

Comments on Chinese guidelines for diagnosis and treatment of gastric cancer 2018 (English edition)

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Gastric cancer remains one of the most important malignancies in the world, with more than 1,000,000 new cases and an estimated 783,000 deaths in 2018, making it the fifth most frequently diagnosed cancer and the third leading cause of cancer death. Unfortunately, most of these cases occurred in Asia, especially in China (1). Gastric cancer causes more than 200 billion CNY of direct and indirect economic losses in China annually. Over the past decades, China has made great progress in the prevention and treatment of gastric cancer, but it is still a relatively prominent health problem, which has brought a huge burden to people's health and social economy.

Gastric cancer has obvious regional and ethnic differences. The incidence of proximal gastric cancer in China is higher than that in Western countries, and the proportion of early gastric cancer is only about 20%, significantly lower than that of Japan and South Korea, which are also Asian countries. In China, gastric cancer is characterized by high incidence and mortality, low proportion of early-stage cases, and advanced-stage cases as the main object of diagnosis and treatment. *Helicobacter pylori* infection, smoking, spicy or pickled foods, and deficiencies of certain vitamins or minerals are all risk factors for gastric cancer in China. Due to differences in diet, living habits, sanitary conditions, etc, the incidence of gastric cancer in rural areas is higher than that in urban area, the mortality rate in central China is significantly higher than that of the national average. Although National Comprehensive Cancer Network (NCCN) guidelines on gastric cancer and Japanese gastric cancer treatment guidelines and classification have been widely accepted by Chinese gastrointestinal surgeons. But simply copying the

experience of the United States and Japan is not entirely suitable for China's situation. Under this condition, the Chinese Ministry of Health organized experienced gastric cancer experts to compile the first edition of Chinese guidelines for diagnosis and treatment of gastric cancer in 2011. This version of the guidelines standardizes the clinical diagnosis and treatment of gastric cancer, further improves the level of gastric cancer diagnosis and treatment in Chinese medical institutions, guarantees medical quality and medical safety, improves the survival rate of gastric cancer patients, and reduces the mortality rate. It has played an important role in the diagnosis and treatment of gastric cancer in China during the past 7 years.

However, over the past 7 years, the diagnosis and treatment of gastric cancer have experienced rapid development. The 2011 version of the guidelines on indications for endoscopic therapy, surgical treatment strategies, and selection of adjuvant therapy options have been difficult to meet the requirements of the time. In keeping with the development of international research on gastric cancer, the National Health Commission of the People's Republic of China organized experts to publish the 2018 version of the Chinese guidelines for diagnosis and treatment of gastric cancer based on the 2011 version of the guidelines (2).

In response to the shortcomings of the old version of the guidelines, the new version of the guidelines closely follows the international frontier, gives a detailed description of endoscopy indications and evaluation standards, stipulates standard surgical treatment procedures, and provides a detailed introduction of the scope of lymph node dissection according to the latest clinical research results. The new

guidelines also provide an accurate definition of gastroesophageal junction cancer and recommend detailed treatment regimens, which were not clearly described in the previous guidelines.

In terms of medical treatment, the new guidelines recommend neoadjuvant therapy for resectable gastroesophageal cancer. In addition, with reference to Japanese and American guidelines, the new version of the guidelines has also updated the recommendations for postoperative adjuvant chemotherapy. It is gratifying that anti-angiogenesis drugs and immune checkpoint inhibitors, as alternatives, are also recommended by the guidelines.

However, the pathogenesis of gastric cancer is extremely complex. Compared with other malignant tumors, the high heterogeneity of gastric cancer brings great challenges to the treatment and research. The surgeons, oncologists and pathologists involved in the preparation of the 2018 version of guidelines have made great efforts and progress, while due to the current understanding of gastric cancer and the development of medical technology, more research and evidence are needed to complete the guidelines. We sincerely hope that the controversial and uncertain conclusions contained in 2018 version of guidelines will guide future research on gastric cancer and further refine

the guidelines. The construction of such a virtuous circle will promote the research on the diagnosis and treatment of gastric cancer and ultimately benefit gastric cancer patients in China.

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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