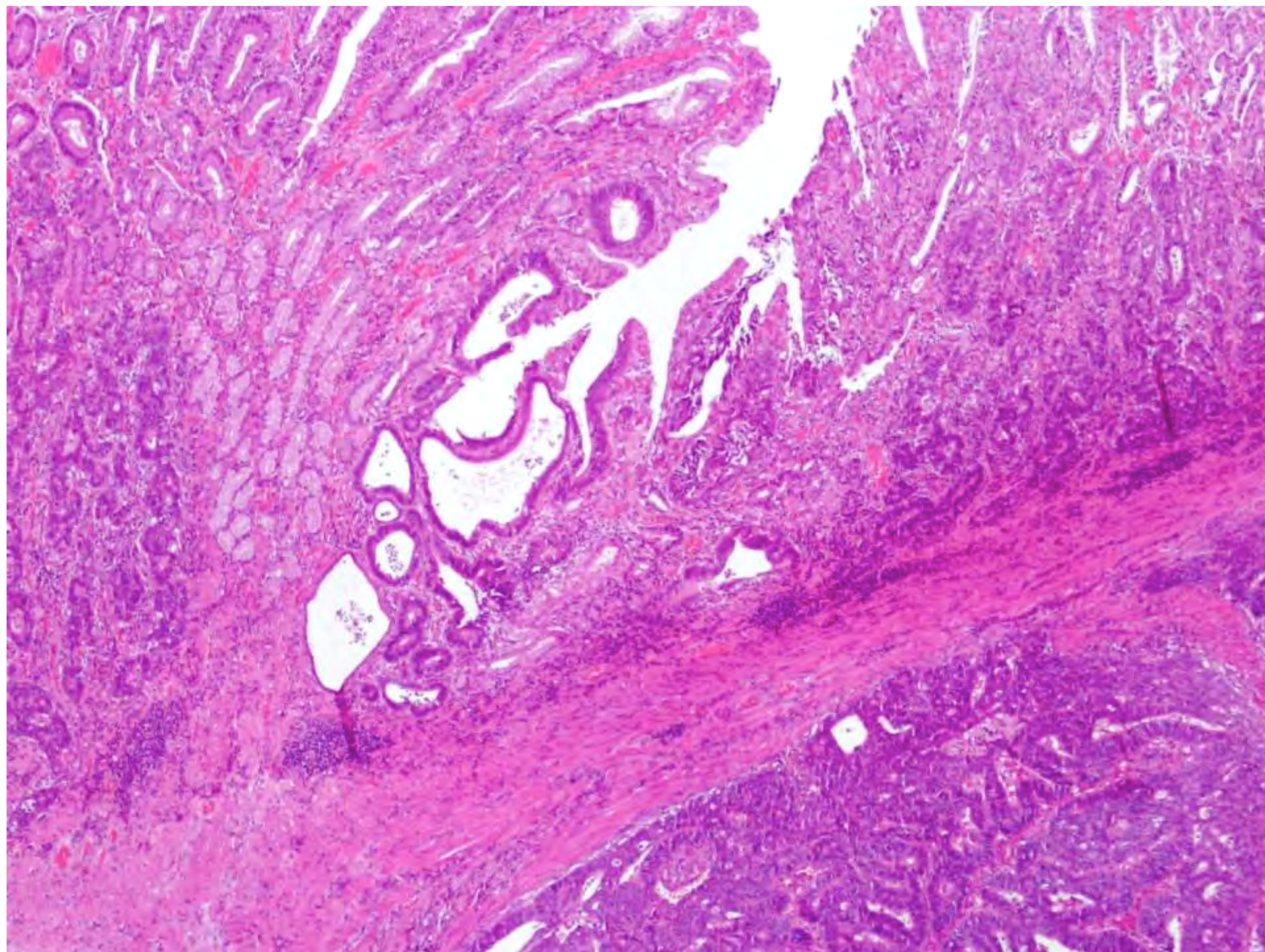


