

## Early Versus Late Recurrence Following Curative Surgery for Gastric Cancer

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**Purpose:** There are few studies to assess the predictors of early versus late recurrence after curative resection for gastric cancer. We analyzed the factors correlated with the timing of tumor recurrence.

**Patients and Methods:** Of 1548 patients who underwent curative resection for gastric cancer at KangNam St. Mary's Hospital, Department of Surgery, The Catholic University of Korea between 1989 and 2001, 341 patients (22.0%) who confirmed with recurrence were included in this study. Among them, 7 EGC patients were excluded in this study. The patients were divided into two groups; an early recurrence group who recurred within 2 years after surgery (Group I) and late recurrence group who recurred after 2 years after surgery (Group II). Clinicopathologic findings were evaluated to demonstrate the predictor for early versus late recurrence retrospectively.

**Results:** Among the patients with recurrence, 234 patients (70.1%) were recurred within two years after operation and 100 patients (29.9%) were recurred after two years. The peritoneum was the most frequent site of recurrence in each groups (Group I 40.3% versus Group II 43%). Age, gender, tumor size, location, tumor histology, type of gastrectomy did not affect the timing of recurrence. The extensive lymph node metastasis (N2-3) was more frequent in early recurrence group; Group I 138 patients (59%) vs Group II 45 patients (45%)( $p=0.030$ ). The tumor depth was deeper in early recurrence group; T3-4 tumor were 154 patients (65.8%) and 53 patients (53%) in group I and II respectively ( $p=0.036$ ). The extent of lymph node dissection was also different between two groups; D2 or more were 198 patient (84.6%) versus 95 patients (95%) in group I and II respectively ( $p=0.022$ ). The mean survival time from recurrence was 13.1 months, 29.5 months respectively ( $p=0.000$ ).

**Conclusion:** Tumor depth, status of lymph node metastasis and extent of lymph node dissection were the possible predictor for early versus late recurrence after curative resection for gastric cancer.