TOPIC REVIEW (17.12.26)

DIAGNOSIS OF EGC & AGC

발표_ IM R3 오진명

Gastric cancer

- **Male**
  - 18.5% of cancer
  - Cancer mortality 13.1% (2nd)
- **Female**
  - 9.0% of cancer
  - Cancer mortality 11.9% (3rd)
- **5 year survival**
  - Localized stage 94.6%
  - Distant stage 5.7%

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위암 검진 권고안

(1) 40–74세 무증상 성인을 대상으로 위내시경을 이용한 위암 검진을 2년 간격으로 시행할 것을 권고한다(권고등급 B).

(2) 40–74세 무증상 성인을 대상으로 위장조영촬영을 이용한 위암 검진은 개인별 위험도에 대한 임상적 판단과 수검자의 선호도를 고려하여 선택적으로 시행할 것을 권고한다(권고등급 C).

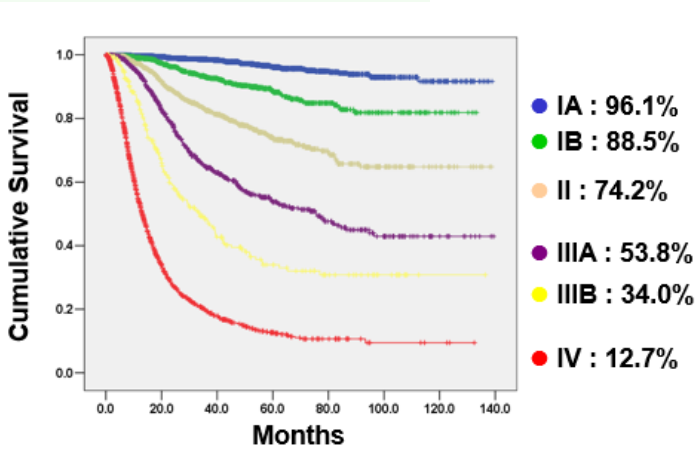
(3) 75–84세 무증상 성인을 대상으로 위암 검진을 시행하는 것은 이득과 위해의 크기를 비교평가할 만한 근거가 불충분하다(권고등급 I).

Symptom

EGC		AGC	
무증상	**80%**	**체중감소**	**60%**
속쓰림	10%	**복통**	**50%**
오심, 구토	8%	오심, 구토	30%
식욕감퇴	8%	식욕감퇴	30%
조기포만감	5%	연하곤란	25%
복통	2%	위장관출혈	20%
위장관 출혈	< 2%	조기포만감	20%
체중감소	< 2%	속쓰림	20%
연하곤란	< 1%	복부팽만감	5%
		무증상	< 5%

TNM classification (UICC)

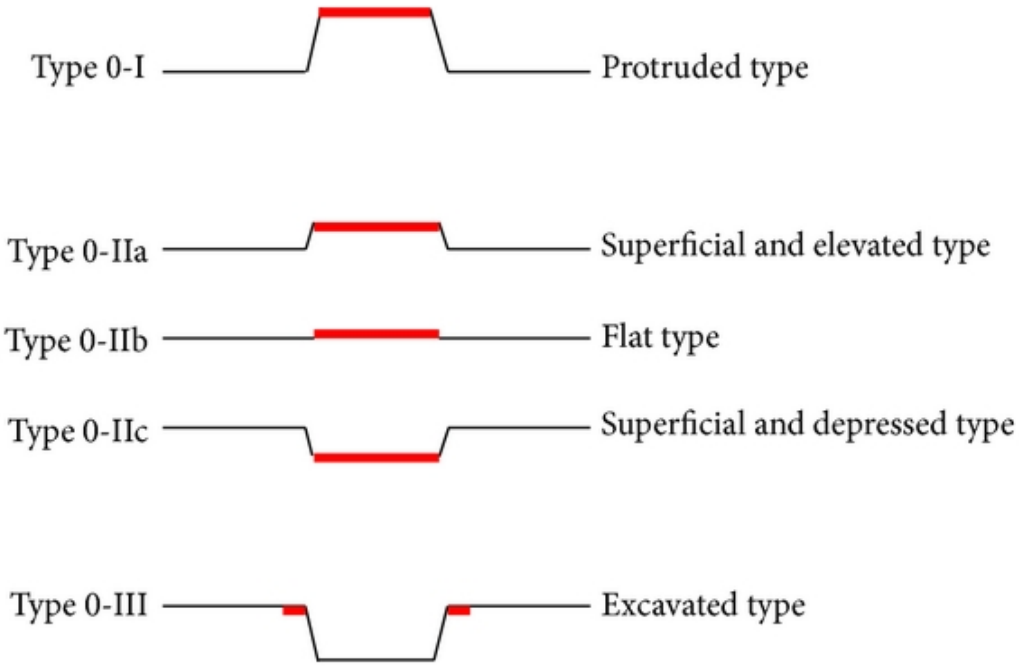
	N0	*N1 (1–2)*	*N2 (3–6)*	*N3a (7–15)*	*N3b (≥16)*	*M1 (positive peritoneal cytology)*
T1a (lamina propria or muscularis mucosa)	IA	IB	IIA	IIB		IV
T1b (submucosal)						
T2 (muscularis propria)	IB	IIA	IIB	IIIA		
T3 (subserosa)	IIA	IIB	IIIA	IIIB		
T4a (serosa)	IIB	IIIA	IIIB	IIIC		
T4b (adjacent organs)	IIIB		IIIC			

