

## Therapy for resectable gastric cancer: a practice guideline

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**I**s adjuvant therapy indicated for patients suffering from gastric cancer?

Despite good and, at times, extensive surgical resection, the prognosis for patients with gastric cancer continues to be poor. This is usually because they first present with advanced disease. Over the years, attempts to improve on the results of surgical treatment have been made, using adjuvant chemotherapy, immunotherapy, and radiotherapy or a combination of all these. In this issue of the Journal, Earle and associates<sup>1</sup> review the existing randomized clinical trials of such therapies. They subjected interpretation of the evidence to a consensus process in order to develop practice guidelines. The guidelines were then sent to practitioners for their feedback.

Earle and associates concluded that there is a need to change the standard practice of surgery alone by adding chemoradiotherapy for resectable gas-

tric cancer in patients whose tumours have penetrated the muscularis propria or whose regional lymph nodes are involved. This conclusion is based mainly on a large randomized study (the Southwest Oncology Group [SWOG]-9008),<sup>2</sup> which demonstrated an increase in overall survival of 11.6% (40% v. 28.4%) for the chemoradiotherapy arm compared with the surgery alone arm. Furthermore, there was no benefit from the use of any adjuvant or neoadjuvant radiotherapy or immunotherapy. In their report, Earle and associates are careful to acknowledge the importance of such change from the current standard of care (i.e., surgery alone), especially with the added toxicity (i.e., 1% death rate and 34% grade 3 hematologic toxicity) of the chemoradiotherapy regimen. Therefore, the "multidisciplinary assessment of each patient" is a must in order to obtain maximum benefit and avoid unnecessary complications.

With the information presented by Earle and associates we, as caregivers, should have the courage to adhere to the presented guidelines and, as stated by Earle's group. Patients should be encouraged to participate in randomized controlled trials that explore new regimens and approaches to the treatment of gastric cancer.

### References

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2. Macdonald JS, Smalley SR, Benedetti J, Hundahl SA, Estes NC, Stemmermann GN, et al. Chemoradiotherapy after surgery compared with surgery alone for adenocarcinoma of the stomach or gastroesophageal junction. *N Engl J Med* 2001;345(10):725-30.

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