

SUMMARY AND CONCLUSION

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Gastrointestinal neoplasms still remain a challenge for gastroenterologists and oncologists. The search continues for an ideal tumor marker that can differentiate quantitatively the normal from the neoplastic condition give organ specificity, show a high degree of sensitivity and be of prognostic and monitoring value .

Although tumor markers are now well established in the assessment of postsurgical follow-up of cancer patients , cancer prognosis, detection of tumor recurrence and monitoring of tumor burden changes, but tumor markers testing still has its intrinsic pitfalls .

The Concluding remarks of this study could be summarized as follows:-

- 1- The markers tested in this study is of no value as a predictor marker for site or histopathological type of tumor present .
 - 2- FHAP isoenzyme never detected in the healthy control subjects and can be considered as a good positive screening test taking into consideration the presence of a great percentage with false negative results .
 - 3- The best combination of markers with the highest sensitivity and speci-
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ficity used for diagnosis of gastrointestinal neoplasms was CEA + AAG + TPA + FHAP .

- 4- All markers tested showed tendency for elevation in incidence and concentration with stage progression and can be assessed in clinical staging of cancer states .
- 5- Preoperative elevation of all markers (except TPA) reflects the extent of underlying disease and correlate well with prognosis and survival of cancer patients .
- 6- Preoperative and postoperative levels of CEA and FHAP could be used as a predictor of recurrence. Persistence of elevated levels of the two markers postoperatively in cancer patients in the follow up programme should be considered as a major alarm sign raising the possibility of existence of live metastasis or tumor recurrence .
- 7- Serum TPA level can be considered as a reliable marker for coexistence of liver metastasis (based on a case report) .

