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Summary

GASTRIC REMNANT CANCER AND LONG-TERM SURVIVAL IN CENTRAL NORWAY 2001 TO 2016 – A POPULATION-BASED STUDY

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Gastric remnant cancers comprised 6.4% of gastric adenocarcinomas in Central Norway (2001-2016) and showed declining incidence but no independent survival difference from primary gastric cancers after adjusting for stage and location.

KEY POINTS

- The median latency between distal gastrectomy and gastric remnant cancer diagnosis was 37.6 years (range 15.7-68.0), with 97.4% of prior surgeries performed for benign disease.
- Gastric remnant cancer patients were older at diagnosis (78.7 years versus 74.9 years for non-gastric remnant cancer) and more frequently male (83.3% versus 62.9%).
- A higher proportion of gastric remnant cancers were diagnosed at stages 0 and I (23.1%) compared to non-gastric remnant cancers (12.8%) and proximal cancers (10.9%).
- Multivariable analysis showed age, Lauren diffuse histology, TNM stage, and neoadjuvant chemotherapy were independently associated with mortality, but gastric remnant cancer status was not.
- Overall and 5-year survival did not differ significantly between gastric remnant cancers and other gastric adenocarcinomas.

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