



Hacettepe Üniversitesi
Kanser Enstitüsü



8th INTERNATIONAL GASTROINTESTINAL CANCER CONFERENCE

7 - 9 December 2018

Swiss Hotel, Istanbul - Turkey



ABSTRACTS

www.igicc2018.org

SCIENTIFIC SECRETARIAT



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Dear Colleagues,

It is my great pleasure to invite you to attend the 8th International Gastrointestinal Cancers Conference (IGICC 2018) to be held 7– 9 December 2018 in Istanbul. This international gastrointestinal scientific event is endorsed by international societies such as UICC.

Our conference will include all gastrointestinal, hepatobiliary, pancreatic malignancies as well as NETs, GISTs and gastrointestinal lymphomas and issues related to the care of patients with gastrointestinal cancer. The delegates will gain a greater understanding of current clinical practices in gastrointestinal malignancies with lectures by high profile international speakers, presentations of cutting-edge research and clinical practice, clinical case discussions, seminars and a wide range of submitted papers. IGICC will create opportunities for participants to present and share experiences, explore new directions and debate topics with international experts.

Considering the success of the first seven conferences 8.IGICC will be again an indispensable opportunity for education and update of the treatment of gastrointestinal cancers, providing a clear overview for treatment, with the focus on individualized, multidisciplinary approach with the participation of broad range of experts.

I cordially invite you to participate in this meeting by attending and submitting your scientific work as an abstract to be considered for presentation in IGICC 2018.

We are looking forward to welcoming you to Istanbul.

Prof. Dr. Suayib Yalcin

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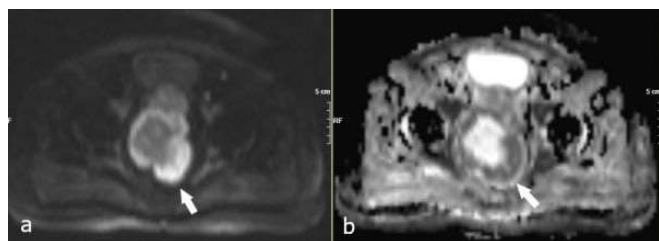


Figure 2. Diffusion weighted image (a) and ADC map (b) showing restricted diffusion in rectal GIST (arrow)

OP-019

STEREOTACTIC BODY RADIOTHERAPY FOR LIVER METASTASIS IN A RECTUM CANCER PATIENT: A CASE REPORT

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Metastases to the liver are common, and stereotactic body radiation therapy (SBRT) is demonstrated as a well tolerated treatment of liver metastases. Colorectal cancers commonly metastasize to the liver, and long term survival is expected after metastasectomy. However, many patients are not eligible for surgical resection, thus many studies are investigating noninvasive techniques such as liver SBRT. Serious prospective trials have made evident that excellent local control with this approach coupled with an perfect safety record. SBRT allows for the delivery of high dose radiation in few fractions to the tumor with extreme accuracy while minimizing the damage to normal surrounding tissue. The Cyberknife system is an image guided robotic system that delivers SBRT which tracks tumors during respiration and automatically adjusts treatment for any patient movement. The most frequently used indications for SBRT are ≤ 5 liver metastases with maximum tumor sizes of 6 cm no extrahepatic disease, good performance status and adequate hepatic functions.

We present our treatment plan performed for rectum cancer patient who have only one liver metastasis is located at uncinate lobe. The prescription dose of 35 Gy was delivered in 5 consecutive days with cyberknife. The diameter of metastasis was smaller than 2 cm. The identification of target volumes proved to be challenging on simulation CT, due to the good response to chemotherapy. A radiologist, expert in liver lesion, was involved in target contouring and margin definition. An isotropic margin of 0.5 cm was added to the GTV (6.1 cc) in all directions, obtaining the planning target volume (PTV) (9.4 cc) The upper abdominal organs at risk (duodenum, right and left kidneys, aorta, inferior vena cava vein, lung and liver) were contoured according to the RTOG protocols. The prescribed dose was 35 Gy, the mean liver dose was 1.9 Gy. There were no elevations of the serum liver parameters during and one month after from SBRT.