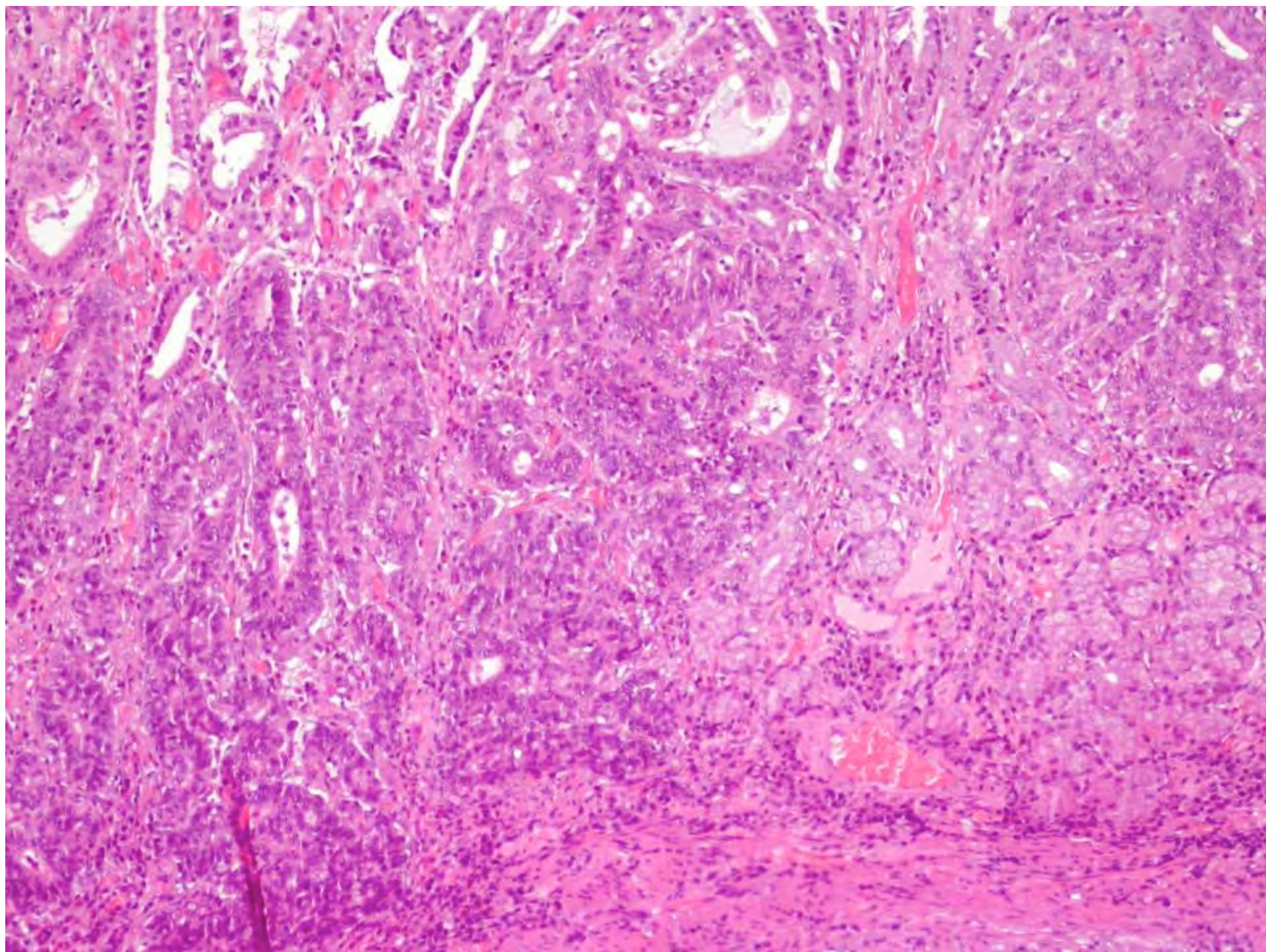
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