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Titel des Beitrags:
Improved survival after adding dissection of the superior mesenteric vein lymph node (14v) to standard D2 gastrectomy for advanced distal gastric cancer.

Abstract:
Extended lymph node dissection in gastric cancer (D3) was proven to have no survival benefit compared with a D2 dissection, but whether adding the superior mesenteric nodes (No. 14v) to the dissection provides survival benefit for gastric cancer patients remains controversial. From April 2001 to June 2007, 1,661 patients underwent curative resection for middle or lower third gastric cancer. Patients were grouped according to No. 14v lymphadenectomy (14vD+/14vD-). Clinicopathologic characteristics and treatment-related factors were compared between the groups. Overall survival according to the clinical stage (Union for International Cancer Control tumor-node-metastasis staging 6th edition) was analyzed using the Cox proportional hazard model. The incidence of No. 14v lymph node metastasis was 5.0%. There was no difference in morbidity or mortality between the 14vD+ and the 14vD- groups. The proportion of locoregional recurrence was greater in 14vD- group (P = .018). In clinical stages I and II, 14v lymph node dissection did not affect overall survival; in contrast, 14v lymph node dissection was an independent prognostic factor in patients with clinical stage III/IV gastric cancer (hazard ratio, 0.58; 95%...
Extended D2 gastrectomy including No. 14v lymph node dissection seems to be associated with improved overall survival of patients with clinical stage III/IV gastric cancer in the middle or lower third of the stomach.