Prognosis of Resected Small Gastrointestinal Stromal Tumors

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Background/Introduction

- Gastrointestinal Stromal Tumors (GIST) –
  - Mesenchymal tumors originating from interstitial cells of Cajal
- Surgical resection recommended:
  - Tumors >5cm
  - Tumors >2cm + High-risk features
- Small GIST (<2 cm) – can be monitored

Purpose/Objectives/Hypothesis

Investigate the prognosis of patients with resected small GIST (<2 cm) and the benefits of surgical resection

Methods

- Retrospective cohort analysis
- National Cancer Database
  - 2004 – 2020
- Queried for GISTs of the stomach
- Multivariate and Cox proportionate hazard modeling to determine contribution of variables to outcomes and patient mortality

Results

	<1 cm	1-2 cm	>2 cm	p-value
Pathologic Stage 1	97.8%	94.8%	64.2%	**<0.001**
5-year survival	95%	89.6%	84%	0.13

Table 1. Stage and Survival Based on GIST size

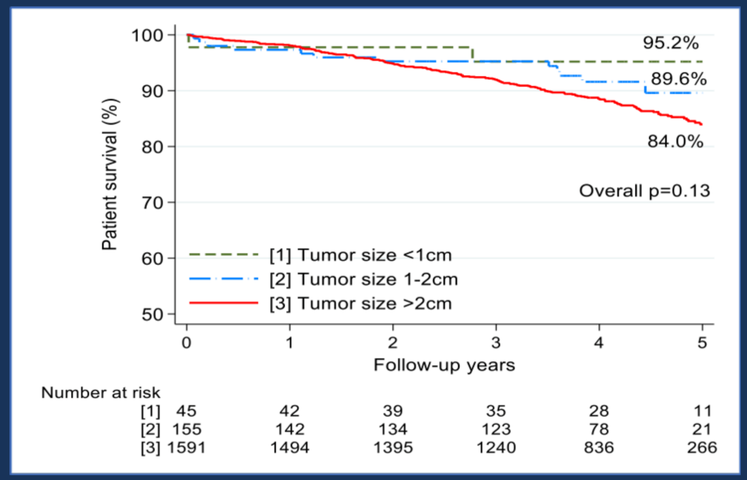


Figure 1. Kaplan-Meier Five-Year Survival

Results/Implications

1,791patients

- <1 cm, *n* = 45
- 1-2 cm, *n* = 155
- >2 cm, *n* = 1591

Mortality associated with:

- Older age
- Non-white race
- Higher Carlson-Deyo Score
- Positive/Unknown margins

Discussion & Conclusion

- Small GIST discovered at early pathologic stages
- Small GIST associated with overall good prognosis
- No significant difference in overall survival of resected small GIST compared to larger resected GIST
- Patients with small, resected GIST tumors, especially those with high mortality risk factors, should continue to undergo surveillance

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