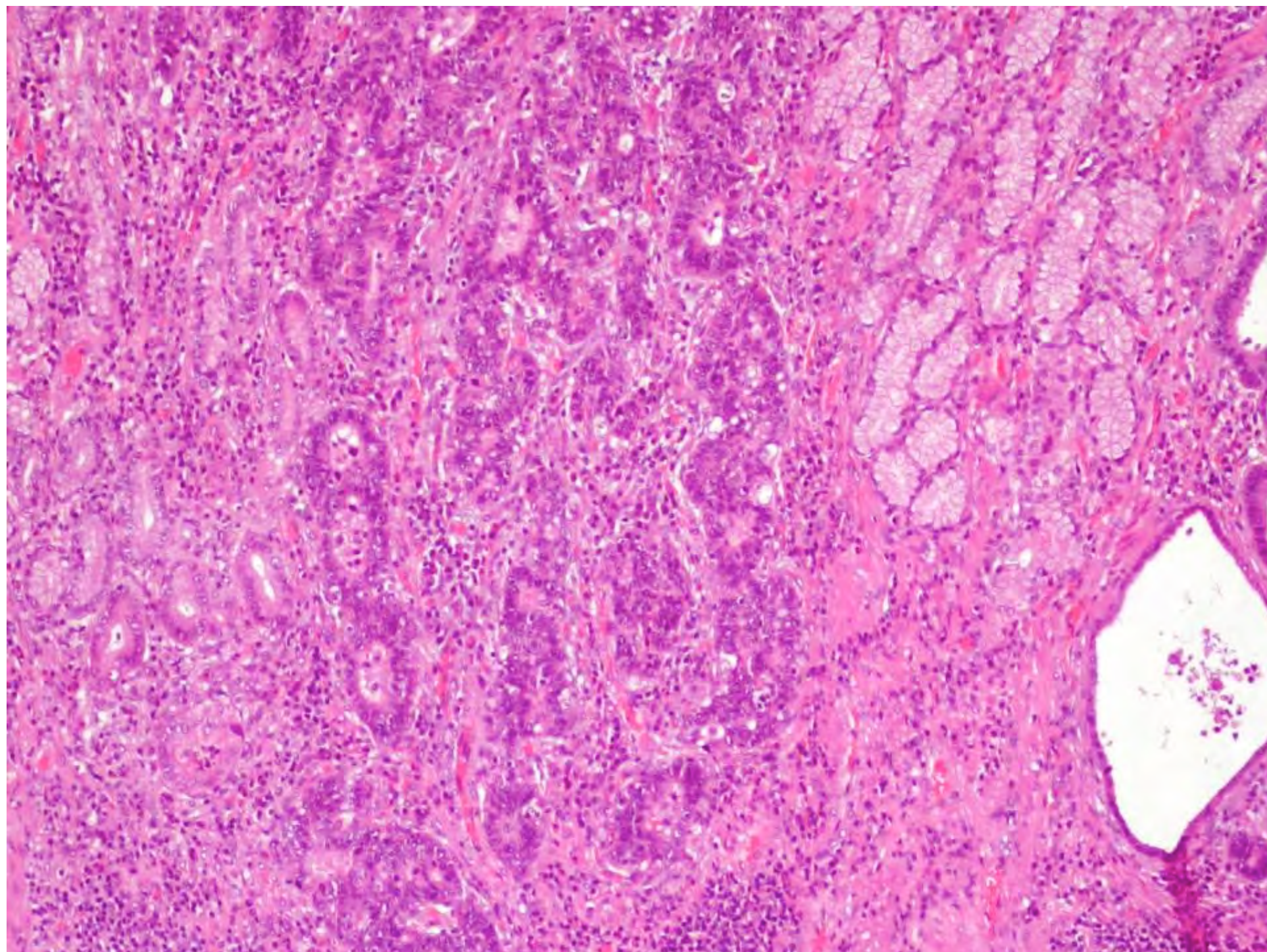


