CLINICAL CANCER MONOGRAPHS
Volume 3

Cancer of the Stomach

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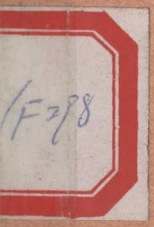

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CANCER OF THE STOMACH

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Volume 1 Cancer of the Oesophagus
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Volume 2 Cancer of the Larynx
Edited by P. E. Robin *et al.* 1988. 238 pp.

Foreword

Gastric cancer is regarded by most clinicians as being a highly lethal malignancy. Five year survival figures in the UK, USA and Northern Europe rarely exceed 8% and yet there are some isolated centres that consistently report more favourable figures in each category of staged patients. Such observations may be due to case selection or conceivably due to improved treatment.

In order to avoid selection bias it is particularly valuable to report outcome from a stable, finite population base. The West Midlands Region's Cancer Registry is well equipped to provide exactly these data. The boundaries of the Region have remained stable and high quality data have been recorded since 1957. It is, indeed, timely that the observations from the Registry between 1957 and 1981 are now available. The report highlights the variations in operative mortality at a time when audit and CEPOD (Confidential Enquiry into Perioperative death) reports are being considered by our politicians, and when the whole question of specialisation is the subject of professional debate.

Subtle changes in the incidence of disease in relation to environmental factors has helped to shed some light on possible aetiological factors.

It is appropriate that this report should analyse in detail the results of surgical therapy within each stage of the disease. Surgery still remains the only reliable method of attempted cure. Improved staging methods are urgently needed, however, in selecting those patients in whom radical ablative gastrectomy and lymphadenectomy are justified. The authors are to be congratulated in producing a thoroughly informative work which helps to formulate rational treatment policies.

Sadly, unless clinicians strive to achieve earlier diagnosis of disease, much of our surgical efforts will be relatively fruitless. This monograph indirectly makes the case for screening dyspeptic patients and establishing specialist centres for training within which treatment modalities can be comprehensively compared.

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The Cancer Research Campaign

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Regional Cancer Registry

The original data on which this series is based is entirely from the Birmingham and West Midlands Regional Cancer Registry.

We thank all those who - over many years - have given so generously of their time and expertise to ensure the completeness and accuracy of the data in the Registry. These include:

From the Registry:
All the staff both past and present.

From hospitals:
Consultant clinicians and pathologists
Administrators
Junior medical staff
Laboratory technicians
Medical records staff
Medical secretaries

Throughout the Region:
Coroners
General Practitioners
Staff of Family Practitioner Committees

Nationally:
The staffs of the Cancer Registration Sections of:
The Office of Population Censuses and Surveys.
The National Health Service Central Register.

From the University of Birmingham:
The staff of the Computer Centre.
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Contents

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Introduction and Methods

1.1 Introduction

It is now just over 100 years since Theodore Billroth successfully undertook the first gastrectomy for a carcinoma of the stomach. The patient was node positive and succumbed within a short time to the disease. Billroth's major achievement was that the patient survived surgery. Many of the advances since that time have come in safer surgical and anaesthetic techniques, and gastrectomy is now a safer procedure. Whilst in the Western World, particularly in the United States of America, there has been a significant decrease in the incidence of this lesion, world-wide it still remains the most common cause of death from malignant disease and there are strong indications that the incidence of lesions of the cardia are increasing.

Internationally, there are now apparent differences in the results of the management of this neoplasm. In Japan particular attention has been given to the diagnosis and treatment of this disease, with improved results. These improvements have been based on treating large numbers of patients and are worthy of comparison with the results being achieved elsewhere. Certainly in the Western World there has been little change in the reported results of survival in this condition. Well-known features are common to all countries of the world. It is a tumour of males; it occurs more frequently in the lower social classes; there are regional variations within a country, in addition to the well-documented international variations. Classically, it is found more commonly in the antrum of the stomach though there is evidence coming from many centres that lesions of the cardia are increasing in frequency. it is clearly established that clinicopathological stage is the most important prognostic feature and that lesions confined to the

gastric wall, particularly the mucosa and sub-mucosa are associated with a good prognosis. The results by stage of disease are consistent between most countries. There is, however, one exception, that is in Japan where the results reported for each stage of disease are significantly better than those seen in other series. These may indicate either an inherent difference in the disease seen in Japan, or a different therapeutic strategy perhaps related to the physical condition of patients (at time of presentation). Certainly in Japan there are high laparotomy rates and the surgery is more aggressive and associated with a low operative mortality. These features may be important in explaining survival differences.

This Monograph studies the management of gastric cancer within a region of Britain over a 25 year period. This large collection of cases has explored many of the features alluded to in the preceeding paragraph. A particular effort was made to stage these cases and this has confirmed the importance of this as a prognostic factor. This study highlights other features which may be appropriate in considering the future management of this condition. There is an unacceptably high operative mortality, particularly following total gastrectomy in potentially curable disease. This can be related to the number of cases being treated each year. Even allowing for this, the operative mortality rates do not match those reported from Centres which are more specialised and have developed greater expertise. There is clearly an indication for the treatment of patients with gastric cancer in specialised units. However, an interesting development of the last decade has not only been an improvement in laparotomy rates, but also an improved survival following resection of the disease, perhaps suggesting the development of a specialised interest.

Whilst this volume has concentrated mainly on the common adenocarcinoma of the stomach, it also provides the largest collection of cases of the uncommon lesions of the stomach. This is an invaluable basis for comparative results in these lesions. The improved prognosis of lymphomas over adenocarcinoma is clear. It is in this tumour that significant results in treatment may be apparent over the next decade. This study already highlights the possibility of chemotherapy playing a significant role in the management of lymphomas.

The study about to be described provides one of the largest and most thorough, and with 99.88% follow-up, must be one of the most complete. Indeed, as the primary function of a registry is to include all cases, the results reported here satisfy many of the current needs for audit. They also form the base line on which subsequent data must be evaluated. It is hoped that by staging patients it will be possible for individuals to compare their results with similar disease and provide a basis for retrospective or prospective comparisons.