Gastric cardia cancer had a negative prognostic impact, compared with other cancers. Irrespective of obesity or the presence of H. pylori/gastric atrophy, there were no differences in overall survival, recurrence rate, and disease-free survival. The rate of curative resection (R0), disease-free survival, and overall survival was significantly higher in gastric cardia cancer (28.4% vs 8.0%, P<0.01), but there was no difference in the rate of obesity. Median OS was 8 months. In univariate analysis, poor initial performance status, vascular emboli, perineural invasion, and lymphatic emboli were all independent risk factors for OS in gastric cancer. The rate of recurrence was 30%. Distant relapses occurred in 64.3% of the cases. Median OS of patients who received FUFOL and TPF chemotherapy had significantly better OS (p=0.004). Patients who had only neoadjuvant chemotherapy had significantly better OS (p=0.012). In multivariate analysis, weight loss was a good performance status (0-1). 32% of tumors were complicated by peritoneum invasion, and these were all independent risk factors for OS in gastric cancer.
weight loss, elevated tumor markers, stages III and IV and a lymph node ratio of 0.5 were significantly \( (p < 0.0001) \) associated with a poor prognosis (OS and PFS). OS and PFS were significantly better in patients undergoing curative surgery, receiving chemotherapy and radiotherapy \( (p<0.001) \). In multivariate analysis, only pN3 stage was an independent prognostic factor for OS \( (p = 0.02) \).

**Conclusion:** Gastric carcinoma is still diagnosed in an advanced stage in relatively young patients. Many factors are correlated with survival. Lymph node metastasis (pN3 stage) is the most important indicator to determine the prognosis of patients with resected gastric cancer. More aggressive treatments should be considered in patients with poor prognostic factors.