

天津医科大学总医院医学伦理委员会审查批件

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文章名称: Clinical value of regional lymph node sorting in gastric cancer: A retrospective study		
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文章摘要:

BACKGROUND: Increased evidence have shown that regional lymph node metastasis is a critical prognostic factor in gastric cancer. Lymph node dissection is also a key factor in determining appropriate treatment of gastric cancer. The association between the number of positive lymph nodes and the area of lymph node metastasis in gastric cancer is unclear.

AIMS: The study purpose was to investigate the clinical value of lymph node regional sorting after radical gastrectomy in gastric cancer.

METHODS

Study design: observational retrospective study

Setting: hospital setting

Participants: The study included 661 patients with gastric cancer who underwent radical gastrectomy at Tianjin Medical University General Hospital between January 2012 and June 2020. Patients were divided into the regional sorting group and the non-sorting group. Clinical pathological data were collected and retrospectively reviewed to determine the differences in the total number of lymph nodes and the number of positive lymph nodes between the groups. Independent sample t-tests were used for inter-group comparison. Continuous variables that did not conform to normal distribution were expressed as median (interquartile range, IQR) and the Mann-Whitney U test was used for inter-group comparison.

RESULTS: There were no significant differences between the groups in the method of surgery, tumor site, immersion depth, and differentiation degree. The total number of lymph nodes was significantly higher in the regional sorting group (n = 324) than that in the non-sorting group (n = 337) (32.5 vs. 21.2, P < 0.001). There was no significant difference in the number of positive lymph nodes between the two groups. A total of 212 patients with gastric cancer had lymph node metastasis in the lymph node regional sorting group, including 89 (41.98%) cases in the first dissection station, and 123 cases



(58.02%) in the second dissection station. Binary logistic regression and multivariate logistic regression results showed that the number of positive lymph nodes ($P < 0.001$) was an independent risk factor for lymph node metastases in the second dissection station.

CONCLUSIONS: Regional sorting of lymph nodes after radical gastrectomy may increase the number of detected lymph nodes, improving the credibility and accuracy of lymph node staging in clinical practice.

审查意见：经审查，《Clinical value of regional lymph node sorting in gastric cancer: A retrospective study》符合国际医学科学组织理事会（CIOMS）与世界卫生组织（WHO）合作完成（2002 年）的《涉及人的生物医学研究的国际伦理准则》相关规定，同意开展研究。

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