

intracellular (nuclear) dark brownish color, granular or homogenous precipitate (clear cut) with blue cytoplasm.

The results of p53 positivity in each individual specimen were analyzed according to these independent variables^(6, 7):

-Intensity of staining: the intensity of staining of the brownish coloration was considered:

1. Strong (S) if it could be detected very clearly at low magnification (x10).

2. Moderate (M) if it was detected with difficulty at low magnification.

3. Weak (W) if it could only be detected at high magnification (x40).

-The pattern of staining: the pattern was considered:

A. Diffuse pattern (D) if the positive cells were distributed through almost all fields.

B. Regional pattern (R) if more than one area of the section showed large number of positive cells.

C. Focal pattern if there were only very few positive cells in the section.

-Extent of staining: a minimum of 100 tumor cells were scored (the percentage of positive stained nuclei with p53 protein in malignant cells counted manually at x400 total magnification, in 3-5 neoplastic fields randomly selected, that represent the most positive neoplastic area). P53 immunostaining in at least 10% of the cell nuclei of tumor tissue was regarded as p53 overexpression.

Scoring according to Sophia K.1999⁽⁸⁾ and Roviello F.1999⁽⁹⁾ was done at x40 objective as follows:

*Negative (Score 0) (none of the cells revealed positivity for p53 marker)

*Weak or mild staining (5-<10% positive of tumor cells) (Score +1)

* Moderate staining (<25%) (Score +2)

* Strong staining (>25 %-< 50%) (Score +3)

* Highly strong staining over 50%) (Score +4)

Statistical analysis

Was done using chi-square test for tables with frequencies, percentages, range, mean and standard deviation. Values were considered statistically significant when $P < 0.05$.

Results

A total of (40) forty formalin fixed paraffin embedded gastric carcinoma tissue blocks were included in the present study. Clinicopathological assessment revealed that 28 patients were males and 12 patients were females. Male to female ratio was 2.3/1. The age of patients ranged between 30-80 years with a mean \pm standard error of (55.77 ± 1.88) years. The majority of the gastric carcinoma cases 28(70%) were above 50 years, while 12 (30%) of the cases were below 50 years. Sex distribution of gastric carcinoma cases, showed male predominance 28(70%) compared with female 12(30%). Large proportion of gastric carcinoma cases 32 (80%) were located in the antral region while the remaining cases 8(20%) were located in the cardia region.

Regarding the gross pattern of gastric carcinoma cases, the ulcerative type constituted 29 (72.5%) , while the fungating type constituted 5(12.5%) of the cases, the least gross pattern types were the stenosing 1(2.5%) and polypoidal 1(2.5%) types.

The histological type showed the predominance of intestinal type 30(75%) compared to the diffuse type 10(25%).

Taking into consideration tumor grade, this study revealed that the majority of cases were moderately differentiated type 25(62%) while 15(38%) of the cases were poorly differentiated type.

According to AJCC (TNM) staging system, the majority of gastric