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Relevance of Surgery in Stage IV Gastric Carcinoma

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ABSTRACT

New anticancer drugs are being increasingly used for advanced and recurrent gastric cancer in many institutions. Therefore, the relative importance of surgery may have changed, and there may also be controversy as to whether patients with stage IV gastric cancer should or not undergo surgical resection. The relevance of surgery in this population was studied. The relevance of surgery was studied in 304 cases of stage IV gastric cancer who were treated at KurumeUniversityHospital from 1995 to 2009. Multivariate analysis showed that distant organ metastasis was significantly correlated with surgery. In stage IV cases, chemotherapy and the number of stage IV factors were independent prognostic factors. In surgery cases, venous invasion, chemotherapy, and residual tumor were independent prognostic factors. R0 was significantly higher in the surgery with chemotherapy group than in the chemotherapy alone group, but there was no significant difference in R1 or R2 cases between the surgery with chemotherapy group and the chemotherapy alone group. In R2 cases, use of a new drug was an independent prognostic factor. The rate of R0 was significantly higher in the preoperative chemotherapy group than in the surgery alone group. In preoperative chemotherapy cases, the S-1/cisplatin (CDDP) group had a 50% 2-year survival rate, and these cases underwent postoperative chemotherapy using the S-1 regimen. A multimodal treatment is considered most effective for stage IV gastric cancer, where this includes preoperative chemotherapy, surgery, and postoperative chemotherapy using the new anti-cancer drugs.

KEYWORDS

Gastric Cancer; Stage IV; Surgery; Chemotherapy; Multimodal Treatment

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