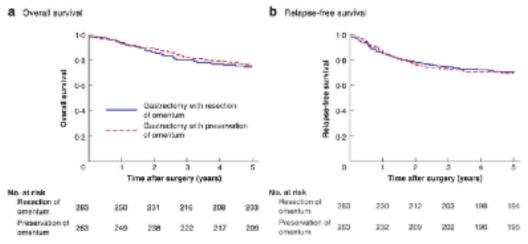
Omentektomi

Ri M et al. BJS 2020

Total vs Parsiyel



N



Overall survival and disease recurrence were comparable in patients with cT3-4 gastric cancer who underwent GPO or GRO.

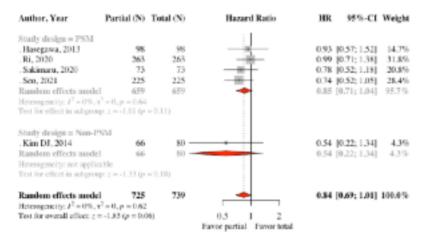


Figure 2. Forest plot comparing disease-free survival between the partial omentectomy group and the total omentectomy group.

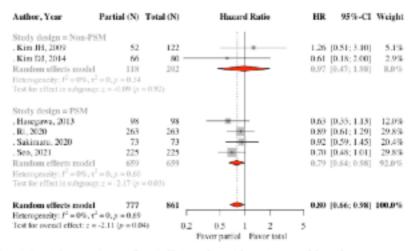


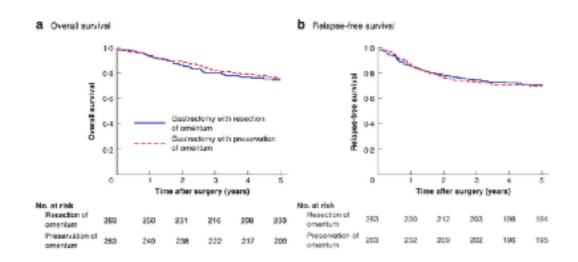
Figure 3. Forest plot comparing overall survival between the partial omeniectomy and the total omeniectomy group.

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			Recruitment status	Open public recruiting	
Unique ID issued by U	LIL AIN IOCCOCCCEC	Date of protocol fixation		Open public recruiting	
MIN	UMINUUU036253			2019 Year 01 Month 07 Day	
Receipt No.	R000041060		Date of protection interest.		
Scientific Lifle	Randomized controlled phase III trial to evaluate omentum preserving gastrect omy for patients with advanced gastric cancer (JCOG1711, ROAD-GC)		Date of IRB	2019 Year 02 Month 28 Day	
Date of disclosure of t he study information 2019/03/19			Anticipated trial start date	2019 Year 03 Month 19 Day	
~1050 hasta			Last follow-up date	2031 Year 09 Month 19 Day	
Tarih: 2019-2031					

Omentektomi



Total vs Parsiyel



Overall survival and disease recurrence were **comparable** in patients with cT3–4 gastric cancer who underwent GPO or GRO.

Ri M et al. BJS 2020

Recruitment status	Open public recruiting
Unique ID issued by U MIN	UMIN000036253
Receipt No.	R000041060
Scientific Title	Randomized controlled phase III trial to evaluate omentum preserving gastrect omy for patients with advanced gastric cancer (JCOG1711, ROAD-GC)
Date of disclosure of t he study information	2019/03/19

~1050 hasta Tarih: 2019-<u>2031</u>

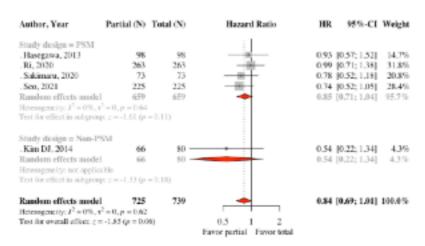


Figure 2. Forest plot comparing disease-free survival between the partial omentedomy group and the total omentedomy group

Partial (N)	Total (N)	Hazard Ratio	HR	95%-CI	Weight
M		11			
52	122		1.26	[0.51; 3.10]	5.1%
56	80		0.61	[0.18; 2.00]	2.9%
118	202		0.97	[0.47; 1.58]	8.0%
-0.5 - 0.34		- I			
	= 0.92)				
		1			
98	98		0.63	[0.35; 1.13]	12.0%
263	263	- 10	0.89	[0.61; 1.29]	29.8%
73	73		0.92	[0.59; 1.45]	20.4%
225	225	100			29.8%
600	699	-	0.79	10.64: 0.981	92.0%
=0.0000		1		2	
	= 0.03)	1			
777	861	-	0.80	10.66: 0.981	20,000
			-	[01001 030]	
		0.5 1 2	5		
	0.2				
	98 263 263 263 273 225 659 699 699 699 699 699 699 69	52 122 66 80 — 118 202 = 0, p = 0.34 :z = -0.09 (p = 0.92) 98 98 263 263 73 73 725 225 659 659 = 0, p = 0.60 :z = -2.17 (p = 0.03)	M 52 122 66 80 118 202 =0, p = 0.34 cz = -0.09 (p = 0.92) 98 98 263 263 73 73 225 225 659 659 =0, p = 0.60 cz = -2.17 (p = 0.03) 777 861 =0, p = 0.69 -2.11 (p = 0.04) 0.2 0.5 1 2	M 52 122	M 52 122

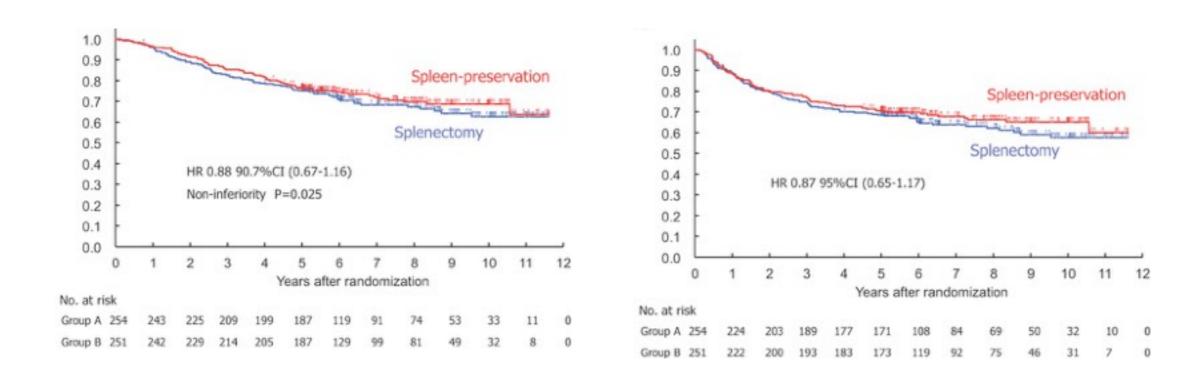
Figure 3. Forest plot comparing overall survival between the partial omeniectomy and the total omeniectomy group.

Chai SW et al. Cancers 2021

Recruitment status	Open public recruiting
Date of protocol fixation	2019 Year 01 Month 07 Day
Date of IRB	2019 Year 02 Month 28 Day
Anticipated trial start date	2019 Year 03 Month 19 Day
Last follow-up date	2031 Year 09 Month 19 Day



Splenektomili vs Splenektomisiz



In total gastrectomy for proximal gastric cancer that <u>does not invade the greater curvature</u>, splenectomy should be avoided as it increases operative morbidity <u>without improving survival</u>.