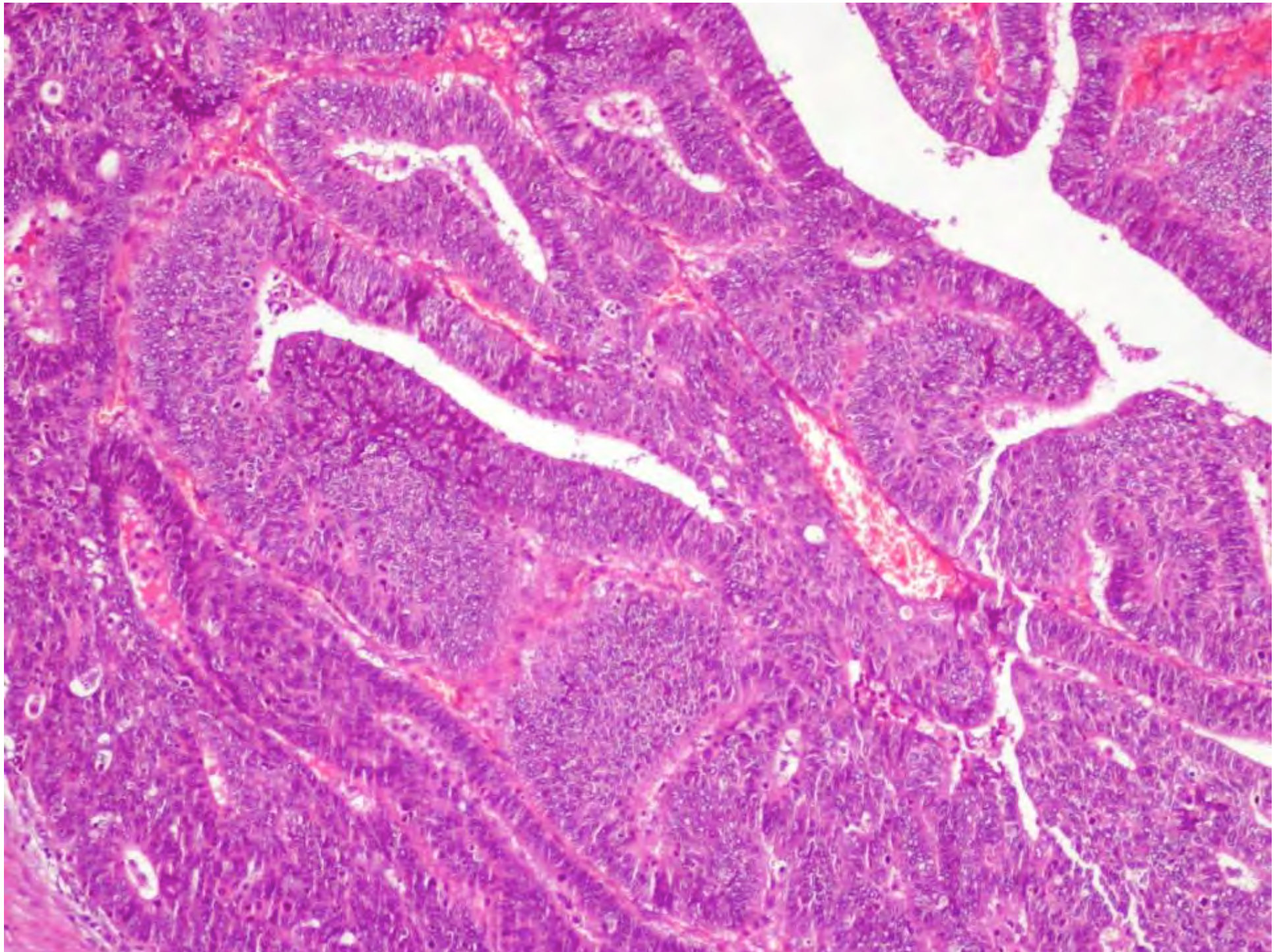
Case 3 - H05/6834 - Male, 76 y, gastric neoplasia
and liver nodules

