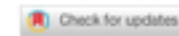


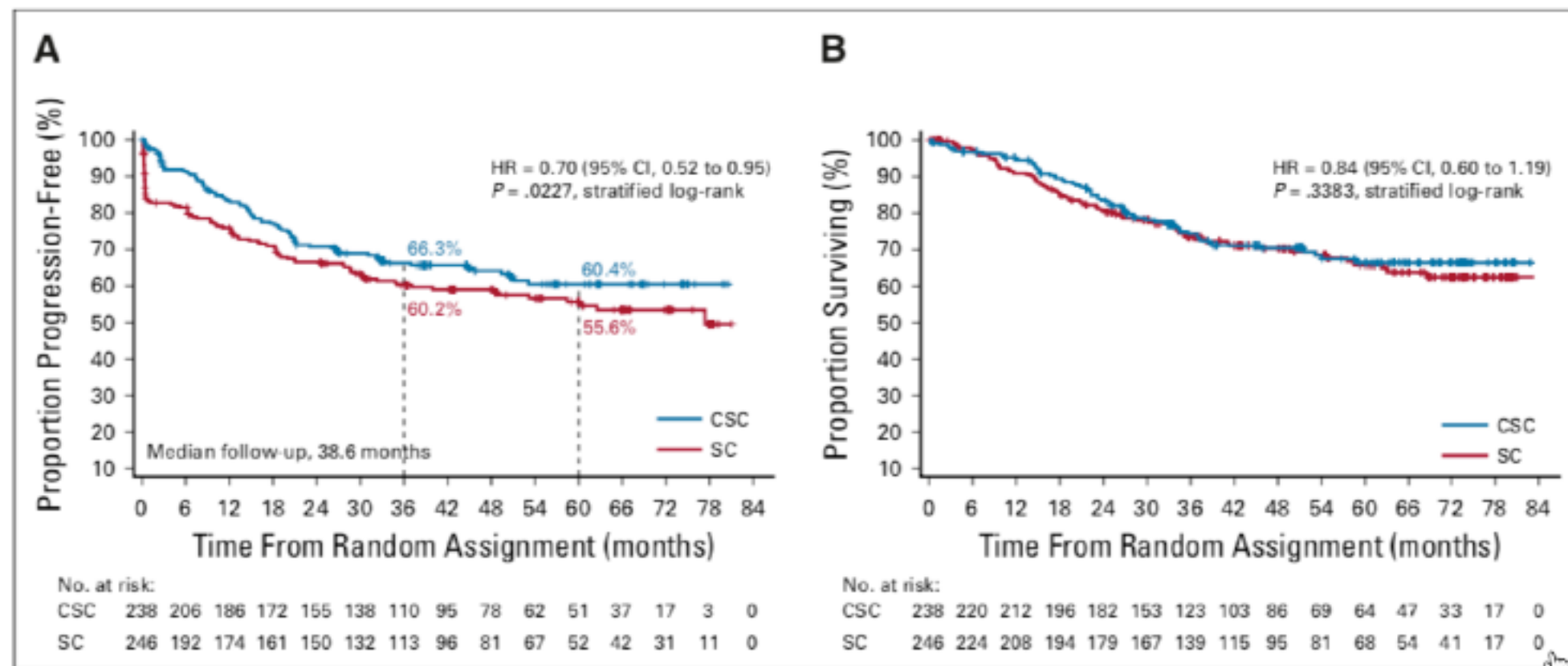
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NEOADJUVANT THERAPY

Statement 15. Neoadjuvant chemotherapy for potentially resectable gastric cancer **is not conclusive if** D2 LND is considered (evidence: **high**, recommendation: inconclusive).

