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Stomach cancer is widespread in many countries of the world and accounts for 7.7% of mortality from all types of tumours. The main curative procedure remains surgical intervention along with other therapeutic procedures, despite the development of different aspects of oncology such as chemotherapy and radiotherapy which have a modest result. Two main methods are applied, which are the use of neoadjuvant therapy before performing total gastrectomy and the other method is performing resection and after the administration of chemotherapy. Based on these concepts, a downward trend in the incidence of stomach cancer is observed, accompanied by screening, early diagnosis and prevention. In most cases, gastric cancer is detected when it has spread locally or when it has developed metastases in other organs and the average survival of patients is low. The surgical management of gastric cancer should be performed by a team of doctors from different specialties and in appropriate clinical centres. Some aspects that affect the patient's outcome are the spread of lymph nodes, surgical technique and performing resection of the margins. In order to have the best outcome for the patient, the surgical treatment should be standardized based on his individual characteristics. The extent of surgical resection required to achieve surgical margins free of malignant cells, R0, depends on the size, location, and histological type of the tumor. Based on the histological type of the tumor, the appropriate length of the margin is recommended to be 3 to 5 cm. However, recent studies suggest that resection margins of 1 cm may be comparable in terms of survival and oncological outcome. Since the standard approach for gastric cancer with any localization is total gastrectomy (TG), several studies have shown that the outcomes of patients with proximal tumors who underwent TG or proximal gastrectomy were similar in terms of the overall survival interval and disease-free interval. Following these studies, it is accepted today that both procedures could be accomplished safely.

Biography

He is a medical doctor and surgeon from Tirana, Albania. He graduated in 1995 from the Faculty of Medicine, University of Tirana, Albania. Afterwards, he specialised for four years in the surgical department, and he is currently working at the University Hospital Centre "Mother Teresa" in Tirana in the surgical division. He is currently doing his Phd in this domain at Tirana University, in Tirana, Albania.

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