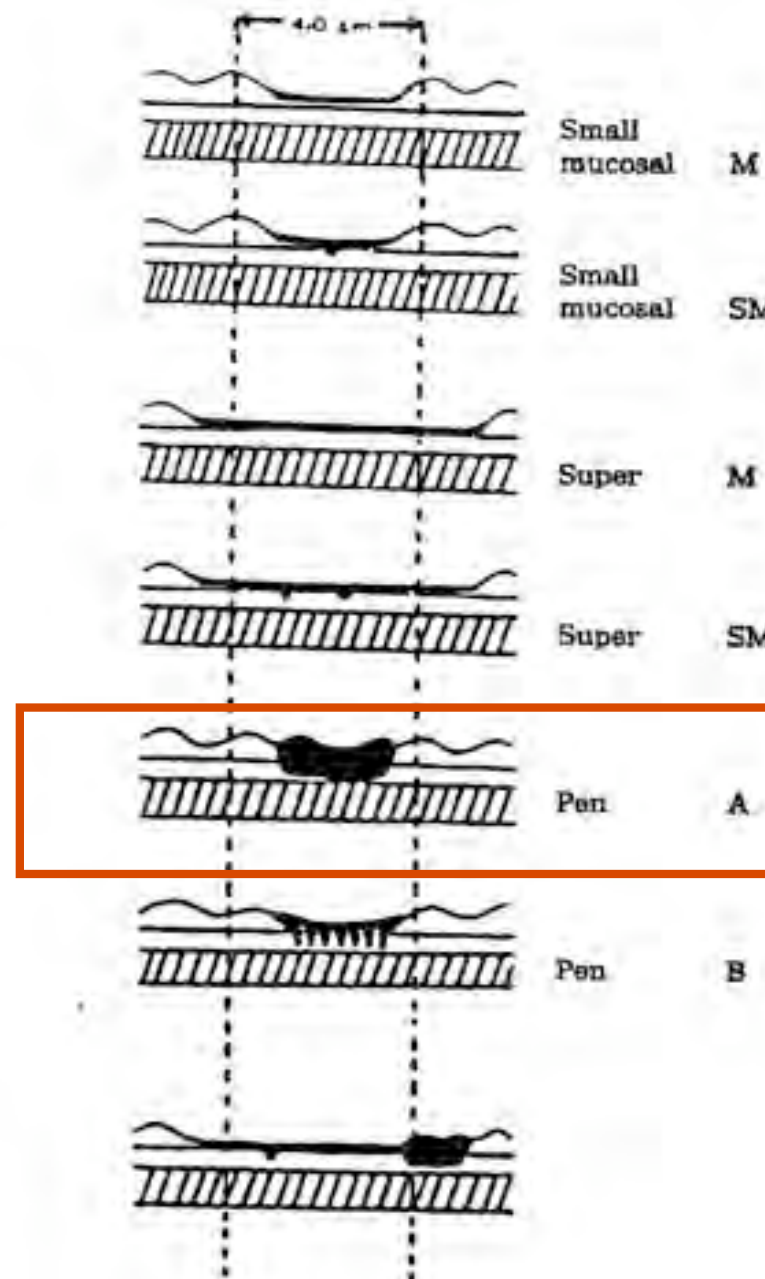












Kodama et al: Growth patterns and growth in early gastric carcinoma.
Cancer 51: 320, 1983

Growth Patterns and Prognosis in Early Gastric Carcinoma

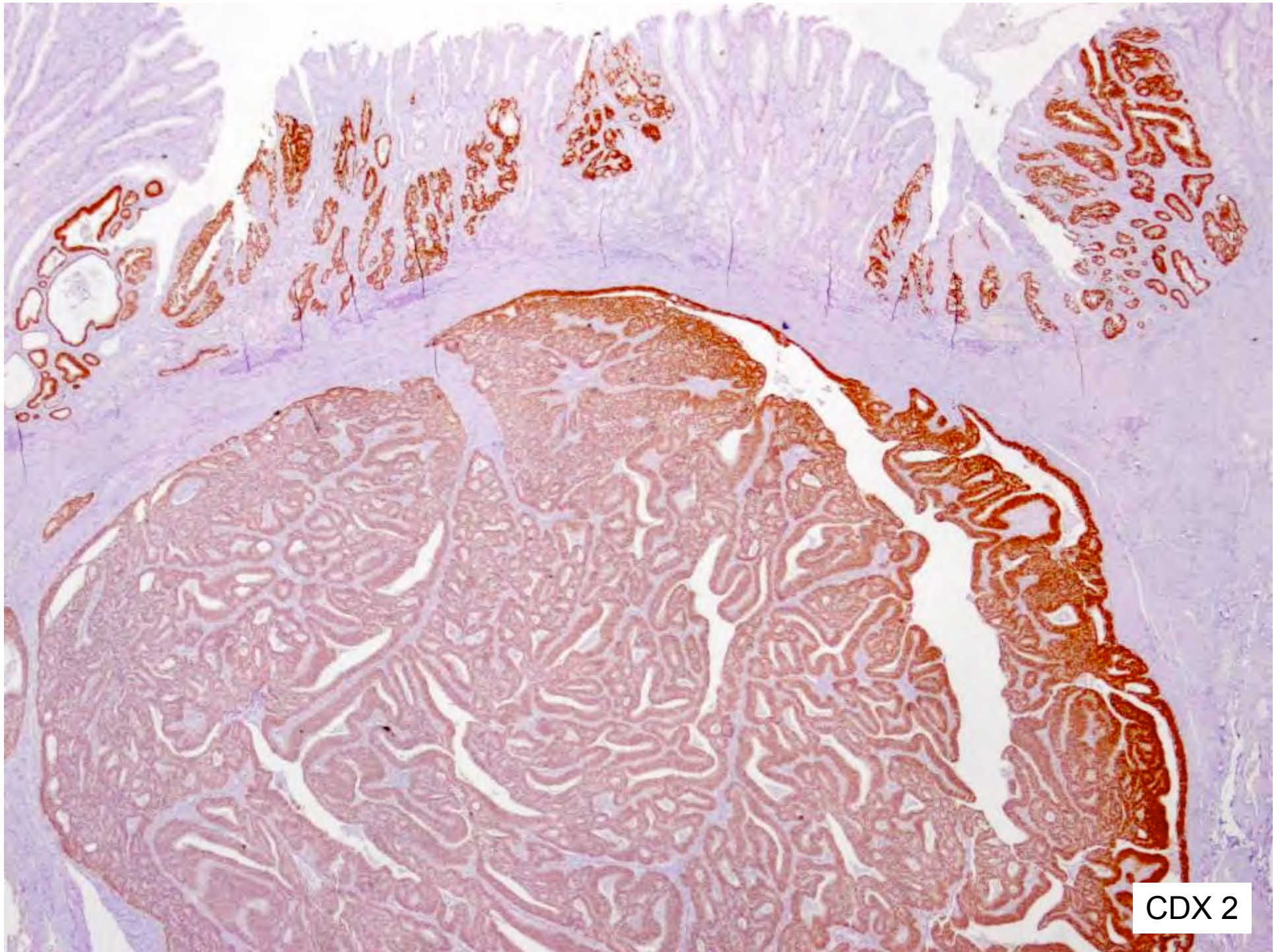
Superficially Spreading and Penetrating Growth Types