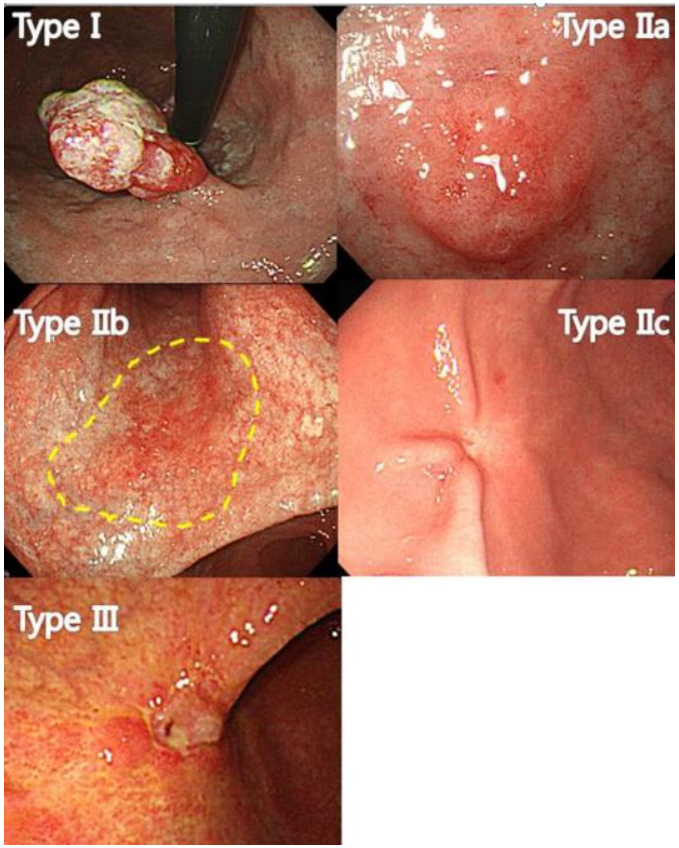


UICC/AJCC TNM Classification, 7th edition, 2010

Early gastric cancer

- Paris endoscopic classification



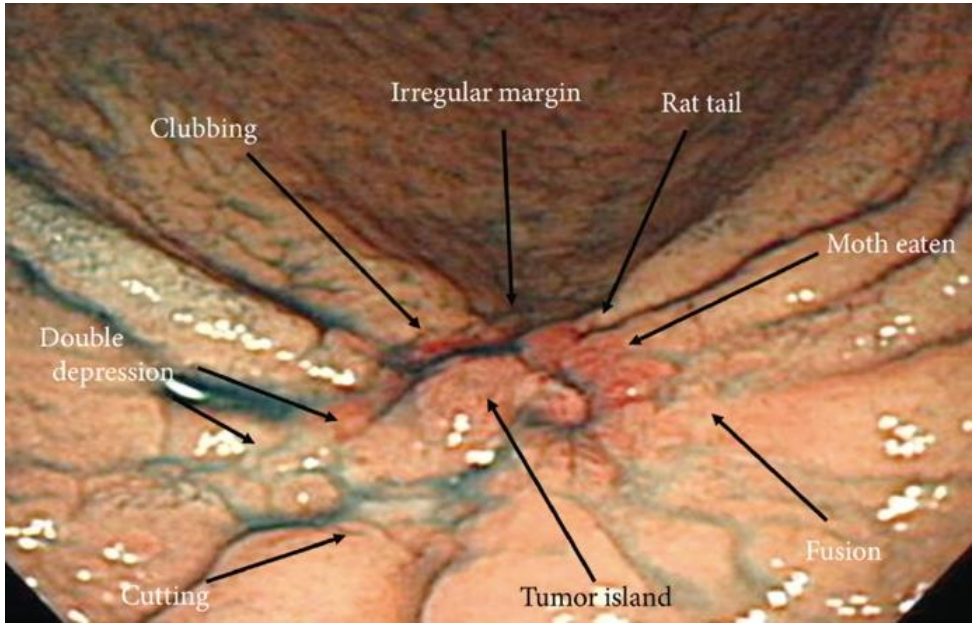


Early gastric cancer

- **Fold**

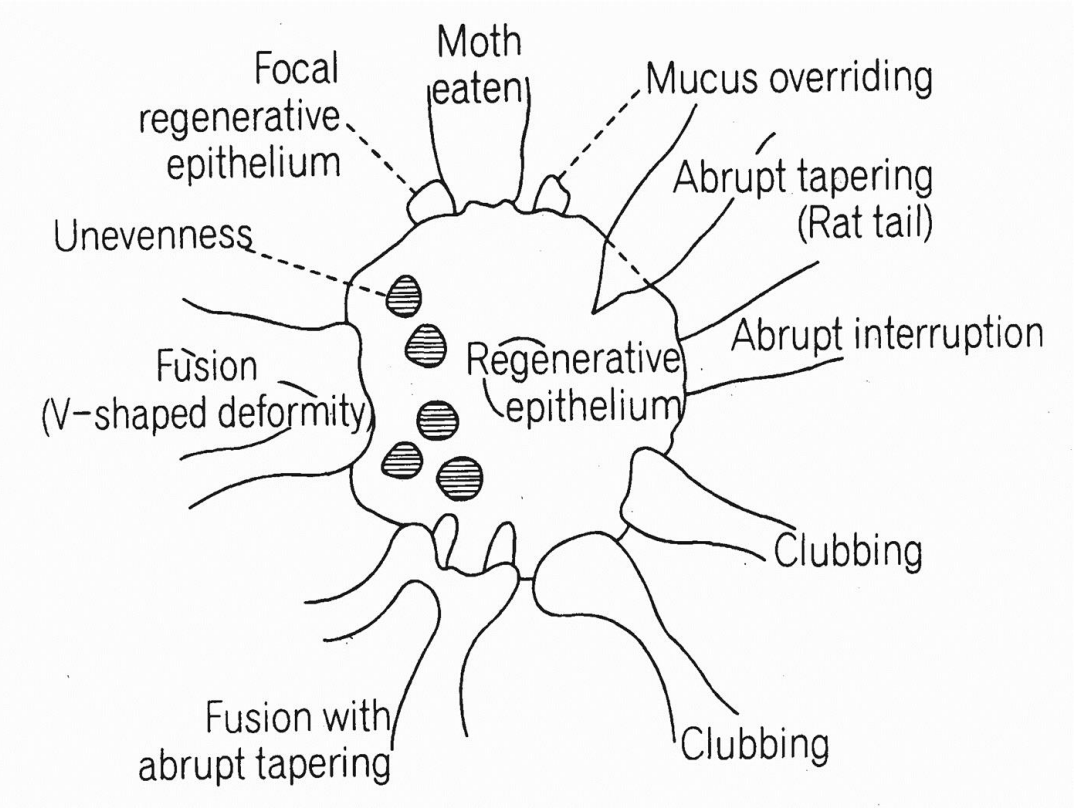
Benign

Malignant



Early gastric cancer

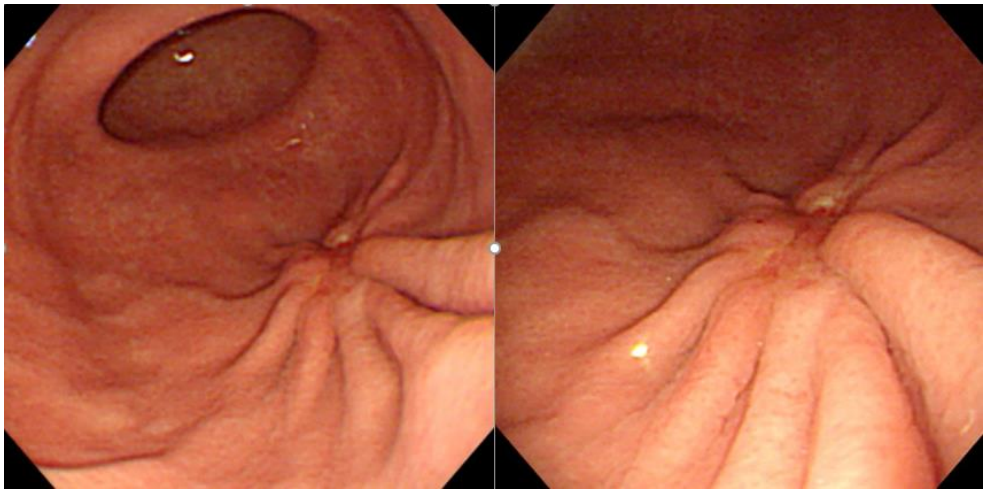
- **Fold abnormality**

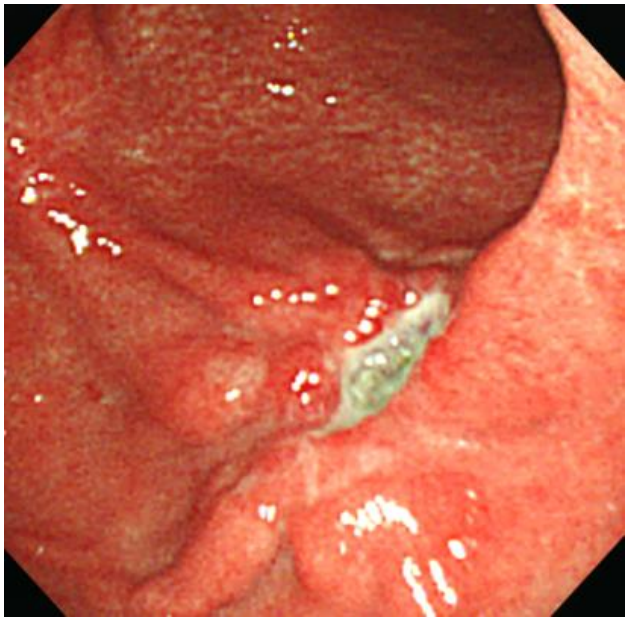


- **Invasion of depth**
- **M**
- 점막주름의 중단
- 계단모양 함요
- 변색
- 불규칙한 가늘어짐
- 펜끝모양 가늘어짐
- **SM**
- 함요내의 축소소실
- 곤봉상융기, 결절융기
- 주름사이 연결
- **PM~S**
- 결절모양 끝이 융합
- 제방모양 융기

