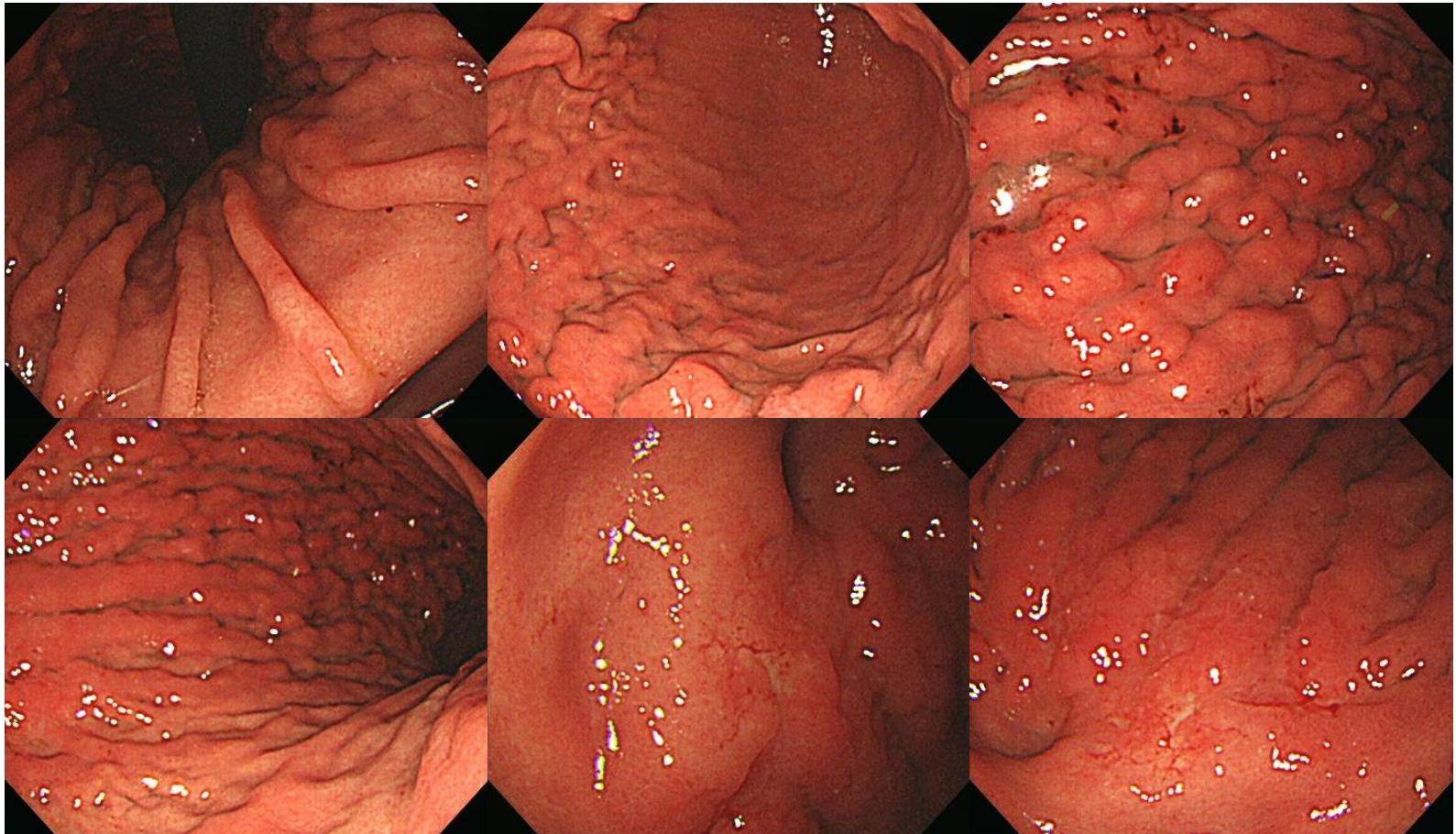


# 증례 중심으로 살펴보는 위암을 놓치지 않는 전략

성균관대학교 의과대학 내과 이준행

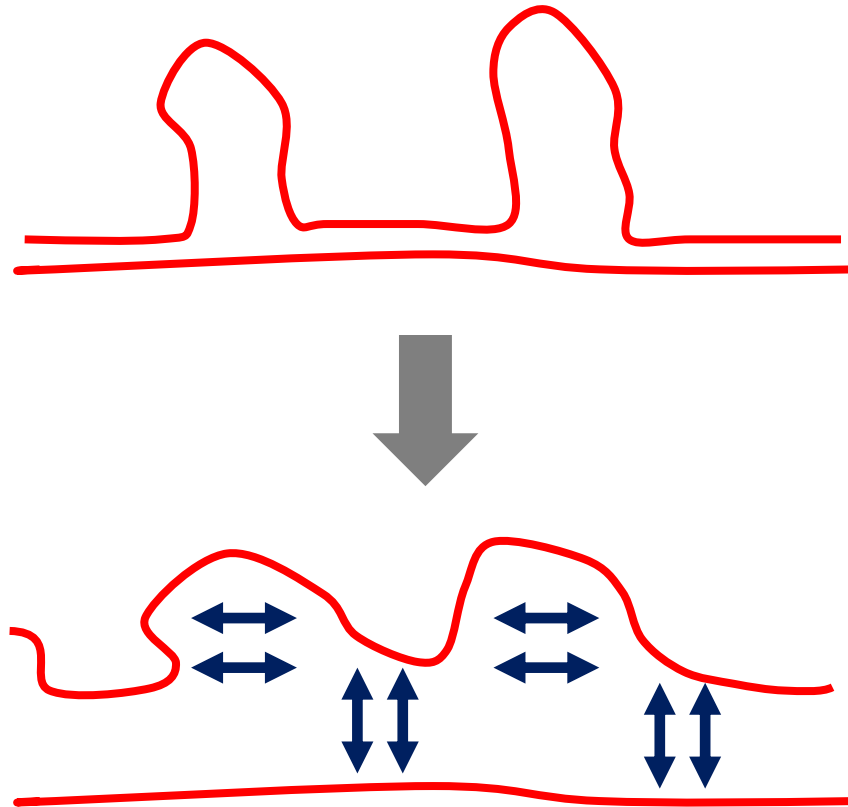
# 증례 1 (2013)



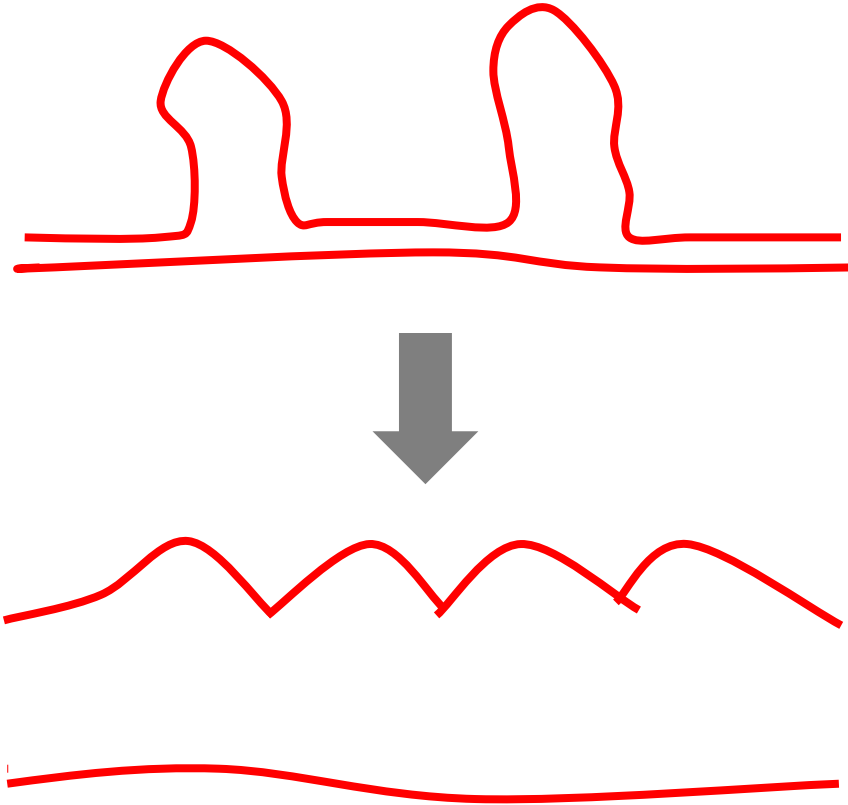
# 보만 4형 진행성 위암이 무서운 이유

1. 놓치기 쉽다.
2. 의사나 환자 모두 방심하기 쉬운 젊은 여성에 많다.
3. 장막 전이가 흔하다.
4. 조직 검사 음성이 많다.
5. 건강검진 수진자들에게도 발견된다.
6. 신전 여부로 감별 진단하기 힘들다.
7. 과증식성 위염과 구분이 어렵다.

