

International Conference on

GASTROINTESTINAL CANCER AND THERAPEUTICS

4th World Congress on
DIGESTIVE & METABOLIC DISEASES

26th Annual Congress on
CANCER SCIENCE AND TARGETED THERAPIES

October 29-30, 2018 | San Francisco, USA

Current understanding of gastric cardiac carcinoma

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Gastric cardiac carcinoma (GCC) arises in the cardiac mucosa located primarily in the proximal stomach within 3cm below the gastroesophageal junction. The 7th edition of the American Joint Committee on Cancer (AJCC7) staging scheme classified this carcinoma as esophageal adenocarcinoma (EAC), which has been shown to be inadequate by recent research results. The data from high-quality research papers show a rising incidence of GCC in East Asian countries, but a decreasing trend in the West and a plateaued low level in the United States. The studies from China and Japan suggest a slow progression of natural history in GCC, especially at the early stage. While risk factors and tumorigenesis mechanisms for GCC remain elusive, histopathologic investigations demonstrate a wide histopathologic spectrum with a predominance of the Lauren intestinal type carcinoma and rare cancer types such as carcinosarcoma, adenosquamous and neuroendocrine carcinomas, and carcinoma with lymphoid stroma, in contrast to a low frequency for poorly cohesive carcinoma including signet-ring cell carcinoma. Because of heterogeneous post-resection patient survival characteristics, patient survival cannot be adequately stratified and staged by the AJCC7 staging rules on the EAC. The recent results on genomic investigations of gastric and esophageal cancers reveal a unique genetic profile in GCC with a predominance of a gastric chromosomal instability type, which is the same as EAC, indicating the same molecular type for both EAC and GCC. The most recent multicenter study in 15 countries with 25411 radical gastrectomies exhibited a clear stratification of GCC patient prognosis with the staging rule for gastric cancer. Thus, the updated AJCC 8th manual has reversed the staging role in AJCC7 and re-classified GCC as gastric cancer. These outstanding progress have significantly advanced our understanding of GCC and direct future investigations to a new direction with the goal to cure this potentially fatal cancer.

Biography

Qin Huang is a senior practicing pathologist with a strong interest in Gastrointestinal Cancer. Over the past 15 years, he has devoted most of his time and energy, investigating cancer in the gastroesophageal junction region, including gastric cardiac carcinoma (GCC), Barrett's esophagus, and esophageal adenocarcinoma (EAC), and hereditary gastric cancer. He was the first to publish a study on the inadequacy of AJCC7 on staging of GCC, to indicate differences in clinicopathology of cancers in the GEJ region between Chinese and Americans, to show the rarity of EAC in Chinese, to report a novel subtype of pancreatic-acinar-like adenocarcinoma in the gastric cardia, and to describe unique clinicopathologic features of early GCC.

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