Early gastric cancer

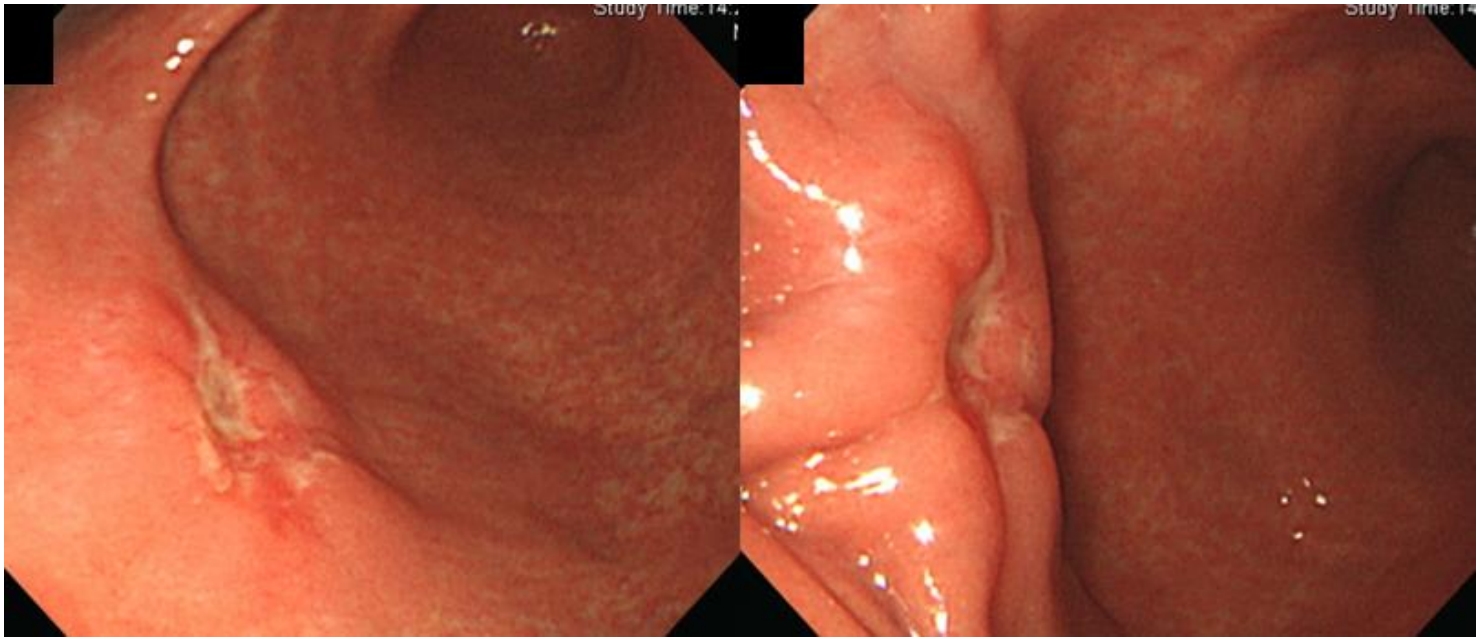
- Fold change





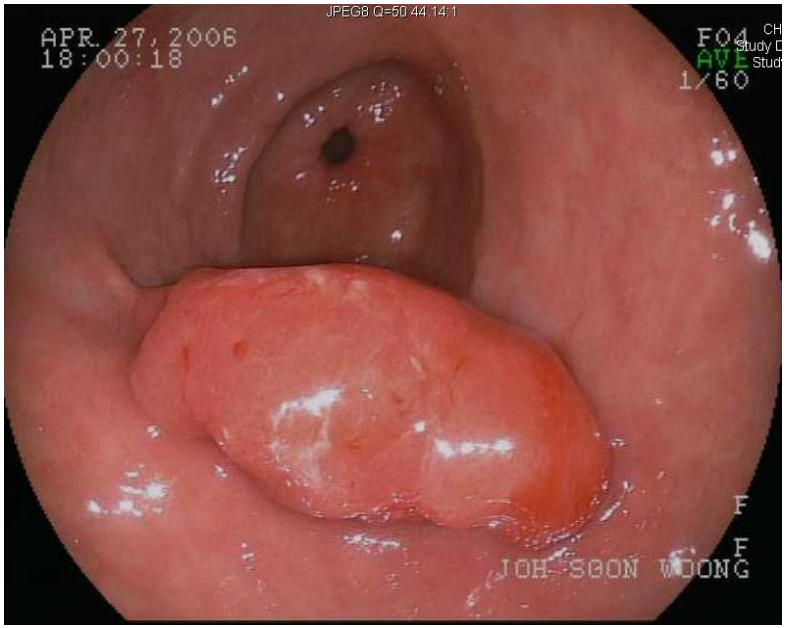
Early gastric cancer

- Fold change

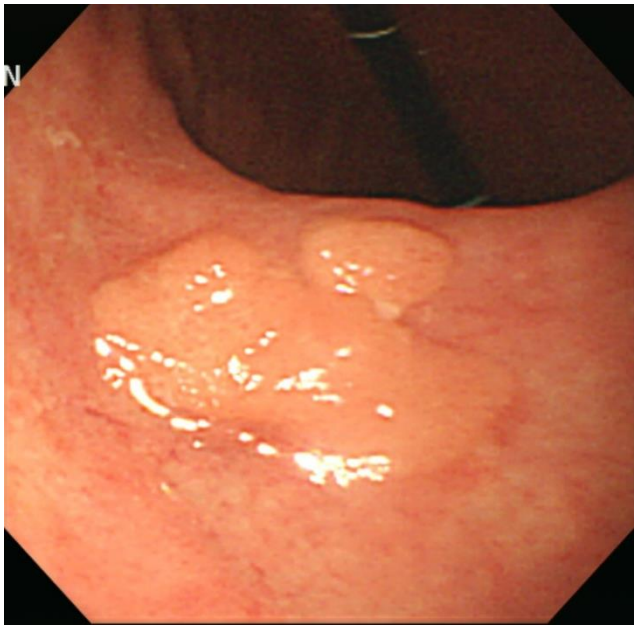


Early gastric cancer

- EGC type I