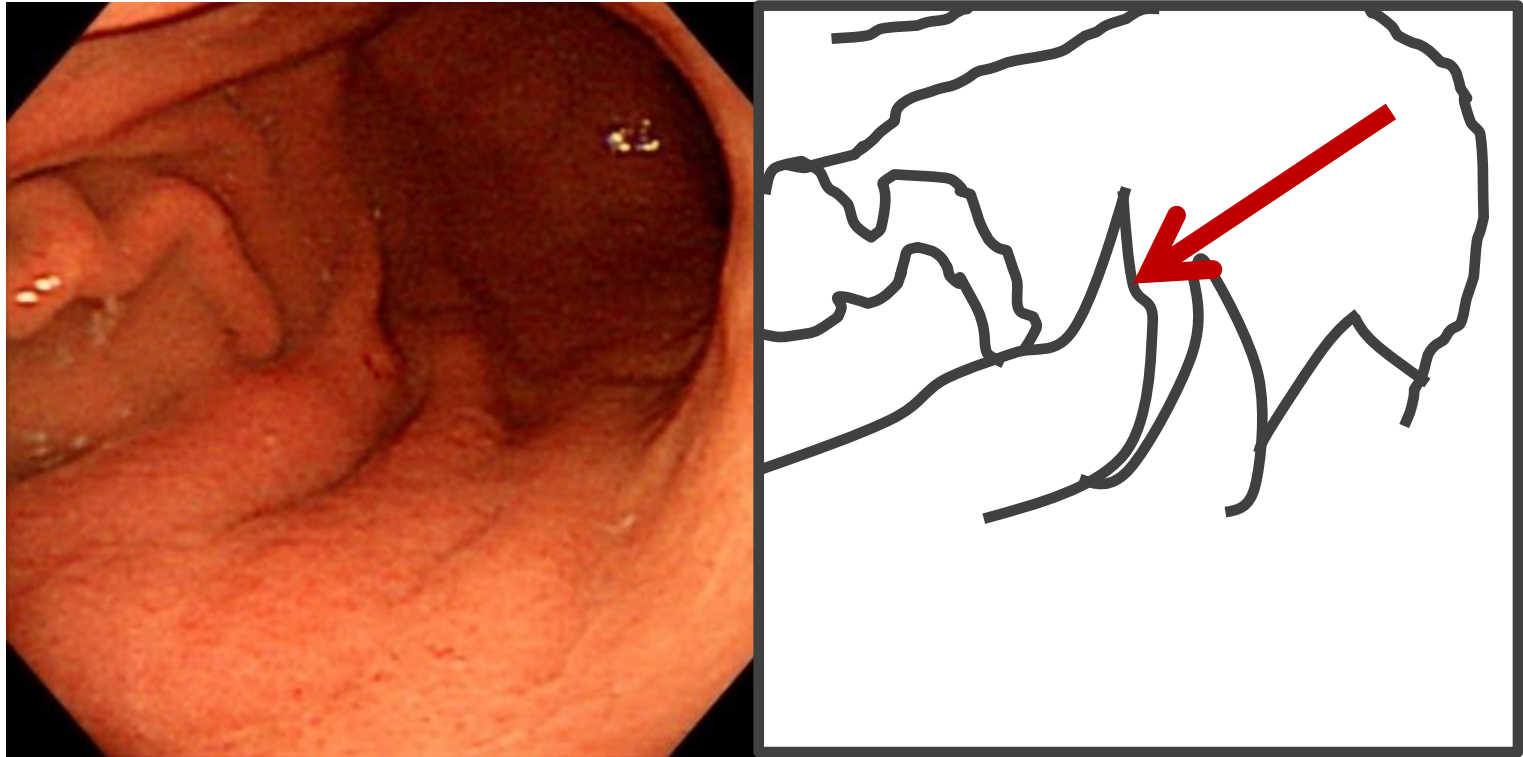
주름은 두꺼워지고 골짜기는 얇아진다



# Shoulder by shoulder



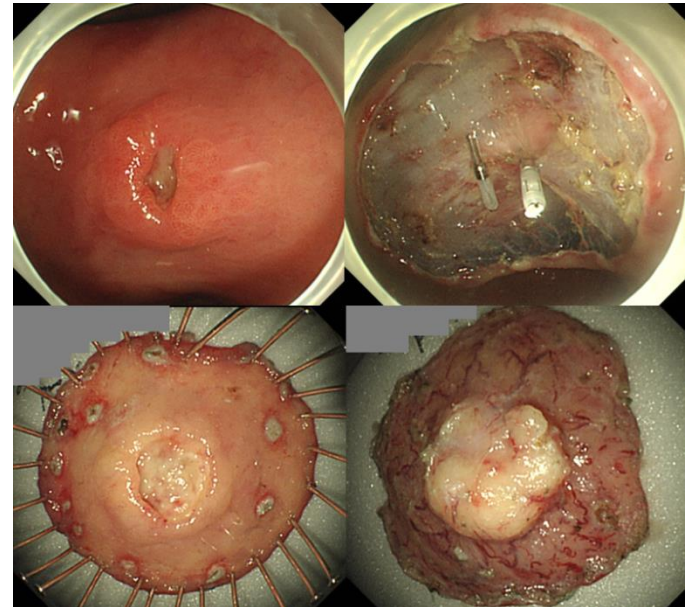
# 정상과 비정상의 경계



# 증례 2 (2014)

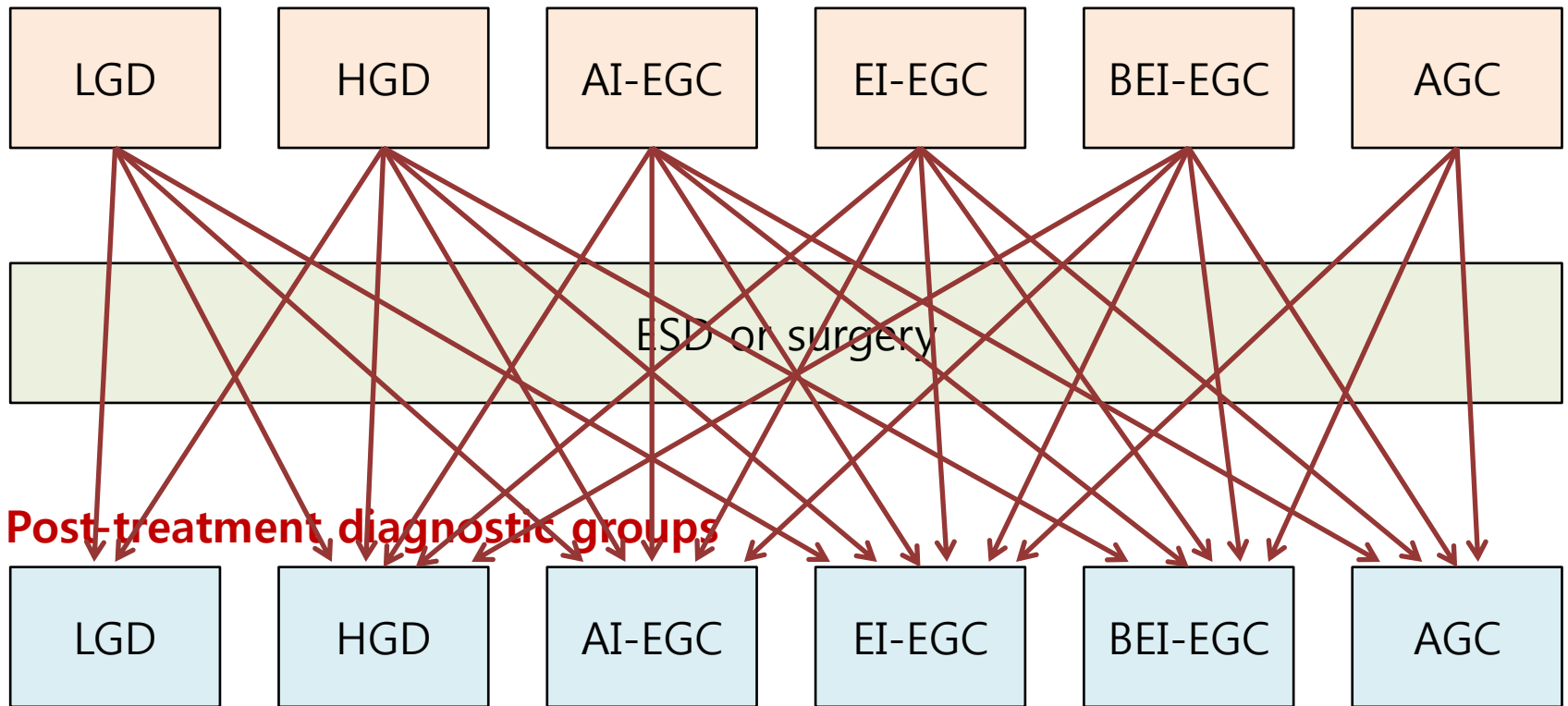
Early gastric carcinoma

1. Location : antrum, lesser curvature
2. Gross type : EGC type IIc
3. Histologic type : **tubular adenocarcinoma, poorly (solid type) differentiated**
4. Histologic type by Lauren : intestinal
5. Size of carcinoma : (1) longest diameter, 14 mm  
(2) vertical diameter, 10 mm
6. Depth of invasion : invades submucosa, (**depth of sm invasion : 1900  $\mu$ m**) (pT1b)
