

The Risk of Adenocarcinoma of the Stomach in Type I Carcinoid

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Background: The progression from atrophic gastritis to gastric adenocarcinoma or Type I Carcinoid is the accepted paradigm for considering the risk of atrophic gastritis.¹ This paradigm may underestimate the true risk of Type I Carcinoid. The rate of metastasis from Type I Carcinoid is less than 5%.² Gastric adenocarcinoma and Type I Carcinoid are not exclusive. Type I Carcinoid may be a very important marker for the development of gastric adenocarcinoma.

Methods: Patients from a data base of a therapeutic endoscopy practice identified as having either anti parietal cell antibodies or anti intrinsic factor antibodies were reviewed. The database was evaluated from 2009 through 2011. Development of Type I Carcinoid was documented as was the development of adenocarcinoma of the stomach. Gastrin levels were also available for most patients.

Results: 16 patients were found to have gastric antibodies. Of these, 5 patients were also noted to have Type I Carcinoid. Of these 5, 3 developed gastric adenocarcinoma. Although sample size is small, this represents a greater than 50% risk factor for the development of an aggressive cancer.

Conclusions: If the risk of metastasis from Type I Carcinoid is on the order of 5%, is the 5% really Type I or rather misdiagnosed Type II or III. Carcinoid tumors are in general among the most poorly diagnosed tumors in medicine. Even if correctly diagnosed as Type I's, on average, metastatic carcinoid is more treatable than gastric adenocarcinoma. Rather than focusing on the metastatic risk of these tumors, more attention should be given to the risk of gastric adenocarcinoma. Recommendations for endoscopic surveillance should reflect this.

1. Vanella etal. The Risk of Gastric Neoplasias in Pateints with Atrophic Gastritis. WJG 2012. 18: 1280-5.

2. Kulke etal. NANETS Treatment Guidelines. Pancreas 2010. 39: 735-52.