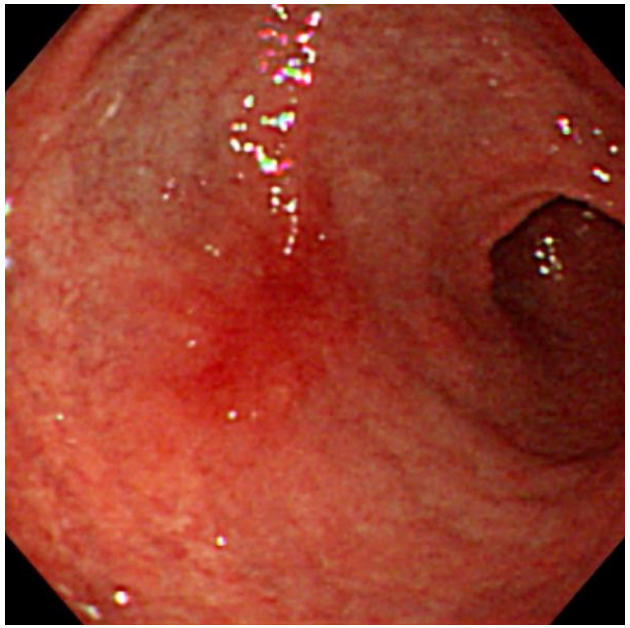


- EGC type IIa

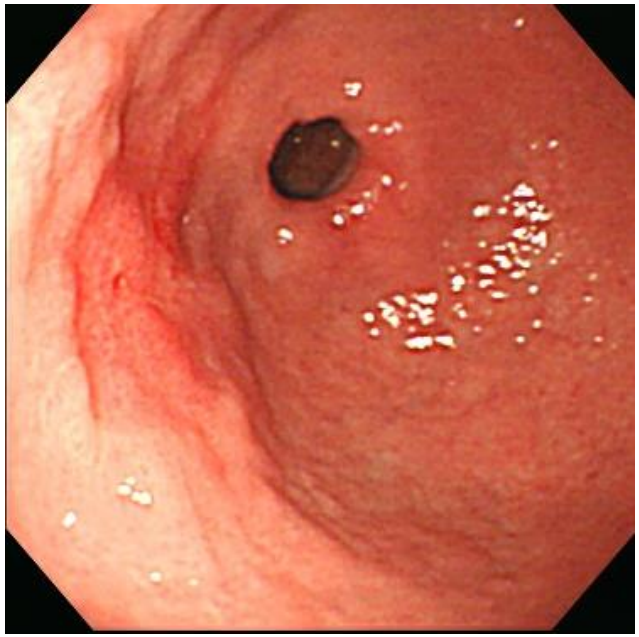


Early gastric cancer

- EGC type IIb

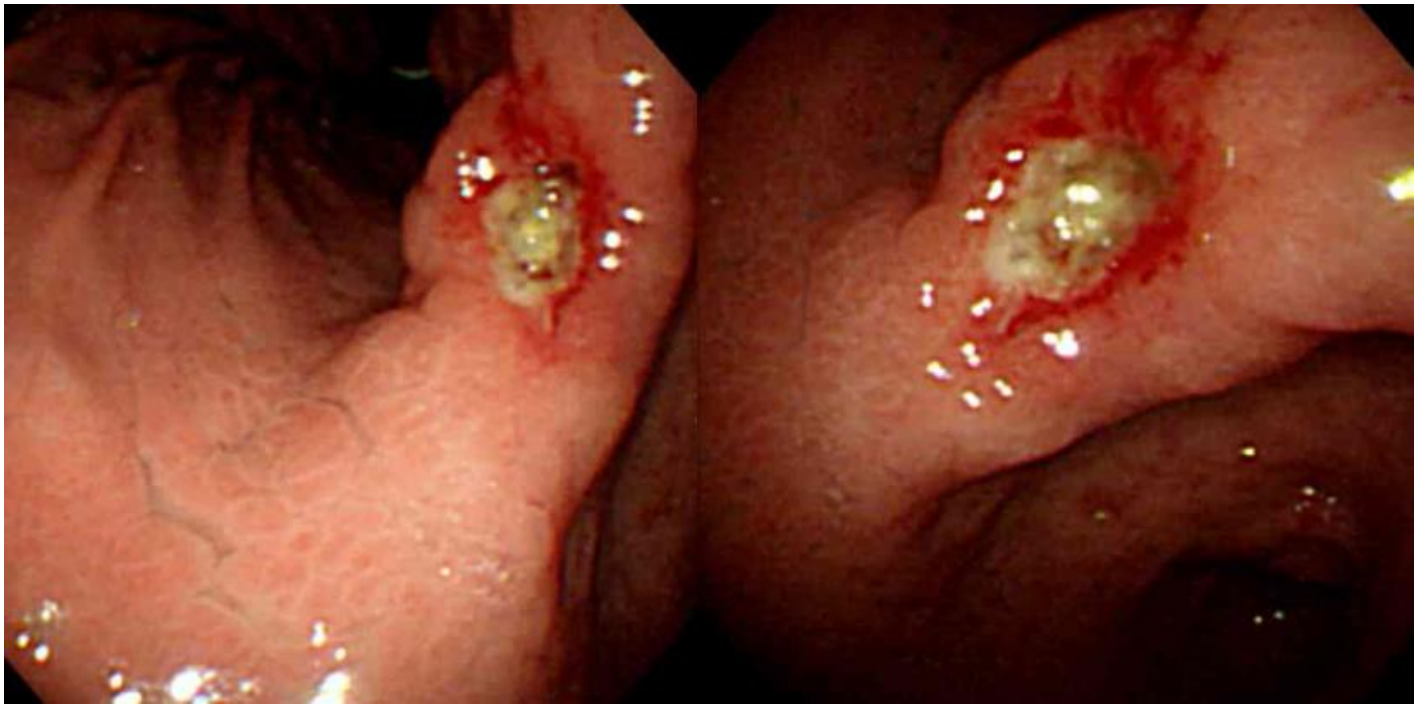


- EGC type IIc

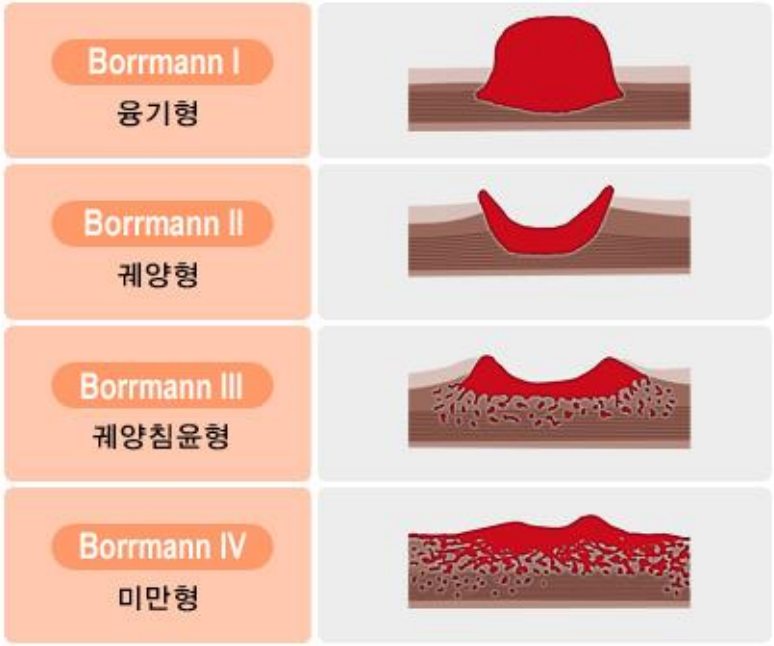


