

CHARACTERISTICS AND PROGNOSIS OF GASTRIC CANCER PATIENTS DIAGNOSED WITHIN 5 YEARS OF PRIOR NEGATIVE GASTROSCOPY

KSH Liu, IFN Hung, T Tong, KM Chu, WK Leung

Department of Medicine and Surgery, University of Hong Kong, Queen Mary Hospital, Hong Kong

INTRODUCTION: Gastric cancer diagnosed within 3 years of previous negative gastroscopy (OGD) is considered as missed cancers. Little is known about the characteristics and prognosis of these patients. This study aimed to compare the frequency, characteristics, and prognosis of gastric cancer patients with a previous negative OGD performed at different time intervals.

METHODS: Consecutive patients with gastric adenocarcinoma diagnosed in our hospital between 2006 and 2010 were identified. All prior endoscopy records were retrieved from a centralised computer database. Patients were divided into three groups according to the intervals of previous “negative” endoscopy: between 6 and 36 months (Group A), between 3 and 5 years (Group B), and between 5 and 10 years (Group C).

RESULTS: A total of 487 patients with gastric cancers were diagnosed in the study period and 48 (9.9%) of them had previous “negative” gastroscopy. There were 12 (2.5%) patients in group A, 15 (3.1%) in group B, and 21 (4.3%) patients in group C. The most common baseline endoscopy findings in these patients were gastric ulcer (31.3%). Patients who developed gastric cancer within 5 years of previous endoscopy had lower prevalence of intestinal metaplasia at baseline ($P=0.039$). Although stage I/II cancers were more common in Group A (58.3%), the median survival of this group was not superior to Group C (log rank test, $P=0.035$).

CONCLUSION: Gastric cancers that were diagnosed within 5 years of prior negative gastroscopy had lower survival rates, which cannot be explained by difference in tumour staging alone. Our findings may suggest a more aggressive behaviour of a subtype of gastric cancer that is not easily recognised by prior endoscopy. These findings may have implications on the optimal screening interval for patients at high risk of gastric cancer development.