

Name of journal: World Journal of Gastrointestinal Surgery

ESPS Manuscript NO: 16162

Columns: Original Article

Retrospective Cohort Study

Lymph node pick up by separate stations: Option or necessity?

Paolo Morgagni, Oriana Nanni, Elisa Carretta, Mattia Altini, Luca Saragoni, Fabio Falcini, Domenico Garcea

Abstract

AIM: To evaluate whether lymph node pick up by separate stations could be an indicator of patients submitted to appropriate surgical treatment.

METHODS: 1203 consecutive gastric cancer patients submitted to radical resection in 7 general hospitals and for whom no information was available on the extension of lymphatic dissection were included in this retrospective study.

RESULTS: Patients were divided into 2 groups: group A, where the stomach specimen was directly formalin-fixed and sent to the pathologist, and group B, where lymph nodes were picked up after surgery and fixed for separate stations. 62.3% of group A patients showed <16 retrieved lymph nodes compared to 19.4% of group B ($P < 0.0001$). Group B (separate stations) patients had significantly higher survival rates than those in group A (46.1 months (95%CI: 36.5-56.0) vs. 27.7 months (95%CI:21.3-31.9); $P = 0.0001$), independently of T or N stage. In multivariate analysis, group A also showed a higher risk

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