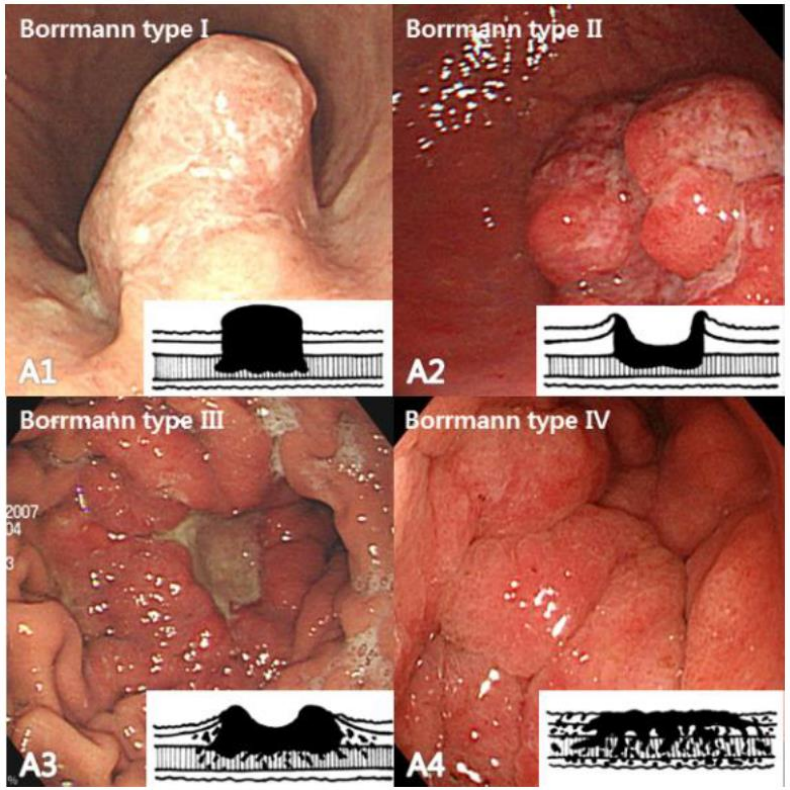
Early gastric cancer

- EGC type III



Advanced gastric cancer

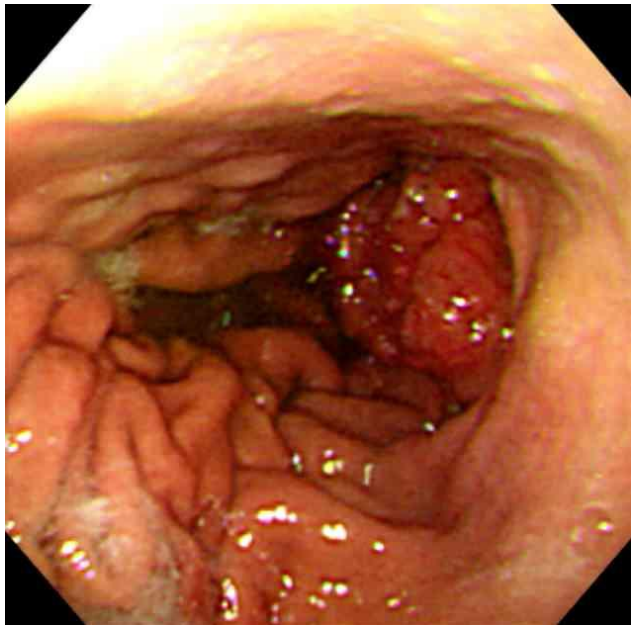




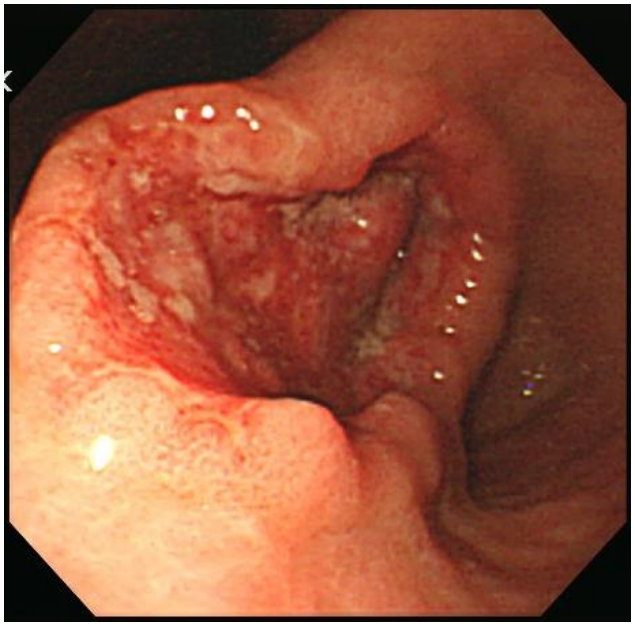
http://www.cancer.go.kr/contentfile/cif/cifimg/0302_AGC_72dpi.jpg

