

Comparison of surgery plus chemotherapy and palliative chemotherapy for advanced gastric cancer with synchronous ovarian metastases

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BACKGROUND:

Gastric cancer patient with ovarian metastasis, i.e. Krukenberg tumor is common in clinical practice, but it is still uncertain whether surgical resection of ovarian metastasis could improve the outcome. Some studies suggested that a certain group of patients could benefit from the resection of ovarian metastasis. However, conclusions were different between studies and there was no data to illustrate if certain clinicopathological factors were associated with patients' survival.

HYPOTHESIS:

Metastasectomy of krukenberg tumors may improve the outcome of patients with gastric cancer and synchronous ovarian metastases, and certain clinicopathological factors could predict the survival benefits.

METHODS:

All patients who were diagnosed with gastric cancer and synchronous ovarian metastases between January 2004 and December 2013 were included in the current study. Patients were divided into two arms according to treatment modality: arm A, metastasectomy plus chemotherapy and arm B, chemotherapy alone. The clinicopathological features and the treatment records were reviewed in detail and their association with overall survival was analyzed.

RESULTS:

A total of 93 patients were identified. 49 (52.7%) and 44 (47.3%) patients did and did not undergo metastasectomy of krukensberg tumors, respectively. Patients who underwent metastasectomy plus chemotherapy had a better OS [median=24.9 months; 95% CI=21.1-28.7 months] than patients who received palliative chemotherapy alone (median OS=13.3 months; 95%CI=10.8-15.7 months, $p<0.001$). Based on multivariate analysis, metastasectomy (HR, 0.342; 95% CI, 0.210 to 0.581; $p<0.001$), ascites (HR, 1.957; 95% CI, 1.028 to 3.717; $p=0.041$), ER α state (HR, 2.733; 95% CI, 2.112 to 4.532; $p<0.01$) and peritoneal carcinomatosis (HR, 1.812; 95% CI, 1.018 to 3.215; $p=0.043$) were significant prognostic factors for survival.