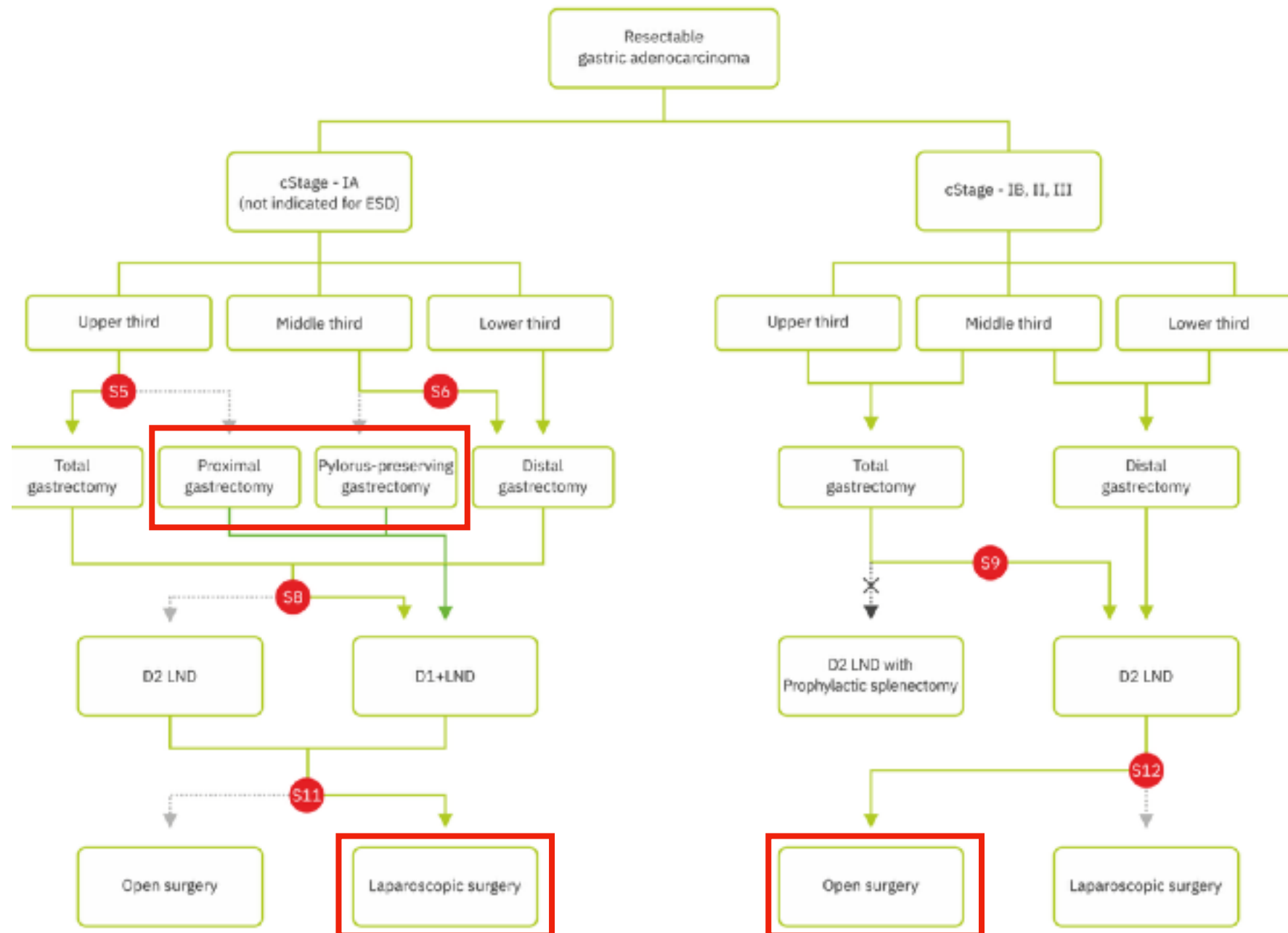


In conclusion, addition of neoadjuvant DOS to D2 gastrectomy and adjuvant S-1 led to significant **tumor downstaging** and **improved PFS** with **acceptable safety** in the PRODIGY study. These results suggest that this strategy **should be considered a standard treatment** for patients in Asia with resectable advanced gastric or gastroesophageal cancer. Importantly, the results of PRODIGY support one common treatment strategy—perioperative chemotherapy with surgery—for patients with LAGC in East Asia as well as in the West.

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S11. Laparoscopic surgery is **recommended in early gastric cancer** for improved postoperative recovery, complications, quality of life, and long-term survival (evidence: high, recommendation: strong).

Statement 12. Laparoscopic gastrectomy **could be performed** for advanced gastric cancer in terms of short-term surgical outcomes and long-term prognosis (evidence level: **moderate**, recommendation: **weak**).