

## Editorial



# A Big Step Forward in the New KGCA Guidelines

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► See the article "Korean Practice Guidelines for Gastric Cancer 2022: An Evidence-based, Multidisciplinary Approach" in volume 23 on page 3.

What is learned rapidly becomes outdated. Experiences and things learned by reading research evidence may be selective or inappropriately implemented. In addition, research evidence is everchanging and, consequently, no practitioner can keep abreast of all updates. However, quality and efficiency must be ensured to treat patients encountered in clinical practice. This may be the main reason why so much time is spent developing and reading guidelines.

A clinical guideline is a systematically developed series of recommendations designed to assist decisions about appropriate health care in specific clinical circumstances. Guidelines should be based on evidence, but interpretation and implementation of that evidence require appreciation of its potential limitations [1,2]. Although the Korean Gastric Cancer Association (KGCA) has developed and published the first and second editions of gastric cancer treatment guidelines since 2004, they were not widely used due to inconsistencies in medical reality. However, the third edition of the guidelines published in 2018, which provides a comprehensive description and statements for key questions (KQs), was rapidly and widely applied in practice after publication [3].

This issue of *Journal of Gastric Cancer* welcomes the publication of new Korean Practice Guidelines for Gastric Cancer [4]. This fourth edition of the guidelines was developed by specially assembled, multidisciplinary groups of experts including surgeons, gastroenterologists, oncologists, radiologists, and pathologists, assisted by the National Evidence-based Healthcare Collaborating Agency. The aim was to produce up-to-date, relevant, and practical recommendations using new scientific evidence that emerged after publication of the previous edition.

There are 4 key points to consider when reading the new guidelines. First, the methodology used to draw conclusions about KQs was changed from a literature review to a systematic review. The level of evidence was also redefined based on the Grading of Recommendations, Assessment, Development, and Evaluation system, which is a de facto standard for high-quality systematic reviews and an essential component of trustworthy guidelines [5]. Second, the results of numerous Korean clinical studies such as SENORITA, PEGASUS-D, and PRODIGY as well as KLASS01–05 were used for the meta-analyses in these guidelines. It is very meaningful that the results of our research were used as a scientific basis for

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#### **ORCID iDs**

#### **Conflict of Interest**

No potential conflict of interest relevant to this article was reported.

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many KQs because this means that not only were our efforts worthwhile, but also that our international status in the academic society has risen further. Third, the emerging trend of anticancer treatments, such as in neoadjuvant chemotherapy, intraperitoneal chemotherapy, and palliative first-line nivolumab/second-line ramucirumab/third-line chemotherapy, was reflected in the new guidelines as much as possible. Lastly, considering that the number of gastric cancer survivors is growing due to early detection and improvements in therapeutics, surveillance for recurrence or nutritional assessment has been newly suggested [6]. However, this was based on a nationwide survey of each institution, not a clinical trial. Therefore, much remains to be done with regard to this issue in the next version of the guidelines.

Gastric cancer remains one of the most common causes of cancer death in Korea and worldwide. A wide spectrum of treatment modalities has been developed and applied to treat gastric cancer over the past decades: surgery, endoscopic treatment, systemic chemotherapy, immunotherapy, targeted therapy, and radiotherapy all have proven efficacy in gastric adenocarcinoma. Therefore, a multidisciplinary approach is now paramount for treatment selection. In this respect, it is encouraging that a multidisciplinary team worked together to generate the new guidelines. It is also heartening that the KGCA played a valuable role for its members with the publication of the new guidelines and has plans to continue playing such a role. When we do our best to create and publish guidelines, it is our patients who truly benefit.

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