Advanced gastric cancer

- Borrmann type I

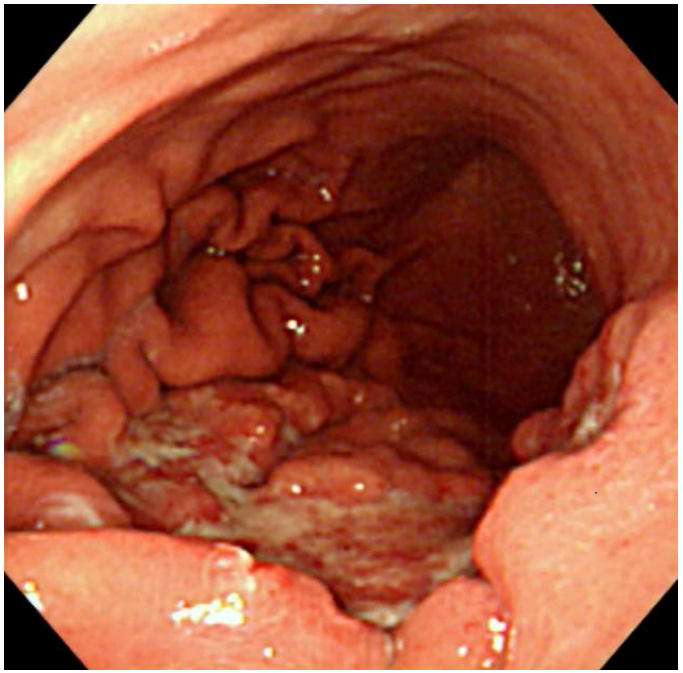


- Borrmann type I

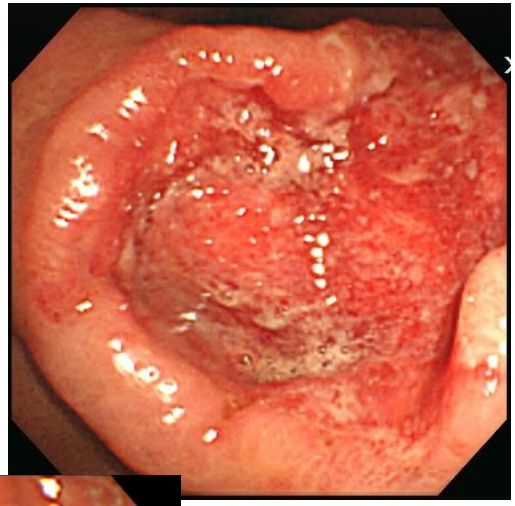


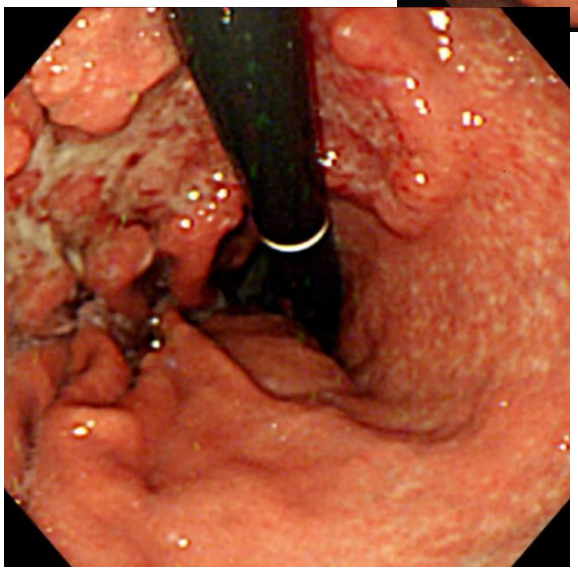
Advanced gastric cancer

- **Borrmann type III**



Type II

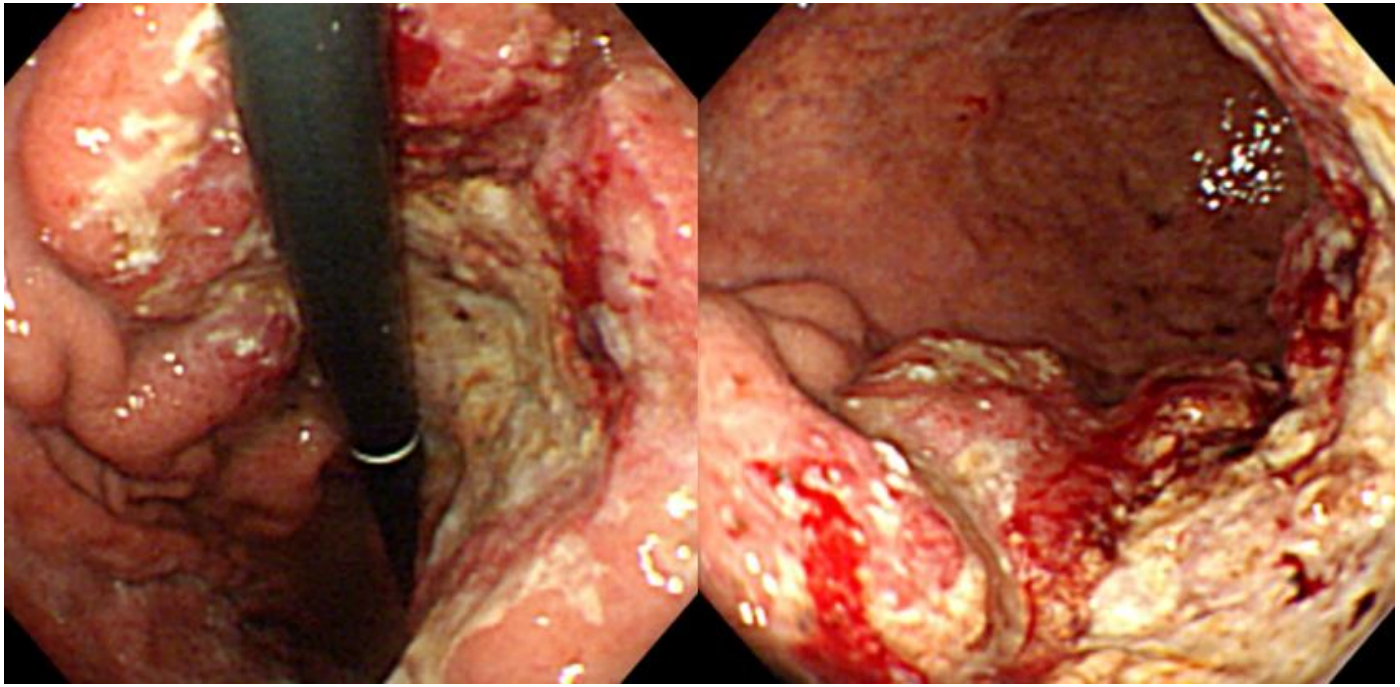




Type III

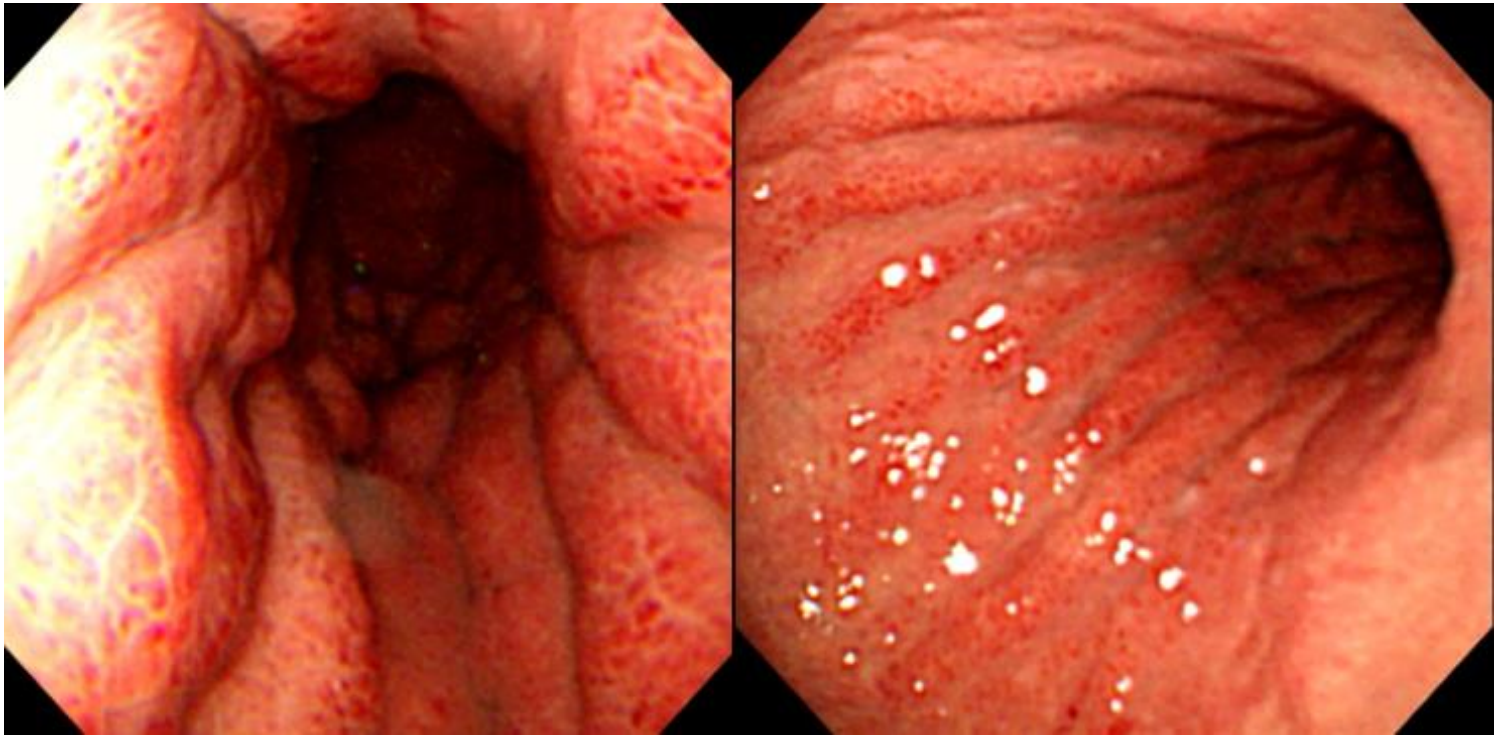
Advanced gastric cancer

- Borrmann type III



Advanced gastric cancer

- Borrmann type IV



Histology

위암 병리보고서 기재사항 표준화

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김호근 · 배한익 · 송규상 · 장희경
장희진 · 채양석

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A Standardized Pathology Report for Gastric Cancer

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The Gastrointestinal Pathology Study Group of the Korean Society of Pathologists

Background and Methods : The Gastrointestinal Pathology Study Group of the Korean Society of Pathologists developed a standardized pathology reporting format for gastric cancer in collaboration with the Korean Gastric Cancer Association. **Results :** The diagnostic parameters are divided into two part: the standard part and the optional part. The standard part contains most of the items listed in the Japanese classification, the TNM classification by UICC, the WHO classification, and the Korean Gastric Cancer Association classification. Therefore, the standard part is adequate for routine surgical pathology service. We included detailed descriptions on each item. **Conclusions :** The authors anticipate that this standardization can improve the diagnostic accuracy and decrease the discrepancies that occur in the pathologic diagnosis of gastric cancer. Furthermore, the standard format can encourage large scale multi-institutional collaborative studies.

