Update on gastric cancer

Ann. Ital. Chir., 2012 83: 171

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Introduction

With great pleasure I accepted the invitation by Prof. Picardi to organize an Editorial Symposium of updating on Gastric Cancer.
Gastric cancer is the second most common cancer worldwide, with a frequency that varies greatly across different geographic locations. It is a relatively infrequent neoplasm, yet contributes substantially to the burden of cancer deaths. In North America, gastric cancer is the third most common gastrointestinal malignancy after colorectal and pancreatic cancer, and the third most lethal neoplasm overall.
Despite the decreasing worldwide incidence, gastric cancer accounts for 3% to 10% of all cancer-related deaths. Although the survival rate for gastric cancer has steadily improved in countries such as Japan and Europe, but it has not in North America.
Over the past two decades, efforts have been made to improve therapeutic approaches, but some focal topics still remain object of animated discussion.
A great number of clinical and randomized trials proved the efficacy of lymph-node dissection in terms of survival, but the correct extension of lymphadenectomy is still under debate, both for the need of surgical experience in performing extended resections and the risk of higher morbidity.
As far as the correct indications for conservative procedures, endoscopists have gone beyond the concept of endoscopic mucosal resection (EMR) to propose in more and more cases an endoscopic sub-mucosal dissection (ESD).
Moreover, a real revolution has affected esophago-gastric junction carcinoma, as the new definition introduced by TNM from January 2010 considers esophageal cancers all the ones whose centers falls inside a line drawn 5 cm below the Z line with invasion of the esophagus. This means that Siewert type I and II are now considered esophageal cancers, while type III can be esophageal or proximal gastric cancer depending if the esophagus is infiltrated or not. Criticism about this new definition rises on the border-line definition of former Siewert type III cancers.
Regarding the initial experiences of minimally invasive surgical techniques (laparoscopic and robotic), even if in non randomized, retrospective, single-centre series, they begin to show interesting results in terms of morbidity and survival.
Lastly, clinical data demonstrated that multidisciplinary approach is usually required to achieve maximum clinical benefit. Neoadjuvant and adjuvant protocols, including both chemotherapy and radiotherapy, and intraperitoneal chemotherapy offer a new alternative to attack this disease. However, selecting patients who will benefit from the best therapy remains a challenge.
The aim of this Symposium, which includes contributions of the major experts on their fields worldwide, is to define the actual possibility of cure for this disease, beginning from its biological history.