7. Resection margin : involved deep resection margin by carcinoma with cauterized artifacts, safety margin : distal 11 mm, proximal 10 mm, anterior 12 mm, posterior 16 mm, deep 0 mm (sm only)
8. **Lymphatic invasion : present (+++)**
9. Venous invasion : not identified(N)
10. Perineural invasion : not identified(N)
11. Microscopic ulcer : absent
12. Histologic heterogeneity: absent



# Diagnostic group classifications before and after the treatment

## Pre-treatment diagnostic groups



## Post-treatment diagnostic groups



# Discrepancy between pre- and post-treatment diagnosis, SMC (2012)

**Table 1** Pretreatment and posttreatment diagnostic group classification for gastric dysplasias or cancers

Posttreatment diagnostic group	Pretreatment diagnostic group (%)				
	LGD (n=162)	HGD (n=164)	AI-EGC (n=396)	BAI-EGC (n=824)	AGC (n=495)
No residual	2 (1.2)	4 (2.4)	0	0	0
LGD	105 (64.8)	33 (20.1)	2 (0.5)	0	0
HGD	45 (27.8)	71 (43.3)	4 (1.0)	1 (0.1)	0
AI-EGC	5 (3.1)	36 (22.0)	258 (64.9)	22 (2.7)	1 (0.3)
BAI-EGC	5 (3.1)	19 (11.6)	131 (33.3)	720 (87.4)	72 (14.5)
AGC	0	1 (0.6)	1 (0.3)	81 (9.8)	422 (85.3)
Downgraded (%)	1.2	23.7	1.5	2.8	14.7
No change (%)	64.8	43.3	64.9	87.4	85.3
Upgraded (%)	34.0	34.1	33.6	9.8	0

*LGD* low-grade dysplasia, *HGD* high-grade dysplasia, *AI-EGC* absolute indication early gastric cancer, *BAI-EGC* beyond absolute indication early gastric cancer