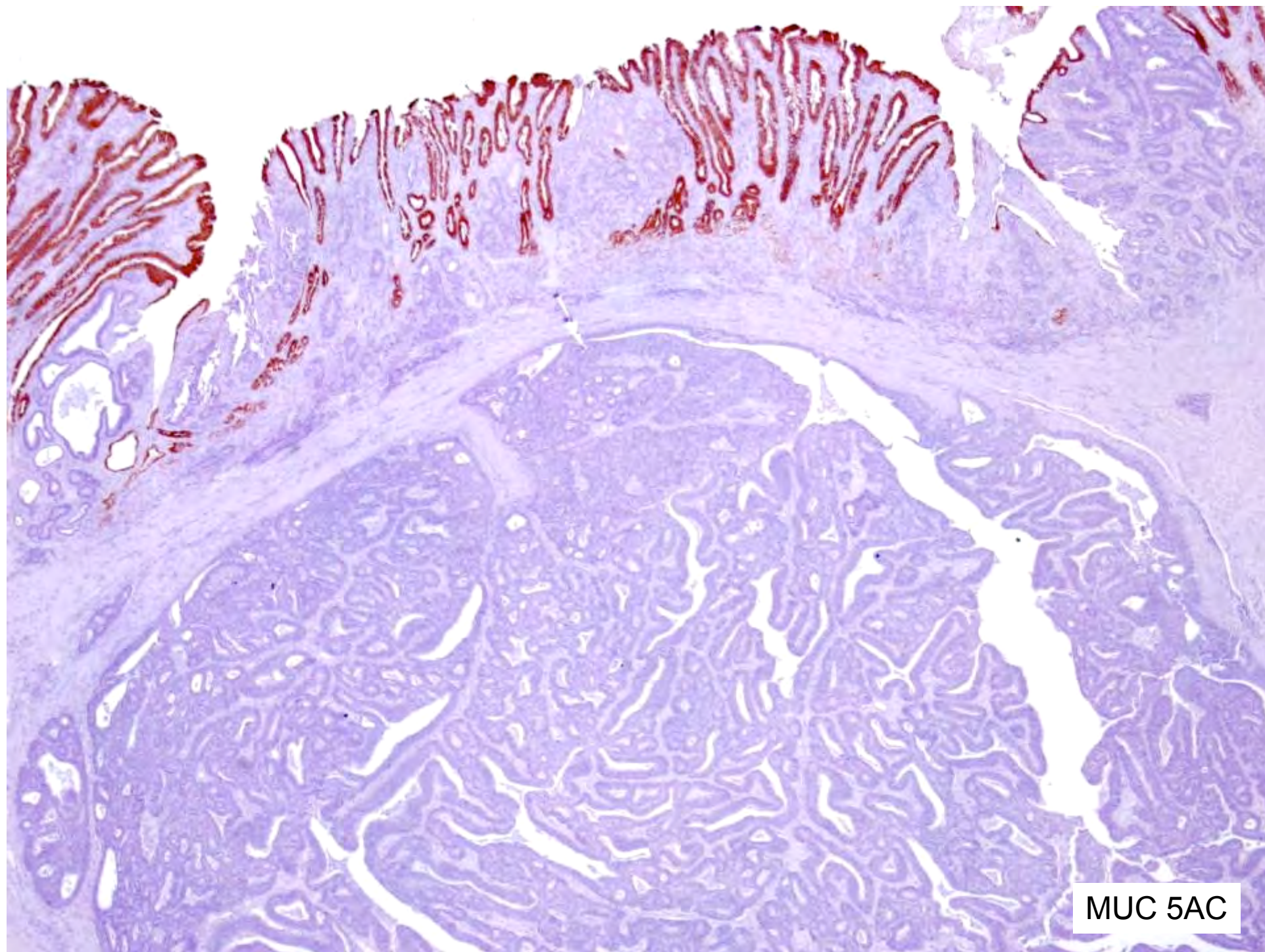
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One hundred and sixty-seven cases of early gastric cancer were analyzed in terms of growth patterns and were then classified into the Small mucosal type, the superficially spreading (Super) type and the penetrating growth (Pen) type, the latter further subdivided into the Pen A type growing expansively and the Pen B type deepening infiltratively. The Small mucosal, Super, and Pen B types are characterized by a tendency toward dominant depressed lesions, a low incidence of vessel invasion and lymph node metastasis, and a good prognosis after surgery (about 90% of the patients survived for ten years).

