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Aurora kinase A is a prognostic marker in colorectal cancer patients

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Background & Aim: Aurora kinase A is a member of the serine/threonine kinase family and plays important roles in mitosis and chromosome stability. This study aimed to evaluate the clinical significance of Aurora kinase A expression in colorectal cancer patients in Korea.

Methods: Aurora kinase A protein expression was evaluated by immunohistochemistry in 151 patients with colorectal adenocarcinoma using tissue microarray blocks. We then analyzed the relationship between clinicopathological characteristics and Aurora kinase A expression. In addition, we assessed the prognostic significance of various clinicopathological data for progression-free survival.

Results: Aurora kinase A expression was detected in 45% (68/151) of the cases. Positive staining for Aurora kinase A was observed more often in male patients (P=0.035) and distally located tumors (P=0.021) progression-free survival was shorter in patients with Aurora kinase A expression compared to those with low-level Aurora kinase A expression (P<0.001). Univariate analysis revealed that Aurora kinase A expression (P=0.001), age (P=0.034), lymphatic invasion (P=0.001), perineural invasion (P=0.002), and TNM stage (P=0.013) significantly affected progression-free survival. In a multivariate analysis of progression-free survival, a Cox proportional hazard model confirmed that Aurora kinase A expression was an independent and significant prognostic factor in colorectal adenocarcinoma (hazard ratio, 3.944; P<0.001).

Conclusions: Thus, Aurora kinase A could serve as an independent factor to predict a poor prognosis in Korean colorectal cancer patients.

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Endoscopic and morphological features of gastroduodenal pathology in adolescents with connective tissue disorders

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The aim of the present study is improving prophylaxis and treatment of chronic gastroduodenal pathology in adolescents on the basis of determining clinical, endoscopic, and morphological peculiarities of said pathology. A total of 155 adolescents 11 to 18 years of age with inflammatory-destructive diseases of the upper gastrointestinal tract and Connective Tissue Disorders (CTD) were studied. The traits of the CTD, including the Marfan syndrom, were determined relying on the Ghent criteria. Morphological peculiarities are represented by high frequency of reflux-gastritis (77%) and a reduction in the level of interstitial collagens type 3 and type 1 in the lamina propria of gastric and duodenal mucosa. The form of mucosal lesions is a chronic non-atrophic (surface) gastritis with simultaneous inflammation in the antral and fundal parts. Duodenal ulcer was detected in 12% only and it was accompanied by detection of *Helicobacter pylori*. The connective tissue matrix of the mucosa is characterized by structural transformation of collagen fibrils (wrong orientation, focal sclerosis, immaturity). It is accompanied by decrease in a mucosa functional ability with development of the valve-sphincter failure. The role of CTD in the development of gastroduodenal pathology in puberty has been established. A genetically dependent insufficiency of interstitial collagens is a major cause of development bile reflux, which is a leading factor of gastroduodenal pathology formation in adolescents with CTD. The work provides grounds for employing in adolescents with CTD rehabilitation measures, connected with a prevention of reflux-gastritis progression and stimulation of the collagen synthesis.

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