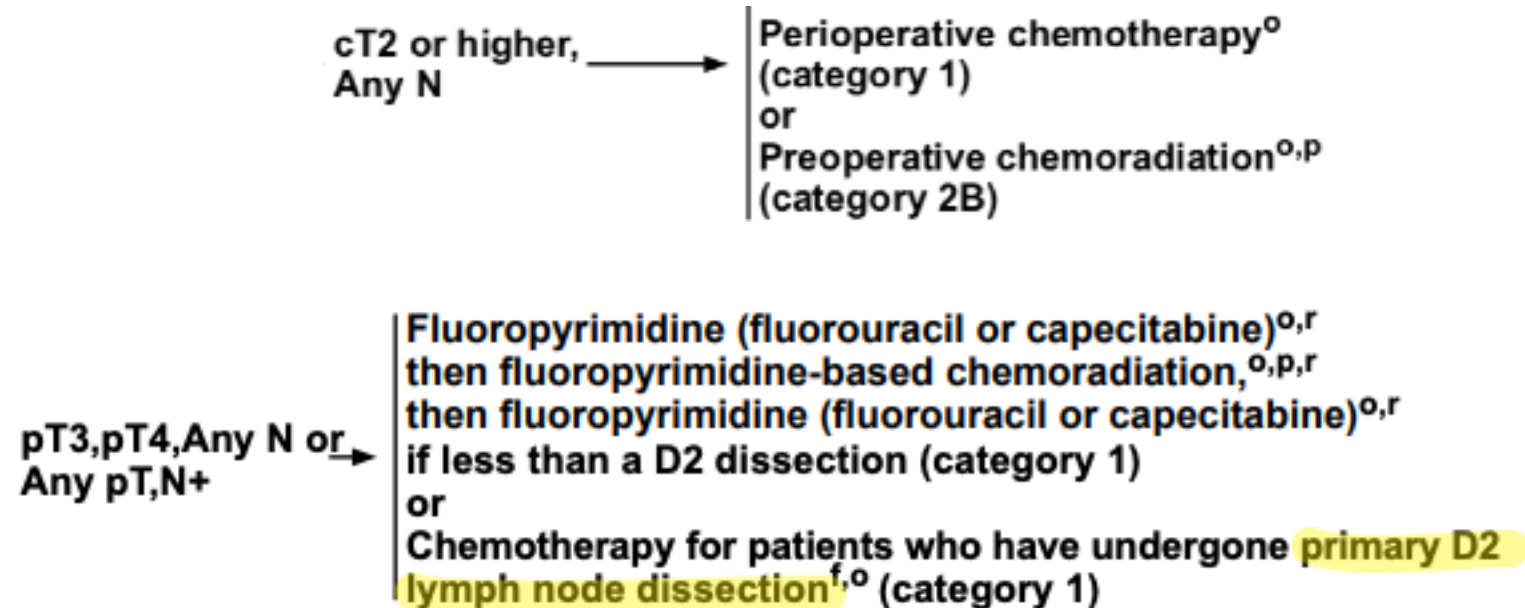


Gastric Cancer

Version 2.2022 — January 11, 2022

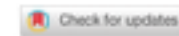


GAST-C Principles of Surgery

- **Siewert classification:** The term "center" was clarified as "*epicenter*".
- **Resectable tumors, Bullets and sub-bullets revised:**
 - ▶ T1b–T3: Adequate gastric resection to achieve negative microscopic margins (**typically ≥4 cm from gross tumor**).
 - ▶ "...at least 15 16 or greater lymph nodes."
 - ▶ D2 dissection is a D1 plus all the nodes along the left gastric artery, common hepatic artery, celiac artery, **splenic hilum**, and splenic artery.
 - ▶ ~~Routine or prophylactic splenectomy is not required. Splenectomy is acceptable when the spleen or the hilum is involved~~ *Routine splenectomy is not indicated unless the spleen is involved or extensive hilar adenopathy is noted.*

• Hyperthermic intraperitoneal chemotherapy (HIPEC) or laparoscopic HIPEC may be a therapeutic alternative for carefully selected stage IV patients in the setting of ongoing clinical trials and is under further clinical investigation.¹⁸⁻²⁰

Special Article



Korean Practice Guideline for Gastric Cancer 2018: an Evidence-based, Multi-disciplinary Approach