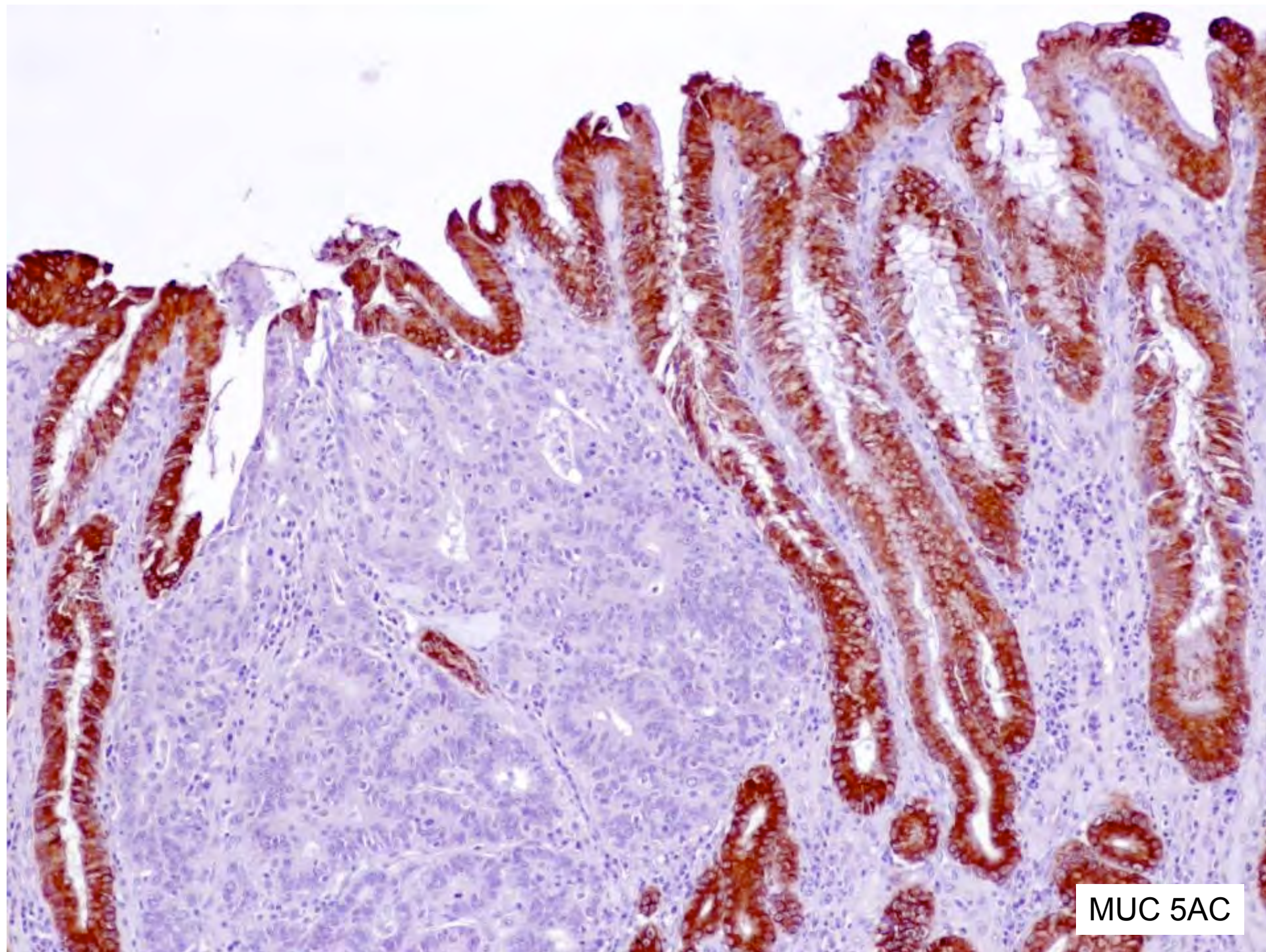
In contrast, the Pen A type is characterized by dominant elevated lesions usually comprised of well differentiated carcinoma, a relatively high incidence of vessel invasion and lymph node metastasis and a poor prognosis after surgery (64.8% five-year survival), due to early recurrence in the form of liver metastasis. Some attention is given to the related surgical approaches.

