## Risk Factors for Brain Metastasis and Their Impact on Survival in Patients With Gastric Cancer: A SEER Database Analysis Diana Franco<sup>1</sup>, Mohammad Rehman<sup>2</sup>, Fatima Faraz<sup>2</sup>, Zahoor Ahmed<sup>3</sup>, Sajeel Saeed<sup>2</sup>, Jawad Basit<sup>2</sup> <sup>1</sup>Loyola Medicine/MacNeal Hospital, <sup>2</sup>Rawalpindi Medical University, <sup>3</sup>King Edward Medical University

## Introduction

Brain metastasis in gastric cancer (GC) We included 7,960 patients with GC. Brain metastasis was reported in 31 (0.39 %) patients. On logistic regression, patients is a rare with manifestation associated who had undergone surgery were at reduced risk for brain metastasis (Adjusted odds ratio (aOR) 0.086, P< 0.001). prognosis and poor Identification of unfavorable outcomes. risk factors is Increased risk of brain metastasis was reported in patients who had concurrent metastasis to bone (aOR 4.973, P < 0.001) essential for early detection and treatment. We investigated and lung (aOR 5.816, P < 0.001). The median OS was significantly lower in patients with brain metastasis (5 months) the incidence, risk factors, and prognostic factors of brain compared to those without brain metastasis (21 months, P < 0.05). The median CSS was significantly lower in patients with metastasis in GC patients. brain metastasis (5 months) compared to those without brain metastasis (25 months, P < 0.05). On Cox regression, significantly reduced OS was reported in patients at T3 (AHR 7.549) and T4 stage (adjusted hazard ratio (aHR) 19.394). OS Methods was prolonged in patients who had undergone surgery (aHR 0.043). CSS was significantly reduced in patients at T3 (aHR 6.234) and T4 stage (aHR 17.148). Patients who had undergone surgery had longer CSS (aHR 0.04).

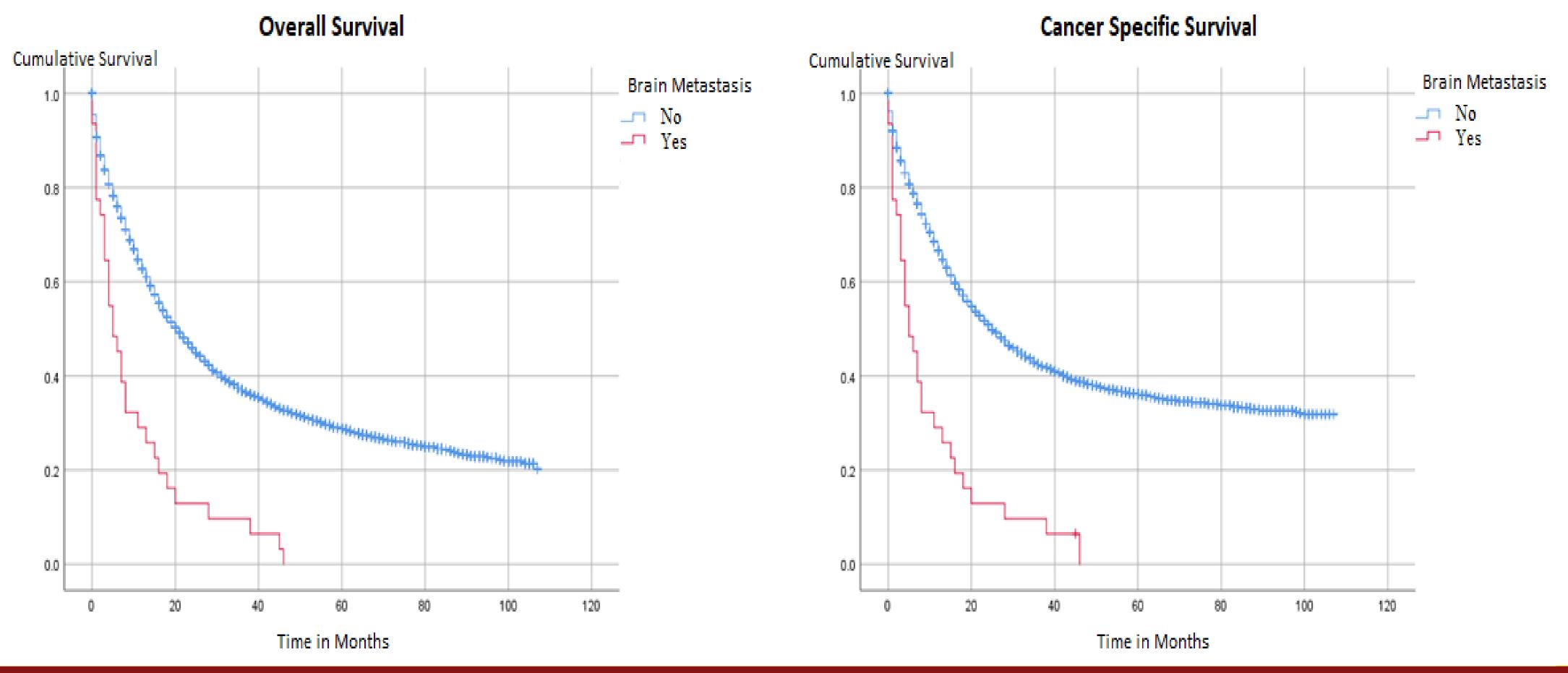
Using SEER data from 2010-2018 we calculated OS and CSS. Descriptive statistics, multivariate logistic regression, and Cox regression were applied using SPSS version 26. Kaplan Meier survival curves were constructed.

Features	Brain Metastasis, n (%)	No metastasis, n (%)	P-value
Total	31 (100)	7929 (100)	
Race			0.068
Caucasian	27 (87.1)	5390 (68.0)	
African American	2 (6.5)	850 (10.7)	
Other	2 (6.5)	1689 (21.3)	
Sex			0.709
Male	19 (61.3)	5122 (64.6)	
Female	12 (38.7)	2807 (35.4)	
Age, years			0.046*
Less than 50	3 (9.7)	862 (10.9)	
50-75	24 (77.4)	4476 (56.5)	
More than 75	4 (12.9)	2591 (32.7)	
T Stage			0.597
0	0 (0)	23 (0.29)	
1	10 (32.2)	2478 (31.3)	
2	1 (3.2)	1009 (12.7)	
3	13 (41.9)	2775 (35.0)	
4	7 (22.6)	1644 (20.7)	
N Stage			0.527
0	12 (38.7)	4034 (50.9)	
1	12 (38.7)	2221 (28.0)	
2	4 (12.9)	901 (11.4)	
3	3 (9.7)	773 (9.7)	
Surgery			< 0.001
Yes	2 (6.4)	4439 (56.0)	
No	29 (93.5)	3490 (44.0)	
Bone Metastasis			< 0.001
Yes	10 (32.3)	231 (2.9)	
No	21 (67.7)	7698 (97.1)	
Liver Metastasis			< 0.001
Yes	11 (35.5)	811 (10.2)	
No	20 (64.5)	7118 (89.8)	
Lung Metastasis			< 0.001
Yes	10 (32.2)	222 (2.8)	
No	21 (67.7)	7707 (97.2)	

# Table.



### Results



Conclusion

Metastasis to the brain was reported in only 0.39% of GC patients. Brain metastasis is associated with worse OS and CSS in GC, particularly in patients with advanced tumor stage and those who did not undergo surgery.



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