FEASIBILITY AND YIELD OF OFFERING GENETIC COUNSELING TO ALL PATIENTS WITH GASTRIC CANCER, IN A PUBLIC HOSPITAL OF ARGENTINA

Silvina Otero1, Maria Colica1, Gabriela Marraco2, Karina Cleary1, Erika Stegmayer3, Maria Bianconi1, Gabriela Lavelli1, Luciana Gennari4, Carolina Sanchez1, Gustavo Jankilevich4
1Oncology Unit. Hospital Dr. Carlos G. Durand, Ciudad Autonoma de Buenos Aires, Argentina, 2Pathology Unit. Hospital Dr. Carlos G. Durand, Ciudad Autonoma de Buenos Aires, Argentina, 3Hospital Centro de Salud Zenon Santillan, Ciudad Autonoma de Buenos Aires, Argentina, 4Oncology Unit. Hospital Dr. Carlos G. Durand, Ciudad Autonoma de Buenos Aires, Argentina

Background: Gastric cancer is prevalent in Argentina. Hereditary diffuse gastric cancer (HDGC) is a genetic cancer susceptibility syndrome characterized by a high risk for stomach and lobular breast cancer. HDGC is inherited in an autosomal dominant pattern. The estimated lifetime risk of developing gastric neoplasia by age 80 is 67-80%. Mutations in the E-cadherin (CDH1) gene have been identified in some families with this syndrome. The genetic counseling is a central tool in the multidisciplinary management of these patients. No data from compliance and findings was reported from Argentina.

Methods: Since July 2012 our Unit began offering genetic counseling (GC) to any patient with a newly diagnosed gastric cancer. All patients with pathology of gastric cancer were included. Patients referred for second opinion only, were excluded. In patients with suspected hereditary syndromes, was asked to review the pathology and the study of E-cadherin by immunohistochemistry. The International Gastric Cancer Linkage Consortium (IGCLC 2010) statements as HGCD criteria was used.

Results: Thirty-one patients with a new diagnosis of gastric cancer were eligible. Six patients (19%) were detected with heredofamiliar cancer syndromes criteria. All of cases was females and the median age was 42 years (R: 23-78). The immunohistochemistry study for Cadherin-E was performed in 5 patients (16%) with IGCLC criteria. Only one patient was positive. All familiar groups are under surveillance with high compliance (80%).

Conclusion: The launch of Genetic Counseling Section in Gastric Cancer was feasible, with high compliance of the patients and your relatives and identified high risk patients in a Latin American population. The percentage of patients with IGCLC was higher than other series, but our report is preliminary.