

## EDITORIAL

# Real-World Data Related to the Topics of 6th Edition of Gastric Cancer Treatment Guidelines

Despite improvements in the management of *Helicobacter pylori* and mass screening systems, gastric cancer remains one of the major cancer types and the cause of death. The Japanese Gastric Cancer Association has been regularly publishing the "Gastric Cancer Treatment Guideline" from 2001 to improve the quality of gastric cancer treatment throughout the world. In July 2021, the most recent edition of Gastric Cancer Treatment Guidelines, 6th Edition, was published, in which a total of 32 pieces of clinical questions (CQs) were set based on 16 important clinical tasks. Of these, 13 CQs are related to surgery, 11 CQs are related to chemotherapy, two CQs are related to diagnostic methods, two CQs are related to palliative treatment, two CQs are related to endoscopy, and two CQs are related to perioperative management and follow-up. In the surgery-related CQs, the recommendations for laparoscopic surgery and robot-assisted surgery were revised. Furthermore, the CQs related to pylorus-preserving gastrectomy and cardiac gastrectomy and the CQs related to stage IV surgery were added. The algorithm and CQs for lymph node dissection for esophagogastric junction cancer were generated by a joint team of the Japanese Society of Gastric Cancer and the Japanese Esophageal Society with the aim of sharing them with the revised version of the Guidelines for Diagnosis and Treatment of Carcinoma of the Esophagus scheduled to be published in 2022.

In this issue of the *Annals of Gastroenterological Surgery*, the results of the most recent clinical research related to the key questions of updated gastric cancer treatment guidelines were published. Ri et al<sup>1</sup> analyzed the indications for proximal gastrectomy for advanced cancer in the tumor located in the upper third area. They concluded that proximal gastrectomy without No. 12a dissection might be acceptable for cT2–T4 lesions located within the cardia. Imamura et al<sup>2</sup> demonstrated the possible clinical significance of oral elemental nutritional supplements based on prospective studies on nutritional management during postoperative adjuvant therapy with S1. Itamoto et al<sup>3</sup> described that more than a few minutes of pancreas compression during minimally invasive gastrectomy was associated with a higher incidence of postoperative complications. Regarding standard chemotherapy as a third-line regimen, Sato et al<sup>4</sup> reported multi-institutional real-world data of 278 patients treated with nivolumab. They demonstrated the safety and survival benefits of nivolumab in patients with previously treated unresectable or recurrent gastric cancer. According to their results, among the various biomarkers evaluated before treatment,

low C-reactive protein level, high albumin level, and high lymphocyte count were good prognostic factors for long-term survival.

These articles published in this issue and further related articles can contribute as evidence toward the 7th edition of the next revised Gastric Cancer Treatment Guideline.

## DISCLOSURE

Conflict of Interest: There are no conflicts of interest for this article.

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