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Prognostic factors for large symptomatic GISTs: A pragmatic study of experiences from a university hospital over 10 years

Supatcha Prasertcharoensuk
Khon Kaen University, Thailand

Background & Aim: Gastrointestinal Stromal Tumors (GISTs), which are mesenchymal neoplasms in the Gastrointestinal (GI) tract account for 0.2% of all GI tumors. Several factors have been reported (mostly from studies conducted in Western countries) to be associated with survival in GISTs cases such as tumor site, staging and tumor size. We conducted a pragmatic study, looking at a 10-year period, aimed at understanding the prognostic factors related to GISTs in a university hospital. The study population consisted of patients with large symptomatic GISTs.

Methods: This was a retrospective study conducted at the Department of Surgery in the Khon Kaen University Hospital, Thailand. All patients diagnosed with GISTs that were treated between 2006 and 2015 were consecutively enrolled. The diagnosis of GISTs was made by examining the pathological section and immunohistochemistry results. The outcome of this study was the rate of survival after surgical treatment. Prognostic factors were determined using Cox regression analysis.

Results: There were 124 GISTs patients treated at the university hospital during the 10-year period of the study. The median age of all patients was 54 years (range 24-83 years). Of those, 119 (95.9%) were symptomatic. Rectosigmoid GISTs accounted for 20.2% of all tumors. The median tumor size was 8 cm. A total of 68 patients (54.8%) died. The median survival time for all patients was 7.18 years (1st -3rd quartile range 6.48-7.89). There were three significant factors associated with death including male gender, liver metastasis and peritoneal metastasis.

Conclusion: Male gender, liver metastasis and peritoneal metastasis were prognostic factors for large symptomatic GISTs.

Biography

Supatcha Prasertcharoensuk has completed her Surgery training from Khonkaen University and Vascular and Transplant Surgery from Mahidol University, Thailand.

supatcha.p@gmail.com

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