Cancer 51:320-326, 1983.





MUC 5AC



MUC 5AC

Immunohistochemical profile of the tumour

CDX2	+ (diffuse)
MUC2	+ (diffuse)
MUC5AC	- (negative)
MUC6	- (negative)
P53	+ (focal)
ERBB2	- (negative)

Early gastric cancer (T1b N0 M1)

Pen A type (Kodama's classification)

Tubular adc (WHO), intestinal ca (Laurén), glandular carcinoma with intestinal phenotype (Carneiro)

New TNM classification

American Joint Committee on Cancer (AJCC) Cancer Staging Manual 7th ed.
Edge SB, Byrd DR, Carducci MA, Compton CC, eds. New York: Springer. 2009

International Union against Cancer (UICC): TNM classification of malignant tumors
7th ed. Sobin LH, Gospodarowicz MK, Wittekind Ch. eds. Oxford: Wiley-Blackwell. 2009

TNM classification

T - Primary Tumour

TX Primary tumour cannot be assessed

T0 No evidence of primary tumour

Tis Carcinoma in situ: intraepithelial tumour
without invasion of the lamina propria, high grade dysplasia

T1 Tumour invades lamina propria, muscularis mucosae, or submucosa

• T1a Tumour invades lamina propria or muscularis mucosae

• T1b Tumour invades submucosa

T2 Tumour invades muscularis propria

T3 Tumour invades subserosa

T4 Tumour perforates serosa or invades adjacent structures

T4a Tumour perforates serosa (visceral peritoneum)

T4b Tumour invades adjacent structures

N - Regional Lymph Nodes

NX Regional lymph nodes cannot be assessed

N0 No regional lymph node metastasis

N1 Metastasis in 1 to 2 regional lymph nodes

N2 Metastasis in 3 to 6 regional lymph nodes

N3 Metastasis in 7 or more regional lymph nodes

N3a Metastasis in 7 to 15 regional lymph nodes

N3b Metastasis in 16 or more regional lymph nodes

M - Distant Metastasis

M0 No distant metastasis

M1 Distant metastasis

Gastroesophageal (GE) junction carcinomas.

The staging of carcinomas of the oesophagogastric/gastroesophageal junction is based on the following TNM rule:

- A tumour the epicenter of which is within 5 cm of the GE junction and also extends into the oesophagus, is classified and staged using the oesophageal carcinoma scheme.
- Tumours with an epicenter in the stomach greater than 5 cm from the GE junction or those within 5 cm of the oesophagogastric junction without extension in the oesophagus are classified and staged using the gastric carcinoma scheme.