Introduction: Gastric cancer (GC) affects close to one million people per year, being the sixth most common cancer in Europe and the third leading cause of global cancer mortality. Two major issues render the prognosis of GC patients extremely poor: diagnosis at late stages and the lack of effective therapies for patients with advanced disease. Despite improvements on patient survival with perioperative and adjuvant treatment modalities, surgical resection is still the primary curative treatment for early diagnosed and localized GC. However, most patients remain asymptomatic during the early stages of disease, thus delaying the initial diagnosis and the chance of cure by surgical treatment. These patients present with advanced stages and unresectable disease at diagnosis, being chemotherapy the main treatment option.

Methods: This is an observational, retrospective, descriptive and analytical study. We identified all patients with histologically confirmed GC between 2006 and 2012 and analyzed the medical records. The aim is to analyze retrospectively patients with a diagnosis of GC from 2006 to 2012 and to compare the two histological types of GC behaviour according to Lauren’s classification, intestinal and diffuse types. The results were analyzed using SPSS and the statistical value was defined as P <0.05.

Results: We followed 264 patients, 64.8% male and 35.2% female with a median of age of 63.8 years. 62.2% had an Eastern Cooperative Oncology Group Performance Status (ECOG-PS) of 0, and 37.8% had one or more. The most prominent complaint was epigastric pain present in 45.6% of patients. Most patients underwent subtotal gastrectomy (57.2%), 18.2% performed total gastrectomy and the remaining 24.6% underwent bypass surgery or were unresectable. The gastric antrum was mostly affected by cancer in 45.5%, being the preferred location of disease in both types of GC, intestinal (49.6%) and diffuse (43.8%) types. According to TNM classification, at diagnosis, stage I was the most prevalent in 43.4%. Stages I and II were mainly constituted by intestinal type (66.0%) and stages III and IV were mainly constituted by diffuse type (54.2%), p <0.05. Metastases were present at diagnosis in 13.8% of intestinal type, 20.6% of diffuse type and 20% of mixed type. Well-differentiated tumors were mostly intestinal type (79.5%) and poorly differentiated diffuse type (43.4%), p <0.05. Of the 105 patients who underwent cytostatic treatment, 79 (75.2%) received adjuvant treatment. 70 patients underwent concomitant radio and chemotherapy, 27 patients were intestinal type and 28 diffuse type. 14.4% of intestinal type relapsed, 34.4% of diffuse and 3.3% of mixed type, p <0.05. Local recurrence occurred in 28.6% of all cases. Local recurrence occurred especially in intestinal type (31.6%) and metastatic disease was mainly diagnosed in diffuse type (36.6%).

Conclusion: The diffuse GC type tends to have more poor prognosis factors. In fact, they are mainly poorly differentiated, have more advanced stages and presence of metastasis at time of diagnosis. This type of GC also tends to relapse more, in contrast to the intestinal type. Interestingly, in our sample the diffuse type metastasized especially at distance.