Key Words : Stomach neoplasm; Pathology report; Surgical pathology; Neoplasm staging; Histologic type

Kim WH, Park CK, et al. Korean J Pathol 2005;39:106-113

Histology

1) Specimen type

- - total gastrectomy
- - distal subtotal gastrectomy
- - proximal gastrectomy
- - wedge resection
- - endoscopic mucosal resection
- - other _____

Histology

2) Main diagnosis

- - Early gastric carcinoma
- - Advanced gastric carcinoma
- (- Multiple gastric carcinomas)

3) Location

- involvement
- [ ] esophagus [ ] upper third [ ] middle third
- [ ] lower third [ ] duodenum
- center
- - cardia - fundus - body - antrum - pylorus /
- - lesser curvature - greater curvature
- - anterior wall - posterior wall - circle

Histology

4) Gross type

- EGC-I
- EGC-IIa
- EGC-Iib
- EGC-IIc
- EGC-III
- Combination of above _____
- Borrmann 1
- Borrmann 2
- Borrmann 3
- Borrmann 4
- Unclassifiable

Histology

5) Histologic type

- Papillary adenocarcinoma
- Tubular adenocarcinoma, well differentiated
- Tubular adenocarcinoma, moderately differentiated
- Tubular adenocarcinoma, poorly differentiated
- Mucinous adenocarcinoma
- Signet-ring cell carcinoma
- Adenosquamous carcinoma
- Squamous cell carcinoma
- Small cell carcinoma
- Hepatoid adenocarcinoma
- Undifferentiated carcinoma
- other _____

Histology

6) Lauren classification

- Intestinal
- Diffuse
- Mixed
- Indeterminate

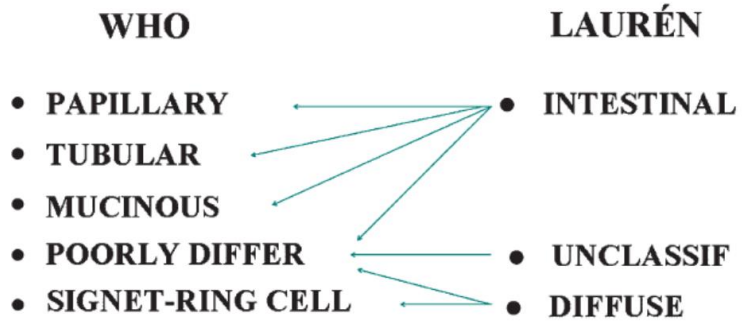


Figure 3. A scheme on links and resemblances by which the classifications of Laurén and the WHO can be united as presented by Professor Osmo Järvi, one of the initial inventors behind the so-called 'Lauren classification' of gastric cancer (personal communication).