The presented case report suggest that the SBRT approach is feasible and effective for liver metastases. The literature validation of our liver treatment plan showed that it has the potential for ensuring the effective and patient friendly delivery.

Keywords: SBRT, liver metastases, rectum cancer

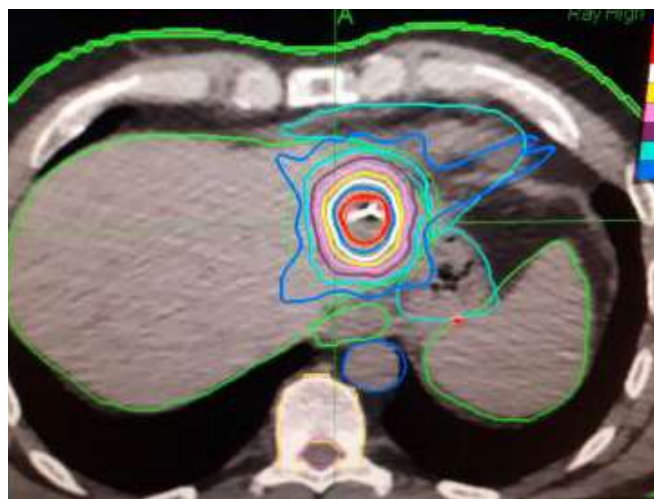


Figure 1. Planning CT of SBRT, axial image



Figure 2. Planning CT of SBRT, sagittal image

Table 1. Targets, OARs, and dose constraints for SBRT

Target volumes	Constraints
PTV	V95% > 98%
Mean liver	1.9 Gy
Mean stomach	2 Gy
Mean duodenum	0.2 Gy
Mean heart	2.7 Gy

OP-020

EMERGENT SURGICAL CONDITIONS AND THEIR MANAGEMENT IN PATIENTS WITH GASTRIC CANCER

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Purpose: Gastric cancer is the fourth most common type of cancer and has the second highest cause of cancer related mortality rate. Today, management of patients with gastric cancer

who present with various problems in emergency surgery out-patient clinics is still a serious problem. We aimed to present our experience about this subject in this study.

Methods: The clinical data of 59 consecutive patients who were hospitalized due to emergent surgical conditions with gastric cancer between 01 August 2015 and 01 August 2018 at the Emergency Surgery Department University of Health Science, İstanbul Okmeydanı SUAM were retrospectively analyzed.

Results: 59 patients were included in the study. The mean age was 60.1 (22-85). 17 patients (28.8%) were female and 42 patients (71%) were male. 23 patients had small bowel obstruction, while 8 patients had gastrointestinal bleeding. In addition, gastric tumor perforation was detected in 6 patients. However, 6 (10,1%) patients were diagnosed with gastric cancer for the first time in the Emergency Surgery Department. 19 patients underwent emergency surgical treatment and 6 patients underwent planned surgery after medical treatment. 4 patients underwent endoscopic procedure and 4 patients underwent percutaneous procedure in the interventional radiology unit. The mortality rate was 16.9% (10/59).

Conclusion: Especially patients with advanced stage or undiagnosed gastric cancer might present to emergency surgery out-patient clinics because of serious complications. These patients have high mortality and morbidity rates. Surgeons should be aware that surgical treatment and management of these patients is a very difficult clinical condition.

Keywords: Gastric cancer, Emergency, Surgery,

OP-021

CASE REPORT WITH LYNCH SYNDROME

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Lynch syndrome is the most common cause of inherited colorectal cancer (CRC). It is characterized by a significantly increased risk for CRC and endometrial cancer as well as a risk of several other malignancies. Hereditary nonpolyposis colorectal cancer (HNPCC) refers to patients and/or families who fulfill the Amsterdam criteria. Lynch syndrome is an autosomal dominant disorder that is caused by a germline mutation in one of several DNA mismatch repair genes. Total abdominal colectomy with ileorectal anastomosis and continued annual endoscopic surveillance of the remaining rectum is recommended in patients with Lynch syndrome who are found to have colorectal cancer.