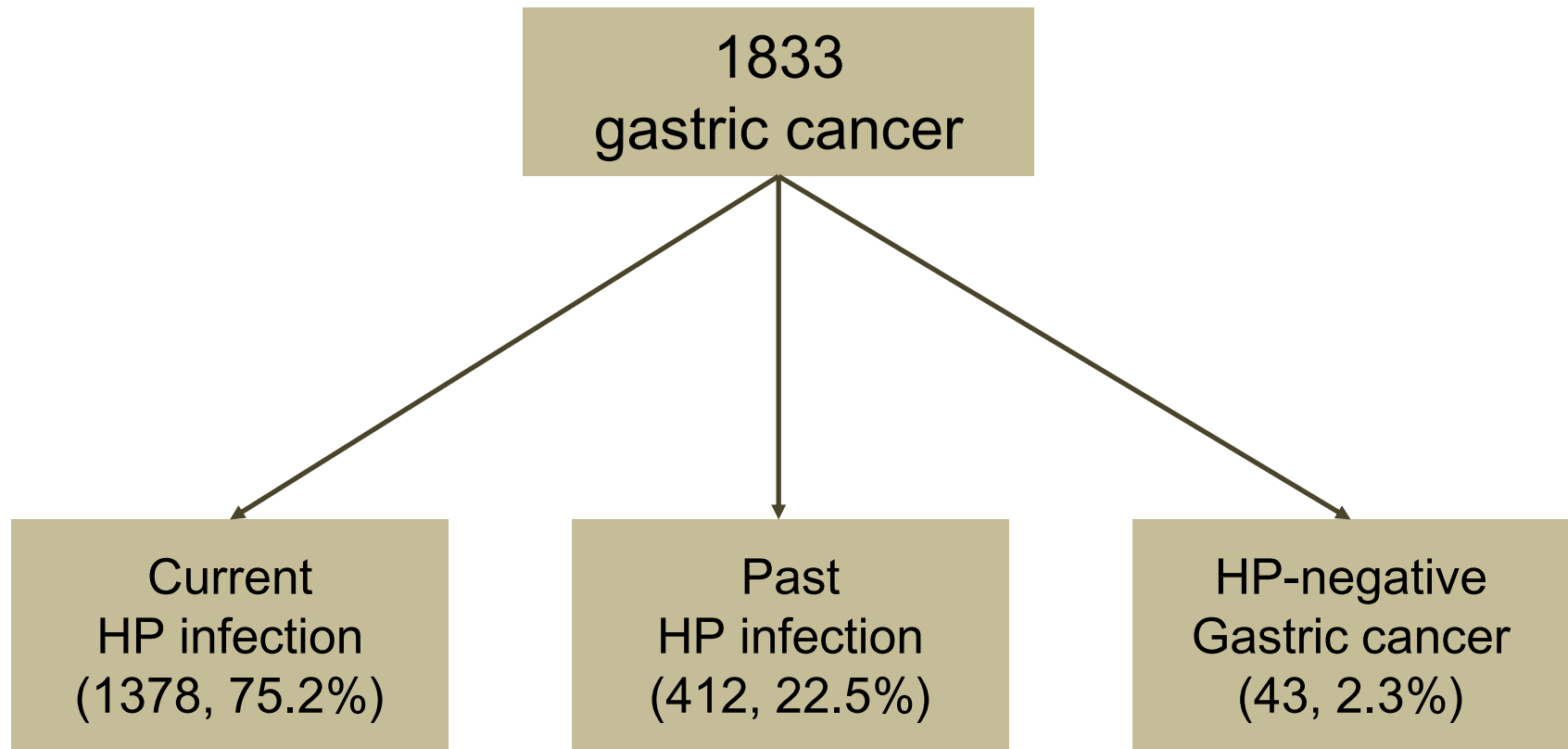
# Screening is not a prevention.

Screening is just early detection and prevention of gastric cancer-related death.

In order to prevent gastric cancer, *H. pylori* eradication may be the best option.

# True Helicobacter (-) cancer is rare.

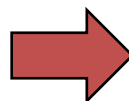
- Rapid urease tests, serology examinations, and histological evaluations.



# Guideline by experts' group

- 2009 & 2013

Therapeutic target – indication of 2009	Therapeutic target – indication of 2013
Definite indication	Peptic ulcer (1A)
Peptic ulcer including scar	Marginal zone B cell lymphoma (1A)
Marginal zone B cell lymphoma	EGC after endoscopic resection (1A)
Early gastric cancer	ITP (1A)
Recommended indication	Long-term aspirin use with peptic ulcer history (1C)
First relatives of gastric cancer	Atrophic gastritis / intestinal metaplasia (2C)
Unexplained IDA	Family history of gastric cancer (2B)
Chronic ITP	Functional dyspepsia (in some patients) (2A)
Possible indication	
Atrophic gastritis	
Non-ulcer dyspepsia	
Long-term use of NSAID	



# Hill's epidemiologic criteria for causal association.

Causal criterion	Causal association
Strength of association.....	What is the relative risk?
Consistency of association .....	Is there agreement among repeated observations in different places, at different times, different methodology, by different researchers, under different circumstances?
Specificity of association .....	Is the outcome unique to the exposure?
Temporality .....	Does exposure precede the outcome variable?
Biological gradient.....	Is there evidence of a dose-response relationship?
Plausibility.....	Does the causal relationship make biological sense?
Coherence.....	Is the causal association compatible with present knowledge of the disease?
Experimentation.....	Does controlled manipulation of the exposure variable change the outcome?
Analogy .....	Does the causal relationship conform to a previously described relationship?

We can make a decision based on variable level of evidence.

# Policy change in Japan

- Not based on newly available data

- February 21, 2013
- *Helicobacter pylori gastritis* has been approved by Japan's Ministry of Health, Labour and Welfare as an additional indication for H. pylori eradication by triple therapy with proton pump inhibitors.

# Take home message

- 위암을 놓치지 맙시다.  
→ **빠른 내시경보다는 바른 내시경**
- 위암 예방도 잊지 맙시다.  
→ **Helicobacter**를 치료합시다.