7) Tumor size

- ___ x ___ x ___ cm

Vauhkonen. BPRCG 2006;20:651-674

Histology

8) Depth of invasion

- - *(pTis)*
- - *invades lamina propria of mucosa (pT1a)*
- - *invades muscularis mucosa (pT1a)*
- - *invades submucosa (pT1b)*
- *depth of submucosal invasion: ____ cm*

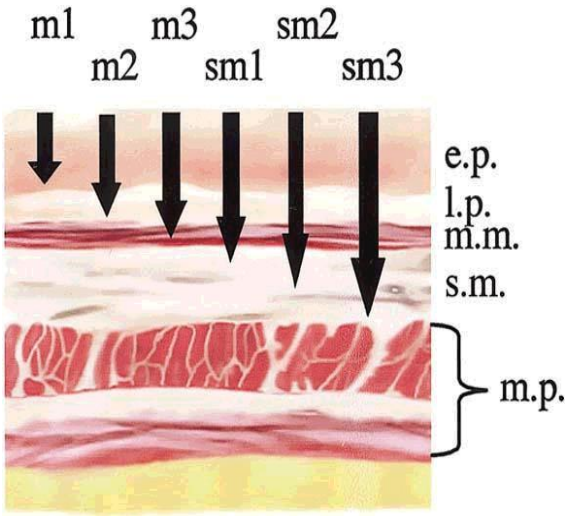
9) Resection margin

10) Lymphatic invasion

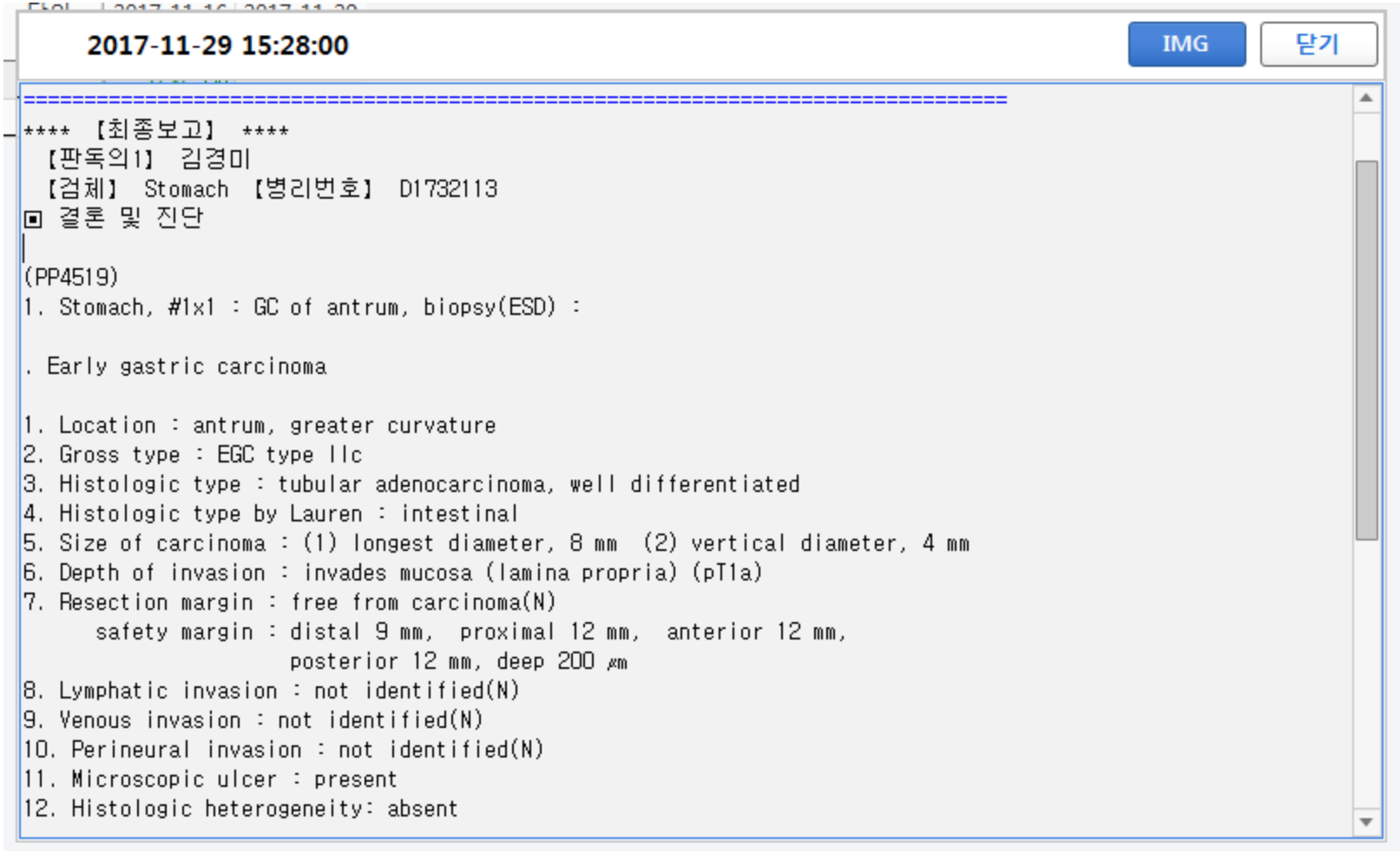
11) Venous invasion

12) Perineural invasion

13) Pre-existing adenoma



Histology


2017-11-29 15:28:00
IMG
닫기
==========
**** 【최종보고】 ****
【판독의1】 김경미
【검체】 Stomach 【병리번호】 D1732113
▣ 결론 및 진단
(PP4519)
1. Stomach, #1x1 : GC of antrum, biopsy(ESD) :
. Early gastric carcinoma
1. Location : antrum, greater curvature
2. Gross type : EGC type IIc
3. Histologic type : tubular adenocarcinoma, well differentiated
4. Histologic type by Lauren : intestinal
5. Size of carcinoma : (1) longest diameter, 8 mm (2) vertical diameter, 4 mm
6. Depth of invasion : invades mucosa (lamina propria) (pT1a)
7. Resection margin : free from carcinoma(N)
safety margin : distal 9 mm, proximal 12 mm, anterior 12 mm,
posterior 12 mm, deep 200 ㎛
8. Lymphatic invasion : not identified(N)
9. Venous invasion : not identified(N)
10. Perineural invasion : not identified(N)
11. Microscopic ulcer : present
12. Histologic heterogeneity: absent

Take home message

- 무증상 조기위암 → 조기 발견 위한 내시경 검사
- 진단 : 내시경, 조직검사

- EGC : Type I, IIa, IIb, IIc, III
- EGC/BGU 구분 : Fold change, edge & margin, surface
- Indigocarmine

- AGC : Borrmann type I, II, III, IV

Thanks for your attention