Our patient's age is 61. The patient smoked 45 packs a year. The patient's family history revealed that his brother was diagnosed with colon cancer at 35 years old, also brother's daughter diagnosed with colon cancer too. His mother and two sisters were endometrial cancer, two aunts were colon cancer. There was no genetic analysis of the patient. In 2006, total colectomy was performed in another center with the diagnosis of multifocal colon cancer. As a result of the pathology, a synchronous tumor was observed in the synchronous three focus subserosal surface. The pathology result was adenocarcinoma. The column material removed 66 centimeters in length. The patient was diagnosed with stage 2 colon cancer and received 6 cycles of FUFA chemotherapy. The patient's family was not informed. He didn't come regularly to the patient controls. At the last check level of hemoglobin was 7.5 in June 2018. In the colonoscopy report was the tumoral mass lesion was seen between the sixth and fifteenth centimeters of the anal canal and biopsy was adenocarcinoma. Between

02.07.2018-08.08.2018, radiotherapy was applied to the patient with helical Tomotherapy device; for a first phase 45 Gy in 25 fractions and for a second phase 5.4 in 3 fractions were given. Capecitabine were given simultaneously. In October 2018, the patient underwent segmental resection. Muscle layer and perirectal fat tissue infiltrating tumor. Tumor diameter is 3.5 cm. Tumor adenocarcinoma and staging was performed as T3N0Mx.

Therefore, as can be revealed from the case report, it is important to manage, control and inform patients with Lynch syndrome. As in this case, cancer may develop years later, so controls should not be disrupted. Family members should be informed about the disease and its risks. Control should also be offered to family members.

Keywords: Lynch Syndrome, Lynch Syndrome Management, Rectum Radiationtherapy, Lynch Syndrome Family Relationship, Genetic Information and Patient Education

OP-022

ARE RELATIONSHIP BETWEEN INFLAMMATION BASED SCORES AND INITIAL STAGE IN ELDERLY GASTRIC CANCER PATIENTS?

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Introduction: Currently, gastric cancer still remains its popularity among gastrointestinal system malignancies in the elderly. Inflammation has been reported to play an important role in carcinogenesis. The aim of this retrospective study was to evaluate relationship between C-reactive protein to albumin (Crp/Alb) and White blood cell to platelet (Wbc/Plt) at the time of diagnosis in elderly gastric cancer patients.

Method: This study enrolled 63 gastric cancer patients diagnosed and followed up between 2012 to 2018 at Pamukkale University Medical Oncology Clinic were reviewed retrospectively. Demographic data, smoking history, primary surgical operation, presence of metastases, Her2 status, Crp, alb, Wbc, platelet values were recorded. We examined Crp/Alb, Wbc/Plt results in stage 4 patients compared to the other stage patients. All statistical analyses were performed using the SPSS package (version 18.0; SPSS, Chicago, IL).

Result: Median age was 77(70-91) years old. Forty four (69%) of them were male, 21(33%) had smoking history, 34(54%) of them resected primary, 24(38%) of them were initially metastatic stage, 5(7%) of them had her2 positive, 19(30%) of them has higher CEA and CA19-9 levels. The median PFS was 30(3-64) months and median overall survival was 18(1-130) months. There were no statistically significant correlations between CRP/Alb ratio, Wbc/plt ratio and stage ($p=0,2$, $p=0,6$).

Conclusions: There were no relationships between Crp/Alb, Wbc/Plt and initial stage in elderly gastric cancer patients. It must be confirmed with large randomise prospective studies.

Keywords: gastric cancer, inflammation, wbc/plt, crp/alb



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On behalf of the Organizing Committee, we herewith declare that

SEMİH HOT

has participated in the "8th International Gastrointestinal Cancer Conference"
which was held in Istanbul - Turkey, December 7 - 9, 2018.

Prof. Şuayib Yalçın
Conference President